

Overcoming Indigenous Disadvantage

Key Indicators 2009

OVERVIEW

Steering Committee
for the Review
of Government
Service Provision

Overcoming

Indigenous Disadvantage

2009



Overcoming Indigenous Disadvantage

Key Indicators 2009

OVERVIEW

Steering Committee
for the Review
of Government
Service Provision

2009

© Commonwealth of Australia 2009

ISSN 1448 9813

This work is subject to copyright. It has been produced by the Steering Committee for the Review of Government Service Provision (SCRGSP). Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Attorney-General's Department. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Canberra ACT 2600.

The Productivity Commission acts as the Secretariat for the Steering Committee.

Secretariat
Steering Committee for the Review of Government Service
Provision
Productivity Commission
LB 2 Collins Street East Post Office
Melbourne VIC 8003

Level 28
35 Collins Street
Melbourne VIC 3000

Tel: (03) 9653 2100

or Freecall: 1800 020 083

Fax: (03) 9653 2359

Email: gsp@pc.gov.au

www.pc.gov.au/gsp

Suggestions:

The Steering Committee welcomes suggestions on the information contained in this report. Please direct your suggestions to the Productivity Commission Secretariat at the above address.

An appropriate citation for this report is:

SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, *Overcoming Indigenous Disadvantage: Key Indicators 2009*, Productivity Commission, Canberra.

The Steering Committee thanks Reconciliation Australia for providing the photographs reproduced in this report. The persons in the photographs bear no relation to the accompanying text. No inference is intended that the people or communities shown are the subject of any issue raised in the report.

COVER PHOTO CREDITS

Photos courtesy of
Reconciliation Australia and
Wayne Quilliam (Indigenous
Governance Awards 2008).

FOREWORD

Overcoming Indigenous Disadvantage 2009 is the fourth report in a series commissioned by heads of Australian governments in 2002, to provide regular reporting against key indicators of Indigenous disadvantage.

In March this year, the terms of reference were updated in a letter from the Prime Minister. The new terms of reference reaffirm governments' commitment to being accountable for improved outcomes for Indigenous Australians, with the OID serving as a public report card on progress against the COAG targets and other significant indicators.

The new terms of reference align the OID framework with COAG's six high level targets for Closing the Gap in Indigenous outcomes. The structure of the aligned framework remains very similar to that of previous reports, but highlights the COAG targets and priority areas for reform, as well as including additional indicators. The Steering Committee will be consulting further on the new framework.

The OID aims to help governments address the disadvantage that limits the opportunities and choices of many Indigenous people. However, it is important to recognise that most Indigenous people live constructive and rewarding lives, contributing to their families and wider communities. That said, across nearly all the indicators in the OID, there are wide gaps in outcomes between Indigenous and non-Indigenous Australians. While the gaps are narrowing in some areas, in too many cases outcomes are not improving, or are even deteriorating. We still have a long way to go to fulfil COAG's commitment to close the gap in Indigenous disadvantage.

Data from the past two Censuses show that Indigenous people have shared in the general economic prosperity of the past decade, with increases in employment, incomes and home ownership. A key challenge will be preserving and building on these gains and closing the gaps in a more difficult economic climate. In areas such as criminal justice, outcomes for Indigenous people have been deteriorating. Indigenous people and governments are grappling with ways to identify and address the underlying drivers of these outcomes.

The utility of the OID report depends on access to good data. As the Prime Minister observed, 'without high quality data, it is impossible to understand where we are headed'. All governments have been committed to ensuring data are available for reporting, and some impressive efforts at data improvement are underway. These efforts are strongly supported.

But more is needed. For example, life expectancy is a key COAG target, with a commitment to closing the unacceptable gap between Indigenous and other Australians within a generation. But estimating life expectancy is a complex undertaking, and requires robust data about death rates. Changes in methodology mean that the more accurate estimates in this report are significantly lower than estimates included in previous reports. But it is not possible to say that there has been any actual improvement over time.

On behalf of the Steering Committee, I again offer sincere thanks to all those who have contributed to this report, either by providing data or through their advice and feedback on earlier reports. Special thanks are due to members of the Working Group overseeing the development of the report, particularly its Convenor, Commissioner Robert Fitzgerald. I am grateful also to the members of the Secretariat at the Productivity Commission, for their efforts and evident commitment to the development of the report. Finally, we thank all those who participated in the consultations, which have contributed greatly to improvements in the scope and content of this latest edition of the *Overcoming Indigenous Disadvantage* report.

Gary Banks AO

Chairman
July 2009



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

CONTENTS

Foreword	iii
Terms of reference	2
Overview	4
The framework	11
COAG targets and headline indicators	12
<i>COAG targets</i>	
Life expectancy	13
Young child mortality	14
Early childhood education	15
Reading, writing and numeracy	16
Year 12 attainment	18
Employment	19
<i>Headline indicators</i>	
Post secondary education — participation and attainment	20
Disability and chronic disease	21
Household and individual income	22
Substantiated child abuse and neglect	23
Family and community violence	24
Imprisonment and juvenile detention	25
Strategic areas for action	26
Early child development	27
Education and training	33
Healthy lives	37
Economic participation	43
Home environment	49
Safe and supportive communities	52
Governance and leadership	58
Outcomes for Torres Strait Islander people	62
Measuring multiple disadvantage	63
Future directions in data	64

TERMS OF REFERENCE



PRIME MINISTER
CANBERRA

Reference: B08/2004

11 MAR 2009

Mr Gary Banks AO
Chairman
Steering Committee for the Review of Government Service Provision
C/- Productivity Commission
Locked Bag 2
COLLINS STREET EAST VIC 8003

Dear Mr Banks

I am writing in my capacity as Chair of the Council of Australian Governments (COAG) to convey to you updated Terms of Reference for the Overcoming Indigenous Disadvantage (OID) Report.

Since it was first published in 2003, the OID report has established itself as a source of high quality information on the progress being made in addressing Indigenous disadvantage across a range of key indicators. The OID report has been used by Governments and the broader community to understand the nature of Indigenous disadvantage and as a result has helped inform the development of policies to address Indigenous disadvantage. The OID report is highly regarded and I commend the Steering Committee for the Review of Government Services (the Steering Committee) for its efforts in preparing the report every two years.

In December 2007 and March 2008, COAG committed to six ambitious targets to close the gap in Indigenous disadvantage:

- closing the life expectancy gap within a generation;
- halving the gap in the mortality rate for Indigenous Children under five within a decade;
- ensuring all Indigenous four year olds in remote communities have access to quality early childhood programs within five years;
- halving the gap in reading, writing and numeracy achievements for children within a decade;
- halving the gap for Indigenous students in Year 12 attainment rates or equivalent attainment by 2020; and
- halving the gap in employment outcomes within a decade.

Without high quality data, it is impossible to understand where we are headed in terms of overcoming Indigenous disadvantage. Through the National Indigenous Reform Agreement, all Governments have committed to ensuring their data is of high quality, and moreover, is available for reporting purposes. This undertaking has been made with specific reference to the need for data to be provided for the OID report.

In August 2008, the Chair of the COAG Working Group on Indigenous Reform (WGIR), the Hon Jenny Macklin MP, wrote to you requesting the Steering Committee work with the WGIR to align the OID framework to the Closing the Gap targets.

As a result, on 29 November 2008, COAG agreed a new framework for the OID report which takes account of the six ambitious targets to Close the Gap in Indigenous disadvantage. The Steering Committee should take account of this new framework in preparing future OID reports thereby ensuring the report continues to provide Governments and the broader community with an understanding of the progress being made to overcome Indigenous disadvantage.

I have copied this letter to the Treasurer, Ms Macklin and the Chair of MCATSIA the Deputy Premier of the Government of Western Australia and Minister for Indigenous Affairs, the Hon Dr Kim Hames MLA.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kevin Rudd', with a stylized flourish at the end.

Kevin Rudd

OVERVIEW

In 2002, Australian governments committed themselves collectively to overcoming the disadvantage experienced by Indigenous Australians. As part of this commitment, governments agreed to a regular public report on progress — the *Overcoming Indigenous Disadvantage: Key Indicators* report. This is the fourth edition of that report.

This report is more than a collection of data. It draws on extensive evidence to identify the areas where government policies will have the greatest impact. Over time, the report measures the effects of those policies — and reveals where more effort is required. This was recognised in the updated terms of reference for this report, provided this year by the Prime Minister on behalf of the Council of Australian Governments (COAG):

The OID report has been used by Governments and the broader community to understand the nature of Indigenous disadvantage and as a result has helped to inform the development of policies to address Indigenous disadvantage.

Governments acting alone are unable to overcome Indigenous disadvantage. Meaningful change will also require commitment and actions by Indigenous people themselves, with support from the private and non-profit sectors and the general community, as well as governments. This report provides Indigenous people with a clear summary of current outcomes, and some examples of programs and policies that are improving those outcomes.

The report has three main parts:

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

Photo from Reconciliation Australia's Reconciliation: It's All About Us Photography Project.



How many people?

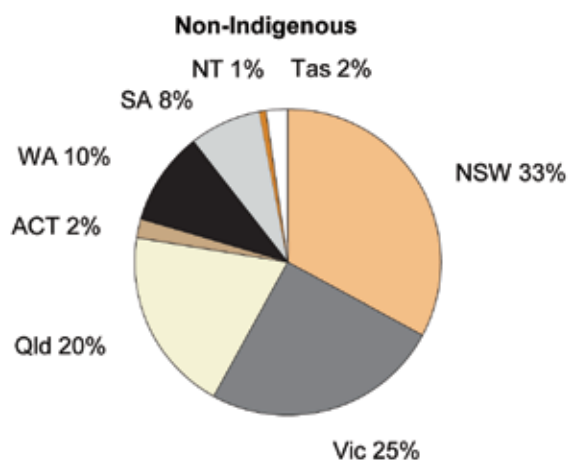
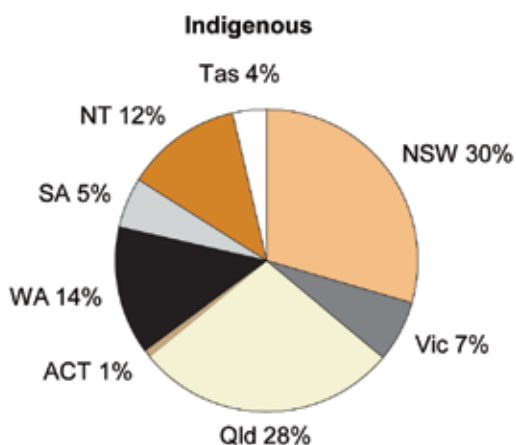
In 2006, the estimated resident Indigenous population of Australia was 517 000, out of a total population of 21 million people (2.5 per cent of the Australian population). In the Indigenous population, 463 700 (90 per cent) were of Aboriginal origin only, 33 300 (6 per cent) were of Torres Strait Islander origin only and 20 100 (4 per cent) were of both origins.

Throughout this report, the term 'Indigenous' is used to refer to Aboriginal people and Torres Strait Islander people. Although the situations of Aboriginal people and Torres Strait Islander people can be very different, the relatively small number of Torres Strait Islander people makes it difficult to report separately about their experiences. Available data are summarised in the section 'Outcomes for Torres Strait Islander people'.

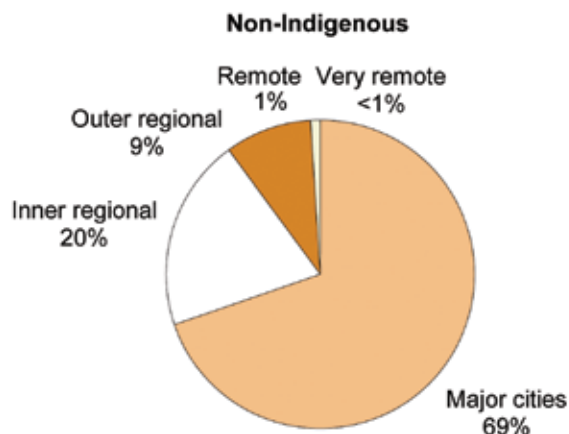
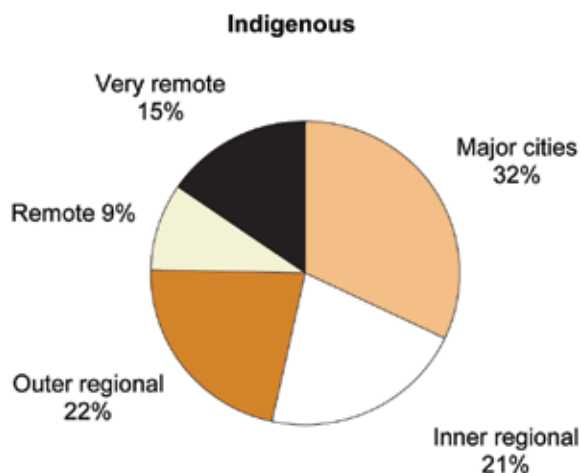
A higher proportion of both Indigenous and non-Indigenous populations lived in NSW than other states and territories (30 per cent and 33 per cent respectively in 2006). There were 194 000 Indigenous children aged 14 years and under in 2006 (38 per cent of all Indigenous people, compared with 19 per cent for the non-Indigenous population).

An estimated 32 per cent of Indigenous people lived in major cities in 2006. A further 21 per cent lived in inner regional areas, and 22 per cent in outer regional areas. An estimated 9 per cent lived in remote areas and 15 per cent in very remote areas. Almost 90 per cent of non-Indigenous people lived in major cities or inner regional areas.

Proportion of the population in each State and Territory, 2006



Proportion of the population by remoteness area, 2006



Source: Figures A3.2 and A3.3 of the main report. See appendix 3 in the main report for more information.

What has changed?

Our ability to measure changes in outcomes over time varies. For some indicators, up to ten years of data are available. For other indicators, information from the 2006 Census can be compared to information from the 2001 Census. However, for some important indicators, such as life expectancy, there are as yet no trend data.

Because of delays in data collection and time lags between policy implementation and social outcomes, information in this report may not reflect recent government actions (such as aspects of the Northern Territory Emergency Response) or recent economic conditions (such as the global economic slowdown). Future editions of this report will include information on current events.

Across virtually all the indicators in this report, there are wide gaps in outcomes between Indigenous and non-Indigenous Australians. However, the report shows that the challenge is not impossible — in a few areas, the gaps are narrowing. However, many indicators show that outcomes are not improving, or are even deteriorating. There is still a considerable way to go to achieve COAG's commitment to close the gap in Indigenous disadvantage.

Overall, Indigenous people have shared in Australia's economic prosperity of the past decade or so, with improvements in employment, incomes and measures of wealth such as home ownership. However, in almost all cases, outcomes for non-Indigenous people have also improved, meaning the gaps in outcomes persist. The challenge for governments and Indigenous people will be to preserve these gains and close the gaps in a more difficult economic climate.

COAG targets

- *Life expectancy* — there are no trend data for life expectancy except for the NT, where research shows that both Indigenous and non-Indigenous life expectancy increased between 1967 and 2004. Over this period, the gap in life expectancy between Indigenous and non-Indigenous males increased slightly and decreased for females.
- *Young child mortality* — Indigenous infant (0–12 months) mortality rates have improved in recent years, while child (0–4 years) mortality rates have remained relatively constant. Mortality rates for Indigenous infant and young children remain two to three times as high as those for all infants and young children.
- *Early childhood education* — there are limited data available on Indigenous preschool participation and it is difficult to draw conclusions about participation rates.
- *Reading, writing and numeracy* — there has been negligible change in Indigenous students' performance over the past ten years, and no closing of the gaps between Indigenous and non-Indigenous students' performances. A lower proportion of Indigenous than non-Indigenous students in all year levels achieved NAPLAN national minimum standards in reading, writing and numeracy in 2008.
- *Year 12 attainment* — the proportion of Indigenous 19 year olds who had completed year 12 or equivalent increased from 31 to 36 per cent between 2001 and 2006. However, the non-Indigenous rate increased from 68 to 74 per cent, leaving the gap unchanged. (In April 2009, COAG decided that in future this target would be measured for people aged 20–24 years rather than 19 years.)
- *Employment* — the employment-to-population ratio for Indigenous people increased from 43 per cent to 48 per cent between 2001 and 2006. However, similar increases for non-Indigenous people left the 24 percentage point gap unchanged.

Headline indicators

- *Post secondary education* — post secondary attainment to certificate level III or above increased slightly for Indigenous and non-Indigenous people across all age groups between 2001 and 2006.
- *Disability and chronic disease* — the level of need for assistance with a core activity among Indigenous people was almost twice that for non-Indigenous people in 2006. However, no trend data are available.
- *Household and individual income* — after adjusting for inflation, median incomes for both Indigenous and non-Indigenous households increased by around 8 per cent between 2001 and 2006. Median incomes of Indigenous households were 65 per cent of those of non-Indigenous households in both 2001 and 2006.
- *Substantiated child abuse and neglect* — the rate of substantiated notifications for child abuse or neglect increased for both Indigenous and non-Indigenous children between 1999-2000 and 2007-08. However, the gap widened, with the Indigenous rate increasing from 4 to 6 times the non-Indigenous rate.
- *Family and community violence* — there are limited data on the prevalence of family and community violence, but several recent reports have found violence to be a continuing issue for many Indigenous communities.
- *Imprisonment and juvenile detention* — the imprisonment rate increased by 46 per cent for Indigenous women and by 27 per cent for Indigenous men between 2000 and 2008. After adjusting for age differences, Indigenous adults were 13 times as likely as non-Indigenous adults to be imprisoned in 2008, compared to 10 times in 2000. The Indigenous juvenile detention rate increased by 27 per cent between 2001 and 2007. Indigenous juveniles were 28 times as likely to be detained than non-Indigenous juveniles as at 30 June 2007.

Strategic areas for action

There was no change in the Indigenous teenage birth rate between 2004 and 2007. The Indigenous rate was over four times that for non-Indigenous teenagers. High hospitalisation rates for Indigenous 0–4 year olds were generally unchanged between 2004-05 and 2006-07.

There has been a reduction in the proportion of young Indigenous people neither at school nor employed.

Overall, the rate of hospitalisation for potentially preventable diseases increased for Indigenous people between 2004-05 and 2006-07. 'Lifestyle' issues, relating to obesity, nutrition, tobacco and alcohol use and drug and substance misuse remain key contributors to poor outcomes.

There has been some improvement in housing overcrowding, with the proportion of Indigenous people living in overcrowded housing falling from 31 per cent to 27 per cent between 2001 and 2006. There have also been improvements in access to clean water and functioning sewerage and electricity services in discrete Indigenous communities. However, there was little change in hospitalisations for diseases associated with poor environmental health between 2004-05 and 2006-07.

Other social and justice outcomes have shown no improvement. There was a slight increase in hospitalisations of Indigenous people for self-harm between 2004-05 and 2006-07, and involvement with the criminal justice system has worsened.

The reporting framework

The report's framework is based on the best available evidence about the underlying causes of disadvantage, in order to focus policy attention on prevention, as well as addressing existing disadvantage.

At the top of the framework, three closely linked priority outcomes reflect a vision for how life should be for Indigenous people. These outcomes have been endorsed by both Indigenous people and governments.

It is difficult to measure progress or to hold governments accountable for achieving such broadly stated priority outcomes. So the framework includes two layers of measurable indicators. The logic of the framework is that, over time, improvement in these indicators will demonstrate progress toward achieving the priority outcomes.

The first layer of indicators is made up of the six Closing the Gap targets set by COAG, and six headline indicators previously developed by the Steering Committee in consultation with Indigenous people and researchers. Together, the COAG targets and headline indicators provide a high level summary of the state of Indigenous disadvantage. However, whole-of-government action over a long period will be necessary before significant progress can be

made in many of these indicators.

