# 4 COAG TARGETS AND HEADLINE INDICATORS

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| Figure 4.1 Priority outcomes |
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| Box 4.1 COAG targets and headline indicators |
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| **COAG targets** | **Headline indicators** |
| * 1. Life expectancy
	2. Young child mortality
	3. Early childhood education
	4. Reading, writing and numeracy
	5. Year 12 attainment
	6. Employment
 | * 1. Post-secondary education — participation and attainment
	2. Disability and chronic disease
	3. Household and individual income

4.10 Substantiated child abuse and neglect4.11 Family and community violence4.12 Imprisonment and juvenile detention |

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The three priority outcomes that sit at the top of the report’s framework (figure 4.1) reflect COAG’s vision for Aboriginal and Torres Strait Islander Australians to have the same life opportunities as other Australians. The priority outcomes are interlinked — no single aspect of the priority outcomes can be achieved in isolation. ‘Positive child development and prevention of violence, crime and self-harm’ are key determinants in the achievement of ‘safe, healthy and supportive family environments with strong communities and cultural identity’. Without these conditions in place, it is very difficult to achieve ‘improved wealth creation and economic sustainability’.

Progress against the COAG targets and headline indicators (box 4.1) reflects the extent to which this vision is becoming a reality. Like the priority outcomes themselves, these indicators are strongly inter-dependent. Few of the COAG targets or headline indicators are likely to improve solely as the result of a single policy or a single agency — positive change will generally require action across a range of areas. In addition, most of these high level indicators are likely to take some time to improve, even if effective policies are implemented in the strategic areas for action.

The COAG targets and headline indicators are high level indicators:

* life expectancy — life expectancy is a broad indicator of the long-term health and wellbeing of a population
* young child mortality — young child mortality (particularly infant (<1 year old) mortality) is an indicator of the general health of a population
* early childhood education — children’s experiences in their early years influence lifelong learning, behaviour and health. High quality early childhood education can enhance the social and cognitive skills necessary for achievement at school and later in life
* reading, writing and numeracy — improved educational outcomes are key to overcoming many aspects of disadvantage
* year 12 attainment — a Year 12 or equivalent qualification significantly increases the likelihood of a successful transition to post-school activities, including further education, training and employment
* employment — employment contributes to living standards, self-esteem and overall wellbeing. It is also important to families and communities
* post-secondary education—participation and attainment — education can affect employment prospects and incomes, and also health and the ability to make informed life decisions
* disability and chronic disease — high rates of disability and chronic disease affect the quality of life of many Indigenous people. Disability and chronic disease can also affect other outcomes, by creating barriers to social interaction and reducing access to services, employment and education
* household and individual income — the economic wellbeing of families and individuals is largely determined by their income and wealth. Higher incomes can enable the purchase of better food, housing, recreation and health care. There may also be psychological benefits, such as a greater sense of personal control and self-esteem
* substantiated child abuse and neglect — many Aboriginal and Torres Strait Islander 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 neglect
* family and community violence — family and community violence problems are complex, and the impact of such violence may be felt from one generation to another
* imprisonment and juvenile detention — Aboriginal and Torres Strait Islander Australians are over-represented in the criminal justice system, as both young people and adults. Poverty, unemployment, low levels of education and lack of access to social services are all associated with high crime rates and high levels of imprisonment.

### Attachment tables

Attachment tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 4A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp), or users can contact the Secretariat directly.

## 4.1 Life expectancy[[1]](#footnote-1)

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| Box 4.1.1 Key messages |
| Life expectancy is a broad indicator of a population’s long-term health and wellbeing.* From 2005–2007 to 2010–2012, the gap in life expectancy for Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians has narrowed for both males and females (from 11.4 to 10.6 years for males, and from 9.6 to 9.5 years for females) (tables 4A.1.3 and 4A.1.1).
* From 1998 to 2012, the Aboriginal and Torres Strait Islander crude mortality rate decreased from 448.7 to 408.6 deaths per 100 000 population (figure 4.1.1). After adjusting for differences in population age structures, the gap between Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians narrowed slightly from 479.4 to 402.3 deaths per 100 000 population (figure 4.1.2).
* Nationally for children born in 2010–2012, estimated life expectancy at birth for Aboriginal and Torres Strait Islander Australians was 69.1 years for males and 73.7 years for females (table 4A.1.1), compared to 79.7 years for non-Indigenous males and 83.1 years for non-Indigenous females.
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| Box 4.1.2 Measures of life expectancy |
| There is one main measure for this indicator (aligned with the associated NIRA indicator). *Estimated life expectancy at birth* is defined as the average number of years new born babies could expect to live, if they experienced the age/sex specific death rates that applied at their birth throughout their lifetimes. The most recent available data are from the ABS Aboriginal and Torres Strait Islander and non-Indigenous life tables, with the most recent available data for 2010–2012 (NSW, Queensland, WA, the NT and national; sex; remoteness). Life expectancy estimates for Victoria, SA, Tasmania and the ACT are not available by Indigenous status because of their small Aboriginal and Torres Strait Islander populations (although data are included in national totals).Data are also provided for one supplementary measure (aligned with the associated NIRA indicator). *Mortality rate by leading causes* is defined as the number of deaths per 100 000 population (considered a proxy annual measure for life expectancy). The most recent available data for mortality rates are from the ABS Deaths Collection (all cause totals) and the ABS Causes of Death Collection, with the most recent available data for 2012 (NSW, Queensland, WA, SA and the NT; age; sex; remoteness). |
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Life expectancy is an indicator of long-term health and wellbeing, and a key measure of the health of populations. Life expectancy is influenced by employment, education, housing, sanitation and access to healthcare (Becker, Philipson and Soares 2003; Carson et al. 2007; Mariani, Perez-Barhona and Raffin 2010). The Council of Australian Governments (COAG) has committed to ‘closing the life expectancy gap [between Indigenous and non-Indigenous Australians] within a generation’ (COAG 2012).

Life expectancy can be increased by positive health behaviours (see sections 8.4, 8.5, and 11.1), improving access to high quality health services, greater levels of preventative care, early diagnosis of diseases and more effective treatment of chronic diseases (see sections 4.8, 8.1 and 8.2). Poverty, disadvantage and stress can lead to unhealthy behaviours (Marmot and Wilkinson 2009; Renzaho et al. 2013). People from lower socioeconomic groups suffer from higher rates of ill health and death at younger ages (Turrell and Mathers 2000). On average, Aboriginal and Torres Strait Islander people also experience a larger health gap due to risk factors such as smoking, excessive alcohol consumption, illicit drug use, insufficient physical activity, and poor nutrition which, in turn, contribute to higher rates of chronic disease (AIHW 2012). On the other hand, positive cultural, social and economic factors all help to make healthier choices viable. There is some evidence that influencing the social and economic determinants of Aboriginal and Torres Strait Islander health can contribute to closing the life expectancy gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians (Osborne, Baum and Brown 2013).

### Life expectancy

Aboriginal and Torres Strait Islander males born between 2010 and 2012 can expect to live 69.1 years, 10.6 years less than non-Indigenous males. Aboriginal and Torres Strait Islander females can expect to live 73.7 years, 9.5 years less than non‑Indigenous females (table 4A.1.1). (Females live longer than males in both the Aboriginal and Torres Strait Islander and non-Indigenous populations.) The life expectancy gap for both sexes has narrowed since 2005–2007 (from 11.4 to 10.6 years for males, and from 9.6 to 9.5 years for females) (tables 4A.1.3 and 4A.1.1).

An improvement has been made to the calculation of Aboriginal and Torres Strait Islander life expectancy at the national level for 2010–2012 (with comparable data produced for 2005–2007). However, this improved method (which takes age-specific identification rates into account) could not be used for individual jurisdictions and remoteness areas. Comparable, non-age-adjusted national level data are provided in tables 4A.1.1 and 4A.1.3 to enable jurisdictional and remoteness comparisons.

Life expectancy for Aboriginal and Torres Strait Islander Australians is available for the first time by remoteness. For 2010–2012, life expectancy for those living in major cities/inner regional areas is around 0.7 years longer for males and 0.8 years longer for females, than for those living in outer regional, remote and very remote areas (68.0 years compared with 67.3 years for males, and 73.1 years compared with 72.3 years for females) (table 4A.1.2).

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| Table 4.1.1 Estimated life expectancies at birth, 2010−2012 and 2005−2007**a** |
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|  | *Indigenous* |  | *Non-Indigenous* |
|  | *Life expectancy at birth* |  | *95 per cent confidence intervals* |  | *Life expectancy at birth* |
|  | *Males* | *Females* |  | *Males* | *Females* |  | *Males* | *Females* |
| 2010-2012 |  |  |  |  |  |  |  |  |
| NSW | 70.5 | 74.6 |  | 69.0-72.0 | 73.3-75.9 |  | 79.8 | 83.1 |
| Queensland | 68.7 | 74.4 |  | 67.3-70.1 | 73.2-75.6 |  | 79.4 | 83.0 |
| WA | 65.0 | 70.2 |  | 63.4-66.6 | 68.8-71.6 |  | 80.1 | 83.7 |
| NT | 63.4 | 68.7 |  | 61.3-65.5 | 66.8-70.6 |  | 77.8 | 83.1 |
| Australiab | 69.1 | 73.7 |  | 67.8-70.4 | 72.5-74.9 |  | 79.7 | 83.1 |
| 2005-2007 |  |  |  |  |  |  |  |  |
| NSW | 68.3 | 74.0 |  | 66.3-70.3 | 72.3-75.7 |  | 78.8 | 82.6 |
| Queensland | 67.1 | 72.7 |  | 65.6-68.6 | 71.4-74.0 |  | 78.8 | 82.7 |
| WA | 64.5 | 70.0 |  | 62.9-66.1 | 68.5-71.5 |  | 79.2 | 82.9 |
| NT | 61.5 | 69.4 |  | 60.1-62.9 | 68.1-70.7 |  | 75.5 | 81.0 |
| Australiab | 67.5 | 73.1 |  | 66.1-68.9 | 71.9-74.3 |  | 78.9 | 82.6 |

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| a Indigenous estimates of life expectancy are not produced for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths reported in these jurisdictions. b Headline estimates for Australia include all states and territories, and are calculated using an improved methodology (taking into account age-specific identification rates) that could not be applied at the state and territory or remoteness area levels. Therefore these data should not be compared with data for an individual State, Territory or remoteness area. |
| *Source*: ABS (2013) *Life Tables for Aboriginal and Torres Strait Islander Australians, 2010–2012*, Cat. no. 3302.0.55.003, Canberra; tables 4A.1.1 and 4A.1.3. |
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Available data suggest that the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia is larger than in other countries where Indigenous peoples share a similar history (table 4A.1.4). In New Zealand, in 2010–2012, there was a Māori/non Māori gap of 7.4 years for males and 7.2 years for females (Statistics New Zealand 2013). However, caution should be used in comparing data across countries, due to a range of conceptual, methodological and data issues (AIHW 2011).

### Mortality rates by leading causes

Mortality rates (defined as the number of deaths per 100 000 population) are considered an annual proxy measure for life expectancy. The following caveats apply:

* five year aggregate data are used for current period analysis, due to the volatility of the small number of deaths. Single year data are presented for time series analysis only
* data disaggregated by Indigenous status are available for NSW, Queensland, WA, SA and the NT only, as these jurisdictions have sufficient levels of Aboriginal and Torres Strait Islander identification and numbers of deaths to support analysis.

#### All-cause mortality

From 1998 to 2012, Aboriginal and Torres Strait Islander crude mortality rates declined from 448.7 to 408.6 deaths per 100 000 population (table 4A.1.6).

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| Figure 4.1.1 Indigenous mortality rates, NSW, Queensland, WA, SA and the NT, by sex 1998 to 2012 **a, b** |
| 4.1.1 Indigenous mortality rates, NSW, Queensland, WA, SA and the NT, by sex 1998 to 2012  More details can be found within the text surrounding this image. |
| a Rates are crude rates. b Data for these five jurisdictions are not representative of rates in other jurisdictions. |
| *Source*: ABS (unpublished) Deaths, Australia; table 4A.1.6. |
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Mortality rates for Aboriginal and Torres Strait Islander females were consistently lower than those for males from 1998 to 2012, but the gap between male and females has narrowed (from 156.5 to 79.7 deaths per 100 000 population) (figure 4.1.1).

For 2008–2012, after adjusting for differences in population age structures, the mortality rate for Aboriginal and Torres Strait Islander Australians was 1.7 times the rate for non‑Indigenous Australians (table 4A.1.7).

For specific age groups for 2008–2012:

* the 35–44 year age group had the greatest rate ratio, with the Aboriginal and Torres Strait Islander mortality rate around four times the non‑Indigenous rate (397.0 compared with 97.8 deaths per 100 000 population).
* The 55–64 year age group had the largest absolute difference in mortality rates between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians (1377.0 compared with 511.0 deaths per 100 000 population — a difference of 866.0 deaths per 100 000 population) (table 4A.1.5).

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| Figure 4.1.2 Mortality rates, NSW, Queensland, WA, SA and the NT 1998 to 2012**a,b** |
| 4.1.2 Mortality rates, NSW, Queensland, WA, SA and the NT 1998 to 2012  More details can be found within the text surrounding this image.   |
| a Rates have been directly age-standardised using the 2001 Australian standard population. b Data for these five jurisdictions are not representative of rates in other jurisdictions. |
| *Source*: ABS (unpublished) Deaths, Australia; table 4A.1.6 |
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From 1998 to 2012, after adjusting for differences in population age structures, the gap in mortality rates between Aboriginal and Torres Strait Islander Australians and
non-Indigenous Australians narrowed from 479.4 to 402.3 deaths per 100 000 population (figure 4.1.2).

Data for all-cause mortality rates reported for selected states and territories are also available in table 4A.1.7.

The ABS has published mortality data disaggregated by remoteness in Deaths, Australia, 2012 (ABS Cat. no. 3302.0). These data are not included in this report, as they are not adjusted for the under-identification of Indigenous status. Under-identification of Indigenous status in deaths registrations increases as remoteness decreases, which makes interpretation of the results difficult.

#### Causes of death

Leading causes of death provide further context for understanding trends in mortality and life expectancy.[[2]](#footnote-2)

For 2008–2012, the leading causes of death for Aboriginal and Torres Strait Islander Australians were: diseases of the circulatory system (25.5 per cent of all deaths); cancers (neoplasms) (20.2 per cent); external causes (15.2 per cent); endocrine, nutritional and metabolic diseases (9.1 per cent); and diseases of the respiratory system (7.6 per cent) (table 4A.1.11).

From 1998 to 2012, after adjusting for differences in population age structures, the gap in mortality rates between Aboriginal and Torres Strait Islander and non-Indigenous Australians:

* narrowed for deaths where the leading causes were:
* diseases of the circulatory system — from a gap of 169.4 deaths per 100 000 population to 108.3 deaths per 100 000 population. However, the rate for Aboriginal and Torres Strait Islander Australians remained 1.6 times that for non-Indigenous Australians (table 4A.1.19)
* diseases of the respiratory system — from a gap of 81.7 deaths per 100 000 population to 46.2 deaths per 100 000 population (table 4A.1.19)
* widened where the leading cause was neoplasms (cancers), from a gap of -5.0 deaths per 100 000 population to 55.4 deaths per 100 000 population (table 4A.1.19).

Higher Aboriginal and Torres Strait Islander cancer mortality rates may be partly due to factors such as later diagnoses, lower likelihood of receiving treatment and greater likelihood of being diagnosed with cancers for which the prospect of successful treatment and survival is poorer (AHMAC 2012).

Data for cause of death reported for selected state and territories are available in tables 4A.1.8–18.

### Future directions in data

The primary measure for this indicator, estimated life expectancy at birth, is based on a three-year average, published every five years (related to the availability of Census data). Currently, data are only able to be reported at the jurisdictional level for NSW, Queensland, WA and the NT. Further work is required to enable reporting of life expectancy estimates separately for all states and territories (subject to limitations imposed by the small number of Aboriginal and Torres Strait Islander deaths in some jurisdictions).

### References

AHMAC (Australian Health Ministers’ Advisory Council) 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, Canberra.

AIHW (Australian Institute of Health and Welfare) 2011, *Comparing Life Expectancy of Indigenous People in Australia, New Zealand, Canada and the United States: Conceptual, Methodological and Data Issues*, Cat. no. IHW 47, Canberra.

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/content/early/ 2013/02/08/eurpub.ckt007 (accessed 17 January 2014).

Statistics New Zealand 2013, *New Zealand Period Life Tables: 2010-12*, www.stats.govt.nz/
browse\_for\_stats/health/life\_expectancy/NZLifeTables\_HOTP10-12.aspx (accessed 17 January 2014).

Turrell, G. and Mathers, C. 2000, ‘Socioeconomic status and health in Australia’, *The Medical Journal of Australia*, vol. 172, no. 9, pp. 434–438.

## 4.2 Young child mortality[[3]](#footnote-3)

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| Box 4.2.1 Key messages |
| * From 1998 to 2012, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged 0–4 years (from 216.8 to 146.0 deaths per 100 000 population). This decline was greater than that for non‑Indigenous children (from 114.9 to 79.2 deaths per 100 000 population), resulting in a narrowing of the gap from 101.8 to 66.8 deaths per 100 000 population (table 4A.2.1).
* The major contributor to the decrease in Aboriginal and Torres Strait Islander child mortality rates was a significant decrease in the infant (0–1 year) mortality rate (from 13.5 to 5.0 deaths per 1000 live births). The infant mortality gap narrowed from 9.0 to 1.7 deaths per 1000 live births (table 4A.2.1).
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| Box 4.2.2 Measures for young child mortality |
| There is one main measure for this indicator (aligned with relevant NIRA indicator) *mortality rates for children aged less than five years, by leading cause of death.* The measure is reported for:* *perinatal* — perinatal deaths as a rate of all live births.
* *infant* — deaths among children under one year as a rate of live births
* *children aged 1–4 years* — deaths among children 1–4 years as a rate of the total population of children aged 1–4 years
* *children aged 0–4 years* — deaths among children 0–4 years as a rate of the total population of children aged 0–4 years

Data are available for NSW, Queensland, WA, SA and the NT.Infant and child mortality data are sourced from the ABS Deaths Australia collection. Perinatal mortality data are sourced from the ABS Perinatal Deaths collection. Causes of death are sourced from the ABS Causes of Death collection. |
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The mortality rate for children under five years is a key indicator of the general health and wellbeing of a population. The Council of Australian Government (COAG) has committed to ‘halving the gap in mortality rates for Indigenous children under five within a decade’ (COAG 2012). Mortality rates are reported in this section for perinatal, infant, children aged 1–4 years and children aged 0–4 years (figure 4.2.1).

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| Figure 4.2.1 Young child mortality rates |
| **Perinatal deaths**per 1000 relevant births**Infant deaths**per 1000 live births**Child deaths (1–4 years)**per 100 000 population**Child deaths (0–4 years)** per 100 000 population**Birth****20 weeks gestation****4 years****1 year****28 days** |
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Perinatal mortality is associated mainly with complications arising from pregnancy and childbirth, and rates may reflect access to antenatal services and health care in the neonatal period, as well as social determinants including maternal education, nutrition, smoking, alcohol use in pregnancy and socioeconomic disadvantage. Related information are presented in the early childhood development section of this report (6.1 (antenatal care); 6.2 (health behaviours during pregnancy); and 6.4 (birth weight)).

Most childhood deaths occur in the first year of life and are captured in the infant mortality rates. In 2010, infant deaths comprised 1 per cent of all deaths, but almost three-quarters of deaths among children aged less than 14 years (AIHW 2012).

There was a dramatic decline in overall infant mortality rates in Australia over the 20th century. Infant death rates decreased from 103 deaths per 1000 live births in 1900 to 4.3 deaths per 1000 live births in 2009 (ABS 2002, 2010). During the first half of the 20th century, a significant share of this decline was associated with improvements in public sanitation and health education, followed by the development of immunisation programs. Improved neonatal and intensive care, education campaigns on immunisation and infant sleeping position have led to further modest declines in infant deaths (ABS 2000, 2010; AHMAC 2012; AIHW 2012; d’ Espaignet et al. 2008). There have been significant reductions in perinatal mortality rates among Aboriginal and Torres Strait Islander Australians since the 1990s, but a gap still remains to non-Indigenous rates (AHMAC 2012).

The overall mortality rate for Australian children aged 1–4 years has declined over the 20th century, but not as significantly as infant and perinatal death rates. Once infancy has passed, injury emerges as one of the leading causes of death for all children. There has been an overall decline in injury-specific child deaths over the last two decades, partly due to a decline in transport and drowning deaths (ABS 2005).

### Mortality rates for children aged less than five years, by leading cause of death

Child mortality data disaggregated by Indigenous status are available for NSW, Queensland, WA, SA and the NT, as these jurisdictions have sufficient levels of Aboriginal and Torres Strait Islander identification and numbers of deaths to support analysis. Data are presented as five year aggregates to account for the volatility of small numbers.

