
Overview

This is the third Overcoming Indigenous Disadvantage report, prepared at the request of the Council of Australian Governments (COAG). It provides indicators of Indigenous disadvantage, with a focus on areas where governments can make a difference. It contains information on the current level of disadvantage, and where possible, how that disadvantage has changed over time. And importantly, it acts as a driver for positive change by identifying key areas for action.

Across virtually all the indicators in this Report, wide gaps remain in outcomes between Indigenous and non-Indigenous Australians. Despite Australia's world class health system, the life expectancy of Indigenous people is estimated to be around 17 years lower than that for the total Australian population. Despite compulsory education, Indigenous students at all levels experience much worse outcomes than non-Indigenous students. And Indigenous people are significantly over-represented in the criminal justice system, as both victims and offenders.

Although these outcomes are disturbing, the challenge is not impossible. Indigenous people make up just over 2 per cent of the Australian population (although they are widely dispersed across the country). Concerted action by governments, by Indigenous people and by business and the community, can make a difference.

This Report is part of a commitment by all governments in Australia to tackle the problems that lead to Indigenous disadvantage. The Report's framework is like a map — the priority outcomes identify the destination, while the indicators are like staging posts along the way, highlighting key areas for attention, showing how much progress has been made, and how far we still have to go.

The Report has three parts:

- this Overview, which summarises the Report's key messages
- the main Report, which provides more detailed information and the evidence base supporting the Report's framework and choice of indicators
- the attachment tables (published on the Review website), which include all the data used in the Report.

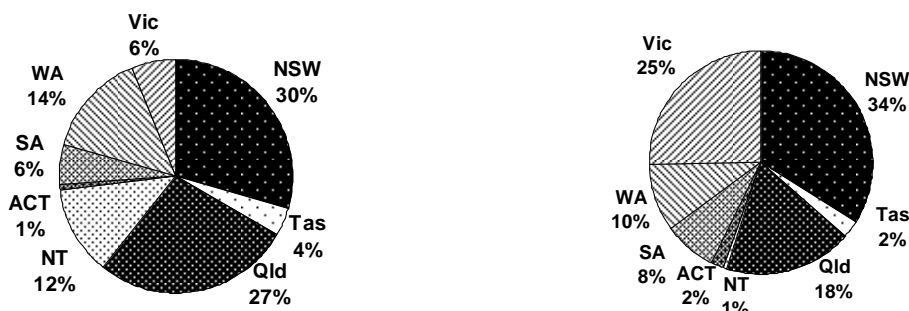
Throughout this Report, the term 'Indigenous' is used to refer to people who have identified themselves as Aboriginal or Torres Strait Islander. Although the

situations of Aboriginal people and Torres Strait Islander people can sometimes be very different, the relatively small numbers of Torres Strait Islander people make it extremely difficult to report separately about their experiences. Available data on Torres Strait Islander people are summarised in the section ‘Outcomes for Torres Strait Islander people’.

How many people?

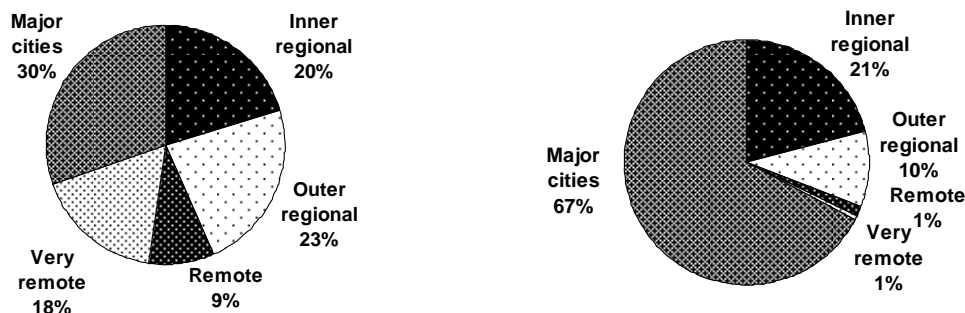
In the 2001 Census (data from the 2006 Census were not available for this Report), 410 000 Australians identified themselves as Indigenous, out of a total population of nearly 19 million people (equating to 2.2 per cent of the Australian population). Of these, 366 000 (89.4 per cent) identified as Aboriginal, 26 000 (6.4 per cent) as Torres Strait Islander and 17 500 (4.3 per cent) as both. A higher proportion of both Indigenous and non-Indigenous populations lived in NSW than other states (30 per cent and 34 per cent respectively). Relatively high proportions of the Indigenous population also lived in Queensland, WA and the NT.

Proportion of the population in each State and Territory, 2001



In 2001, 30 per cent of Indigenous people lived in major cities, and 20 and 23 per cent lived in inner and outer regional areas, respectively. Nine per cent lived in remote areas and 18 per cent in very remote areas. Nearly 90 per cent of non-Indigenous people lived in major cities or inner regional areas.

Proportion of the population in each remoteness area, 2001



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

Has anything changed?

For this Report, up to ten years data are available for some indicators (although there are no trend data at all for other indicators). The first *Overcoming Indigenous Disadvantage* report was released in November 2003. Given the relatively short time since the first Report, and delays in data collection, data in this Report may not reflect outcomes from more recent government actions. Future editions of this Report will be better placed to measure progress on some indicators — particularly when data from the 2006 Census become available.

There have been improvements in some indicators, although in some cases outcomes for non-Indigenous people have also improved, meaning a gap in outcomes persists. The clearest improvements have come in some of the economic indicators. From 1994 to 2004-05, there were large falls in the unemployment rate for Indigenous women and men (although these unemployment rates are influenced by participation in the Community Development Employment Projects (CDEP) program). Over the same period, the proportion of Indigenous adults living in homes owned or being purchased by a member of the household increased, and the proportion of Indigenous adults with a qualification of certificate level 3 or above increased from 8 per cent to 21 per cent. From 2002 to 2004-05, median (mid point) incomes for Indigenous people rose 10 per cent.

There have been increases in native title determinations (from almost 5 per cent of the total area of Australia in 2004 to over 8 per cent in 2006) and in land subject to registered Indigenous Land Use Agreements (from 2 per cent of the total area of Australia in 2003 to over 10 per cent in 2006). However, the proportion of Indigenous adults living in non-remote areas who did not recognise an area as their homelands increased between 1994 and 2004-05.

There have been improvements in child health, perhaps reflecting an emphasis on early intervention. Infant mortality rates have improved in recent years (but are still two to three times as high as for the total population of infants), and hospitalisation rates for 0–14 year olds decreased for a range of diseases associated with poor environmental health.

Other outcomes for children have not improved in the period covered by the Report. The proportion of low birthweight babies born to Indigenous mothers did not change between 1998–2000 and 2002–2004, and there was no change in the prevalence of hearing problems among Indigenous children between 2001 and 2004-05. From 1999-2000 to 2005-06, the rates of substantiated notifications for child abuse or neglect and children on care and protection orders increased for both Indigenous and non-Indigenous children.

Other health outcomes deteriorated. From 2001 to 2004-05, there was an increase in the number of long term health conditions for which Indigenous people reported significantly higher rates than non-Indigenous people. The Indigenous rate for kidney disease was 5 times as high as the non-Indigenous rate in 2001 — in 2004-05 it was 10 times as high. Between 2001-02 and 2004-05, older Indigenous people (65 years and over) had increased hospitalisation rates for diseases associated with poor environmental health. Better reporting or improved access to health care may have contributed to these trends, but the negative outcomes are concerning.

Many environmental and behavioural risk factors that contribute to poor health outcomes have not improved. There was no change in the rate of housing overcrowding between 2002 and 2004-05. There was little change in reported 'risky to high risk' alcohol consumption by Indigenous men between 1995 and 2004-05, and the reported rate increased for Indigenous women. Over the same period, the reported rate of smoking among Indigenous women and men remained constant, and the proportion of Indigenous people engaging in moderate or high levels of exercise decreased.

Indigenous people's involvement with the criminal justice system continued to deteriorate. Between 2002 and 2006, the imprisonment rate for Indigenous women increased by 34 per cent and the imprisonment rate for Indigenous men increased by over 20 per cent. The difference between the Indigenous and non-Indigenous juvenile detention rates increased between 2001 and 2005.

Consultations and developments in reporting

The Overcoming Indigenous Disadvantage Report has evolved over time. Each edition has been informed by feedback received during consultations, and by new evidence and data.

Extensive consultations were held in 2006, seeking feedback on the 2005 Report and suggestions for improvements to the framework and indicators. A consultation team visited Indigenous communities and Indigenous organisations across the country, in a range of remote and regional centres, as well as major cities. The team also met with representatives of all governments, and many expert bodies.

Some common themes were evident in the consultations:

- Most fundamentally, there was broad support for the Report — Indigenous people generally considered that the indicators reflected the issues affecting their communities and causing disadvantage.

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- The identification of ‘things that work’ was seen as very useful, and participants supported identification of the ‘success factors’ behind the ‘things that work’.
 - Cultural issues were regarded as significant to the wellbeing of Indigenous Australians, but there was general acceptance of the difficulty of developing additional indicators.
 - There was a general view that improving governance remains critically important at organisational, community and government levels.

Following the consultations, several improvements were made for this Report:

- Two new indicators have been included in the ‘Functional and resilient families and communities’ strategic area for action:
 - ‘Mental health’ — mental health and wellbeing and the prevalence of mental disorders are important factors in Indigenous health
 - ‘Engagement with service delivery’ — removing barriers to service access is critical to reducing disadvantage for Indigenous families and communities.
- ‘Access to the nearest health professional’ has been renamed ‘Access to primary health care’ to provide a broader measure of access to health services.
- ‘Things that work’ examples have been expanded, and ‘success factors’ behind the ‘things that work’ have been identified.
- The governance case studies now include an additional key determinant ‘resources’ and a discussion of ‘government governance’.

Consultation responses on culture

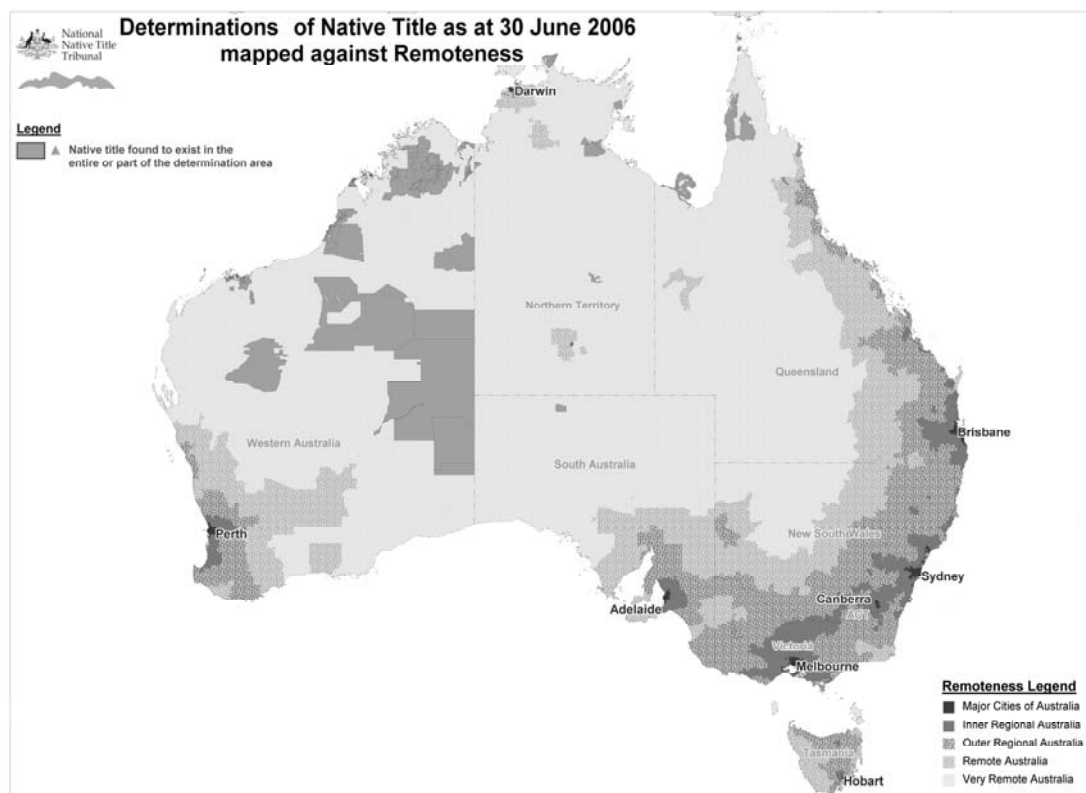
Culture plays a significant role in Indigenous wellbeing, and must be recognised in actions intended to overcome Indigenous disadvantage. This is clearly shown in the ‘success factors’ identified for the ‘things that work’ and the key determinants of successful governance arrangements (both discussed below).

Most Indigenous people who took part in the consultations, while encouraging development of additional indicators of ‘culture’, strongly supported the indicators in the 2005 Report that touched on cultural issues:

- Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies
- Indigenous people with access to their traditional lands (including determinations of native title)
- participation in organised sport, arts or community group activities

- Indigenous owned or controlled land
- case studies in governance arrangements.

Native Title determinations



Source: NNTT (unpublished); table 11A.3.8.

The consultations raised three areas for possible new cultural indicators: language; heritage; and Indigenous culture and law. Each of these areas was regarded as important, but there was no agreement on specific indicators. Some of the ‘things that work’ in the Report provide examples of these aspects of culture, and continuing research will be undertaken for future reports.

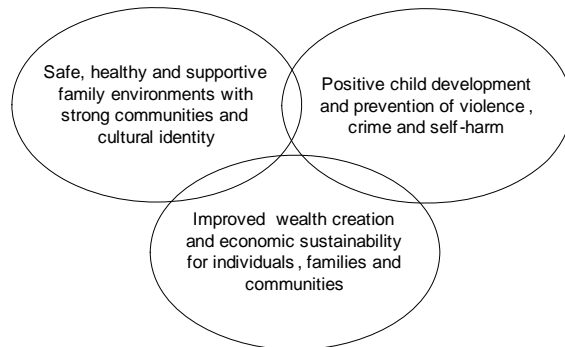
Reporting on ‘wellbeing’ is related to reporting on culture. Many Indigenous people expressed the view that, although the measures in the Report are important, they do not show the whole picture of Indigenous wellbeing. This partly reflects the terms of reference for this Report — to report on overcoming disadvantage. This requires a different approach to reporting on wellbeing, because wellbeing involves more than just the absence of disadvantage. Although this is not a ‘wellbeing’ report, it does include some relevant information, including self-reported feelings of happiness, and the stressors experienced by Indigenous people (in the sections on mental health and housing overcrowding). In addition, the section on engagement

with service delivery reports on barriers to accessing services, including cultural barriers. Future Reports may be able to report more ‘wellbeing’ information, drawing on work by the ABS on measuring Indigenous social and emotional wellbeing.

The reporting framework

The reporting framework is described in detail in the main Report. At the top, three priority outcomes reflect a vision for how life should be for Indigenous people, endorsed by governments and Indigenous people. These outcomes are linked and should not be viewed in isolation — they all need to be pursued in order to overcome Indigenous disadvantage. But how can progress toward achieving such broad outcomes be measured?

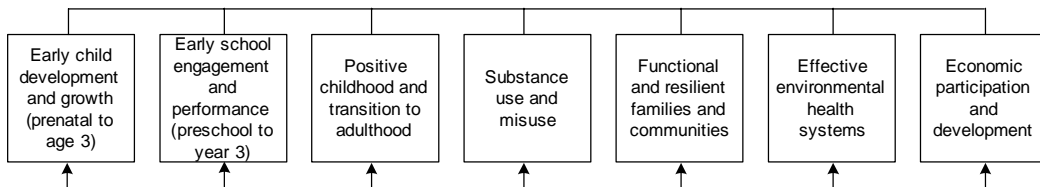
The framework



Headline indicators

- Life expectancy	- Labour force participation and unemployment	- Substantiated child abuse and neglect
- Disability and chronic disease	- Household and individual income	- Deaths from homicide and hospitalisations for assault
- Years 10 and 12 retention and attainment	- Home ownership	- Family and community violence
- Post secondary education - participation and attainment	- Suicide and self-harm	- Imprisonment and juvenile detention rates

Strategic areas for action



Strategic change indicators (see page 25)

Governments and Indigenous people have endorsed a set of headline indicators that are closely linked to the priority outcomes. Improvements in these indicators would provide strong evidence of progress toward the priority outcomes. However, many of the headline indicators (such as life expectancy) are long term measures that are not expected to change rapidly. This raises the question, how can shorter term progress toward achieving the headline indicators be measured?

