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# Overview

In 2002, Australian governments collectively made a renewed commitment to overcoming the disadvantage experienced by many 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 fifth 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 can have the greatest impact. Over time, the report measures the broad effects of those policies and reveals where more effort is required. This was recognised in an updated terms of reference for this report, provided in 2009 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.

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

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 expand on the data used in the report.

## How many people?

In 2006, the estimated resident Indigenous population of Australia was 517 000 people, out of a total population of 21 million people (2.5 per cent of the Australian population). The projected Indigenous population in June 2011 was 575 600 people. The Indigenous population has a young age profile — in 2006, 38 per cent of Indigenous people were aged 14 years and under, compared with 19 per cent of the non-Indigenous population.

Throughout this report, the term 'Indigenous' is used to refer to Aboriginal people and Torres Strait Islander people. In the Indigenous population in 2006, 463 700 people (90 per cent) were of Aboriginal origin only, 33 300 people (6 per cent) were of Torres Strait Islander origin only and 20 100 people (4 per cent) were of both origins. Although the situations of different Indigenous peoples can vary, the small number of Torres Strait Islander people makes it difficult to report about them separately. Available data are summarised in the section 'Outcomes for Torres Strait Islander people'.

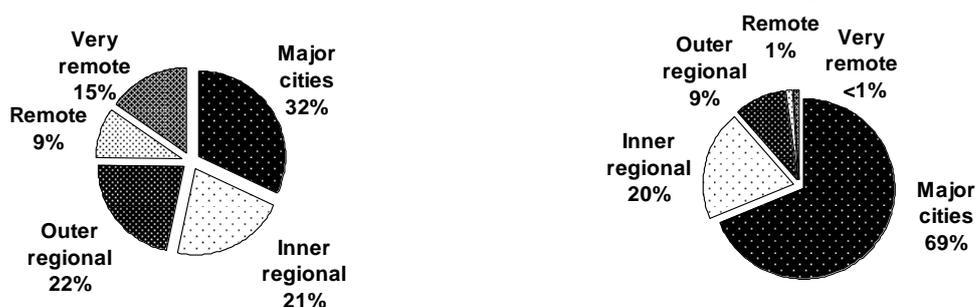
A higher proportion of both Indigenous and non-Indigenous populations live in NSW than other states and territories (30 per cent and 33 per cent respectively, in 2006). In contrast, 12 per cent of the Indigenous population live in the NT, but only 1 per cent of the non-Indigenous population.

**Proportion of the Australian population, by State and Territory, 2006**



Seventy-five per cent of Indigenous people lived in major cities or regional areas in 2006 (32 per cent in major cities, 21 per cent in inner regional areas and 22 per cent in outer regional areas). Nine per cent lived in remote areas and 15 per cent lived in very remote areas.

**Proportion of the Australian population by remoteness area, 2006**



Source: Figures A3.2 – A3.4 of the main report. See appendix 3 of the main report for more information.

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## What has changed?

Data limitations, and a desire to keep the report to a manageable size, mean that much of this report concentrates on outcomes for Indigenous Australians at the national and State and Territory level. The Steering Committee acknowledges that these high level averages do not reveal the different outcomes experienced by different groups of Indigenous people. Some Indigenous people experience little or no disadvantage compared to non-Indigenous people (although available data suggest that this is a relatively small group), while some Indigenous people are highly disadvantaged. Outcomes for Indigenous people can vary markedly by geography, age and sex, and by other socioeconomic factors.

Where possible, data are disaggregated by remoteness and other characteristics to help identify the underlying causes of disadvantage. In addition, the analysis of multiple disadvantage in chapter 13 explores the complex interactions of socioeconomic factors that contribute to disadvantage for both Indigenous and non-Indigenous people.

The Steering Committee has also prepared a series of brief fact sheets that summarise outcomes for particular groups of Indigenous people, including Indigenous men and women, Indigenous children, and Indigenous people living in urban, rural and remote areas.

Our ability to measure changes in outcomes over time varies. For some indicators, more than ten years of data are available. For other indicators, information from the National Aboriginal and Torres Strait Islander Social Survey 2008 can be compared to information from earlier surveys in 2002 and 1994. However, for some important indicators, such as life expectancy, there are no trend data (except for the NT).

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 and changes in economic conditions. Future editions of this report will include information on the effects of recent events.

Across virtually all the indicators in this report, there are wide gaps in outcomes between Indigenous and other Australians. 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.

Outcomes have improved in several areas. In those jurisdictions with long term data, the mortality rate for Indigenous people declined by 27 per cent between 1991

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and 2009, leading to a narrowing (but not closing) of the gap with non-Indigenous people in those jurisdictions. In particular, Indigenous young child (0–4 years) and infant (0–12 months) mortality rates declined by over 45 per cent between 1991 and 2009 (in the three jurisdictions for which data are available: WA, SA and the NT). Nationally, Indigenous home ownership has increased, and Indigenous people are achieving better outcomes in post-secondary education, employment and income. However, outcomes in these areas have also improved for non-Indigenous people, leading to little or no closing of the gaps. In other areas, there has been less progress. There has been little change in literacy and numeracy, most health indicators and housing overcrowding for Indigenous people. Rates of child abuse and neglect substantiations and adult imprisonment have increased for Indigenous people, but there has been recent improvement in juvenile detention rates.

## COAG targets

This section summarises outcomes related to the COAG targets. Detailed results for the formal COAG indicators are reported from page 14.

- *Life expectancy* — there are no trend data for life expectancy for Indigenous people, except for the NT. However, there has been improvement in a closely related measure, the mortality rate. For Indigenous people living in WA, SA and the NT, the mortality rate declined by 27 per cent between 1991 and 2009, leading to a narrowing (but not yet closing) of the gap with non-Indigenous people.
- *Young child mortality* — available data suggest that Indigenous infant (0–12 months) and child (0–4 years) mortality rates have improved significantly since the early 1990s (in those jurisdictions for which data are available).
- *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 was a statistically significant increase in Indigenous students' performance in years 3 and 7 reading and a statistically significant decrease in Indigenous students' performance in year 9 reading between 2008 and 2010. There was no significant change in writing and numeracy performance. A lower proportion of Indigenous than non-Indigenous students in all year levels achieved NAPLAN national minimum standards in reading, writing and numeracy in 2010.
- *Year 12 attainment* — the proportion of Indigenous 20–24 year olds who had completed year 12 or equivalent was around half that of non-Indigenous 20–24 year olds in 2008. There are no time series data for this measure, but

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administrative data indicate that the proportion of Indigenous young people who received a year 12 certificate increased from 20 per cent in 2001 to 26 per cent in 2008, while the non-Indigenous rate remained constant around 56 per cent.

- *Employment* — between 2004–05 and 2008, for 15–64 year olds, an apparent increase in the employment to population ratio for Indigenous people (from 51 per cent to 54 per cent) was not statistically significant. The rate increased for non-Indigenous people (from 74 per cent to 76 per cent). There was no statistically significant change in the gap between Indigenous and non-Indigenous people over this period. However, the number of Indigenous people on CDEP halved between 2002 and 2008, while non-CDEP employment increased. **This paragraph has changed since the report was released in August 2001. See errata at <http://www.pc.gov.au/gsp/reports/indigenous/key-indicators-2011>**

## Headline indicators

This section summarises outcomes related to the headline indicators. More detailed results are reported from page 24.

- *Post secondary education* — attainment of post secondary qualifications increased for both Indigenous and other people between 2002 and 2008, with no change in the gap between Indigenous and other people.
- *Disability and chronic disease* — rates of profound or severe core activity restriction were twice as high for Indigenous people as for non-Indigenous people, with no change for either population between 2002 and 2008. Hospitalisation rates for all chronic diseases except cancer were higher for Indigenous people than other people in 2008. The gaps between Indigenous and other people increased for circulatory diseases, diabetes and kidney disease, and remained the same for other conditions between 2004-05 and 2008-09.
- *Household and individual income* — after adjusting for inflation, median gross weekly equivalised household (GWEH) income increased for Indigenous people between 2002 and 2008, from \$347 per week to \$445 per week (in 2008 dollars) but a similar increase in the incomes of other people meant the gap did not change
- *Substantiated child abuse and neglect* — from 1999-2000 to 2009-10, the substantiation rate for Indigenous children increased from 15 to 37 per 1000 children, while the rate for non-Indigenous children increased from 4 to 5 per 1000 children, leading to a significant widening of the gap (partly reflecting increased reporting).
- *Family and community violence* — the proportion of Indigenous people who had been victims of physical or threatened violence in the previous 12 months did not change significantly between 2002 and 2008, and remained around twice the proportion of non-Indigenous people.

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- *Imprisonment and juvenile detention* — the imprisonment rate increased by 59 per cent for Indigenous women and by 35 per cent for Indigenous men between 2000 and 2010. In 2010, after adjusting for age differences, Indigenous adults were imprisoned at 14 times the rate for non-Indigenous adults, compared to 10 times in 2000. The Indigenous juvenile detention rate increased between 2001 and 2008; dropped significantly between 2008 and 2009; but was still 23 times the non-Indigenous rate in 2009.

## **Strategic change areas**

Detailed results for all strategic change indicators are reported from page 33. This section highlights changes over time in the strategic change areas:

- Early child development:
  - The Indigenous teenage birth rate was unchanged between 2004 and 2009. The rate was over five times that for other Australian teenagers in 2009.
  - Low birthweight rates for Indigenous mothers were constant at around two and half times those for other mothers between 1998–2000 and 2006–2008.
  - Around half Indigenous mothers smoked during pregnancy in 2001 and 2008, around three times the non-Indigenous rate.
  - Already high hospitalisation rates for Indigenous 0–4 year olds increased between 2004-05 and 2008-09, and the gap with non-Indigenous rates increased. Most of the gap was for children in regional and remote areas.
  - Indigenous children had higher rates of hearing problems than other children in 2001, 2004-05 and 2008, and the gap remained unchanged.
- Education and training:
  - Apparent retention rates from years 7 or 8 to year 9 for Indigenous students increased from 95 per cent in 1998 to around 100 per cent in 2010, and rates to year 10 increased from 83 per cent to 96 per cent.
  - In both 2002 and 2008, around 40 per cent of Indigenous people aged 18 to 24 years were neither employed nor studying, compared to 10 per cent of non-Indigenous people.
- Healthy lives:
  - Hospitalisations of Indigenous people for potentially preventable acute and chronic conditions increased and the gap with other people increased (between 2004-05 and 2008-09 for acute conditions and between 2004-05 and 2007-08 for chronic conditions).

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- Mortality rates from avoidable causes declined for both Indigenous and non-Indigenous people, and the gap decreased from 483 per 100 000 in 1998 to 359 per 100 000 in 2009.
  - The current daily smoking rate for Indigenous adults was 2.4 times the rate for non-Indigenous adults in both 2001 and 2008.
  - The proportion of Indigenous people experiencing a high/very high level of psychological distress increased between 2004–05 and 2008, while the proportion for other Australians remained relatively stable, leading to an increase in the gap.
  - There was a slight increase in hospitalisations of Indigenous people for self-harm between 2004-05 and 2008-09, with the Indigenous hospitalisation rate was two-and-a-half times the rate for other people in 2008-09.
  - Economic participation:
    - The proportion of Indigenous people living in a home owned or being purchased by a member of their household increased from 22 per cent in 1994 to 29 per cent in 2008.
  - Home environment:
    - There was no change in the proportion of Indigenous people aged 15 years and over living in overcrowded households between 2002 and 2008.
    - There were improvements in access to clean water and functioning sewerage and electricity services in discrete Indigenous communities between 2001 and 2006. However, there was little change in hospitalisations for diseases associated with poor environmental health between 2004-05 and 2008-09.
  - Safe and supportive communities:
    - There were increases in the proportions of Indigenous people who participated in sporting and recreational events between 2002 and 2008 (from 49 to 57 per cent), but a decrease in the proportion who attended cultural events (from 68 to 63 per cent).
    - There was no change in the proportion of Indigenous people who recognised an area as their homelands between 1994 and 2008 (around 72 per cent). The proportion who lived on their homelands decreased from 29 per cent to 25 per cent, while there was no change in the proportion who were allowed to visit their homelands (around 45 per cent).
    - The proportion of Indigenous people aged 15 years and over who reported that they did not drink or had never drunk alcohol decreased from 31 to 27 per cent between 2002 and 2008. There was no change in the proportions

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- who reported drinking at chronic risky/high risk levels (17 per cent) or binge drinking in the two weeks prior to interview (37 per cent).
- There was no change in illicit drug use among Indigenous people aged 18 years or over between 2002 and 2008, with almost 23 per cent reporting using illicit drugs in the previous 12 months.
  - In recent years, Indigenous juvenile diversion rates have remained relatively constant at one-half to two-thirds of non-Indigenous rates.
- Governance and leadership:
    - No time series data are available for this strategic area.

## The reporting framework

The report framework (see p. 13) 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 of how life should be for Indigenous people. These priority outcomes have been endorsed by both Indigenous people and governments.

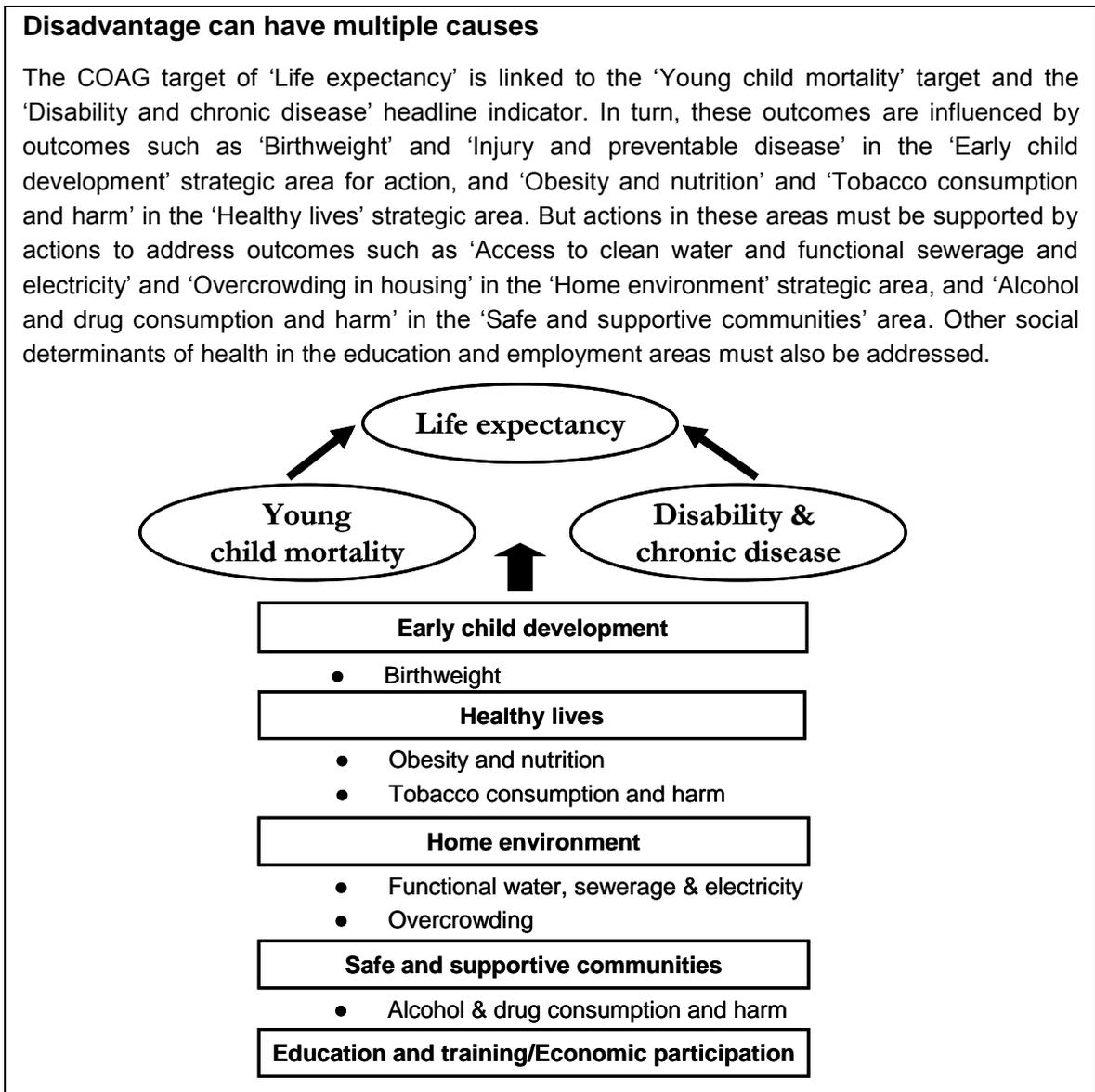
It is difficult to measure progress or to hold governments accountable for achieving these broadly stated priority outcomes. So the framework includes two layers of measurable indicators. The logic of the framework is that, over time, improvement in these indicators will demonstrate progress toward the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

The first layer of indicators is made up of the six Closing the Gap targets set by COAG, and six headline indicators 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.

In order to inform policy in the shorter term, seven ‘strategic areas for action’ underpin the COAG targets and headline indicators. The evidence shows that action is needed in these areas in order to achieve the COAG targets and headline indicators. For each strategic area, a small number of ‘strategic change indicators’ inform governments and the community about the current rate of progress and help to identify specific policy areas where more attention is needed.