For 2008–2012, the mortality rate for Aboriginal and Torres Strait Islander children aged 0–4 years was 166.6 deaths per 100 000 population, compared with a rate of 92.6 deaths per 100 000 population for non‑Indigenous children (a ratio of 1.8:1) (table 4A.2.8). The majority of deaths occur in the first year of life — the infant mortality rates for Aboriginal and Torres Strait Islander children was 6.2 per 1000 live births, compared with a rate of 3.7 per 1000 live births for non‑Indigenous children (a rate ratio of 1.7:1) (table 4A.2.4).

The 1–4 year old mortality rate was lower than the infant mortality rate for both Aboriginal and Torres Strait Islander children (40.0 deaths per 100 000 population) and non‑Indigenous children (17.5 deaths per 100 000 population) but the rate ratio — (2.3:1) was higher than that for infant mortality (1.7:1) (table 4A.2.6).

Perinatal mortality[[4]](#footnote-4) cannot be compared to the other child mortality measures, as rates are calculated based on the relevant births and include a subset of infant deaths. For
2008–2012, the Aboriginal and Torres Strait Islander perinatal mortality rate was 9.6 per 1000 relevant births (comprising a fetal mortality rate of 5.7 and neonatal mortality rate of 3.9 per 1000 relevant births). The non‑Indigenous perinatal mortality rate was 8.1 per relevant live births (comprising a fetal mortality rate of 5.4 and neonatal mortality rate of 2.7 per 1000 relevant births) (table 4A.2.2).

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| Figure 4.2.2 Child mortality rates, NSW, Queensland, WA, SA and the NT, 1998 to 2012 |
| **Children aged 0–4 years**Figure 4.2.2 Child mortality rates, NSW, Queensland, WA, SA and the NT 1998 to 2012 - Children aged 0-4 years  More details can be found within the text surrounding this image.**Children aged 1–4 years**4.2.2 Child mortality rates, NSW, Queensland, WA, SA and the NT, 1998 to 2012 - Children aged 1-4 years  More details can be found within the text surrounding this image. **Figure 4.2.2 Child mortality rates, NSW, Queensland, WA, SA and the NT 1998 to 2012 - Legend (Indigenous, Non-Indigenous)  More details can be found within the text surrounding this image.** |
| *Source*: ABS (unpublished) Deaths Australia, 2012; table 4A.2.1 |
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From 1998 to 2012, Aboriginal and Torres Strait Islander mortality rates remained relatively constant for children aged 1–4 years, but the rate for children aged
0–4 years decreased significantly, from 216.8 to 146.0 deaths per 100 000 population, due to a strong decrease in infant mortality rates. During that period, the gap in mortality rates between Aboriginal and Torres Strait Islander children and non-Indigenous children aged 0–4 years narrowed from 101.8 to 66.8 deaths per 100 000 population (figure 4.2.2).

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| Figure 4.2.3 Infant mortality rates (aged 0<1 year), NSW, Queensland, WA, SA and the NT, 1998 to 2012 |
| Figure 4.2.3 Infant mortality rates (aged 0<1 year), NSW, Queensland, WA, SA and the NT, 1998 to 2012  More details can be found within the text surrounding this image. |
| *Sources*: ABS (unpublished) Causes of Death, Australia, 2012; ABS (unpublished) Births, Australia, 2012; table 4A.2.1 |
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Infant mortality declined significantly from 1998 to 2012 for Aboriginal and Torres Strait Islander children, from 13.5 to 5.0 deaths per 1000 live births, with the gap to non‑Indigenous children narrowing from 9.0 to 1.7 deaths per 1000 live births (figure 4.2.3).

Aboriginal and Torres Strait Islander perinatal mortality rates also decreased between 1998 and 2012, decreasing from 15.8 to 7.2 deaths per 1000 relevant births. There was also a narrowing of the gap between Aboriginal and Torres Strait Islander and non‑Indigenous perinatal mortality, from 7.9 to -0.7 deaths per 1000 relevant births. Due to small numbers, data are volatile and should be interpreted with caution (table 4A.2.1).

Data on mortality rates for perinatal, infant, and children aged 0–4 years and 1–4 years are also available for selected states and territories in tables 4A.2.2, 4A.2.4, 4A.2.6 and 4A.2.8.

#### Mortality rates by leading causes

The leading cause of death for both Aboriginal and Torres Strait Islander children and non‑Indigenous children aged 0<1 year and 0–4 years for 2008–2012 was ‘certain conditions originating in the perinatal period’.[[5]](#footnote-5) This cause accounted for 48.1 per cent of all Aboriginal and Torres Strait Islander infant (0<1 year) deaths (3.0 deaths per 1000 live births) and 49.9 per cent of all non‑Indigenous infant deaths (1.9 deaths per 1000 live births) (a rate ratio of 1.6:1) (table 4A.2.12). This cause also accounted for 39.2 per cent of all Aboriginal and Torres Strait Islander child (0–4 years) deaths (65.3 deaths per 100 000 population) and 42.7 per cent of non-Indigenous child deaths (39.6 deaths per 100 000 population (a rate ratio of 1.6:1) (table 4A.2.16). Single year time series data are available for this leading cause for infants (table 4A.2.18), but due to the small numbers and the relatively short time period covered, the data are unlikely to reflect a statistically significant trend.

The major cause of perinatal mortality for 2008–2012 was ‘disorders related to length of gestation and fetal growth’, which accounted for 35.6 per cent of Aboriginal and Torres Strait Islander perinatal deaths and 30.5 per cent of non‑Indigenous perinatal deaths (table 4A.2.10).

Once the infancy period has passed, the leading cause of death for children aged
1–4 years is injury and poisoning. For 2008–2012, injury and poisoning accounted for 53.0 per cent of Aboriginal and Torres Strait Islander deaths of children aged
1–4 years (21.2 deaths per 100 000 population) and 36.4 per cent of deaths of non‑Indigenous children (6.4 deaths per 100 000 population) (a rate ratio of 3.3:1) (table 4A.2.14).

### Future directions in data

There is limited information on the under-coverage of Aboriginal and Torres Strait Islander identification in mortality data. The ABS has examined the quality of Indigenous identification in deaths data, including a national analysis by age, which showed that the identification rate for 0–14 year olds (0.83) was similar to the national all-age identification rate (0.82). The AIHW is undertaking research linking Aboriginal and Torres Strait Islander death registration records to perinatal deaths, deaths recorded in hospital and deaths recorded in aged care facilities.

Aboriginal and Torres Strait Islander child mortality rates are not available by remoteness. ABS has advised that further analysis is required to determine what adjustments are required for performance reporting purposes. The ABS has published some unadjusted data in *Deaths Australia, 2012*, but these data should be used with caution, as the under‑identification of Indigenous status in deaths registrations increases as remoteness decreases (ABS 2013).

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## 4.3 Early childhood education[[6]](#footnote-6)

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| Box 4.3.1 Key messages |
| * Nationally in 2013, almost three-quarters (73.9 per cent) of Aboriginal and Torres Strait Islander children in the year before full time schooling were enrolled in preschool and almost 7 in 10 were attending preschool (tables 4A.3.2-3).
* Early childhood education can provide children with a head start, and is associated with improved school completion and enhanced literacy, numeracy and social skills. Nationally in 2013, 73.9 per cent of Aboriginal and Torres Strait Islander children in the year before full time schooling were enrolled in a preschool program and 69.9 per cent were attending a preschool program in the year before full time schooling. This compares to 90.8 per cent (enrolment) and 88.7 per cent (attendance) for non‑Indigenous children (tables 4A.3.2–3.3).
* Ensuring all Indigenous four year olds in remote communities have access to quality early childhood education within five years [by 2013] is a COAG target. Rates for Aboriginal and Torres Strait Islander children varied by remoteness. In 2013:
* enrolment rates ranged from 66.7 per cent in major cities to 85.0 per cent in remote/very remote areas (table 4A.3.4)
* attendance rates ranged from 65.1 per cent in major cities to 74.9 per cent in remote/very remote areas (table 4A.3.5).
* however, while both enrolment rates and attendance rates increased as remoteness increased, the proportion of enrolled children attending decreased (from 97.5 per cent in major cities to 88.1 per cent in remote/very remote areas) (tables 4A.3.4–3.5).
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| Box 4.3.2 Measures of early childhood education |
| There are two primary measures for this indicator (aligned with the NIRA indicator).* *Indigenous children aged 4 and 5 years enrolled in a preschool program* is defined as the number of Aboriginal and Torres Strait Islander children aged 4 and 5 years as at 1 July of the collection year, who are enrolled in a preschool program in the year before full time schooling, as a proportion of the estimated number of Aboriginal and Torres Strait Islander children aged 4 years, by remoteness.
* *Indigenous children aged 4 and 5 years attending a preschool program* is defined as the number of Aboriginal and Torres Strait Islander children aged 4 and 5 years as at 1 July of the collection year, who are attending a preschool program in the year before full time schooling, as a proportion of the estimated number of Aboriginal and Torres Strait Islander children aged 4 years, by remoteness.

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| Box 4.3.2 (continued) |
| The data collection for these measures is the ABS National Early Childhood Education and Care Collection (NECECC), with the most recent available data for 2013 (national: Indigenous only; geolocation). For both measures, supplementary data are provided on non-Indigenous children to enable comparisons (all jurisdictions: Indigenous status). Data for non-Indigenous children exclude counts of children for whom Indigenous status is unknown or not stated. The denominator used for reporting is the four year old population. For Aboriginal and Torres Strait Islander children, this is based on single year population projections. There is no annual estimate/projection for non-Indigenous children, so this population is derived by subtracting the Aboriginal and Torres Strait Islander population projections from the estimated resident population for all four year olds.Previous editions of this report used data from the National Preschool Census (NPC). NPC data are not comparable to NECECC data. |
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In 2008, the Council of Australian Governments (COAG) recognised the importance of early childhood education for Aboriginal and Torres Strait Islander children by including it as one of its six Closing the Gap targets. The target was to ensure that, within five years (ie, by 2013), all Aboriginal and Torres Strait Islander four year olds in remote communities have access to early childhood education (operationalised in the NIRA as 95 per cent (COAG 2012, page 13)).

In 2008 (amended in 2009), COAG endorsed a National Partnership Agreement (NPA) for Indigenous Early Childhood Development, which emphasised the importance of reducing the gap in developmental outcomes between Aboriginal and Torres Strait Islander and non‑Indigenous children. COAG also endorsed the NPA on Early Childhood Education, which set a national priority of increasing early childhood education participation rates, particularly for Aboriginal and Torres Strait Islander and disadvantaged children (this NPA expired in mid-2013, but a new NPA on Universal Access to Early Childhood Education was endorsed to extend to end‑2014).

Further to these NPAs, in 2009 COAG endorsed the National Quality Framework for early childhood education and care, and outside school hours care, which was established in 2012, and replaced existing separate licensing and quality assurance processes for early childhood education and care (COAG 2009).

These policy developments have been informed by research on the benefits of early childhood education, particularly for disadvantaged groups. Although early childhood education is important, research shows that childhood development is also influenced by a wide variety of other factors, such as their antenatal, family and social environments (Harrison et al. 2009; McCain, Mustard and Shanker 2007; Moore 2006; Mustard 2007; Schweinhart 2007). More information on some of the factors that influence early childhood development for Aboriginal and Torres Strait Islander children are included in chapter 6 of this report.

High quality early childhood education and care services can provide development opportunities for children, as well as supporting the needs of families (McCain, Mustard and Shanker 2007). Early childhood education programs can provide a head start at school and are associated with increased levels of school completion and enhanced literacy, numeracy and social skills (De Bortoli and Thomson 2010); Harrison 2008; Mustard 2007; Schweinhart 2007). Investment in early childhood education, particularly for disadvantaged children, is more effective than intervention at later ages (Heckman 2006). The provision of services to Aboriginal and Torres Strait Islander children during their early years may also provide an opportunity for early intervention to address developmental problems (Hewitt and Walter 2011).

The quality of early childhood education programs, including program content and staff quality, can influence attendance and outcomes for children (DoE 2014). The provision of culturally appropriate programs is an important influence on Aboriginal and Torres Strait Islander children’s attendance at preschool (Fordham and Schwab 2007; High 2008; Hutchins, Saggers and Frances 2009; Mann, Knight and Thomson 2011; Sims et al. 2008). For families of Aboriginal and Torres Strait Islander children, the presence of an Aboriginal and Torres Strait Islander preschool worker is likely to have a positive influence on preschool attendance (Biddle 2007; Fordham and Schwab 2007; Mann, Knight and Thomson 2011).

Participation in preschool is also influenced by factors outside the early childhood education environment (Biddle 2011; Bowes and Kitson 2011; Hewitt and Walter 2011). Biddle (2011), in his analysis of the ABS NATSISS data, found that going to cultural events and identifying with a cultural/language group were strongly associated with higher rates of preschool participation for Aboriginal and Torres Strait Islander children (section 5.7 has further information on children’s participation in cultural activities), whilst children who have lived in two or more homes since birth and those who had a carer who felt discriminated against were less likely to participate in preschool (section 5.1 has further information on people identifying as being discriminated against). A NSW study from 2008–2010 found that, for Aboriginal and Torres Strait Islander families in remote areas (compared to other areas), the travel and distance involved in accessing services had large financial and family support implications for parents (Bowes and Kitson 2011) (section 5.3 has further information on engagement with services).

### Data issues

Data on the number of Aboriginal and Torres Strait Islander children enrolled in, and attending, preschool are available from the NECECC. The NECECC is an administrative data collection with data sourced from Australian, State and Territory government education departments. Three years of data are available from the NECECC (2011, 2012 and 2013). However, due to iterative improvements in data collection over time, 2013 represents the first year for which data are available for all states and territories on children in the year before full time schooling (noting that attendance data have been used as proxy for enrolment data for WA).[[7]](#footnote-7)

These data should be interpreted with care, as there are different preschool arrangements across states and territories (including different starting ages for preschool and primary school) (table 4A.3.1).

### Preschool enrolment and attendance

Nationally in 2013, 73.9 per cent of Aboriginal and Torres Strait Islander 4 and 5 year olds were enrolled in preschool in the year before full time schooling (table 4A.3.2):

* 66.7 per cent in major cities
* 73.9 per cent in inner/regional areas
* 85.0 per cent in remote/very remote areas (table 4A.3.4).

The non-Indigenous enrolment rate was 90.8 per cent. Data by State and Territory are available in table 4A.3.2.

In 2013, 69.9 per cent of Aboriginal and Torres Strait Islander 4 and 5 year olds were attending preschool (table 4A.3.3):

* 65.1 per cent in major cities
* 70.7 per cent in inner/outer regional areas (combined)
* 74.9 per cent in remote/very remote areas (combined) (table 4A.3.5).

The non-Indigenous attendance rate was 88.7 per cent. Data by State and Territory are available in table 4A.3.3.

For Aboriginal and Torres Strait Islander children, while enrolment and attendance rates increased as remoteness increased, the proportion of enrolled children attending decreased with remoteness (from 97.5 per cent in major cities to 88.1 per cent in remote/very remote areas) (tables 4A.3.4–3.5).

Nationally in 2013, most Aboriginal and Torres Strait Islander children enrolled in a preschool program in the year before full time schooling were enrolled in a standalone or school-operated preschool (72.2 per cent), with a further 25.4 per cent enrolled in a preschool within a long day care centre (the remaining 2.5 per cent were enrolled in a preschool program which combined both types of settings). The proportion enrolled in a standalone or school-operated preschool increased as remoteness increased, from 59.2 per cent in major cities to 93.0 per cent in remote/very remote areas (table 4A.3.6).

### Things that work

The case study in box 4.3.3 describes a program that is improving Aboriginal and Torres Strait Islander people’s engagement in early childhood education.

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| Box 4.3.3 ‘Things that work’ – Early childhood education |
| **Families as First Teachers** (FaFT) (NT) is an early learning and parenting support program. Although it has operated on a small scale since 2009, it was rolled out across 21 remote Indigenous communities in the NT (around 1700 children) in mid-2011. Although FaFT has not been formally evaluated, the Steering Committee has identified it as a promising program worth further examination.The FaFT program is provided from school sites and supports families from the birth of their children, providing families with the opportunity to learn about child development, health, hygiene and parenting skills while engaging in early learning service. Surveys in 2011 and 2012 found that 95 per cent of parents were satisfied with the program and felt more skilled and able to support their child’s learning and development. There wa*s* also an increase in preschool enrolments in 50 per cent of the FaFT sites surveyed. A survey in 2012 of the principals in the schools where the services were located found that the principals highly valued the program’s ability to identify, enrol and prepare children for preschool entry. The program outputs to date have been the participation of children and families in the program itself, and increased participation in preschool. The program has submitted a research grant application for a more rigorous outcomes evaluation over three to five years, focusing on whether the program produces improved and sustained learning outcomes for children. |
| *Sources*: Abraham, G. and Piers-Blundell, A. 2012, ‘Early Childhood Matters — Sharing a Vision’ in *ARNEC Connections: Working Together for Early Childhood*, No. 6, 2012; Bowes, J. and Grace, R. 2014, *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia*, Issues paper no. 8. Closing the Gap Clearinghouse, Canberra. |
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### Future directions in data

The ABS NECECC is the only comprehensive national source of data on early childhood education participation. This collection receives funding from the Australian Government under the NPA on Universal Access to Early Childhood Education, for which the Australian Government is negotiating with States and Territories on funding for an additional 12 months to the end of the 2015 calendar year (Ley 2014).

Data on the number of service providers by provider type by remoteness area would provide important contextual information to assist in interpretation of enrolment patterns by provider type by remoteness area.

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## 4.4 Reading, writing and numeracy[[8]](#footnote-8)

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| Box 4.4.1 Key messages |
| * Improving literacy and numeracy levels can improve education and employment outcomes for Aboriginal and Torres Strait Islander people. Measuring literacy and numeracy achievement against national minimum standards (NMSs) is an indicator of progress against COAG’s agreed closing the gap target. The key messages focus on Year 3 (the first year of NAPLAN testing). Data for Years 5, 7 and 9 are in the full report and attachment tables.
* In 2013, the proportions of Year 3 Aboriginal and Torres Strait Islander students achieving at or above the NMS were 81.5 per cent for reading, 78.9 per cent for writing and 81.6 per cent for numeracy, lower than those of non-Indigenous students (96.2 per cent for reading, 96.0 per cent for writing and 95.7 per cent for numeracy). Results for Aboriginal and Torres Strait Islander students declined as remoteness increased (under 55 per cent in very remote areas for reading, writing and numeracy) (tables 4A.4.25–27).
* From 2008 to 2013, the proportion of Aboriginal and Torres Strait Islander Year 3 students achieving at or above the NMS for reading improved, and the gap in Year 3 results between Aboriginal and Torres Strait Islander and non-Indigenous students narrowed for reading and numeracy (from 25.2 to 14.7 percentage points for reading and from 17.4 to 15.0 percentage points for numeracy — trend data for writing are not comparable) (tables 4A.4.25–27 and 4A.4.85–87).
* There was no national improvement over this period in the proportion of Aboriginal and Torres Strait Islander or non-Indigenous students achieving at or above the numeracy NMS (tables 4A.4.27, 30, 33 and 36).
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| Box 4.4.2 Measures of reading, writing and numeracy |
| There are two main measures for this indicator (aligned with the NIRA indicator).* *NAPLAN student achievement* is defined as the proportion of students at or above the national minimum standard for NAPLAN reading, writing and numeracy, in Years 3, 5, 7 and 9.
* *NAPLAN student participation* is defined as the rate of student participation in the NAPLAN reading, writing and numeracy tests in Years 3, 5, 7, and 9.

The most recent available data for both measures are from the 2013 National Assessment Program — Literacy and Numeracy (NAPLAN) (all jurisdictions: Indigenous status; geolocation; parental education; parental occupation). Data are comparable over time for reading and numeracy. However, data for writing from 2011 onwards are not comparable to prior years due to a change in the type of test used.A supplementary measure on average student achievement (based on NAPLAN mean scale scores) is also reported (all jurisdictions: Indigenous status; remoteness). |
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Halving the gap for Indigenous students in reading, writing and numeracy achievements within a decade is one of the six closing the gap targets announced by COAG (COAG 2009). Improving literacy and numeracy levels and increasing year 12 completion rates (see section 4.5) could significantly improve education and employment outcomes for Aboriginal and Torres Strait Islander Australians (ACER 2004; Nguyen 2010).

Studies have shown that many Aboriginal and Torres Strait Islander children start school at a disadvantage. On average, they have lower levels of attendance at preschool (see section 4.3), have less access to home educational resources, and their parents tend to have lower levels of education (Biddle and Cameron 2012; Bortoli and Thomson 2010). Unless quality preschool and early primary school assistance are provided, disadvantaged students are rarely able to keep pace with their peers (Anderson 2012; Biddle 2010; Bortoli and Thomson 2010).

Regular school attendance is important to developing core skills, such as literacy and numeracy (Purdie and Buckley 2010). On average, Aboriginal and Torres Strait Islander students have higher rates of: late arrival at school; absence for consecutive months of schooling; and multiple changes of school (Bortoli and Thomson 2010; Hughes and Hughes 2010; Taylor 2010; Zubrick et al. 2006). Section 7.1 has more information on student attendance. For students at school, the quality of teaching is the most important variable in predicting student achievement in literacy (Hattie 2002). Section 7.2 has more information on teacher quality.