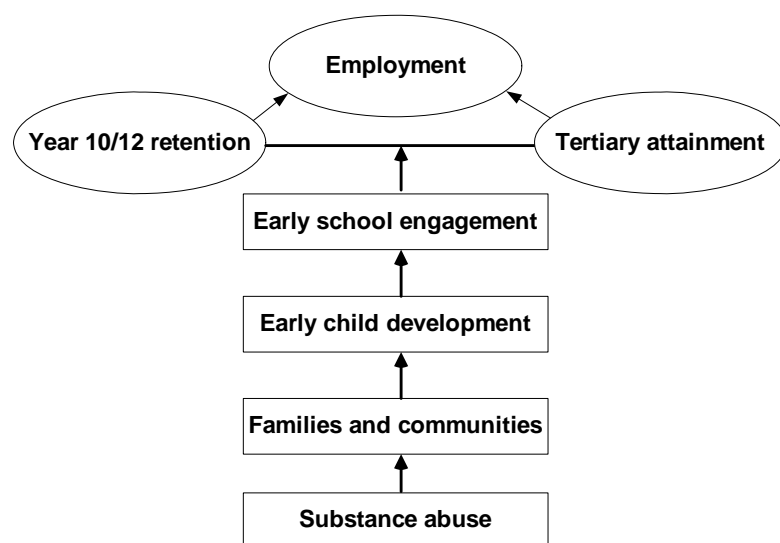
Sitting beneath the priority outcomes and headline indicators are seven 'strategic areas for action'. Research shows that focusing efforts in these areas can make a difference in the shorter term. Each strategic area for action is linked to a set of strategic change indicators. These indicators are designed to show whether actions are making a difference, and to identify areas where more attention is needed.

The logic behind the framework is that improvements in the strategic areas for action (measured by the strategic change indicators) will, in time, lead to improvements in the headline indicators. Improvements in the headline indicators will show progress toward the priority outcomes.

The elements of the framework are highly inter-related. Actions across a range of areas might be required to improve a single indicator. But in other cases, a single, well-targeted action can lead to improvements in many indicators.

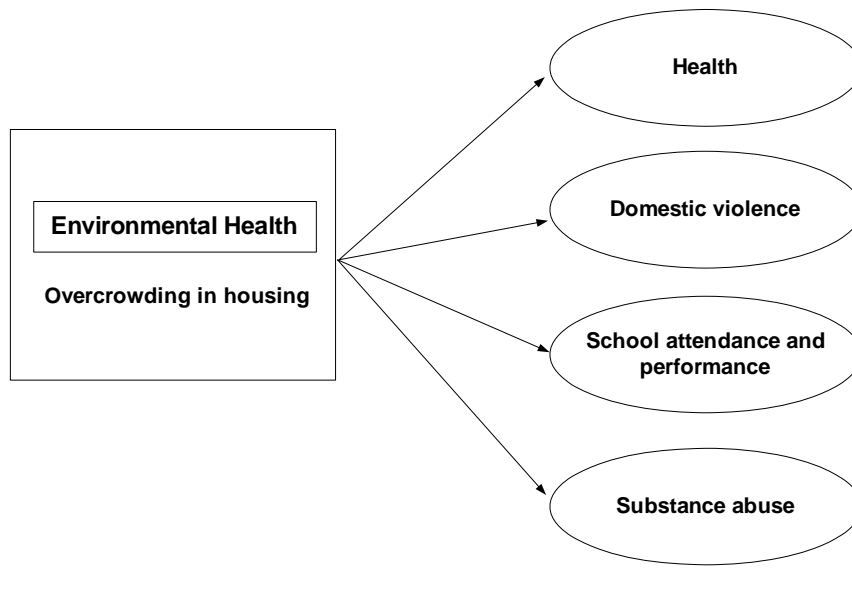
Disadvantage can have multiple causes

Employment is influenced by years 10 and 12 retention and tertiary attainment. These in turn are influenced by school engagement and early child development. Environmental factors such as substance abuse and families and communities affect all these outcomes, as do the inter-generational effects of parental income, employment and education levels.



But some actions can have multiple effects

Targeted actions can lead to improvements across a range of indicators. Reducing overcrowding in housing can contribute to improvements in health, school attendance and performance, substance abuse and family and community violence.



Things that work

Not everything that matters can be captured in broad indicators. Changes occurring at a community level may not show up in state or national data, and some information is better presented in words, rather than numbers. The main body of this Report includes many case studies of ‘things that work’ — examples of activities that are making a difference at the community level. This Overview summarises the case studies in the discussion of each headline indicator or strategic area for action.

These examples of positive outcomes may help to balance negative perceptions of Indigenous issues, and demonstrate to both Indigenous communities and governments what might be successful elsewhere. They also illustrate the factors that contribute to successful programs. Analysis of the ‘things that work’, together with wide consultation with governments and Indigenous people, identified the following ‘success factors’:

- cooperative approaches between Indigenous people and government (and the private sector)
- community involvement in program design and decision-making — a ‘bottom-up’ rather than ‘top-down’ approach
- good governance

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- on-going government support (including human, financial and physical resources).

Many of those consulted felt that the lack of these factors often contributed to program failures.

Where possible, broader programs demonstrating sustained success have been reported. However, programs that are successful in individual communities or for short periods are frequently only funded as pilot projects. Even when evaluated as successful, such programs are not always continued or expanded. The need for greater sustainability of successful programs was a common theme in consultations.

Headline indicators

HEADLINE INDICATORS

- Life expectancy at birth
- Disability and chronic disease
- Years 10 and 12 retention and attainment
- Post secondary education — participation and attainment
- Labour force participation and unemployment
- Household and individual income
- Home ownership
- Suicide and self-harm
- Substantiated child abuse and neglect
- Deaths from homicide and hospitalisations for assault
- Family and community violence
- Imprisonment and juvenile detention rates

The first part of the Report focuses on the twelve headline indicators. These are measures of the major social and economic outcomes that need to improve, if the vision of an Australia in which Indigenous people enjoy the same opportunities and standard of living as other Australians is to be achieved.

Each headline indicator is discussed in turn. Key messages arising out of the data and ‘things that work’ in each area are presented, with references to relevant sections of the main Report.

Life expectancy at birth

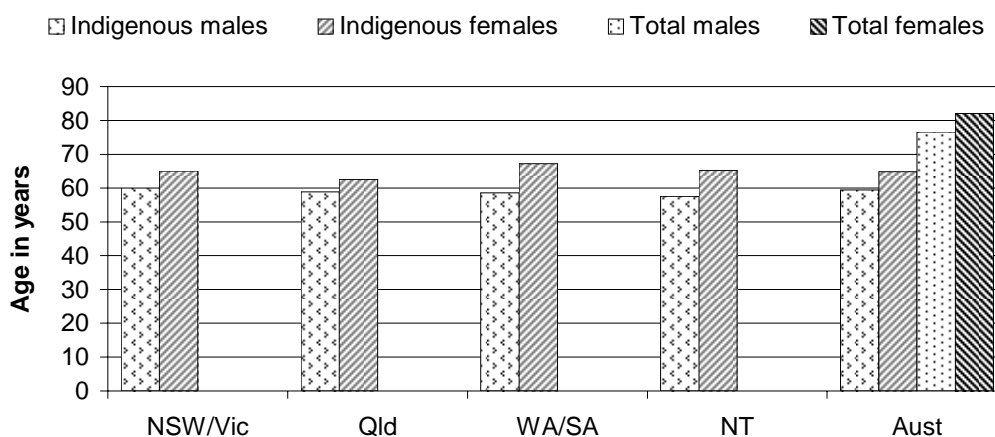
Life expectancy is an indicator of the long-term health and wellbeing of a population. This indicator refers to the average number of years a person could expect to live if there was no change to the population's death rates throughout his or her lifetime. Improvements in outcomes across all of the strategic areas for action have the potential to affect Indigenous life expectancy.

Box 1.1 KEY MESSAGES

- The life expectancy of Indigenous people is estimated to be around 17 years lower than that for the total Australian population (figure 3.1.1).
- The most recent estimates indicate that life expectancy at birth is 59 years for Indigenous males compared with 77 years for males in the total population, and 65 years for Indigenous females compared with 82 years for females in the total population (figure 3.1.1).
- In 2005, death rates in all age groups were higher for Indigenous people than for non-Indigenous people. The greatest differences were for those aged between 35 and 54, where Indigenous death rates were five to six times those for non-Indigenous people (table 3.1.2).

Life expectancy can be affected by levels of income and education, and access to effective and appropriate health care. Environmental factors, such as lack of clean drinking water or adequate sanitation, can accentuate health risks, particularly for babies and young children. Lifestyle factors such as consumption of tobacco and excessive alcohol, poor nutrition and lack of exercise can contribute to high levels of chronic disease and lower life expectancy.

Life expectancy at birth, Indigenous 1996–2001, total population 1998–2000



Source: ABS (2004b); table 3A.1.1.

Disability and chronic disease

Box 1.2 KEY MESSAGES

- In non-remote areas in 2002, Indigenous adults were twice as likely to report a disability resulting in a profound or severe core activity limitation as non-Indigenous adults.
- From 2001 to 2004-05, there was an increase in the number of long term health conditions for which Indigenous people reported higher rates than non-Indigenous people. In 2001, Indigenous people reported higher rates of asthma, diabetes/high sugar levels and kidney disease than non-Indigenous people. In 2004-05, Indigenous people also reported higher rates of arthritis, back pain/problems and heart and circulatory diseases (figure 3.2.1 and table 3A.2.1).
- In 2004-05, the greatest difference between Indigenous and non-Indigenous rates was for kidney disease, where the Indigenous rate was 10 times as high as the non-Indigenous rate. This gap is widening — in 2001 the Indigenous rate was 5 times as high as the non-Indigenous rate (table 3A.2.1).
- In 2004-05, Indigenous people were three times as likely as non-Indigenous people to have diabetes (figure 3.2.1). There was no improvement in the reported incidence of diabetes among Indigenous people between 2001 and 2004-05 (table 3A.2.1).

Rates of disability and chronic disease have a bearing on, and reflect, the wellbeing of Indigenous people. In addition to serious illness, Indigenous people have high exposure to a range of other ‘personal stressors’ that may contribute to the development of long term health conditions.

Around 36 per cent of the Indigenous population aged 15 years or over reported a disability or long term health condition in 2002. After taking into account the different age structures of the populations, 21 per cent of Indigenous people aged 18 years and over in non-remote areas reported a disability resulting in core activity limitation. This was almost twice as high as that reported by non-Indigenous people.

As no new data on disability have become available since the 2005 Report, this Report compares rates of selected long term health conditions (that may cause disability) among Indigenous and non-Indigenous people. More information on chronic diseases in the Indigenous population can be found in the ‘Access to primary health care’ strategic indicator.

Box 1.3 Things that work

Disease prevention programs for Indigenous people in NSW include:

- the Aboriginal Vascular Health Program, which applies general disease management approaches for a number of preventable vascular diseases (box 3.2.2)
- a partnership between Justice Health, NSW Aboriginal Community Controlled Health Services and Area Health Services, which provides health care services and disease prevention programs for Indigenous people in custody (box 3.2.2).

Years 10 and 12 retention and attainment

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

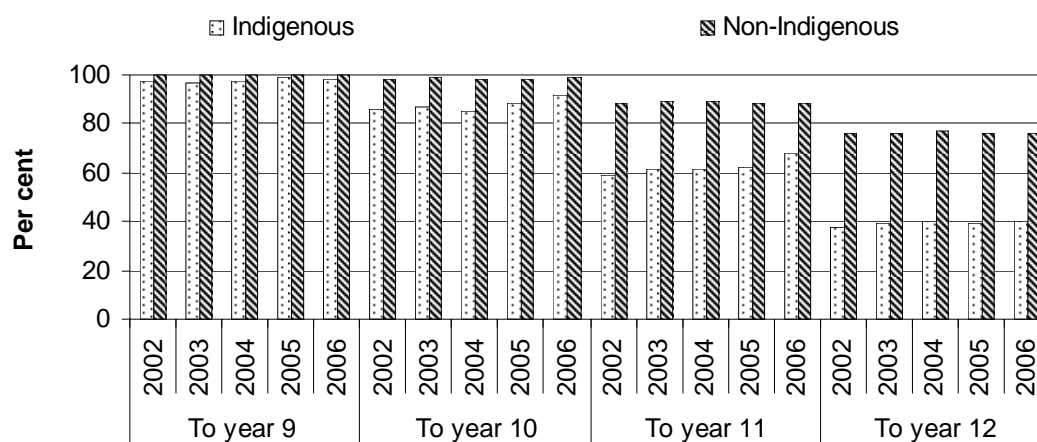
In the long term, people who have completed secondary or post secondary education are more likely to encourage their children to do the same, so that the benefits flow from one generation to another.

Box 1.4 KEY MESSAGES

- In 2006, 21 per cent of 15 year old Indigenous people were not participating in school education. Only 5 percent of non-Indigenous 15 year olds were not participating in school education (table 3A.3.2).
- In 2006, Indigenous students were half as likely as non-Indigenous students to continue to year 12 (figure 3.3.4).
- In 2004-05, a smaller proportion (22 per cent) of Indigenous people than non-Indigenous people (47 per cent) had completed year 12 (table 3A.3.18).
- The proportion of Indigenous students who achieved a year 12 certificate (after being enrolled in year 11 the previous year) changed little between 2001 and 2005 (tables 3A.3.11–15).

There has been success in increasing retention rates for Indigenous students in some schools where specific programs have been introduced. Greater recognition of Indigenous culture can help give students the skills and knowledge they need to ‘walk in two worlds’.

Apparent retention rates of full time secondary school students, all schools



Source: ABS 2007 (unpublished); table 3A.3.1.

Box 1.5 Things that work

- *Deadly Vibe*, a magazine for Indigenous students published by Vibe Australia (an Aboriginal media agency) with funding from the Australian Government, encourages Indigenous students to stay at school (box 3.3.2).
- The Cape York Institute's Higher Expectations Program and St Joseph's Indigenous fund are examples of successful non-government sector sponsorship of scholarship programs for children to board at private schools (box 3.3.2).
- The Clontarf Foundation in WA engages and supports young Indigenous men to complete year 12 and then provides assistance to find employment. The Foundation establishes Football Academies in partnership with mainstream schools (box 3.3.2).
- Where on-site secondary education is unavailable in the NT, the Northern Territory Open Education Centre is working closely with small remote schools to support students undertaking secondary school subjects (box 3.3.2).

Post secondary education — participation and attainment

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

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

Box 1.6 KEY MESSAGES

- Although not strictly comparable, between 1994 and 2004-05, the proportion of Indigenous people participating in post secondary education increased from 5 per cent to 11 per cent (table 3A.4.2).
- The proportion of Indigenous people with a qualification of certificate level 3 or above increased from 8 per cent in 1994 to 21 per cent in 2004-05 (figure 3.4.3).
- In 2004-05, non-Indigenous people were more than twice as likely as Indigenous people to have completed a post secondary qualification of certificate level 3 or above (table 3A.4.10).
- Higher education success rates (between 2001 and 2004) and TAFE pass rates (between 2002 and 2005) increased for Indigenous students (figures 3.4.4 and 3.4.5).

Box 1.7 Things that work

- The Australian Master Bricklayers Association and the Victorian Department of Education are working in partnership to provide construction skills and work readiness training to unemployed Indigenous people in Robinvale (box 3.4.2).
- A training culture in many Queensland prisons has contributed to a decrease in the probability of Indigenous offenders returning to custody (box 3.4.2).
- A program developed in 2004 in partnership between the Construction Forestry Mining and Energy Union and TAFE NSW is assisting unemployed Indigenous people interested in working in the building and construction industry (box 3.4.2).