The framework logic is that 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 deliberately do not mirror typical government service areas. In some cases (such as healthy lives, or education and training), a specific service area can be expected to play a major role but, in all strategic areas, more than one government agency is relevant to achieving better outcomes. Conversely, sometimes a single, well-targeted action by one agency can lead to improvements across many strategic areas.



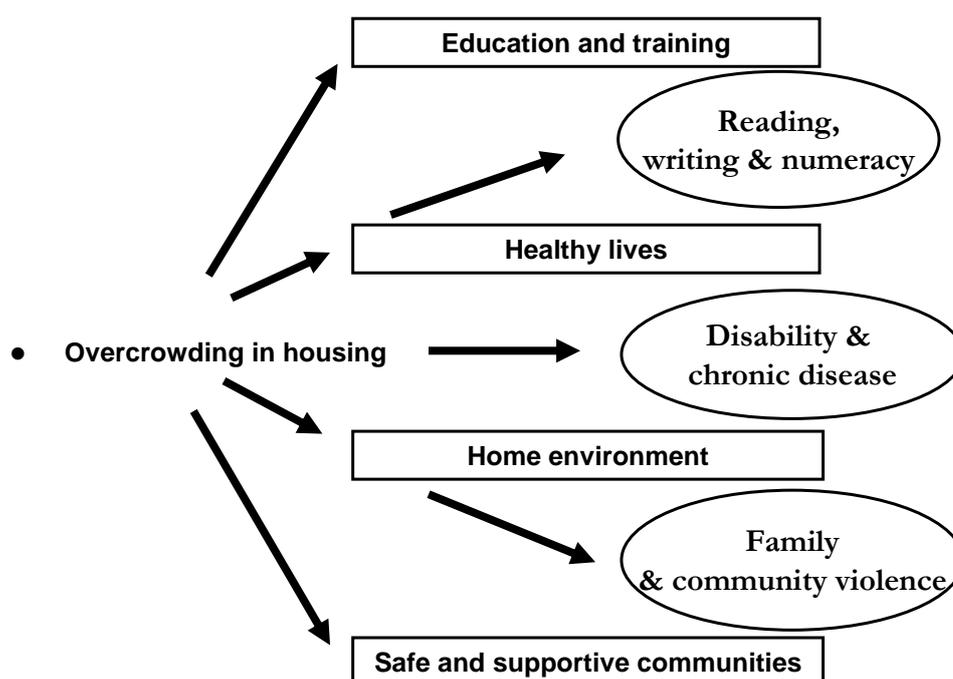
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## Things that work

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 aggregate data. The main report includes examples of ‘things that work’ — activities and programs that appear to be making a difference, often at the community level. This overview summarises the ‘things that work’ in the discussion of each COAG target, headline indicator or strategic area.

### Some actions can have multiple effects

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



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

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- good governance — at organisation, community and government levels
  - ongoing government support — including human, financial and physical resources.

The lack of any of these factors can result in program failure.

## 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. Following the release of each edition, consultations have provided feedback on the report and ideas for future improvements. Common themes from consultations have included:

- broad support for the report from Indigenous people — who generally considered that the indicators reflected the issues affecting their communities
- endorsement of the ‘things that work’ case studies — but with an emphasis on improving the quality and rigour of the case studies and further analysis of the underlying ‘success factors’
- recognition of the importance of cultural issues to the wellbeing of Indigenous Australians — but acceptance of the difficulty of developing additional indicators
- a general view that improving governance remains critically important — including the governance of governments, as well as governance of Indigenous organisations and communities
- the importance of geographic disaggregation — in order to show differences in outcomes across major cities, regional areas and remote areas.

The Steering Committee has responded to this consultation feedback in this edition of the report by:

- reducing the number and increasing the rigour of case studies
- further developing its coverage of governance, particularly government governance in Indigenous affairs
- including disaggregation of data by remoteness wherever possible.

More information on the outcomes of the consultations is on the Review website ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)).

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## COAG developments

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 identified seven ‘building blocks’ that underpinned a National Indigenous Reform Agreement (NIRA). In March 2009, the Prime Minister, on behalf of COAG, updated the terms of reference for this report (p. XXVI). In response, the report’s framework was aligned with the six COAG targets and the seven building blocks.

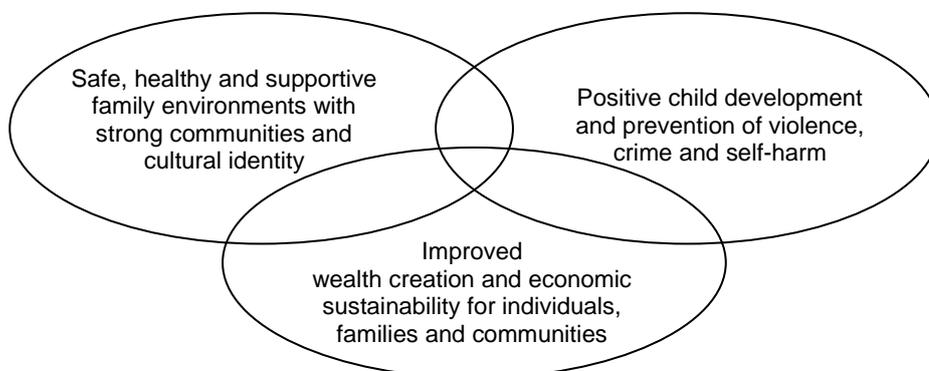
The COAG Reform Council has published two reports assessing progress against the NIRA (in 2010 and 2011), which complement the data in this report. For some indicators, this report uses different data sources to the COAG Reform Council reports, but results are mostly similar.

In December 2007, COAG also agreed to report transparently on expenditure on services to Indigenous Australians. The first *Indigenous Expenditure Report*, released on 28 February 2011, provides, for the first time, comprehensive and comparable information on expenditure by the Australian, State and Territory governments on both Indigenous specific services and the estimated Indigenous share of mainstream services.

The *Indigenous Expenditure Report* estimates are aligned with the seven building blocks of the NIRA and OID, and can be used alongside this report and the COAG Reform Council reports to examine policy outcomes and expenditure against the same broad framework. The *2010 Indigenous Expenditure Report* estimated expenditure on services related to Indigenous Australians to be just under \$22 billion in 2008-09, or about 5.3 per cent of all government expenditure. This is higher than the Indigenous representation in the population (2.5 per cent), reflecting the greater level of disadvantage and greater use of government services by Indigenous Australians.

# The framework

## Priority outcomes



## COAG targets and headline indicators

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

## Strategic areas for action

Early child development	Education and training	Healthy lives	Economic participation	Home environment	Safe and supportive communities	Governance and leadership
5.1 Maternal health 5.2 Teenage birth rate 5.3 Birthweight 5.4 Early childhood hospitalisations 5.5 Injury and preventable disease 5.6 Basic skills for life and learning 5.7 Hearing impairment	6.1 School enrolment and attendance 6.2 Teacher quality 6.3 Indigenous cultural studies 6.4 Year 9 attainment 6.5 Year 10 attainment 6.6 Transition from school to work	7.1 Access to primary health care 7.2 Potentially preventable hospitalisations 7.3 Avoidable mortality 7.4 Tobacco consumption and harm 7.5 Obesity and nutrition 7.6 Tooth decay 7.7 Mental health 7.8 Suicide and self-harm	8.1 Employment by full time/part time status, sector and occupation 8.2 Indigenous owned or controlled land and business 8.3 Home ownership 8.4 Income support	9.1 Overcrowding in housing 9.2 Rates of disease associated with poor environmental health 9.3 Access to clean water and functional sewerage and electricity services	10.1 Participation in organised sport, arts or community group activities 10.2 Access to traditional lands 10.3 Alcohol consumption and harm 10.4 Drug and other substance use and harm 10.5 Juvenile diversions 10.6 Repeat offending	11.1 Case studies in governance 11.2 Governance capacity and skills 11.3 Engagement with service delivery

**Note:** Numbers beside indicator names refer to section numbers in the report.

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## COAG targets and headline indicators

The six COAG targets and six headline indicators are high level measures of social and economic outcomes that must improve in order to achieve the priority outcomes.

<b>COAG targets</b>	<b>Headline indicators</b>
4.1. Life expectancy at birth	4.7. Post secondary education — participation and attainment
4.2. Young child mortality	4.8. Disability and chronic disease
4.3. Early childhood education	4.9. Household and individual income
4.4. Reading, writing and numeracy	4.10. Substantiated child abuse and neglect
4.5. Year 12 attainment	4.11. Family and community violence
4.6. Employment	4.12. Imprisonment and juvenile detention

**Note:** Numbers beside indicator names refer to section numbers in the main report.

### 4.1 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 high quality healthcare, and income and education levels. Lifestyle factors are also important, including nutrition, exercise and use of drugs, tobacco and alcohol.

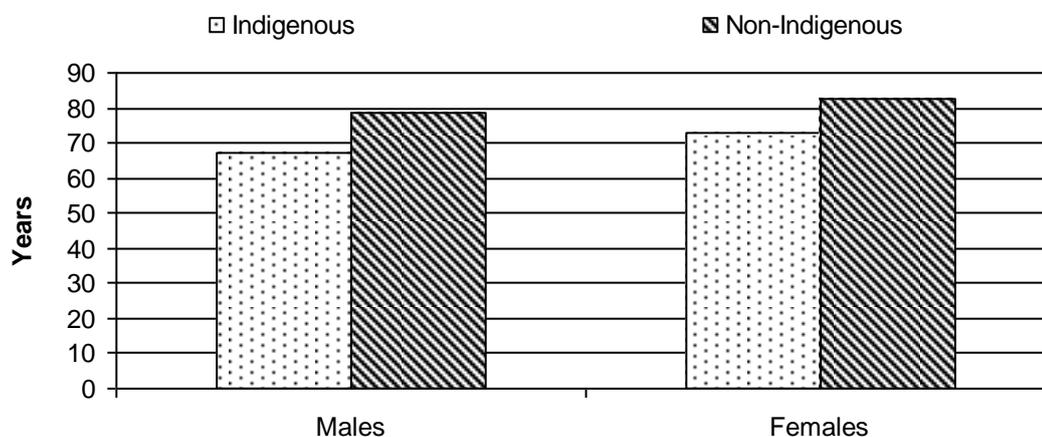
This indicator estimates the average number of years a person born between 2005 and 2007 could expect to live, if there were no change to population death rates throughout his or her lifetime. The estimate requires complex calculations and good data about death rates. Changes in methodology mean that trend data remain unavailable for Indigenous life expectancy — the estimates in this report cannot be compared to the estimates published in the 2007 or earlier reports. The key messages therefore include information on a closely related measure, mortality rates.

## Box 1 KEY MESSAGES — 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, compared to 79 years for non-Indigenous males and 83 years for non-Indigenous females (table 4.1.1 and figure 4.1.1)
  - the gap between Indigenous and non-Indigenous life expectancy at birth was 11.5 years for males and 10 years for females (figure 4.1.1).
- In NSW, Queensland, WA, SA and the NT combined, after adjusting for the age differences in the two populations:
  - the mortality rate for Indigenous people was twice the rate for non-Indigenous people, based on data for 2005–2009 (table 4.1.3)
- In WA, SA and the NT (jurisdictions with long term data), the mortality rate for Indigenous people declined by 27 per cent between 1991 and 2009, leading to a narrowing (but not closing) of the gap with non-Indigenous people in those jurisdictions.

## Life expectancy at birth, 2005–2007



Source: Figure 4.1.1 in the main report.

## 4.2 Young child mortality

Young child mortality (particularly infant, or less than one year old, mortality) is a long established indicator of child health, and of the overall health of the population and its physical and social environment. Most childhood deaths occur during the first year of life. Far fewer deaths occur in the 1 to 4 year old age group.

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Infant mortality reflects the health status and health care of the population, the effectiveness of preventive care and the attention paid to child and maternal health, as well as socioeconomic deprivation, maternal education, smoking and other behavioural risk factors. The mortality rate for Indigenous infants is improving, but is still much higher on average than for infants in the rest of the population.

**Box 2      KEY MESSAGES — Young child mortality**

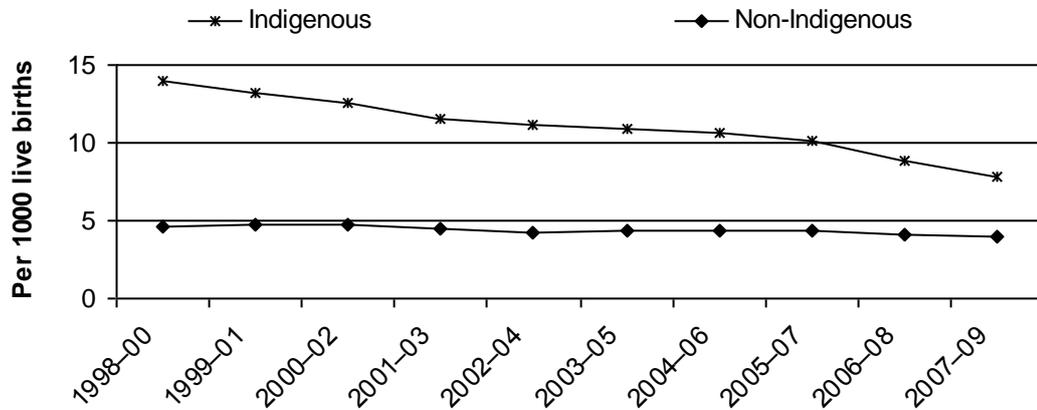
**Halving the gap in mortality rates for children under five within a decade is a COAG target.**

- Between 1997–99 and 2007–09, infant (first year of life) mortality rates among Indigenous infants remained constant or improved in states and territories for which data were available. However, Indigenous infant mortality rates were still 1.6 to 3 times as high as those for non-Indigenous infants in 2007–09 (figures 4.2.3 and 4.2.4).
- Longer-term data are available for WA, SA and the NT. In these jurisdictions, the Indigenous infant mortality rate declined by 48 per cent between 1991 and 2009, compared to a reduction of 44 per cent for non-Indigenous infants, leading to a narrowing of the gap (figure 4.2.5).
- Between 1997–99 and 2007–09, mortality rates for Indigenous children aged 1–4 years and 0–4 years remained relatively constant. However, Indigenous child mortality rates were still 1.8 to 3.8 times as high as those for non-Indigenous children in 2007–09 (figures 4.2.6 and 4.2.7).
- A longer time series of child mortality data is available for WA, SA and the NT. In these jurisdictions the mortality rate for children aged 0–4 years declined by 45 per cent between 1991 and 2009 (figure 4.2.8).

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## Infant mortality, 1998–2000 to 2007–09<sup>a</sup>

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<sup>a</sup> Small numbers of Indigenous infant deaths contribute to variability in the reported rates.

Source: Figure 4.2.4 in the main report.

### Box 3 Things that work — Young child mortality

The **Reducing the Risk of SIDS in Aboriginal Communities Project** (WA), established in 2005, addresses the significantly higher risk of Indigenous infants in dying from Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents (box 4.2.2).

## 4.3 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.

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**Box 4      KEY MESSAGES — Early childhood education**

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

- Currently, there is no comprehensive source of data on Indigenous preschool participation and it is difficult to draw conclusions about participation rates. Data from the new National Early Childhood Education Collection will be available for future reports.

**Box 5      Things that work — Early childhood education**

- **Learning Together** (SA) operates play groups in disadvantaged areas that value the needs of, and empower and educate children and their families (box 4.3.2).
- The **Aboriginal Early Years Program** (Tasmania) has successfully connected Indigenous families with preschool services since 2005, helping parents stimulate their children's learning (box 4.3.2).

#### **4.4 Reading, writing and numeracy**

Improved educational outcomes are essential 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 and low income. There are also links between education and health outcomes.

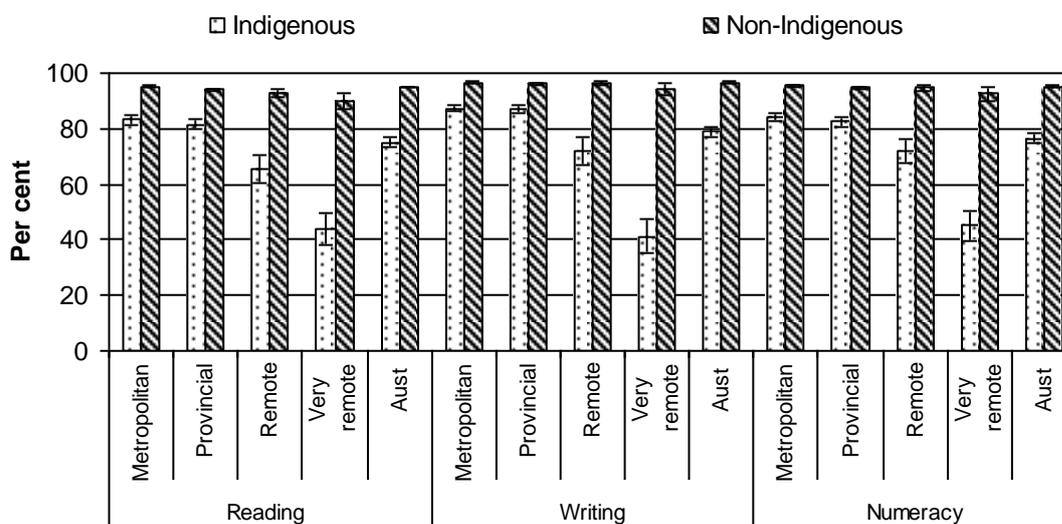
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**Box 6      KEY MESSAGES — Reading, writing and numeracy**

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

- Participation rates in NAPLAN tests were lower for Indigenous students than for non-Indigenous students in 2010. For Indigenous students the rate was lower in remote areas, while for non-Indigenous students the rate was similar across remoteness areas (tables 4A.4.49–4A.4.52).
- There were some statistically significant changes in Indigenous students' performance against national minimum standards for reading, between 2008 and 2010 (tables 4A.4.13–4A.4.48). Nationally:
  - there was an increase in Indigenous students' performance in years 3 and 7 reading
  - there was a decrease in Indigenous students' performance in year 9 reading (a drop of 6.5 percentage points).
- There was no statistically significant change in Indigenous year 3, 5, 7 and 9 students' performance against the national minimum standards for writing and numeracy between 2008 and 2010 (tables 4A.4.13–4A.4.48).
- A substantially lower proportion of Indigenous than non-Indigenous students achieved the year 3, 5, 7 and 9 national minimum standards for reading, writing and numeracy in 2010 (figures 4.4.1, 4.4.2, 4.4.3, 4.4.4).
- The proportion of Indigenous students in urban (metropolitan and provincial) areas meeting the national minimum standards was higher than the proportion in remote and very remote areas in 2010. The gap in learning outcomes between Indigenous students and all students increased as remoteness increased in 2010 (figures 4.4.1, 4.4.2, 4.4.3, 4.4.4).