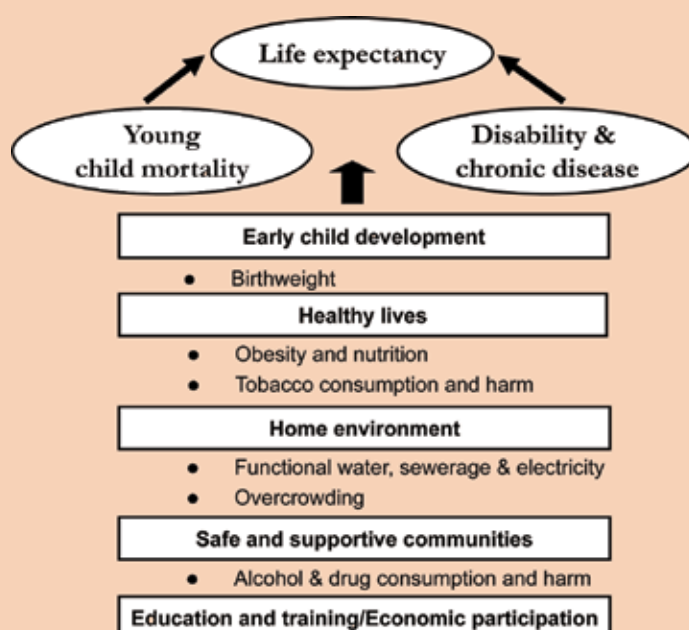
Beneath the COAG targets and headline indicators, therefore, are seven 'strategic areas for action'. The evidence shows that action is needed in these areas of policy if the COAG targets and headline indicators are to be achieved. For each, a small number of 'strategic change indicators' inform governments and the community about progress being made in the short-term and help to identify specific policy areas where more attention is needed.

The logic behind the framework is that the strategic change indicators will measure the outcomes of targeted policies in each strategic area for action. 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.

The strategic areas are deliberately not intended to mirror typical government service agencies. In some cases, a specific service area can be expected to play a major role, but in all strategic areas, more than one government agency will have to take action in order to achieve better outcomes. Conversely, sometimes a single, well-targeted action by one agency can lead to improvements across many strategic areas.

Disadvantage can have multiple causes

The important COAG target of 'Life expectancy' is clearly linked to the 'Young child mortality' target and the 'Disability and chronic disease' headline indicator. In turn, these outcomes will be 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' under the 'Safe and supportive communities' strategic area. Actions must also address other social determinants of health in the education and employment areas.



Things that work

Not everything that matters can be captured in indicators, and some information is better presented in words, rather than numbers. In particular, community level change may not show up in State or national data. The main report includes many examples of 'things that work' — activities and programs that are making a difference, often at the community level. This Overview summarises these 'things that work' in the discussion of each COAG target, headline indicator or strategic area.

Analysis of the 'things that work', together with wide consultation with Indigenous people and governments, identified the following 'success factors':

- cooperative approaches between Indigenous people 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.

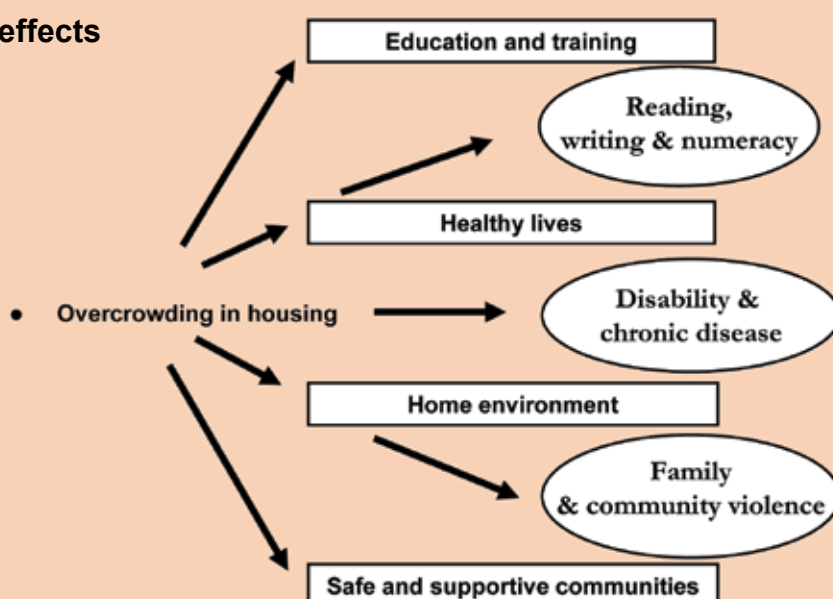
The lack of these factors can often contribute to program failures.



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

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 for action, and can contribute to the COAG target of 'Reading, writing and numeracy', and headline indicators of 'Disability and chronic disease' and 'Family and community violence'. Although other influences are also important in each of these areas, there is sufficient evidence for education, health and justice departments to be concerned about housing issues.



Developments in reporting

Consultations

This report has evolved over time, and consultations with Indigenous people, government agencies and researchers have made important contributions to its development. Initial consultations in 2002-03 provided the foundation for developing the framework. Following the release of each report, consultations have sought feedback on the report and ideas for future improvements. Common themes from consultations have included:

- broad support from Indigenous people — who generally considered that the indicators reflected the issues affecting their communities
- endorsement of the case studies of ‘things that work’ — participants encouraged further analysis of the ‘success factors’ behind the ‘things that work’
- recognition of the importance of cultural issues to the wellbeing of Indigenous Australians — but acceptance of the difficulty of developing further indicators
- a general view that improving governance remains critically important — for governments as well as Indigenous organisations and communities.

COAG developments

Since the 2007 report, COAG has renewed its commitment to addressing Indigenous disadvantage. In December 2007, COAG identified Indigenous issues as one of seven priority areas of national reform. COAG set six high level targets for closing the gaps in Indigenous outcomes, and established a high level Working Group on Indigenous Reform (WGIR).

The WGIR developed a Closing the Gaps framework to achieve the targets. The WGIR framework was based on the indicators from the 2007 Overcoming Indigenous Disadvantage report, but developed a slightly different structure, in recognition of the specific areas of reform highlighted by COAG.

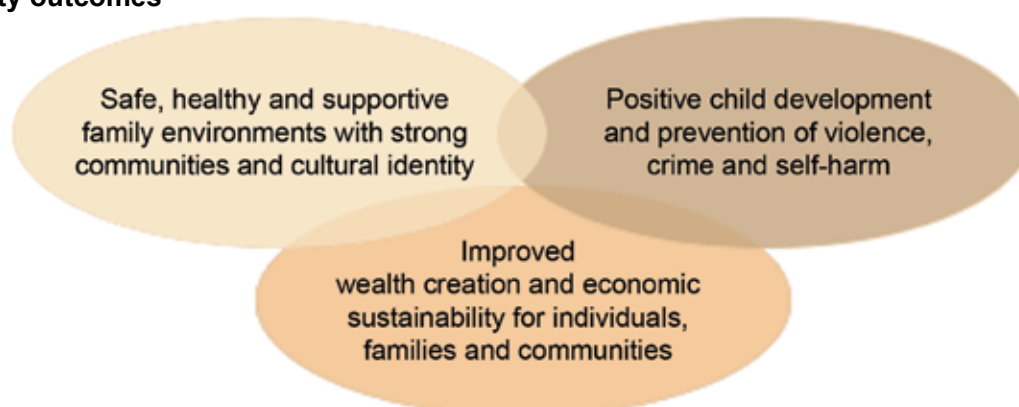
To keep this report consistent with COAG developments, the Overcoming Indigenous Disadvantage strategic framework has been aligned with the WGIR Closing the Gaps framework. COAG endorsed the aligned framework at its meeting in November 2008, and in March 2009, the Prime Minister updated the terms of reference to take account of the new framework (p. 2).

At first glance, the strategic framework may not appear very different to previous reports. The broad structure remains the same, but the alignment involved:

- retaining the priority outcomes as the shared ‘vision’
- highlighting the COAG targets as specific government priorities within the headline indicators
- renaming the strategic areas for action to reflect the building blocks for reform identified in the WGIR framework
- retaining all previous OID indicators, and including additional indicators and measures from the WGIR framework.

THE FRAMEWORK

1. Priority outcomes



2. COAG targets and headline indicators

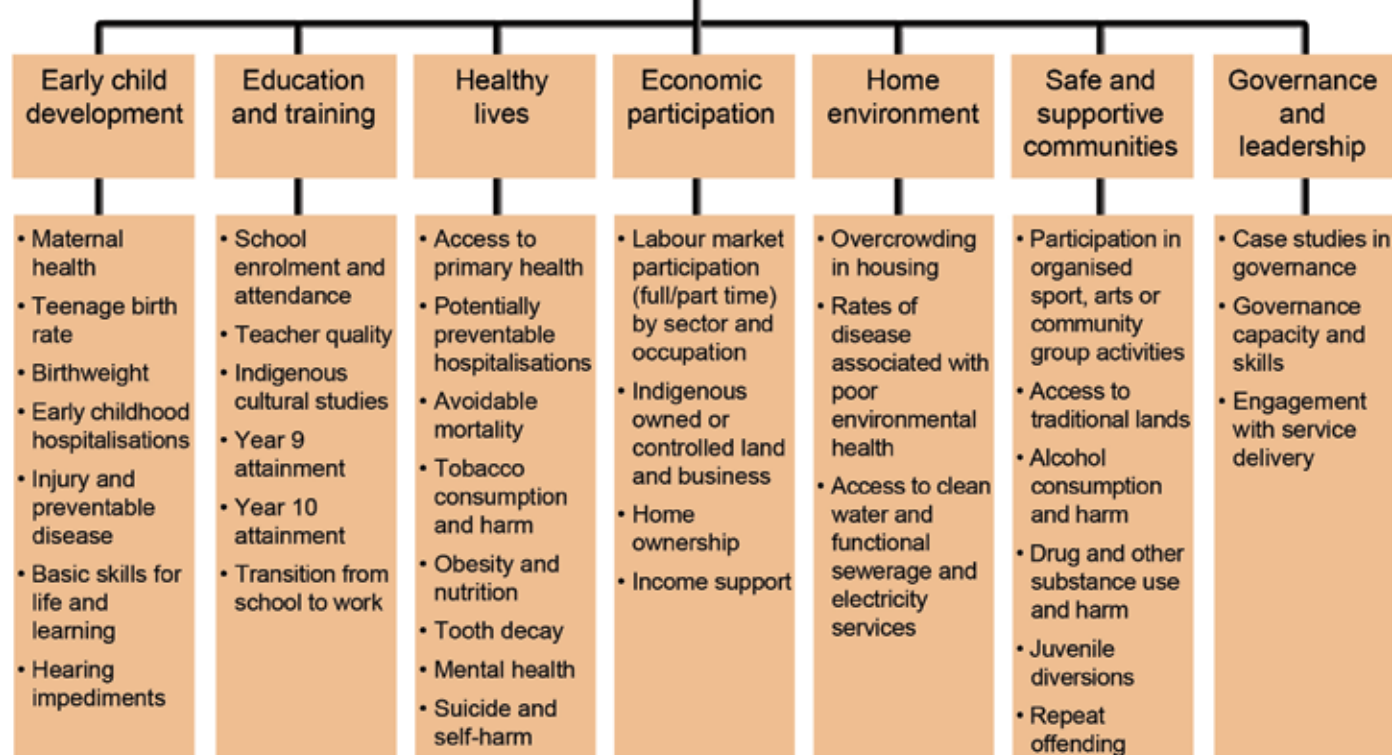
COAG targets

- Life expectancy
- Young child mortality
- Early childhood education
- Reading, writing and numeracy
- Year 12 attainment
- Employment

Headline indicators

- Post secondary education — participation and attainment
- Disability and chronic disease
- Household and individual income
- Substantiated child abuse and neglect
- Family and community violence
- Imprisonment and juvenile detention

3. Strategic areas for action



COAG TARGETS AND HEADLINE INDICATORS

The first part of the report focuses on the six COAG targets and six headline indicators. These are high level measures of the social and economic outcomes that must improve, in order to close the gap in Indigenous outcomes and achieve the vision of an Australia in which Indigenous people enjoy the same opportunities and standard of living as other Australians.

COAG targets

Life expectancy at birth

Young child mortality

Early childhood education

Reading, writing and numeracy

Year 12 attainment

Employment

Headline indicators

Post secondary education —
participation and attainment

Disability and chronic disease

Household and individual income

Substantiated child abuse and neglect

Family and community violence

Imprisonment and juvenile detention

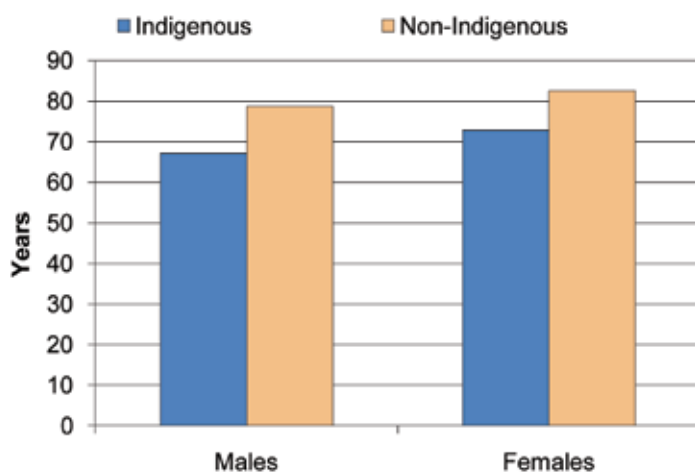
Photo from Reconciliation Australia's Reconciliation:
It's All About Us Photography Project.

LIFE EXPECTANCY

Life expectancy is a broad indicator of a population's long-term health and wellbeing. It can be affected by outcomes across the framework — access to effective health care, levels of income and education, and environmental factors such as clean water and adequate sanitation. Lifestyle factors are also important, including nutrition, exercise and use of drugs, tobacco and alcohol.

This indicator estimates the average number of years a person born between 2005 and 2007 could expect to live, if there were no change to population death rates throughout his or her lifetime. The estimate requires complex calculations and good data about death rates. Changes in methodology and uncertainty about the quality of the Indigenous deaths data used in previous calculations mean that no trend data are available for Indigenous life expectancy — the estimates in this report cannot be compared to the estimates published in the 2007 or earlier reports.

Life expectancy at birth, 2005–2007



Source: Figure 4.1.1 in the main report.

KEY MESSAGE — Life expectancy

Closing the Indigenous life expectancy gap within a generation is a COAG target.

Based on combined data for Australia for 2005–2007:

- estimated life expectancy at birth for Indigenous males was 67 years, and for Indigenous females, 73 years. The corresponding estimates for non-Indigenous males and females were 79 years and 83 years, respectively (table 4.1.1 and figure 4.1.1)
- the gap between Indigenous and non-Indigenous life expectancy at birth was 12 years for males and 10 years for females (table 4.1.1).

Age specific death rates were higher for Indigenous than non-Indigenous people for all age groups for 2005–2007 (table 4.1.2).

In Queensland, WA, SA and the NT combined, after adjusting for age differences in the two populations for 2002–2006:

- the Indigenous all causes mortality rate was twice the rate for non Indigenous people (table 4.1.3)
- Indigenous death rates were nine times as high as non-Indigenous rates for diabetes, six times as high for cervical cancer, four times as high for kidney diseases and three times as high for digestive diseases (table 4.1.4).

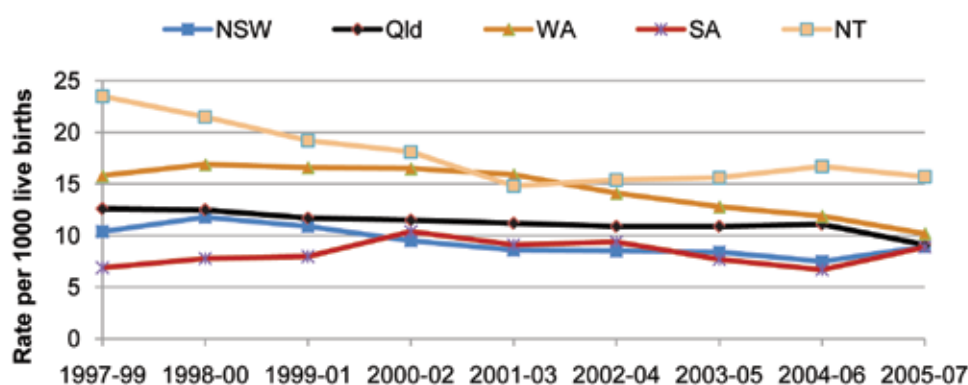
YOUNG CHILD MORTALITY

Young child mortality (particularly infant, or 0 to 1 year old, mortality) is an indicator of the health and wellbeing of a population. Most childhood deaths occur during the first year of life. Far fewer deaths occur in the 1 to 4 year old age group.

The mortality rate for Indigenous infants is improving, but is still much higher than for infants in the rest of the population. Infant mortality is

affected by many other outcomes in this report — including the socioeconomic status, age and nutrition of mothers, and the birthweight of babies. Young child mortality (0 to 4) is further influenced by outcomes such as substantiated child abuse and neglect, injury and preventable disease, and access to clean water and adequate sanitation.

Indigenous infant mortality, 1997–99 to 2005–07^a



^a Small numbers of Indigenous infant deaths contribute to variability in the reported rates.

Source: Figure 4.2.3 in the main report.

Things that work

The Safe Sleeping (SIDS prevention) project in Indigenous communities, WA, aims to promote awareness of the risk factors associated with SIDS (box 4.2.2).

The NSW Aboriginal Maternal and Infant Health Strategy, operating since 2001, improves access to culturally appropriate maternity services for Aboriginal mothers (box 4.2.2).

KEY MESSAGES — Young child mortality

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

Indigenous perinatal¹ and infant (within one year) mortality rates improved in recent years in most states and territories for which data are available, but remain two to three times the non-Indigenous rates (figures 4.2.1 to 4.2.4).

Indigenous child mortality rates for the 1–4 years and 0–4 years age groups remained relatively constant in the period 1997–99 to 2005–07 at between two and four times the non-Indigenous rates (figures 4.2.5 and 4.2.7).

¹ Perinatal mortality is the death of an infant within 28 days of birth (neonatal death) or of a fetus (unborn child) that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.

EARLY CHILDHOOD EDUCATION

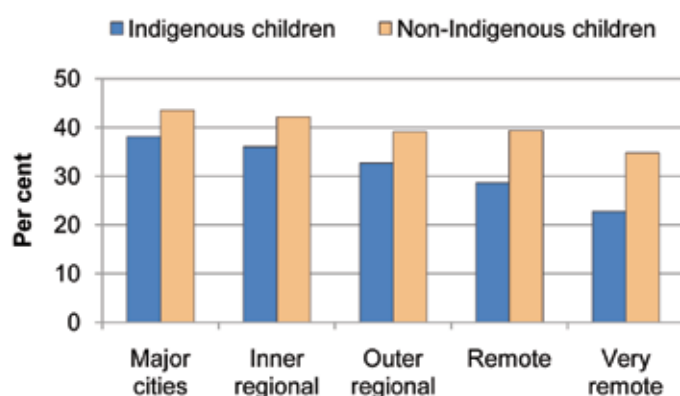
Children's experiences in their early years influence lifelong learning, behaviour and health. High quality early childhood education can help develop the social and cognitive skills necessary for achievement at school and later in life. Early childhood education can be particularly important for children from disadvantaged backgrounds, and can provide an opportunity for early detection and treatment of hearing, language, visual and behavioural problems.

KEY MESSAGES — Early childhood education

Providing all Indigenous four year olds with access to quality early childhood education within five years, including in remote communities, is a COAG target.

There is no single source for data on Indigenous preschool participation and it is therefore difficult to draw conclusions about participation rates.

Preschool participation rates, children aged 3–5 years, 2006



Source: Figure 4.3.1 in the main report.