Labour force participation and unemployment

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

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

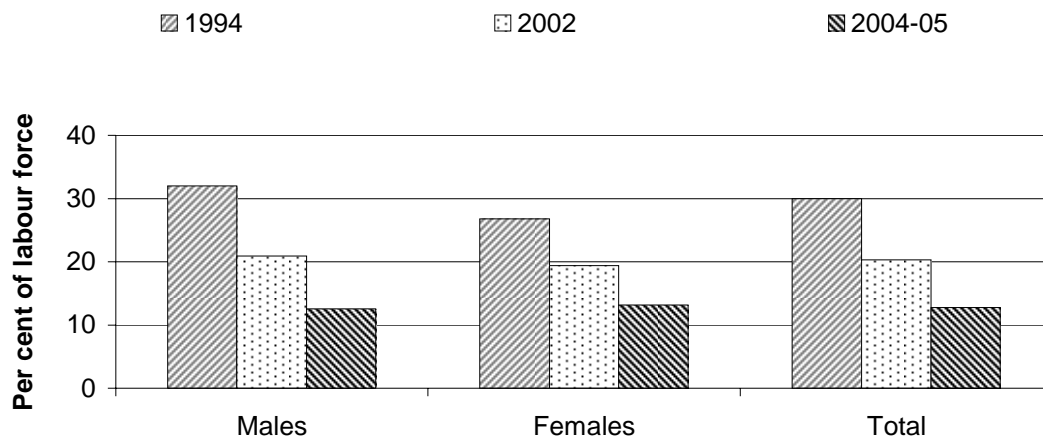
Unemployment can have a major impact on a number of areas covered in this Report, including poor health and mortality, domestic violence, homelessness and substance misuse.

The labour force participation rate will, to some extent, reflect the limited employment opportunities available to Indigenous people in remote areas, along with the employment opportunities provided by CDEP. Information in this section does not reflect recent changes made to the CDEP program.

Box 1.8 KEY MESSAGES

- In 2004-05, after adjusting for age differences:
 - the labour force participation rate for Indigenous people (58.5 per cent) was about three quarters of that for non-Indigenous people (78.1 per cent) (figure 3.5.3)
 - the unemployment rate for Indigenous people (13 per cent) was about 3 times the rate for non-Indigenous people (4 per cent) (figure 3.5.6).
- From 1994 to 2004-05:
 - the participation rate for Indigenous women increased from 42 per cent to 53 per cent. The rate for Indigenous men was constant (figure 3.5.5)
 - the Indigenous unemployment rate fell from 30 per cent to 13 per cent. The unemployment rate fell for both women and men (figure 3.5.9)
 - CDEP participation rates remained stable (figure 3.5.2). CDEP participation significantly reduces recorded Indigenous unemployment rates and increases recorded labour force participation rates, particularly in remote areas.

Indigenous unemployment rate, people aged 18 to 64 years



Source: ABS 2004-05 NATSIHS and NHS, 1994 NATSIS, and 2002 GSS and NATSISS (unpublished); table 3A.5.3.

Household and individual income

The economic wellbeing of individuals is largely determined by their income and wealth. Differences in household and individual income between Indigenous and non-Indigenous people are important indicators of differences in material wealth.

Box 1.9 KEY MESSAGES

- For the period 2002 to 2004-05, after adjusting for inflation, median (mid point) gross weekly equivalised household income for Indigenous people rose by 10 per cent (from \$308 to \$340). This compares to \$618 for non-Indigenous households in 2004-05 (figure 3.6.2).
- In 2004-05, over half of Indigenous people (52 per cent) received most of their individual income from government pensions and allowances, followed by salaries and wages (34 per cent) and CDEP (10 per cent) (figure 3.6.6).

Income is linked to overall wellbeing. Higher income can enable the purchase of better food, housing, recreation and health care. There may also be psychological benefits such as a greater sense of personal control and self-esteem. Low income can be both a cause and an effect of disadvantage — for example, low income can contribute to health problems, which in turn limit people's ability to work and increase their incomes.

Home ownership

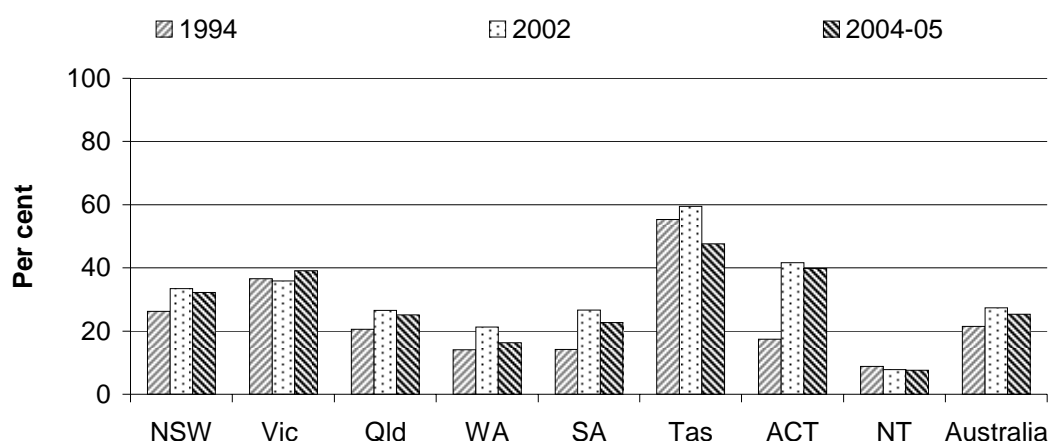
Box 1.10 KEY MESSAGES

- The proportion of Indigenous adults living in homes owned or being purchased by a member of the household increased from 22 per cent in 1994 to 25 per cent in 2004-05 (figure 3.7.1).
- In 2004-05, the proportion of Indigenous adults living in homes owned or being purchased by a member of the household in remote (18 per cent) and very remote (3 per cent) areas was much lower than in major cities (29 per cent) and inner and outer regional areas (39 and 32 per cent, respectively) (figure 3.7.2).
- In 2002, the most recent year for which both Indigenous and non-Indigenous data are available, a much lower proportion of Indigenous adults (27 per cent) than non-Indigenous adults (74 per cent) lived in homes owned or being purchased by a member of the household (table 3A.7.2).

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

During consultations for this Report, many Indigenous people said that home ownership was an important part of improving Indigenous wellbeing. Others suggested that not all Indigenous people want to own their own homes, and that those in more remote areas and living more traditional lifestyles may prefer a more communal form of ownership. Information on communally owned land is reported in the section on ‘Indigenous owned and controlled land’.

Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing



Source: ABS 1994 NATSIS, 2002 NATSISS and 2004-05 NATSIHS (unpublished); tables 3A.7.1 and 3A.7.2.

Box 1.11 Things that work

- An Indigenous home ownership program, now known as IBA Homes, was established in 1975. It has helped more than 12 000 Indigenous families buy their own homes (box 3.7.2).
- In South Australia, HomeStart Finance introduced Nunga Home Loans in March 2004. Almost 300 applicants have purchased homes with a Nunga Loan (box 3.7.2).
- The Tasmanian Government provides funding to the Tasmanian Aboriginal Centre to assist Aboriginal and Torres Strait Islander first home buyers with the payment of stamp duties (box 3.7.2).

Suicide and self-harm

Suicide and self-harm cause great grief in many Indigenous communities. Suicide rates are higher for Indigenous people than other Australians, and particularly for those aged 25 to 34.

Box 1.12 KEY MESSAGES

- Suicide death rates were higher for Indigenous people (between 19 and 45 per 100 000 population) than non-Indigenous people (between 11 and 16 per 100 000 population) in Queensland, WA, SA and the NT for 2001 to 2005 (figure 3.8.1).
- In 2004-05, after adjusting for age differences, three in every 1000 Indigenous people were hospitalised for non-fatal intentional self-harm, compared with two per 1000 non-Indigenous people (table 3.8.1). There were no significant trends between 2001-02 and 2004-05 (figure 3.8.4).

Indigenous suicide is influenced by a complex set of factors. There are significant differences in suicidal behaviour not only between Indigenous and non-Indigenous populations, but also between different Indigenous communities. Suicide is often impulsive, and may be preceded by interpersonal conflicts. But suicide frequently occurs in communities that have experienced similar losses in the past, and where ‘lifestyles of risk’ are common.

Research suggests that Indigenous suicide and self-harm are most common among young men (although suicide attempts seem to be more common for Indigenous women). Suicide and self-harm are generally associated with disadvantage such as unemployment and low levels of education. Other factors include interpersonal conflicts and alcohol and substance misuse (although only 15 per cent of Indigenous people report consuming alcohol at a risky level). Other factors are incarceration, violence and family breakdown. Anxiety and depression are major contributors, particularly among young Indigenous people.

Box 1.13 Things that work

- The Yarrabah Family Life Promotion program in Queensland, established in 1995, has developed a successful set of strategies for suicide prevention, intervention, aftercare and life promotion (box 3.8.2).

Substantiated child abuse and neglect

Many Indigenous families and communities live under severe social strain, caused by a range of social and economic factors. Alcohol and substance misuse, and overcrowded living conditions are just some of the factors that can contribute to child abuse and violence.

This indicator provides some indication of the extent of abuse, neglect and/or harm to children in the family environment. However, the substantiation data refer only to those matters which have been notified and investigated. No credible data exist on actual levels of abuse.

Box 1.14 KEY MESSAGES

- From 1999-2000 to 2005-06, for both Indigenous and non-Indigenous children, the rate of substantiated notifications for child abuse or neglect increased (figure 3.9.1).
- In 2005-06, Indigenous children were nearly four times as likely as other children to be the subject of a substantiation of abuse or neglect (table 3A.9.1).

Deaths from homicide and hospitalisations for assault

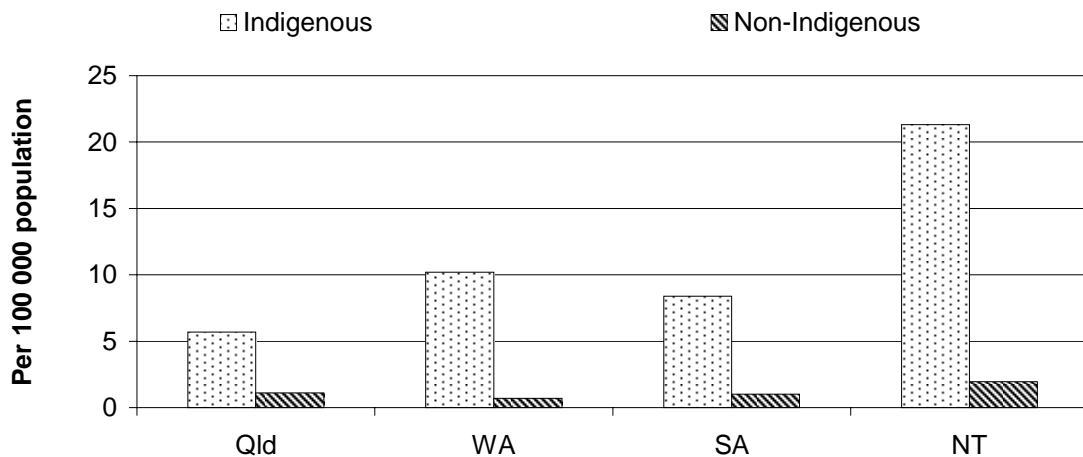
Box 1.15 KEY MESSAGES

- Homicide makes up a very small proportion of total deaths but can indicate broader levels of family and community violence. There were 37 Indigenous homicide victims in Australia in 2004-05 (table 3A.10.5).
- Of 245 homicides in Australia in 2004-05, Indigenous people accounted for 15 per cent of homicide victims and 16 per cent of homicide offenders (table 3A.10.6).
- After adjusting for age differences, the homicide rate in the Indigenous population was 5 to 15 times the rate in the non-Indigenous population in Queensland, WA, SA and the NT, between 2001 and 2005 (figure 3.10.1).
- From 1999-2000 to 2004-05, the rate of Indigenous homicides in remote, outer regional and very remote areas (13 to 17 per 100 000 population) was around three times the rate in major cities and inner regional areas (5 per 100 000). Indigenous homicide rates were higher than non-Indigenous rates in all remoteness areas (figure 3.10.6).
- In 2004-05, in the four jurisdictions for which data are available, Indigenous people were hospitalised for assault at 17 times the rate of non-Indigenous people. Indigenous females were 44 times as likely to be hospitalised for assault as non-Indigenous females (figure 3.10.1 and table 3A.10.12).

Indigenous people are over-represented in all forms of violent crime in Australia, as both victims and offenders. The impact of homicide and hospitalisations for assault extends beyond the offender and immediate victim. Families and communities are severely affected, and the impact may be felt from one generation to another.

Indigenous homicides and assaults are frequently associated with substance misuse, including alcohol consumption. Indigenous homicides tend to involve family members, with disputes within families being one of the main factors.

Homicide death rate, age standardised, 2001–2005



Source: ABS Causes of Death 2005 (unpublished); table 3A.10.1.

Comparatively high rates of Indigenous homicide are paralleled by high levels of other forms of violence such as self-harm and assault. Actions in a number of the strategic areas have the potential to make a difference, by addressing the circumstances which can lead to dysfunctional families and violent behaviour.

Family and community violence

There is a growing body of research into violence in Indigenous communities, particularly family violence. Community and family violence problems are complex. Social, economic and environmental conditions such as unemployment, low income, housing overcrowding and alcohol and substance misuse can all contribute to violence.

The presence of family violence is a strong predictor of child abuse, and partner violence has a damaging effect on children’s emotional, behavioural and cognitive development.

Box 1.16 KEY MESSAGES

- Comparable data on the extent of family and community violence are not currently available. From the available data, Indigenous people are more likely than non-Indigenous people to be victims of domestic violence related assault.
- The main reason both Indigenous and non-Indigenous people sought Supported Accommodation Assistance Program (SAAP) assistance in 2005-06 was to escape domestic or family violence (31 per cent of Indigenous people and 21 per cent of non-Indigenous people) (figure 3.11.1).
- In 2005-06, over 4000 Indigenous people and 15 000 non-Indigenous people who sought SAAP assistance to escape domestic or family violence had accompanying children (table 3A.11.3).

Box 1.17 Things that work

- Since 2001, the 'Pathways to Prevention' project in Queensland has assisted disadvantaged families and their young children, and empowered their families, schools and communities to provide supportive environments (box 3.11.2).
- An early intervention project in SA, 'Rekindling Indigenous Family Relationships in the Riverland Program' is assisting the Aboriginal community to resolve family violence and child abuse issues (box 3.11.2).
- In 2000, the NT Government launched the 'Strong Families, Strong Communities, Strong Future' project, currently being trialled with eight Indigenous communities in the Katherine region and Tiwi Islands (box 3.11.2).

Imprisonment and juvenile detention rates

Indigenous people are highly 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 being imprisoned as adults.

Poverty, unemployment, low levels of educational attainment, and lack of access to social services are associated with high crime rates and high levels of imprisonment.

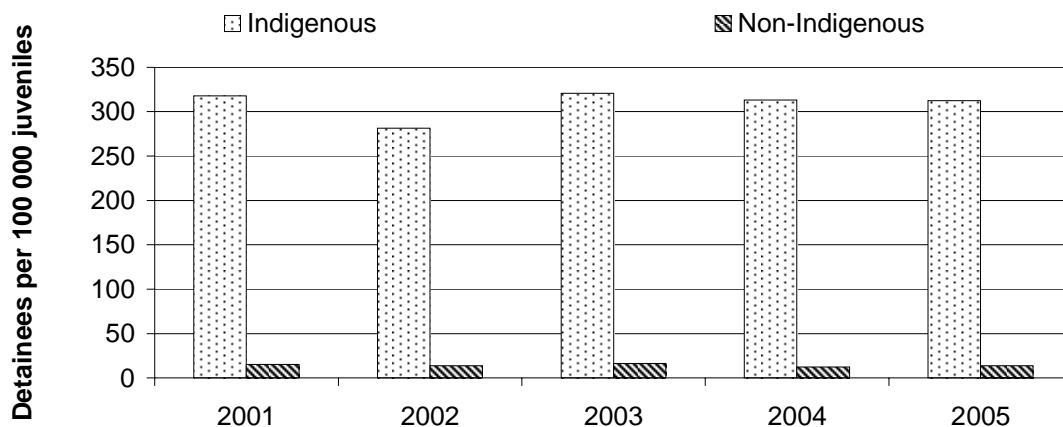
Box 1.18 KEY MESSAGES

- Indigenous imprisonment rates increased by 32 per cent between 2000 and 2006 (figure 3.12.1).
- Between 2002 and 2006, the imprisonment rate increased by 34 per cent for Indigenous women and by 22 per cent for Indigenous men (table 3A.12.7).
- In 2006, after adjusting for age differences, Indigenous people were 13 times more likely than non-Indigenous people to be imprisoned (table 3.12.1).
- At 30 June 2005, Indigenous juveniles were 23 times more likely to be detained than non-Indigenous juveniles. The difference between the Indigenous and non-Indigenous juvenile detention rates has increased since 2001 (figure 3.12.4).