Academic performance can also be affected by emotional distress. Aboriginal students at low risk of clinically significant emotional or behavioural difficulties have higher academic performance compared to those at high risk (Zubrick et al. 2006). Section 8.7 has more information on mental health and social and emotional wellbeing issues for Aboriginal and Torres Strait Islander children.

### NAPLAN student achievement

In 2008, national common tests (the NAPLAN) were introduced to assess student achievement against ‘National Minimum Standards’. NAPLAN data are not directly comparable with previous learning outcomes data (data for 1999 to 2007 can be found in the 2009 edition of this report).

Measuring literacy and numeracy achievement against national minimum standards (NMSs) provides an indicator of progress against COAG’s closing the gap target. However, the NMS is set at a very low level — indicating that a student has demonstrated only the basic elements of literacy and numeracy for the relevant year level. In addition, there is volatility in NMS results, as only a small number of test items fall below the NMS. An alternative measure is the mean scale score (MSS), which is more reliable as it is based on all test items. For this reason, MSS is included in this report as a supplementary measure.

Care needs to be taken in interpreting the NAPLAN data, because differences in achievement may sometimes be the result of sampling or measurement error. Confidence intervals are available for all results and are included in the attachment tables. For comparisons over time involving 2013 results, the tables include an additional ‘nature of the difference’ measure, which combines statistical significance tests with an ‘effect size measure’. This can help identify whether a difference is substantive (as well as statistically significant).

Although this indicator relates to reading, writing and numeracy, only reading and numeracy results are discussed in detail in this report, as data for writing from 2011 onwards are not comparable to prior years, due to change in the type of test used (full results for writing are included in the attachment tables).

All NAPLAN data discussed below and reported in tables 4A.4.25-128 are reported by State and Territory and by remoteness (geolocation).

#### Reading

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| Table 4.4.1 Proportion of students achieving at or above the national minimum standard for reading, 2008 to 2013a**▲**= achievement is substantially higher than and is statistically significantly different from the base year (or previous years). **** = achievement is above and is statistically significantly different from the base year (or previous year) at the national level. ■ = achievement is close to or not statistically significantly different from the base year (or previous year). |
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| --- | --- | --- |
|  | Year | Nature of difference |
|  | 2008% | 2009% | 2010% | 2011% | 2012% | 2013% | 2008 and 2103 | 2012 and 2013 |
| Indigenous |  |  |  |  |  |  |  |  |
| Year 3 | 68.3 | 75.1 | 75.1 | 76.3 | 74.2 | 81.5 | **** | **** |
| Year 5 | 63.4 | 66.7 | 66.2 | 66.4 | 64.7 | 83.3 | **▲** | **▲** |
| Year 7 | 71.9 | 73.2 | 76.6 | 77.1 | 75.4 | 73.2 | ■ | ■ |
| Year 9 | 70.7 | 67.0 | 64.2 | 71.9 | 67.2 | 73.9 | ■ | ■ |
| Non-Indigenous |  |  |  |  |  |  |  |  |
| Year 3 | 93.5 | 94.8 | 95.0 | 94.9 | 94.7 | 96.2 | **** | **** |
| Year 5 | 92.6 | 93.1 | 92.7 | 92.9 | 93.1 | 96.9 | **▲** | **▲** |
| Year 7 | 95.4 | 95.0 | 95.9 | 95.7 | 95.1 | 95.4 | ■ | ■ |
| Year 9 | 94.2 | 93.5 | 92.2 | 93.5 | 92.7 | 94.5 | ■ | ■ |

 |
| a Exempt students were not assessed and were deemed not to have met the national minimum standard. |
| *Source*: ACARA (unpublished) National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy, various years; tables 4A.4.25–94. |
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Nationally in 2013, the proportions of Aboriginal and Torres Strait Islander students achieving at or above the NMS for reading were 81.5 per cent for Year 3, 83.3 per cent for year 5, 73.2 per cent for Year 7 and 73.9 per cent for Year 9. Across all Year levels results were from 15 to 20 percentage points lower than for non-Indigenous students (table 4.4.1).

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| Figure 4.4.1 Proportion of students achieving at or above the national minimum standard for reading, by remoteness, 2013a,b |
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| Figure 4.4.1 Proportion of students achieving at or above the national minimum standard for reading, by remoteness, 2013  More details can be found within the text surrounding this image.  |

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| a Exempt students were not assessed and were deemed not to have met the national minimum standard. b Error bars represent 95 per cent confidence intervals for within year comparisons. These error bars should be not be used for across year comparisons. |
| *Source*: ACARA (unpublished) National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy, various years; tables 4A.4.25 and 34. |
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The gap in achievement against the reading NMS widened as remoteness increased. For Year 3 reading, for example, the gap ranged from 8.6 percentage points in metropolitan areas to 39.3 percentage points in very remote areas (figure 4.4.1).

There was some limited national improvement in reading achievement against the NMS over time. From 2008 to 2013, the proportion of Aboriginal and Torres Strait Islander students achieving at or above the NMS was substantially higher for Year 5 reading, higher for Year 3 reading and relatively unchanged for Year 7 and Year 9 reading (table 4.4.1). The gap to non-Indigenous students narrowed for Year 3 (from 25.2 to 18.7 percentage points) and Year 5 (from 29.2 to 13.6 percentage points).

Mean scale scores (average achievement) for reading showed similar patterns to the proportions at or above NMSs (table 4A.4.121–128). Time series data for mean scale scores provides a measure of gain (difference between the average scores) for a cohort of students over time — for this report, students who were in Year 3 in 2009, Year 5 in 2011 and Year 7 in 2013 (tables 4A.4.121, 123, 125, 127). Nationally, the gain for Aboriginal and Torres Strait Islander students (145.0 points — from 327.4 in Year 3 to 472.4 in Year 7) was higher than for non‑Indigenous students (129.3 points — from 415.0 in Year 3 to 544.3 in Year 7), albeit from a lower base. For both, the gain is greater between Years 3 and 5 than between Years 5 and 7, with the exception of Aboriginal and Torres Strait Islander students in very remote areas where the gain between Years 5 and 7 is higher.

#### Numeracy

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| Table 4.4.2 Proportion of students who achieved at or above the national minimum standard for numeracy, 2008 to 2013a**** = achievement is above and is statistically significantly different from the base year (or previous year). ■ = achievement is close to or not statistically significantly different from the base year (or previous year). **** = achievement is lower than and is statistically significantly different from the base year (or previous year). |
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| --- | --- | --- |
|  | Year | Nature of difference |
|  | 2008 % | 2009 % | 2010 % | 2011 % | 2012 % | 2013 % | 2008 and 2103 | 2012 and 2013 |
| Indigenous |  |  |  |  |  |  |  |  |
| Year 3 | 78.6 | 74.0 | 76.6 | 83.6 | 72.7 | 81.6 | ■ | **** |
| Year 5 | 69.2 | 74.2 | 71.4 | 75.2 | 69.2 | 73.0 | ■ | ■ |
| Year 7 | 78.6 | 75.8 | 77.0 | 76.5 | 74.4 | 78.1 | ■ | ■ |
| Year 9 | 72.5 | 75.0 | 70.4 | 72.0 | 74.2 | 65.7 | ■ | **** |
| Non-Indigenous |  |  |  |  |  |  |  |  |
| Year 3 | 96.0 | 95.2 | 95.3 | 96.4 | 95.1 | 96.6 | ■ | **** |
| Year 5 | 94.0 | 95.3 | 95.0 | 95.5 | 94.6 | 94.6 | ■ | ■ |
| Year 7 | 96.4 | 95.8 | 96.1 | 95.5 | 94.9 | 96.0 | ■ | ■ |
| Year 9 | 94.8 | 96.0 | 94.3 | 94.1 | 94.7 | 92.0 | **** | **** |

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| a Exempt students were not assessed and were deemed not to have met the national minimum standard. |
| *Source*: ACARA (unpublished) National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy, various years; tables 4A.4.27–93. |
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Nationally in 2013, the proportion of Aboriginal and Torres Strait Islander students achieving at or above the NMS for numeracy was 81.6 per cent for Year 3, 73.0 per cent for Year 5, 78.1 per cent for Year 7 and 65.7 per cent for Year 9. Across all year levels results were from 15 to 26 percentage points lower than for non-Indigenous students (table 4.4.2).

The gap in achievement against the numeracy NMS widened as remoteness increased. For Year 3, for example, the gap ranged from 8.9 percentage points in metropolitan areas to 42.3 percentage points in very remote areas (table 4A.4.27).

There was no national improvement in the proportion of Aboriginal and Torres Strait Islander students achieving at or above the numeracy NMS from 2008 to 2013, while there was a decline in Year 9 numeracy for non-Indigenous students (tables 4A.4.27, 30, 33, 36).

Mean scale scores (average achievement) for numeracy showed similar patterns to NMSs (tables 4A.4.122, 124, 126, 128).

Time series data for mean scale scores provides a measure of gain (difference between the average scores) for a cohort of students over time — for this report, students who were in Year 3 in 2009, Year 5 in 2011 and Year 7 in 2013. Nationally, the gain for Aboriginal and Torres Strait Islander students was 155.2 points (from 320.5 in Year 3 to 475.7 in Year 7) — higher than the gain of 148.1 points for non-Indigenous students (from 397.7 in Year 3 to 545.8 in Year 7), albeit from a lower base (tables 4A.4.122, 124, 126).

### NAPLAN student participation

NAPLAN participation rates record the proportion of students who participated in NAPLAN testing. Higher participation rates are desirable, as they increase the level of confidence that the results reflect the performance of the population of interest (because the level of performance of students who do not participate is unknown). Students who are exempt from testing because of their lack of proficiency in English (important for some Aboriginal and Torres Strait Islander students) or because of significant intellectual and/or functional disability are included in the participation rate.

Nationally in 2013, the participation rate for Aboriginal and Torres Strait Islander students was around 88 per cent for reading, writing and numeracy for Years 3, 5 and 7, and decreased to around 77 per cent for Year 9. The rate for non-Indigenous students was around 96 per cent for reading, writing and numeracy for Years 3, 5 and 7, and decreased to around 93 per cent for Year 9 (tables 4A.4.97–100). These rates are similar to those in previous years (tables 4A.4.101–120).

### Things that work

An example of a promising initiative to improve educational outcomes for Aboriginal and Torres Strait Islander students is summarised in box 4.4.3.

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| Box 4.4.3 ‘Things that work’ — literacy and numeracy engagement |
| The **Cape York Aboriginal Australian Academy Initiative** (Queensland) is a pilot program operating in primary schools at Coen, Hope Vale and Aurukun. The program began in January 2010 in Coen and Aurukun and January 2011 in Hope Vale. The CYAAA educational model organises the curriculum into three separate learning domains.* The **Class** domain: where literacy, numeracy and English language are taught using a Direct Instruction method and delivered with an English-only immersion environment
* The **Club** domain: which provides children with artistic, musical and sporting activities
* The **Culture** domain: which provides a comprehensive Indigenous culture and language program.

An independent evaluation of the CYAAA Initiative was conducted in late 2012/early 2013 by the Australian Council for Educational Research (ACER 2013). The evaluation found that it was not possible to conclude from the available test (including NAPLAN) data whether or not the Initiative has had an impact on student learning as there was too much missing information to enable a conclusion to be drawn. However, interviews conducted identified general agreement among school staff (mostly teachers) and some parents that students are improving in their literacy as a result of the Initiative (ACER 2013). The evaluation noted that the CYAAA Initiative has been in operation for only a short period of time, and the extent of the outcomes (particularly around student learning) was difficult to assess (ACER 2013). The Steering Committee considers that a follow up evaluation would be useful to provide a more robust assessment of outcomes from this program. |
| *Source*: Australian Council for Educational Research 2013*, Evaluation of the Cape York Aboriginal Australian Academy Initiative*, Final report for the Department of Education, Training and Employment Queensland June 2013, ACER, Melbourne. |
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### Future directions in data

NAPLAN data are reported for individual bands of performance by Indigenous status, enabling assessment of movement of higher and lower performers. However, confidence intervals are not currently available for these data. The availability of confidence intervals would enable assessment of the gap within individual performance bands over time.

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## 4.5 Year 12 attainment[[9]](#footnote-9)

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| Box 4.5.1 Key messages |
| * Halving the gap in year 12 or equivalent attainment rates for Aboriginal and Torres Strait Islander Australians aged 20–24 years by 2020 is a COAG target.
* Nationally in 2011–13, 58.5 per cent of Aboriginal and Torres Strait Islander 20–24 year olds had completed year 12 or equivalent or above, an increase from 45.4 per cent in 2008. The proportion for non‑Indigenous Australians was 86.1 per cent, similar to the proportion in 2008 (88.1 per cent) (table 4A.5.1).
* Research suggests that an Aboriginal and Torres Strait Islander student who receives an ATAR score is as likely as a non‑Indigenous student to go to university (Biddle and Cameron 2012). Among Aboriginal and Torres Strait Islander young people who could have attended year 12 in 2013, 7.3 per cent achieved an ATAR of 50.00 or above, an increase from 5.7 per cent in 2007. However, the gap between Aboriginal and Torres Strait Islander and non‑Indigenous populations achieving at this level widened from 33.6 to 37.0 percentage points over the period (figure 4.5.2).
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| Box 4.5.2 Measures of year 12 attainment |
| There are two main measures for this indicator (aligned with the NIRA indicator):* *Proportion of the 20−24 year old population who have attained at least a year 12 or equivalent or AQF certificate II or above* is defined as the proportion of people aged 20–24 years who have attained at least a year 12 or equivalent or AQF certificate II or above. The main data source is the Census, with the most recent data available for 2011 (all jurisdictions; remoteness). Supplementary data are available from the ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent data available for 2012‑13 (all jurisdictions; remoteness; highest level of school completed; age; selected characteristics). Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS), with data for 2011‑12.[[10]](#footnote-10) Indicators using both AATSIHS (2012‑13) and AHS (2011‑12) are referenced as 2011–13. Survey and Census data are not directly comparable.
* *Year 12 certification.* No measure has been developed for NIRA reporting.

One supplementary measure is reported — Students who have attained an Australian Tertiary Admission Rank (ATAR) of 50.0 or above (all jurisdictions). |
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‘Halving the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020’ is one of six closing the gap targets announced by COAG (COAG 2012). Successful completion of year 12 is important if young people are to have access to the full range of further education, training, employment and life chances consistent with their abilities (AIHW 2013; Biddle and Cameron 2012; OECD 2010).

There is compelling evidence about the importance of completing year 12 (Dandolo Partners 2012; Dusseldorp Skills Forum 2006; Long 2006), and the pivotal role of education in reducing long term disadvantage (ACER 2003, 2004; Biddle 2010; Buckskin 2000; OECD 2013). Education is linked to economic and social wellbeing, and positive health behaviours, and is considered one of the crucial contributors to the formation of human capital (COAG National Reform Initiative Working Group 2006; Council for the Australian Federation 2007; Karmel et al. 2014; Osbourne, Baum and Brown 2013).

What happens after year 12 is also important — but there is limited Australian evidence of what works in transitioning school leavers into further education and training, and looking for work (Hunter 2010). Research by Biddle and Cameron (2012) found that, once an Aboriginal and Torres Strait Islander student receives an ATAR score, they are as likely as non‑Indigenous students to go to university, though the *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People: Final Report* (Behrendt et al. 2012) noted that high‑performing Aboriginal and Torres Strait Islander school students often do not go on to higher education. See section 7.4 for more information on transitioning school leavers to work.

### Proportion of 20–24 year olds who have completed year 12 or equivalent or AQF certificate level II or above

Nationally in 2011–13, 58.5 per cent of Aboriginal and Torres Strait Islander
20–24 year olds reported completing year 12 or equivalent or AQF certificate level II or above, an increase from 45.4 per cent in 2008. The proportion for non‑Indigenous
20–24 year olds was 86.1 per cent, similar to the proportion in 2008 (88.1 per cent) (table 4A.5.1).

For this measure, Census data are reported for geographical disaggregations below the national level, as relatively small differences are difficult to detect using sample survey data. Whilst the trends are similar between the Census and survey data, the two sources are not directly comparable. The most recent Census data are for 2011.

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| Figure 4.5.1 Proportion of 20–24 year olds who had completed year 12 or certificate II or above, by remoteness, 2011 |
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| Figure 4.5.1 Proportion of 20-24 year olds who had completed year 12 or certificate II or above, by remoteness, 2011  More details can be found within the text surrounding this image.  |

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| *Source*: ABS (unpublished) 2011 Census of Population and Housing; tables 4A.5.3­–4. |
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In 2011, the proportion of Aboriginal and Torres Strait Islander Australians aged
20–24 years with year 12 or above was higher in less remote areas, ranging from 64.1 per cent in major cities to 30.7 per cent in very remote areas. The proportions for non‑Indigenous Australians aged 20–24 years did not show the same degree of variation as remoteness increased (figure 4.5.1).

Supplementary data show the proportion of Aboriginal and Torres Strait Islander Australians who have left school and have completed year 12 is higher for younger age groups (in 2012‑13, 36.2 per cent for 15–24 year olds compared to 8.8 per cent for those aged 55 years and over) (table 4A.5.5).

More data on the proportion of 20–24 year olds who have completed year 12 or equivalent or AQF certificate level II or above can be found in tables 4A.5.1–7.

### Students who attained an Australian Tertiary Admission Rank (ATAR)

The Australian Tertiary Admission Rank (ATAR) is calculated for the use of tertiary institutions to compare the overall achievement of students who have completed different combinations of year 12 certificate studies. University admission organisations use year 12 certificate results issued by State and Territory assessment bodies to calculate a rank to show a student’s achievement in relation to other students. Not all students who have qualified for a year 12 certificate are eligible for an ATAR.

ATAR scores range from 0.05 (lowest) to 99.95 (highest). At a minimum, an ATAR of 50.00 or above would usually be required for entry into university. (However, most universities, TAFE colleges and other institutions take a holistic approach when assessing applications from Aboriginal and Torres Strait Islander students, looking beyond academic results (QTAC 2013; SATAC 2014; TISC 2014; UAC 2014, 2014; University of Tasmania 2014; VTAC 2013)).

The ATAR rate is the number of students who achieved an ATAR of 50.00 or above, expressed as a proportion of the estimated potential year 12 population. The estimated potential year 12 population is an estimate of a single year age group which could have attended year 12 that year, calculated as the estimated resident population aged
15–19 years divided by five (tables 4A.5.8–10).

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| Figure 4.5.2 Year 12 ATAR rates, by Indigenous status, 2007 to 2013**a** |
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| Figure 4.5.2 Year 12 ATAR rates, by Indigenous status, 2007 to 2013  More details can be found within the text surrounding this image.  |

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| a See table 4A.5.11 for more information on jurisdictional differences and the calculation of the ATAR rate. |
| *Sources*: ABS 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, Jun 2011*, Cat. no. 3238.0.55.001; ABS 2014, *Australian Demographic Statistics, Sep 2013*, Cat. no. 3101.0; Queensland Tertiary Admissions Centre (unpublished); South Australian Certificate of Education Board of South Australia (unpublished); Tertiary Institutions Service Centre (WA) (unpublished); Universities Admissions Centre (NSW) (unpublished); Tasmanian Qualifications Authority (unpublished); Victoria Tertiary Admissions Centre (unpublished); ACT Board of Senior Secondary Studies (unpublished); tables 4A.5.8–11. |
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Nationally in 2013, 7.3 per cent of the Aboriginal and Torres Strait Islander potential year 12 population achieved an ATAR of 50.00 or above, an increase from 5.7 per cent in 2007. For non‑Indigenous young people, 44.3 per cent of the potential population achieved an ATAR of 50.00 or above in 2013, an increase from 39.3 per cent in 2007 (figure 4.5.2). Data on ATAR scores and rates by jurisdiction are available in table 4A.5.11.

### Things that work

Many factors influence Aboriginal and Torres Strait Islander young peoples’ decisions to stay on and complete secondary school, including the students themselves, family, teachers and the role of culture (Rahman 2009). An example of an initiative that has been successful in increasing Aboriginal and Torres Strait Islander secondary school participation and attainment is in box 4.5.3.

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| Box 4.5.3 ‘Things that work’ — Year 12 attainment |
| The **AIME (Australian Indigenous Mentoring Experience) Program** was established in 2005. The goals of the program are to improve retention rates of Aboriginal and Torres Strait Islander high school students to year 12 and, post school, to connect Aboriginal and Torres Strait Islander students to university and employment. The program is based on the recruitment of university students as mentors, who provide advice and personal support to Aboriginal and Torres Strait Islander school mentees from years 7 to 12. There are two elements to the program:* the Core Program, which targets local Aboriginal and Torres Strait Islander high school students who attend school, and are able to visit an AIME partner university campus on a weekly basis
* the AIME Outreach Program (AOP), which extends the Core program to Aboriginal and Torres Strait Islander high school students from further afield through a more intensive full day format.