Things that work

The Yappera Centre in metropolitan Melbourne assists Koori families to participate in childcare and kindergarten (box 4.3.2).

The Bound for Success Pre-Prep in Indigenous Communities program in Queensland provides high quality, consistent early childhood education programs for children aged three and a half to four and a half in 29 Cape York and Torres Strait communities and six other Aboriginal communities (box 4.3.2).

For over 30 years, SA preschool policy has enabled Aboriginal 3 year olds to access state preschools. Qualified teachers and early childhood workers emphasise working with families and communities to develop shared understandings, positive relationships and culturally inclusive practices (box 4.3.2).

The Aboriginal Early Years Program (Tasmania) has been successful in connecting Indigenous families with preschool services and has helped parents stimulate their children's learning (box 4.3.2).

A NT Government funded mobile program provides a regular preschool program for Indigenous children in six remote sites (box 4.3.2).

The Mobile Early Childhood Service, funded by the Australian Government, provides early childhood services for children aged 0–5 years in the NT (box 4.3.2).

READING, WRITING AND NUMERACY

Improved educational outcomes are key to overcoming many aspects of disadvantage. Participation in year 12 and entry into higher education rely on strong literacy and numeracy skills. School leavers who lack these skills face poor employment prospects. There are also links between education, income and health.

There is little if any gap in cognitive ability between young Indigenous and non-Indigenous children. However, a gap in school performance is evident as early as year 1. This gap widens over time, and as the degree of remoteness increases.

KEY MESSAGES — Reading, writing and numeracy

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

There were generally no significant changes in Indigenous year 3, 5 and 7 students' performance against the national benchmarks for reading, writing and numeracy between 1999 (2001 for year 7 students) and 2007 (figures 4.4.2, 4.4.4 and 4.4.6).

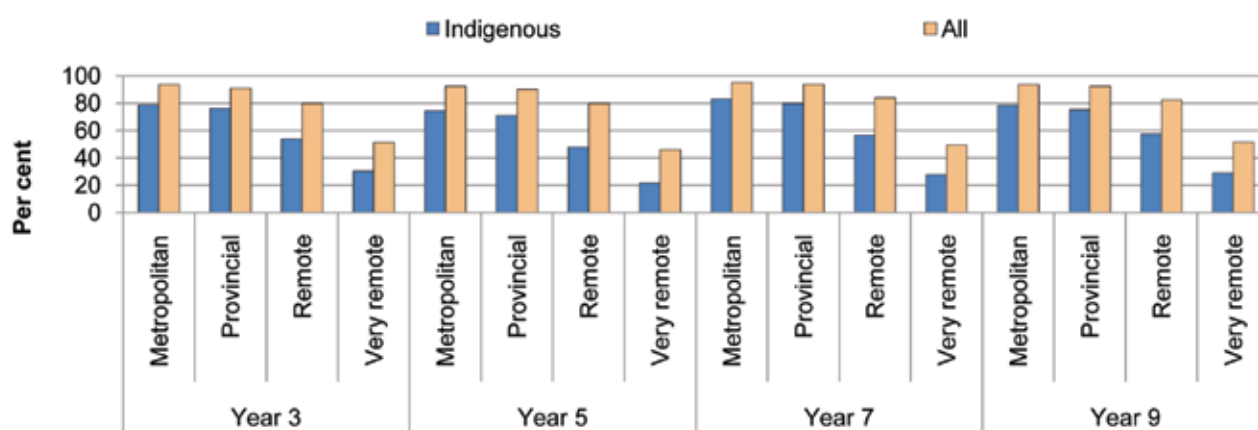
A substantially lower proportion of Indigenous than non-Indigenous students in all year levels achieved the national minimum standards for reading, writing and numeracy in 2008 (figures 4.4.1, 4.4.3, 4.4.5 and 4.4.7).

Indigenous students' learning outcomes declined, and the gap between Indigenous students and all students increased, as remoteness increased (figure 4.4.9).

As Indigenous students progressed through school, the proportion who achieved the national benchmarks decreased for reading (from year 3 to year 5) and numeracy (from year 3 to year 5, and year 5 to year 7) (figure 4.4.8).

Participation rates in national tests are lower for Indigenous students than for all students, and the gap increases as year levels increase (tables 4A.4.11; 23; 35; 47).

Students achieving the reading standard, by remoteness, 2008^a



^a These data are subject to measurement error. See source in main report.

Source: Figure 4.4.9 in the main report.

Things that work

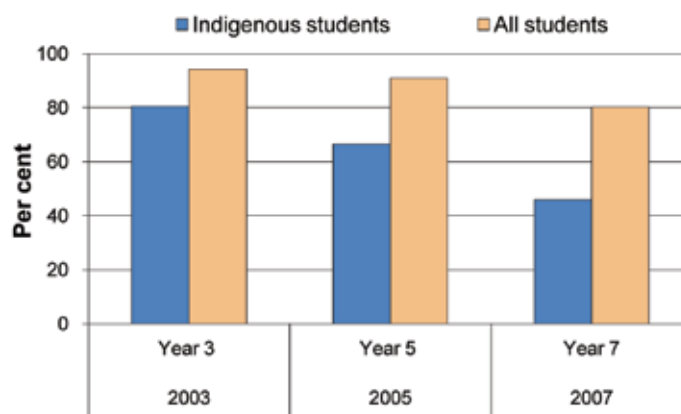
The MULTILIT program at Coen State School (Cape York, Queensland) provides the least proficient readers with intensive, systematic instruction in phonics for 17 to 18 weeks by specialist teachers (box 4.4.2).

MINILIT is a modified version of MULTILIT, offered to younger students in years 1 and 2 at the Redfern Tutorial Centre (NSW) (box 4.4.2).

The Scaffolding Literacy Program in the NT (further developed as the National Accelerated Literacy Program), requires students to study one quality written text per term. The text is broken down into smaller parts in a group learning environment until students can think like the writer and imitate language (box 4.2.2).

Finding Your Pathway into School and Beyond at two primary schools in Tasmania aims to improve literacy and has improved attendance rates (box 4.4.2).

Students who achieved the numeracy benchmark^a



^a These data are subject to measurement error. See source in main report.

Source: Figure 4.4.8 in the main report.

Photo from Reconciliation Australia's Reconciliation: It's All About Us Photography Project.



YEAR 12 ATTAINMENT

There are strong links between education, income and health. Students who stay on at school and complete year 12 or equivalent are more likely to go onto further education and training, and also have better employment

options. In the long run, people who have completed secondary education are likely to encourage their children to do the same, so that the benefits flow from one generation to another.

KEY MESSAGES — Year 12 attainment

At least halving the gap for Indigenous students in year 12 or equivalent attainment by 2020 is a COAG target.

The proportion of Indigenous 19 year olds who had completed year 12 or equivalent (36 per cent) was half that of non-Indigenous 19 year olds (74 per cent) in 2006 (table 4.5.1).

Apparent retention rates for Indigenous students from the beginning of secondary school to year 12 increased from 40 per cent in 2004 to 47 per cent in 2008, while the non-Indigenous rate remained steady around 76 per cent (figure 4.5.1).

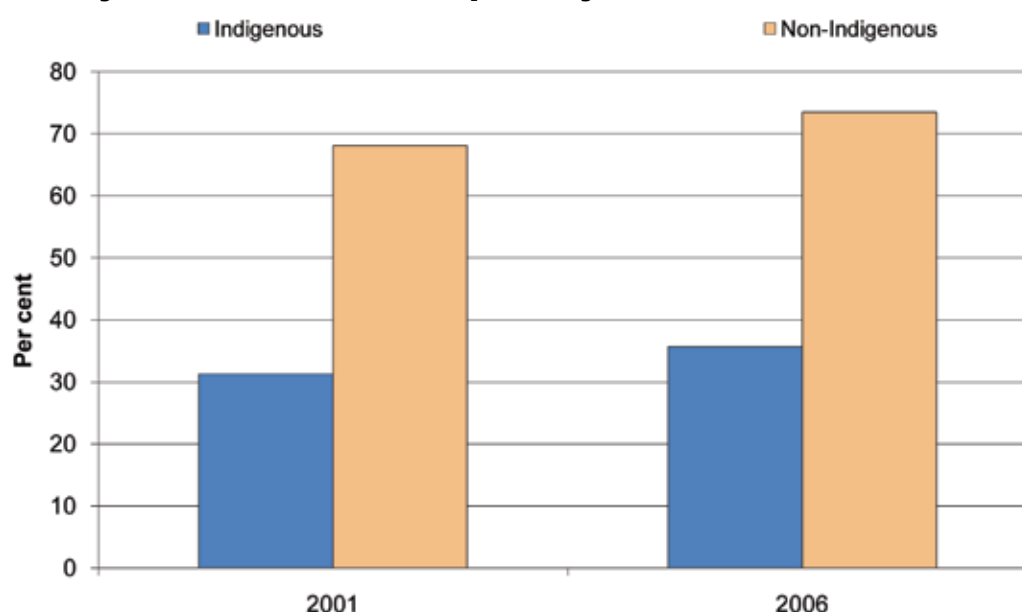
Things that work

Deadly Vibe, a magazine for Indigenous students published by Vibe Australia (an Aboriginal media agency) with funding from the Australian Government, encourages Indigenous students to stay at school (box 4.5.2).

The Cape York Institute's Higher Expectations Program and St Joseph's Indigenous fund are examples of successful non-government sector sponsorship of scholarship programs for children to board at private schools (box 4.5.2). The St Joseph's Indigenous fund offers scholarships to Indigenous boys to attend St Joseph's College at Hunters Hill in Sydney (box 4.5.2).

A dedicated Northern Territory Certificate of Education (NTCE) implementation officer working with remote schools, and professional development opportunities for senior years teachers (including a remote schools conference held annually) have increased the number of students achieving the NTCE in their home communities (box 4.5.2).

Nineteen year olds who had completed year 12 and/or certificate level III



Source: Table 4.5.1 in the main report.

EMPLOYMENT

KEY MESSAGES — Employment

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

Between 2001 and 2006, for those aged 15–64 years:

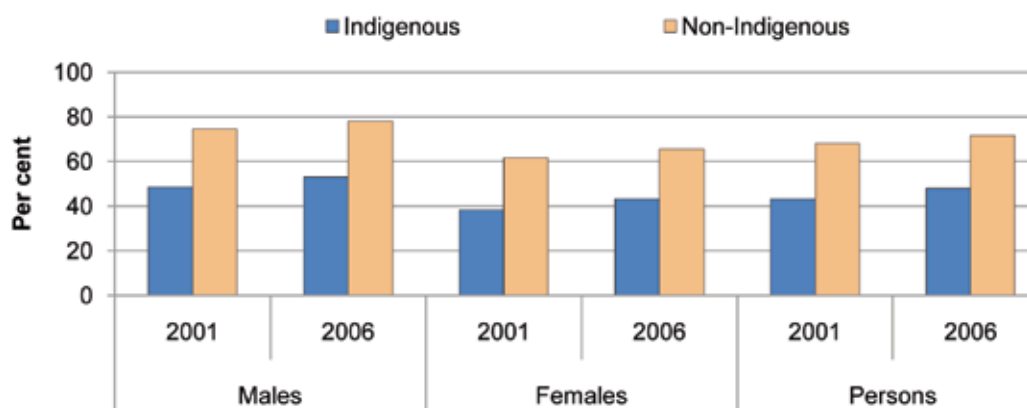
- the employment to population ratio increased for Indigenous people from 43 per cent to 48 per cent, and for non-Indigenous people from 68 per cent to 72 per cent. The gap remained around 24 percentage points (figure 4.6.1)
- labour force participation increased for Indigenous people from 54 per cent to 57 per cent and for non-Indigenous people from 73 per cent to 76 per cent (figure 4.6.3)
- the unemployment rate decreased for Indigenous people from 20 per cent to 16 per cent and for non-Indigenous people from 7 per cent to 5 per cent (figure 4.6.6).

The Indigenous labour force participation rate was lower, and the unemployment rate was higher, than for non-Indigenous people in all remoteness areas, states and territories and age groups (figures 4.6.3–9).

Having a job that pays adequately and provides opportunities for self development is important to most people. Employment contributes to individual living standards, self-esteem and overall wellbeing. It is also important to the family. Children who have a parent who is employed are more likely to attend school and stay on past the compulsory school age. They are also more likely to enter into post secondary education and gain employment. Where people are employed, benefits also flow on to the wider community. On the other hand, unemployment can contribute to poor health, domestic violence, homelessness and substance misuse.

Indigenous people's participation in the labour force is affected by the limited employment opportunities available to Indigenous people in some remote areas, along with the employment opportunities provided by Community Development Employment Projects (CDEP). Information in this section does not reflect recent changes made to the CDEP program.

Employment to population ratio, 2001 and 2006



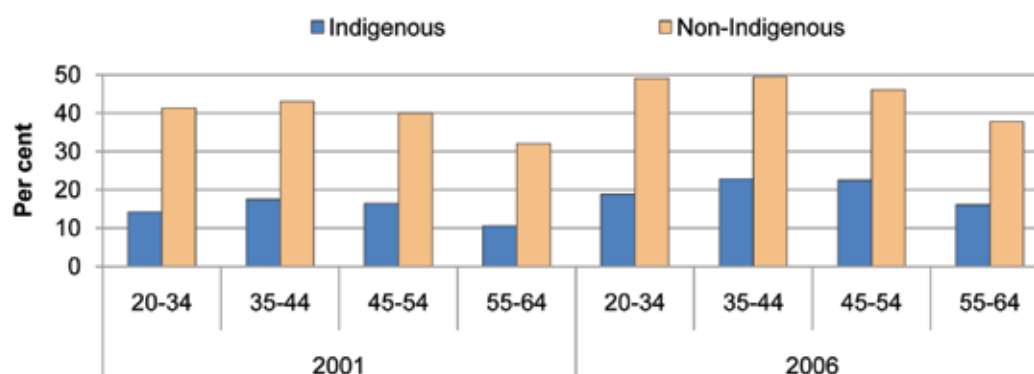
Source: Figure 4.6.1 in the main report.

POST SECONDARY EDUCATION — PARTICIPATION AND ATTAINMENT

People who have participated in post secondary study have greatly improved employment prospects. They are also more likely to earn higher incomes. Individuals' education can also affect their health, and the health of their children, as well as their ability to make informed

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

Attainment of certificate level III or above by age, 2001 and 2006



Source: Figure 4.7.5 in the main report.

KEY MESSAGES — Post secondary education

Indigenous people had significantly lower rates of post secondary attainment to certificate level III or above compared with their non-Indigenous counterparts across all ages, jurisdictions and remoteness areas in 2006 (tables 4A.7.18 and 4A.7.24).

Post secondary attainment to certificate level III or above increased for both Indigenous and non-Indigenous people between 2001 and 2006 (figure 4.7.5).

Indigenous people aged 20–24 years attended university at about one-fifth the rate of non-Indigenous people (5 and 24 per cent, respectively) and attended Technical and Further Education (TAFE) at two-thirds the rate of non-Indigenous people (5 and 8 per cent, respectively) in 2006 (figure 4.7.1). Between 2001 and 2006, Indigenous participation at university and TAFE decreased across all age groups (figures 4.7.2 and 4.7.3).



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

DISABILITY AND CHRONIC DISEASE

High rates of disability and chronic disease affect the quality of life of many Indigenous people. Disability and chronic disease can also affect other outcomes, by creating barriers to social interaction and reducing access to services, education and employment.

KEY MESSAGES — Disability and chronic disease

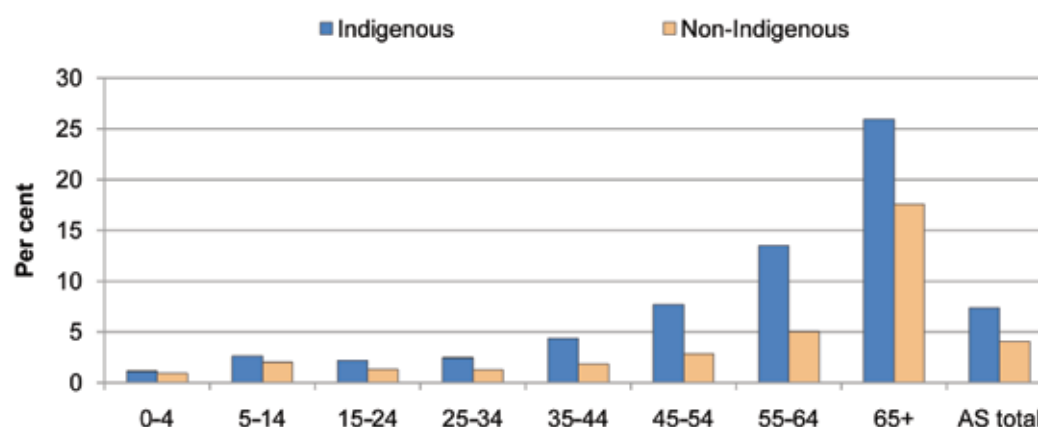
Nationally, in 2006:

- Indigenous people were almost twice as likely as non-Indigenous people to need assistance with one or more core activities. Indigenous people aged 45–64 years were 3 times as likely as non-Indigenous people in that age group to need assistance with core activities (figure 4.8.1)
- among those with a need for assistance, Indigenous people were less likely than non-Indigenous people to have attained year 12 (13 per cent compared to 26 per cent), to have completed a bachelor degree or higher qualification (3 per cent compared with 6 per cent) (tables 4A.8.11 and 4A.8.16), or to be in the labour force (18 per cent compared to 23 per cent) (figure 4.8.2)
- Indigenous 15–24 year olds were twice as likely as non-Indigenous 15–24 year olds to have provided unpaid assistance to a person with a disability, long term illness or problems related to old age (figure 4.8.3).

Things that work

The Chronic Care for Aboriginal People (Walgan Tilly) Clinical Services Redesign project was developed from established NSW Health initiatives in an attempt to address the disparities in health care and improve access to, and utilisation of, chronic care services for Aboriginal people in NSW (box 4.8.2).

People with a disability (need for assistance with core activities), 2006



AS = total is age standardised.

Source: Figure 4.8.1 in the main report.

HOUSEHOLD AND INDIVIDUAL INCOME

Household and individual incomes are linked to overall wellbeing. Higher incomes can enable the purchase of better food, housing, recreation and health care. There may also be psychological benefits such as a greater sense of personal

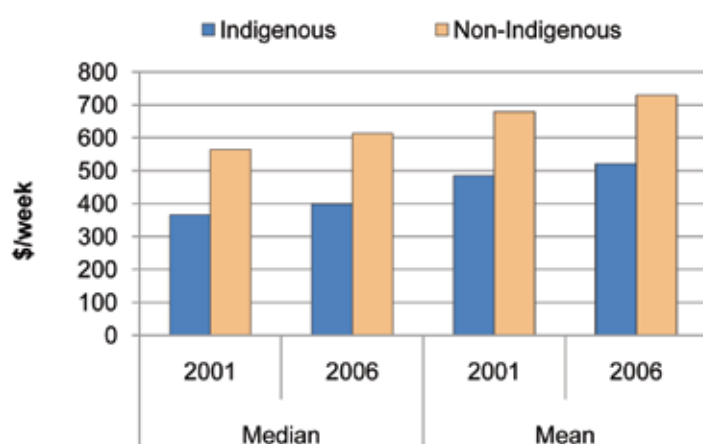
control and self-esteem. Low incomes can be both a cause and an effect of disadvantage — for example, low incomes can contribute to health problems, which in turn limit people's ability to work and increase their incomes.

KEY MESSAGES — Household and individual income

Indigenous households' gross weekly equivalised (adjusted) incomes (\$398) were 65 per cent of those of non-Indigenous households (\$612) in 2006. After adjusting for inflation, median incomes increased by 9 per cent for Indigenous households and 9 per cent for non-Indigenous households between 2001 and 2006 (figure 4.9.1).