Box 1.19 Things that work

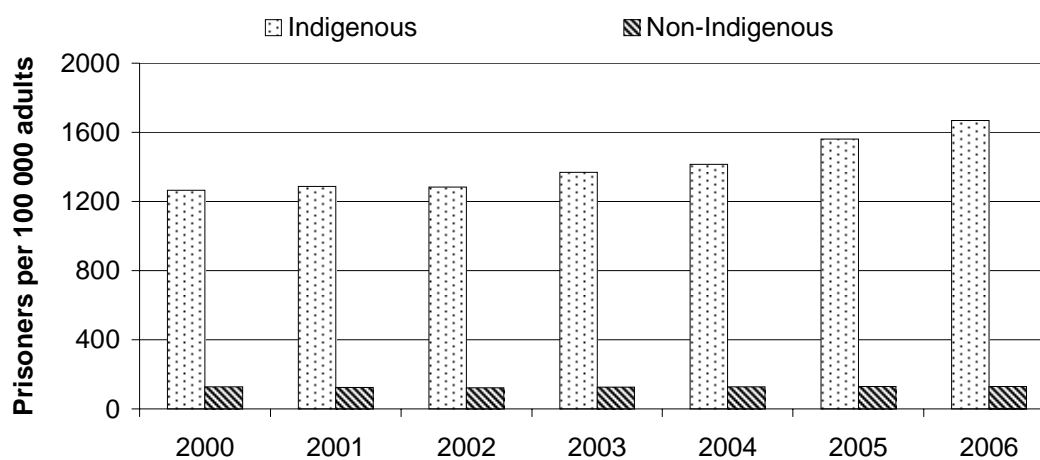
- Victoria's Koori Courts, SA's Nunga Courts and Queensland's Murri Courts reduce cultural alienation for Indigenous offenders and give Indigenous people more input into the judicial process, particularly sentencing (boxes 3.12.2–4).

Juvenile detention rates, aged 10–17 years, at 30 June each year



Source: Taylor (2006); table 3A.12.17.

Age standardised adult imprisonment rates, 30 June each year



Source: ABS (2006); table 3A.12.4.

Strategic areas for action

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

Strategic areas for action	Strategic change indicators
Early child development and growth (prenatal to age 3)	<ul style="list-style-type: none"> • Injury and preventable diseases • Infant mortality • Birthweight • Hearing impediments • Children with tooth decay
Early school engagement and performance (preschool to year 3)	<ul style="list-style-type: none"> • Preschool and early learning • School attendance • Year 3 literacy and numeracy
Positive childhood and transition to adulthood	<ul style="list-style-type: none"> • Years 5 and 7 literacy and numeracy • Retention at year 9 • Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies • Juvenile diversions as a proportion of all juvenile offenders • Transition from school to work
Substance use and misuse	<ul style="list-style-type: none"> • Alcohol consumption and harm • Tobacco consumption and harm • Drug and other substance use and harm

Strategic areas for action	Strategic change indicators
Functional and resilient families and communities	<ul style="list-style-type: none"> • Children on care and protection orders • Repeat offending • Access to primary health care • Mental health • Proportion of Indigenous people with access to their traditional lands • Participation in organised sport, arts or community group activities • Engagement with service delivery
Effective environmental health systems	<ul style="list-style-type: none"> • Rates of diseases associated with poor environmental health (including water and food borne diseases, trachoma, tuberculosis and rheumatic heart disease) • Access to clean water and functional sewerage • Overcrowding in housing
Economic participation and development	<ul style="list-style-type: none"> • Employment (full-time/part-time) by sector (public/private), industry and occupation • Self employment and Indigenous business • Indigenous owned or controlled land • Governance capacity and skills • Case studies in governance arrangements

Early child development and growth (prenatal to age 3)

Providing a child with a good start can have a profound effect on the rest of their life. Health, growth and development in the first three years of life play crucial roles in later outcomes. Stress and neglect in these early years can have significant effects on later health and educational outcomes. Policy action in these early years can lead to significant benefits in the longer term.

Injury and preventable diseases

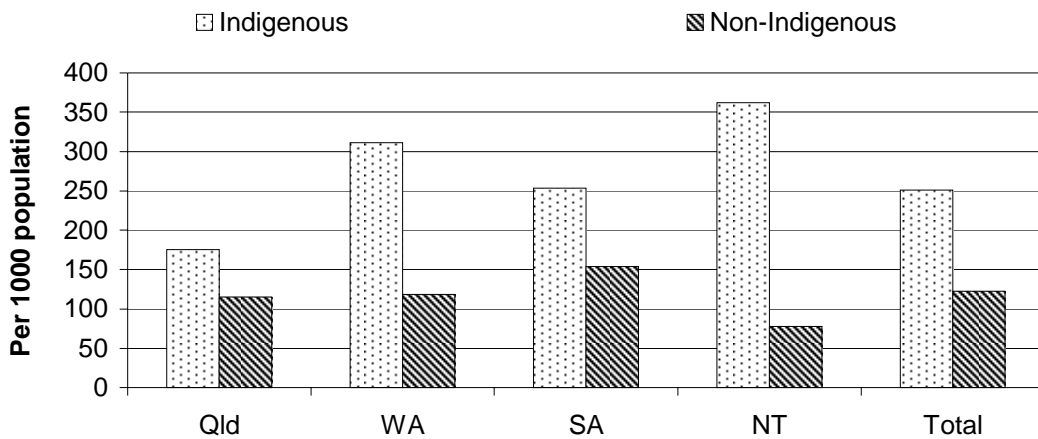
A wide range of social, cultural, physical and economic factors influence the health of children. The actions of communities and governments can promote the health of

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

Box 1.20 KEY MESSAGES

- In 2004-05, Indigenous children under four were twice as likely to be hospitalised for potentially preventable diseases and injuries than non-Indigenous children (251 per 1000 compared to 123 per 1000) (table 5.1.1).
- For the period 2001 to 2005, the death rate from external causes and preventable diseases was around five times as high for Indigenous children (from 6 to 11 per 10 000 population) as for non-Indigenous children (from 1 to 3 per 10 000 population) in Queensland, WA, SA and the NT (figure 5.1.2).

Potentially preventable hospitalisations, for children aged less than 4 years, 2004-05



Source: AIHW National Hospital Morbidity Database (unpublished); table 5A.1.1.

Box 1.21 Things that work

- The Jabba Jabba Indigenous Immunisation program, in Queensland's Sunshine Coast, was developed to provide culturally appropriate access for 'hard to reach' sections of the Indigenous community and an entry point to mainstream health services (box 5.1.2).
- The Keeping Kids Healthy Makes a Better World program has operated in four communities in the NT: Mt Liebig, Titjikala, Nyirripi and Willowra. As well as improving the nutrition of 0–5 year olds, the program has improved engagement in the community, cultural awareness and family cohesion (box 5.1.2).
- A team approach to child nutrition on Tiwi Islands (NT) started in 2006. A nutritionist worked with a multidisciplinary team, the crèche and local women to support the nutrition of children aged less than five years (box 5.1.2).

Infant mortality

The survival of infants in their first year of life is generally viewed as an indicator of the general health and wellbeing of a population. While there has been a dramatic decline in infant mortality rates in the past century for all Australians, the mortality rate for Indigenous infants is still significantly higher than for infants in the rest of the population.

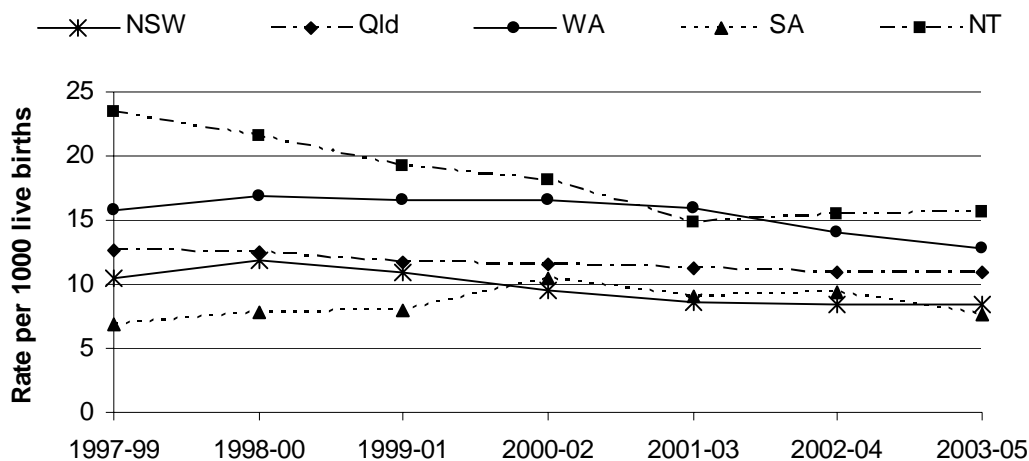
Box 1.22 KEY MESSAGE

- Indigenous infant mortality rates in most of the states and territories for which data are available have improved in recent years. Nevertheless, mortality rates for Indigenous infants in these jurisdictions remain two to three times as high as those for the total population of infants (figures 5.2.1 and 5.2.2).

Box 1.23 Things that work

- The NSW Aboriginal Maternal and Infant Health Strategy, operating since 2001, improves access to culturally appropriate maternity services for Aboriginal mothers (box 5.2.2).
- The 'Mums and Babies' project, operating since 2000, provides a collaborative model of antenatal and postnatal care for women at the Townsville Aboriginal and Islander Health Service (Queensland) (box 5.2.2).

Indigenous infant mortality



Source: ABS Deaths Australia (various issues); table 5A.2.1.

Birthweight

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

Box 1.24 KEY MESSAGES

- From 2002 to 2004, babies born to Indigenous mothers were more than twice as likely to have low birthweight (13 per 1000 live births) than babies born to non-Indigenous mothers (6 per 1000 live births) (table 5.3.2).
- Average birthweights and proportions of low birthweight babies to Indigenous mothers did not change between 1998–2000 and 2002–2004 (tables 5A.3.1 to 5A.3.5).
- From 2002 to 2004, the average birthweight of live births to Indigenous mothers was 3161 g, compared with 3380 g for babies born to non-Indigenous mothers — a difference of 219 g (table 5.3.2).

Box 1.25 Things that work

- Congress Alukura, based in Alice Springs, NT, is a women's health and birthing centre developed in the 1980s to address the needs of Aboriginal women in Central Australia (box 5.3.2).
- The Strong Women, Strong Babies, Strong Culture Program in the NT supports Indigenous women to teach young pregnant women and new mothers to care for themselves and their children in ways that reflect traditional cultural values and practices (box 5.3.2).
- Djuli Galban operates in Kempsey, NSW, with a focus on antenatal and early postnatal care and education (box 5.3.2).
- The Koori Maternity Strategy in Victoria provides culturally appropriate maternity care to Koori women (box 5.3.2).
- The Marrang Aboriginal Child and Family Health Model was developed to improve access and health outcomes for Aboriginal families in Orange, NSW (box 5.3.2).
- Nganampa Health Council Child and Maternal Health Program is an intensive antenatal and early postnatal care program operating in the Anangu Pitjantjatjara lands of SA since the mid 1980s (box 5.3.2).
- Ngua Gundi — the Mother/Child Project — was funded by the Commonwealth Birthing Services Project to address the low use of antenatal services by young Aboriginal mothers in Woorabinda, Queensland (box 5.3.2).

Hearing impediments

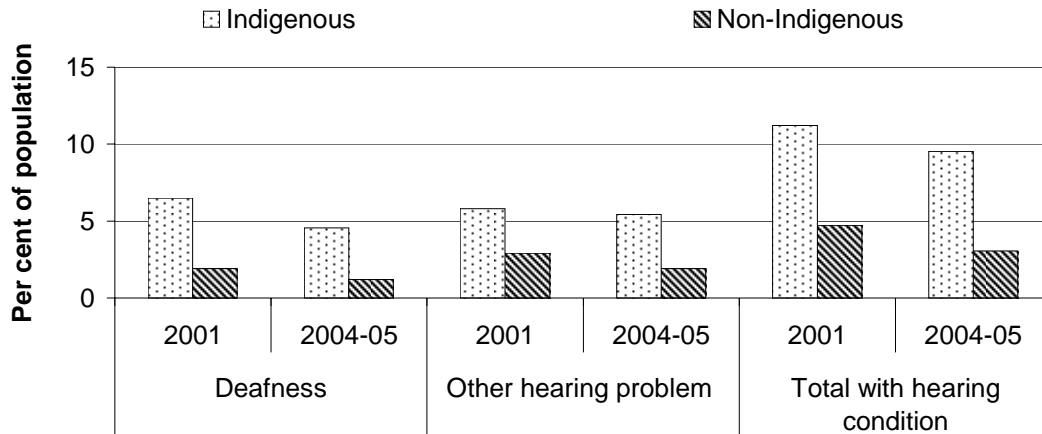
Otitis media, the main cause of hearing problems experienced by Indigenous children, is characterised by very early onset, persistence and high rates of severity. It can become a chronic disease which is carried from childhood into adolescence.

Box 1.26 KEY MESSAGES

- In 2004-05, the prevalence of hearing conditions for Indigenous children was three times as high as for non-Indigenous children (table 5A.4.1).
- Between 2001 and 2004-05, there was no statistically significant change in the overall prevalence of hearing problems among Indigenous children (figure 5.4.1).
- From 2001-02 to 2004-05, hospitalisations for middle ear and mastoid diseases decreased for Indigenous children aged 0–3 years (from 13 per 1000 to 10 per 1000) (tables 5A.4.6 to 5A.4.9).

Hearing impediments, if not treated early, may affect children’s attendance at school, and their capacity to learn and socialise. This, in turn, can contribute to future disadvantage.

Hearing conditions in children aged 0–14 years



Source: ABS 2004-05 NATSIHS (unpublished); ABS 2004-05 NHS (unpublished); ABS 2001 NHS (unpublished); tables 5A.4.1 and 5A.4.2.

Box 1.27 Things that work

- There was a decrease in rates of skin infections and ear perforations after the installation of a swimming pool in Burringurrah (box 5.4.3).
- Following a 2005 study of hearing loss in children in a Townsville primary school, in-class and out-of-class hearing assessment tools and professional development programs were developed to maximise students’ academic success (box 5.4.3).

Children with tooth decay

Dental health is an indicator of early growth and development, including nutrition and access to dental health care. 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, with implications for self-esteem, employment and social wellbeing.

Box 1.28 KEY MESSAGES

- Data on tooth decay were available only for NSW, SA and the NT. For these jurisdictions:
 - Indigenous children had higher numbers of both infant and adult teeth with decay than non-Indigenous children, in both metropolitan and rural areas (table 5.5.1)
 - fewer Indigenous children than non-Indigenous children had decay-free infant and adult teeth across all age groups and in both metropolitan and rural areas (table 5.5.2).
- National data on dental hospitalisation rates and procedure rates showed:
 - Indigenous children aged less than five years had the highest dental hospitalisation rate of any age group, almost one and a half times the rate for non-Indigenous children of that age group (table 5A.5.8)
 - extraction rates were greater for Indigenous children than for non-Indigenous children. The rate of extraction procedures for Indigenous boys was almost one and a half times as high as the rate for non-Indigenous boys (figure 5.5.4).

Historically, Indigenous people had less tooth decay due to their traditional diet. As their diet changed to include food rich in fermentable carbohydrates, they have become as exposed to tooth decay risk factors as non-Indigenous people. This risk is worsened where there is limited access to dental health services and lack of preventive measures and education.