In October 2012, AIME commissioned the University of Wollongong, which worked in collaboration with the University of Western Sydney, to evaluate the 2012 AOP, in comparison to the Core Program. The evaluation included a mixed‑method design with the collection of qualitative and quantitative data, incorporating: observation of program delivery; interviews with program facilitators, mentors and mentees; review of AIME documentation and a quantitative survey of mentees. The evaluation found that, the AIME and AOP are achieving positive results:* AIME is effective in strengthening and solidifying both the Core and Outreach mentees’ school and post‑school aspirations, sense of engagement, and sense of identity, and outcomes from both programs are better than the national average
* the achievements and impacts of the AOP are comparable to those of the Core Program, as measured by school progression rates, school completion rates and the AIME evaluation survey results
* in its first year of operation, the AOP reached its objective of encouraging better school grade progression rates for Aboriginal and Torres Strait Islander students, compared with the national average.
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| *Source*: V. Harwood, V., O’Shea, S., Clapham, K., Wright, J., Kervin, L., Humphry, N. and Bodkin‑Andrews, G. 2013, *Final Report: Evaluation of the AIME Outreach Program*. http://reports.aimementoring.com/2012/pdf/aime‑2012‑independent‑evaluation.pdf (accessed 23 June 2014). |
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### Future directions in data

For previous reports, data were reported on the issued number of year 12 certificates. Jurisdictional reporting of the number of year 12 certificates issued to Aboriginal and Torres Strait Islander and non‑Indigenous students ceased on 31 December 2008. These data had previously been reported to the [then] Department of Education, Employment and Workplace Relations (DEEWR) in Indigenous Education Performance Reports. The Australian Curriculum, Assessment and Reporting Authority, in consultation with key education and training agencies and data providers, is developing measures of year 12 certification, which could replace the data previously supplied by DEEWR.

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## 4.6 Employment[[11]](#footnote-11)

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| Box 4.6.1 Key messages |
| * Halving the gap in employment outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians within a decade [by 2018] is a COAG target.
* In 2012-13, just under half (47.5 per cent) of Aboriginal and Torres Strait Islander 15–64 year olds were employed. The ratio increased from 37.6 per cent in 1994 to 53.8 per cent in 2008, but then declined to 47.5 per cent, potentially partly driven by changes to the CDEP program (table 4A.6.5).
* The rate for Aboriginal and Torres Strait Islander females increased from 28.9 per cent in 1994 to 41.0 per cent in 2002, and has been relatively stable since (42.4 per cent in 2012‑13) (table 4A.6.5)
* The rate for Aboriginal and Torres Strait Islander males increased from 47.0 per cent in 1994 to 62.7 per cent in 2008, before declining to 52.8 per cent in 2012-13 (table 4A.6.5).
* Data on the employment to population ratio for non-Indigenous 15–64 year olds are available from 2004-05. The rate increased from 74.2 per cent in 2004-05 to 76.6 per cent in 2011-12 (table 4A.6.5).
* The labour force participation rate for Aboriginal and Torres Strait Islander 15–64 year olds was 60.1 per cent in 2012-13. This rate increased from 60.0 per cent in 2004‑05 to 64.5 per cent in 2008, but then declined to 60.1 per cent, largely driven by a decrease in:
* participation by males aged 15–17 years (a corresponding decrease in the labour force participation rate indicates that they are not actively looking for work and could be engaged in education or training) (table 4A.6.14)
* participants receiving CDEP wages in very remote areas (from 68.0 per cent of the employed population in 2004-05 to 27.7 per cent in 2012-13) (tables 4A.6.4 and 4A.6.12).
* In 2012-13, the unemployment rate for Aboriginal and Torres Strait Islander 15–64 year olds was 20.9 per cent, an increase from 16.6 per cent in 2008 (table 4A.6.8). The unemployment rate for Aboriginal and Torres Strait Islander Australians was around five times the rate for non‑Indigenous Australians (4.2 per cent in 2011-12) (table 4A.6.8).
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| Box 4.6.2 Measures for employment |
| There is one main measure for this indicator (aligned with the NIRA indicator). * *Employment to population ratio* is defined as the proportion of people aged 15 to 64 years who are employed.

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| Box 4.6.2 (continued) |
| Two supplementary measures are reported (aligned with the NIRA indicator).* *Labour force participation rate* is defined as the proportion of people aged 15 to 64 years who are in the labour force.
* *Unemployment rate* is defined as the proportion of people aged 15 to 64 years in the labour force who are actively looking for employment[[12]](#footnote-12).

The main data source for the Aboriginal and Torres Strait Islander population for all three measures above is ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent available data for 2012-13 (all jurisdictions: Full time/part time employment; CDEP participation; remoteness; and national: age; sex). Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS), with data available for 2011-12.[[13]](#footnote-13) Where AATSIHS (2012‑13) and AHS (2011‑12) data are presented together they are referenced singularly as 2011–13. Supplementary data are also available from the Census of Population and Housing, with the most recent available data for 2011 (all jurisdictions: Indigenous status; remoteness) and from survey data for long term unemployment (national: sex by remoteness). |
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The Council of Australian Governments (COAG) has committed to ‘halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade’ (COAG 2009). Employment outcomes are directly related to people’s living standards and many aspects of their wellbeing. Being employed leads to improved income for families and communities, which in turn has a positive influence on health and the education of children. Employment also enhances self‑esteem, increases opportunities for self‑development, influences interaction at the family and community levels and reduces social alienation.

The focus of this section is the extent to which people are participating in the labour force (both employed and unemployed). Employment by part time/full time status and skill level is discussed in more detail in section 9.1.

The labour force is the most widely used measure of the economically active population (or the formal supply of labour). It measures the number of people contributing to, or willing to contribute to, the supply of labour and — as defined by the ABS — comprises two mutually exclusive groups within the population:

* the employed (people who have worked for at least one hour in the reference week, including those who have received wages for participating in CDEP)
* the unemployed (people who are without work, but had actively looked for work in the four weeks up to the end of the reference week and were available to start work in the reference week).

The remainder of the population are not in the labour force. There are many reasons why people are outside the labour force. An analysis of the 2008 NATSISS and HILDA data by (Kalb et al. 2012) found that Aboriginal and Torres Strait Islander Australian’s lower attachment to the labour force could to a large extent be explained by their lower levels of education, worse health and larger families.

Labour force, employment and unemployment data should be interpreted bearing in mind the following points.

* People who would like to work may become discouraged and cease actively looking for work (and therefore are not counted in the labour force according to the ABS definition). Discouraged jobseekers might believe that there are no suitable jobs in their area, the costs of searching are too great, or that they do not have the appropriate skills or qualifications (Hunter and Gray 2001; Savvas, Boulton and Jepsen 2011). It is likely that the true extent of unemployment — particularly long term unemployment[[14]](#footnote-14) — is underestimated due to discouraged jobseekers.
* Even if a person is employed, they may not necessarily work the number of hours they would prefer. This is known as underemployment — an issue which has become increasingly prominent in recent decades, as part time employment levels have risen (Hunter 2010). A higher proportion of Aboriginal and Torres Strait Islander people work part time than non-Indigenous people, which implies there could be a greater occurrence of underemployment amongst the Aboriginal and Torres Strait Islander population (see section 9, figure 9.1.1).[[15]](#footnote-15)
* While many Aboriginal and Torres Strait Islander Australians in more remote areas are considered ‘outside’ of the labour force (because they are not employed or seeking paid employment), many are still actively engaged in productive activities, such as the production of art or participation in customs which may generate income but are not always recorded as employment (Altman, Buchanan and Biddle 2006). Analysis of the 2008 NATSISS found that harvesting and cultural production were significant productive activities, particularly in remote areas (Altman, Biddle and Buchanan 2010).
* Aboriginal and Torres Strait Islander labour force data are influenced by changes over time in the Australian Government’s Community Development Employment Projects (CDEP) program (see box 4.6.3).

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| Box 4.6.3 Community Development Employment Projects (CDEP) |
| CDEP had elements of both unemployment and employment, especially in remote and very remote areas. Some CDEP activities were similar to those undertaken by participants in Work for the Dole, while other activities were essential roles in municipal services, health care, community services, education and other sectors that would be considered employment in mainstream communities and organisations.The scope of CDEP has changed over time. The original aim of the program — introduced in 1977 — was to create local employment opportunities in remote Aboriginal and Torres Strait Islander communities where the labour market might not otherwise offer employment. The program was later extended to all areas (including non-remote). However, in 2009 CDEP was restructured to focus on remote areas, although some non-remote providers continued to operate. From 1 July 2013, remote CDEP was rolled into the Australian Government’s Remote Jobs and Communities Program (RJCP).Up until 1 July 2009, CDEP participants received ‘wages’ and, for statistical purposes, the ABS counted CDEP participation as employment. However participants engaged from 1 July 2009 received income support payments instead of CDEP ‘wages’. * In the 2012-13 AATSIHS, information about CDEP participation was only collected in remote areas (in earlier ABS surveys, CDEP participation was collected in both remote and very remote areas).
* Future ABS collections will continue to classify remaining CDEP ‘wage’ participants as employed (because they are receiving a wage), whilst those under the RCJP/CDEP receiving income support will be classified as unemployed.

It is important to consider CDEP when analysing historical labour force data because over time: * the number of CDEP participants receiving ‘wages’ has decreased significantly in recent years (from 68.0 per cent of the employed population in very remote areas in 2004-05 to 27.7 per cent in 2012‑13) (table 4A.6.4)
* CDEP participant payments comprised a mix of both wages and income support payments such as Newstart Allowance
* some people classified as ‘employed’ in one period may have been classified as ‘unemployed’ in another period due to changes in CDEP arrangements, rather than changes in their personal circumstances.
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### Employment to population ratio

In 2012-13, the employment to population ratio for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 47.5 per cent. The ratio had increased from 37.6 per cent in 1994 to 53.8 per cent in 2008, but has since declined (figure 4.6.1).

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| Figure 4.6.1 Employment to population ratio for Indigenous people, by age group, 1994 to 2012-13**a** |
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| Figure 4.6.1 Employment to population ratio for Indigenous people, by age group, 1994 to 2012-13  More details can be found within the text surrounding this image.  |

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| a Error bars represent 95 per cent confidence intervals around each estimate. |
| *Sources*: ABS (unpublished) National Aboriginal and Torres Strait Islander Survey 1994; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey 2002; ABS (unpublished) National Aboriginal and Torres Strait Islander Health Survey 2004-05; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey 2008; ABS (unpublished) AATSIHS (core component) 2012-13; table 4A.6.5. |
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A large part of the decrease from 2008 to 2012-13 is explained by a decrease in the ratio for males, and in particular, males aged 15–17 years (a corresponding decrease in the labour force participation rate for males aged 15–17 years indicates that they are not actively looking for work and could be engaged in education or training).[[16]](#footnote-16) When the employment to population ratio is restricted to those aged 18–64 years the rates are similar between 2008 and 2012-13 (figure 4.6.1).

The employment to population ratio for Aboriginal and Torres Strait Islander females aged 15–64 years increased from 28.9 per cent in 1994 to 41.0 per cent in 2002, and has been relatively constant since (42.4 per cent in 2012-13). The rate for Aboriginal and Torres Strait Islander males increased from 47.0 per cent in 1994 to 62.7 per cent in 2008, before declining to 52.8 per cent in 2012-13 (table 4A.6.5).

In 2011-12, the employment to population ratio for non-Indigenous Australians aged
15–64 years was 76.6 per cent, similar to that in 2008. The ratio is similar when the population is restricted to those aged 18–64 years, indicating that there is little difference between the 15–17 year old population and those aged 18–64 years (table 4A.6.5).

In 2012-13, for Aboriginal and Torres Strait Islander Australians aged 15–64 years, the employment to population ratio was higher in major cities and inner regional areas compared to very remote areas, following a significant decrease in very remote areas from 2008 (table 4A.6.2). This may be influenced by the change in participants receiving CDEP ‘wages’ in very remote areas over time (for those aged 18–64 years, from 68.0 per cent of the employed population in very remote areas in 2004-05 to 46.7 per cent in 2008 and then 27.7 per cent in 2012-13) (table 4A.6.4).

For non-Indigenous Australians, the employment to population ratio was higher in remote areas (82.9 per cent) (data not collected in very remote areas) compared to major cities (76.7 per cent) and inner regional areas (75.2 per cent) (table 4A.6.2). Data are also reported by State and Territory, by remoteness in table 4A.6.2.

### Labour force participation rate

In 2012-13, the proportion of Aboriginal and Torres Strait Islander Australians aged
15–64 years employed or actively looking for work was 60.1 per cent. This was the same as in 2004-05 (60.0 per cent), and lower than in 2008 (64.5 per cent). The non-Indigenous rate rose over the same period (from 77.6 per cent in 2004-05 to 80.0 per cent in 2011-12), leading to an increase in the gap (table 4A.6.12).

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| Figure 4.6.2 Proportion of Indigenous people aged 15–64 years in the labour force, by remoteness area, 2004-05, 2008 and 2012-13**a** |
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| Figure 4.6.2 Proportion of Indigenous people aged 15-64 years in the labour force, by remoteness area, 2004-05, 2008 and 2012-13  More details can be found within the text surrounding this image.  |

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| a Error bars represent 95 per cent confidence intervals around each estimate. |
| *Sources*: ABS (unpublished) NATSIHS 2004-05; ABS (unpublished) NATSISS 2008; ABS (unpublished) AATSIHS (core component) 2012-13; table 4A.6.13. |
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The decrease from 2008 to 2012-13 for Aboriginal and Torres Strait Islander Australians was largest in major cities and very remote areas (ratios were steady over this period for inner regional, outer regional and remote areas) (figure 4.6.2), and for males (ratio was steady over this period for females) (table 4A.6.14).

Data are also reported by State and Territory in table 4A.6.12.

### Unemployment

In 2012-13, the unemployment rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 20.9 per cent, an increase from 16.6 per cent in 2008 (table 4A.6.8), and around five times the rate for non-Indigenous Australians (4.2 per cent in 2011-12) (table 4A.6.8).

Between 2004-05 and 2012-13, the largest increases in the unemployment rate for Aboriginal and Torres Strait Islander Australians were in major cities (from 13.3 per cent to 21.8 per cent) and remote/very remote areas (from 11.9 per cent to 20.3 per cent), with rates in these areas increasing to be on a par with those in regional areas (table 4A.6.9).

Data are also reported by State and Territory in table 4A.6.8.

### Things that work

Gray, Hunter and Lahoar (2012), in a review of available evidence, suggest that the following approaches are likely to be most effective in increasing employment for Aboriginal and Torres Strait Islander Australians:

* increased human capital of Aboriginal and Torres Strait Islander Australians via formal education and training
* pre-employment assessment and customised training for individuals, to ensure Aboriginal and Torres Strait Islander job seekers are employment-ready
* intensive assistance for job seekers who experience multiple barriers to finding employment (for example, drug and alcohol issues, mental and physical health issues, family violence and a lack of literacy and numeracy), policies and programs involving
* non-standard recruitment strategies to increase the likelihood of Aboriginal and Torres Strait Islander Australians having the opportunity to win jobs
* reducing discrimination against Aboriginal and Torres Strait Islander Australians, including through the provision of cross-cultural training
* support mechanisms to improve the retention of Aboriginal and Torres Strait Islander employees, including ongoing mentoring and support, flexible work arrangements and tackling workplace racism through initiatives such as cross-cultural training
* wage subsidy and other labour market programs
* a strong macro-economy, which creates a range of new jobs
* government programs that deliver goods, environmental or personal services having explicit Aboriginal and Torres Strait Islander employment goals.

Box 4.6.4 describes some initiatives that have been successful in improving employment outcomes for Aboriginal and Torres Strait Islander Australians.

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| Box 4.6.4 ‘Things that work’ — Employment |
| The **Working on Country** (WoC) program (national) aims to support Aboriginal and Torres Strait Islander aspirations to care for country. The program, funded by the Australian Government and supported through the Indigenous Employment Program, provides employment and training opportunities for Aboriginal and Torres Strait Islander people living in regional and remote Australia to undertake natural resource management work. Program activities include site management, and nationally accredited training and career pathways in land and sea management. In May 2012 there were 690 rangers in 95 ranger teams (DOE 2013).An independent evaluation was undertaken in 2011 involving 18 case studies, a review of program and policy data and documentation and consultations with key departmental personnel. The evaluation found that the program had a range of economic, social, cultural and environmental benefits. Rangers saw the jobs as ‘real jobs’ that provided better income and conditions, more interesting work and ongoing employment, compared to the CDEP alternative (Urbis 2012 cited in AIHW, 2014).The Closing the Gap Clearinghouse found that programs with the following factors have led to improvements in employment outcomes: * specific objectives about what is to be achieved, and support mechanisms aligned to these objectives; for example, wage subsidies to increase employment outcomes at the local level
* commitment by employers, managers and colleagues for sustained engagement of Indigenous Australians in work and training
* flexible approaches in workplaces that take into account the important role of cultural and family obligations (AIHW, 2014).

The **Aboriginal Workforce Development Centre (AWDC) program** (WA) is a promising program worth further examination. The AWDC program commenced in March 2010, and there are currently AWDCs in five locations across WA (Perth, Kalgoorlie, Geraldton, Bunbury and Broome).Each AWDC is guided by a local advisory group that includes significant Aboriginal representation. The AWDCs aim to work with employers, government and Aboriginal communities to remove barriers to Aboriginal and Torres Strait Islander participation in the workforce in order to achieve sustainable employment outcomes in a culturally sensitive way (WA Government 2014). In 2012, the AWDC program won the overall Premier’s Award for Excellence in Public Sector Management (WA Government 2012). (continued next page) |
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| Box 4.6.4 (continued) |
| As at June 2014, the five AWDCs had assisted over 900 Aboriginal job seekers into employment and over 450 Aboriginal job seekers into training linked to employment opportunities (WA Government unpublished). An independent formative evaluation in 2012 reported early positive employment outcomes (Aquilina and Grace 2012). A further evaluation is planned after four years of operation (WA Government 2014). |
| *Sources*: Aquilina, H. and Grace, J. 2012, *Aboriginal Workforce Development Centres Project Evaluation, Final report, 25 October 2012*. Prepared for the Department of Training and Workforce Development; DOE (Commonwealth Department of the Environment) 2013, *Working on Country Reporting back to you: 2009-2012*; ACG (Allen Consulting Group) 2011, *Assessment of the economic and employment outcomes of the Working on Country program*; Urbis (2012), *Assessment of the social outcomes of the Working on Country program: Report – May 2012*; AIHW 2014, *Improving labour market outcomes through education and training*, Issues paper no. 9 produced for the Closing the Gap Clearinghouse. WA Government (2014) *Aboriginal workforce development strategy: Update 2014*, Department of Training and Workforce Development, Perth; WA Government (2012) *Premier’s Awards 2012 for Excellence in Public Sector Management, Profiles of winners and finalists*, Public Sector Commission WA. |
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### Future directions in data

Annual data are collected for the general population on barriers to labour force participation, including identification of discouraged job seekers. However, these data are not available by Indigenous status. Information on Aboriginal and Torres Strait Islander discouraged workers is important to understand the potential scope of the labour force and employment.

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## 4.7 Post‑secondary education — participation and attainment[[17]](#footnote-17)

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| Box 4.7.1 Key messages |
| * Nationally in 2012‑13, 42.6 per cent of Aboriginal and Torres Strait Islander Australians aged 20–64 years either had a Certificate level III or above or were studying, a 16.6 percentage point increase from 26.0 per cent in 2002 (figure 4.7.1). Between 2002 and 2011–13, the gap in rates between Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians remained steady around 24-25 percentage points (figure 4.7.1).
* The gap in the VET load pass rate between Aboriginal and Torres Strait Islander students and non‑Indigenous students decreased from 14.2 percentage points in 2004 to 8.7 percentage points in 2013 (figure 4.7.4).
* The gap in the higher education success rate between Aboriginal and Torres Strait Islander students and non‑Indigenous students decreased from 22 percentage points in 2001 to 14 percentage points in 2012 (figure 4.7.5).
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| Box 4.7.2 Measures of post‑secondary education — participation and attainment |
| There is one main measure for this indicator (aligned with the NIRA indicator).* *People with or working towards a post‑secondary qualification* is defined as the number of 20–64 year old who have attained post school qualifications in AQF Certificate level III or above, or are currently studying at any level, as a proportion of all 20−64 year olds.

The main data source for this measure is the Census, with the most recent data available for 2011 (all jurisdictions: remoteness; age; sex). Supplementary data are available from the ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent data available for 2012‑13 (all jurisdictions: remoteness; age; sex). Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS), with the most recent data for 2011‑12.[[18]](#footnote-18) Indicators using both AATSIHS (2012‑13) and AHS (2011‑12) are referenced as 2011–13. Survey and Census data are not directly comparable.This section also includes related data on participation at higher education institutions by course level (broad field of education); VET national load pass rate (all jurisdictions); and higher education success rate (all jurisdictions by sex). |
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COAG has identified post‑secondary education participation and attainment as a progress measure for its Closing the Gap target of ‘halving the gap in employment outcomes between Indigenous and non‑Indigenous Australians by 2018’ (COAG 2012). Post‑secondary education includes both vocational education and training (VET) at institutions such as technical and further education (TAFE) colleges, and higher education at universities.

People with a skilled vocational qualification or higher qualifications are more likely to be employed than those without such qualifications (see section 7.4). Other potential benefits that flow from higher education include a positive influence on health outcomes (including children’s health), and educational performance (AIHW 2014; Biddle and Yap 2010; Wolfe and Haveman 2001; Zubrick et al. 2006).