## Students achieving year 3 standards, by location, 2010<sup>a</sup>



<sup>a</sup> These data are subject to measurement error. See source in main report.

Source: Figure 4.4.1 in the main report.

### Box 7 Things that work — Reading, writing and numeracy

- **Walhallow Public School** (NSW) provides individualised literacy support to Indigenous students, which has improved their results in literacy and numeracy assessments (box 4.4.2).

## 4.5 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 on to further education and training, and also have better employment options. In the long run, people who complete secondary education are likely to encourage their children to do the same, so that the benefits flow from one generation to another.

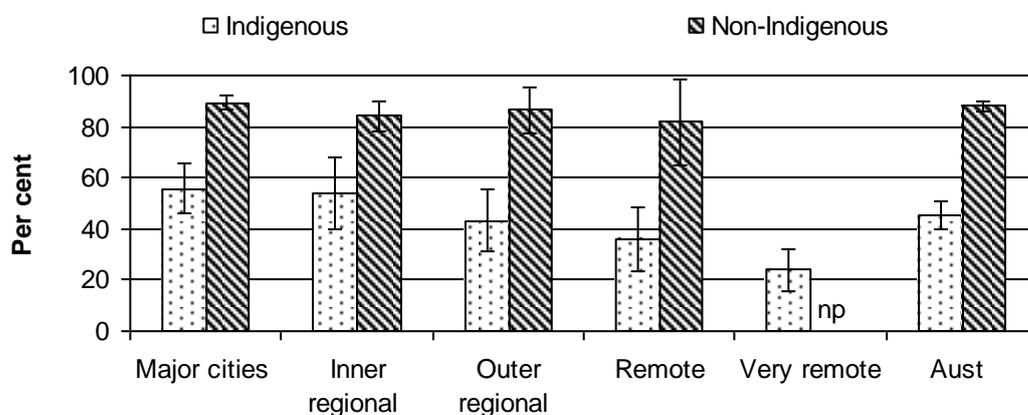
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**Box 8      KEY MESSAGES — Year 12 attainment**

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

- The proportion of Indigenous 20–24 year olds who reported completing year 12 or equivalent (45 per cent) was half that of non-Indigenous 20–24 year olds (88 per cent) in 2008 (figure 4.5.1).
- The proportion of Indigenous young people who received a year 12 certificate increased from 20 per cent in 2001 to 26 per cent in 2008, while the non-Indigenous rate remained constant around 56.1 per cent, leading to a narrowing of the gap (tables 4A.5.17 and 18).
- The proportion of the potential Indigenous year 12 population who achieved an ATAR of 50.00 or above increased from 3 per cent in 2006 to 7 per cent in 2010. However the gap between the Indigenous and non-Indigenous proportions widened from 20 to 33 percentage points (table 4A.5.11).
- Apparent retention rates for Indigenous students from the beginning of secondary school to year 12 increased from 32 per cent in 1998 to 47 per cent in 2010, while the non-Indigenous rate increased from 73 per cent to 79 per cent (figure 4.5.4). The gap between Indigenous and non-Indigenous apparent retention rates decreased from 41 percentage points in 1998 to 32 percentage points in 2010 (table 4A.5.19).

## Proportion of 20–24 year olds who had completed year 12 or certificate II or above, 2008<sup>a</sup>



<sup>a</sup> Error bars represent 95 per cent confidence intervals around each estimate (see chapter 3 for more information).

Source: Figure 4.5.1 in the main report.

### Box 9 Things that work — Year 12 attainment

- The **Cape York Institute's Higher Expectations Program** (Queensland) provides Indigenous children living in the Cape York region with access to secondary education at Queensland's most academically successful boarding schools (box 4.5.2).
- The **AIEF Scholarship Program** offers boarding school scholarships to Indigenous children to improve school retention and year 12 attainment for promising students (box 4.5.2).
- The **Joodoogeb-be-gerring Werlemen program** (WA) was established to address the poor school attendance rates of Aboriginal girls in Kununurra. The program builds a positive sense of cultural identity, improves physical, social and emotional wellbeing, and has improved learning outcomes (box 4.5.2).

## 4.6 Employment

Having a job that pays adequately and provides opportunities for self development is an important component of adult life, and contributes to individual living standards, self-esteem and overall wellbeing. Employment is also important to the family and wider community. 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.

Box 10 has changed since the report was released in August 2001. See errata at <http://www.pc.gov.au/gsp/reports/indigenous/key-indicators-2011>.

Unemployment can contribute to poor health, domestic violence, homelessness and substance misuse.

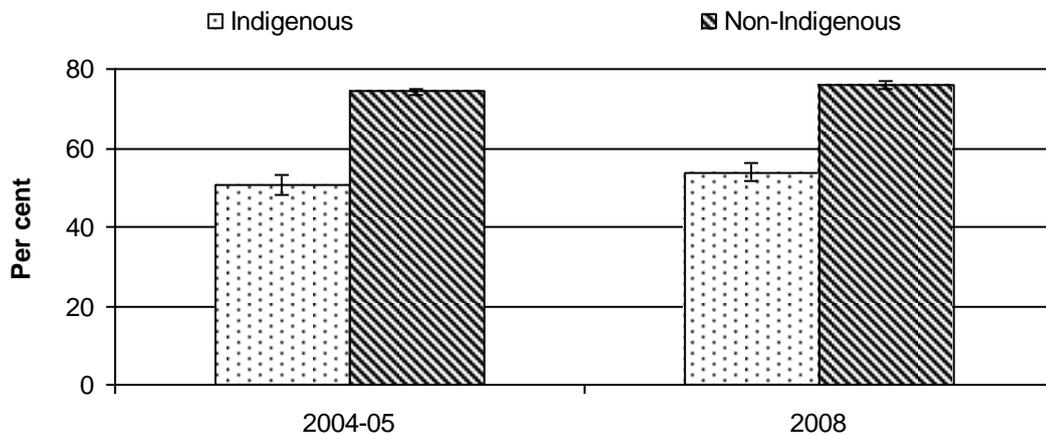
Indigenous people's participation in the labour force can be affected by the limited employment opportunities available to Indigenous people in some remote areas, access to income support payments and participation in Community Development Employment Projects (CDEP).

### Box 10 KEY MESSAGES —Employment

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

- Between 2004–05 and 2008, for those aged 15–64 years:
  - an apparent increase in the employment to population ratio for Indigenous people (from 51 per cent to 54 per cent) was not statistically significant. The rate increased for non-Indigenous people (from 74 per cent to 76 per cent) and there was no significant change in the gap over this period (figure 4.6.1).
- The number of Indigenous people on CDEP halved between 2002 and 2008, and there was a significant increase in 'mainstream' employment.
- Between 1994 and 2008, for Indigenous people aged 15–64 years:
  - the labour force participation rate increased from 55 per cent to 65 per cent (figure 4.6.3)
  - the unemployment rate decreased from 31 per cent to 17 per cent (figure 4.6.6).

### Employment to population ratio, 2004-05 and 2008



Source: Figure 4.6.1 in the main report.

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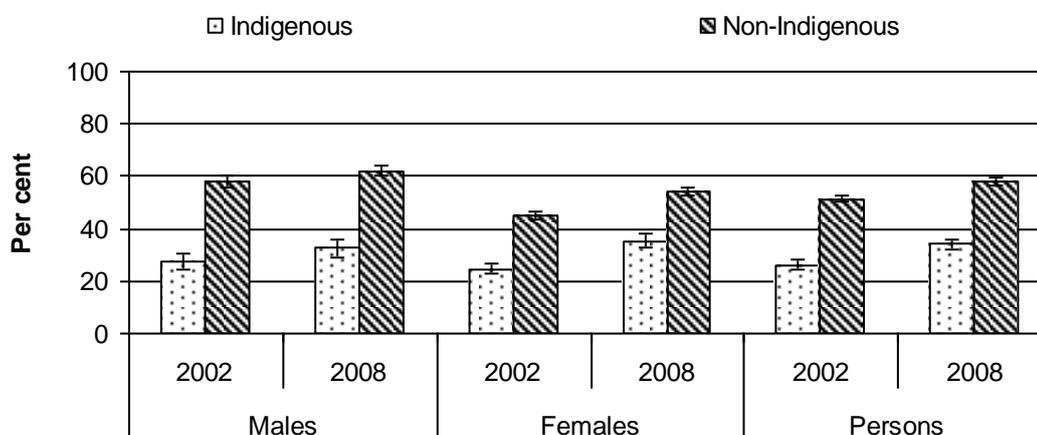
## 4.7 Post secondary education — participation and attainment

People who have participated in post secondary study have greatly improved employment prospects. They are also likely to earn higher incomes than those without post school qualifications. 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.

### Box 11 KEY MESSAGES — Post secondary education

- Lower proportions of Indigenous than non-Indigenous 20–64 year olds had or were working towards post school qualifications in 2008, in all states and territories and remoteness areas (tables 4A.7.3 and 4A.7.5).
- 34 per cent of Indigenous 20–64 year olds had or were working toward post school qualifications in 2008, compared with 58 per cent of non-Indigenous 20–64 year olds (figure 4.7.1).
- The proportion of 20–64 year olds with or working towards post school qualifications increased between 2002 and 2008 for both Indigenous people (from 26 per cent to 34 per cent) and non-Indigenous people (from 52 per cent to 58 per cent), with no change in the gap (figure 4.7.1).
- The VET national load pass rate for Indigenous students increased from 65 per cent in 2004 to 71 per cent in 2009 and the gap narrowed (table 4A.7.16).
- The higher education success rate for Indigenous students increased from 65 per cent in 2001 to 70 per cent in 2009, and the gap narrowed (figure 4.7.6).

## Proportion of 20–64 year olds with a post school qualification of Certificate III or above or studying, 2002 and 2008<sup>a</sup>



<sup>a</sup> Error bars represent 95 per cent confidence intervals around each estimate (see chapter 3 for more information).

Source: Figure 4.7.1 in the main report.

### Box 12 Things that work — Post secondary education

- The **Cape York Institute's Higher Expectations Program — Tertiary (HEPT)** (Queensland) targets talented Cape York Indigenous people with high potential for achievement and leadership, and provides them with long-term support to undertake tertiary studies (box 4.7.2).
- **Swinburne University** and the **Bert Williams Aboriginal Youth Service** (Victoria) deliver a program to at-risk Indigenous young people aged 15–25 years who are not currently participating in mainstream education or employment, to help them continue into further study or employment (box 4.7.2).
- The **Monash University Indigenous Enabling Program** provides a pathway into Monash University undergraduate courses. Upon successful completion of the 12 week program, students are made a direct offer into their chosen undergraduate courses (box 4.7.2).

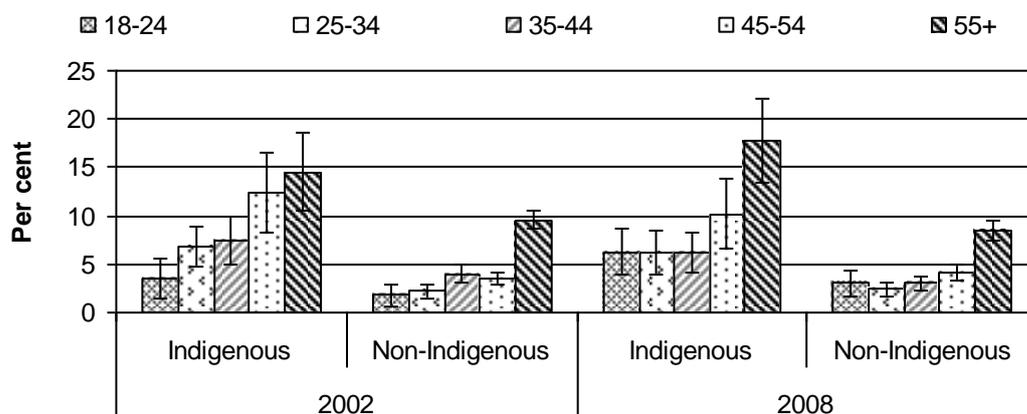
## 4.8 Disability and chronic disease

High rates of disability and chronic disease affect the quality of life of many Indigenous people. Disability and chronic disease can also create barriers to social interaction and reduce access to services, education and employment.

### Box 13 KEY MESSAGES — Disability and chronic disease

- Indigenous people aged 18 years and over reported a profound or severe core activity restriction in both 2002 and 2008 around twice the rate for non-Indigenous people, with no significant change in the gap over that period (table 4A.8.1).
- Hospitalisation rates for all chronic diseases except cancer were higher for Indigenous males and females than other males and females in 2008-09 (table 4.8.1).
- Between 2004-05 and 2008-09, the gap in hospitalisation rates between Indigenous and other people for most chronic diseases did not change. However, rate differences for circulatory diseases (particularly ischaemic heart diseases), diabetes and end stage renal diseases increased over time (tables 4A.8.24–33).

### People with profound or severe core activity restrictions by age groups and Indigenous status, non-remote areas of Australia, 2002 and 2008<sup>a</sup>



<sup>a</sup> Error bars represent 95 per cent confidence intervals around each estimate (see chapter 3 for more information).

Source: Figure 4.8.1 in the main report.

## 4.9 Household and individual income

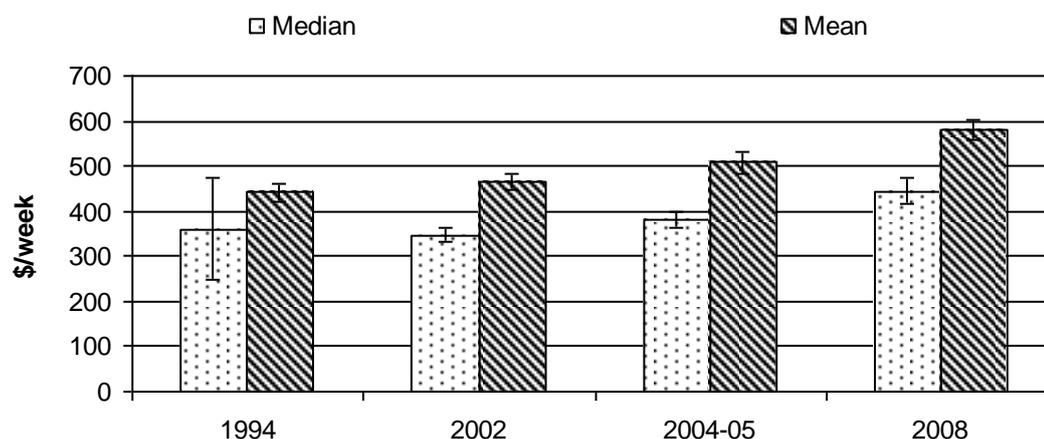
Household and individual incomes are linked to overall wellbeing. Higher incomes can enable the purchase of healthier food, including fruits and vegetables, better housing, recreation and health care. There may also be psychological benefits, such as a greater sense of personal control and self-esteem.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

**Box 14 KEY MESSAGES — Household and individual income**

- For people aged 18 years and over, after adjusting for inflation:
  - median (middle) household weekly income (adjusted for household composition) increased for Indigenous people from \$347 in 2002 to \$445 in 2008 (in 2008 dollars) (figure 4.9.1). Similar increases in incomes for non-Indigenous households meant a gap of \$300 per week remained unchanged between 2002 and 2008 (figure 4.9.2)
  - there was no significant change in median (middle) personal weekly income for Indigenous or non-Indigenous people from 2004-05 to 2008 (in 2008 dollars). In 2008, Indigenous people received lower median personal gross weekly income (\$400 per week) than non-Indigenous people (\$608 per week) (figure 4.9.5)
  - Indigenous people had lower median household (adjusted for household composition) and personal incomes than non-Indigenous people across all remoteness areas in 2008 (figure 4.9.3).

**Gross weekly equivalised household income, Indigenous people aged 18 years and over (2008 dollars)<sup>a</sup>**



<sup>a</sup> Household income has been 'equivalised' or adjusted to account for household size and composition.

Source: Figure 4.9.1 in the main report.

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**Box 15 Things that work — Household and individual income**

- 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).