Box 1.29 Things that work

- Since 2005, the Wuchopperen Indigenous Health Service 'Filling the Gap Indigenous Dental Program', has provided care to approximately 20 000 Aboriginal and Torres Strait Islander people in and around Cairns, Queensland (box 5.5.2).
- Following the successful employment of an Aboriginal Liaison Officer in Northern Adelaide, the SA Dental Service established a broader Aboriginal Liaison Program in late 2005 to improve access to dental care by Indigenous people (box 5.5.3).

Early school engagement and performance (preschool to year 3)

The extent to which Indigenous children begin formal learning at an early age, attend school regularly, and are healthy, safe and supported by their families and communities, all have a bearing on educational outcomes in the short and long term.

Research shows that the children most likely to have learning difficulties often have nutritional, hearing or other health problems.

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

Preschool and early learning

Children who have access to, and attend, good quality early childhood education have a head start at school. Gaps in children's basic skills for life and learning that appear at age five or six are often difficult to close, even with targeted school interventions.

In Australia, preschool attendance is not compulsory. Fees and program availability may create barriers to access to preschool, particularly in remote and very remote regions.

Box 1.30 KEY MESSAGES

- Preschool participation was slightly higher for Indigenous 3 year olds (19 per cent) than non-Indigenous 3 year olds (17 per cent) (table 6.1.1). However, preschool participation rates for Indigenous 4 and 5 year olds were lower than for non-Indigenous children of the same ages (table 6.1.1).
- Between 2002 and 2005, the number of Indigenous children aged 3–5 years old enrolled in preschool increased slightly, from 8729 to 9015 (from 24 per cent to 25 per cent of Indigenous children aged 3–5) (table 6A.1.2).

Box 1.31 Things that work

- A NT Government funded mobile program provides a regular preschool program for Indigenous children in six remote sites (box 6.1.2).
- The Yappera Centre in metropolitan Melbourne assists Koori families to participate in childcare and kindergarten (box 6.1.2).
- For over 30 years, Aboriginal 3 year olds in SA have been able to access state preschools. Staff work with families and communities to develop shared understandings, positive relationships and culturally inclusive practices (box 6.1.2).

School attendance

In Australia, school attendance is compulsory for people between 6 and 15 years of age (with some variation across jurisdictions). Research has shown a direct

relationship between the number of days absent from school and academic performance.

Box 1.32 KEY MESSAGE

- In 2006, the school participation rate for Indigenous five to eight year old children (97 per cent) was similar to that for non-Indigenous children (94 per cent) (figure 6.2.1, table 6A.2.1).

All the strategic areas have some relevance to achieving good outcomes for young children in education. In addition, parental support is very important to ensure young children attend school regularly.

Box 1.33 Things that work

- The Ngaripirliga'ajirri program, operating in three Tiwi (NT) primary schools in 2000–04, is a culturally relevant early intervention program for Tiwi children of primary school age and their parents (box 6.2.2).

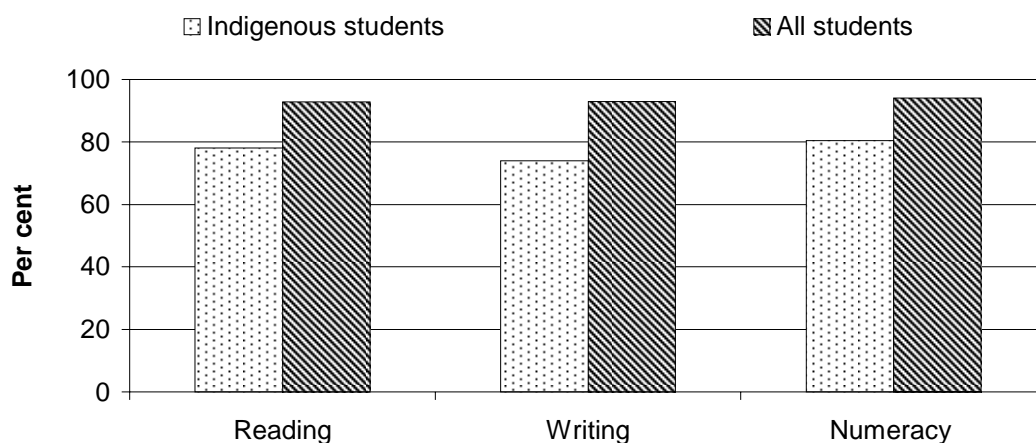
Year 3 literacy and numeracy

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

Box 1.34 KEY MESSAGES

- Between 1999 and 2005, Indigenous students' performance against the national reading, writing and numeracy benchmarks fluctuated, with no statistically significant trend (figures 6.3.1, 6.3.3 and 6.3.5).
- In 2005, the proportion of Indigenous year 3 students who did not achieve the national benchmark was substantially higher than the proportion of all students, for:
 - reading (22 per cent compared to 7 per cent) (figure 6.3.2)
 - writing (26 per cent compared to 7 per cent) (figure 6.3.4)
 - numeracy (20 per cent compared to 6 per cent) (figure 6.3.6).

Year 3 students who achieved national benchmarks, 2005



Source: MCEETYA (2007); table 6A.3.1.

The gap in school performance between Indigenous and non-Indigenous students is evident from year 1 onwards. Studies have shown that, unless preschool learning and early primary school assistance are provided, underperforming students are rarely able to catch up. Support for Indigenous parents, who may themselves have limited education, is a key factor in ensuring that their children are encouraged to do well at school.

Box 1.35 Things that work

- The Scaffolding Literacy Program improved the literacy levels of Indigenous children at the Kulkarriya Community School on Noonkanbah station in the Kimberley region of WA, and has been extended to other schools in the region (box 6.3.2).
- Since 2005, a MULTILIT (Making Up Lost Time In Literacy) Tutorial Centre has operated at Coen State School, a remote community in Cape York (box 6.3.2).
- The Yachad Accelerated Learning Project is a professional tuition programme underway in five locations throughout Australia. It provides after hours tutoring for the lowest performing students (box 6.3.2).
- Sixty-two schools in the NT participate in the Accelerated Literacy Program, with significant improvements in literacy outcomes for the students involved (box 6.3.2).

Positive childhood and transition to adulthood

The later years of childhood, adolescence and the transition to adulthood are critical phases in a person's development. A good foundation in early childhood can be

built upon, or interventions can assist those who had childhood difficulties to make the transition to a more positive adulthood.

There are strong links between a positive childhood and transition to adulthood and several of the headline indicators and other strategic areas for action. Outcomes in these years can have far reaching consequences. Good educational outcomes for young Indigenous people will enhance their opportunities as adults. Young people who avoid the juvenile justice system are less likely to become involved in the adult correctional system and a cycle of re-offending.

Years 5 and 7 literacy and numeracy

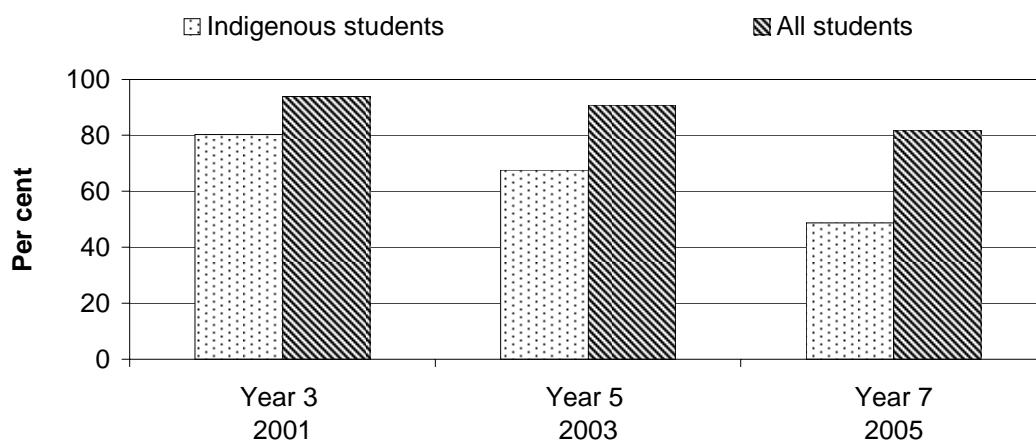
Research has shown that achievement in years 5 and 7 literacy and numeracy is a key determinant of whether children go on to year 12 and higher education. A lack of basic literacy and numeracy skills also results in poor employment prospects.

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

Box 1.36 KEY MESSAGES

- Between 1999 and 2005, year 5 Indigenous students' performance against the national reading, writing and numeracy benchmarks fluctuated, with no statistically significant trend (figures 7.1.1, 7.1.3 and 7.1.5).
- Between 2001 and 2005, year 7 Indigenous students' performance against the national reading, writing and numeracy benchmarks also fluctuated, with no statistically significant trend (figures 7.1.7, 7.1.9 and 7.1.11).
- In 2005, the proportion of year 5 Indigenous students who did not achieve the national benchmark was substantially higher than the proportion of all students for:
 - reading (37 per cent compared to 13 per cent) (figure 7.3.2)
 - writing (26 per cent compared to 7 per cent) (figure 7.1.4)
 - numeracy (34 per cent compared to 9 per cent) (figure 7.1.6).
- In 2005, the proportion of year 7 Indigenous students who did not achieve the national benchmark was substantially higher than the proportion of all students for:
 - reading (36 per cent compared to 10 per cent) (figure 7.1.8)
 - writing (28 per cent compared to 8 per cent) (figure 7.1.10)
 - numeracy (51 per cent compared to 18 per cent) (figure 7.1.12).
- As Indigenous students progress through school the proportion who achieve the national minimum benchmarks decreases (figures 7.1.13 and 7.1.15).

Students who achieved the numeracy benchmark



Source: MCEETYA (2007); table 6A.3.7.

Retention at year 9

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

The available data suggest a high retention rate at year 9. However, apparent retention rates are based on enrolment numbers, and high rates are to be expected because students commencing year 9 are generally of an age at which school education is compulsory. In addition, apparent retention rates do not reflect school attendance or whether the student completed the school year (because these data are collected mid-way through the year). A significant gap between Indigenous and non-Indigenous students' retention appears in year 10.

Box 1.37 KEY MESSAGES

- In 2006, 8 per cent of Indigenous people aged 14 years were not participating in school education compared with 1 per cent of non-Indigenous 14 year olds (table 3A.3.2).
- Over the period 2002 to 2006, the Indigenous retention rate to year 9 was relatively stable (figure 3.3.2).
- In 2005, the retention rate for Indigenous students to year 9 was 99 per cent. In 2006, the retention rate for the same group of students (now in year 10) had declined to 91 per cent (figure 3.3.2 and table 3A.3.1).

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

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

Box 1.38 KEY MESSAGES

- Between 2001 and 2005, the number of Indigenous teachers and Aboriginal and Islander Education Workers in schools increased from 3238 to 3596 (table 7.3.1).
- Some primary and secondary schools are incorporating Indigenous studies in their curricula, and Indigenous culture and perspectives are being incorporated into VET programs offered at school. This can improve the number of Indigenous students completing year 12 and improve all students' knowledge and appreciation of Indigenous culture (boxes 7.3.2 to 7.3.6).

Box 1.39 Things that work

- The 'Dare to Lead' program fosters Indigenous education programs in schools throughout Australia. In 2005, the Bendigo Senior Secondary College in Victoria was one of six national winners of the Excellence in Leadership in Indigenous Education awards established under the program (box 7.3.2).
- The Swan View Senior High School Access Program in WA offers school-based traineeships. Ongoing involvement of parents, family members and former students has resulted in more Indigenous students completing year 12 (box 7.3.3).
- The Broulee Public School Dhurga Djamanji language program in NSW has been successfully integrated into everyday classroom activities and has received strong support from the school and local communities (box 7.3.4).
- Tauondi College, an independent, Indigenous, community-run training organisation in SA, has a culturally-appropriate approach to VET in schools (box 7.3.5).
- An (unidentified) remote community school includes Indigenous studies programs in the curriculum over a two year cycle, ensuring all students are exposed to Indigenous studies during their schooling (box 7.3.6).
- The Remote Area Teacher Education Program in Queensland is assisting Indigenous community teachers to become registered teachers (box 7.3.7).

Juvenile diversions

In some states and territories, diversion programs allow young offenders to be dealt with outside the traditional court processes. This might involve a caution or attendance at community and family conferences. Programs vary from one State to another. Diversionary mechanisms, in combination with sports and cultural programs can contribute to a reduction in antisocial behaviour and offending.

Box 1.40 KEY MESSAGES

- Although data on juvenile diversions are not comparable between states and territories, a smaller proportion of Indigenous juveniles were diverted from court by formal cautioning or referrals than non-Indigenous juveniles in each State and Territory for which data were available.

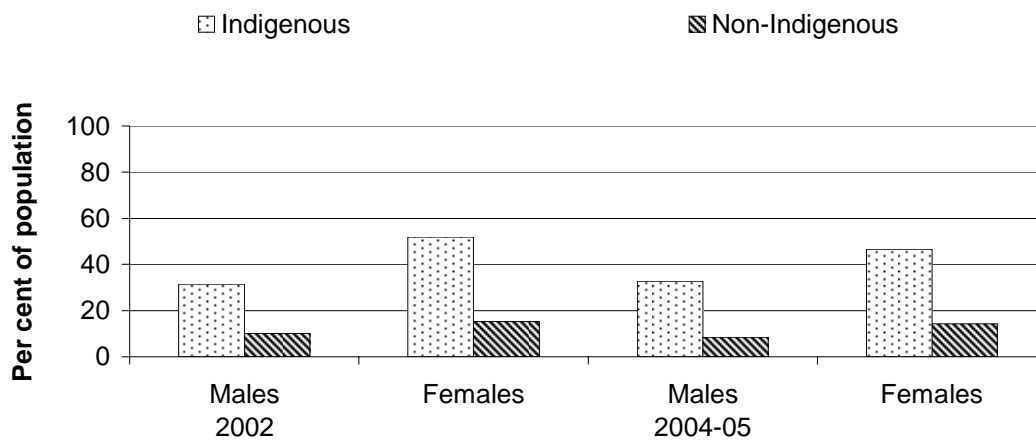
Box 1.41 Things that work

- The Circular Head Aboriginal Corporation Youth Justice Program, in north-west Tasmania, supports children aged 10 to 18 years who are at risk of adverse contact with the criminal justice system (box 7.4.1).
- Community Grant Programs, part of the Victorian Aboriginal Justice Agreement, enable Koori communities to design and deliver localised early intervention/prevention strategies for Koori youth (box 7.4.2).

Transition from school to work

Two approaches are used to analyse the transition from school to work. The ‘at risk’ approach examines the proportion of young adults who are neither in employment nor engaged in study, and are therefore considered to be ‘at risk’ of long term disadvantage. The second approach looks at outcomes from education.

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



Source: ABS 2004-05 NATSIHS and NHS, 2002 NATSISS and GSS (unpublished); table 7A.5.2.

Box 1.42 KEY MESSAGES

- In 2004-05, for young people aged 18 to 24 years:
 - a higher proportion of Indigenous young people than non-Indigenous young people were not employed and not studying, for both men and women, and in all remoteness areas (figures 7.5.1 and 7.5.2)
 - a higher proportion of Indigenous young people living in very remote areas were not employed and not studying (52 per cent), compared with those in major cities (34 per cent) (figure 7.5.1)
 - both Indigenous and non-Indigenous young women were more likely than their male counterparts to be neither employed nor studying (figure 7.5.2).
- In 2004-05, for people aged 18 years and over:
 - both labour force participation and employment rates for Indigenous people were lower than for non-Indigenous people, whether or not they had achieved a certificate level 3 or higher qualification (table 7.5.1)
 - for both Indigenous and non-Indigenous people, those with a certificate level 3 or higher qualification were more likely to participate in the labour force than those with lower levels of qualifications or without qualifications (table 7.5.1).

Box 1.43 Things that work

- The Aboriginal and Torres Strait Islander Education to Employment Scheme began in Queensland in 1998. The scheme aims to increase training and employment opportunities for Indigenous youth (box 7.5.2).