TAFE is a particularly important destination for Aboriginal and Torres Strait Islander Australians. Nationally in 2012, the participation rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years in VET (24.1 per cent) was higher than the participation rate in higher education (3.2 per cent). In the general population, 12.5 per cent of 15–64 year olds participated in VET and 6.2 per cent participated in higher education (ABS 2014a, 2014b) Higher Education Statistics Collection unpublished; NCVER unpublished). *The Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People Final Report* (Behrendt et al. 2012) noted that Aboriginal and Torres Strait Islander Australians’ lower participation rate in higher education may be due to a range of factors, including their:

* preference for undertaking VET courses rather than university courses
* having lower aspirations compared to non‑Indigenous students to participate in university, including among high performing students
* being less likely than non‑Indigenous students to attain a sufficiently high score to enable admission to university[[19]](#footnote-19)
* facing other social barriers.

### People with or working towards a post‑secondary qualification

Education and training are important means of promoting attachment to the labour force (Hunter and Daly 2008). Certificate level III is considered the minimum qualification necessary to provide pathways to further education and training, and improve employment outcomes. Certificate level III or above includes certificate levels III and IV, diplomas, advanced diplomas, bachelor degrees, graduate diplomas or certificates, and postgraduate degrees.

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| Figure 4.7.1 Proportion of 20–64 year olds with a post school qualification of Certificate level III or above or studying, 2002, 2008 and 2011–13**a,b** |
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| Figure 4.7.1 Proportion of 20-64 year olds with a post school qualification of Certificate level III or above or studying, 2002, 2008 and 2011-13  More details can be found within the text surrounding this image.  |

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| a Error bars represent 95 per cent confidence intervals around each estimate. b The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012‑13 AATSIHS. Data for non‑Indigenous Australians are from the 2011–13 AHS (for the period 2011‑12). |
| *Sources*: ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey 2002; ABS (unpublished) General Social Survey 2002; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey 2008; ABS (unpublished) National Health Survey 2007‑08; ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey 2012‑13 (2012‑13 Core Component); ABS (unpublished) Australian Health Survey 2011–13 (2011‑12 NHS component); table 4A.7.7. |
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Nationally in 2011–13:

* 42.6 per cent of Aboriginal and Torres Strait Islander
20–64 year olds either had a Certificate level III or above or were studying at any level, a 16.6 percentage point increase from 26.0 per cent in 2002. The rate increased for both females (from 24.8 to 44.6 per cent) and males (from 27.4 per cent to 40.6 per cent)
* 66.6 per cent of non‑Indigenous 20–64 year olds either had a Certificate level III or above or were studying at any level, a 15.1 percentage point increase from 51.5 per cent in 2002. The rate increased for both females (from 45.0 per cent to 65.1 per cent) and males (from 58.0 per cent to 68.1 per cent) (figure 4.7.1).

Between 2002 and 2011–13, the gap between Aboriginal and Torres Strait Islander and non‑Indigenous 20–64 year olds remained steady around 24-25 percentage points (figure 4.7.1).

In 2011–13, in all states and territories, lower proportions of Aboriginal and Torres Strait Islander Australians than non‑Indigenous Australians aged 20–64 years had a qualification at Certificate level III or above or were studying at any level. The gap was widest in the NT (22.8 per cent for Aboriginal and Torres Strait Islander Australians compared with 64.8 per cent for non‑Indigenous Australians — a 42 percentage point gap) and smallest in Victoria (58.8 per cent for Aboriginal and Torres Strait Islander Australians compared with 67.7 per cent for non‑Indigenous Australians — a 9 percentage point gap) (table 4A.7.8).

More survey data on post-school qualifications, by jurisdiction, by remoteness can be found in tables 4A.7.7–13. National data by age for those aged 18 years or over can be found in tables 4A.7.14–15.

Although not directly comparable with survey results, data from the Census show similar trends. Census data show that the proportion of Aboriginal and Torres Strait Islander
20–64 year olds with a Certificate level III or above or who were studying at any level increased from 25.3 per cent in 2001 to 35.6 per cent in 2011. Over the same period, the rate for non‑Indigenous Australians increased from 48.6 per cent in 2001 to 61.1 per cent (table 4A.7.1).

Figure 4.7.2 presents Census data by remoteness (survey data are not available or not published for non‑Indigenous Australians for 2008 and 2011–13).

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| Figure 4.7.2 Proportion of 20–64 year olds with a post-school qualification at Certificate level III or above or studying, by remoteness, 2011 |
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| Figure 4.7.2 Proportion of 20-64 year olds with a post-school qualification at Certificate level III or above or studying, by remoteness, 2011  More details can be found within the text surrounding this image.  |

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| *Source*: ABS (unpublished) Census of Population and Housing, 2011; table 4A.7.2. |
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In 2011, the proportion of Aboriginal and Torres Strait Islander 20–64 year olds who had a qualification at Certificate level III or above or were studying at any level decreased with remoteness, from 44.8 per cent in major cities to 16.8 per cent in very remote areas (figure 4.7.2). There has been an increase in the rate over time in all remoteness areas (2001 — major cities 34.7 per cent, very remote areas 8.7 per cent; 2006 — major cities 39.4 per cent, very remote areas 13.3 per cent) (tables 4A.7.3–4).

More Census data on post‑school qualifications, by jurisdiction, by remoteness can be found in tables 4A.7.2, 4A.7.3 and 4A.7.4. National data by age for those aged 18 years or over can be found in tables 4A.7.5–6.

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| Figure 4.7.3 Post‑secondary participation at higher education institutions, by course level, 2004 to 2012**a** |
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| Figure 4.7.3 Post secondary participation at higher education institutions, by course level, 2004 to 2012  More details can be found within the text surrounding this image.  |

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| a ‘Other’ includes international students and those with not stated or unknown Indigenous status. |
| *Source*: Department of Education (unpublished) Higher education statistics collection; tables 4A.7.16–24. |
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In all years between 2004 and 2012, Aboriginal and Torres Strait Islander students who were participating at higher education institutions were more likely than non‑Indigenous students to be enrolled in enabling and non‑award courses, and less likely to be enrolled in postgraduate courses (figure 4.7.3)

More data on the types of courses Aboriginal and Torres Strait Islander students were undertaking can be found in tables 4A.7.16–24.

### VET load pass rate and higher education success rate

One measure of post‑secondary attainment is the extent to which people complete or pass the course they are undertaking. In the VET system this is known as the load pass rate. In the higher education system it is known as the success rate.

#### VET load pass rate

The VET load pass rate indicates the extent to which students pass assessment in an assessable module or unit of competency. Load pass rates are calculated as the ratio of hours attributed to students who passed assessment to all students who were assessed and either passed, failed or withdrew. The calculation is based on the nominal hours supervised for each assessable module or unit of competency. Care needs to be taken in making comparisons, because average module durations and standards of competencies achieved by students can vary across courses, institutions and jurisdictions.

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| Figure 4.7.4 VET national load pass rate, 2004 to 2013**a** |
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| Figure 4.7.4 VET national load pass rate, 2004 to 2013  More details can be found within the text surrounding this image.  |

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| a Includes all VET delivered by TAFE and other government providers and publicly funded VET programs delivered by private providers. Excludes VET delivered in schools, where the delivery was undertaken by schools. |
| *Source*: NCVER (unpublished) National VET Provider Collection, 2004–2013; table 4A.7.37. |
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In 2013, the national load pass rate for Aboriginal and Torres Strait Islander students was 74.5 per cent, a 10 percentage point increase since 2004. Over the same period, the national load pass rate for non‑Indigenous students increased at a slower rate (from 78.8 per cent to 83.1 per cent), and the gap between Aboriginal and Torres Strait Islander students and non‑Indigenous students decreased from 14.2 percentage points in 2004 to 8.7 percentage points in 2013 (figure 4.7.4). These data are also reported by State and Territory in table 4A.7.37.

The load pass rates for Aboriginal and Torres Strait Islander and non‑Indigenous students by remoteness area for 2011 to 2013 are reported in table 4A.7.16. These data are not comparable to data from previous years. The *Report on Government Services* (SCRGSP 2014) contains further data on VET system outcomes.

#### Higher education success rate

The success rate is the proportion of units passed within a year compared with the total units enrolled. Although this measure is based on a different calculation to the VET load pass rate, a similar positive trend in outcomes for Aboriginal and Torres Strait Islander students can be observed.

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| Figure 4.7.5 Higher education success rate, 2001–2012**a,b** |
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| Figure 4.7.5 Higher education success rate, 2001-2012  More details can be found within the text surrounding this image.  |

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| a Success is defined as the student progress rate, which is the proportion of units passed within a year compared with the total units enrolled. b The non–Indigenous category for 2001 includes ‘Indigenous status unknown’. |
| *Source*: Department of Education (unpublished) Higher education statistics collection; tables 4A.7.25–36. |
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From 2001 to 2012, the higher education success rate for Aboriginal and Torres Strait Islander students increased from 65 per cent to 73 per cent, and the gap compared to the rate for non‑Indigenous students decreased (from 22 percentage points in 2001 to 14 percentage points in 2012) (figure 4.7.5). For both Aboriginal and Torres Strait Islander students and non‑Indigenous students, females had higher success rates than male students across all years (tables 4A.7.25–36). These data are also available by State and Territory in tables 4A.7.25–36.

### Future directions in data

The survey and Census data presented in this section provide information on qualification levels for those who have completed studies at Certificate level III or above and those currently studying at any level. Data on current study is not restricted by qualification level (to those currently studying at Certificate level III or above) as the Census does not collect data about the level of current study. Therefore, data for this indicator provide an overestimate of the proportion of the population with or working toward post‑school qualification at certificate level III or above. The level of current study was collected in the 2012‑13 AATSIHS, and will be collected in the 2014 NATSISS. Further work to refine the Census data would assist future reporting.

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## 4.8 Disability and chronic disease[[20]](#footnote-20)

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| Box 4.8.1 Key messages |
| * In 2012, the overall rate of disability among Aboriginal and Torres Strait Islander Australians was 23.4 per cent, little changed from 21.1 per cent in 2009 (after adjusting for differences in population age structures, in both 2009 and 2012 the rate of disability for Aboriginal and Torres Strait Islander Australians was 1.7 times the rate for non-Indigenous Australians) (table 4A.8.1).
* In 2012-13, ‘physical’ disability was the most common disability type for Aboriginal and Torres Strait Islander adults living in non-remote areas (31.8 per cent) followed by ‘sight, hearing, speech’ (19.6 per cent) (table 4A.8.10).
* In 2012-13, hospitalisation rates for all chronic diseases (except cancer) were higher for Aboriginal and Torres Strait Islander Australians than for non‑Indigenous Australians (ranging from 9.9 times the rate for kidney failure to 1.6 times for circulatory disease) (table 4A.8.18).
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| Box 4.8.2 Measures of disability and chronic disease |
| There are two main measures for this indicator. * *Disability prevalence* is defined as the proportion of people with disability. The main data source for this measure is the ABS Survey of Disability Ageing and Carers*,* with the most recent data available for 2012 (national; age; sex). Supplementary data are available from the NATSIHS component of the ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) for 2012‑13, with comparable non‑Indigenous data from the NHS component of the ABS Australian Health Survey (AHS) for 2011‑12. Indicators using both AATSIHS (2012-13) and AHS (2011-12) are referenced as 2011–13. SDAC and AATSIHS data are not directly comparable (SDAC excludes very remote areas, and AATSIHS has a less refined scope of disability).
* *Hospitalisation rates* is defined as the rate of hospital separations for people hospitalised for chronic diseases (after adjusting for differences in population age structures). The most recent available data are for 2012‑13 from the AIHW National Hospital Morbidity Database (all jurisdictions; sex; remoteness).

Two supplementary measures are reported: * Participation in society by people with disability (national; all jurisdictions for labour force profile)
* Carers of people with disability (all jurisdictions; sex; remoteness).
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Aboriginal and Torres Strait Islander Australians experience significantly higher rates of disability and chronic disease than other Australians. This is driven in part by socioeconomic disadvantage and a range of risk factors that increase the chance of acquiring a disability, such as: smoking (section 8.4); high body mass; physical inactivity; poor nutrition (section 8.5); substance abuse (sections 11.1 and 11.2); and violence (section 4.11) (PC 2011). Disability can also entrench socioeconomic disadvantage — for example, Aboriginal and Torres Strait Islander children with hearing loss (section 6.7) have poorer education outcomes (sections 4.4, 4.5 and 4.7), which in turn limits their employment and income prospects (sections 4.6 and 4.9). Another example is violence against people with disabilities. There is evidence that women with disabilities are more likely than those without disabilities to experience domestic violence (Healy et al. 2008), perpetuating the cycle of disadvantage.

Disability is complex, reflecting an interaction between features of a person’s body and features of the society in which he or she lives (WHO 2009). People with disability may have long-term physical, mental, intellectual or sensory impairments, that can hinder their participation in society on an equal basis with others (UN 2006). The extent to which people with disability or chronic disease are able to be fully involved in society varies; an impairment may not be as severely limiting if there is a sufficiently supportive and enabling environment from both informal carers and formal support services (Aboriginal Disability Network of NSW 2007; Priestly 2001). However, some Aboriginal and Torres Strait Islander Australians face significant barriers to accessing disability support services, due to social marginalisation, concern about approaching government agencies, cultural attitudes towards disability and services that are not mindful of cultural differences (PC 2011) (see section 5.3 Engagement with services).

Chronic diseases place a significant health and disability burden on Aboriginal and Torres Strait Islander Australians (Vos et al. 2007). The majority (68 per cent) of Aboriginal and Torres Strait Islander deaths in 2006–2010 were due to chronic diseases (for example, circulatory disease, cancer, diabetes, respiratory disease, kidney disease). Aboriginal and Torres Strait Islander Australians died from diabetes, at almost seven times the rate of non‑Indigenous Australians and at twice the rate from circulatory diseases (AIHW 2013a).

### Disability prevalence

The Survey of Disability, Ageing and Carers (SDAC) is designed to measure the prevalence of disability in Australia and the need for support by people with disability. In the SDAC, disability is defined as ‘any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months’. The SDAC does not survey people in very remote areas.

There may be specific cultural dimensions to the concept of disability, which are not reflected in the SDAC questions, as this survey was not specifically designed to collect disability data from Aboriginal and Torres Strait Islander Australians, particularly those living more traditional lifestyles. For example, the First Peoples Disability Network suggested that ‘in traditional language there was no comparable word to disability, which suggests that disability may have been accepted as part of the human experience’ (sub. 542, p. 8 cited in PC 2011).

In 2012, the reported rate of disability for Aboriginal and Torres Strait Islander Australians was 23.4 per cent, similar to the 2009 rate (21.1 per cent) (table 4A.8.1). In both 2009 and 2012, rates for males and females were similar (tables 4A.8.1–3 ).

After adjusting for differences in population age structures, in both 2009 and 2012 the disability rate for Aboriginal and Torres Strait Islander Australians was 1.7 times the rate for non‑Indigenous Australians (table 4A.8.1).

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| Figure 4.8.1 Disability prevalence, by age, 2012**a,b,c** |
| Figure 4.8.1 Disability prevalence, by age, 2012  More details can be found within the text surrounding this image.  |
| a Error bars represent 95 per cent confidence intervals around each estimate. b The SDAC does not survey people in very remote areas. c AS = Age standardised rate. |
| *Source*: ABS (unpublished) 2012 Survey of Disability Ageing and Carers; table 4A.8.2. |
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Across all age groups, reported disability prevalence was higher for Aboriginal and Torres Strait Islander Australians than for non‑Indigenous Australians (figure 4.8.1).

#### Profound or severe core‑activity limitation

A core‑activity refers to one of three main everyday activities — self‑care, mobility and communication. A person with ‘profound core‑activity limitation’ is unable to do at least one of these activities at any time or needs constant help. A person with ‘severe core‑activity limitation’ needs help some of the time with at least one of these activities. The combined measure ‘profound or severe core‑activity limitation’ therefore identifies people at the more severe end of the disability spectrum (ABS 2013).

In 2012, an estimated 34 500 Aboriginal and Torres Strait Islander Australians (7.8 per cent) had a profound or severe core activity limitation (table 4A.8.1). After adjusting for differences in population age structures, the proportion of Aboriginal and Torres Strait Islander Australians living with a profound or severe core‑activity limitation was 1.7 times the proportion of non‑Indigenous Australians (table 4A.8.1).

Whilst not directly comparable to the SDAC, AATSIHS/AHS data for 2011–13 show similar trends. Nationally in 2011–13, after adjusting for differences in population age structures, the rate of profound or severe core activity restriction for Aboriginal and Torres Strait Islander Australians (for people of all ages) was twice the rate for non‑Indigenous Australians (table 4A.8.4). Rates of profound or severe core‑activity restriction for Aboriginal and Torres Strait Islanders adults were lower in remote areas (6.8 per cent) than in non-remote areas (8.1 per cent) (ABS unpublished).

Data on the proportion of people with disability by disability status (in non-remote areas) across the three survey periods reported by State and Territory are available in tables 4A.8.5–9.

#### Disability type

In 2011–13, the most common disability types for Aboriginal and Torres Strait Islander adults living in non‑remote areas were ‘physical disability’ (31.8 per cent) and ‘sight, hearing, speech’ (19.6 per cent). After adjusting for differences in population age structures, these were both 1.5 times the rates for non‑Indigenous adults living in non‑remote areas (age adjusted disability rates for all disability types were higher for Aboriginal and Torres Strait Islander adults than for non‑Indigenous adults) (table 4A.8.10).

In 2011–13, for people under 18 years of age living in non‑remote areas, the most common disability type for both Aboriginal and Torres Strait Islander and non‑Indigenous youth was ‘sight, hearing, speech’ disability (10.9 per cent and 7.2 per cent respectively) (table 4A.8.11).

### Participation in society by people with disability

#### Education, employment and income

A number of potential barriers can prevent a person with a disability from gaining and maintaining employment. For some, their condition is severe enough to preclude any formal engagement with the labour market. However, many others may be willing and able to work but are not able to find a sufficiently supportive employer (Biddle, Yap and Gray 2013). Aboriginal and Torres Strait Islander Australians with a disability tend to have poorer education, employment and income outcomes than Aboriginal and Torres Strait Islander Australians without disability. In 2012‑13:

* almost half (45.8 per cent) of Aboriginal and Torres Strait Islander Australians aged 15 years and over who had a profound or severe core activity restriction had left school at year 9 or below. This is twice the proportion of Aboriginal and Torres Strait Islander Australians without disability (20.7 per cent) (table 4A.8.12)
* Aboriginal and Torres Strait Islander Australians in the working age population (15 to 64 years) who had a severe or profound core activity restriction had a lower labour force participation rate (28.2 per cent) and employment rate (20.9 per cent) than those without disability (68.8 per cent and 55.3 per cent) (table 4A.8.13)
* a higher proportion of Aboriginal and Torres Strait Islander Australians aged 15 years and over with disability reported an equivalised household income[[21]](#footnote-21) in the lowest quintile (38.4 per cent) compared to those without disability (31.0 per cent) (table 4A.8.14).

#### Receipt of disability support pension

Centrelink data show that:

* disability support pensions were the second most common type of income support received by Aboriginal and Torres Strait Islander Australians aged 15–64 years in 2013, and they received disability support pensions (10.6 per cent) at more than twice the rate of non‑Indigenous Australians (5.0 per cent) (table 9A.4.10)
* between 2003 and 2013, the proportion of Aboriginal and Torres Strait Islander Australians receiving the disability support pension almost doubled (from 5.5 per cent to 10.6 per cent), while there was no change for non‑Indigenous Australians (5.0 per cent in 2003 and 2013) (table 9A.4.10).

For more information on disability income support, see section 9.4 ‘Income support’.

#### Disability service use

Many people with disability are able to live independently and participate in society without assistance, or with the help of informal carers. However, others require formal specialist disability services to study, work, interact with the community or carry out everyday activities (AIHW 2013b).

Aboriginal and Torres Strait Islander Australians may face particular barriers to accessing support services, including a lack of local disability‑friendly services (a higher proportion of Aboriginal and Torres Strait Islander Australians live in very small communities which may not have accessible services), and a reluctance by some Aboriginal and Torres Strait Islander Australians with disability to engage with available services (Biddle, Yap and Gray 2013; PC 2011).

In 2012‑13, 5.8 per cent of disability support service users were Aboriginal and Torres Strait Islander Australians, a slight increase from 4.8 per cent in 2008‑09 (AIHW 2014). The *Report on Government Services 2014: Indigenous Compendium*, chapter 14 Services for people with disability, contains more information on Aboriginal and Torres Strait Islander Australians disability support service use (SCRGSP 2014).

### Carers of people with disability

Many Aboriginal and Torres Strait Islander Australians have a strong cultural belief that it is the responsibility of family to provide care and support (PC 2011). Providing care to a person with disability can affect a carer’s participation in the labour force, with less time for paid employment, reduced household income, reduced superannuation and lower standards of living (ABS 2012; Hill, Thomson and Cass 2011). Care giving is associated with a higher probability of experiencing poverty in Australia compared to most other OECD countries, with carers of working age, and females carers, at the highest risk of poverty (OECD 2011). Female carers have lower rates of employment and labour force participation than their male carer counterparts (Cummins et al. 2007; Edwards et al. 2008).