#### 4.10 Substantiated child abuse and neglect

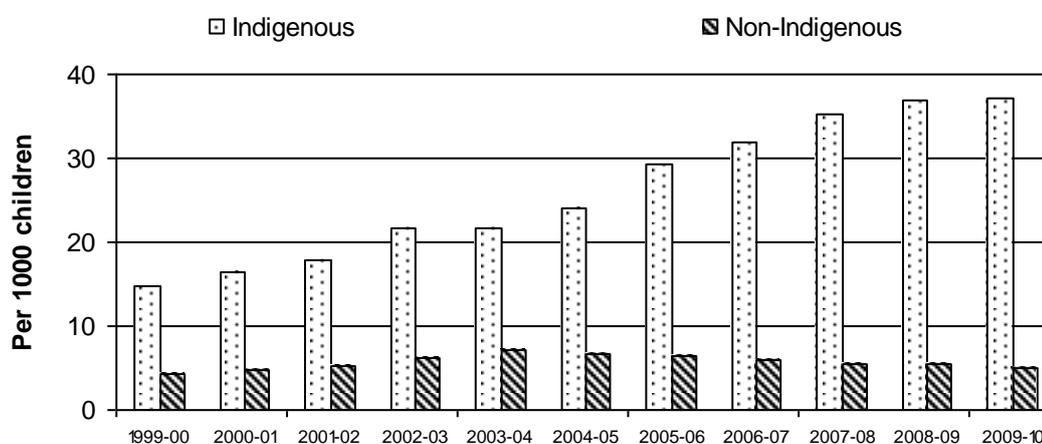
Many Indigenous families and communities live under severe social strain, caused by a range of social and economic factors. This social strain, combined with factors such as alcohol and substance misuse and overcrowded living conditions, can contribute to the incidence of child abuse and violence.

This indicator provides some information about the extent of abuse, neglect and harm to children in the family environment. However, no data exist on actual levels of abuse. The available data refer only to matters that have been notified to the authorities, and investigated and substantiated. Numbers and rates of substantiations are affected by the willingness of people to report incidents, government policies and practices (including variations in what constitutes substantiation), and the availability of services. It is possible that some of the increase is due to improved child protection action, but some is likely to reflect real increases in child abuse and neglect, given little improvement in the social and economic circumstances of Indigenous people.

**Box 16 KEY MESSAGES — Substantiated child abuse and neglect**

- The substantiation rate for Indigenous children aged 0–16 years (37 per 1000 children) was 7 times the rate for non-Indigenous children (5 per 1000 children) in 2009-10 (figures 4.10.1 and 4.10.2).
- The substantiation rate for Indigenous children increased from 15 to 37 per 1000 children between 1999-2000 and 2009-10, while the rate for non-Indigenous children increased from 4 to 5 per 1000 children, leading to a significant increase in the gap (figure 4.10.1).
- In 2010, 48 per 1000 Indigenous children aged 0–17 years were on care and protection orders, compared to 5 per 1000 non-Indigenous children (table 4.10.1).

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



Source: Figure 4.10.1 in the main report.

### 4.11 Family and community violence

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

#### Box 17 KEY MESSAGES — Family and community violence

- A higher proportion of Indigenous people (20 per cent in 2008) than non-Indigenous people (11 per cent in 2006) aged 18 years and over had been a victim of physical or threatened violence in the previous 12 months (table 4A.11.1).
- The proportion of Indigenous people who had experienced physical or threatened violence in the previous 12 months did not change significantly between 2002 and 2008 (table 4A.11.4).
- After taking into account the different age structures of the populations:
  - in 2008-09, hospitalisation rates for injuries caused by assault were much higher for Indigenous men (seven times as high) and women (31 times as high) as for other Australian men and women (table 4A.11.8)
  - in remote areas, Indigenous people were hospitalised as a result of family violence at 36 times the rate of other people in 2008-09 (table 4A.11.7).

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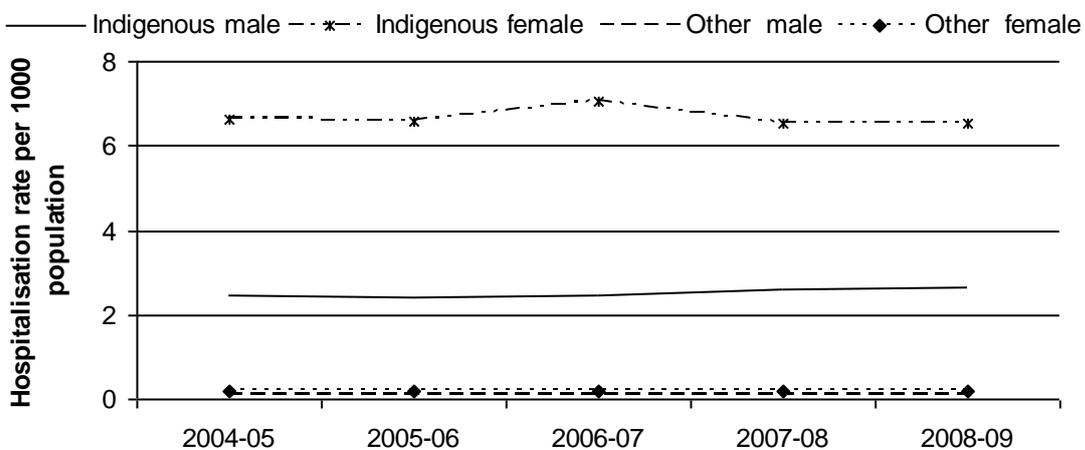
**Box 18 Things that work — Family and community violence**

- **The Cross Borders Remote Area Program** (SA, WA and the NT) reduces the incidence of physical and psychological harm in Aboriginal communities of Central Australia by running four week courses for men on anger management, substance misuse, motivation, controlling behaviours, personal change planning, and ways of speaking and listening and fathering (box 4.11.2).
- **Aboriginal Women Against Violence** (NSW) is a safe space in which Aboriginal and Torres Strait Islander women in the Liverpool and Campbelltown areas learn to become trainers, mentors and advocates against violence in their communities (box 4.11.2).
- **Through Black Eyes Workshop Kit** (national) raises awareness of the effects of family violence and abuse and neglect of children, and has been used to run workshops nationally (box 4.11.2).

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**Hospitalisation rate for family violence related assaults, per 1000 population, NSW, Victoria, Queensland, WA, SA, and public hospitals in the NT**

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Source: Figure 4.11.1 in the main report.

## 4.12 Imprisonment and juvenile detention

Poverty, unemployment, low levels of education, having a parent previously or currently in custody, 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.

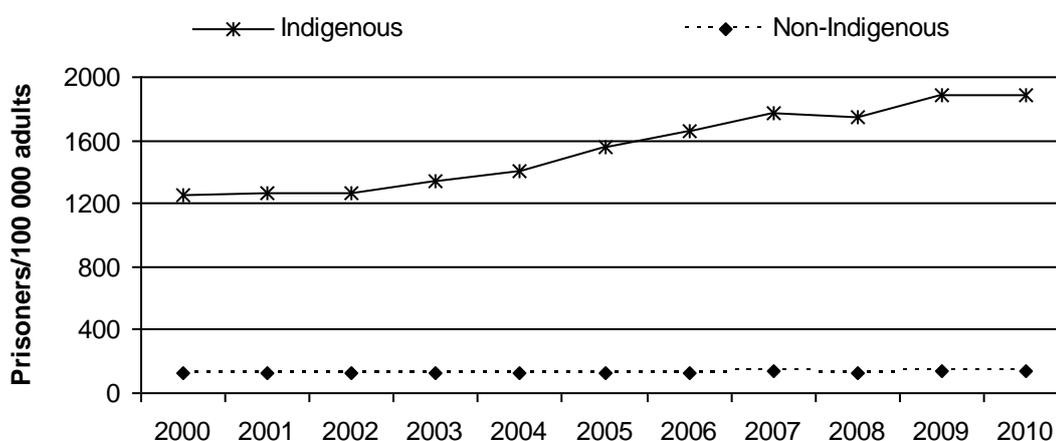
**Box 19 KEY MESSAGES — Imprisonment and juvenile detention**

- After adjusting for age differences, Indigenous people were imprisoned at 14 times the rate for non-Indigenous people in 2010 (table 4A.12.3).
- The imprisonment rate increased by 59 per cent for Indigenous women and by 35 per cent for Indigenous men between 2000 and 2010 (table 4A.12.7).
- Indigenous juveniles were detained at 23 times the rate for non-Indigenous juveniles at 30 June 2009 (figure 4.12.5).
- The Indigenous juvenile detention rate increased from 318 per 100 000 juveniles in 2001 to 420 per 100 000 juveniles in 2008, but fell sharply to 365 per 100 000 juveniles in 2009 (figure 4.12.5).

**Box 20 Things that work — Imprisonment and juvenile detention**

- Offenders appearing in a **Murri Court** (Queensland) had lower rates of absconding subject to warrant than the same Murri Court participants appearing in a mainstream Magistrates or Children’s Court. However, appearing for sentence in the Murri Court had no impact on reoffending or the seriousness of offending (box 4.12.2).

**Age standardised adult imprisonment rates, 30 June each year**

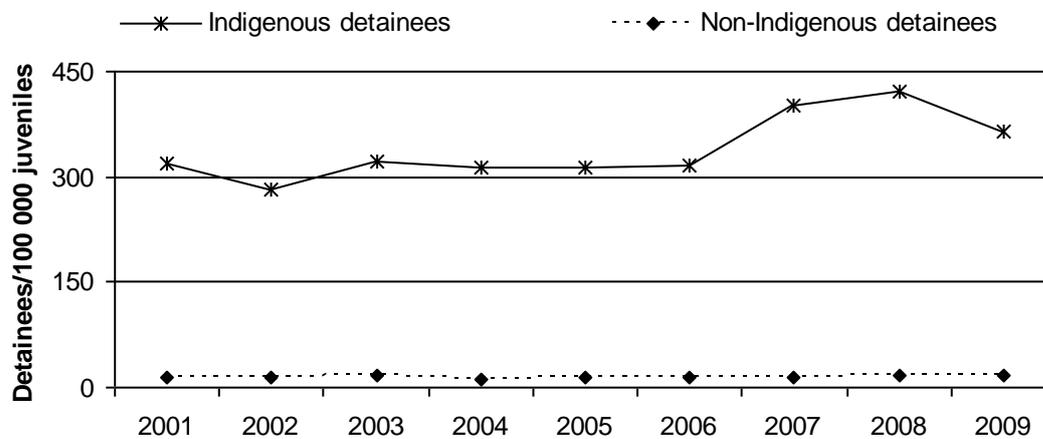


Source: Figure 4.12.1 in the main report.

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

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Source: Figure 4.12.5 in the main report.

## 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 area for action	Strategic change indicators
5 Early child development	5.1 Maternal health 5.2 Teenage birth rate 5.3 Birthweight 5.4 Early childhood hospitalisations 5.5 Injury and preventable disease 5.6 Basic skills for life and learning 5.7 Hearing impairment
6 Education and training	6.1 School enrolment and attendance 6.2 Teacher quality 6.3 Indigenous cultural studies 6.4 Year 9 attainment 6.5 Year 10 attainment 6.6 Transition from school to work
7 Healthy lives	7.1 Access to primary health care 7.2 Potentially preventable hospitalisations 7.3 Avoidable mortality 7.4 Tobacco consumption and harm 7.5 Obesity and nutrition 7.6 Tooth decay 7.7 Mental health 7.8 Suicide and self-harm
8 Economic participation	8.1 Employment by full time/part time status, sector and occupation 8.2 Indigenous owned or controlled land and business 8.3 Home ownership 8.4 Income support

<b>Strategic area for action</b>	<b>Strategic change indicators</b>
9 Home environment	9.1 Overcrowding in housing 9.2 Rates of disease associated with poor environmental health 9.3 Access to clean water and functional sewerage and electricity services
10 Safe and supportive communities	10.1 Participation in organised sport, arts or community group activities 10.2 Access to traditional lands 10.3 Alcohol consumption and harm 10.4 Drug and other substance use and harm 10.5 Juvenile diversions 10.6 Repeat offending
11 Governance and leadership	11.1 Case studies in governance 11.2 Governance capacity and skills 11.3 Engagement with service delivery

## **5 Early child development**

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

### *5.1 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, as well as behavioural factors such as women's nutrition and alcohol and tobacco consumption during pregnancy.

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### Box 21      **KEY MESSAGES — Maternal health**

- In 2008:
  - in NSW, SA, and the NT, 65 per cent of Indigenous mothers attended at least one antenatal visit in their first trimester, compared with 82 per cent of non-Indigenous mothers (figure 5.1.1)
  - in Queensland, SA and the NT, 77 per cent of Indigenous mothers attended five or more antenatal visits during pregnancy, compared with 93 per cent of non-Indigenous mothers (figure 5.1.2)
  - Indigenous mothers in remote areas in Queensland, SA and the NT attended similar numbers of antenatal sessions as those in non-remote areas. Those in remote areas in NSW, SA and the NT tended to start attending antenatal sessions later in their pregnancy than those in non-remote areas (table 5A.1.10).
- Around half of Indigenous mothers smoked during pregnancy in both 2001 and 2008, around three times the rate of non-Indigenous mothers (figure 5.1.3).

### Box 22      **Things that work — Maternal health**

- The **Anangu Bibi Family Birthing Program** (SA) provides antenatal, birthing and early childhood care to Aboriginal women, and has encouraged more Aboriginal women to visit midwives for antenatal care (box 5.1.2).
- The **Koori Maternity Services Program**, (Victoria) provides culturally appropriate care to Aboriginal women during pregnancy, birth and in the immediate period after birth (box 5.1.2).
- The **Aboriginal Maternal and Infant Health Service (AMIHS)** (NSW) provides culturally appropriate care for Aboriginal women and babies. Positive outcomes for Aboriginal mothers and babies include decreased rates of premature birth, improved breast feeding rates and improved access to antenatal care in early pregnancy (box 5.1.2).
- The **Coomealla Community Midwifery Outreach Program** (NSW) has reduced risk taking behaviour in young Indigenous women before and after birth, and improved birth outcomes (box 5.1.2).

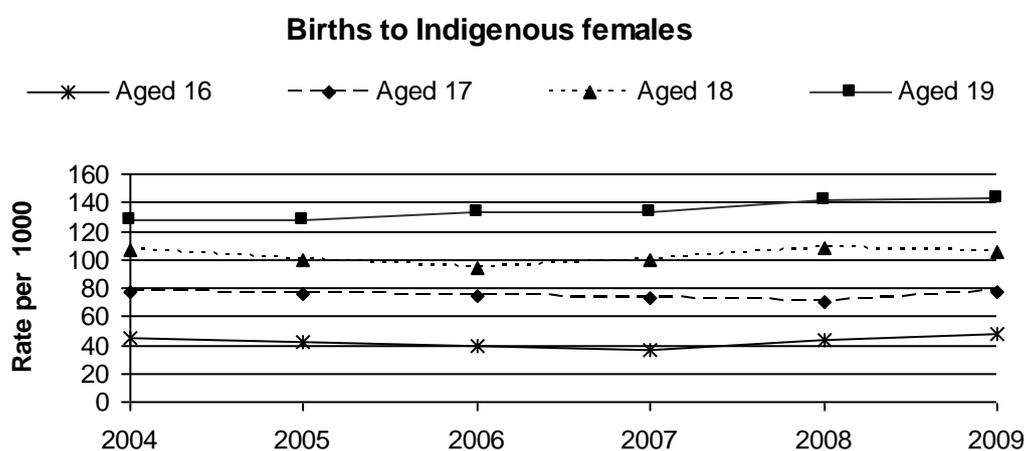
## 5.2 Teenage birth rate

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

### Box 23 KEY MESSAGES — Teenage birth rate

- There were 79 births per 1000 Indigenous teenage women compared with 14 births per 1000 non-Indigenous teenage women in 2009 (table 5A.2.31).
- Between 2005 and 2009:
  - in 10 per cent of births to Indigenous men, the father was a teenager (figure 5.2.2)
  - in 20 per cent of births to Indigenous women, the mother was a teenager (table 5A.2.28).

## Teenage birth rate per 1000 females, 2004 to 2009



Source: Figure 5.2.1 in the main report.

### Box 24 Things that work — Teenage birth rate

- The **Aboriginal Mothers and Daughters Gathering Program** (Bathurst, NSW) is a community based health education program covering: puberty, sex education, communication, self esteem and body image, protective behaviours, and advocacy for service utilisation and school attendance (box 5.2.2).
- The **Strong Young Mum's Program** (NSW) has a focus on re-engagement with education, as well as teaching about parenting skills and providing information about service supports. It has led to women improving their education and finding employment (box 5.2.2).

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### 5.3 Birthweight

Low birthweight babies have a greater risk of dying in the first year of life, and can have more health problems early in life. Low birthweight may also influence the development of chronic diseases in adulthood, including diabetes and heart disease.

#### Box 25 KEY MESSAGES — Birthweight

- 11 per cent of Indigenous mothers had low birthweight babies in 2006–08, compared to 5 per cent of non-Indigenous mothers (figure 5.3.1).
- Proportions of low birthweight babies to Indigenous and non-Indigenous mothers were relatively constant between 1998–2000 and 2006–2008, with no change in the gap (table 5A.3.5–15).