Median weekly individual incomes for Indigenous people aged 15 years and over (\$278) were 59 per cent of those of non-Indigenous people aged 15 years and over in 2006 (\$473) (figure 4.9.4).

**Median and mean
real gross weekly equivalised
household income (2006 dollars)^a**



^a Household income has been 'equivalised' or adjusted to account for household size and composition.

Source: Figure 4.9.1 in the main report.

Things that work

The Cape York Family Income Management project (Queensland) was designed by Indigenous people to build financial literacy and implement budgets, stabilise family functioning, improve living standards and reduce household and individual debt in a culturally sensitive and practical way (box 4.9.2).

The MoneyBusiness program, implemented in partnership with the ANZ in WA and the NT, provides Indigenous people with the money management information and support they need to build self-reliance and improve individual, family and community wellbeing (box 4.9.2).

My Moola is a financial literacy package for Indigenous Australians developed by First Nations Foundation and ANZ in conjunction with the Indigenous community in Shepparton, Victoria (box 4.9.2).



Photo courtesy of
Reconciliation Australia and
Wayne Quilliam (Indigenous
Governance Awards 2008).

SUBSTANTIATED CHILD ABUSE AND NEGLECT

Many Indigenous families and communities live under severe social strain, caused by a range of social and economic factors. This social strain, combined with factors such as alcohol and substance misuse, and overcrowded living conditions, can contribute to the incidence of child abuse and violence.

This indicator provides some information about the extent of abuse, neglect and harm to children in the family environment. However, the available data refer only to matters which have been notified to the authorities and investigated. No data exist on actual levels of abuse.

KEY MESSAGES — Substantiated child abuse and neglect

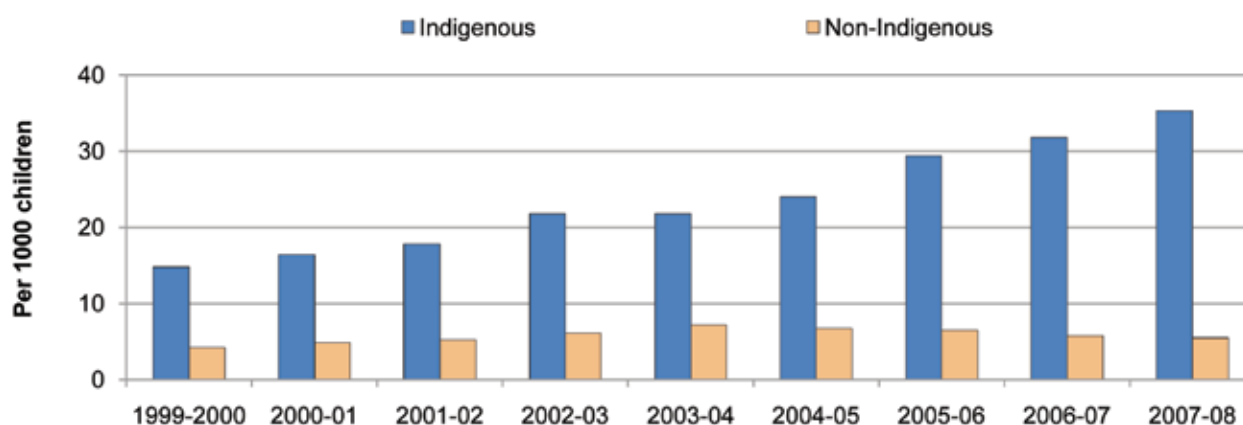
The rate of substantiated notifications for child abuse or neglect increased for both Indigenous and non-Indigenous children from 1999-2000 to 2007-08, with the rate for Indigenous children more than doubling over this period (figure 4.10.1):

- the rate for Indigenous children increased from 16 to 35 per 1000 children
- the rate for non-Indigenous children increased from 5 to 6 per 1000 children.

Indigenous children were more than six times as likely as non-Indigenous children to be the subject of a substantiation of abuse or neglect in 2007-08 (figure 4.10.1).

41 out of every 1000 Indigenous children were on care and protection orders, compared to 5 per 1000 non-Indigenous children at 30 June 2008 (table 4.10.1).

Children aged 0–16 years who were the subject of substantiations

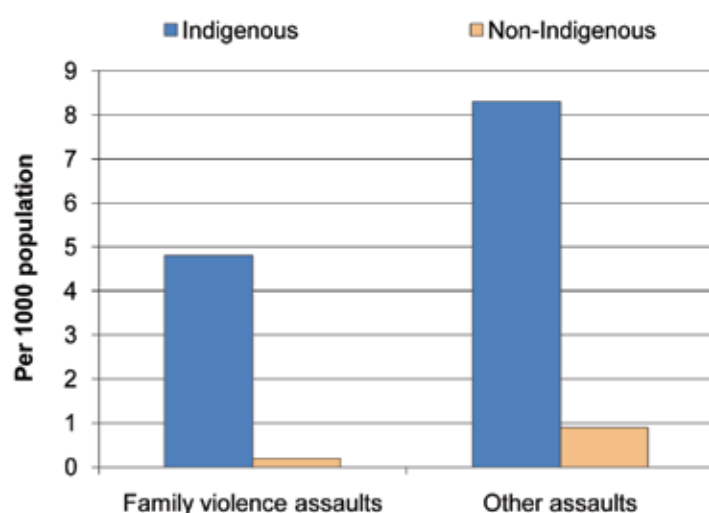


Source: Figure 4.10.1 in the main report.

FAMILY AND COMMUNITY VIOLENCE

Family and community violence problems are complex. Social, economic and environmental factors, such as unemployment, low income, housing overcrowding and alcohol and substance misuse, can all contribute to violence. Actions in a number of areas can make a difference, by addressing the circumstances which contribute to the social strain under which many Indigenous people live.

Non-fatal hospitalisations for assault, NSW, Victoria, Queensland, WA, SA and the NT, age standardised, 2006-07



Source: Table 4.11.1 in the main report

KEY MESSAGES — Family and community violence

Indigenous people were hospitalised as a result of spouse or partner violence at 34 times the rate of non-Indigenous people (table 4.11.1). Indigenous females and males were 35 and 21 times as likely to be hospitalised due to family violence related assaults as non-Indigenous females and males (table 4A.11.2).

Indigenous females sought Supported Accommodation Assistance Program assistance in 2006-07 to escape family violence at the rate of 45 per 1000 population, compared with 3 per 1000 population for non-Indigenous females (table 4A.11.32).

Nationally, the Indigenous homicide death rate (6 per 100 000 population) was 7 times the non-Indigenous homicide death rate (1 per 100 000 population) between 2003–2007 (figure 4.11.2).

Things that work

An early intervention project in SA, 'Rekindling Indigenous Family Relationships in the Riverland' is assisting the Aboriginal community to resolve family violence and child abuse issues (box 4.11.2).

The Family and Community Healing Program (Adelaide, SA) aims to equip Aboriginal women, men and youth with the skills for effective communication and conflict resolution (box 4.11.2).

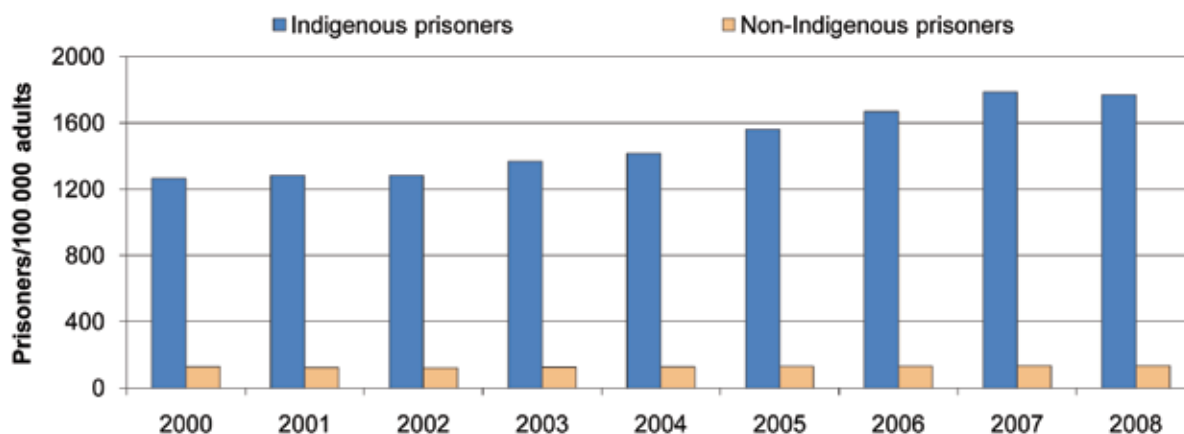
The Kalparrin Spirited Men's Project (SA) (a male perpetrator's program), aims to encourage positive parenting and educate Indigenous men about the detrimental effects of family violence (box 4.11.2).

IMPRISONMENT AND JUVENILE DETENTION

Poverty, unemployment, low levels of education and lack of access to social services are associated with high crime rates and high levels of imprisonment. Indigenous people are over-represented in the

criminal justice system, as both young people and adults. The early involvement of young people in the criminal justice system puts them at much higher risk of further involvement as adults.

Age standardised adult imprisonment rates, 30 June each year



Source: Figure 4.12.1 in the main report.

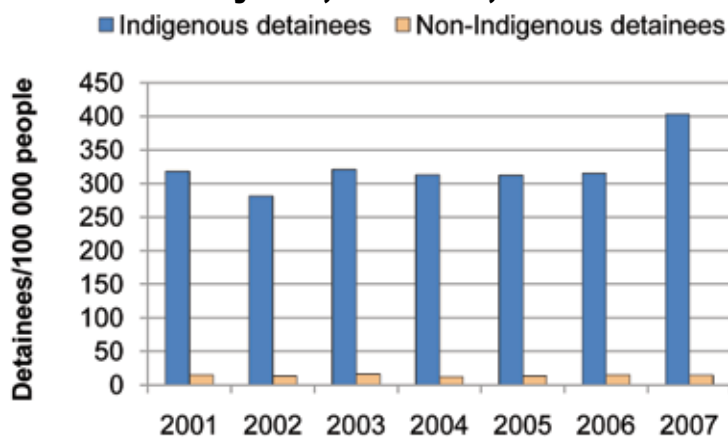
KEY MESSAGES — Imprisonment and juvenile detention

After adjusting for age differences, Indigenous people were 13 times as likely as non-Indigenous people to be imprisoned in 2008 (table 4A.12.3).

The imprisonment rate increased by 46 per cent for Indigenous women and by 27 per cent for Indigenous men between 2000 and 2008 (table 4A.12.7).

Indigenous juveniles were 28 times as likely to be detained as non-Indigenous juveniles at 30 June 2007. The Indigenous juvenile detention rate increased by 27 per cent between 2001 and 2007 (figure 4.12.5).

Juvenile detention rates, aged 10–17 years, Australia, as at 30 June



Source: Figure 4.12.5 in the main report.

Things that work

Aboriginal sentencing operates within the SA magistrates courts in Port Adelaide (Nunga court), Port Augusta, Murray Bridge, Ceduna and Berri. The aim of these courts is to make the justice system more culturally appropriate to Indigenous people (box 4.12.2).

An Aboriginal Conferencing initiative in Port Lincoln (SA) involves members of the Aboriginal community, SA Police and victims. It encourages contrition and reparation, and provides a restorative opportunity to victims. The magistrate considers the conference outcomes when sentencing the defendant (box 4.12.2).

The Koori Court (Victoria) has an informal atmosphere allowing greater Koori community participation in sentencing and support programs and has led to a reduction in reoffending (box 4.12.2).

The Murri Court (Queensland) provides a forum where Aboriginal and Torres Strait Islander elders and respected persons have cultural input into the sentencing process and provide insight into the impacts of offending on the local community (box 4.12.2).

Meenah Mienne (Tasmania) helps prevent crime through mentoring, arts, education and employment for young people (box 4.12.2).

STRATEGIC AREAS FOR ACTION

This Overview summarises the key messages and ‘things that work’ for each strategic area for action. Much more information can be found in the main report.

Strategic areas for action	Strategic change indicators
Early child development	<ul style="list-style-type: none"> • Maternal health • Teenage birth rate • Birthweight • Early childhood hospitalisations • Injury and preventable disease • Basic skills for life and learning • Hearing impediments
Education and training	<ul style="list-style-type: none"> • School enrolment and attendance • Teacher quality • Indigenous cultural studies • Year 9 attainment • Year 10 attainment • Transition from school to work
Healthy lives	<ul style="list-style-type: none"> • Access to primary health • Potentially preventable hospitalisations • Avoidable mortality • Tobacco consumption and harm • Obesity and nutrition • Tooth decay • Mental health • Suicide and self-harm
Economic participation	<ul style="list-style-type: none"> • Labour market participation (full/part time) by sector and occupation • Indigenous owned or controlled land and business • Home ownership • Income support
Home environment	<ul style="list-style-type: none"> • Overcrowding in housing • Rates of disease associated with poor environmental health • Access to clean water and functional sewerage and electricity services
Safe and supportive communities	<ul style="list-style-type: none"> • Participation in organised sport, arts or community group activities • Access to traditional lands • Alcohol consumption and harm • Drug and other substance use and harm • Juvenile diversions • Repeat offending
Governance and leadership	<ul style="list-style-type: none"> • Case studies in governance • Governance capacity and skills • Engagement with service delivery

EARLY CHILD DEVELOPMENT

Providing children with a good start in life can influence the whole of their lives. Problems at this early stage can create barriers that prevent children achieving their full potential.

Maternal health

The health of women during and after pregnancy and childbirth is important for the wellbeing of both women and their children. Access to appropriate health services is important, but so are behavioural factors such as women's nutrition and alcohol and tobacco consumption during pregnancy.

KEY MESSAGES — Maternal health

The proportion of low birthweight babies, pre-term babies and perinatal deaths decreased as the number of antenatal visits increased for both Indigenous and non-Indigenous mothers in 2006 (figures 5.1.3, 5.1.4 and 5.1.5). A lower proportion of Indigenous than non-Indigenous mothers attended at least five antenatal sessions in Queensland, SA and the NT in 2006 (figure 5.1.1).

The proportion of Indigenous mothers who attended at least one antenatal session remained constant in most states and territories and increased significantly in SA between 1998 and 2006 (figure 5.1.6).

Around half of Indigenous mothers smoked during pregnancy and the proportion remained relatively constant between 2001 and 2006 (figure 5.1.7).

Things that work

The Koori Maternity Strategy (Victoria) provides culturally appropriate maternity care to Koori women (box 5.1.2).

The Winnunga Nimmityjah Aboriginal Health Service Aboriginal Midwifery Access Program in the ACT provides community-based antenatal and postnatal care to Indigenous women and their babies (box 5.1.2).

The Community Midwifery Programme in Elizabeth, SA, is a midwifery led care model offering appropriate models of care for Indigenous women (box 5.1.2).

The Anangu Bibi Family Birthing Program in Port Augusta and Whyalla (SA) involves Aboriginal maternal and infant care workers and midwives working in partnership to provide antenatal, birthing and early childhood care to Aboriginal women (box 5.1.2).

EARLY CHILD DEVELOPMENT

Teenage birth rate

Teenage pregnancy is generally associated with higher rates of complications during pregnancy and delivery. Teenage births are also associated with lower incomes and poorer educational attainment and employment prospects for the mother.

Things that work

The Nunga Young Mums Program (SA), based on the Incredible Years Program in the United States, targets young mums (under 25 years), and promotes the use of principles of play and attention, praise and rewards, limit setting, ignoring and distracting and then time out (box 5.2.2).

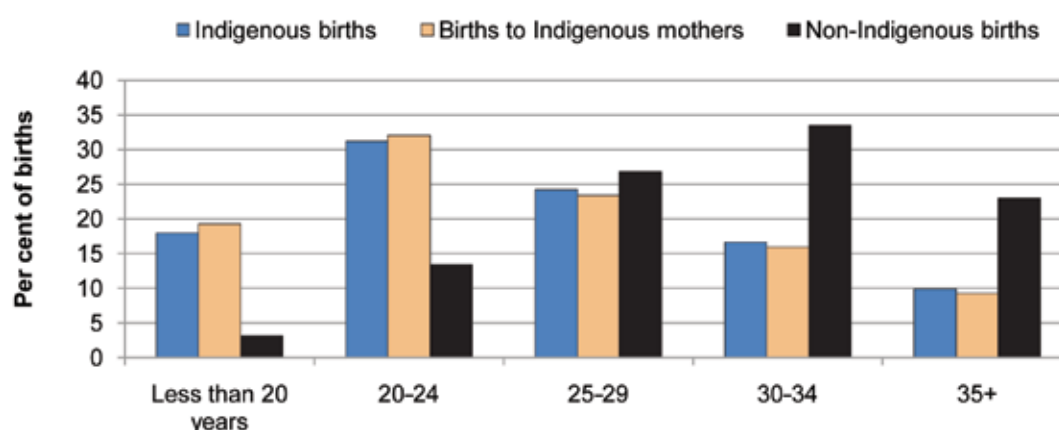
KEY MESSAGES — Teenage birth rate

Teenage birth rates were much higher for Indigenous females than non-Indigenous females in both 2004 and 2007 (figure 5.2.1).

18 per cent of Indigenous births were to teenage mothers in 2007. In contrast, 3 per cent of non-Indigenous births were to teenage mothers (figure 5.2.3).

The proportion of Indigenous births to teenage mothers increased with remoteness and was highest in very remote areas between 2001 and 2007 (figure 5.2.4).

Births, by Indigenous status of baby and age of mother, 2007



Source: Figure 5.2.3 in the main report.

Birthweight

Low birthweight is a key factor affecting infant mortality, and can lead to health problems early in life. Low birthweight may also influence the development of chronic diseases in adulthood, including diabetes and heart disease. This section reports birthweight for babies born to Indigenous mothers.

KEY MESSAGES — Birthweight

Indigenous mothers (13 per cent) were almost twice as likely as non-Indigenous mothers (6 per cent) to have a low birthweight baby in the period 2004–06 (table 5.3.2).

The average birthweight of babies born to Indigenous mothers during 2004–06 was 3162 g, compared with 3379 g for babies born to non-Indigenous mothers — a difference of 217 g, or 6 per cent (table 5.3.2).

EARLY CHILD DEVELOPMENT

Early childhood hospitalisations

The hospitalisation rate provides a broad indicator of the scale of serious health issues experienced by Indigenous children, as admissions to hospital typically relate to more serious conditions. A high rate may also indicate problems with access to primary health care, as many hospital admissions could be prevented if effective non-hospital care were available. This section reports on hospitalisations for all causes for children aged 0 to 4 years.

KEY MESSAGES — Early childhood hospitalisations

Hospitalisation rates for Indigenous 0–4 year olds (320 per 1000) were higher than those for non-Indigenous 0–4 year olds (232 per 1000) in 2006-07 (figure 5.4.1).

Hospitalisation rates for both Indigenous and non-Indigenous 0–4 year olds remained relatively constant between 2004-05 and 2006-07 (figure 5.4.1).

Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).



EARLY CHILD DEVELOPMENT

Injury and preventable disease

This indicator examines injury and preventable diseases that result in children being hospitalised. Most childhood injuries and diseases can be prevented or treated without

hospitalisation, so high rates for this indicator may point to problems with the living environment or access to primary health care.

KEY MESSAGES — Injury and preventable disease

Indigenous children under five were twice as likely to be hospitalised for potentially preventable diseases and injuries as non-Indigenous children (195 per 1000 compared to 105 per 1000) in NSW, Victoria, Queensland, WA, SA and the NT combined, in 2006-07 (table 5.5.1).

The death rate from external causes and preventable diseases for children aged less than five years was 2 to 5 times as high for Indigenous as for non-Indigenous children (3 to 9 per 10 000 compared to 1 to 2 per 10 000) in NSW, Queensland, WA, SA and the NT, during 2003–2007 (figure 5.5.2).