In 2011:

* 12.9 per cent of Aboriginal and Torres Strait Islander Australians (aged 15 years and over) provided unpaid assistance to a person with disability in the two weeks prior to Census night. After adjusting for differences in population age structures, this was 1.2 times the rate for non‑Indigenous Australians (table 4A.8.15).
* after adjusting for differences in population age structures, in both Aboriginal and Torres Strait Islander and non‑Indigenous populations, females provided unpaid assistance to a person with disability at 1.5 times the rate of males (table 4A.8.15).

Nationally in 2011, the unemployment rate of Aboriginal and Torres Strait Islander Australians (aged 15–64 years) who in the two weeks prior to Census night provided unpaid assistance for a person with disability was 20.9 per cent — 3.3 times the unemployment rate for non‑Indigenous carers (6.3 per cent) (table 4A.8.16). This rate difference increased as remoteness increased, with the unemployment rate for Aboriginal and Torres Strait Islander carers in very remote areas (24.3 per cent) 7.6 times the rate for non‑Indigenous carers in very remote areas (3.2 per cent) (table 4A.8.17).

### Hospitalisations rates

Hospitalisation rates for various conditions provide some information about the impact of chronic disease on a population, but should be interpreted with caution. Hospitalisation rates are for ‘separations’ and not individuals, and as there can be multiple separations for the same individual, hospital records do not usually reflect the general prevalence of a disease or condition in the population (for example, it is not possible to identify whether one patient was admitted 5 times or five patients were admitted once). People who receive treatment at hospital but are not admitted are not counted in hospitalisation rates, and hospitalisation rates are affected by variations in admission practices, and the availability of and access to hospital and non‑hospital services.

From 2010-11, Indigenous status in hospital separations data are considered of sufficient quality for reporting in all jurisdictions. Prior to 2010‑11, six jurisdictions (NSW, Victoria, Queensland, WA, SA and the NT) were considered to have acceptable quality of Aboriginal and Torres Strait Islander identification in hospitalisation data. The attachment tables for this report include data for all jurisdictions for 2010‑11 to 2012‑13, as well as data for the six jurisdictions for 2004‑05 to 2012‑13 (table 4A.8.19).

In 2012‑13, after adjusting for differences in population age structures:

* hospitalisation rates for Aboriginal and Torres Strait Islander Australians continue to be highest for Kidney failure (end stage renal diseases[[22]](#footnote-22) at a rate of 43 815.0 per 100 000) followed by circulatory diseases (3154.0 per 100 000) and mental and behavioural disorders (2851.2 per 100 000)
* hospitalisation rates for all chronic diseases except cancer were higher for Aboriginal and Torres Strait Islander Australians than for non-Indigenous Australians (ranging from 1.6 times the rate for circulatory disease to 9.9 times for end stage renal diseases) (table 4A.8.18).

In 2012‑13, after adjusting for differences in population age structures, hospitalisation rates for most chronic diseases for Aboriginal and Torres Strait Islander Australians increased with remoteness. In remote and very remote areas, the hospitalisation rate for Aboriginal and Torres Strait Islander Australians for end stage renal diseases was 50.8 times the rate for non‑Indigenous Australians (table 4A.8.22).

Hospitalisations by chronic disease data reported by sex are available in tables 4A.8.19-20. More information on potentially preventable hospitalisations (admissions that may have been prevented through the provision of appropriate preventive health interventions and early disease management) is available in section 8.2.

### Future directions in data

The disability policy and service delivery environment continues to evolve, with the roll‑out over time of the National Disability Insurance Scheme (NDIS). As the scheme is rolled out, monitoring outcomes for participants, particularly Aboriginal and Torres Strait Islander Australians, will be important.

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## 4.9 Household and individual income[[23]](#footnote-23)

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| Box 4.9.1 Key messages |
| * Income levels provide an indicator of the material advantage aspect of wellbeing.
* From 2002 to 2008, the median (mid‑point) real equivalised gross weekly household (EGWH) income increased for Aboriginal and Torres Strait Islander households from $385 per week to $492 per week. However, there was no significant change from 2008 to 2012‑13 (figure 4.9.1).
* In 2011–13, the median real EGWH income for Aboriginal and Torres Strait Islander households was $465 — just over half the median EGWH income of $869 for non‑Indigenous households. This gap has not changed significantly since 2002 (table 4A.9.1).
* The median EGWH income for Aboriginal and Torres Strait Islander households decreased with remoteness, while median EGWH income for non‑Indigenous households was highest in remote areas. Across all areas, median EGWH income was higher for non‑Indigenous households than for Aboriginal and Torres Strait Islander households (table 4A.9.1).
* The median real gross weekly personal income increased for Aboriginal and Torres Strait Islander Australians aged 18–54 years between 2002 and 2008, with no statistically significant change between 2008 and 2012‑13. For those aged 55 years and over there was a statistically significant increase in this income between 2008 and 2012‑13 (figure 4.9.4).
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| Box 4.9.2 Measures of household and individual income |
| There are two main measures for this indicator.* *Median equivalised gross weekly household income* is defined as the mid‑point (median) before tax weekly income that has been adjusted for the size and composition of the household.
* *Median gross weekly personal income* is defined as the mid‑point before tax weekly personal income.

There are two supplementary measures for this indicator.* *Mean equivalised gross weekly household income* is defined as the average (mean) before tax weekly income that has been adjusted for the size and composition of the household.
* *Mean gross weekly personal income* is defined as the average before tax weekly personal income.

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| Box 4.9.2 (continued) |
| All measures are limited to people aged 18 years and over. Data for these measures are sourced from the ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent available data for 2012-13. Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS), with data for 2011-12 (all jurisdictions; remoteness, quintiles: national; age, sex). AATSIHS and AHS data are referenced together as 2011–13. Supplementary data are available from the Census, with the most recent available data for 2011 (all jurisdictions, remoteness). Survey and Census data are not directly comparable. |
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Household and individual income provides an indicator of the material advantage aspect of wellbeing. It is affected by outcomes in other indicators in this report, particularly those relating to education (see chapter 7) and economic participation and development (see chapter 9). Differences in income levels between Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians can be attributed in part to a higher proportion of Aboriginal and Torres Strait Islander Australians on income support (see section 9.4) and higher rates of part time work and/or employment in lower skilled occupations (see section 9.1).

This indicator examines both household and individual income. While income is usually received by individuals, people living in families or groups generally contribute to the purchase of goods and services shared by other household members, particularly children. Therefore, household income measures the economic resources available to the household as a whole, including dependent adults and children. *Equivalised* household income is adjusted to aid comparisons across population groups.

Income is an important determinant of socioeconomic status. Chapter 13 discusses in more detail the association between low incomes and educational outcomes, labour force participation and employment, health risk behaviours (including smoking, risky to high risk alcohol consumption and illicit drug use), and other factors.

In particular, it is widely acknowledged that health status is affected by the availability of material resources and the income to buy them. In Australia, men and women with lower socioeconomic status, including many Aboriginal and Torres Strait Islander Australians, bear a higher burden of disease (AIHW 2010). Higher incomes can enable the purchase of health‑related goods and services, such as better food, housing, recreation and health care, and may provide psychological benefits such as a greater sense of security and control. It is also suggested that less favourable social and economic circumstances can cause anxiety, low self‑esteem and social isolation, which in turn can influence physical health (AIHW 2010).

However, higher incomes alone will not improve associated outcomes unless individuals and families are financially literate. Poor financial management skills limit people’s capacity to improve their own and their family’s circumstances. Although information on general levels of financial literacy are limited, available data indicate that the proportion of Aboriginal and Torres Strait Islander people aged 15 years or over that ran out of money for basic living expenses decreased from 43.7 per cent in 2002 to 28.0 per cent in 2008 (no more recent data are available) (ABS 2009). Chapter 9 (section 9.4 income support) discusses income management, where a proportion of a person’s income support and family payments can be spent only on priority needs.

### Equivalised gross weekly household income

The measure used in this report is equivalised gross weekly household (EGWH) income. The term ‘equivalised’ means that household income estimates are adjusted to take into account household size and composition, and the economies of scale that arise from the sharing of resources. Research has found substantial differences in the family size and composition of Aboriginal and Torres Strait Islander households and non‑Indigenous households. Aboriginal and Torres Strait Islander households are more likely to have a higher number of dependents, multiple generations living together and a large number of transient visitors, all of which are likely to put a strain on resources (Hunter, Kennedy and Biddle 2004; Hunter, Kennedy and Smith 2003).

Although equivalised household income refers to household income, it is not a measure of total income for each household. Rather, it is a measure of the income that a lone person household would need to have the same standard of living as the household in question.

While EGWH income is adjusted for household size and composition, it may not adequately reflect the household circumstances of Aboriginal and Torres Strait Islander Australians. Income can often be shared beyond the immediate household within extended Aboriginal and Torres Strait Islander Australians families (Biddle 2011). In addition, in regional and remote areas of Australia, some Aboriginal and Torres Strait Islander Australians are able to supplement their cash income through traditional hunting, fishing and gathering (Altman 2001; section 4.6). No adjustment is made for differences in the cost of living between different remoteness areas — in remote areas, the cost of fresh food can be relatively high, while rent is, on average, relatively low. Section 10.1 (Overcrowding in housing) provides more information on the housing and living arrangements of Aboriginal and Torres Strait Islander Australians.

#### Median income

Median (mid‑point) household income is the preferred measure, as the mean (average) can be skewed by extreme high or low income values. This is important when comparing two populations with different income distributions. Information on mean incomes is provided in table 4A.9.1.

Income data are adjusted for the effects of inflation, allowing for comparisons to be made across different years. Median income data in this section have been converted into 2012‑13 dollars using the ABS consumer price index.

In 2011–13, the median EGWH income for Aboriginal and Torres Strait Islander adults was $465, compared with a median EGWH income of $869 for non‑Indigenous adults (table 4A.9.1).

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| Figure 4.9.1 Median real equivalised gross weekly household income, people aged 18 years and over, 2002 to 2011–13 (2012‑13 dollars)**a,b,c** |
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| Figure 4.9.1 Median real equivalised gross weekly household income, people aged 18 years and over, 2002 to 2011-13 (2012-13 dollars)  More details can be found within the text surrounding this image.  |

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| a Adjusted for changes in the Consumer Price Index. b Error bars represent 95 per cent confidence intervals around each estimate. c Data for Aboriginal and Torres Strait Islander Australians are from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12). |
| *Sources*: ABS (unpublished) NATSIS 2002; ABS (unpublished) GSS 2002; ABS (unpublished) NATSIHS 2004‑05; ABS (unpublished) NHS 2004-05; ABS (unpublished) NATSISS 2008; ABS (unpublished) NHS 2007-08; ABS (unpublished) AATSIHS 2012‑13 (Core component); ABS (unpublished) AHS 2011-13 (core component for 2011-12) table 4A.9.1. |
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Figure 4.9.1 shows that the median real EGWH income for Aboriginal and Torres Strait Islander adults increased from $385 in 2002 to $492 in 2008, with no statistically significant change between 2008 and 2011–13 ($465 in 2012‑13). For non‑Indigenous adults, the median real EGWH income increased from $719 in 2002 to $858 in 2008, with no statistically significant change between 2008 and 2011–13 ($869 in 2011‑12). There was no significant change in the gap (table 4A.9.1).

In 2011–13, the median EGWH income for Aboriginal and Torres Strait Islander adults was highest in major cities ($516), significantly higher than in very remote areas ($364). In 2011–13, the median EGWH income for non‑Indigenous adults was highest in remote areas ($966). Across all areas, median EGWH income was higher for non‑Indigenous adults than for Aboriginal and Torres Strait Islander adults (table 4A.9.1). Data are also reported by State and Territory in table 4A.9.1.

#### Income distribution

The proportion of households with incomes in particular ranges is a measure of relative advantage or disadvantage. This report uses income quintiles to define the boundaries of income ranges — all households in the population are ranked in ascending order (from lowest to highest income) and then divided into five equal groups (five quintiles) each comprising 20 per cent of the population. The proportions of Aboriginal and Torres Strait Islander and non‑Indigenous households in each quintile are then calculated. If income distribution was similar across Aboriginal and Torres Strait Islander and non-Indigenous populations, there would be about 20 per cent of Aboriginal and Torres Strait Islander Australians in each quintile.

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| Figure 4.9.2 Distribution of equivalised gross weekly household incomes, people aged 18 years and over, 2011–13**a,b,c** |
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| Figure 4.9.2 Distribution of equivalised gross weekly household incomes, people aged 18 years and over, 2011-2013  More details can be found within the text surrounding this image.  |

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| a The income quintiles shown here are groupings that result from ranking all households in the population in ascending order (from lowest to highest) according to their incomes and then dividing them into five equal groups, each comprising 20 per cent of the population. b Error bars represent 95 per cent confidence intervals around each estimate. c Data for Aboriginal and Torres Strait Islander Australians are from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011-13 AHS (for the period 2011-12). |
| *Sources*: ABS (unpublished) AATSIHS 2012‑13 (core component); ABS (unpublished) Australian Health Survey 2011–13 (2011‑12 core component); table 4A.9.2. |
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In 2011–13, non‑Indigenous Australians aged 18 years and over were spread relatively evenly across the EGWH income quintiles — 16.9 per cent were in the lowest income quintile (less than $399 per week) and 21.6 per cent were in the highest income quintile (more than $1438 per week). However, Aboriginal and Torres Strait Islander households were concentrated in the lower quintiles — 42.5 per cent in the lowest income quintile (less than $407 per week) and only 5.7 per cent in the highest quintile (more than $1468 per week) (figure 4.9.3). Between 2004‑05 and 2011–13, the gap between Aboriginal and Torres Strait Islander and non‑Indigenous adults in the lowest quintile increased from 21.0 to 25.6 percentage points, while the gap has remained stable across the other quintiles (table 4A.9.2). Data are also reported by State and Territory (table 4A.9.2).

Additional data from the Census are reported in tables 4A.9.4–6.

### Personal individual income

The main sources of personal income are employment (see sections 4.6 and 9.1), assets (see sections 9.2 and 9.3) and welfare payments (see section 9.4).

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| Figure 4.9.3 Median gross weekly personal income, people aged 18 years and over, by age group, 2011–13 (2012-13 dollars)**a,b** |
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| Figure 4.9.3 Median gross weekly personal income, people aged 18 years and over, by age group, 2011-13 (2012-13 dollars)  More details can be found within the text surrounding this image.  |

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| a Error bars represent 95 per cent confidence intervals around each estimate. b Data for Aboriginal and Torres Strait Islander Australians are from the 2012-13 NATSIHS. Data for non-Indigenous Australians are from the 2011-12 NHS. |
| *Sources*: ABS (unpublished) AATSIHS 2012‑13 (2012‑13 NATSIHS component); ABS (unpublished) AHS 2011–13 (2011‑12 NHS component); table 4A.9.7. |
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In 2011–13, the median real gross weekly personal income for Aboriginal and Torres Strait Islander adults was $430, compared with $787 for non‑Indigenous adults (table 4A.9.7). There was a significant gap in median personal incomes between Aboriginal and Torres Strait Islander and non‑Indigenous adults across all age groups, but in particular for those aged 45–54 years (figure 4.9.3).

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| Figure 4.9.4 Median gross weekly personal income, Indigenous people aged 18 years and over, by age group, 2002 to 2012‑13 (2012‑13 dollars)**a,b,c** |
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| Figure 4.9.4 Median gross weekly personal income, Indigenous people aged 18 years and over, by age group, 2002 to 2012-13 (2012-13 dollars)  More details can be found within the text surrounding this image.  |

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| a Adjusted for changes in the Consumer Price Index. b Error bars represent 95 per cent confidence intervals around each estimate. c The data for this figure are for Aboriginal and Torres Strait Islander adults only and therefore relate to 2012-13. |
| *Sources*: ABS (unpublished) NATSISS 2002; ABS (unpublished) NATSIHS 2004‑05; ABS (unpublished) NATSISS 2008; ABS (unpublished) AATSIHS 2012‑13 (2012‑13 NATSIHS component); table 4A.9.7. |
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Median real gross weekly personal income increased for Aboriginal and Torres Strait Islander Australians aged 18–54 years between 2002 and 2008, with no statistically significant change between 2008 and 2012‑13. For those aged 55 years and over there was a statistically significant increase in the median gross weekly personal income between 2008 and 2012‑13 (figure 4.9.4).

These data are also reported by sex in table 4A.9.7.

### Things that work

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| Box 4.9.3 Things that work – household and individual income |
| The **MoneyMob Talkabout (MMT)** program in the Amata, Mimili and Pukatja communities of SA assists people in remote Indigenous communities to manage their money. (Teams also visit other remote communities in SA, WA and NT). Teams spend time listening and learning about how money is viewed and used in Indigenous communities while sharing knowledge and information, through a series of fun, engaging and culturally appropriate learning experiences.A rigorous evaluation of the MMT completed in 2013 found that, while many community members still had complex barriers to improving their financial literacy, MMT clients were more likely than non‑MMT clients to have developed basic financial management skills (for example, know their bank balance, saved some money, be able to access some money from their bank in an emergency) (Pryor & Garner 2013).The **MPower** program operates in four Cape York communities in Queensland. The previous Family Income Management program (a skill and capability development service) has evolved into a fully integrated money management program. It is a free and voluntary program that assists individuals and families to meet their basic material needs, develop financial literacy and build assets through saving and money management (Cape York Partnerships 2014).In June 2013, membership of MPower across the four communities ranged from 70 per cent to 100 per cent of the adult community. A CYP survey showed that nearly three quarters of surveyed MPower members found it easier to manage their money than prior to MPower (CYP 2013).The CYWR Evaluation Report cited improved money management as an important outcome of the trial. It found that MPower is the most commonly used support service introduced by the trial and that it had assisted residents with household budgeting, saving for large expenses and accessing Internet banking (DSS 2012). |
| *Sources*: MoneyMob Talkabout (2014); Pryor & Garner (2013), Evaluation of MoneyMob Talkabout; Cape York Partnerships (CYP) (2014), MPower; CYP (2013) Family Empowerment Quarterly Report June 2013; DSS (2012) Cape York Welfare Reform (CYWR) Evaluation Report – 2012; AIHW (2014), Success factors for Indigenous entrepreneurs and community‑based enterprises, Resource sheet no. 30 produced for the Closing the Gap Clearinghouse. |
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### Future directions in data

Supplementary data on household and personal income are available from the Census. However, data are collected in pre‑determined income ranges, which affects the level of precision of the median and mean income estimates.

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## 4.10 Substantiated child abuse and neglect[[24]](#footnote-24)

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| Box 4.10.1 Key messages |
| * Child protection issues continue to be very significant for Aboriginal and Torres Strait Islander families and communities.
* Time series child protection data are difficult to interpret — increases in notifications and orders could reflect changes in laws and policies relating to mandatory reporting, an increased propensity to report or increased services, or an underlying change in prevalence, or a mix of factors. There is also likely to be some under‑reporting.
* The substantiation rate for Aboriginal and Torres Strait Islander children aged0–17 years increased from 29.5 to 37.9 per 1000 children from 2009‑10 to 2012‑13, while the rate for non‑Indigenous children was steady at around 5 per 1000 children over the same period, leading to a widening of the gap from 24.8 to 32.2 substantiations per 1000 children (figure 4.10.1).
* The rate of Aboriginal and Torres Strait Islander children aged 0–17 years on care and protection orders increased from 11.3 to 49.3 per 1000 children from 2003‑04 to 2012‑13. The rate for non‑Indigenous children increased from 2.6 to 5.7 per 1000 children over the same period, leading to a widening of the gap, from 8.7 to 43.6 care and protection orders per 1000 children (figure 4.10.3).
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| Box 4.10.2 Measures of substantiated child abuse |
| There are two main measures for this indicator.* *Substantiations* is defined as the rate of Aboriginal and Torres Strait Islander children who were the subject of substantiated child protection notifications.
* *Children on care and protection orders* is defined asthe rate of Aboriginal and Torres Strait Islander children on care and protection orders.

The most recent available data are for 2012‑13 from Australian State and Territory Governments and AIHW (derived from Child Protection Notifications, Investigations and Substantiations, Australia data collection) (all jurisdictions).Two supplementary measures are also reported:* placement in accordance with the Aboriginal Child Placement Principle (all jurisdictions)
* diagnoses of sexually transmitted infections in children (national).
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Child protection issues continue to be very significant for Aboriginal and Torres Strait Islander families and communities. Child protection issues are associated with many other aspects of Aboriginal and Torres Strait Islander disadvantage, including domestic violence (section 4.11), parental substance abuse (sections 6.2, 11.1 and 11.2) and parental mental health problems (section 8.7) (Bromfield et al. 2010; COAG 2009). Families facing these sorts of problems are often affected by other influences including unemployment (section 4.6); lack of education (sections 4.5 and 4.7); young parenthood (section 6.3); overcrowding in housing (section 10.1) and limited access to primary health care (section 8.1) (Bamblett, Bath and Roseby 2010). It also reflects a history of trauma and the consequences of past removal policies (AHMAC 2012).

In 2009, COAG endorsed a national framework on child protection, with an emphasis on prevention. Outcome 5 under the framework states that ‘Indigenous children are supported and safe in their families and communities’ (COAG 2009).