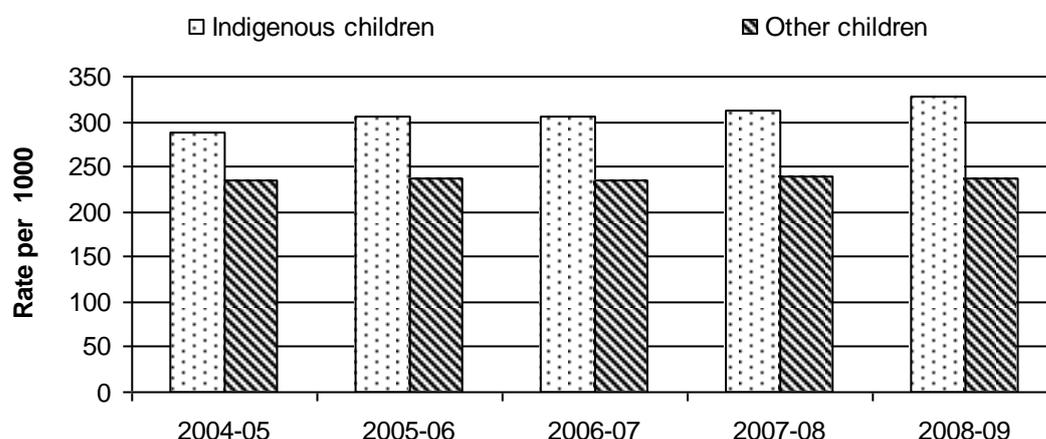
### 5.4 Early childhood hospitalisations

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

#### Box 26 KEY MESSAGES — Early childhood hospitalisations

- For children aged 0–4 years:
  - hospitalisation rates for Indigenous children increased from 288 per 1000 in 2004-05 to 327 per 1000 in 2008-09. Rates for other children remained relatively stable around 236 per 1000, leading to an increase in the gap (figure 5.4.1)
  - hospitalisation rates were similar for Indigenous and other children in major cities (227 per 1000 compared with 236 per 1000), but rates in regional areas were 1.3 times as high for Indigenous children as for other children (324 per 1000 compared with 243 per 1000) and in remote areas were twice as high (438 per 1000 compared with 223 per 1000) (table 5A.4.6).

## Hospitalisations per 1000 children aged 0–4 years, NSW, Victoria, Queensland, WA, SA and public hospitals in the NT, 2004-2005 to 2008-2009



Source: Figure 5.4.1 in the main report.

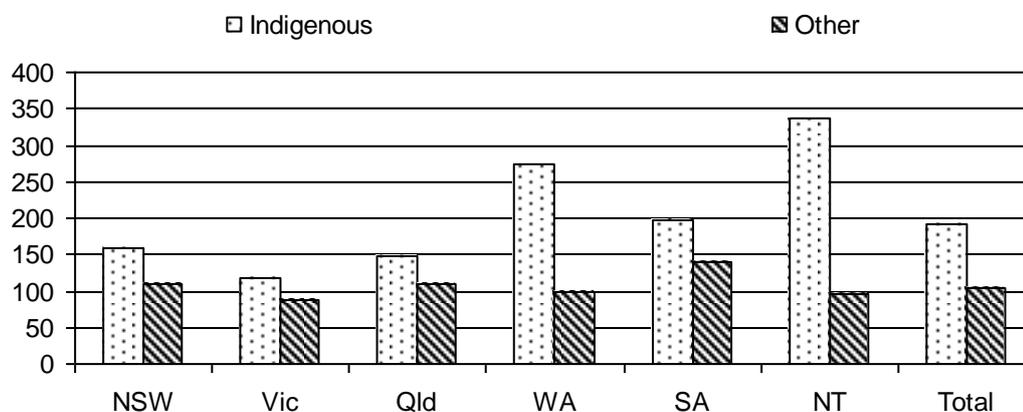
### 5.5 Injury and preventable disease

In many cases, hospital admissions can be prevented if more effective non-hospital care is available or used, either at an earlier stage in the disease progression or as an alternative to hospital care.

#### Box 27 KEY MESSAGES — Injury and preventable disease

- For children aged less than 5 years:
  - in NSW, Victoria, Queensland, WA, SA and public hospitals in the NT in 2008-09, 192 per 1000 Indigenous children were hospitalised for potentially preventable diseases and injuries, compared to 104 per 1000 other children (table 5.5.1)
  - in 2005–2009, for NSW, Queensland, WA, SA and the NT combined, the death rate for Indigenous children (14 deaths per 10 000 children) was more than twice the rate for non-Indigenous children (6 deaths per 10 000 children) (table 5A.5.7).

## Potentially preventable hospitalisations, children aged less than five years, 2008-09



Source: Table 5A.5.5 in the attachment tables to the main report.

### Box 28 Things that work — Injury and preventable disease

- The **Nganampa Health Council** (SA) provides primary healthcare services for the Anangu people and has a strong emphasis on child health, including immunisation, school aged screening, child growth monitoring for children aged less than 5 years, and child nutrition (box 5.5.2).

### 5.6 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 these basic skills that appear at age five or six are often difficult to close, even with targeted school interventions.

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**Box 29      KEY MESSAGES — Basic skills for life and learning**

- 52 per cent of Indigenous five year old children were classified as 'at risk' or 'vulnerable' in the domain of language and cognitive skills in 2009, compared to 21 per cent of non-Indigenous five year olds (table 5A.6.1).
- The proportion of Indigenous five year old children classified as 'at risk' or 'vulnerable' in the domain of language and cognitive skills increased with remoteness in 2009, from 43 per cent in major cities to 73 per cent in very remote areas (table 5A.6.2).
- 31 per cent of Indigenous children received a fourth year developmental Aboriginal and Torres Strait Islander child health check in 2009-10 (table 5A.6.5).

### *5.7 Hearing impairment*

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 effects, hearing impairment 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.

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**Box 30 KEY MESSAGES — Hearing impairment**

- Indigenous children living in remote communities have the highest internationally published prevalence rates for otitis media. Of Indigenous children who had a Northern Territory Emergency Response audiology check, 74 per cent had at least one middle ear condition and 54 per cent had some hearing loss (AIHW and Department of Health and Ageing 2009; Department of Health and Ageing unpublished).
- Indigenous 0–14 year olds had higher rates of hearing problems than non-Indigenous 0–14 year olds in 2001, 2004-05 and 2008, and the gap remained unchanged (figure 5.7.1).
- The prevalence of hearing problems among Indigenous 0–14 year old in remote areas decreased from 18 per cent in 2001 to 10 per cent in 2008. The rate in non-remote areas remained relatively stable at around 8 per cent (table 5A.7.3).
- In major cities, Indigenous 0–14 year olds had lower rates of hospitalisation for all diseases of the middle ear and mastoid than other children (6 per 1000 compared with 7 per 1000) but in remote areas the rate for Indigenous children (15 per 1000) was 2.3 times as high as for other children (6 per 1000) (table 5A.7.9).

## 6 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.

### 6.1 School enrolment and attendance

There is a direct relationship between the number of days absent from school and academic performance. There is a 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.

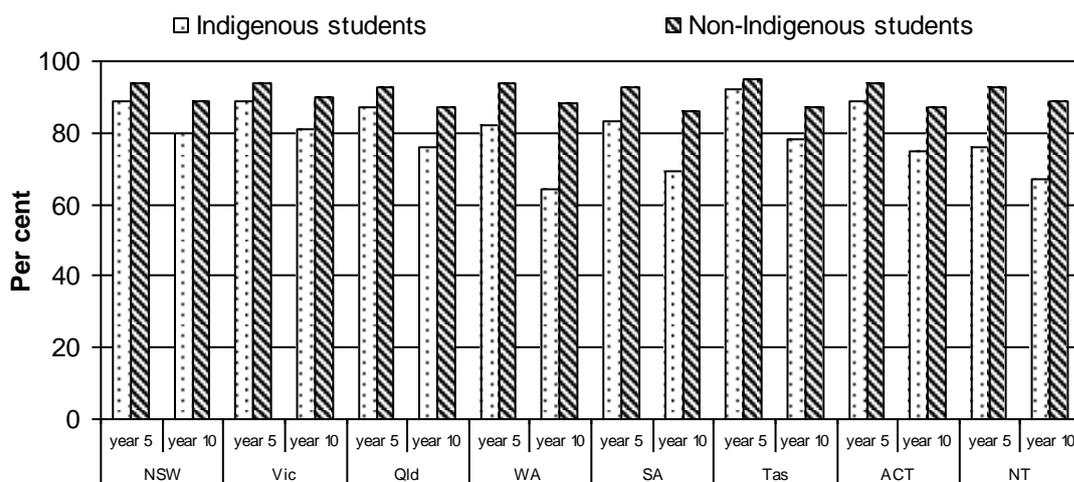
**Box 31 KEY MESSAGES — School enrolment and attendance**

- Attendance rates in government schools for years 5 and 10 were lower for Indigenous students than non-Indigenous students, in all states and territories in 2009 (figure 6.1.1).
- The gap between Indigenous and non-Indigenous students' attendance rates was greater in year 10 (between 9 and 24 percentage points) than in year 5 (between 3 and 17 percentage points) in 2009 (figure 6.1.1 and table 6A.1.1).

**Box 32 Things that work — School enrolment and attendance**

- 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 **Catherine Freeman Foundation** (Queensland) has a non-truancy project in the remote Indigenous community of Palm Island, which has resulted in a 20 per cent increase in attendance rates (box 6.1.2).
- **Wannik Dance Academies** (Victoria) have been established in three secondary schools. Participating students have attendance rates between 85 and 89 per cent (box 6.1.2).

**Student attendance rates for years 5 and 10, government schools, 2009**



Source: Figure 6.1.1 in the main report.

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## 6.2 Teacher quality

It is generally recognised that the quality of teaching is a key determinant of student outcomes. However, it is difficult to measure teacher quality.

### Box 33 KEY MESSAGES — Teacher quality

- Teacher quality is considered the most important in-school factor in improving learning outcomes for Indigenous students. COAG has agreed to a National Partnership on Improving Teacher Quality, but no data were available for this report.

## 6.3 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.

### Box 34 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 (box 6.3.2).
- In 2008, around two-thirds of Indigenous 5 to 24 year olds who had ever attended school or further studies reported being taught Indigenous culture as part of their studies. The proportions of people who had been taught Indigenous culture were lower in older age groups, with the lowest proportions for those in age groups 45 years and over (figure 6.3.1).

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**Box 35 Things that work — Indigenous cultural studies**

- The **Partnership, Acceptance, Learning, Sharing (PALS) Program** (WA) encourages students to strengthen relationships between Indigenous and non-Indigenous people in their local community (box 6.3.2).
- The **Teacher Education Scholarship Program** (NSW) encourages and supports Aboriginal people to become school teachers and appoints successful graduates as permanent teachers (box 6.3.2).

#### *6.4 Year 9 attainment*

Anecdotal evidence suggests that many Indigenous children are leaving school in years 9 and 10 (generally the end of compulsory schooling) with poor literacy and numeracy skills, and with limited post school options. Leaving school early can lead 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.

**Box 36 KEY MESSAGES — Year 9 attainment**

- Apparent retention rates from years 7 or 8 to year 9 for Indigenous students increased from 95 per cent in 1998 to around 100 per cent in 2010 (table 4A.5.19).
- 34 per cent of Indigenous people aged 15 years and older reported year 9 or below as their highest level of schooling in 2008, compared to 16 per cent of non-Indigenous people aged 15 years and older (table 4A.5.6).
- Around one-third of Indigenous students achieved the minimum proficiency level in international tests for science, mathematics and reading literacy in 2009, compared to around two-thirds of non-Indigenous students (tables 6.4.1–3).

#### *6.5 Year 10 attainment*

There can be significant employment and income benefits of continuing education beyond the period of compulsory schooling.

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**Box 37      KEY MESSAGES — Year 10 attainment**

- Apparent retention rates from years 7 or 8 to year 10 for Indigenous students increased from 83 per cent in 1998 to 96 per cent in 2010. The non-Indigenous rates increased from 98 per cent to around 100 per cent (table 4A.5.19).
- 65 per cent of Indigenous people aged 15 years and older reported leaving school before completing year 11 or 12 in 2008, compared to 40 per cent of non-Indigenous people aged 15 years and older (table 4A.5.6).

*6.6 Transition from school to work*

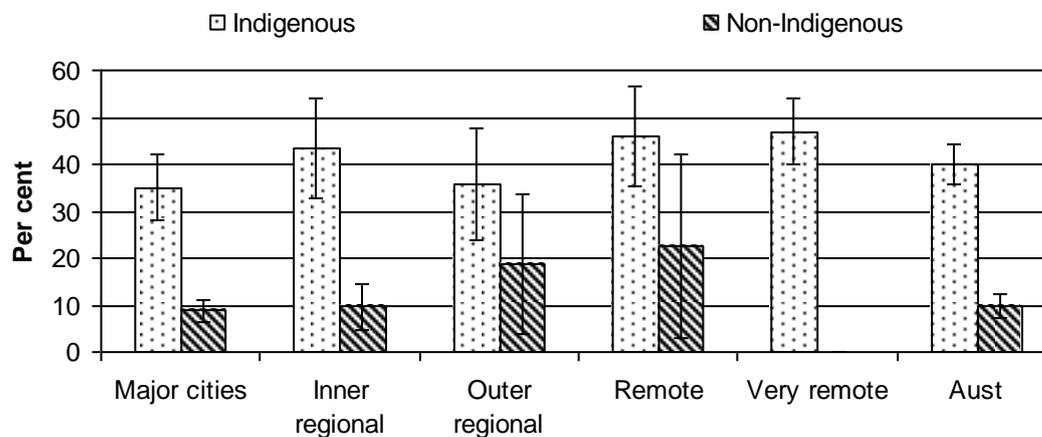
The teenage and adolescent years are critical development phases. At these stages, a good foundation in early childhood can be built upon, or actions can assist disadvantaged young people to make the transition to a positive adulthood.

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.

**Box 38      KEY MESSAGES — Transition from school to work**

- 40 per cent of Indigenous 18 to 24 year olds in 2008 were neither employed (unemployed or not in the labour force) nor studying, compared to 10 per cent of non-Indigenous people in the same age group (figure 6.6.1).
- There was no significant change in the proportions of Indigenous and non-Indigenous 18 to 24 year olds who were neither employed nor studying between 2002 and 2008 (figure 6.6.2).

## People aged 18 to 24 years who were not employed and not studying, 2008



Source: Figure 6.6.1 in the main report.

## 7 Healthy lives

Health outcomes affect many aspects of people's lives, including their ability to socialise with family and friends, to participate in the community and to learn and work.

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.

### 7.1 Access to primary health care

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.

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**Box 39 KEY MESSAGES — Access to primary health care**

- In 2008:
  - 28 per cent of Indigenous people aged 15 years and over reported their health as fair or poor, compared with 15 per cent of non-Indigenous people (figure 7.1.1, table 7A.1.1).
  - the proportions of both Indigenous and non-Indigenous people rating their health as fair or poor were higher in older age groups. The gap between Indigenous and non-Indigenous people with fair or poor health increased significantly with age (figure 7.1.2, table 7A.1.1).
- The proportion of Indigenous people rating their health as very good or excellent increased between 2004-05 and 2008 in all age groups except for those aged 15–24 years. The largest increase was in the 45–54 year age group (from 25 to 30 per cent) (table 7A.1.1).
- In 2006-07, average expenditure per person on primary health care was:
  - 30 per cent higher for Indigenous people than non-Indigenous people (table 7.1.2)
  - higher for Indigenous people than for non-Indigenous people for hospital services (\$326 compared with \$211) and community health services (\$1187 compared with \$182) (table 7.1.2)
  - lower for Indigenous people than for non-Indigenous people for medical services (\$342 compared with \$525), dental services (\$140 compared with \$279), pharmaceuticals (\$224 compared with \$509) and aids and appliances (\$37 compared with \$122) (table 7.1.2).

**Box 40 Things that work — Access to primary health care**

- The community-controlled **Urapuntja Health Service** (NT) conducts regular outreach to deliver primary, acute and chronic care, and preventive activities to the Utopia community, leading to significantly lower mortality than for the NT Indigenous population as a whole (box 7.1.2).
- The **Inala Indigenous Health Service** (Queensland) provides energetic Indigenous leadership, bulk billing and friendly service, which has resulted in a large increase in the number of Indigenous clients (box 7.1.2).
- The **Anyinginyi Health Aboriginal Corporation** (NT) and their Regional Eye Health Coordinator have partnered with an international non-government organisation to increase the delivery of culturally appropriate eye care services to Indigenous people (box 7.1.2).