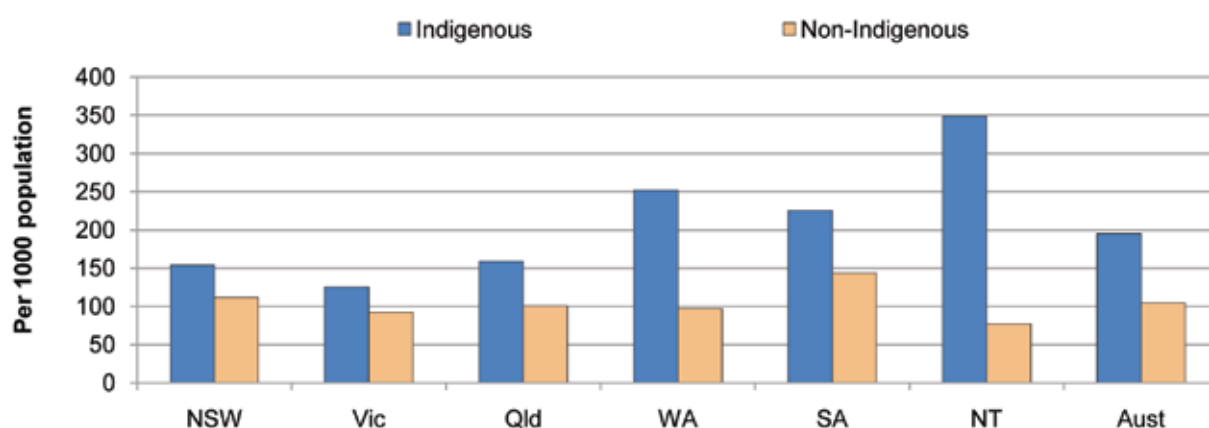
Things that work

The Nganampa Health Council provides primary healthcare services for the Anangu people of SA (box 5.5.2).

The Jalaris Health Outreach service in Derby, WA, targets marginalised families with early intervention, engagement and education services (box 5.5.2).

The East Arnhem Healthy Skin project (NT) (completed in 2007) halved children's skin sore burden (scabies, skin sores and tinea) in five East Arnhem communities (box 5.5.2).

**Potentially preventable hospitalisations,
children aged less than five years, 2006-07**



Source: Figure 5.5.1 in the main report.

EARLY CHILD DEVELOPMENT

Basic skills for life and learning

Basic skills for life and learning include a range of social, emotional, language, cognitive and communication skills, as well as general knowledge. The early development of these skills provides the foundations for later relationships and formal learning. Gaps in children's basic skills for life and learning that appear at age five or six are often difficult to close, even with targeted school interventions. Children who have access to, and attend, good quality early childhood education have a head start at school.

KEY MESSAGES — Basic skills for life and learning

67 per 1000 Indigenous children aged 0–14 years received a Medicare funded voluntary health check/assessment in 2007–08 (table 5.6.1).

The Australian Early Development Index is being implemented in 2009 and will provide information on Indigenous children at a State and national level.

Things that work

Best Start, a WA Department for Communities program, aims to improve life opportunities for Aboriginal children aged from 0–5 years, with co-operation from health, welfare and Indigenous agencies (box 5.6.2).

The Welcome Baby to Country project in the Wimmera/Mallee region (Victoria) is based on a traditional Aboriginal welcome to country. The project engages traditional owners and the broader Aboriginal community in a celebration of the birth of Indigenous babies (box 5.6.2).

Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).



EARLY CHILD DEVELOPMENT

Hearing impediments

Indigenous children tend to have high rates of recurring ear infections, which, if not treated early, can become a chronic disease and lead to hearing impediments. As well as direct health impacts, hearing impediments can affect children's capacity to learn and socialise. However, only limited information is available on the burden of hearing loss in Indigenous children.

High rates of recurring ear infections are associated with poverty, crowded housing conditions, inadequate access to clean water and functional sewerage systems, nutritional problems and poor access to health care.

KEY MESSAGES — Hearing impediments

Despite evidence of high prevalence rates for hearing impediments in Indigenous children, particularly in remote areas, the hospitalisation rate for middle ear and mastoid disease for Indigenous 0–3 year olds (9 per 1000) was below that for non-Indigenous 0–3 year olds (10 per 1000) in 2006-07 (table 5.7.1).

Things that work

The 'Can't hear? Hard to Learn' program in NSW is an education and screening program for otitis media in Aboriginal children. The program is improving hearing and communication in Aboriginal children through improved access to early intervention and treatment, including access to specialist services (box 5.7.2).

Swimming pools in remote communities in WA have contributed to significant reductions in the prevalence of skin infections and reduced rates of ear disease (box 5.7.2).

An ear health program in Leonora (WA) has successfully taught children how to keep the ear canals clean, and people who learned this as children are now teaching their own children (box 5.7.2).

The Education Queensland Indigenous Schooling Support Unit has developed hearing assessment tools for teaching staff, hearing assessment games for parents and professional development for both teachers and parents. The early identification of students with hearing loss has facilitated educational support and early referral for treatment (box 5.7.2).

EDUCATION AND TRAINING

Education and training aims to develop the capacities and talents of students, so they have the necessary knowledge, understanding, skills and values for a productive and rewarding life. Education is a life-long activity, beginning with learning in the home, and continuing through the more formal settings of school, vocational and higher education. At all stages, parental support makes an important contribution to children's education.

There are strong links between higher levels of education and improved employment, income and health outcomes. Improved educational outcomes can also help strengthen communities and regions socially and economically.

School enrolment and attendance

There is a direct relationship between the number of days absent from school and academic performance. There is a general concern that Indigenous children are less likely to be enrolled in school and, even if enrolled, less likely to attend regularly.

Student attendance data are based on enrolments and therefore do not provide any information about children of school age who are not enrolled.

KEY MESSAGES — School enrolment and attendance

Attendance rates in government schools for years 1–10 were lower for Indigenous students than non-Indigenous students, in all states and territories in 2007 (figure 6.1.1).

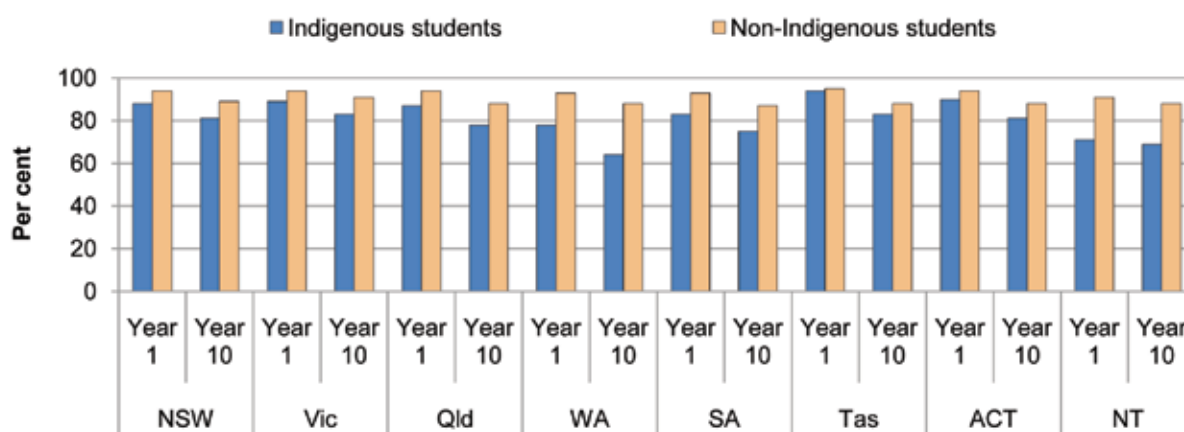
Attendance rates in government schools declined from year 1 to year 10 for both Indigenous and non-Indigenous students in 2007. The decline was generally greater for Indigenous students (between 2 and 14 percentage points) than non-Indigenous students (between 3 and 7 percentage points) (figure 6.1.1).

Things that work

The Clontarf Foundation Program (NT) (originally launched in WA in 2000) provides teenage Indigenous boys with high quality football coaching, specialist physical conditioning, health education and mentoring in life skills, linked to attendance and performance at school (box 6.1.2).

The Community Festivals for Education Engagement program (Australian Government) targets events that encourage students (particularly Aboriginal and Torres Strait Islander students) to attend school and lead healthy lifestyles. Students participate in concerts and cultural activities that endorse education, health, culture and potential vocational pathways (box 6.1.2).

Student attendance in government schools, year 1 and year 10, 2007



Source: Figure 6.1.1 in the main report.

EDUCATION AND TRAINING

Teacher quality

The quality of teaching is a key determinant of student outcomes. However, it is difficult to define and measure teacher quality.

KEY MESSAGES — Teacher quality

Teacher quality is important for improving Indigenous student outcomes. COAG has agreed to a National Partnership on Improving Teacher Quality, but no data were available for this report.

Indigenous cultural studies

Culturally appropriate education for Indigenous students does not mean that different standards should apply to Indigenous academic outcomes. Rather, Indigenous cultural studies can enhance Indigenous students' education, and help Indigenous people to share their knowledge with the wider community.

Approaches to Indigenous cultural studies vary widely between education systems and between schools, but the participation of Indigenous people in the development and delivery of cultural material is generally regarded as highly desirable.

KEY MESSAGES — Indigenous cultural studies

Many schools have introduced Indigenous language, culture and history programs to improve education outcomes for Indigenous students and to improve all students' knowledge and appreciation of Indigenous peoples and cultures.

Things that work

The 'Dare to Lead' program fosters Indigenous education programs in schools throughout Australia. In 2005, the Bendigo Senior Secondary College in Victoria was one of six national winners of the Excellence in Leadership in Indigenous Education awards established under the program (box 6.3.2).

The Broulee Public School Dhurga Djamanji language program in NSW has been successfully integrated into everyday classroom activities and has received strong support from the school and local communities (box 6.3.2).

Specialist language training to teach Aboriginal languages in NSW public schools is being provided by the NSW Department of Education and Training's Aboriginal Education and Training Directorate, in collaboration with the University of Sydney's Koori Centre (box 6.3.2).

A Stage 4 Aboriginal language program in place in ten NSW schools means that the local Indigenous language can be studied to meet the mandatory language requirement for the School Certificate (box 6.3.2).

The Teacher Education Scholarship Program (NSW) encourages and supports Aboriginal people to become secondary or primary teachers (box 6.3.2).

The Connecting with Country, Culture and Community program (Tasmania) engages Indigenous students with their culture through meaningful and relevant cultural learning experiences as part of their academic schooling (box 6.3.2).

The Tasmanian Aboriginal Sharers of Knowledge Program (ASK) provides cross cultural training for teaching and education staff and equips teachers and students with awareness and understanding of Tasmanian Aboriginal peoples and their cultures (box 6.3.2).

EDUCATION AND TRAINING

KEY MESSAGES — Year 9 attainment

Much higher proportions of Indigenous than non-Indigenous people aged 15 years and older reported year 9 or below as their highest level of schooling in every age group in 2006 (figure 6.4.1).

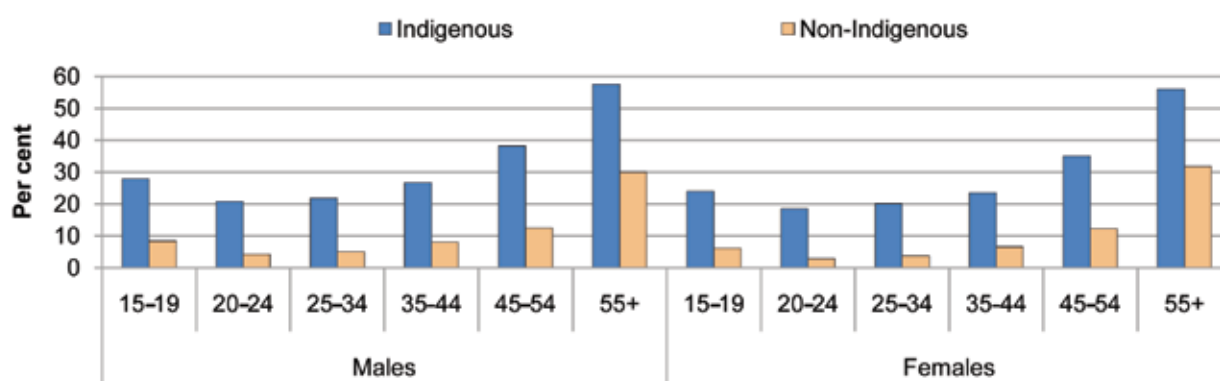
A higher proportion of Indigenous students than non-Indigenous students did not achieve the minimum proficiency level in international tests for science, mathematics and reading literacy (tables 6.4.2–6).

Year 9 attainment

Anecdotal evidence suggests that many Indigenous children are leaving school in years 9 and 10 with poor literacy and numeracy skills and with limited post school options. Leaving school early often leads to poor employment options and lower income in later life.

Other areas of this report examine some of the causes of early school leaving, including poverty, poor literacy and numeracy skills, a student's lack of interest, and the quality of teaching staff.

Year 9 or below as highest level of schooling completed, 2006^a



^a Persons aged 15 years and over, excluding persons still attending secondary school.

Source: Figure 6.4.1 in the main report.

Year 10 attainment

Year 10 generally signifies the end of compulsory schooling, and there is a significant drop off in Indigenous enrolments. Yet there can be significant employment and income benefits of continuing education beyond the period of compulsory schooling.



KEY MESSAGES — Year 10 attainment

The apparent retention rate from years 7 or 8 to year 10 for Indigenous students was 89 per cent compared with 100 per cent for non-Indigenous students in 2008 (table 6.5.1).

The school enrolment rate was much lower for Indigenous 15–19 year olds (38 per cent) than for non-Indigenous people in that age group (52 per cent) in 2006 (table 6A.1.4). For both Indigenous and non-Indigenous people, enrolment rates declined as students exceeded the compulsory school age.

Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

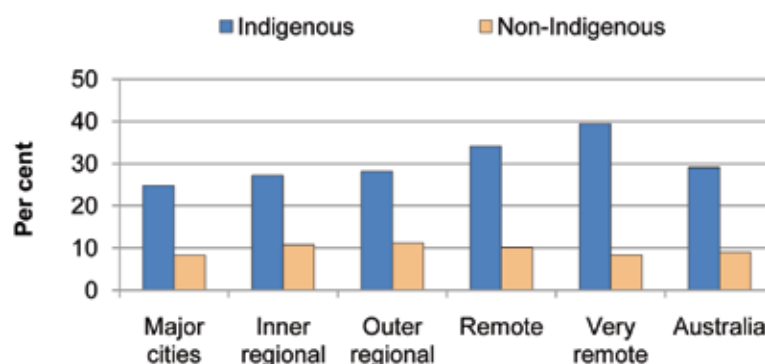
EDUCATION AND TRAINING

Transition from school to work

The later years of childhood and adolescence are critical development phases. At these stages, a good foundation in early childhood can be built upon, or actions can assist disadvantaged young people to make the transition to a positive

adulthood. The transition from school to work is critical. Young people who are neither engaged in education and training, nor employed, are at risk of long-term disadvantage.

People aged 15 to 24 years who were not employed and not studying, 2006^a



^a CDEP participants were counted as employed in the 2006 Census.

Source: Figure 6.6.1 in the main report.

KEY MESSAGES — Transition from school to work

Indigenous people aged 15 to 24 years were more than three times as likely as non-Indigenous people to be neither employed nor studying in 2006 (29 and 9 per cent respectively) (figure 6.6.1).

The proportion of Indigenous people aged 15 to 24 years who were neither employed nor studying decreased between 2001 and 2006. The gap between Indigenous and non-Indigenous people also decreased (from 20 to 17 percentage points for males, and from 27 to 24 percentage points for females) (figure 6.6.2).

Things that work

Follow the Dream, run by the WA Department of Education and Training, targets high achieving Aboriginal students enrolled in years 6 to 12, and aims to increase the number of Aboriginal students completing year 12 and gaining university entrance (box 7.5.2).

The Will and a Way program (NSW) addresses barriers that prevent 'at risk' students from completing year 12 and gaining entry to university. The program provides individualised support to 'at risk' Indigenous and non-Indigenous youth in years 10 to 12 (box 7.5.2).



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

HEALTHY LIVES

Health outcomes affect many aspects of people's lives, including their ability to socialise with family and friends and participate in the community, and to learn and work. Indigenous people have very high rates for many physical and mental illnesses, which contribute to poorer quality of life and shorter life expectancy.

Physical health outcomes are affected by the living environment and access to health services, and also health risk behaviours, such as smoking and poor diet. Mental health issues can be affected by a complex mix of medical issues, drug and substance misuse, and social stressors associated with entrenched disadvantage. Education and income levels also affect health.

Access to primary health

Primary health care is the first point of contact with the health system. It includes prevention, early intervention, case management and ongoing care. It can help address health risk behaviours and contribute to improved health outcomes.

Access to primary health care can affect outcomes across the framework, including life expectancy, infant mortality, disability and chronic disease and early child development. Poor health can also affect education and employment outcomes.

Things that work

The Kimberley Satellite Dialysis Centre in Broome (WA) is a dialysis unit run by an Aboriginal Community Controlled Health Service, which provides a culturally safe environment for Aboriginal haemodialysis patients (box 7.1.2).

The Healthy Heart Cardiac Rehabilitation Program provided by the Wuchopperen Health Service, in partnership with the Cairns Base Hospital, has significantly improved Indigenous participation in cardiac rehabilitation programs (box 7.1.2).

KEY MESSAGES — Access to primary health

Expenditure per person on primary health care was 27 per cent higher for Indigenous people than for non-Indigenous people in 2004-05 (table 7.1.2).

Immunisation rates for one year old Indigenous children (83 per cent) were lower than for non-Indigenous children of the same age (92 per cent) in 2007. Immunisation rates were similar for all children aged two and six years (table 7.1.3).

Sixty per cent of Indigenous people reported that they usually went to the same general practitioner or health service. A further 30 per cent reported they usually went to an Aboriginal medical service (section 7.1).

Indigenous people represent a small proportion (1 per cent) of people working in health-related occupations in Australia, and even smaller proportions for occupations such as nurses (0.6 per cent), doctors (0.2 per cent) and dentists (0.2 per cent) (table 7A.1.21).

Potentially preventable hospitalisations

In many cases, hospital admissions could be prevented if more effective non-hospital care were available. Better care might provide an alternative to hospital, or might prevent conditions reaching the point where hospitalisation is necessary.

Things that work

The Aboriginal Burns Program (SA) was developed in response to the over-representation of Aboriginal people in the South Australian Burns Service. It includes prevention and pre-hospital care through to acute care and rehabilitation (box 7.2.2).