#### Longer term effects of child abuse and neglect

Adverse experiences in childhood can have a lifelong legacy, by affecting the developing brain, which in turn can affect a child’s ability to regulate their own behaviour and to build trusting and trusted relationships with others (McGuinness et al. 2013). Research has found children who experience relatively high levels of child abuse and neglect have an increased risk of becoming perpetrators of violence as adults (Wundersitz 2010). Abuse in childhood has been associated with chronic adult health conditions such as heart disease, diabetes, arthritis, bronchitis/emphysema and cancer (section 4.8) (McGuinness et al. 2013). Child sexual abuse can also have long term effects on physical and mental health, and social, sexual and interpersonal functioning (Cashmore and Shackel 2013).

### Substantiations

Child protection data show how many children can come into contact with child protection services. These are the only data routinely collected in Australia on the number of children experiencing child abuse and neglect. Different definitions of what constitutes child abuse and neglect in each State and Territory mean that it is difficult to obtain consistent and comparable national data (Lamont 2011). As many cases of child abuse and neglect are not disclosed to authorities, the data do not reliably indicate how many Aboriginal and Torres Strait Islander children are abused or neglected in any given year (Berlyn and Bromfield 2010).

Time series data should be interpreted with caution, as rates may be affected by changes in community awareness of child abuse and neglect, changes in propensity to report, changes in laws or policies relating to mandatory reporting over time, changes in service levels and (for Aboriginal and Torres Strait Islander children) improvements in Indigenous identification.

Children can come into contact with State and Territory child protection services in various ways, including reports of concerns made by the child, community members, mandated professionals, organisations, and family or relatives. Before a matter is considered ‘substantiated’ by authorities, it must be notified and investigated.

Thresholds for what is substantiated vary across jurisdictions — some jurisdictions substantiate the harm or risk of harm to the child, whilst others substantiate actions by parents or incidents that cause harm (AIHW 2013).

Prior to 2009‑10, rates of children in notifications, investigations and substantiations were calculated as the number of children aged 0–16 years, to account for some jurisdictional differences in the way 17 year olds were reported. For the 2009‑10 *Child Protection Australia* report (and onwards), a decision was made (in consultation with all states and territories) to report notifications, investigations and substantiations for children aged
0–17 years, to maintain a consistent age group for comparability of analysis across the report (AIHW unpublished). This report includes data for 0–17 year olds for 2009‑10 to 2012‑13, as well as data for 0–16 years olds for 2001‑02 to 2009‑10.

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| Figure 4.10.1 Rate of children aged 0–17 years who were the subject of a substantiation**a** |
| Figure 4.10.1 Rate of children aged 0-17 years who were the subject of a substantiation  More details can be found within the text surrounding this image.  |
| a Rates are calculated as the number of children aged 0–17 years in each category (including children whose ages were not stated) divided by the estimated population of children aged 0–17 years at 31 December, multiplied by 1000. For Indigenous children, the estimated population aged 0–17 years at 30 June (using ‘Series B’, Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, cat. no. 3238.0) for two years were averaged to obtain a population figure for December of the relevant year.  |
| *Sources*: SCRGSP (2014) *Report on Government Services 2014*, table 15A.8 (cites Australian State and Territory Governments (unpublished) for 2012‑13 data; AIHW (unpublished) Child Protection Notifications, Investigations and Substantiations, Australia data collection for data prior to 2012‑13; ABS (2014) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0; ABS (unpublished) Australian Demographic Statistics, December (various years), Cat. no. 3101.0, Canberra; table 4A.10.1. |
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Nationally in 2012‑13, 10 956 Aboriginal and Torres Strait Islander children
aged 0–17 years were the subject of a substantiation (table 4A.10.1). The substantiation rate for Aboriginal and Torres Strait Islander children aged 0–17 years increased from 29.5 per 1000 children in 2009‑10 to 37.9 per 1000 children in 2012‑13 (figure 4.10.1). This trend for children aged 0–17 years is consistent with the historical trend for children aged 0–16 years (which increased from 12.5 per 1000 children in 2003‑04 to 30.9 per 1000 children in 2009‑10) (table 4A.10.2).

For non‑Indigenous children aged 0–17 years, 28 035 were the subject of substantiations in 2012‑13 (table 4A.10.1). From 2009‑10 to 2012‑13, the rate for non‑Indigenous children was steady at around 5  per 1000 children, leading to a widening of the gap (from 24.8 to 32.2 substantiations per 1000 children) over the same period (figure 4.10.1).

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| Figure 4.10.2 Children aged 0–17 years who were the subject of a substantiation by type of abuse or neglect**a** |
| Figure 4.10.2 Children aged 0-17 years who were the subject of a substatntiation by type of abuse or neglect  More details can be found within the text surrounding this image.  |
| a If a child was the subject of more than one type of abuse or neglect as part of the same notification, then the abuse and/or neglect is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, then the type of abuse reported in this table is the type of abuse and/or neglect associated with the first substantiation decision during the year.  |
| *Source*: AIHW (2014) *Child Protection Australian 2012-13*; AIHW (unpublished), derived from Child Protection Notifications, Investigations and Substantiations, Australia data collection; table 4A.10.3. |
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Nationally in 2012‑13, the most common reason for substantiation for Aboriginal and Torres Strait Islander children aged 0–17 years was neglect (40.1 per cent) followed by emotional abuse (33.8 per cent). The most common reason for substantiation for non‑Indigenous children aged 0–17 years was emotional abuse (40.1 per cent) (figure 4.10.2).

Nationally in 2012-13, rates of substantiations for all types of abuse or neglect were higher for Aboriginal and Torres Strait Islander children than for non‑Indigenous children. Rates of substantiations for Aboriginal and Torres Strait Islander children ranged from 3.4 per 1000 children for sexual abuse to 15.2 per 1000 children for neglect. Rates for non‑Indigenous children ranged from 0.9 per 1000 children for sexual abuse to 2.3 per 1000 children for emotional abuse (table 4A.10.3). Substantiations by type of abuse and neglect data reported by State and Territory are available in tables 4A.10.3-4.

### Children on care and protection orders

If an investigation results in a substantiation, intervention by child protection services might be needed to protect the child. This intervention can take a number of forms, including one or more of: referral to other services; supervision and support; an application to court; and a placement in out‑of‑home care.

Although child protection substantiations are often resolved without the need for a court order (which is usually a last resort) recourse to a court may take place at any point in the child protection investigation process. The types of care and protection orders available vary across jurisdictions and may include interim and temporary orders, finalised supervisory orders, and finalised guardianship or custody orders (AIHW 2013).

Nationally, 14 267 Aboriginal and Torres Strait Islander children were on care and protection orders at 30 June 2013 (table 4A.10.5). The rate per 1000 Aboriginal and Torres Strait Islander children increased from 11.3 per 1000 children at 30 June 2004 to 49.3 per 1000 children at 30 June 2013 (figure 4.10.3).

Nationally, 28 171 non‑Indigenous children were on care and protection orders at 30 June 2013 (table 4A.10.5). The rate per 1000 non‑Indigenous children increased from 2.6 per 1000 children at 30 June 2004 to 5.7 per 1000 children at 30 June 2013 leading to an increase in the gap, from 8.7 per 1000 children to 43.6 per 1000 children (figure 4.10.3). Care and protection order data reported by State and Territory are available in table 4A.10.5.

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| Figure 4.10.3 Rate of children aged 0–17 years on care and protection orders, at 30 June**a** |
| Figure 4.10.3 Rate of children aged 0-17 years on care and protection orders, at 30 June  More details can be found within the text surrounding this image.  |
| a Rates of Aboriginal and Torres Strait Islander children on care and protection orders were calculated as the number of children aged 0–17 years who were on a care and protection order at 30 June, divided by the estimated population aged 0–17 at 30 June using ‘Series B’, Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (cat. no. 3238.0). Rates of non‑Indigenous children on care and protection orders were calculated as the number of children aged 0–17 years who were on a care and protection order at 30 June, divided by the estimated population aged 0–17 years at 30 June, multiplied by 1000. |
| *Sources*: Australian State and Territory Governments (unpublished) for 2012‑13 data; AIHW (unpublished) Child Protection Notifications, Investigations and Substantiations, Australia data collection for data prior to 2012‑13; ABS (2014) *Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*. Cat. no. 3238.0, Canberra; ABS (unpublished) Australian Demographic Statistics, June (various years), Cat. no. 3101.0, Canberra; table 4A.10.5. |
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### Aboriginal Child Placement Principle

Out‑of‑home care is one of a range of responses to child protection issues. The policy is that children are placed in out-of-home care as a last resort when it is not in their best interests to remain with their family (for example, where no one is suitable to provide care) (COAG 2009).

The Aboriginal and Torres Strait Islander Child Placement Principle is aimed at ensuring government intervention into family life does not disconnect children from their family and culture. Since the 1980s, every State and Territory government has adopted the Child Placement Principle in legislation and policy. The Child Placement Principle recognises the ongoing, negative impact of removing Aboriginal and Torres Strait Islander children from their parents and communities. It is founded on the concept that Aboriginal and Torres Strait Islander Australians have the knowledge and experience to make the best decisions concerning their children. It promotes a partnership between government and Aboriginal and Torres Strait Islander communities in decision making about children’s welfare, to ensure that the connections are understood and maintained (Tilbury 2013).

According to the Aboriginal Child Placement Principle (NLRC 1997), the following hierarchy or placement preference should be pursued in protecting the safety and welfare of Aboriginal and Torres Strait Islander children:

* placement with the child’s extended family (which includes Aboriginal and Torres Strait Islander and non‑Indigenous relatives/kin)
* placement within the child’s Aboriginal and Torres Strait Islander community
* placement with other Aboriginal and Torres Strait Islander Australians.

While it is desirable that children be placed in accordance with the principle, this is one factor among many that must be considered in the placement decision. Consultations with Aboriginal and Torres Strait Islander Australians have highlighted that the safety of the child needs to be paramount in applying this principle. This may mean that on occasions, placement with a non‑Indigenous carer is warranted. To support Aboriginal and Torres Strait Islander children in out of home care, the Secretariat of National Aboriginal and Islander Child Care (SNAICC) have stressed the importance of implementing cultural care plans to ensure children stay connected in meaningful ways to family, communities, culture and country (SNAICC 2014).

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| Figure 4.10.4 Placement of Indigenous children in out‑of‑home care, at 30 June**a** |
| Figure 4.10.4 Placement of Indigenous children in out-of-home care, at 30 June  More details can be found within the text surrounding this image.  |
| a The denominator for calculating the percentage of children placed in accordance with the principle excludes Indigenous children living independently and those whose living arrangements were unknown. |
| *Sources*: SCRGSP (2014) *Report on Government Services 2014*, table 15A.9 (cites Australian State and Territory governments (unpublished) for 2012‑13 data; AIHW (unpublished) Child Protection Notifications, Investigations and Substantiations, Australia data collection for data prior to 2012‑13; table 4A.10.7. |
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Nationally at 30 June 2013, 68.8 per cent of Aboriginal and Torres Strait Islander children in out‑of‑home care were placed in accordance with the Aboriginal Child Placement Principle. This was unchanged from 30 June 2012, ending the previous downward trend from a high of 76.7 per cent at 30 June 2005 (figure 4.10.4).

Nationally since 2005, Aboriginal and Torres Strait Islander children have been ‘placed with a relative/kin’[[25]](#footnote-25) in the majority of out‑of‑home care placements (52.5 per cent at 30 June 2013). Placements with ‘other Aboriginal and Torres Strait Islander carer or Aboriginal and Torres Strait Islander residential care’ has decreased from 27.5 per cent of placements at 30 June 2004 to 16.3 per cent of placements at 30 June 2013. The proportion not placed according with the Aboriginal child placement principle fluctuated between 23.3 per cent and 31.2 per cent from 2004 to 2013 (figure 4.10.4). Data on Aboriginal and Torres Strait Islander children in out‑of‑home care by relationship of caregiver by State and Territory are available in table 4A.10.7.

### Diagnoses of sexually transmitted infections in children

Sexually transmitted infections may be indicative of child sexual assault. Whilst the actual prevalence of child sexual assault by Indigenous status is not known, data from incidents that come to the attention of, and are recorded by, police indicate that in 2013 more than half (55 per cent) of Aboriginal and Torres Strait Islander victims and 41 per cent of non‑Indigenous victims were aged less than 15 years (ABS 2014).[[26]](#footnote-26)

Among older Aboriginal and Torres Strait Islander children it is likely that a significant proportion of sexually transmitted infections are the result of early sexual debut and/or sex with peer‑aged partners (NCHECR 2010).

From 2008 to 2012, Aboriginal and Torres Strait Islander children:

* aged 0–4 years had higher rates of chlamydia (except for 2012) and gonorrhoea than non‑Indigenous 0–4 year olds
* aged 5–14 years had higher rates of chlamydia, gonorrhoea and syphilis than non‑Indigenous 5–14 year olds
* aged 0–4 years had an average of 9 diagnoses per 100 000 children, compared with two diagnoses per 100 000 non‑Indigenous 0–4 year olds
* aged 5–14 years had an average of 281 diagnoses per 100 000 children, compared with 11 per 100 000 non‑Indigenous 5–14 year olds (table 4A.10.8).

### Things that work

Addressing Aboriginal and Torres Strait Islander Australians’ disadvantage across a broad range of outcomes is critical to addressing the factors that place Aboriginal and Torres Strait Islander children at risk of child abuse and neglect (COAG 2009). There are a range of promising programs in relation to child abuse and neglect in Aboriginal and Torres Strait Islander communities but there is a lack of evaluation on whether they lead to reductions in rates of child abuse and neglect (Higgins 2010). One such program is the Referral for Active Intervention Initiative. It is an intensive family support service for children at risk of entering the child protection system in metropolitan and regional Queensland. A midway evaluation found the program to be successful in preventing children from entering the system during the period of active intervention in almost all cases. Further evaluation is required to confirm the program’s effectiveness (CTGCH 2013; QLD DOC 2009).

### Future directions in data

Under the National Framework for Protecting Australia’s Children 2009–2020 (COAG 2009), all states and territories committed to the development of a unit record data collection for child protection related measures (currently nearing completion, but not available in time for this report. This collection will improve the comparability of child protection data across jurisdictions and allow for a wider range of policy‑relevant analyses. Currently, the aggregate data cannot determine the overlap between substantiated child protection notifications, care and protection orders and out‑of‑home care collections, nor determine how many children appear in the system on multiple occasions (AIHW 2013, 2014).

The supplementary measure on ‘placement in accordance with the Aboriginal Child Placement Principle’ reports the placement outcomes of Aboriginal and Torres Strait Islander children rather than compliance with the hierarchy of placement options to be considered when finding suitable out‑of‑home care environments. As part of the National framework for protecting Australia’s children: Second three year action plan, 2012–15, a more robust measure of compliance with the Aboriginal Child Placement Principle is being developed (FAHCSIA 2012).

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## 4.11 Family and community violence[[27]](#footnote-27)

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| Box 4.11.1 Key messages |
| * Family violence has a significant impact on the short- and long-term health and welfare of individuals, families and communities.
* In 2002 and 2008, around 23 per cent of Aboriginal and Torres Strait Islander adults reported being a victim of physical or threatened violence (after adjusting for differences in population age structures, this was 1.8 times (in 2008) and 2.2 times (in 2002) the rate for non-Indigenous Australians) (tables 4A.11.1 and 4A.11.3).
* Both Aboriginal and Torres Strait Islander and non-Indigenous women experience physical assault and sexual assault at higher rates than men. In jurisdictions for which police incident data are available, in 2013:
* the proportions of Aboriginal and Torres Strait Islander women reporting violence by a current partner were 1.2 (NSW), 1.6 (SA) and 2.2 (NT) times the rates for non‑Indigenous women (table 4A.11.6)
* the proportions of Aboriginal and Torres Strait Islander women reporting sexual assault by a family member were 1.4 (Queensland), 1.5 (NSW and SA) and 3.8 (NT) times the rates for non-Indigenous women (table 4A.11.8).
* Between 2004-05 and 2012-13, after adjusting for differences in population age structures, for NSW, Victoria, Queensland, WA, SA and the NT combined, hospitalisation rates for family violence-related assault for Aboriginal and Torres Strait Islander Australians were between 25.1 and 32.8 times the rates for other Australians (table 4A.11.23).
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| Box 4.11.2 Measures of family and community violence |
| There is no main measure for this indicator. Data are reported for four supplementary measures.* *Incidence and prevalence of violence* is defined by two components — prevalence of violence and victimisation rates.
* Prevalence of violence is defined as the number of persons who have experienced violence as a ratio of the total number of persons in the population at a specific time. The most recent available prevalence data are from the 2008 ABS National Aboriginal and Torres Strait Islander Social Survey (all jurisdictions; remoteness; sex and age).
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| Box 4.11.2 (continued) |
| * Victimisation rates are expressed as the number of victims recorded by police[[28]](#footnote-28) per 100 000 population for selected offences (sexual assault, assault and robbery). The most recent available data are for 2013 from the ABS Recorded Crime Victims collection (NSW, Queensland, SA and the NT; sex and age).
* *Hospitalisation rates* is defined by two components ­— non-fatal hospitalisation rates for assault and non-fatal hospitalisation rates for family violence‑related assaults.
* Non-fatal hospitalisation rates for assault is expressed as the rate of hospital separations where an external cause indicating assault was recorded.
* Non‑fatal hospitalisation rates for family violence-related assaults is expressed as the rate of separations where an external cause indicating assault was recorded and the relationship of the perpetrator to the victim was recorded as spouse/domestic partner, parent, or other family member. The most recent available data are for 2012‑13 from the AIHW National Hospital Morbidity Database (national; remoteness; sex and age).
* *Homicide rates* is defined as the rate of deaths recorded as homicide. The most recent available data are for 2011‑12 from the AIC National Homicide Monitoring Project (for deaths recorded as homicide by police) (all jurisdictions; remoteness and sex) and for 2008–2012 from the ABS Causes of Death collection (for deaths recorded as homicide on death registration forms) (NSW; Queensland, WA, SA and the NT; sex and age) .
* *People who seek services due to family violence* is defined as the proportion of people seeking assistance from Specialist Homelessness Services for reasons of domestic/family violence. The most recent available data are for 2012‑13 from the AIHW Specialist Homelessness Services collection (all jurisdictions; remoteness; sex and age).
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Family violence remains a serious and widespread issue in Australia, and can have a significant impact on the health and welfare of individuals including physical and mental illness, sexually transmitted diseases, substance use, homelessness and poverty (Hovane and Cox 2011).

The term ‘family violence’, in an Aboriginal and Torres Strait Islander context, is used to describe the range of violence that takes place including the physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that may be perpetrated within a family. The term also recognises the broader impacts of violence; on extended families, kinship networks and community relationships (Cripps and Davis 2012; NSW Department of Health 2011; Wild and Anderson 2007).

The lack of a nationally agreed definition and inconsistency in methods of data collection affect the quality and comparability of data on family violence (ALRC 2011; Cripps 2008; Wundersitz 2010; Bryant and Willis 2008). In addition, existing sources of data do not capture the full extent of family and community violence, as they only include data on reported violence (URBIS 2011). For many reasons, not all victims report violence or seek assistance (Cripps 2008; Willis 2011).

Aboriginal and Torres Strait Islander Australians experience violence at rates well above those of non‑Indigenous Australians (Bryant 2009). A greater proportion of violent incidents in Aboriginal and Torres Strait Islander communities are family violence‑related (Bryant and Willis 2008). Aboriginal and Torres Strait Islander females are disproportionately affected by violence when compared with non‑Indigenous females (Bryant 2009). Some reports show that violence and abuse is so prevalent in some communities, that the people who live there regard it as inevitable (Willis 2011) and a ‘language of minimisation’ — describing instances of violence as ‘everyday’ or innocuous — is used in communities to avoid confrontation or aggravating the situation (Cripps and Adams 2014; Cripps 2008)

Some factors that have been associated with family and community violence in Aboriginal and Torres Strait Islander populations include:

* high levels of alcohol misuse and illicit drug use
* being male (victim and offender), although Aboriginal and Torres Strait Islander females are equally likely to be a victim of violence as Aboriginal and Torres Strait Islander males
* younger age (14‑15 years, reaching a peak during the mid‑20s and early 30s)
* childhood experience of violence and abuse
* for mothers, being a single parent and/or being removed from natural family
* low education and income levels and high unemployment levels
* poor and overcrowded housing conditions
* poor physical and mental health
* remote locations and access to services (including police presence) (Bryant 2009; Clapham, Stevenson and Lo 2006; Cripps 2007; Cripps et al. 2009; Wundersitz 2010).

Alcohol stands out as a significant contributor to violence in Aboriginal and Torres Strait Islander communities (Bryant and Willis 2008; Bryant 2009; HEREOC 2006; Livingston 2011; Meulerners et al. 2010; Weatherburn, Snowball and Hunter 2008; Wundersitz 2010). The role of alcohol and drug and substance misuse in Aboriginal and Torres Strait Islander homicides is in sections 11.1 and 11.2.

### Incidence and prevalence of violence

The latest estimates of the prevalence of physical or threatened violence are from the 2008 ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS collects data on people’s self‑reported experiences of physical or threatened violence. The comparison estimates of the prevalence of physical or threatened violence amongst non‑Indigenous people are from the 2002 and 2006 General Social Surveys.