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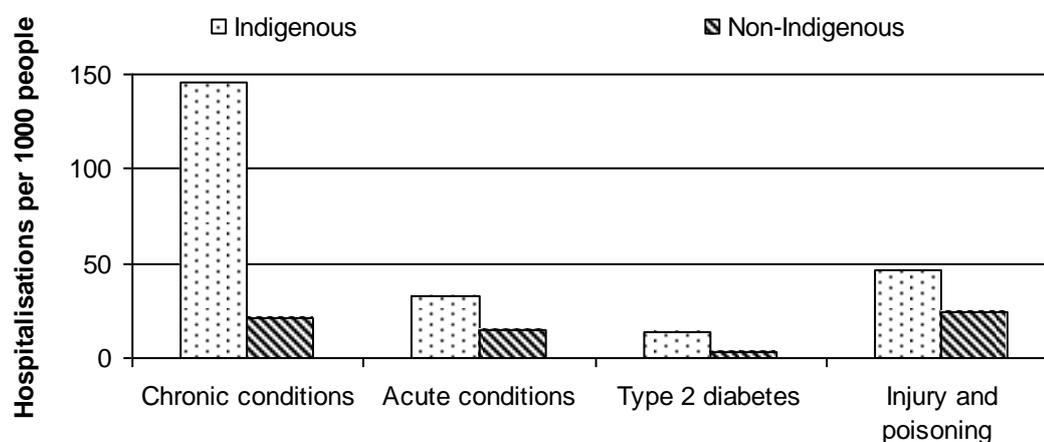
## 7.2 Potentially preventable hospitalisations

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

### Box 41 KEY MESSAGES — Potentially preventable hospitalisations

- In NSW, Victoria, Queensland, WA, SA and public hospitals in the NT in 2008-09:
  - the Indigenous hospitalisation rate for potentially preventable chronic conditions was 7 times the rate for other people. Complications of all types of diabetes accounted for 84 per cent of Indigenous hospitalisations (table 7.2.1)
  - the Indigenous hospitalisation rate for potentially preventable acute conditions was 2.3 times the rate for other people
  - Indigenous hospitalisation rates for potentially preventable chronic conditions, complications of diabetes, potentially preventable acute conditions, vaccine preventable conditions, sexually transmitted conditions and injury and poisoning and other external causes were much higher in remote areas than in regional areas and major cities (tables 7A.2.2, 7A.2.4, 7A.2.6, 7A.2.8, 7A.2.10 and 7A.2.12)
  - the Indigenous hospitalisation rate for chronic disease in remote areas was 217 per 1000 people compared with 140 per 1000 people in major cities and regional areas (table 7A.2.2).
- In NSW, Victoria, Queensland, WA, SA and public hospitals in the NT between 2004-05 and 2008-09:
  - hospitalisations of Indigenous people for potentially preventable acute conditions increased from 30 to 33 per 1000 people, while rates for other people increased from 13 to 15 per 1000 people, leading to a small increase in the gap (table 7A.2.5)
- In NSW, Victoria, Queensland, WA, SA and public hospitals in the NT:
  - hospitalisations for potentially preventable chronic conditions increased from 153 per 1000 people in 2004-05 to 199 per 1000 people in 2007-08 and the gap increased (coding changes mean that data for 2008-09 are not directly comparable) (table 7A.2.1).

## Potentially preventable hospitalisations



Source: Tables 7.2.1–5 in the main report.

### 7.3 Avoidable mortality

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

#### Box 42 KEY MESSAGES — Avoidable mortality

- For 0–74 year olds in NSW, Queensland, WA, SA and the NT between 2005 and 2009:
  - death rates from avoidable causes were 3.5 times as high for Indigenous females than for non-Indigenous females and 1.7 times as high for Indigenous males than for non-Indigenous males (table 7.3.2)
  - the most common causes of avoidable mortality for Indigenous people were ischaemic heart disease (heart attacks) (19 per cent), cancer (17 per cent) (particularly lung cancer (6 per cent)), diabetes (10 per cent) and suicide (8 per cent). Mortality rates for Indigenous people for all these conditions were significantly higher than for other Australians (table 7.3.3).
- For 0–74 year olds between 1998 and 2009, in NSW, Queensland, WA, SA and the NT combined:
  - mortality rates from avoidable causes declined by 29 per cent for Indigenous people and by 36 per cent for non-Indigenous people (figure 7.3.1)
  - the gap between death rates for Indigenous and non-Indigenous 0–74 year olds from avoidable causes decreased from 483 per 100 000 to 359 per 100 000 in 2009 (figure 7.3.1).

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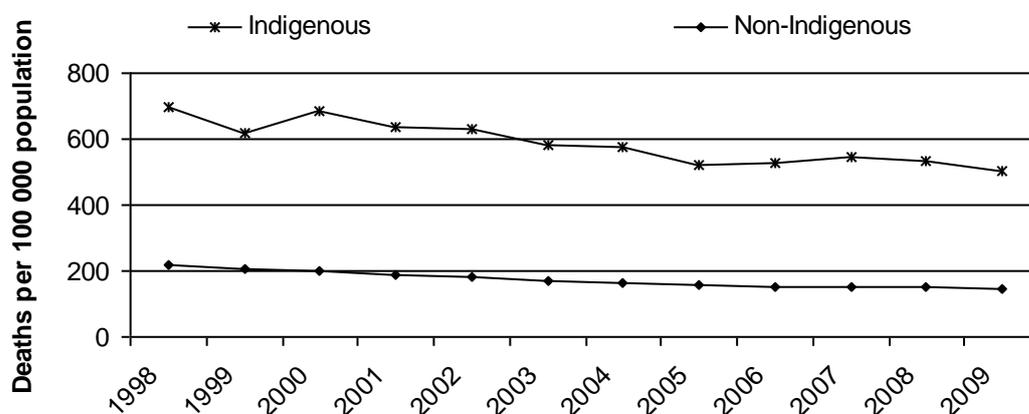
**Box 43 Things that work — Avoidable mortality**

- A combination of **pre-hospital care and treatment in public hospitals** (NT) has improved heart attack survival rates for Indigenous people (box 7.3.2).

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**Avoidable mortality rates, 0–74 year olds, NSW, Queensland, WA, SA and the NT<sup>a</sup>**

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<sup>a</sup> Age standardised.

Source: Figure 7.3.1 in the main report.

#### 7.4 Tobacco consumption and harm

Tobacco use is a significant contributor to premature death and ill health, 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.

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**Box 44 KEY MESSAGES — Tobacco consumption and harm**

- Nearly half (48 per cent) of Indigenous adults reported that they were current daily smokers in 2008 (table 7A.4.1). The current daily smoking rate for Indigenous adults was 2.4 times the rate for non-Indigenous adults (figure 7.4.2).
- The proportions of Indigenous and non-Indigenous adults who were current daily smokers has not changed significantly since 2001 and, between 2001 and 2008 (table 7A.4.1), there was no significant change in the gap in current daily smoking rates between Indigenous and non-Indigenous adults (table 7A.4.4).
- Hospitalisation rates related to tobacco use for Indigenous people were between 3.3 (major cities) and 5.7 (remote) times as high as those for other people in 2008-09 (table 7A.4.9).

### *7.5 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. Good nutrition from a healthy diet contributes to better health outcomes.

**Box 45 KEY MESSAGES — Obesity and nutrition**

- 31 per cent of Indigenous adults were considered obese in 2004-05. After adjusting for differences in the age structure of the two populations, the Indigenous rate was twice the non-Indigenous rate (table 7A.5.1).
- Among 5–14 year olds in non-remote areas in 2008:
  - 42 per cent of Indigenous children met the guidelines for vegetable consumption, compared with 34 per cent of non-Indigenous children
  - 49 per cent of Indigenous children exceeded the guidelines for fruit consumption, compared with 56 per cent of non-Indigenous children (figure 7.5.1).

### *7.6 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

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health can also be an indicator of nutrition, dental hygiene and access to dental health care.

**Box 46 KEY MESSAGES — Tooth decay**

- The proportion of Indigenous children with decay affected teeth was between 39 and 87 per cent, up to twice as high as non-Indigenous children in 2000–2002 in those jurisdictions for which data were available (NSW, SA and the NT) (tables 7A.6.1–2).
- Higher proportions of Indigenous adults than non-Indigenous adults had untreated tooth decay across all age groups in 2004–2006 (around 55 per cent and 25 per cent respectively) (figure 7.6.1).
- In 2008-09, Indigenous people were hospitalised for potentially preventable dental conditions at 1.3 times the rate of non-Indigenous people, in those jurisdictions for which data were available (NSW, Victoria, Queensland, WA, SA and public hospitals in the NT) (figure 7.6.2).

**Box 47 Things that work — Tooth decay**

- The Wuchopperen Health Service '**Filling the Gap**' Indigenous Dental Program (Queensland) has provided care to approximately 20 000 Aboriginal and Torres Strait Islander people in and around Cairns since 2005 (box 7.6.2).
- The **Aboriginal Liaison Program** (SA) has provided dental health care to increasing numbers of Indigenous people, from 185 people in 2007-08 to 1261 people in 2009-10 (box 7.6.2).

### *7.7 Mental health*

Mental health is an important part of social and emotional wellbeing. Mental health can be affected by a broad range of influences, including domestic violence, substance misuse, physical health problems, imprisonment, family breakdown and social disadvantage.

For many Indigenous people, individual mental wellbeing is influenced by the social and emotional wellbeing of the community, and broad cultural and historic issues such as dispossession, removal from family and discrimination.

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**Box 48 KEY MESSAGES — Mental health**

- In 2008:
  - 90 per cent of Indigenous people reported feeling ‘happy’, and 83 per cent reported feeling ‘calm and peaceful’ most/all/some of the time (table 7A.7.23).
  - However Indigenous people reported experiencing a high/very high level of psychological distress at two and a half times the rate for non-Indigenous people (32 per cent compared to 12 per cent) (figure 7.7.1).
- Between 2004–05 and 2008:
  - the proportion of people experiencing a high/very high level of psychological distress increased from 27 per cent to 32 per cent, while the proportion of non-Indigenous people remained relatively stable, leading to an increase in the gap (table 7A.7.2).
- From 2004–05 to 2008–09:
  - Indigenous people were hospitalised for mental and behavioural disorders at around 1.7 times the rate for non-Indigenous people. Rates were relatively stable over the period for both Indigenous people (from 24 to 27 per 1000) and non-Indigenous people (around 14 per 1000) (figure 7.7.2).

### *7.8 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.

**Box 49 KEY MESSAGES — Suicide and self-harm**

- In 2005–2009, after taking into account the different age structures of the two populations, for those jurisdictions for which suicide death data are available, the suicide death rate for Indigenous people was 2.5 times the rate for non-Indigenous people (figure 7.8.1).
- After adjusting for differences in the age structure of the two populations, Indigenous people were hospitalised for non-fatal intentional self-harm at two and a half times the rate for non-Indigenous people (3.5 per 1000 compared to 1.4 per 1000 in 2008-09) (table 7A.8.5). There was a slight increase in hospitalisations of Indigenous people for self-harm between 2004-05 and 2008-09 (figure 7.8.4).

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**Box 50 Things that work — Suicide and self-harm**

- The **StandBy Response Service** (Queensland and WA) provides cultural support for people bereaved by suicide, reduces the potential for suicide, and helps build community capacity to respond to suicide losses (box 7.8.2).

## **8 Economic participation**

Participation in the economy is a significant influence on living standards. Having a job or being involved in a business activity can lead to improved incomes for families and communities, and enhance self-esteem and reduce social alienation. Long term reliance on income support can entrench the disadvantages that accompany low socioeconomic status, and can contribute to long-term welfare dependency.

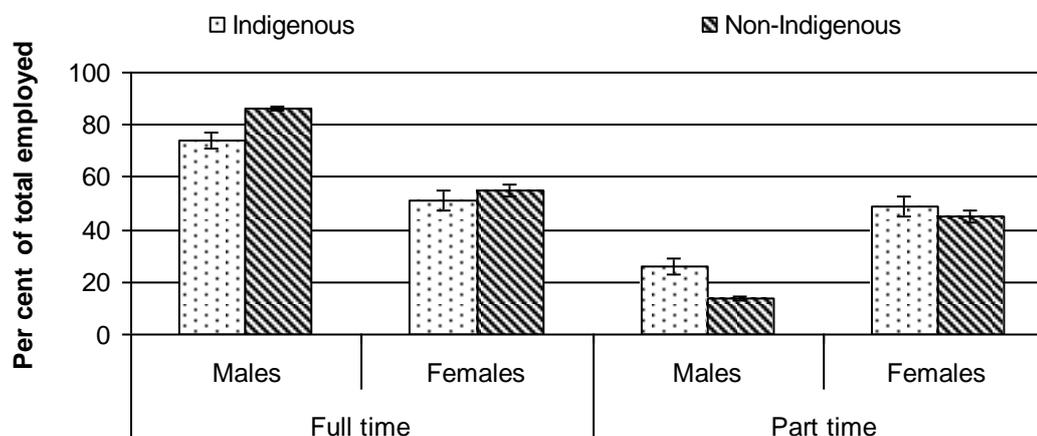
### *8.1 Employment by full time/part time status, sector and occupation*

The types of employment undertaken by Indigenous people can affect rates of pay, job satisfaction and security, and opportunities for advancement.

**Box 51 KEY MESSAGES — Employment by full time/part time status, sector and occupation**

- In 2008, for employed 18–64 year olds:
  - a lower proportion of Indigenous than non-Indigenous males worked full time (74 per cent and 86 per cent respectively) (figure 8.1.1)
  - there was no significant difference between the proportions of Indigenous and non-Indigenous females working full time (figure 8.1.1).
- Between 1994 and 2008, for employed Indigenous 18–64 year olds:
  - full time employment levels for males and females combined initially fell from 1994 to 2002 (from 61 per cent to 55 per cent), before rising to 64 per cent in 2008 (figure 8.1.2).
- In 2006:
  - 26 per cent of employed Indigenous people worked in the public sector, compared to 15 per cent of employed non-Indigenous people (table 8A.1.12)
  - Indigenous people were employed as managers and administrators and professionals at a lower rate, and as labourers at a higher rate than non-Indigenous people (table 8A.1.7).

## Full time and part time employment, employed people aged 18–64 years, by sex, 2008<sup>a</sup>



<sup>a</sup> Error bars represent 95 per cent confidence intervals around each estimate (see chapter 3 for more information).

Source: Figure 8.1.1 in the main report.

### Box 52 Things that work — Employment by full time/part time status, sector and occupation

- **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. The inclusion of education and training as part of employment has helped Indigenous employees overcome educational barriers. Rio Tinto is also involved in the Australian Government's National Indigenous Cadetship Project (box 8.1.2).
- The **Dean Rioli Aboriginal Employment** program (Victoria) places Indigenous employees in a range of occupations, including traineeships, apprenticeships and clerical positions, in partnership with the Indigenous community, industry, trade unions and governments (box 8.1.2).
- **Gunbalanya Station and Meats** (NT), a pastoral business and meatworks being developed by the Indigenous Land Corporation (ILC), is providing employment and training to Indigenous people (box 8.1.2).

## 8.2 Indigenous owned or controlled land and business

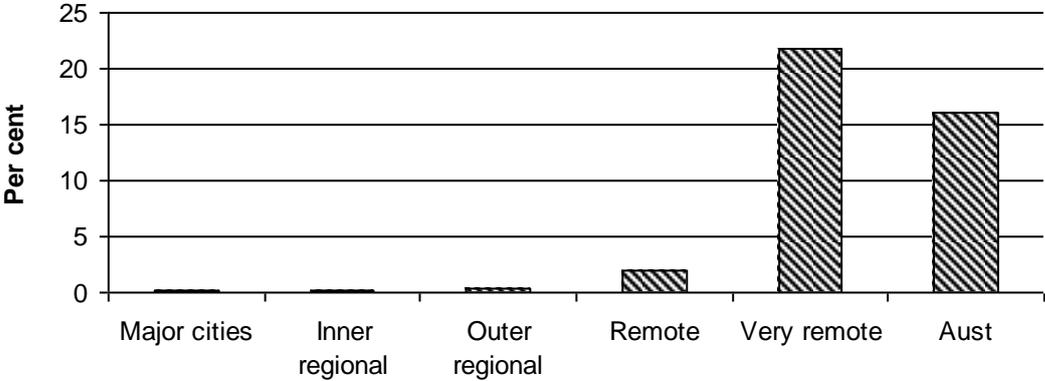
Land provides cultural, social and economic benefits for Indigenous people. Owning or controlling land can facilitate the practice of culture and customary activities such as fishing, hunting and gathering. Land can also provide people with a place to live, through either individual home ownership or community housing.

Economic benefits may arise from commercial activities, such as mining royalties and tourism, although these 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.

**Box 53 KEY MESSAGES — Indigenous owned or controlled land and business**

- Indigenous people obtain a variety of economic, social and cultural benefits from land. Different forms of tenure overlap and cannot be aggregated, but nationally in 2010:
  - Indigenous people owned or controlled 16 per cent of land in Australia. Most of this land (98 per cent) was in very remote areas (figure 8.2.2)
  - native title had been determined to exist in full or in part in 13 per cent of Australia, up from 5 per cent in 2004 (figure 8.2.2)
  - registered Indigenous Land Use Agreements (ILUAs) covered 15 per cent of Australia. The cumulative number of ILUAs has increased from 84 in June 2003 to 434 in June 2010 (figure 8.2.3).
- For 18 to 64 year olds in non-remote areas:
  - Indigenous people had lower rates of self employment than non-Indigenous people in 2008 (7 per cent compared with 11 per cent) (table 8A.2.13)
  - there was little change in Indigenous self employment between 1994 and 2008 (table 8A.2.13).

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



Source: Figure 8.2.1 in the main report.