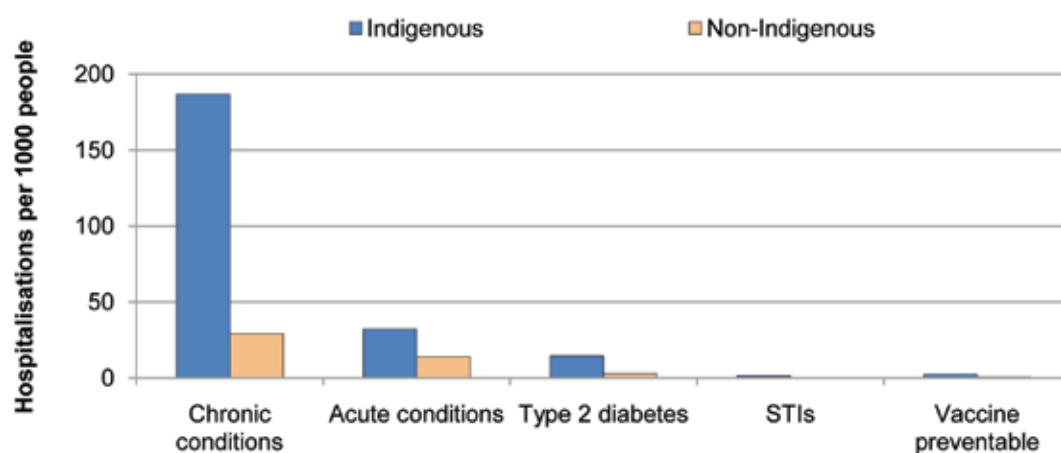
KEY MESSAGES — Potentially preventable hospitalisations

In 2006-07, in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT:

- the Indigenous hospitalisation rate for potentially preventable chronic conditions was six times the rate for non-Indigenous people (table 7.2.1). The Indigenous hospitalisation rate in 2006-07 was 21 per cent higher than the rate in 2004-05 (187 compared to 154 hospitalisations per 1000 people) (table 7A.2.1)
- the Indigenous hospitalisation rate for type 2 diabetes (with and without complications) was five times the rate for non-Indigenous people (table 7.2.2). Complications of diabetes accounted for 89 per cent of hospitalisations of Indigenous people for potentially preventable chronic conditions (table 7.2.1)
- the Indigenous hospitalisation rate for potentially preventable acute conditions was twice the rate for non-Indigenous people. Hospitalisation rates for vaccine preventable and sexually transmitted diseases were also higher for Indigenous than non-Indigenous people (tables 7.2.3–5).

Indigenous people were 46 times as likely as non-Indigenous people to be hospitalised for injury and poisoning and other external causes in 2005–2007 in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT (table 7.2.6).

Potentially preventable hospitalisations



STIs = infections with a predominantly sexual mode of transmission.

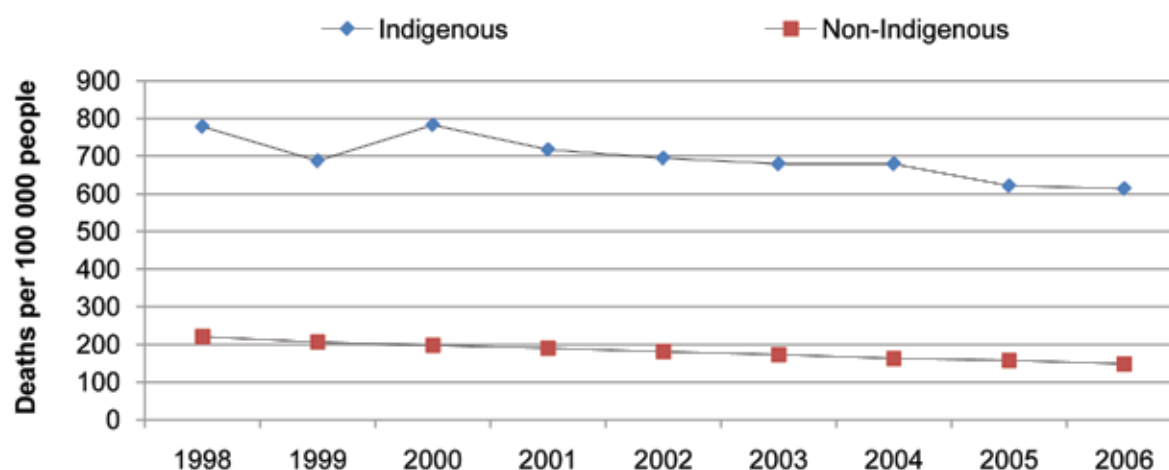
Source: Tables 7.2.1–5 in the main report.

HEALTHY LIVES

Avoidable mortality

Avoidable mortality refers to untimely and unnecessary deaths from causes that could potentially have been prevented.

Avoidable mortality rates, 0–74 year olds, Queensland, WA, SA and the NT^a



^a Age standardised.

Source: Figure 7.3.1 in the main report.

Things that work

Heart attack survival rates have improved for Indigenous people in the NT through improvements in the early management of patients; a combination of patients' response to their condition, initial primary health care management and access to hospital care (box 7.3.2).



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

KEY MESSAGES — Avoidable mortality

For the period 2002–2006 in Queensland, WA, SA and the NT combined:

- Indigenous females were 4 times as likely as non-Indigenous females and Indigenous males were 5 times as likely as non-Indigenous males to die from avoidable causes (table 7.3.2)
- Indigenous people were 5 times as likely to die from heart attack, twice as likely to time from cancer, 18 times as likely to die of diabetes, and twice as likely to die from suicide as non-Indigenous people (table 7.3.3).

Mortality rates from avoidable causes declined for both Indigenous and non-Indigenous people, and the Indigenous gap decreased between 1998 and 2006 in Queensland, WA, SA and the NT combined (figure 7.3.1).

HEALTHY LIVES

Tobacco consumption and harm

Tobacco use is a significant contributor to premature death and ill health among Indigenous people, and it is often associated with other lifestyle related health risk factors, such as excessive alcohol consumption, low levels of physical activity and poor diet. In addition to health risks, tobacco use can consume a significant proportion of individual or family income.

Things that work

The 'Smoke busters' campaign in Maningrida (NT) reduced tobacco consumption by increasing community awareness of the dangers of tobacco, second hand smoke, strategies to stop smoking, and non-smokers' rights (particularly the benefits of not smoking near children) (box 7.4.2).

KEY MESSAGES — Tobacco consumption and harm

In 2004-05, half of Indigenous Australians aged 18 years and over reported that they were current smokers (table 7A.4.10). This figure had not changed significantly since 1995 (table 7A.4.7). It remains twice that of the non-Indigenous population (figure 7.4.1).

Hospitalisation rates related to tobacco use were consistently higher for Indigenous people than for non-Indigenous people in 2006-07 (table 7.4.1).

Obesity and nutrition

Obesity and nutrition both contribute to health outcomes. Obesity is a risk factor for conditions such as diabetes, heart disease, high blood pressure, osteoarthritis and some cancers. Nutrition, or healthy eating, can contribute to better health outcomes, particularly for pregnant women and young children.

Things that work

The Outback Stores model in remote and very remote communities has improved food availability and food security in the communities, enhanced health outcomes, increased awareness of healthy food, provided employment, and supported the long-term sustainability of the community store as a business enterprise (box 7.5.2).

KEY MESSAGES — Obesity and nutrition

In non-remote areas in 2004-05, 31 per cent of Indigenous adults were obese and, after adjusting for differences in the age structure of the two populations, Indigenous adults were twice as likely to be obese as non-Indigenous adults (table 7.5.2).

In non-remote areas in 2004-05, after adjusting for age, similar proportions of Indigenous and non-Indigenous people aged 12 years and over were eating the recommended usual daily intake of vegetables; 45 per cent of Indigenous people were eating the recommended usual daily intake of fruit compared with 54 per cent of non-Indigenous people, and 71 per cent of Indigenous people usually consumed whole milk compared with 45 per cent of non-Indigenous people (figure 7.5.1).

HEALTHY LIVES

Tooth decay

Healthy teeth are an important part of overall good health. Unless treated early, tooth decay may result in pain, infection and destruction of soft tissue in the mouth. Poor dental health can affect speech and language development, as well as school attendance and performance, self-esteem, employment and social wellbeing. Dental health can also be an indicator of nutrition, dental hygiene and access to dental health care.

KEY MESSAGES — Tooth decay

The proportion of adults with untreated tooth decay was significantly higher for Indigenous than for non-Indigenous people across all age groups for 2004–2006 (figure 7.6.5).

Potentially preventable hospitalisations for dental conditions were higher for Indigenous people than non-Indigenous people from 2004-05 to 2006-07 (figure 7.6.6).

Mental health

For many Indigenous people, good health does not just mean the physical wellbeing of the individual, but includes the social and emotional wellbeing of the community. Mental health is one important aspect of social and emotional wellbeing.

Mental health issues include a broad range of problems, which can result from domestic violence, substance misuse, physical health

Things that work

The school-based 'Family Wellbeing Program' for remote Indigenous school children in Cape York, Queensland, aims to enhance the life skills and psychosocial development of young Indigenous people (box 7.7.2).

In NSW, the Aboriginal Mental Health Worker Training Program aims to increase the representation of Aboriginal people in mental health professions (box 7.7.2).

Things that work

Since 2005, the Wuchopperen Health Service 'Filling the Gap' Indigenous Dental Program, has provided care to approximately 20 000 Aboriginal and Torres Strait Islander people in and around Cairns, Queensland (box 7.6.2).

The Aboriginal Liaison Program of the SA Dental Service was expanded following the employment of an Aboriginal Liaison Officer in Northern Adelaide, leading to improved access to dental care by Indigenous people (box 7.6.3).

The Great Southern Aboriginal Health — Dental Health Program (WA) improved dental health and access to dental services for 0 to 4 year olds, through tooth brushing programs, checking and treating dental health; helping communities to improve oral health through diet and personal dental care; and cultural awareness programs for dentists and dental students (box 7.6.4).

problems, imprisonment, family breakdown and social disadvantage. For Indigenous people, broader cultural and historic issues such as dispossession, removal from family and discrimination also influence mental health and wellbeing.

KEY MESSAGES — Mental health

Indigenous people had higher treatment rates for mental health issues in community clinics, residential care facilities and hospitals compared with non-Indigenous people in 2005-06 (table 7.7.1).

'Life stress events' have been identified as the factor most strongly associated with a high risk of clinically significant emotional or behavioural difficulties in Aboriginal children. In WA, in 2000-01, more than one in five Aboriginal children aged 0–17 years were living in families that had been exposed to 7 to 14 major life stress events, such as death, incarceration, violence and severe hardship, in the previous 12 months (section 7.7).

Suicide and self-harm

Suicide and self-harm cause great grief in both Indigenous and non-Indigenous communities. Indigenous suicide is influenced by complex factors relating to social disadvantage and a history of dispossession, removal from family and discrimination.

Things that work

The Yarrabah Family Life promotion program (Queensland), established in 1995, has developed a set of strategies for suicide prevention, intervention, aftercare and life promotion (box 7.8.2).

The Koori Kids Wellbeing Project in Shoalhaven, NSW, provides a promotion, prevention and early intervention approach to mental health support and suicide prevention for Aboriginal children aged 3–12 years (box 7.8.2).

LivingWorks (SA) is a training program to equip a range of community people with the skills to assist those at risk of suicide. Two suicide intervention programs strengthen local suicide intervention skills and increase knowledge of mental health (box 7.8.2).

KEY MESSAGES — Suicide and self-harm

Suicide death rates were higher for Indigenous people (between 11 and 42 per 100 000 population) than non-Indigenous people (between 8 and 15 per 100 000 population) in NSW, Queensland, WA, SA and the NT in 2003–2007 (figure 7.8.1). Indigenous people aged 25–34 years had particularly high suicide rates (between 26 and 100 per 100 000 people) (figure 7.8.2).

Suicide rates were significantly higher for Indigenous males (between 19 and 76 per 100 000) than for non-Indigenous males (between 13 and 24 per 100 000), and for Indigenous females (between 7 and 17 per 100 000) than non-Indigenous females (between 4 and 5 per 100 000) (figure 7.8.3).

The hospitalisation rate for non-fatal intentional self-harm (age standardised) was higher for Indigenous people (4 per 1000) than non-Indigenous people (1 per 1000) in 2006–07 (table 7.8.1). There was a slight increase in hospitalisations of Indigenous people for self-harm between 2004–05 and 2006–07 (figure 7.8.4).

ECONOMIC PARTICIPATION

Participation in the economy is a significant influence on living standards. Having a job or being involved in a business activity can not only lead to improved incomes for families and communities, it can also enhance self-esteem and reduce social alienation. Reliance on income support can entrench the disadvantages that accompany low socioeconomic status, and can contribute to long-term welfare dependency.

Labour market participation

The types of employment undertaken by Indigenous people can affect rates of pay, job satisfaction and security, and opportunities for advancement. Data for this indicator include CDEP participation as employment.

KEY MESSAGES — Labour market participation

Employment rates for Indigenous people in the labour force increased from 80 per cent to 84 per cent between 2001 and 2006. Employment rates for non-Indigenous people also increased, from 93 per cent to 95 per cent. Overall, the gap narrowed from 13 to 11 percentage points (figure 8.1.1).

In 2006:

- employment rates for Indigenous people were lower than for non-Indigenous people in all age groups, states and territories, and remoteness areas (figures 8.1.3, 8.1.4 and table 8A.1.2)
- 26 per cent of employed Indigenous people worked in the public sector, compared to 15 per cent of employed non-Indigenous people (figure 8.1.5)
- 59 per cent of employed Indigenous people were employed full time, compared to 69 per cent of employed non-Indigenous people (figure 8.1.7)
- Indigenous people were less likely than non-Indigenous people to be employed as managers and administrators and professionals, and more likely to be employed as labourers (figure 8.1.6).



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

ECONOMIC PARTICIPATION

Things that work

The Workstart Program is an intensive, self paced 13 week pre-employment program for Indigenous trainees in the Pilbara. It includes literacy, drivers' licences, alcohol and drug training, fitness for work, safety training, self development and personal financial management (box 8.1.2).

Rio Tinto Indigenous employment programs have helped increase the proportion of Indigenous employees at Rio Tinto from 0.5 per cent to 8 per cent. Rio Tinto has included education and training as part of employment, helping Indigenous employees overcome educational barriers. Rio Tinto is also involved in the Australian Government's National Indigenous Cadetship Project (box 8.1.2).

The Learning to Earning program (WA) is a 12 week pre-vocational course that includes structured workplace experience with industry as part of the accredited certificate I training in engineering and plant processing (box 8.1.2).

The Aboriginal Employment Strategy, established in Moree in 1997, now provides tailored employment services to unemployed Indigenous Australians in eleven sites in NSW, NT, WA and Queensland, utilising the Australian Government's Structured Training and Employment Projects program (box 8.1.2).

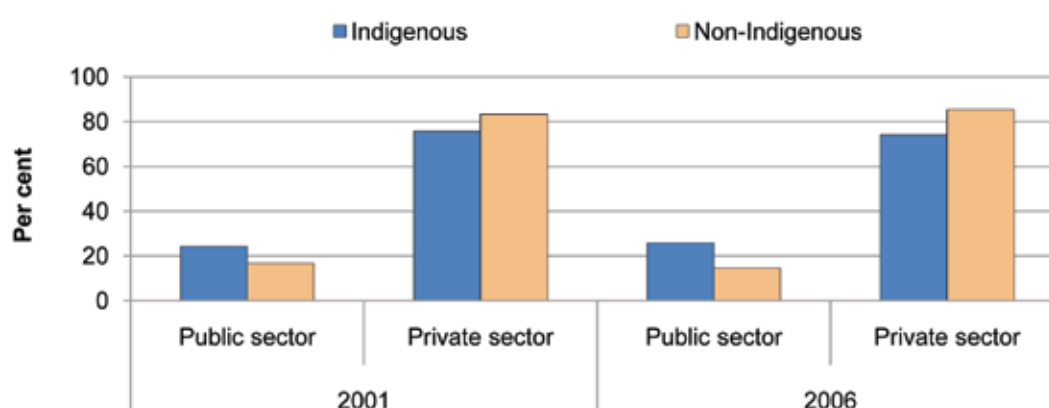
The Accor Asia Pacific Corporate Leaders for Indigenous Employment Project encourages private sector companies to generate job opportunities, using elements of the Australian Government's Indigenous Employment Program (box 8.1.2).

The ACT Indigenous Traineeship Program provides opportunities for Indigenous youth to commence 12 month traineeships, with a view to permanent full time employment with ACT Government agencies on completion (box 8.1.2).

The VicRoads Indigenous Traineeship Program operates in 14 rural and metropolitan Customer Service Centre locations across Victoria where there is a local Indigenous community (box 8.1.2).

Warakurna Artists in remote WA has 150 artists on its registry and provides significant benefits to the community, with approximately \$500 000 turnover per year and a range of social welfare outcomes (box 8.1.2).

Employment by public/private sector, people aged 15 to 64 years^a



^a CDEP participants are included in the private sector for both 2001 and 2006.

Source: Figure 8.1.5 in the main report.

ECONOMIC PARTICIPATION

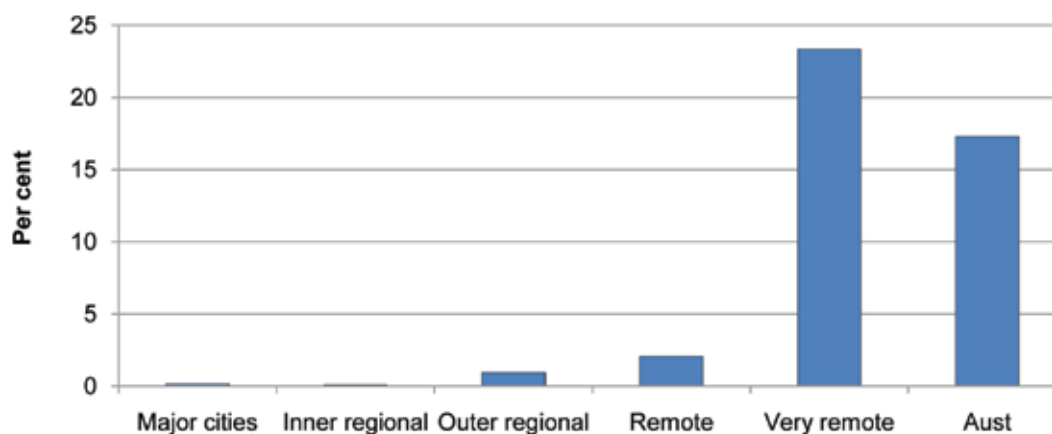
Indigenous owned or controlled land and business

Land provides cultural, social and economic benefits for Indigenous people. Owning or controlling land can facilitate the practice of culture and customary activities such as fishing, hunting and gathering. Land can also provide people with a place to live, through either individual home ownership or community housing. Economic benefits may arise from commercial activities, such as mining royalties and tourism, although these will depend on

factors such as location, property rights, governance arrangements, and the desires of the Indigenous landowners.

Not all Indigenous economic activity is necessarily associated with land — Indigenous owned businesses have flourished in areas including art, tourism and native foods, as well as more mainstream activities.

Indigenous owned land as a proportion of each remoteness area, 2008



Source: Figure 8.2.2 in the main report.

KEY MESSAGES — Indigenous owned or controlled land and business

Indigenous people obtain a variety of economic, social and cultural benefits from land they own or control. Nationally, in 2008:

- Indigenous owned or controlled land comprised 17 per cent of the area of Australia (figure 8.2.2). Virtually all of this land (99 per cent) was in remote or very remote areas of Australia (tables 8A.2.2, 8A.2.4 and 8A.2.7)
- native title had been determined to exist in full or in part in 11 per cent of the total area of Australia, compared with 5 per cent in June 2004 (figure 8.2.3)
- registered Indigenous Land Use Agreements (ILUAs) covered 13 per cent of the total area of Australia (table 8A.2.6).

Self-employment rates decreased slightly for Indigenous people (from 6 per cent to 5 per cent) and non-Indigenous people (from 17 per cent to 16 per cent) between 2001 and 2006 (figure 8.2.6).

ECONOMIC PARTICIPATION

Things that work

The main report provides examples of the following sorts of benefits arising from Indigenous ownership and control of land:

- the customary economy
- commercial business
- land management/tradeable assets
- residential use and home ownership
- service delivery
- eco-services (section 8.2).

The Indigenous Land Corporation purchases land on behalf of Indigenous organisations, with the aim of delivering a range of social and cultural benefits. Its 'Land Management Program' assists with managing that land (box 8.2.2).

A longitudinal study of 16 Utopia outstations in central Australia found that residents had a range of better health outcomes than those living in centralised communities. Likely contributors included the decentralised nature of the settlement, reliance on hunting and gathering of traditional foods and access to an outreach, community-controlled primary health service (box 8.2.3).