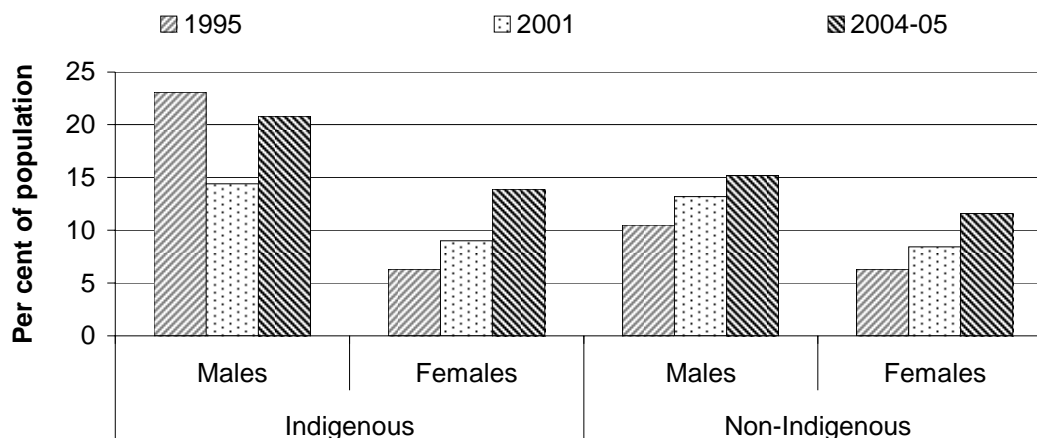
Substance use and misuse

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

Alcohol consumption and harm

Excessive alcohol consumption is associated with increased illness. As well as health risks to the individual, high levels of alcohol consumption also contribute to domestic violence, financial problems, child abuse and family breakdowns. In the case of pregnant women, excessive alcohol consumption can also affect the health of new born infants.

Alcohol consumption at long term risky to high risk levels, adults in non-remote areas, 2004-05



Source: AIC NHMP (unpublished); table 8A.1.5.

Box 1.44 KEY MESSAGES

- In 2004-05, after adjusting for age differences, survey results indicated that:
 - a higher proportion of Indigenous adults reported that they did not drink or had never drunk alcohol (53 per cent) compared to non-Indigenous adults (36 per cent) (table 8.1.2)
 - among those who drank alcohol, the reported rate of long term risky to high risk drinking for Indigenous people was not statistically different to that for non-Indigenous people (figure 8.1.2); the rate of short term risky to high risk drinking for Indigenous people (17 per cent) was nearly double the rate for non-Indigenous people (8 per cent) (table 8.1.3).
- Among Indigenous people living in non-remote areas, more Indigenous women reported long term risky to high risk alcohol consumption in 2004-05 (14 per cent) than in 1995 and 2001 (6 and 9 per cent respectively) (figure 8.1.3). There was little change in long term risky to high risk alcohol consumption by Indigenous men over the same periods.
- Over the period from 1999-2000 to 2004-05, Indigenous homicides were more than three times as likely as non-Indigenous homicides to have involved both the offender and victim having consumed alcohol (figure 8.1.4). However, the overall level of alcohol involvement in Indigenous homicides fell from 85 to 71 per cent over the period (figure 8.1.5).

Box 1.45 Things that work

- The Groote Eylandt Liquor Management Plan in the NT was developed in 2005 to reduce the number and harm of liquor related incidents in Groote Eylandt and Bickerton Island (box 8.1.2).

Tobacco consumption and harm

Tobacco use is an important contributor to premature death and ill-health. It is estimated that smoking is responsible for 20 per cent of all cancers and 21 per cent of heart disease in Australia. In addition to the long term health risks, tobacco use among low income groups can have immediate, insidious effects, by diverting scarce family resources away from beneficial uses.

Box 1.46 KEY MESSAGES

- Nationally, in 2004-05:
 - 50 per cent of Indigenous adults were current daily smokers (figure 8.2.1)
 - after adjusting for age differences, Indigenous adults were more than twice as likely as non-Indigenous adults to be daily smokers (46 per cent compared to 21 per cent) (table 8A.2.2).
- From 1995 to 2004-05, the proportion of current daily smokers among both Indigenous women and men living in non-remote areas remained constant (figure 8.2.3).

Tobacco use is often associated with other lifestyle related health risk factors, such as excessive alcohol consumption, low levels of physical activity and poor diet.

Drug and other substance use and harm

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

Box 1.47 KEY MESSAGES

- In 2004-05:
 - 28 per cent of Indigenous adults living in non-remote areas reported illicit substance use in the previous 12 months (table 8.3.1)
 - marijuana (23 per cent), amphetamines (7 per cent) and analgesics/sedatives (for non-medical purposes) (6 per cent) were the most commonly used substances (table 8.3.1).
- For all homicides recorded from 1999-2000 to 2004-05, a lower proportion of Indigenous homicides than non-Indigenous homicides occurred under the influence of drugs (23 per cent compared to 35 per cent) (figure 8.3.2).

Box 1.48 Things that work

- The introduction of alternative fuels with low aromatics in more than 50 Indigenous communities in the Central Desert Region of the NT, WA and SA has been successful in reducing the incidence of and harm from petrol sniffing (box 8.3.2).
- The Mt Theo Program successfully eliminated regular petrol sniffing in Yuendumu, a remote Aboriginal community northwest of Alice Springs, NT (box 8.3.2).

Functional and resilient families and communities

Families and communities are the mainstay of our society. The extent to which they are functional and resilient influences a range of outcomes for Indigenous people. A caring, protective and supportive environment, together with positive health outcomes and cultural awareness, are particularly important.

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

Box 1.49 Things that work

The Lake Tyers Community Renewal Project is a partnership in progress between the Lake Tyers Aboriginal community and the Victorian Government. Strategies under the Renewal Project have improved community infrastructure and created opportunities for positive community engagement (box 9.1).

Children on care and protection orders

Data on children under care and protection orders show the extent to which some form of legal intervention has been made for their protection.

Not all orders are due to neglect and abuse — in some cases, family difficulties such as a parent being hospitalised or dying may be the reason why a child is placed in care. However, legal intervention is usually a last resort, after other interventions have not been possible or have failed, and these data may provide some indication of the social and cultural stress under which many people in Indigenous communities live.

Box 1.50 KEY MESSAGES

- Almost 30 out of every 1000 Indigenous children aged 0–17 years were on care and protection orders at 30 June 2006, compared to 5 per 1000 for non-Indigenous children (table 9.1.2).
- From 1999-2000 to 2005-06, the rate of children on care and protection orders increased for both Indigenous and non-Indigenous children in all states and territories (table 9A.1.1).

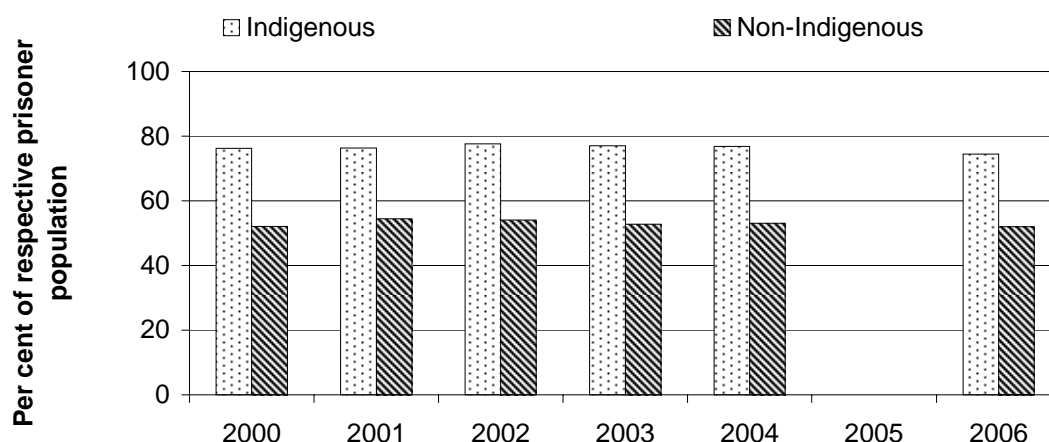
Repeat offending

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

Box 1.51 KEY MESSAGES

- In 2006, a greater proportion of Indigenous prisoners (74 per cent) than non-Indigenous prisoners (52 per cent) had prior adult imprisonment (figure 9.2.1).
- From 2000 to 2006, there was no significant change at the national level in the proportion of Indigenous prisoners with prior adult imprisonment (table 9A.2.3).
- In studies on juvenile offenders carried out in NSW, Queensland, WA and SA, Indigenous juveniles experienced a higher number of court reappearances and higher rates of repeat offending than non-Indigenous juveniles (table 9A.2.6 and figures 9.2.4, 9.2.6 and 9.2.7).

Prisoners, by known prior adult imprisonment under sentence



Data for 2005 are not available for publication.
 Data source: ABS (2000 to 2006); table 9A.2.3.

Box 1.52 Things that work

- Since February 2002, Circle Sentencing in Nowra, NSW, has provided an alternative sentencing court for adult Indigenous offenders. It has reduced reoffending among Indigenous offenders and contributed to the Indigenous community. Circle Sentencing Courts have since been established in eight other locations in NSW (box 9.2.2).
- The Rumbalara Women's Mentoring Program was established in Victoria in 2002 to reduce reoffending by Indigenous women. Following the success of the Rumbalara pilot, the mentoring program has been expanded to five locations for both Indigenous men and women (box 9.2.3).

Access to primary health care

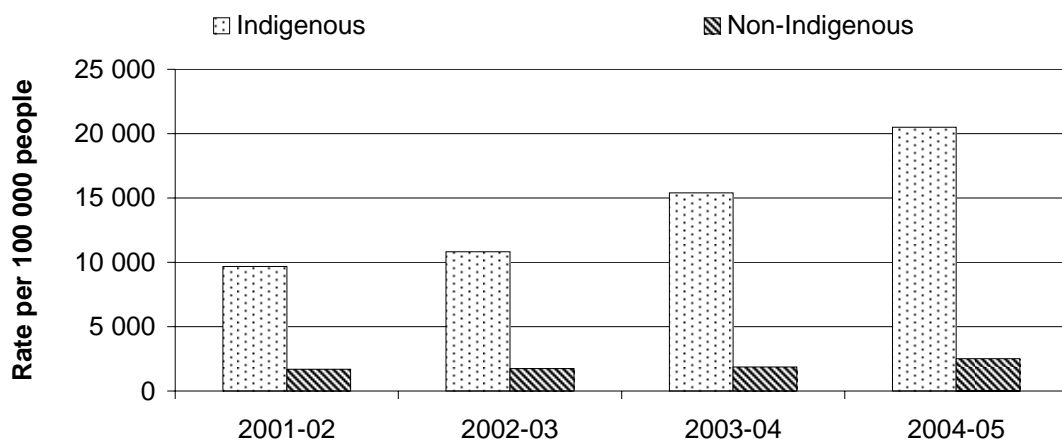
Access to health services is important in order to identify and treat diseases in a timely way. Many chronic conditions are potentially preventable if treated early. Vaccination can be effective in the prevention of diseases such as influenza. A lack of access contributes to the high prevalence of diseases such as diabetes and lung diseases in many Indigenous communities.

Access to primary health care can affect outcomes in a range of headline indicators and strategic areas for action, including life expectancy, infant mortality, disability and chronic disease, early child development and growth, substance use and misuse, and functional and resilient families and communities. Poor health can also affect people's educational attainment and ability to work.

Box 1.53 KEY MESSAGES

- In 2001-02, expenditure per Indigenous person on primary health care, including that paid through the Medicare Benefits Scheme, was less than half the expenditure per non-Indigenous person (table 9.3.1).
- In 2004-05, the hospitalisation rate for Indigenous people with potentially preventable chronic conditions was 8 times the rate for non-Indigenous people, and the rate for potentially preventable acute conditions was 3 times the rate for non-Indigenous people (tables 9.3.2 and 9.3.4). For Type 2 diabetes, the Indigenous hospitalisation rate was 7 times the rate for non-Indigenous people (table 9.3.3).
- Hospitalisation rates for influenza decreased for both Indigenous and non-Indigenous people between 2003-04 and 2004-05. However, the reduction was greater for non-Indigenous people (table 9.3.5).
- Hospitalisation rates for Indigenous people for sexually transmitted infections were between 13 and 67 times the rates for non-Indigenous people in 2004-05 (table 9.3.6).

Hospitalisations for potentially preventable conditions, 2004-05



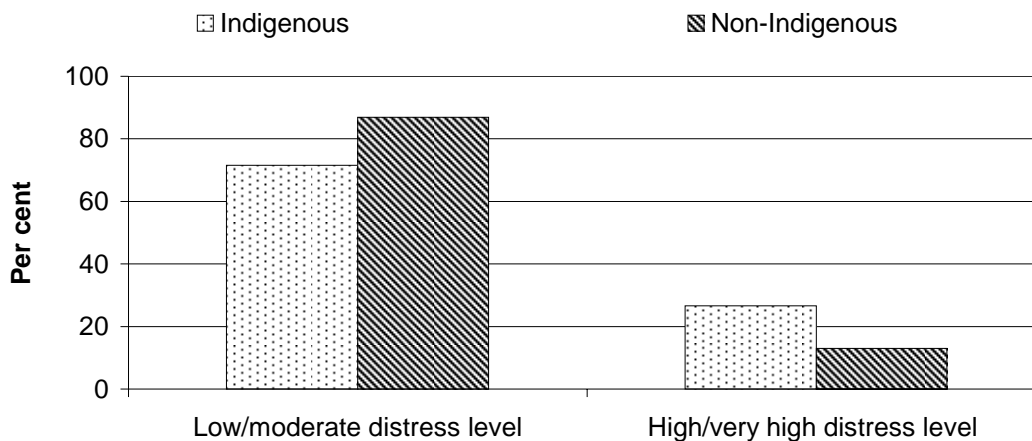
Source: AIHW National Hospital Morbidity Database (unpublished); tables 9A.3.1 and 9A.3.2.

Box 1.54 Things that work

- The Marrang Aboriginal Child and Family Health Model was developed to improve access to health care services and health outcomes among Indigenous families living in Orange, NSW (box 9.3.2).
- The Condom Social Marketing for Indigenous Australia project aims to reduce unplanned teenage pregnancies and the incidence of sexually transmitted infections in Indigenous communities (box 9.3.3).
- Jirrawun Health, a non-government body based in Kununurra, WA, works with mainstream health services to improve the health of the Gija people (box 9.3.4).

Mental health

Mental health is defined in terms of an individual's ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioural incapacity. For many Indigenous people, health, including mental health, is holistic — encompassing not just the physical wellbeing of the individual but the social, emotional, spiritual and cultural wellbeing of the community.

Level of psychological distress, people aged 18 years and over, age standardised, 2004-05

Source: ABS 2004-05 NATSIHS (unpublished); ABS 2004-05 NHS (unpublished); table 9A.4.5.

Box 1.55 KEY MESSAGES

- In 2004-05, psychological distress data showed that 27 per cent of Indigenous adults had experienced a high to very high level of distress, compared with 13 per cent of non-Indigenous adults (figure 9.4.1).
- In 2004-05, 56 per cent of Indigenous adults reported feeling calm or peaceful all or most of the time and 71 per cent reported being happy all or most of the time (table 9A.4.13).
- From 2001-02 to 2004-05, Indigenous people had higher rates of hospitalisation for mental and behavioural disorders than non-Indigenous people (figure 9.4.3).
- 'Life stress events' has been identified as the factor most strongly associated with high risk of clinically significant emotional or behavioural difficulties in Aboriginal children. In WA, in 2001 and 2002, over one in five Aboriginal children aged 0–17 years were living in families where 7 to 14 major life stress events, such as death, imprisonment, violence and severe hardship, had occurred in the 12 months prior to the survey (Western Australian Aboriginal Child Health Survey) (section 9.4).
- In WA, Indigenous children in remote communities had better mental health than those living in Perth, suggesting that growing up in very remote communities, where adherence to traditional culture and ways of life are strongest, may be protective against emotional and behavioural difficulties in Aboriginal children (section 9.4).

Issues of mental health and wellbeing cover a broad range of problems which can result from domestic violence, substance misuse, physical health problems, imprisonment, family breakdown and social disadvantage. For Indigenous people, there are also broader social and historic issues, such as forced separation or forced relocation, which influence mental health and wellbeing.

Box 1.56 Things that work

- The school-based 'Family Wellbeing Empowerment Program' for remote Indigenous school children in Cape York, Queensland, aims to enhance the life skills and psychosocial development of young Indigenous people (box 9.4.2).
- In NSW, the Aboriginal Mental Health Workforce Training Program aims to increase the representation of Aboriginal people in mental health professions (box 9.4.2).