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**Box 54 Things that work — Indigenous owned or controlled land and business**

The main report discusses the following benefits from 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, to provide a range of social and cultural benefits. Its ‘Land Management Program’ assists with managing that land (box 8.2.2).
  - The **Wunan Foundation** (WA), a not-for-profit Indigenous organisation in the East Kimberley, provides services aimed at improving socio-economic outcomes for Indigenous people (box 8.2.3).
  - The **Larrakia Development Corporation** (NT) manages the development of land exchanged as part of a native title claim settlement with the NT Government, and has funded and coordinated community projects for the Larrakia people (box 8.2.3).
  - The **National Centre of Indigenous Excellence** (NSW) has four development pathways (sport, learning and innovation, culture and arts, and health and wellbeing) to promote the development and leadership of young Indigenous people (box 8.2.3).
  - **Booderee National Park** (Jervis Bay Territory), managed by the Wreck Bay Aboriginal Community and Parks Australia, provides employment to local Aboriginal people (box 8.2.3).
  - The **Kimberley Indigenous Management Support Service** (WA) develops the technical and management skills of Indigenous directors, managers and workers on Indigenous-owned Kimberley cattle stations (box 8.2.4).
  - The **Indigenous Landholder Service** (WA) has successfully expanded beyond the Kimberley region and delivers extension, training and support to over 70 Indigenous managed properties across WA (box 8.2.4).
  - The **Koori Business Network** (Victoria) assists the development and sustainability of Indigenous businesses (box 8.2.5).
  - **Indigenous Business Australia’s** Business Development Programme, known as IBA Enterprises, directly assists Indigenous people to succeed in business, through support, mentoring and business loans (box 8.2.5).
  - The **Australian Indigenous Minority Supplier Council** provides a direct business-to-business purchasing link between corporate Australia, government agencies and Indigenous-owned businesses (box 8.2.5).

### 8.3 Home ownership

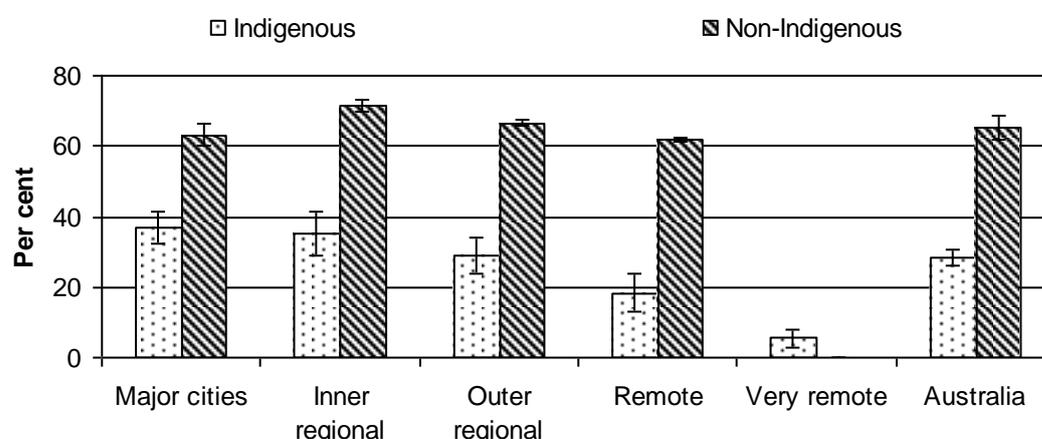
Home ownership, although not an aspiration of all Indigenous people, is an important indicator of wealth and saving. As well as providing accommodation, home ownership provides a secure asset base that can contribute to financial stability, and against which people can borrow.

Not all Indigenous people want to own their own homes. In particular, some 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 or controlled land’.

#### Box 55 KEY MESSAGES — Home ownership

- In 2008:
  - 29 per cent of Indigenous people lived in a home owned, with or without a mortgage, by a member of their household, compared to 65 per cent of non-Indigenous people (figure 8.3.1)
  - Indigenous home ownership rates declined with remoteness, from 37 per cent in major cities to 18 per cent in remote areas and 6 per cent in very remote areas (figure 8.3.1)
- From 1994 to 2008, the proportion of Indigenous people living in a home owned, either with or without a mortgage, by a member of their household, increased from 22 per cent to 29 per cent (figure 8.3.2).

### Proportion of people living in home owner/purchaser households, by remoteness, 2008



Source: Figure 8.3.1 in the main report.

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**Box 56 Things that work — Home ownership**

- An Indigenous home ownership program, now known as **IBA Homes**, has helped more than 14 000 Indigenous families buy their own homes since its establishment in 1975 (box 8.3.2).

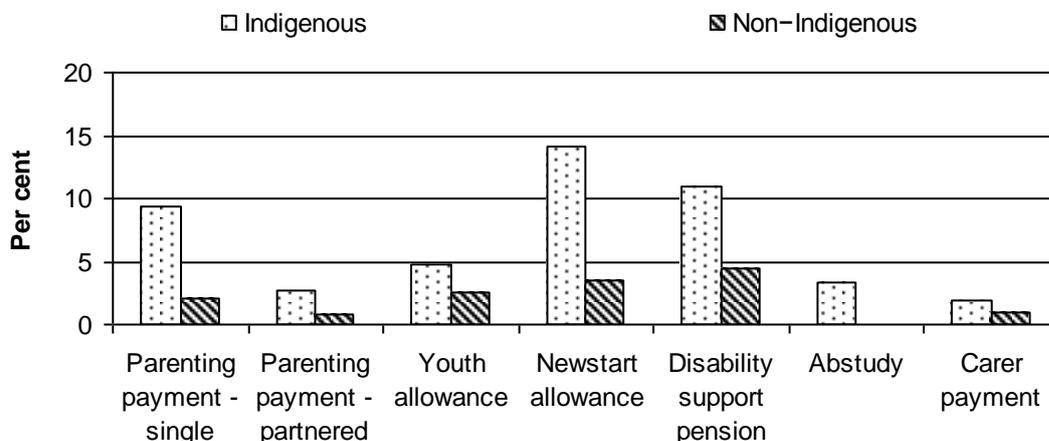
#### *8.4 Income support*

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.

**Box 57 KEY MESSAGES — Income support**

- For people aged 18–64 years in 2008:
  - 44 per cent of Indigenous people and 65 per cent of non-Indigenous people received employee income as their main source of personal income (figure 8.4.1)
  - 40 per cent of Indigenous people and 14 per cent of non-Indigenous people received government pensions and allowances as their main source of personal income (figure 8.4.1).
- For people aged 15–64 years in 2010:
  - a higher proportion of Indigenous people than non-Indigenous people received income support across all major payment types (figure 8.4.5).

## People aged 15–64 years receiving income support payments, by selected payment types, 2010



Source: Figure 8.4.5 in the main report.

## 9 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.

### 9.1 Overcrowding in housing

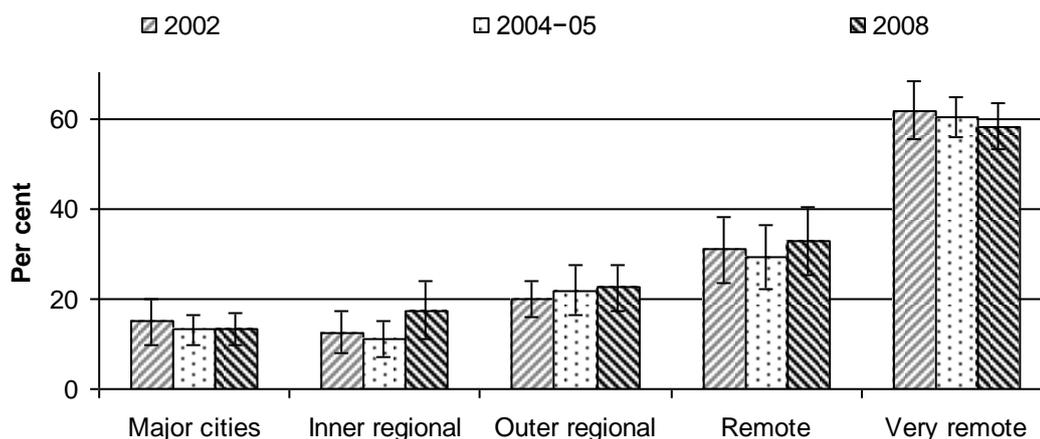
If a house is not appropriate for the number of residents, or has inadequate facilities, it may be more difficult to prevent the spread of infectious diseases. In addition, cramped living conditions can increase domestic tensions and contribute to family violence and child abuse and neglect. Overcrowding also affects the ability of children to do homework or study, and 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.

### Box 58 KEY MESSAGES — Overcrowding in housing

- In 2008:
  - overcrowding rates for Indigenous people (28 per cent) were almost five times those for non-Indigenous people (6 per cent) (figure 9.1.1)
  - overcrowding rates for Indigenous people increased with remoteness, from 13 per cent in major cities to 58 per cent in very remote areas (figure 9.1.2).
- Between 2002 and 2008:
  - there was no statistically significant change in the proportion of Indigenous people aged 15 years and over living in overcrowded households, across all remoteness areas (figure 9.1.2).

### Indigenous people aged 15 years and over, living in overcrowded households, by remoteness<sup>a</sup>



<sup>a</sup> Error bars represent 95 per cent confidence intervals around each estimate (see chapter 3 for more information).

Source: Figure 9.1.2 in the main report.

### 9.2 Rates of disease associated with poor environmental health

Sanitation, drinking water quality, food safety, disease control and housing conditions all contribute to health and quality of life. However, many rural and remote Indigenous communities still struggle to achieve the 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.

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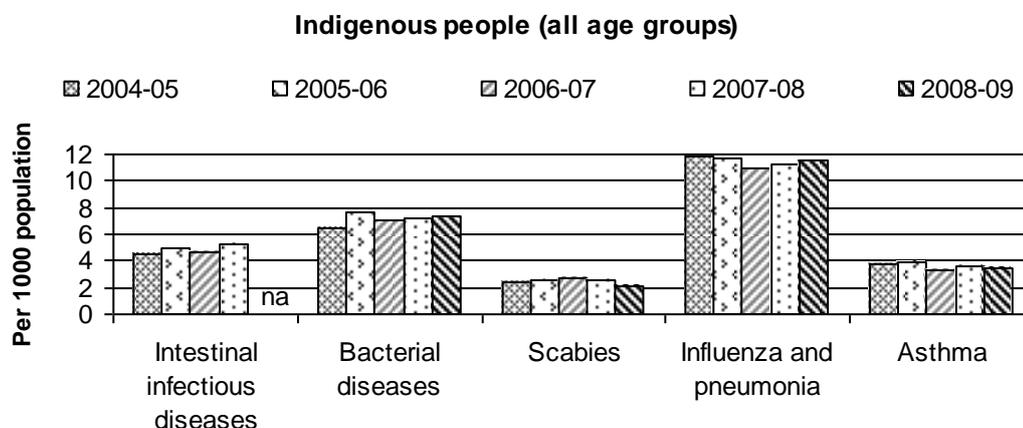
**Box 59 KEY MESSAGES — Rates of disease associated with poor environmental health**

- In 2008-09:
  - Indigenous people experienced higher rates of hospitalisation than other people for infectious diseases, bacterial diseases, acute hepatitis A and B, scabies, rheumatic and respiratory conditions, influenza and pneumonia (table 9.2.1)
  - hospitalisation rates for Indigenous people for most conditions associated with poor environmental health increased with remoteness. Remoteness had little effect on hospitalisation rates for other people (table 9A.2.16).
- Between 2004-05 and 2008-09, there was little change in hospitalisation rates for conditions associated with poor environmental health for Indigenous or other people (figure 9.2.2).

**Box 60 Things that work — Rates of disease associated with poor environmental health**

- The **Environmental Health Worker Program** and the **Feral and Domestic Animal Management and Welfare Program** (Queensland) often work together to improve environmental health conditions, the health and welfare of domestic animals, and the incidence of disease (9.2.2).
- The **No Germs on Me — Hand Washing Campaign** (NT) is a social marketing campaign to promote the benefits of hand washing with soap after going to the toilet, after changing babies' nappies and before touching food (box 9.2.2).

## Indigenous hospitalisation rates for diseases associated with poor environmental health<sup>a</sup>



<sup>a</sup> Age standardised data for NSW, Victoria, Queensland, WA, SA, and public hospitals in the NT.

Source: Figure 9.2.2 in the main report.

### 9.3 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 food 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 level of service that has been achieved for the rest of the population.

#### Box 61 KEY MESSAGES — Access to clean water and functional sewerage and electricity services

- There were improvements in access to clean water and functioning sewerage and electricity services in discrete Indigenous communities between 2001 and 2006. In 2006, 182 discrete Indigenous communities (44 563 people) had experienced water supply interruptions; 142 (30 140 people) had experienced sewerage overflows or leakages; and 275 (67 849 people) had experienced an electricity interruption; in the previous 12 months (tables 9A.3.2, 9A.3.5 and 9A.3.7).
- In both 2002 and 2008, high proportions of Indigenous households had working facilities for washing people, working facilities for washing clothes and bedding, working facilities for preparing food, and working sewerage facilities; although there were small decreases in proportions over time (tables 9A.3.8–9).

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**Box 62 Things that work — Access to clean water and functional sewerage and electricity services**

- A **Health Hardware** program (Australian Government and NSW Department of Health) assessed health hardware in Indigenous communities. After low cost repairs, follow up surveys found significant increases in the proportions of houses meeting minimum safety standards (box 9.3.2).
- The **Housing for Health** program (NSW) improves living conditions in Aboriginal communities, improving the condition of houses (box 9.3.2).
- **Indigenous Essential Services** and **Power and Water Corporation** (NT) provides utility services in 72 growth towns and communities using local Essential Service Operators, 40 per cent of whom are Indigenous (box 9.3.2).

## **10 Safe and supportive communities**

Safe and supportive families and communities provide the foundations for the physical and mental wellbeing of 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.

### *10.1 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.

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**Box 63 KEY MESSAGES — Participation in organised sport, arts or community group activities**

- For Indigenous people aged 15 years and over, between 2002 and 2008:
  - there were increases in the proportions of people who participated in sporting events and recreational events (from 49 to 57 per cent) (table 10A.1.13)
  - there was a decrease in the proportion of people who attended cultural events (from 68 to 63 per cent) (table 10A.1.13).
- For Indigenous people aged 15 years and over in 2008:
  - there were no significant differences between proportions of people in different remoteness areas participating in sporting activities (table 10A.1.12)
  - attendance at cultural events increased with remoteness; from 56 per cent in major cities to 84 per cent in very remote areas (table 10A.1.12).
- Nearly two thirds of Indigenous 3 to 24 year olds participated in at least one cultural activity in 2008, including fishing, hunting, gathering wild plants/berries, Aboriginal or Torres Strait Islander arts or crafts, performing Aboriginal or Torres Strait Islander music, dance or theatre and writing or telling Aboriginal or Torres Strait Islander stories (table 10A.1.14).

**Box 64 Things that work — Participation in organised sport, arts or community group activities**

- **Sporting Chance** (national) delivers a range of sport and recreation based activities to engage Aboriginal and Torres Strait Islander students in their schooling and improve their education, training and employment outcomes (box 10.1.2).
- **Pintubi Anmatjere Warlpiri Media** (NT), in Yuendumu, coordinates community radio and television services across 14 communities (box 10.1.2).
- **Papunya Tula Artists** (NT), owned and directed by Indigenous artists of the Western Desert, promotes individual artists, provides economic development for communities, and assists in the maintenance of a rich cultural heritage (box 10.1.2).
- The **Culture, Art and Heritage Project** (Queensland) was developed by the Torres Strait Regional Authority to support the regional arts and crafts industry (box 10.1.2).
- The **Galiwin'ku Gumurr Marthakal Healthy Lifestyle Festival** (NT), 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).
- The **Swim and Survive Program** (NSW) is designed to increase Indigenous children's participation rates in swimming lessons and physical activities (box 10.1.2).

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## 10.2 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. Access to land may allow Indigenous people to practise and maintain their knowledge of ceremonies, rituals and history.

### Box 65 KEY MESSAGES — Access to traditional lands

- In 2008, among Indigenous people aged 15 years and over:
  - 25 per cent lived on their homelands and a further 45 per cent were allowed to visit their homelands (figure 10.2.1)
  - the proportion who lived on their homelands varied with remoteness, from 10 per cent in major cities to 51 per cent in very remote areas (figure 10.2.1)
  - 28 per cent did not recognise an area as their homelands or traditional country (figure 10.2.1).
- Between 1994 and 2008, for Indigenous people aged 15 years and over:
  - the proportion of people who lived on their homelands decreased from 29 per cent to 25 per cent
  - there was no statistically significant change in the proportions of people who were allowed to visit their homelands or who did not recognise an area as their homelands (figure 10.2.2).

### Box 66 Things that work — Access to traditional lands

- The **Indigenous Heritage Program** (national) supports the identification, conservation and promotion (where appropriate) of Indigenous heritage across Australia (box 10.2.2).
- The **Working on Country** program (national) provides funding to enable Indigenous people to work and spend time on lands with a traditional or historical connection (box 10.2.2).
- The **Parks and Wildlife Service Tasmania**, with funding assistance from the Australian Government's Working on Country program, employed five Aboriginal trainee rangers on a four year traineeship (box 10.2.2).
- **The Department of Environment and Natural Resources** (SA) is working closely with Aboriginal people to identify opportunities for co-management of national and conservation parks (box 10.2.2).

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### 10.3 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 issues in the workplace, child abuse and neglect, financial problems, family breakdown, violence and crime.

#### **Box 67      KEY MESSAGES — Alcohol consumption and harm**

- Between 2002 and 2008, for Indigenous people aged 15 years and over:
  - the proportion who reported that they did not drink or had never drunk alcohol decreased from 31 to 27 per cent (table 10A.3.3)
  - there was no change in the proportions who reported drinking at chronic risky/high risk levels (17 per cent) or binge drinking in the two weeks prior to interview (37 per cent) (figure 10.3.1 and table 10A.3.8).
- A 2004-05 survey found that a lower proportion of Indigenous than non-Indigenous adults had consumed alcohol in the week prior to interview (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 (SCRGSP 2009).
- Indigenous people were hospitalised for alcohol related conditions at rates between 1.5 and 8 times those of other people in 2008-09 (table 10.3.1).
- 71 per cent of Indigenous homicides over the period 1999-2000 to 2008-09 involved both the victim and offender having consumed alcohol at the time of the offence, compared with 25 per cent of non-Indigenous homicides (figure 10.3.2).