The Indigenous Pastoral Program was established in 2003 in the NT to increase sustainable pastoral production on Indigenous land and Indigenous involvement in the pastoral industry (box 8.2.4).

The Kimberley Indigenous Management Support Service, a collaboration between the Indigenous Land Corporation, the WA Government and Kimberley Indigenous pastoral lease holders, focuses on developing the technical and management skills of Indigenous directors, managers and workers on Indigenous-owned Kimberley cattle stations (box 8.2.4).

Indigenous Business Australia's Business Development Programme, known as IBA Enterprises, directly assists Indigenous individuals, families and partnerships to succeed in business, through support, mentoring and business loans (box 8.2.5).

An intensive, place based approach to Indigenous business development was piloted in Galiwin'ku (Northern Arnhem Land) in 2007. Economic development officers, including a local Indigenous person, provided practical support to assist Indigenous individuals and families to turn business ideas into reality (box 8.2.5).

Photo courtesy of
Reconciliation Australia
and Wayne Quilliam
(Indigenous Governance
Awards 2008).



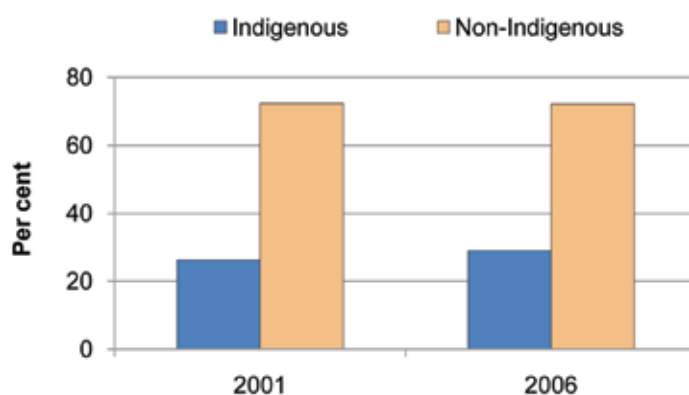
ECONOMIC PARTICIPATION

Home ownership

Home ownership, although not necessarily an aspiration of all Indigenous people, is an important indicator of wealth and saving. As well as providing other benefits, home ownership provides a secure asset base that can contribute to financial stability, and against which people can borrow.

Not all Indigenous people want to own their own homes. In particular, Indigenous people living more traditional lifestyles in remote areas may prefer a more communal form of ownership. Information on communally owned land is reported in the section on 'Indigenous owned and controlled land'.

Proportion of people in home owner/purchaser households, 2001 and 2006



Source: Figure 8.3.1 in the main report.

KEY MESSAGES — Home ownership

The proportion of Indigenous people living in home owner/purchaser households increased from 26 per cent to 29 per cent between 2001 and 2006 (figure 8.3.1).

In 2006:

- a much lower proportion of Indigenous people lived in home owner/purchaser households (29 per cent) than non-Indigenous people (72 per cent) (figure 8.3.1)
- the proportion of Indigenous people living in home owner/purchaser households was much lower in very remote (5 per cent) and remote areas (20 per cent) than in major cities (35 per cent) and inner and outer regional areas (36 and 32 per cent, respectively) (figure 8.3.2).

Things that work

An Indigenous home ownership program, now known as IBA Homes, was established in 1975. It has helped more than 12 000 Indigenous families buy their own homes (box 8.3.2).

The NSW Aboriginal Housing Office works with IBA to facilitate Indigenous home ownership (box 8.3.2).

The HomeStart Nunga Home Loan program, in SA, was designed to address financial, educational and other issues that often stand in the way of Indigenous home ownership (box 8.3.2).

ECONOMIC PARTICIPATION

Income support

A high proportion of Indigenous people receive most of their income from government pensions and allowances. Although income support can provide a valuable safety net, recipients usually fall within the lowest income groups,

with associated disadvantages. There is also a risk that able-bodied people of working age who spend long periods on income support can become dependent on welfare.

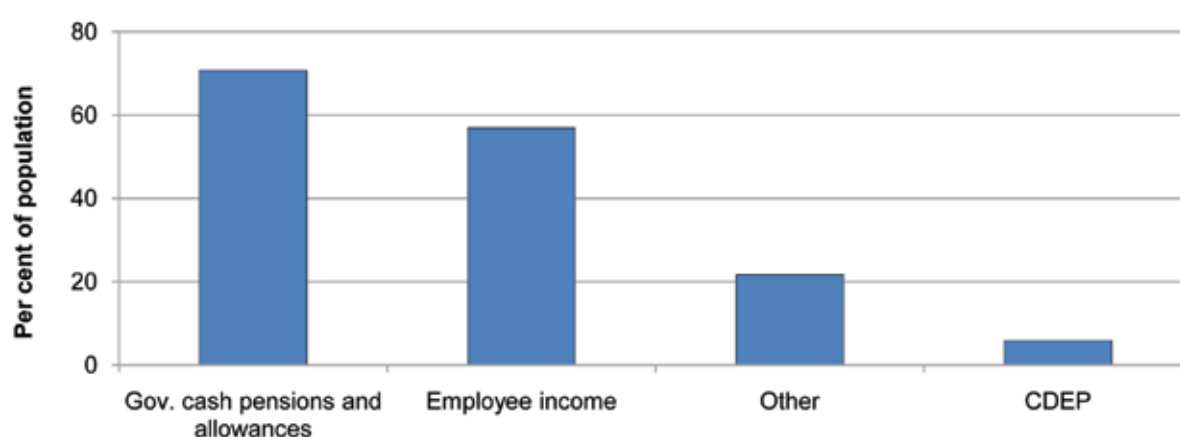
KEY MESSAGES — Income support

In 2004-05:

- government pensions and allowances (71 per cent) were the most common source of cash income for Indigenous households, followed by employee income (57 per cent), other cash income (22 per cent) and income from Community Development Employment Projects (6 per cent) (figure 8.4.1)
- 48 per cent of Indigenous people aged 15 to 64 years received government pensions and allowances as their main source of personal cash income, compared to 17 per cent of non-Indigenous people aged 15 to 64 years (figure 8.4.2).

Higher proportions of Indigenous than non-Indigenous people aged 15–64 years received the most common income support payment types in 2006. Parenting payment single was the most common income support payment received by Indigenous people aged 15–64 years (11 per cent), followed by Newstart allowance (11 per cent), disability support pension (8 per cent) and youth allowance (5 per cent) (figure 8.4.4).

Sources of household cash income for Indigenous people, 2004-05^{a, b}



^a Households may report more than one source of income.

^b These data are subject to measurement error. See source in main report.

Source: Figure 8.4.1 in the main report.

HOME ENVIRONMENT

The environment in which people live affects their health and 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. A healthy home environment has many links with aspects of the 'healthy lives' strategic area, such as preventable hospitalisations and access to primary health care.

Overcrowding in housing

If a house is not appropriate for the number of residents, or has inadequate facilities, it may be more difficult to prevent the spread of infectious diseases. Cramped living conditions can increase domestic tensions and contribute to domestic violence. Overcrowding also affects the ability of children to do homework or study, and even to gain sufficient sleep and relaxation.

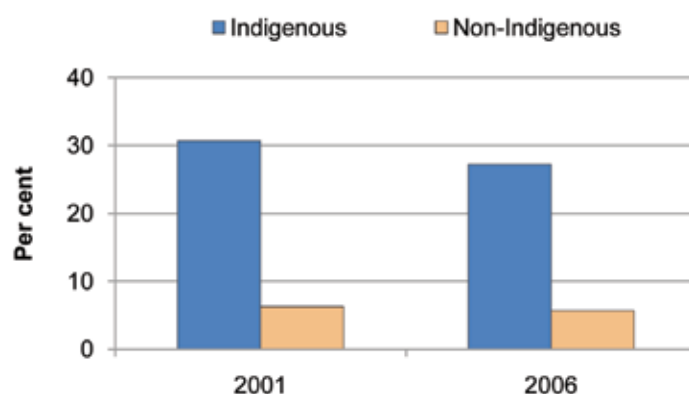
Housing overcrowding is calculated by comparing the number of bedrooms with the number, sex and age of people in a dwelling. However, particularly in larger households, the number and condition of bathrooms and toilets, and the size of kitchens, bedrooms and other living spaces, may be as important as the number of bedrooms.

KEY MESSAGES — Overcrowding in housing

Indigenous people were 5 times as likely as non-Indigenous people to live in overcrowded housing in 2006 (figure 9.1.1). Overcrowding was highest in very remote areas (65 per cent) (figure 9.1.2).

The proportion of Indigenous people living in overcrowded housing decreased from 31 per cent in 2001 to 27 per cent in 2006 (figure 9.1.1).

Proportion of people living in overcrowded housing, 2001 and 2006



Source: Figure 9.1.1 in the main report.

HOME ENVIRONMENT

Rates of disease associated with poor environmental health

Sanitation, drinking water quality, food safety, disease control and housing conditions are major contributors to health and quality of life. However, many rural and remote Indigenous communities still struggle to achieve the basic level of environmental health that has been achieved for the rest of the population, and there are relatively high rates for some diseases that are rare in non-Indigenous communities.

Things that work

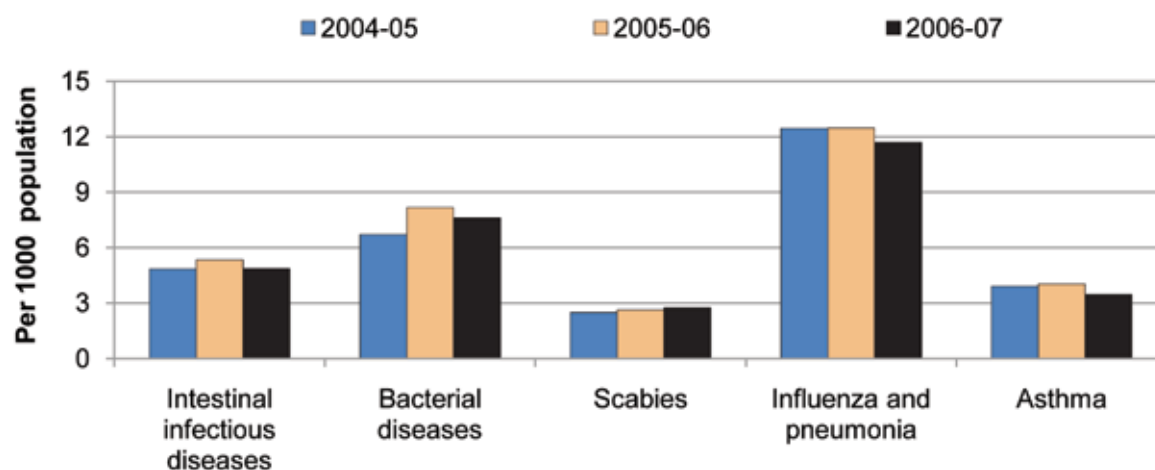
An Animal Management Program (Queensland) aims to control animal populations, reduce negative health, social, economic and environmental effects and improve animal health and welfare (box 9.2.2).

KEY MESSAGES — Diseases associated with poor environmental health

Hospitalisation rates for Indigenous people for all diseases associated with poor environmental health (scabies, influenza and pneumonia, asthma, intestinal infectious diseases, bacterial diseases and acute upper respiratory infections) were higher than for non-Indigenous people in 2006-07 (table 9.2.1). There was little significant change in these hospitalisation rates from 2004-05 to 2006-07 (figure 9.2.2).

Death rates for diseases associated with poor environmental health were much higher for Indigenous people than non-Indigenous people between 2003-07 (figure 9.2.4).

Indigenous hospitalisation rates for diseases associated with poor environmental health^a



^a Age standardised data for NSW, Victoria, Queensland, WA, SA, and public hospitals in the NT.
Source: Figure 9.2.2 in the main report.

HOME ENVIRONMENT

Access to clean water and functional sewerage and electricity services

All communities need a clean, adequate and reliable supply of water for drinking, cooking and washing; a functional sewerage system to

prevent sewage from contaminating drinking water and food; and reliable electricity services for refrigeration of foods and power for hot water, cooking and lighting. Many rural and remote Indigenous communities rely on local water, sewerage and electricity systems that have not achieved the basic level of service that has been achieved for the rest of the population.

KEY MESSAGES — Clean water and functional sewerage and electricity

The number of discrete Indigenous communities without an organised sewerage system decreased from 91 in 2001 to 25 in 2006 (table 9A.3.4).

The number of discrete Indigenous communities without an organised electricity supply decreased from 80 in 2001 (section 9.3) to 32 in 2006 (table 9A.3.7).

In 2006, of the 322 discrete Indigenous communities with a reported usual population of 50 or more, 165 (51 per cent) had experienced water supply interruptions; 130 (40 per cent) had experienced sewerage overflows or leakages; and 246 (76 per cent) had experienced an electricity interruption in the previous 12 months (tables 9A.3.2, 9A.3.5 and 9A.3.7).

Things that work

An Australian Government and NSW Department of Health program assessed health hardware in Indigenous communities. After low cost repairs, follow up surveys found that the proportions of houses meeting minimum safety standards increased from 11 per cent to 62 per cent for electrical, from 54 per cent to 76 per cent for gas, from 31 per cent to 54 per cent for structure and access, and from 12 per cent to 31 per cent for fire (box 9.3.2).

The Housing for Health program in NSW improves living conditions in Aboriginal communities, particularly for children aged 0–5 years (box 9.3.2).

Photo taken by Secretariat staff, Kimberley, 2007.



SAFE AND SUPPORTIVE COMMUNITIES

Safe and supportive families and communities are fundamental to the physical and mental wellbeing of Indigenous children and adults. Together they provide a protective, caring and resilient environment, promoting a range of positive outcomes.

Community breakdown can contribute to alcohol and drug misuse, child abuse and neglect, violence and imprisonment, and poor health, education, employment and income outcomes.

Participation in organised sport, arts or community group activities

Taking part in sport, arts or community group activities can foster self-esteem, social interaction and the development of skills and teamwork. Early participation in these activities can lead to stronger bodies, the prevention of chronic diseases and improved learning and academic performance. Reductions in substance misuse, self-harm and crime may also result.

Indigenous people's participation in artistic and cultural activities helps to reinforce and preserve living culture, and can also provide a profitable source of employment.



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

KEY MESSAGES —

Sport, arts or community group activities

For discrete Indigenous communities with a population of 50 or more, 67 per cent had some form of sporting facilities (such as outdoor courts for ballgames or sports grounds) in 2006 (section 10.1).

Indigenous people (21 per cent) were less likely than non-Indigenous people (31 per cent) to engage in moderate or high levels of exercise, in non-remote areas in 2004-05 (table 10A.1.1).

Approximately one-third (36 per cent) of Indigenous people aged 15 years and over had attended an Aboriginal or Torres Strait Islander festival involving arts, craft, music or dance in the previous 12 months, and approximately one quarter (27 per cent) had participated in creative art activities in 2002. Indigenous people in remote areas were three times more likely than those in non-remote areas to have attended an Aboriginal or Torres Strait Islander ceremony (section 10.1).

SAFE AND SUPPORTIVE COMMUNITIES

Things that work

A Residential Circus Camp for Indigenous students with the Flying Fruit Fly Circus is supported by the Arts NSW program ConnectEd Arts (box 10.1.2).

The Hamilton Local Indigenous Network (Victoria) 'Actively Maintaining Cultural Identity' project aims to build cultural awareness and promote health and wellbeing through outdoor recreational activities designed to appeal to the target group of young unemployed Indigenous men (box 10.1.2).

The Rumbalara Football and Netball Club in Shepparton, Victoria, operates an Academy of Sport, Health and Education, using participation in sport as an avenue for Indigenous people to undertake education and training within a trusted, culturally appropriate environment (box 10.1.2).

In 1983, the Garbutt Magpies (Queensland) selected 19 young men (15 Aboriginal and Torres Strait Islanders) to travel to Melbourne to watch the Australian Rules Grand Final and play football against other young men. A 2008 study found that positive experiences during involvement with the Garbutt Magpies may have contributed to improved health and lifestyle for these men later in life (box 10.1.2).

Yirra Yaakin, established in 1993 in WA, has become a world class theatre company and leader in community development, supporting positive self-enhancement through artistic expression (box 10.1.2).

Indigenous Hip Hop Projects are a team of artists who use traditional Indigenous culture fused with hip-hop, rap, beat boxing and break dancing to foster positive thinking and leadership skills in remote Australian communities (box 10.1.2).

The Galiwin'ku Gumurr Marthakal Healthy Lifestyle Festival, organised by the Galiwin'ku Community in northeast Arnhem Land on Elcho Island, aims to strengthen traditional understandings of health and healing (box 10.1.2).

Yolngu Radio 1530 AM (NT) is a regional radio service broadcasting to approximately 8000 Yolngu people in 30 remote communities in North East Arnhem Land, as well as Darwin and Nhulunbuy (box 10.1.2).

The Dieri Families Reviving Language and Culture Project (SA), funded by the Australian Government's Maintenance of Indigenous Languages and Records program, is working to revive and maintain the Dieri language (box 10.1.12).

Papunya Tula Artists, owned and directed by Indigenous artists of the Western Desert, aims to promote individual artists, provide economic development for communities, and assist in the maintenance of a rich cultural heritage (box 10.1.2).

SAFE AND SUPPORTIVE COMMUNITIES

Access to traditional lands

The focus of this indicator is on access to traditional lands. It does not show whether Indigenous people have control or ownership over their homelands. Benefits of land ownership are discussed under the 'Economic participation' strategic area.

Access to land may allow Indigenous people to practise and maintain their knowledge of ceremonies, rituals and history. However, this indicator does not provide information on whether Indigenous people have access to particular sites that may be of special significance to them.

This indicator aims to show access by all Indigenous people to traditional lands. However, available data are limited to Indigenous adults in non-remote areas, and are not representative of all Indigenous people.

KEY MESSAGES — Access to traditional lands

The most recent data on access to traditional lands are for 2004-05, and relate only to adults in non-remote areas. The most recent data for remote areas are for 2002.

In 2004-05, of Indigenous adults living in non-remote areas:

- 38 per cent did not recognise an area as their homelands (up from 29 per cent in 1994) (table 10A.2.3)
- 15 per cent lived on their homelands (down from 22 per cent in 1994) and 44 per cent were allowed to visit their homelands (similar to the 47 per cent reported in 1994) (table 10A.2.3).

Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).



SAFE AND SUPPORTIVE COMMUNITIES

Alcohol consumption and harm

Excessive alcohol consumption has both health and social consequences. It increases the risk of heart, stroke and vascular diseases, liver cirrhosis and several types of cancers. It also contributes to disability and death through accidents, violence, suicide and homicide. In the case of pregnant women, excessive alcohol consumption can affect the health of newborn infants.

Alcohol misuse can also have effects at the family and community levels, contributing to problems in the workplace, child abuse and neglect, financial problems, family breakdown, violence and crime.

KEY MESSAGES — Alcohol consumption and harm

Indigenous adults were less likely than non-Indigenous adults to have consumed alcohol in the week prior to interview in a 2004-05 survey (53 per cent compared with 36 per cent). Among those who drank alcohol, rates of risky to high risk drinking were similar for Indigenous and non-Indigenous people (table 10A.3.9).

70 per cent of Indigenous homicides over the period 1999-2000 to 2006-07 involved both the offender and victim having consumed alcohol, compared to 23 per cent of non-Indigenous homicides (figure 10.3.2).

Hospitalisation rates for all alcohol related conditions were higher for Indigenous people than non-Indigenous people in 2006-07 (table 10.3.1).

Things that work

At the request of local women in Fitzroy Crossing (WA), the WA director of liquor licensing limited the local hotel to selling only low strength beer for consumption off the premises. There have been marked improvements in health, education and safety since the ban was imposed in October 2007 (box 10.3.2).