Proportion of Indigenous people with access to their traditional lands

Indigenous people derive social, cultural and economic benefits from their connection to traditional country. Culturally, access to land and significant sites may allow Indigenous people to practise and maintain their knowledge of

ceremonies, rituals and history. Socially, land can be used for recreational, health, welfare and educational purposes. The economic benefits of land are discussed under 'Economic participation and development'.

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

Box 1.57 KEY MESSAGES

- In 2004-05, there were no data on access to traditional lands for people in remote or very remote areas.
- The proportion of Indigenous adults living in non-remote areas who did not recognise an area as their homelands increased from 29 per cent in 1994 to 38 per cent in 2004-05 (figure 9.5.3).
- In non-remote areas, the proportion of Indigenous adults who lived on their homelands decreased from 22 per cent in 1994, to 15 per cent in 2004-05. The proportion who were allowed to visit their homelands remained steady, ranging from 44 per cent to 48 per cent, between 1994 and 2004-05 (figure 9.5.3).

Participation in organised sport, arts or community group activities

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

Box 1.58 KEY MESSAGES

- In 2002, almost one quarter of Indigenous people aged 15 years and over had attended an Aboriginal or Torres Strait Islander ceremony in the previous 12 months (ABS 2004). Indigenous people in remote areas were three times more likely to have attended an Aboriginal or Torres Strait Islander ceremony than those in non-remote areas (ABS 2006).
- The proportion of Indigenous people who were engaged in moderate or high levels of exercise decreased from 30 per cent in 1995 to 24 per cent in 2004-05 (table 9A.6.2).

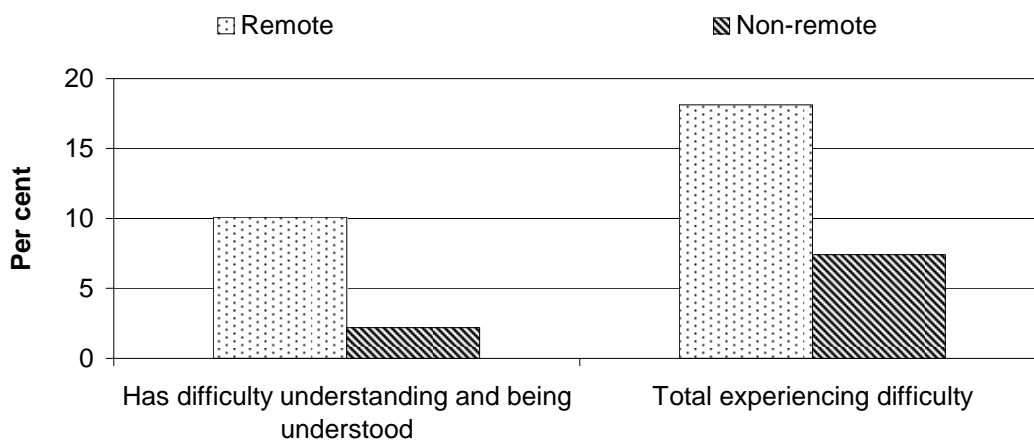
Box 1.59 Things that work

- In the Tirrapendi Aboriginal Youth Disco Program in SA, police and Aboriginal families work together to plan and supervise Aboriginal youth discos (box 9.6.2).
- Blue Light NT conducts self-supporting discos at remote communities such as Milingimbi and Ramingining (box 9.6.2).
- In 2006, the Little Yuin Aboriginal Preschool established a holiday program at Wallaga Lake in NSW (box 9.6.3).
- The Swan Nyungar Sports Education Program at Balga Senior High School, WA, aims to encourage Aboriginal students at school and improve their success, participation in post-school education and employment prospects (box 9.6.4).
- The Rumbalara Football and Netball Club in Shepparton, Victoria, operates programs that support education, employment and healthy lifestyles (box 9.6.5).
- The Athletics for the Outback Program focuses on remote and rural Indigenous communities, and provides resources and assistance to create a 'whole of life' activity linking education, life skills and responsibilities with sport (box 9.6.6).
- Yirra Yaakin, established in 1993 in WA, has become a world class theatre company and leader in community development, supporting positive self-enhancement through artistic expression (box 9.6.7).
- The Australian Government has supported independent Indigenous broadcasters since 1987. It has agreed to fund a National Indigenous Television Service. The ABC and SBS also provide Indigenous television programming (box 9.6.8).

Engagement with service delivery

Engagement with service delivery covers both impediments to Indigenous people accessing services and the appropriate delivery of services (including culturally relevant programs). In remote areas, lack of services and long distances create additional barriers to access.

Communication with service providers, Indigenous people 15 years or over, 2002



Source: ABS 2002 NATSISS (unpublished); table 9A.7.5.

Box 1.60 KEY MESSAGES

- In 2002, based on survey data, Indigenous people aged 55 years and over had the most difficulty understanding and being understood by service providers (table 9A.7.7).
- In 2004-05, an estimated 26 500 Indigenous adults needed to go to hospital in the previous 12 months, but did not go because of cost, personal reasons, logistical reasons or other barriers (figure 9.7.1 and table 9A.7.1).
- The Western Australian Aboriginal Child Health Survey found that, even though there was a high proportion of Aboriginal children at high risk of clinically significant emotional and behavioural difficulties, very few children had had contact with Mental Health Services (section 9.7).

Box 1.61 Things that work

- From 2001 to 2005, the *Sharing the True Stories* project identified and addressed communication barriers between Indigenous patients and health care workers (box 9.7.2).
- The Jalaris Aboriginal Corporation (WA) coordinates a holistic approach to family strength and health issues (box 9.7.3).
- The Improving Care for Aboriginal and Torres Strait Islander Patients program aims to improve identification of, and quality care for, Aboriginal and Torres Strait Islander patients in Victoria (box 9.7.4).
- 15 people in Port Augusta with Aboriginal language skills received training to become accredited interpreters (box 9.7.5).
- Improvements to Medicare and Pharmaceutical Benefits Scheme (PBS) arrangements have improved access to health care for Indigenous people (box 9.7.6).
- The book 'Yarning about Mental Health' uses pictures and traditional Aboriginal stories to identify and explain some of the causes, symptoms and treatments of mental health problems (box 9.7.7).
- A pre-hospital care model for remote Indigenous communities has been implemented in Coen, Horn Island, Cooktown and Kowanyama in Queensland (box 9.7.8).

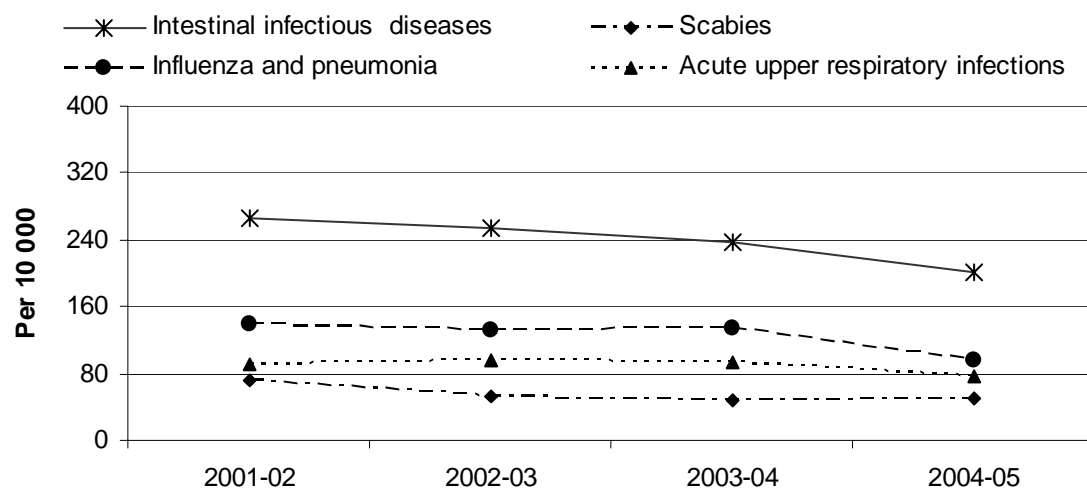
Effective environmental health systems

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

Rates of diseases associated with poor environmental health

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

Hospitalisation rates for Indigenous children 0–14 years



Source: AIHW National Hospital Morbidity Database (unpublished); table 10A.1.1.

Research in Indigenous communities has found that infected secretions from eyes, noses, ears and coughs play a major role in transmitting infectious diseases — especially in overcrowded households. Inadequate waste disposal is also a major source of infectious disease.

Box 1.62 KEY MESSAGES

- Indigenous people had higher hospitalisation rates than non-Indigenous people for all diseases associated with poor environmental health (table 10.1.1).
- Between 2001-02 and 2004-05, hospitalisation rates for the 0–14 age group decreased for intestinal infectious diseases (25 per cent decrease), scabies (32 per cent decrease), acute upper respiratory infections (14 per cent decrease) and influenza and pneumonia (31 per cent decrease) (figure 10.1.3).
- Between 2001-02 and 2004-05, hospitalisation rates for older Indigenous people (65 years and over) increased for bacterial disease (10 per cent increase), influenza and pneumonia (32 per cent increase) and acute upper respiratory infections (17 per cent increase) (table 10A.1.2).
- In the four jurisdictions for which data are available, death rates from diseases associated with poor environmental health were much higher for Indigenous people (between 113 and 230 deaths per 100 000 people) than for non-Indigenous people (between 25 and 40 deaths per 100 000) (table 14A.1.4).

Access to clean water and functional sewerage

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

Box 1.63 KEY MESSAGES

- The number of discrete Indigenous communities without an organised sewerage system decreased from 91 in 2001, to 25 in 2006 (table 10A.2.4).
- In 2006, of the 322 discrete Indigenous communities with a reported usual population of 50 or more:
 - 165 (51 per cent) had experienced water supply interruptions in the previous 12 months (table 10A.2.2)
 - 130 (40 per cent) had experienced sewerage overflows or leakages in the previous 12 months (table 10A.2.5).

Box 1.64 Things that work

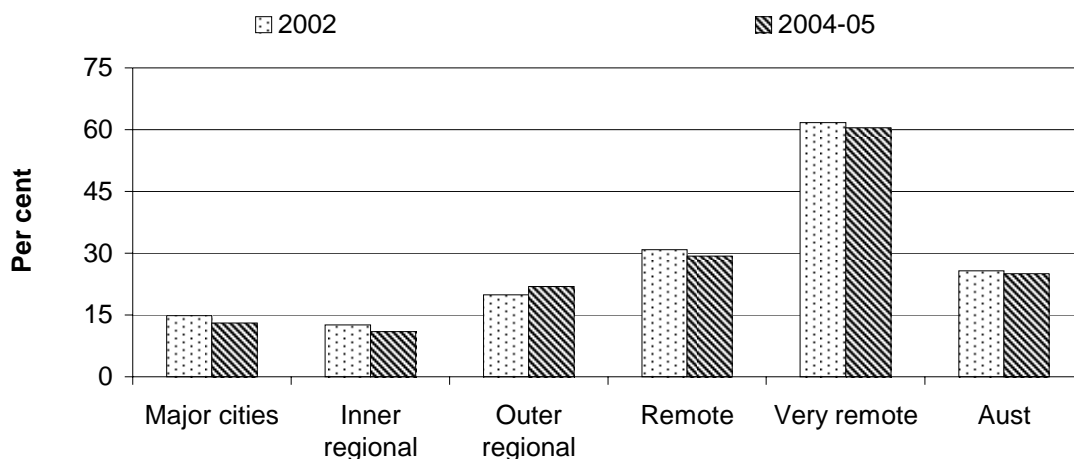
The Aboriginal Communities Development Program in NSW is raising the health and living standards of 22 priority Aboriginal communities, with new housing and upgrading existing housing, roads, footpaths and street lighting (box 10.2.2).

Overcrowding in housing

Overcrowding in housing (as well as housing quality and condition) can contribute to poor health, family violence and poor educational performance.

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

Indigenous people 15 years and over living in overcrowded housing



Source: ABS 2002 NATSISS and 2004-05 NATSIHS (unpublished); table 10A.3.2.

Box 1.65 KEY MESSAGES

- In 2004-05, 25 per cent of Indigenous people aged 15 years and over lived in overcrowded housing (figure 10.3.1). There have been no statistically significant changes in the rates of overcrowding since 2002 (table 10A.3.3).
- In 2004-05, overcrowding was most common in very remote areas, where 63 per cent of Indigenous people lived in overcrowded households (figure 10.3.2).

Economic participation and development

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

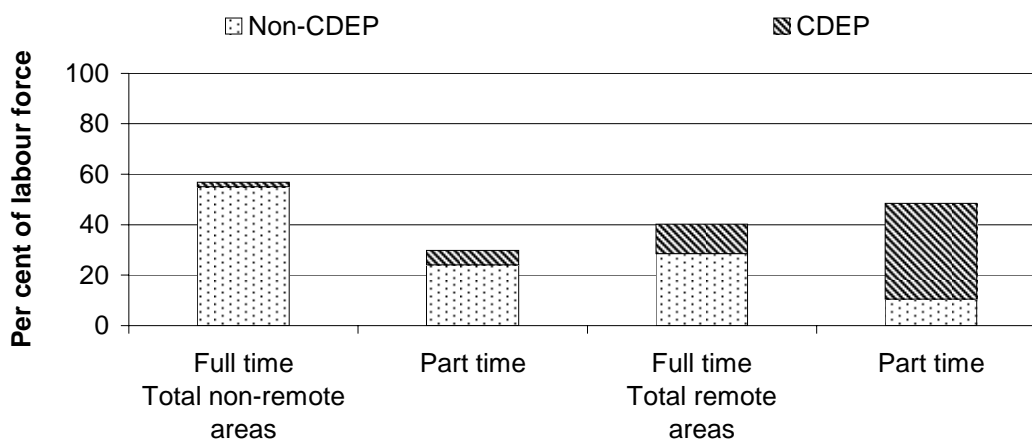
This report examines economic development through employment opportunities, influence over land resources, and aspects of education and training that are relevant to the goals of good governance and the capacity to govern.

Employment by sector, industry and occupation

Having a job (and, to an extent, the type of employment), leads to improved incomes and standards of living for people and their families. This in turn has a positive influence on health and the education of children. It also enhances

self-esteem and reduces social alienation. More broadly, where people are employed, benefits also flow on to the wider community.

Employment, Indigenous people aged 18 to 64 years, 2004-05



Source: ABS 2004-05 NATSIHS (unpublished); table 11A.1.4.

Box 1.66 KEY MESSAGES

- The full time employment rate for Indigenous people increased from 45 per cent to 52 per cent between 1994 and 2004-05, and the part time employment rate increased from 26 per cent to 35 per cent over the same period (figure 11.1.6).
- In 2004-05, after adjusting for age differences:
 - Indigenous people in the labour force were more likely than non-Indigenous people to be employed part time (35 per cent compared to 28 per cent) and less likely to be employed full time (54 per cent compared to 69 per cent) (table 11A.1.2)
 - a higher proportion of Indigenous people than non-Indigenous people were employed in lower skilled occupations, including elementary clerical, sales and service workers and labourers, and related workers (26 per cent compared to 16 per cent) (figure 11.1.9).
- For Indigenous people in 2004-05:
 - full time employment decreased with remoteness, while part time employment increased with remoteness (figure 11.1.2)
 - CDEP participation comprised a significant proportion of Indigenous employment in remote and very remote areas, accounting for 64 per cent of Indigenous employment in the public sector and 48 per cent of Indigenous employment in the private sector (figure 11.1.7).

Box 1.67 Things that work

- The Aboriginal Employment Strategy in NSW is a community strategy in partnership with government and the corporate sector to create jobs for Aboriginal people. Following success in Moree, the program has been expanded to four offices in regional NSW and three offices in Sydney (box 11.2.2).
- The Accor Asia Pacific Corporate Leaders for Indigenous Employment Project encourages private sector companies to create job opportunities using the Australian Government's Indigenous Employment Programme (box 11.2.2).
- The Sunraysia Area Consultative Committee Structured Training and Employment Project was established in 2003. The project focuses on full time skilled or professional employment for Indigenous people (box 11.1.2).
- Under the Port Hedland Regional Partnership Agreement, the Australian Government and the Minerals Council of Australia aim to create employment and business opportunities for Indigenous people in mining regions (box 11.1.2).