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**Box 68 Things that work — Alcohol consumption and harm**

- Several governments and Indigenous communities have introduced alcohol reforms that have led to reductions in the number of people seeking treatment for alcohol related injuries, alcohol related violence and anti-social behaviour.
  - Alcohol Management Plans in Cape York, Queensland
  - alcohol restrictions in Fitzroy Crossing, WA
  - the Groote Eylandt Liquor Management System, NT
  - the Alice Springs alcohol management plan, NT
  - the Katherine alcohol management plan, NT
  - the Tennant Creek alcohol management plan. NT (box 10.3.2).

#### *10.4 Drug and other substance use and harm*

Drug and other substance use 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, including poor education, unemployment, socioeconomic status and mental health.

**Box 69 KEY MESSAGES — Drug and other substance use and harm**

- In 2007, Indigenous people were recent users of illicit substances at almost twice the rate of other Australians (AIHW 2008; table 10A.4.1).
- In 2008, 23 per cent of Indigenous people aged 18 years or over had used illicit drugs in the past 12 months, with cannabis the most commonly used drug (table 10.4.1).
- Apart from kava, illicit drug use was higher for Indigenous people in non-remote areas than remote areas in 2008 (table 10A.4.3).
- There was no change in illicit drug use among Indigenous people between 2002 and 2008 (figure 10.4.1).
- Indigenous people were hospitalised for mental and behavioural disorders caused by drug use at three times the rate for other people (table 10A.4.6) and hospitalised for accidental poisoning between 2004-05 and 2008-09 at nearly twice the rate for other people (table 10A.4.7).
- For all homicides recorded from 1999-2000 to 2008-09, a lower proportion of Indigenous homicides than non-Indigenous homicides occurred under the influence of drugs (24 per cent compared to 30 per cent) (table 10A.4.11).

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**Box 70 Things that work — Drug and other substance use and harm**

- **Opal fuel** (WA, SA and the NT), an alternative fuel with low aromatics, has been successful in reducing the incidence of harm from petrol sniffing (box 10.4.2).
- The **Aboriginal Substance Misuse Connection Program** (SA) assists Aboriginal clients through assessment, detoxification, rehabilitation and integration with other services (box 10.4.2).

*10.5 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.

**Box 71 KEY MESSAGES — Juvenile diversions**

- Rates of diversion from formal criminal justice processes for Indigenous juveniles were around one-half to two-thirds those for non-Indigenous juveniles in states and territories for which data were available (tables 10.5.1–2 and figures 10.5.1–4).
- In recent years, Indigenous juvenile diversion rates have remained relatively constant in most states and territories (tables 10A.5.5–7, 10.5.2 and figures 10.5.1 and 10.5.3).

**Box 72 Things that work — Juvenile diversions**

- The **Koori Youth Contact and Cautioning Program** (Victoria), developed by the Victorian Aboriginal Legal Service and Victoria Police, increased access to diversionary measures for Indigenous youth (box 10.5.2).
- The **Regional Youth Justice Service Program** (WA), developed by the Department of Corrective Services, focuses on the diversion of young people from formal justice processes through the provision of advice and support, youth bail options, in-court assistance and supervision of community based orders (box 10.5.2).

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## 10.6 Repeat offending

Indigenous people are over-represented in the criminal justice system, compared with non-Indigenous people, and once they have come into contact with the system, they are more likely to have further contact. 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 imprisonment of one generation affects later generations through the breakdown of family structures).

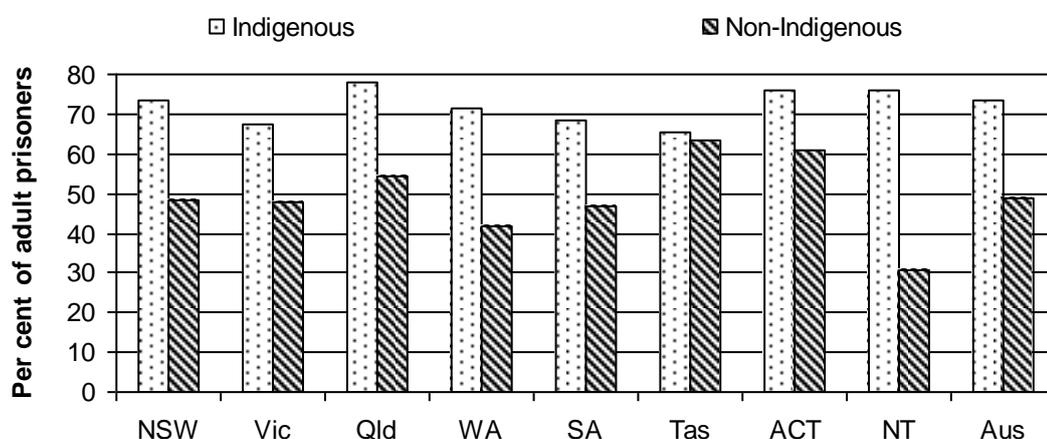
### Box 73 KEY MESSAGES — Repeat offending

- A greater proportion of Indigenous prisoners (74 per cent) than non-Indigenous prisoners (49 per cent) had prior adult imprisonment as at 30 June 2010 (figure 10.6.1).
- Among prisoners released from prison between 1994 and 2007, 58 per cent of Indigenous people were reimprisoned within ten years, compared with 35 per cent of non-Indigenous people (ABS 2010a).
- Between 2000 and 2010, the proportion of Indigenous prisoners with prior imprisonment fell from 76 per cent to 74 per cent, and the proportion of non-Indigenous prisoners with prior imprisonment fell from 52 per cent to 49 per cent (table 10A.6.5).
- Studies on juvenile repeat offending carried out in NSW, Queensland, WA and SA indicate that Indigenous juvenile offenders had higher rates of reoffending than non-Indigenous juvenile offenders (tables 10A.6.10–17).

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## Prisoners with known prior adult imprisonment, 30 June 2010

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Source: Figure 10.6.1 in the main report.

### Box 74 Things that work — Repeat offending

The **Local Justice Worker** and **Koori Offender Support and Mentoring** programs (Victoria) assist Indigenous offenders to meet the requirements of their community correctional orders by providing support, mentoring, advice and cultural connection (box 10.6.2).

## 11 Governance and leadership

Governance refers to the way members of a group or community organise themselves to make decisions that affect them as a group. It can include governance of Indigenous communities and organisations, and 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.

### 11.1 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 unique cultural differences. The same key aspects also apply to ‘government governance’ — how governments engage with Indigenous organisations and communities.

**Box 75 KEY MESSAGES — Case studies in governance**

- Six determinants have general application to good Indigenous and government governance:
  - governing institutions
  - capacity building
  - leadership
  - cultural match
  - self-determination
  - resources.
- The existence of these determinants contributes to the success of the efforts to improve outcomes for Indigenous people. The lack of these determinants is often linked to failure.

**Box 76 Things that work — Case studies in governance**

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

**Indigenous Governance Awards Finalists 2010**

<p><b>Organisations under 10 years old</b></p> <p><i>Winner</i></p> <ul style="list-style-type: none"> <li>• Carbon Media Events Pty Ltd (Brisbane, Queensland)</li> </ul> <p><i>Highly commended</i></p> <ul style="list-style-type: none"> <li>• Noongar Mia Mia Pty Ltd (Perth, WA)</li> </ul> <p><i>Finalists</i></p> <ul style="list-style-type: none"> <li>• Mirrimbeena Aboriginal Education Group Inc. (Echuca, Victoria)</li> <li>• Napranum Preschool PaL Group (Weipa, Queensland)</li> </ul>	<p><b>Organisations over 10 years old</b></p> <p><i>Winner</i></p> <ul style="list-style-type: none"> <li>• Laynhapuy Homelands Association Incorporated (Yirrkala, NT)</li> </ul> <p><i>Highly commended</i></p> <ul style="list-style-type: none"> <li>• North Coast Aboriginal Corporation for Community Health (Maroochydore, Queensland)</li> </ul> <p><i>Finalists</i></p> <ul style="list-style-type: none"> <li>• Association of Northern, Kimberley and Arnhem Aboriginal Artists (Darwin, NT)</li> <li>• Australian Indigenous Doctors Association Limited (Parkes, ACT)</li> </ul>
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*Source:* Section 11.1 in the main report.

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## 11.2 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 Indigenous people's 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.

### Box 77 KEY MESSAGES — Governance capacity and skills

- Indigenous students enrolled in university and VET courses relevant to governance in 2009 at lower rates than non-Indigenous students:
  - 15 per cent of Indigenous university students compared with 33 per cent of non-Indigenous university students
  - 14 per cent of Indigenous VET students compared with 20 per cent of non-Indigenous VET students (figure 11.2.1).

### Box 78 Things that work — Governance capacity and skills

- The **Office of the Registrar of Indigenous Corporations (ORIC)** (national) has developed a range of corporate governance training programs for Indigenous corporations and their governing committees/boards (box 11.2.2). A related governance training program is administered by the Victorian Government through a partnership with ORIC (box 11.2.2).
- The **Fellowship for Indigenous Leadership** (Victoria) is an intensive, highly individualised leadership program. Fellows (supported for five years) and emerging leaders (supported for one year) have the opportunity to further their leadership skills, networks and community projects (box 11.2.2).

## 11.3 Engagement with service delivery

Engagement with service delivery considers 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 also include lack of services, long distances, or lack of interpreters.

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**Box 79 KEY MESSAGES — Engagement with service delivery**

- Among Indigenous people aged 15 years and over, in 2008:
  - 30 per cent reported that they had problems accessing one or more services (figure 11.3.1). The largest numbers of people had problems accessing dentists (20 per cent) and doctors (10 per cent) (table 11A.3.7)
  - 27 per cent felt discriminated against in one or more situations or places. Most commonly, Indigenous people felt discriminated against by ‘members of the public’ (11 per cent), followed by ‘the police, security people, lawyers or in a court of law’ (11 per cent) (figure 11.3.2 and table 11A.3.7).
- Hospital discharges against medical advice for Indigenous people were six times as high as those for other people in 2008-09 (figure 11.3.4).

**Box 80 Things that work — Engagement with service delivery**

- The **Yarrenyty-Arltere Learning Centre** (Alice Springs, NT) is both a Family Resource Centre and an Inter-generational Centre, where adults and children work and learn side by side. The centre runs programs covering health, education, social support and culture, and enables mainstream programs to provide services to community members (box 11.3.2).
- The **Aboriginal Birth Certificate Registration project** (NSW) was initiated in 2006, because the absence of a birth certificate was preventing Aboriginal people from participating in organised sport and other community activities (box 11.3.2).
- The **Aboriginal Affairs Coordinating Committee** (WA) comprises Directors General from the Departments of Indigenous Affairs, Premier and Cabinet, Treasury and Finance, Health, Child Protection, Education and Training, Housing and WA Police, and provides a coordinated, strategic approach to delivering WA and Australian Government policy and strategy (box 11.3.2).
- The **Improving Care for Aboriginal and Torres Strait Islander Patients** program (Victoria) has: increased identification of Aboriginal patients; increased employment of Aboriginal staff in health services; and developed culturally responsive models of care (box 11.3.2).
- The **Let’s Start program** (NT) is for children aged 4 to 7 years, whose behaviour is of concern. The program aims to strengthen parenting and parent-child relationships to support resilience and reduce developmental risk factors within family relationships (box 11.3.2).

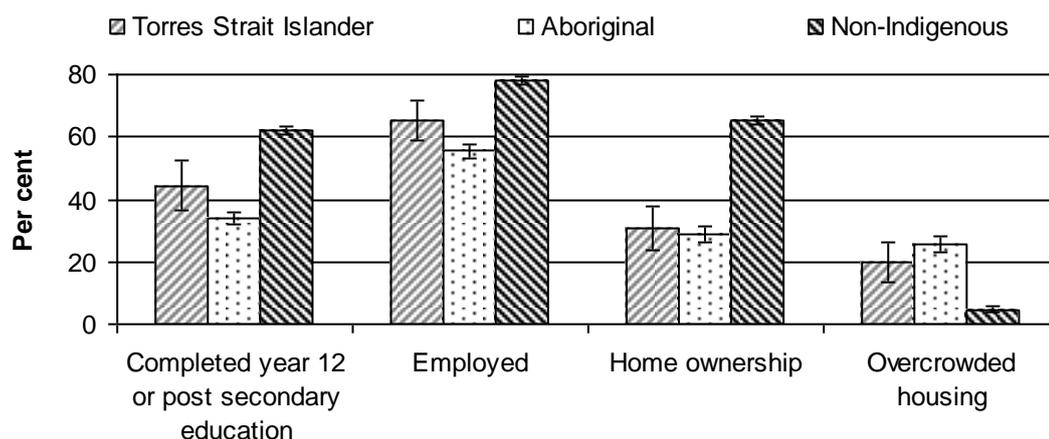
## Outcomes for Torres Strait Islander people

Torres Strait Islander people are a culturally distinct group of Indigenous Australians. The relatively small number of Torres Strait Islander people limits the availability of data. However, survey data are available for some key indicators.

### Box 81 KEY MESSAGES — Outcomes for Torres Strait Islander people

- In 2008:
  - the proportion of Torres Strait Islander people aged 18 years and over who had completed year 12 or post-secondary education (44 per cent) was higher than for Aboriginal people (34 per cent), but much lower than for non-Indigenous people (62 per cent) (table 12A.1.1, figure 12.1)
  - the proportion of Torres Strait Islander people who were employed (65 per cent) was higher than for Aboriginal people (56 per cent), but lower than for non-Indigenous people (78 per cent) (figure 12.3)
  - the proportions of Torres Strait Islander and Aboriginal people who lived in a home owned by a member of the household (29 per cent) were much lower than for non-Indigenous people (65 per cent) (figure 12.5)
  - there was no statistically significant difference between the individual median weekly income for Torres Strait Islander people (\$550) and non-Indigenous people (\$608), but incomes for Aboriginal people were lower (\$400) (figure 12.4).

### Outcomes for Torres Strait Islander, Aboriginal and non-Indigenous people, 2008<sup>a</sup>



Source: Chapter 12 in the main report.

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## Multiple disadvantage and interactions across the framework

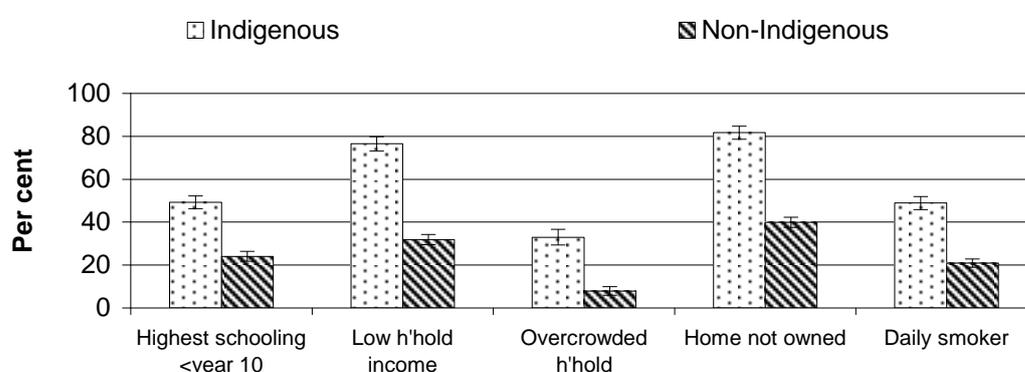
Different aspects of disadvantage often seem to occur together — for example, poor education appears to be linked with poor employment outcomes, and both are linked with low income. Using survey data, the main report identifies some aspects of disadvantage that tend to occur together. This analysis does not identify cause and effect (that is, it does not say that disadvantage in one area is the cause of another poor outcome).

### Box 82 KEY MESSAGES — Measuring multiple disadvantage

- The main report uses two approaches to examine the interactions between various indicators of disadvantage:
  - The first approach examines associations between different aspects of disadvantage. Where people who experience one type of disadvantage also tend to experience another kind of disadvantage, the two aspects of disadvantage may be linked or associated in some way. The analysis shows that rates of multiple disadvantage are higher for Indigenous people than non-Indigenous people in the areas of education, income, health, housing, crime and violence.
  - The second approach uses a statistical technique to isolate the possible contribution of one factor at a time (such as education), holding other modelled factors (such as health or age) constant. This information can be used to analyse the possible effect of factors that might be influenced by government policy, while controlling for other factors.

## People aged 15 to 64 years not in the labour force — associations with selected characteristics, 2008

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Source: Figure 13.1.2 in the main report.

## Future directions in data

Although there have been significant improvements in many data sources since the first OID report in 2003, some key data sets still cannot provide good quality statistics for Indigenous people. All Australian governments have agreed that improvement of Indigenous data is a high priority.

Indicator	Data priority
Life expectancy and mortality	Continue work on improving quality and availability of Indigenous mortality (deaths) data, to inform trend data on life expectancy, (while recognising the limits on data from jurisdictions with small Indigenous populations).
Substantiated child abuse and neglect	Develop data collections on the underlying extent of child protection issues.
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 impairments	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.
Data linkage	Explore opportunities for linking data from different collections.