The Groote Eylandt Liquor Management Plan in the NT was developed in 2005 to reduce the number and harm of liquor related incidents in Groote Eylandt and Bickerton Island. The plan, which restricts alcohol consumption through a permit system that controls the takeaway of alcohol from two licensed premises on the island, won two national awards in 2008 (box 10.3.2).

Alcohol Management Plans in Cape York (Queensland) are developed by communities in partnership with government agencies, and may include limits on alcohol carriage within communities, canteen takeaway restrictions, limited canteen opening hours and restrictions on the sale of full strength alcohol beverages. Plans have contributed to significant reductions in serious injuries (box 10.3.2).

SAFE AND SUPPORTIVE COMMUNITIES

Drug and other substance use and harm

Drug and other substance use and misuse can have far reaching effects on individuals and those around them. It contributes to illness, violence and crime, family and social disruption, and workplace problems. Reducing drug related harm can improve health, social and economic outcomes at both individual and community levels. Many social factors can influence drug and other substance use, such as poor education, unemployment, socioeconomic status and mental health.

Things that work

The introduction of alternative fuel with low aromatics (Opal fuel) has been successful in reducing the incidence of and harm from petrol sniffing (box 10.4.2).

KEY MESSAGES —

Drug and other substance use and harm

Illicit substance use in the previous 12 months was reported by 28 per cent of Indigenous adults living in non-remote areas in 2004-05 (table 10A.4.3).

For all homicides recorded from 1999-2000 to 2006-07, a lower proportion of Indigenous homicides than non-Indigenous homicides occurred under the influence of drugs (24 per cent compared to 34 per cent) (table 10A.4.2).

Indigenous people (2 per 1000) were three times as likely as non-Indigenous people (0.7 per 1000) to be hospitalised for mental and behavioural disorders caused by drug use (table 10A.4.6).

Juvenile diversions

Indigenous young people have a high rate of contact with the juvenile justice system. In some states and territories, diversion programs allow young offenders to be dealt with outside the traditional court processes, for example, through cautions or attendance at community and family conferences. These programs can contribute to a reduction in antisocial behaviour and offending.

KEY MESSAGES — Juvenile diversions

A smaller proportion of Indigenous than non-Indigenous juveniles were diverted from court by formal cautioning or referrals in each State and Territory for which data were available.

Things that work

A pre-court diversion program for juvenile offenders in the NT, which gives police power to divert offenders through a verbal or written warning, or by requiring the juvenile to attend a family or victim-offender conference, has reduced reoffending rates (box 10.5.2).

SAFE AND SUPPORTIVE COMMUNITIES

Repeat offending

Indigenous people are over-represented in the criminal justice system, and once they have come into contact with the system, are more likely to have further contact with it. Indigenous people are also likely to begin contact with the system at younger ages than non-Indigenous people. High rates of imprisonment and reoffending affect families and communities, as well as individuals. It is important that Indigenous people who have had contact with the criminal

justice system have the opportunity to integrate back into the community and lead positive and productive lives.

Reducing reoffending may also help break the intergenerational offending cycle (whereby incarceration of one generation affects later generations through the breakdown of family structures).

KEY MESSAGES — Repeat offending

A greater proportion of Indigenous prisoners (73 per cent) than non-Indigenous prisoners (50 per cent) had prior adult imprisonment in 2008 (figure 10.6.1). There was no significant change at the national level in the proportion of Indigenous prisoners with prior adult imprisonment from 2000 to 2008 (table 10A.6.3).

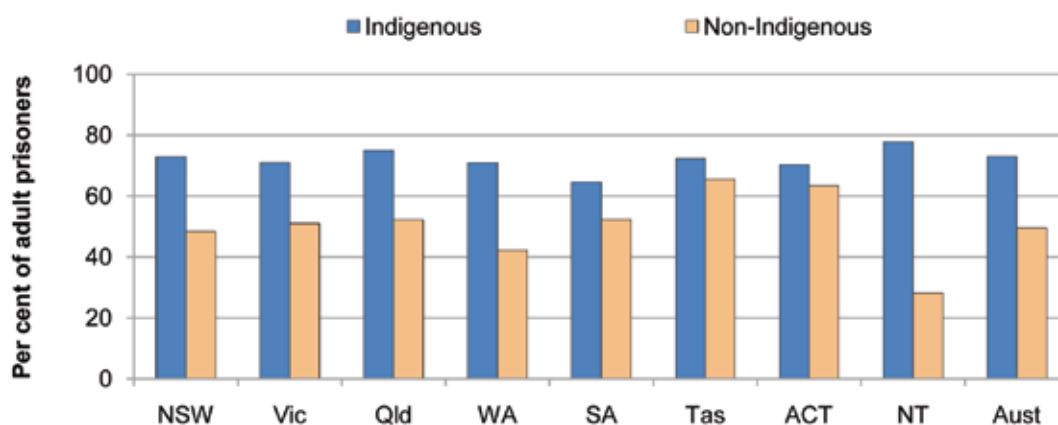
Studies on juvenile offenders carried out in NSW, Queensland, WA and SA show that Indigenous juveniles experienced a higher number of court reappearances and higher rates of repeat offending than non-Indigenous juveniles (tables 10A.6.6, 10A.6.7, 10A.6.9 and 10A.6.10).

Things that work

Operation Flinders (SA) aims to reduce recidivism of young offenders through an eight day trek in the Flinders Ranges to help youth develop self esteem, leadership, personal responsibility and motivation. In 2006-07, 13 per cent of participants were Aboriginal (box 10.6.2).

The Aboriginal Outdoor Recreation Program in Tasmania has helped Aboriginal people released from prison not to reoffend or return to prison (box 10.6.2).

Prisoners with known prior adult imprisonment, 30 June 2008



Source: Figure 10.6.1 in the main report.

GOVERNANCE AND LEADERSHIP

Governance generally refers to the way the members of a group or community organise themselves to make decisions that affect them as a group. It might include governance of Indigenous communities or organisations, or the governance arrangements of government itself.

Leadership is critical to the development of a strong governance culture, and there can be specific cultural aspects to Indigenous leadership.

Case studies in governance

Many Indigenous organisations provide important social, economic and cultural services to their communities.

Each Indigenous organisation has unique historical and cultural characteristics — but some key aspects of good governance seem to apply to all successful bodies, while allowing for the unique cultural differences. The same key aspects also apply to ‘government governance’ — how governments engage with Indigenous organisations and communities.



Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).

KEY MESSAGES — Case studies in governance

Six determinants have general application to good Indigenous governance, while allowing for the unique cultures of different organisations and communities:

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

These determinants also play a role in good government governance — the way governments engage with Indigenous people.

GOVERNANCE AND LEADERSHIP

Things that work

The Indigenous Governance Awards are a partnership project between Reconciliation Australia and BHP Billiton, established in 2005, to encourage, reward and promote best practice in Indigenous governance.

Indigenous Governance Awards Finalists 2008

Organisations under 10 years old

Winner

Warakurna Artists Aboriginal Corporation
(Warakurna Community, Ngaanyatjarra
Lands, WA)

Highly commended

Yawoorroong Miriung Gajerrong Yirrgeb
Noong Dawang Aboriginal Corporation
(Kununurra, WA)

Murriajabree Aboriginal and Torres Strait
Islander Association Inc (Deception Bay,
Queensland)

Tirkandi Inaburra Cultural and Development
Centre Inc (Coleambally, NSW)

Organisations over 10 years old

Winner

Traditional Credit Union (Darwin, NT)

Highly commended

South West Aboriginal Medical Service
(Bunbury, WA)

Yirra Yaakin Aboriginal Corporation (Perth,
WA)

Waltja Tjutangku Palyapayi (Aboriginal
Corporation) (Alice Springs, NT)

Source: Section 11.1 in the main report.

Governance capacity and skills

Capacity building for good governance can take many forms. Individuals, groups and organisations can build on their strengths and address their weaknesses through both formal and informal training. This indicator provides information on participation in courses that are considered useful for developing skills relevant to governance — management and commerce, economics and law. However, students in other courses may also be well equipped to provide leadership and contribute to good governance.

KEY MESSAGES — Governance capacity and skills

Indigenous students were less likely than non-Indigenous students to enrol in university and VET courses relevant to governance in 2007:

- 10 per cent of Indigenous university students compared with 29 per cent of non-Indigenous university students
- 16 per cent of Indigenous VET students compared with 21 per cent of non-Indigenous VET students (table 11.2.1).

Things that work

The Office of the Registrar of Indigenous Corporations (ORIC) has developed a range of corporate governance training programs for Indigenous corporations and their governing committees/boards:

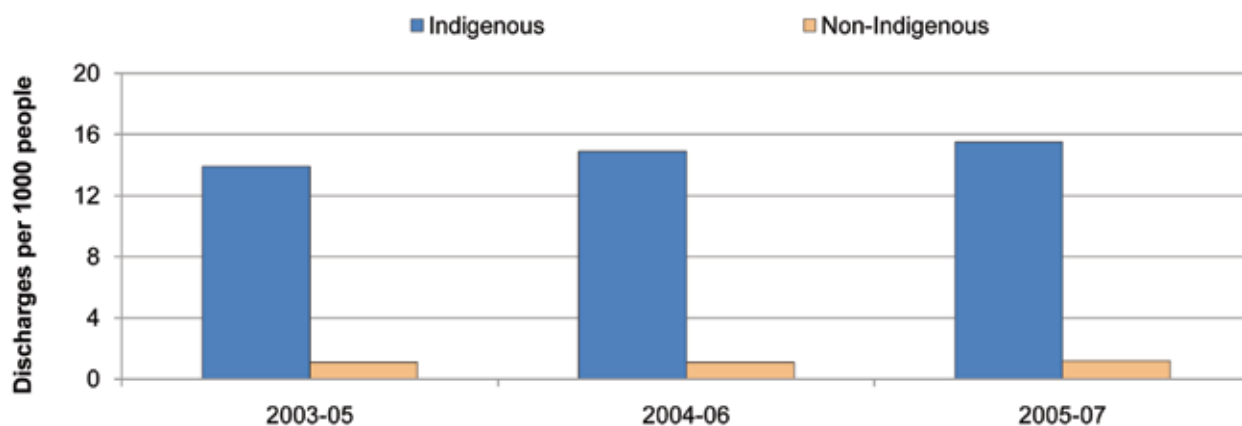
- members of ORIC's Mediation and Dispute Resolution section work together with ORIC's corporate governance trainers to combine dispute assistance with governance training (box 11.2.2)
- the Managing in Two Worlds governance training program aims to strengthen the management capacity of Victorian Aboriginal community organisations and improve service delivery, using programs developed by ORIC and Aboriginal Affairs Victoria (box 11.2.2)
- ORIC, in collaboration with the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, has produced the Building Strong Corporations program for remote settlements or centres servicing remote settlements (box 11.2.2).

GOVERNANCE AND LEADERSHIP

Engagement with service delivery

Engagement with service delivery looks at barriers that restrict Indigenous people's access to services. Lack of cultural awareness may create barriers, particularly to mainstream services. In remote areas, barriers may include lack of services, long distances, or lack of interpreters.

Discharge from hospital against medical advice^{a, b}



^a NSW, Victoria, Queensland, WA, SA and public hospitals in the NT.

^b These data are subject to measurement error. See source in main report.

Source: Figure 11.3.1 in the main report.

Photo courtesy of Reconciliation Australia and Wayne Quilliam (Indigenous Governance Awards 2008).



GOVERNANCE AND LEADERSHIP

Things that work

The Aboriginal Birth Certificate Registration project in Dubbo, involving the Western Region of NSW Sport and Recreation, the Registry of Births, Deaths and Marriages, and members of the Indigenous community, was initiated because the absence of a birth certificate was preventing young Aboriginal people from participating in organised sporting activities (box 11.3.2).

Local Indigenous Community Partnership Projects (Victoria) are place-based projects led by a departmental secretary in partnership with local Indigenous communities. The projects aim to find local solutions to community concerns (box 11.3.2).

The Improving Care for Aboriginal and Torres Strait Islander Patients program (Victoria) aims to improve identification of, and quality of care for, Aboriginal and Torres Strait Islander patients (box 11.3.2).

The Keeping Our Mob Safe national emergency management strategy for remote Indigenous communities has improved emergency response service delivery for Indigenous communities in Queensland (box 11.3.2).

The Northern Territory Aboriginal Interpreter Service has been operating for approximately seven years and currently employs 177 interpreters (box 11.3.3).

The Let's Start project (NT) is targeted at Indigenous preschool and early primary school-aged children and their parents. The project uses a differentiated strategy of engagement in the diverse social settings of remote communities, fringe communities and suburbs in large towns and major centres (box 11.3.3).

KEY MESSAGES — Engagement with service delivery

A key lesson from the COAG Indigenous community coordination trials and the Northern Territory Emergency Response is that engagement with Indigenous communities is essential to achieve measurable improvements in economic, health and social indicators (section 11.3).

Rates of discharge from hospital against medical advice for Indigenous people were between 13 and 14 times as high as the rates for non-Indigenous people in 2003–05, 2004–06 and 2005–07, in those jurisdictions for which data were available (figure 11.3.1).

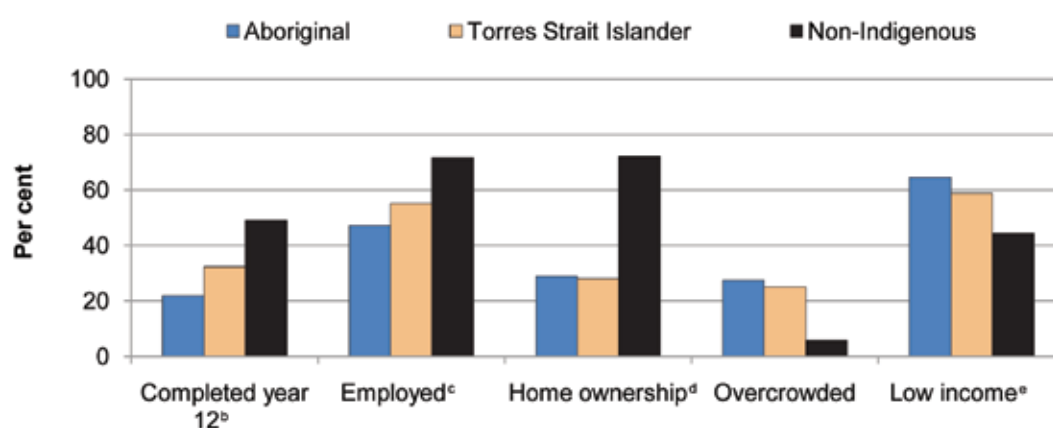
OUTCOMES FOR TORRES STRAIT ISLANDER PEOPLE

Torres Strait Islander people are a culturally distinct group of Indigenous Australians. The 2006 Census provides an opportunity to report results that separately identify outcomes for Torres Strait Islander people and Aboriginal people. The Census data show that Torres Strait Islander people tend to have slightly better

outcomes than Aboriginal people, but there is still a significant gap between outcomes for Torres Strait Islanders and non-Indigenous Australians.

Much more information on outcomes for Torres Strait Islander, Aboriginal and non-Indigenous people is provided in the main report.

Outcomes for Torres Strait Islander, Aboriginal and non-Indigenous people, 2006^a



^a Torres Strait Islander includes 'Torres Strait Islander only' plus 'Aboriginal and Torres Strait Islander'. Aboriginal includes only 'Aboriginal'. Non-Indigenous includes 'not stated'. ^b People aged 15 years and over who had completed year 12 or equivalent.

^c Employed people as a proportion of people aged 15–64 years. ^d Proportion of people living in a home owned or being purchased by a member of the household. ^e Proportion of people aged 15 years and over with incomes less than \$400 a week.

Source: Chapter 12 in the main report.

KEY MESSAGES — Outcomes for Torres Strait Islander people

Between 2001 and 2006:

- the proportion of Torres Strait Islander people aged 15 years or over who had completed year 12 or an equivalent increased from 27 per cent to 32 per cent (figure 12.1) and the proportion aged 25–64 years with a non-school qualification increased from 22 per cent to 29 per cent (figure 12.2)
- the proportion of Torres Strait Islander people aged 15–64 years who were employed increased from 50 per cent to 55 per cent (figure 12.3)
- after adjusting for the effects of inflation, median individual incomes for Torres Strait Islander people aged 15 years and over increased by 4 per cent (figure 12.4)
- there was little change in the proportion of Torres Strait Islander people living in a home owned or being purchased by a member of the household (around 28 per cent) (figure 12.7) or in the proportion living in overcrowded housing (around 25 per cent) (figure 12.9).

MEASURING MULTIPLE DISADVANTAGE

Different aspects of disadvantage often seem to occur together — for example, poor education appears to be linked with poor employment outcomes, and both are linked with low income. Using data from the ABS 2006 Census, the main

report identifies some aspects of disadvantage that tend to occur together. This analysis does not identify cause and effect (that is, it does not say that disadvantage in one area is the *cause* of another poor outcome).

KEY MESSAGES — Measuring multiple disadvantage

In 2006:

- Indigenous people were markedly disadvantaged when compared with non-Indigenous people against measures of education, labour force and income (figures 13.1.1–3)
- patterns of disadvantage by age and sex were generally similar for Indigenous and non-Indigenous people. However, for Indigenous people, disadvantage increased with remoteness, while rates of disadvantage for non-Indigenous people were lower in remote areas (figures 13.1.1–3).

Using a statistical technique that holds other modelled factors constant, in 2006:

- males and females who had attained higher than year 8 were more likely to be in the labour force and less likely to be unemployed than those whose highest level of educational attainment was year 8 or below. This effect was stronger for Indigenous males and females than for non-Indigenous males and females (figure 13.3.1 and table 13.3.2).



Photo taken by Secretariat staff, Kimberley, 2007.

FUTURE DIRECTIONS IN DATA

This report has drawn extensively on data from the five-yearly ABS Census. Updated Census data will not be available for several future reports. Although there have been improvements in some alternative data sources, many key data continue to be of poor quality. All Australian governments have agreed that the improvement of Indigenous data is a high priority.

INDICATOR	DATA PRIORITY
Life expectancy	Continue work on improving quality and availability of Indigenous mortality data, including trend data on life expectancy.
Substantiated child abuse and neglect	Develop data collections on the underlying extent of child protection issues. These are not necessarily apparent from administrative data on substantiations, notifications and orders.
Tobacco, alcohol and drug and other substance use and harm	Collect regular data comparing Indigenous and non-Indigenous consumption and more robust data by jurisdictional and geographic levels.
Birthweight	Extend data collections to focus on the Indigenous status of babies (rather than mothers).
Hearing impediments	Collect data to enable the assessment of the true burden of hearing loss and the type and severity of ear infections in the Indigenous population.
Hospitalisation data	Improve quality of Indigenous identification in hospital administrative systems.
Social and emotional wellbeing	Improve data on comparable measures of social and emotional wellbeing.
Family and community violence	Improve data on relationship of victim to offender and comparability across states and territories.
Tooth decay	Expand the availability of comparable data on dental health.
Juvenile diversions	Develop and collect comparable national data.
Self employment and Indigenous business	Collect regular data on Indigenous business and self-employment.
Access to clean water and functional sewerage and electricity services	Collect regular data allowing comparison between services in Indigenous communities and those delivered by major utilities.

Also published by the Review of Government Service Provision:

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

Draft Framework for Reporting on Indigenous Disadvantage: Report on Consultations (2003)

Framework for Reporting on Indigenous Disadvantage: Report on Consultations (2006)

Report on Government Services (1995, 1997–2009)

Report on Government Services: Indigenous Compendium (2003–2009)

All publications are available from the Review website:

www.pc.gov.au/gsp

Hard copies of publications are available from:

Canprint Communications (ph: 1300 889 873 or email: sales@infoservices.com.au)