Self employment and Indigenous business

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

Box 1.68 KEY MESSAGES

- In non-remote areas in 2004-05, the rate of self employment for Indigenous people was markedly lower than that for non-Indigenous people (table 11A.2.1).
- The most recent nationally comparable data that can be reported for the Indigenous self employment and business indicator are the ABS 2001 Census data that were published in the 2003 Report.
- The 2003 Report noted that differences in the rates of self employment between non-Indigenous and Indigenous people varied significantly across remoteness areas; the largest difference was found in very remote areas, where non-Indigenous people were nine times as likely as Indigenous people to be self employed.

Box 1.69 Things that work

- Through a small, Indigenous-owned enterprise, Wujal Wujal Walker Family Tours provide guided walking tours through the Daintree Rainforest in Queensland. The enterprise works with non-Indigenous tourism businesses in the region (box 11.2.2).
- Ngarda Civil and Mining, based in Port Hedland WA, in conjunction with Indigenous Business Australia, Henry Walker Eltin and the Ngarda Ngarli Yarndu Foundation, has achieved higher Indigenous employment staffing rates than other businesses in the mining sector (box 11.2.3).
- Indigenous Business Australia's Business Development Programme, known as IBA Enterprises, directly assists Indigenous individuals, families and partnerships to succeed in business, through support, mentoring and business loans (box 11.2.4).

Indigenous owned or controlled land

Indigenous owned or controlled land is reported as an indicator of economic participation and development. It is, however, also important in terms of the social and cultural relationships between Indigenous peoples and their land.

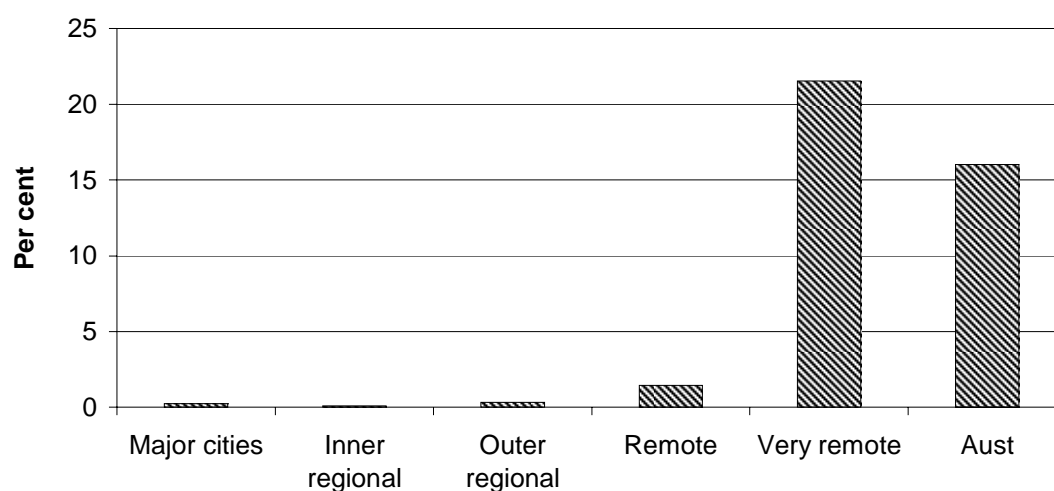
Box 1.70 KEY MESSAGES

- Indigenous (and non-Indigenous) people obtain a variety of economic, social and cultural benefits from land they own or control.
- In June 2006, native title had been determined to exist in full or part in 8 per cent of the area of Australia, compared with 5 per cent in June 2004. The national increase was around 264 210 km², with the major increase occurring in WA (figure 11.3.3).
- The number of registered Indigenous Land Use Agreements (ILUAs) increased from 84 in June 2003 to 250 in June 2006 (figure 11.3.4). Over this period, the total land area subject to ILUAs grew from 239 219 km² to 812 866.3 km², or 11 per cent of the total area of Australia.
- Indigenous land interests are also protected under various forms of legislation that enable the grant or purchase of land by governments for Indigenous ownership or use. The Indigenous Land Corporation has acquired 201 properties across Australia, covering more than 5.5 million hectares. Examples of State and Territory grants and transfers of land to Indigenous people are included in the main Report (section 11.3).

Ownership and control of land can provide both economic and cultural benefits to Indigenous people. As well as yielding benefits from customary activities (for example, fishing, hunting and gathering) and commercial activities (for example,

mining royalties and tourism), Indigenous owned or controlled land can provide people with a place to live, through either individual home ownership or community housing.

Indigenous owned land as a proportion of each remoteness area, December 2006



Source: ILC (unpublished); table 11A.3.2.

Box 1.71 Things that work

- The main Report contains several examples of the benefits deriving from Indigenous ownership and control of land, in terms of:
 - the customary economy
 - residential use and home ownership
 - commercial business
 - service delivery
 - land management/tradeable assets
 - eco-services (section 11.3).
- The Indigenous Pastoral Program was established in 2003 in the NT to increase sustainable pastoral production on Indigenous land and Indigenous involvement in the pastoral industry (box 11.3.2).

Governance capacity and skills

Capacity building for good governance can take many forms. This indicator provides information on Indigenous participation in mainstream courses that are regarded as useful in developing skills relevant to governance. These include

management and commerce, economics and business law. Students in other courses may also be well equipped to provide leadership and contribute to good governance.

Box 1.72 KEY MESSAGES

- In 2005, lower proportions of Indigenous than non-Indigenous students enrolled in university and TAFE courses relevant to governance and management (figures 11.4.1 and 11.4.3).
- Both Indigenous and non-Indigenous male students were more likely than females to enrol in university courses relevant to governance and management (figure 11.4.2).
- Both Indigenous and non-Indigenous female students were more likely than males to enrol in TAFE courses relevant to governance and management (figure 11.4.4).

Box 1.73 Things that work

- The Office of the Registrar of Aboriginal Corporations (ORAC) has developed a range of corporate governance training programs for Indigenous corporations and their governing committees/boards (box 11.4.2).
- The Managing in Two Worlds Governance Training Program aims to strengthen the management capacity of Victorian Aboriginal community organisations and improve service delivery, using programs developed by ORAC (box 11.4.2).

Case studies in governance arrangements

Many Indigenous bodies provide important services to their communities. Generally speaking, community governance refers to the ways Indigenous people come together to deal with community affairs, and organisational governance refers to governance of Indigenous bodies established to undertake social, economic and cultural activities. A comprehensive picture of Indigenous governance should also consider governments' engagement with Indigenous organisations and communities — government governance.

Governance is closely linked with economic development and disadvantage, because it contributes to Indigenous organisations' and communities' ability to make and implement decisions. Each Indigenous community and organisation has unique historical and cultural characteristics that are reflected in its governance arrangements, but some key determinants have general application to good governance, while allowing for the unique cultures of different organisations and communities.

Box 1.74 **KEY MESSAGES**

- Six determinants have general application to good Indigenous governance, while allowing for the unique cultures of different organisations and communities:
 - governing institutions
 - leadership
 - self-determination
 - capacity building
 - cultural match
 - resources.
- No one determinant in isolation is enough to lead to good governance arrangements — all determinants are necessary for sustained success.
- A comprehensive picture of Indigenous governance should also consider ‘government governance’ — government engagement with Indigenous organisations and communities.

Box 1.75 **Things that work**

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

Indigenous Governance Awards Finalists

2005

- *Winner:* Koorie Heritage Trust (Melbourne)
- *Highly commended:* Central Australian Aboriginal Congress (Alice Springs)
- *Highly commended:* Sunrise Health Service (Katherine)
- *Finalist:* Goldfields Land and Sea Council (Kalgoorlie)
- *Finalist:* Institute for Aboriginal Development (Alice Springs)
- *Finalist:* North Coast Aboriginal Corporation for Community Health (Maroochydore)
- *Finalist:* Maari Ma Health Aboriginal Corporation (Broken Hill)
- *Finalist:* Tiwi Islands Local Government (NT)

2006

Organisations under 10 years old

- *Winner:* Gannambarra Enterprises (Wagga Wagga)
- *Highly commended:* Wunan Foundation (Kununurra)
- *Finalist:* Muru Mittigar Aboriginal Cultural and Education Centre (Penrith)
- *Finalist:* Nyirranggulung Mardruk Ngadberre Regional Council (Katherine)

Organisations over 10 years old

- *Winner:* WuChopperen Health Service Limited (Cairns)
- *Highly commended:* Yirra Yaakin Aboriginal Corporation (Perth)
- *Finalist:* Wangka Maya Pilbara Aboriginal Language Centre (Port Hedland)
- *Finalist:* Yarrabah Shire Council (Qld)

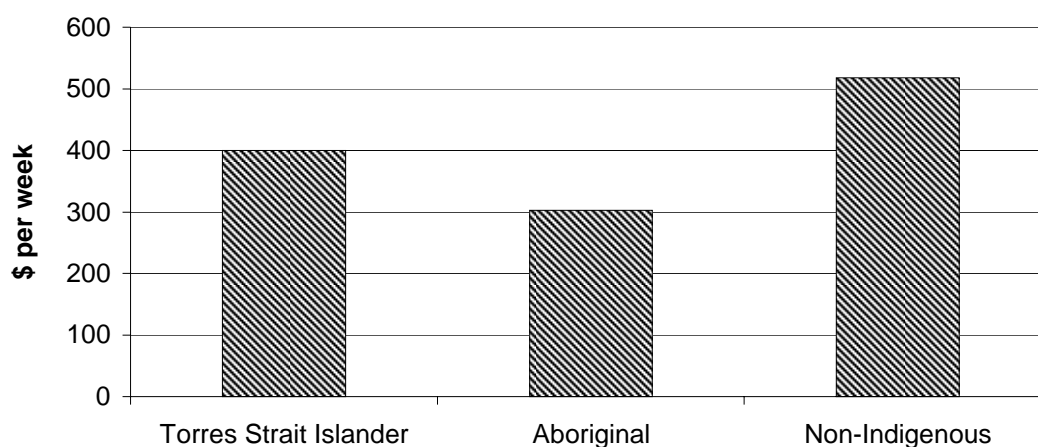
Outcomes for Torres Strait Islander people

Torres Strait Islander people are a culturally distinct group of Indigenous Australians. As a relatively small proportion of the Australian population, small numbers in surveys and administrative data collections make it difficult to report reliable data. The main Report includes a selection of results that separately identify outcomes for Torres Strait Islander people, Aboriginal people and non-Indigenous people. In these data, 'Torres Strait Islander' includes people who identified as 'Torres Strait Islander only' and 'Aboriginal and Torres Strait Islander'.

Box 1.76 KEY MESSAGES

- Around 6 per cent of Indigenous people identify as Torres Strait Islander only, while an additional 4 per cent identify as both Aboriginal and Torres Strait Islander.
- Fifty-nine per cent of Torres Strait Islander people live in Queensland.
- In 2004-05:
 - the proportions of Aboriginal and Torres Strait Islander adults with a long term health condition were similar (tables 12A.5.5 and 12A.5.6)
 - a higher proportion of Torres Strait Islander adults (22 per cent) than Aboriginal adults (14 per cent) had year 12 as their highest level of education (figure 12.5.1), but similar proportions had completed a post-secondary qualification of certificate level 3 or higher (table 12A.5.1)
 - the labour force participation rate for Torres Strait Islander people aged 18 to 64 years (70 per cent) was higher than for Aboriginal people (62 per cent) (figure 12.5.2). The proportions of people who were unemployed or who were participating in CDEP were similar (tables 12A.5.4 and 12A.5.6)
 - the median (mid point) weekly income of Torres Strait Islander adults (\$400) was higher than for Aboriginal adults (\$303) but lower than for non-Indigenous adults (\$518) (figure 12.5.3)
 - the proportions of Aboriginal and Torres Strait Islander adults living in homes someone in their household owned or was purchasing were similar (table 12A.5.2).

Median (mid point) individual income, people aged 18 years or over, 2004-05



Data source: ABS 2004-05 NATSIHS; ABS 2004-05 NHS; table 12A.1.3.

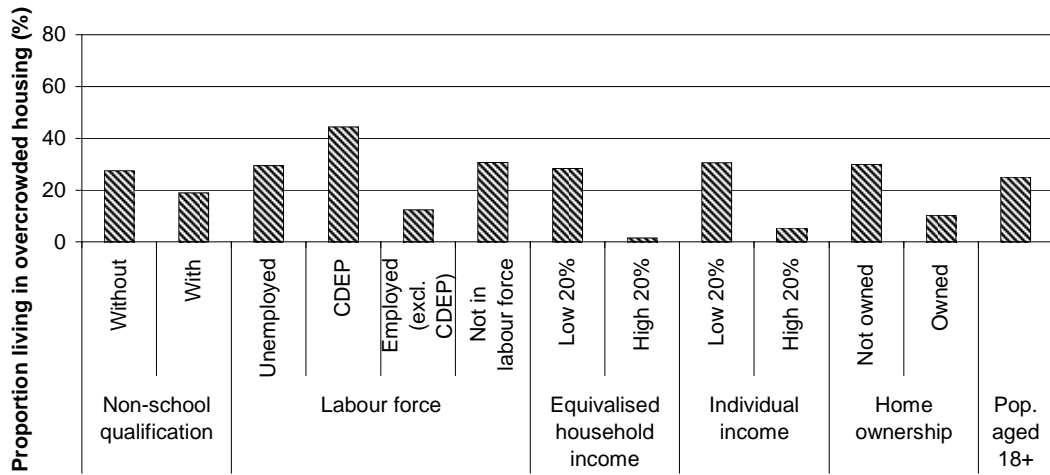
Measuring multiple disadvantage

Different aspects of disadvantage often seem to occur together — for example, poor education appears to be linked with poor employment outcomes, and both are linked with poor income. Using comparable data from the ABS 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the National Health Survey (NHS), 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 1.77 KEY MESSAGES

- In 2004-05, Indigenous people were markedly disadvantaged when compared with non-Indigenous people against the three measured headline dimensions — education, labour force and income. Different patterns of disadvantage were observed according to age, sex and remoteness areas (figures 12.1.1–12.1.3).
- Overcrowded housing is associated with most headline dimensions of disadvantage, including poor education and employment outcomes and low household and individual incomes (figure 12.3.3).
- Health risk behaviours among Indigenous people are associated with many headline dimensions of disadvantage — daily smoking is associated with poor outcomes in education, employment and income (figure 12.3.1), and illicit drug use is associated with unemployment and poor outcomes in home ownership (figure 12.3.2).

Characteristics of Indigenous people aged 18 years and over living in overcrowded housing



Source: ABS 2004-05 NATSIHS (unpublished); tables 13A.3.1 and 13A.3.2.

FUTURE DIRECTIONS IN DATA

Notwithstanding some improvements, data for Indigenous people are of poor quality in several key areas.

Indicator	Data priority
Life expectancy and causes of death	<ul style="list-style-type: none"> Continue work on improving quality and availability of Indigenous data, including changes over time.
Substantiated child abuse and neglect; children on care and protection orders	<ul style="list-style-type: none"> Develop data collections to better reflect the underlying extent of child protection issues that are not necessarily apparent from administrative data on substantiations, notifications and orders.
Alcohol and tobacco consumption; drug and other substance use	<ul style="list-style-type: none"> Collect regular data comparing Indigenous and non-Indigenous consumption and more robust data by jurisdictional and geographic levels.
Birthweight	<ul style="list-style-type: none"> Extend data collections to focus on the Indigenous status of babies (rather than mothers).
Hearing impediments	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Improve quality of Indigenous identification in hospital administrative systems.
Social and emotional wellbeing	<ul style="list-style-type: none"> Improve data on comparable measures of social and emotional wellbeing.
Family and community violence	<ul style="list-style-type: none"> Improve data on relationship of victim to offender and comparability between states and territories.
Children with tooth decay	<ul style="list-style-type: none"> Expand the availability of comparable data on children's dental health.
Juvenile diversions	<ul style="list-style-type: none"> Collect comparable national data.
Self employment and Indigenous business	<ul style="list-style-type: none"> Collect regular data on Indigenous business and self-employment.
Access to clean water and functional sewerage	<ul style="list-style-type: none"> Collect regular data allowing comparison between services in Indigenous communities and those

	delivered by major utilities.
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