* In 2008, 22.9 per cent of Aboriginal and Torres Strait Islander Australians (aged 18 years and over) reported experiencing at least one incident of physical or threatened violence during the 12 months prior to interview, similar to the rate reported in 2002 (23.3 per cent)[[29]](#footnote-29) (table 4A.11.1).
* The prevalence of physical or threatened violence amongst Aboriginal and Torres Strait Islander Australians decreased with age, from around 30 per cent of
18–24 year olds down to around 8 per cent of those aged 55 years and older (table 4A.11.2).
* A higher proportion of Aboriginal and Torres Strait Islander Australians reported experiencing physical or threatened violence in the 12 months prior to interview in 2008 than that reported by non‑Indigenous Australians in 2006. This gap in the prevalence of physical or threatened violence has narrowed between 2002 and 2008 (from 10.6 to 8.7 percentage points) — caused by an increase in non‑Indigenous rates (table 4A.11.3).
* In all states and territories (except Queensland and the NT, where the proportions were not statistically significantly different), a higher proportion of Aboriginal and Torres Strait Islander Australians than non‑Indigenous Australians had experienced physical or threatened violence during the 12 months prior to interview (table 4A.11.3).
* Aboriginal and Torres Strait Islander females reported experiencing physical or threatened violence in the 12 months prior to interview at twice the rate of non‑Indigenous females (table 4A.11.3).

The ABS recorded crime collection relates to victimisation incidents for a selected range of offences recorded by police. There are limits to using police records to measure family and community violence. Police data do not represent all victims of crime, just those who come to the attention of, and whose details are recorded by, police. A high proportion of violent victimisation is not disclosed to police (Wild and Anderson 2007; Willis 2011). Rates of non‑disclosure are higher in Aboriginal and Torres Strait Islander communities than non‑Indigenous communities, with studies indicating that around 90 per cent of violence against Aboriginal and Torres Strait Islander women is not disclosed (Willis 2011).

Comparable data by Indigenous status are available for NSW, Queensland (excluding physical assaults), SA and the NT, with the most recent data for 2013.

* Rates of *physical assault* for Aboriginal and Torres Strait Islander Australians were 2.8 (NSW), 5.1 (SA) and 6.0 (NT) times the rates for non‑Indigenous Australians (table 4A.11.5).
* Rates of physical assault for Aboriginal and Torres Strait Islander males were 1.8 (NSW), 2.3 (NT) and 2.9 (SA) times the rates for non-Indigenous males (table 4A.11.5).
* Rates of physical assault for Aboriginal and Torres Strait Islander females were 4.2 (NSW), 7.9 (SA) and 12.3 (NT) times the rates for non-Indigenous females (table 4A.11.5).
* Rates of physical assault for Aboriginal and Torres Strait Islander females were 1.8 (NSW), 2.2 (SA) and 3.3 (NT) times the rates for Aboriginal and Torres Strait Islander males (table 4A.11.5).
* Rates of physical assault have been fairly constant since 2010.
* Over 90 per cent of Aboriginal and Torres Strait Islander female physical assault victims knew the offender compared with 65.9 to 80.3 per cent of non-Indigenous female victims (table 4A.11.6).
* Rates of *sexual assault* for Aboriginal and Torres Strait Islander Australians were 2.2 (NT), 3.3 (NSW and Queensland) and 4.4 (SA) times the rates for non‑Indigenous Australians (table 4A.11.4). Around three-quarters of Aboriginal and Torres Strait Islander victims of sexual assault were female. The majority of Aboriginal and Torres Strait Islander victims of sexual assault were less than 19 years of age (tables 4A.11.7).
* Both Aboriginal and Torres Strait Islander women and non-Indigenous women (in NSW, SA and the NT) reported violence by a current or previous partner at between 1.7 and 6.7 times the rate for men and reported sexual assault at between 3.3 and 7.8 times the rate for men (tables 4A.11.6 and 4A.11.7).
* Aboriginal and Torres Strait Islander females reported being *physically assaulted* by a current partner at 1.2 (NSW), 1.6 (SA) and 2.2 (NT) times the rates for non-Indigenous women (table 4A.11.6).
* Aboriginal and Torres Strait Islander women reported being *sexually assaulted* by a family member (a partner or other family member) at 1.4 (Queensland), 1.5 (NSW and SA), and 3.8 (NT) times the rates for non-Indigenous women (table 4A.11.8).

Victimisation rates for other selected offences and additional information on individual jurisdictions, as well as data for 2010, 2011 and 2012, are available in tables 4A.11.4–21.

### Hospitalisation rates

Hospital records provide some information on instances of family violence that result in hospitalisation, and in some cases death. However, these sources are likely to under estimate the true extent of family and community violence, because not all victims seek medical attention and not all hospitalisations resulting from family violence will be recorded as such.

From 2010-11, Indigenous status in hospital separations data are considered of sufficient quality for reporting in all jurisdictions. Prior to 2010‑11, six jurisdictions (NSW, Victoria, Queensland, WA, SA and the NT) were considered to have acceptable quality of Aboriginal and Torres Strait Islander identification in hospitalisation data. The attachment tables for this report include data for all jurisdictions for 2010‑11 to 2012‑13, as well as data for the six jurisdictions for 2004‑05 to 2012‑13.

Nationally in 2012‑13, after adjusting for different population age structures, Aboriginal and Torres Strait Islander hospitalisations for non‑fatal family violence‑related assaults:

* for females were 34.2 times the rate for non‑Indigenous females (table 4A.11.22)
* for males were 28.3 times the rate for non‑Indigenous males (table 4A.11.22)
* increased with remoteness (from 197.1 per 100 000 population in major cities to 1510.6 per 100 000 population in remote areas) (table 4A.11.24).

Between 2004‑05 and 2012‑13, after adjusting for differences in population age structures, for NSW, Victoria, Queensland, WA, SA and the NT combined, the rate of hospitalisations for family violence‑related assault for Aboriginal and Torres Strait Islander Australians was between 25.1 and 32.8 times the rate for other Australians (table 4A.11.23).

Data on non‑fatal hospitalisations for assaults by sex and relationship of victim to offender, and by remoteness are in tables 4A.11.25–28.

### Homicide rates

Homicide data from the AIC National Homicide Monitoring Program are based on police records, whereas ABS homicide deaths data are based on death registrations. Despite the differences in collections, the AIC and ABS mortality data allow for some detailed examination of the circumstances and characteristics of homicide occurring in the Aboriginal and Torres Strait Islander and non‑Indigenous populations.

Mortality data disaggregated by Indigenous status are available for NSW, Queensland, WA, SA and the NT, as these jurisdictions have sufficient levels of Aboriginal and Torres Strait Islander identification and numbers of deaths to support analysis.

From 2003–2007 to 2008–2012, after adjusting for differences in population age structures, the death rate from homicide (for NSW, Queensland, WA, SA and the NT combined) remained steady at around 7–8 deaths per 100 000 population for Aboriginal and Torres Strait Islander Australians and 1 death per 100 000 population for non‑Indigenous Australians (tables 4A.11.31–32). In 2008–2012, the death rate from homicide continued to be highest for Aboriginal and Torres Strait Islander Australians aged 25 to 34 years (12.5 per 100 000 population) and 35 to 44 years (15.0 per 100 000 population) (table 4A.11.33).

Aboriginal and Torres Strait Islander Australians remain overrepresented as victims of homicide. Of the 264 homicide victims recorded by police in 2011‑12, 35 (13.3 per cent) were identified as Aboriginal and Torres Strait Islander Australians. In 2011‑12, the Aboriginal and Torres Strait Islander homicide victimisation rate (5.1 per 100 000 population) was five times as high as the rate for non‑Indigenous Australians (1.0 per 100 000 population) (table 4A.11.35).

In 2011‑12:

* the Aboriginal and Torres Strait Islander homicide rate in remote areas (10.4 per 100 000 population) was twice the rate in regional areas (5.0 per 100 000 population) and five times the rate in major cities (2.1 per 100 000 population) (table 4A.11.36).
* of homicides where the Indigenous status of victims and offenders was known, around 13.2 per cent of incidents involved Aboriginal and Torres Strait Islander people as both offender and victim. Around 3.5 per cent involved a non‑Indigenous offender and an Aboriginal and Torres Strait Islander victim (table 4A.11.37).
* a domestic altercation was the motive for 23.1 per cent of Aboriginal and Torres Strait Islander male homicides and 83.3 per cent of Aboriginal and Torres Strait Islander female homicides (table 4A.11.38).
* the victim and offender were intimate partners in 47.4 per cent of Aboriginal and Torres Strait Islander homicides, compared with 20.9 per cent of non‑Indigenous homicides (table 4A.11.39).
* there were no Aboriginal and Torres Strait Islander homicides where the victim and the offender were strangers. The victim and offender were strangers in 8.7 per cent of non‑Indigenous homicides (table 4A.11.39).

### People who seek services due to family violence

Domestic and family violence‑related homelessness is a widespread and growing problem in Australia (Tually et al. 2008). The Specialist Homelessness Services (SHS) data collection provides information on people who seek assistance from agencies funded under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH). The SHS data collection replaces the previous Supported Accommodation Assistance Program (SAAP) data collection, which ceased in 2010‑11, following the end of the SAAP and establishment of the NAHA and NPAH. SAAP data are not directly comparable with SHS data. As with SAAP data, SHS data do not capture the full extent of family violence occurring within the community, as not all victims of violence access these services and some may be turned away because the support required cannot be provided (AIHW 2012).

Aboriginal and Torres Strait Islander people are overrepresented amongst those who received assistance from specialist homelessness agencies. Although only representing 3 per cent of the Australian population in 2011, Aboriginal and Torres Strait Islander people represented around one‑fifth (22 per cent) of SHS clients (AIHW 2013). However, Aboriginal and Torres Strait Islander people and non‑Indigenous people sought services for similar reasons.

In 2012‑13, domestic/family violence was the second most common main reason both Aboriginal and Torres Strait Islander and non‑Indigenous people sought SHS (24.0 per cent and 22.4 per cent respectively), after accommodation difficulties (30.6 per cent and 30.1 per cent respectively) (table 4A.11.40). For both Aboriginal and Torres Strait Islander and non‑Indigenous SHS clients, the proportion for whom domestic/family violence was the main reason for seeking assistance increased as remoteness increased (17.0 per  cent and 19.4 per cent respectively in major cities compared to 45.0 per cent and 55.3 per cent respectively in very remote areas) (table 4A.11.43). Data on the main reasons for seeking assistance by State and Territory are available in table 4A.11.41.

In 2012‑13, the rate of female Aboriginal and Torres Strait Islander SHS clients aged 10 years and over escaping family violence (359 clients per 10 000 population) was 10 times the rate for female non‑Indigenous clients (34 clients per 10 000 population) (table 4A.11.44).

Aboriginal and Torres Strait Islander children aged 0–17 years accompanying SHS clients escaping family violence attended an SHS agency at a rate of 443 per 10 000 population, more than 30 times the rate for non‑Indigenous children (14 per 10 000 population) (table 4A.11.45).

### Things that work

A range of programs aim to address the risk factors associated with violence in Aboriginal and Torres Strait islander communities, including:

* programs that reduce alcohol misuse can help reduce violent behaviour in Aboriginal and Torres Strait Islander communities (see section 11.1 for more information on alcohol consumption and harm)
* a range of promising programs aimed at primary prevention of violence against women, including those introduced as part of the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Although a relatively new approach, some Australian reviews have assessed developing good practice (ADFVC 2012)
* an evaluation of night and community patrols (one in NSW and one in WA) is under way to determine the effect on community safety. The evaluations should provide a comparison with statistically similar communities that do not operate night patrols. The evaluation are part of a larger cross‑jurisdictional project under the National Indigenous Law and Justice Framework to build the evidence base about effective Aboriginal and Torres Strait Islander justice initiatives (CTGCH 2013).

One initiative that may have contributed to a reduction in family and community violence is described in box 4.11.3.

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| Box 4.11.3 ‘Things that work’ — family and community violence |
| The **Alice Springs Domestic and Family Violence Outreach Service** (NT) commenced in 2009 and provides targeted outreach support to women living in Alice Springs and the surrounding town camps, who are experiencing domestic and family violence. The program also runs support and education groups to women in town camps. In 2012‑13, almost 400 women were assisted, with around 80 per cent identified as Aboriginal (ASWS 2013). An independent evaluation of the project in 2012‑13 using a mix of interviews and analysis of crisis accommodation data found that:* 100 per cent of the 19 women (with 43 children in their care) interviewed reported their safety has improved with support of the program
* Of those women that had previously used the crisis accommodation service (84 per cent of respondents), 42 per cent had not used the crisis accommodation since receiving outreach services (Gander 2013).

The project was awarded a National Certificate of Merit at the 2013 Australian Crime and Violence Prevention Awards (AIC 2013). |
| *Sources*: ASWS (Alice Springs Womens Shelter) 2013, *Annual Report 2012‑2013*; AIC (Australian Institute of Criminology) 2013, *Australian Crime and Violence Prevention Awards: Winning projects 2013*, Canberra; Gander, C (2013) *Stronger and Stronger Every Day*, Evaluation Report of Alice Springs Women’s Shelter Outreach Service, NGO Consulting Group. |
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### Future directions in data

*The National Plan to Reduce Violence Against Women and their Children
2010–2022* (COAG 2010) includes the development of a National Data Collection and Reporting Framework for family and domestic violence and sexual assault (FaHCSIA 2013). All jurisdictions have committed to the national framework, to be operational by 2022. Under the Plan, a Personal Safety Survey was undertaken by the ABS in 2012 (and is to be undertaken every four years across the life of the Plan). However, data are not available by Indigenous status.

Outcome 6 of the National Plan recognises that preventing and reducing violence against women require strong laws and programs to help reduce the level of recidivism and the development of a stronger evidence base to support future policy and program development. Available incidence and prevalence data focus primarily on victim characteristics (number of victims and their demographic characteristics). Work is in progress to develop national outcome standards for perpetrator interventions (Reos 2013).

Outcome 3 of the National Plan recognises that extra effort is needed to reduce the higher rates of violence against Aboriginal and Torres Strait Islander women. Continuing to build the evidence base on violence against women and their children is one of the five national priorities in the National Plan’s *Second Action Plan 2013–2016: Moving Ahead* (the Second Action Plan) (DSS 2014).

The COAG Working Group on Indigenous Affairs is working towards the development of nationally comparable data sets for Indigenous offending and victimisation (Australian Government unpublished).

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## 4.12 Imprisonment and juvenile detention[[30]](#footnote-30)

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| Box 4.12.1 Key messages |
| * In 2008, two thirds of Aboriginal and Torres Strait Islander Australians aged 15 years and over reported never having been formally charged by police (AIHW 2013a).
* However, Aboriginal and Torres Strait Islander Australians are over‑represented in the criminal justice system. Aboriginal and Torres Strait Islander Australians make up only 2.3 per cent of the adult population (table 5A.2.4), but made up over a quarter (27.4 per cent) of the adult prison population on 30 June 2013 (table 4A.12.5), with an imprisonment rate of 2039.5 per 100 000 adults (table 4A.12.3).
* At 30 June 2013, after adjusting for differences in population age structures, the rate of imprisonment for Aboriginal and Torres Strait Islander adults was 13 times the rate for non‑Indigenous adults (table 4A.12.4). Between 2000 and 2013, the imprisonment rate for Aboriginal and Torres Strait Islander adults increased by 57.4 per cent, while the non‑Indigenous rate remained fairly constant, leading to a widening of the gap (from 8.5 to 13.0 times the rate for non‑Indigenous prisoners) (figure 4.12.2).
* At 30 June 2013, the rate of imprisonment for Aboriginal and Torres Strait Islander males (3765.1 per 100 000 adult males) was more than 10 times the rate for Aboriginal and Torres Strait Islander females (365.9 per 100 000 adult females). However, the female imprisonment rate is growing faster (a 73.7 per cent increase since 2000 compared with a 38.6 per cent increase for males) (figure 4.12.1).
* Detention is considered a last resort for youth. In 2012‑13, the daily average detention rate for Aboriginal and Torres Strait Islander young people was 364.8 per 100 000 10–17 year olds. This was around 24 times the rate for non‑Indigenous young people (15.4 per 100 000 10–17 year olds) (figure 4.12.3). Since 2007‑08, detention rates for both Aboriginal and Torres Strait Islander and non‑Indigenous young people have fluctuated, with no clear trends (figure 4.12.3).
* The daily average rate of Aboriginal and Torres Strait Islander young people subject to community‑based supervision was 1585.7 per 100 000 10–17 year olds in 2012‑13. This was around 14 times the rate for non‑Indigenous young people (117.5 per 100 000 10–17 year olds) (table 4A.12.13). Community based supervision rates in 2012-13 were the lowest since 2007-08 for both Aboriginal and Torres Strait Islander young people and non‑Indigenous young people (table 4A.12.13).
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| Box 4.12.2 Measures of imprisonment and juvenile detention |
| There are two main measures for this indicator:* *Adult imprisonment* is defined as the rate of people aged 18 years and over (17 years and over in Queensland) in prison. Data are sourced from the ABS Prisoners in Australia collection, with the most recent available data for 30 June 2013 (all jurisdictions; sex; age).
* *Juvenile detention* is defined as the rate of people aged 10 to 17 years in youth detention. Data are sourced from the AIHW Juvenile Justice National Minimum Data Set for all jurisdictions except WA and the NT (data sourced directly from these two jurisdictions). The most recent available data are for 2012‑13 (all jurisdictions; sex).

A supplementary measure on young people subject to community‑based supervision orders is also reported (all jurisdictions; sex). |
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A large number of Aboriginal and Torres Strait Islander Australians never commit criminal offences (Wundersitz 2010). In 2008, two thirds of Aboriginal and Torres Strait Islander Australians aged 15 years or over reported never being formally charged by police (AIHW 2013a). However, Aboriginal and Torres Strait Islander Australians experience contact with the criminal justice system — as both offenders and victims — at much higher rates than non‑Indigenous Australians (The Senate Select Committee on Regional and Remote Indigenous Communities 2010). Section 4.11 (Family and community violence) includes some information on victimisation.

Data on imprisonment and youth detention take account of only one aspect of contact with the criminal justice system. By their nature, offences that result in imprisonment or youth detention tend to be more serious. The data do not address arrests that do not proceed to court (for example, as a result of diversion [see section 11.3], including diversion to the child protection system [see section 4.10]); convictions that lead to outcomes that are not administered by custodial facilities (for example, community service orders and fines); and short term police custody (for example, for public drunkenness).

Drug use, child neglect and abuse, school completion and employment are four major drivers of involvement in crime (Weatherburn, Snowball and Hunter 2008; Weatherburn 2013). The main risk factors linked to violent offending by Aboriginal and Torres Strait Islander Australians include high risk alcohol consumption, illicit drug use, being male, being young, childhood experience of violence and abuse, exposure to pornography, poor schooling, low income, unemployment, poor housing, mental illness and lack of access to services (particularly in remote areas of Australia) (Cripps 2007; Wundersitz 2010). The role of alcohol and drug and substance misuse in Aboriginal and Torres Strait Islander homicides is addressed in sections 11.1 (alcohol consumption) and 11.2 (drug and other substance use).

In addition to the risk factors above, changes to judicial processes have been linked to increases in Aboriginal and Torres Strait Islander imprisonment rates. For example, people with unstable living arrangements or a lack of resources may find it more difficult to comply with strict bail and monitoring conditions (The Senate Legal and Constitutional Affairs References Committee 2013).

Imprisonment has a heavy social and economic impact (The Senate Legal and Constitutional Affairs References Committee 2013). High rates of imprisonment remove adults from their important roles caring for the next generation (Crime and Misconduct Commission 2009) and can lead to the ‘normalisation’ of incarceration among community members. Prison can become more of an expectation than a deterrent; for some it may even become a rite of passage (Brown 2010).

### Adult imprisonment

Data on adult imprisonment is a count of prisoners who are held in adult prisons as at midnight on 30 June of each year, and therefore does not represent the flow of prisoners during the year. The nature of the collection means that the majority of prisoners counted are serving long‑term sentences for serious offences, whereas the flow of offenders in and out of prisons consists primarily of persons serving short sentences for lesser offences (ABS 2013).

In all states and territories except Queensland, persons remanded or sentenced to adult custody are aged 18 years and over. In Queensland, an adult refers to persons aged 17 years and over[[31]](#footnote-31).

Nationally at 30 June 2013, the Aboriginal and Torres Strait Islander imprisonment rate was 2039.5 per 100 000 adult population, an increase of around one‑third from the rate in 2000 (1433.5 per 100 000 adult population) (table 4A.12.3). Prisoner data reported by State and Territory, by Indigenous status and by sex are available in tables 4A.12.1–5.

At 30 June 2013, the imprisonment rate for Aboriginal and Torres Strait Islander males (3765.1 per 100 000 adult males) was over 10 times the rate for Aboriginal and Torres Strait Islander females (365.9 per 100 000 adult females). However, the female imprisonment rate is growing faster (a 73.7 per cent increase since 2000, compared with a 38.6 per cent increase for males) (figure 4.12.1).

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| Figure 4.12.1 Indigenous adult imprisonment rate, by sex, at 30 June, 2000 to 2013**a** |
| Figure 4.12.1 Indigenous adult imprisonment rate, by sex, at 30 June, 2000 to 2013  More details can be found within the text surrounding this image.  |
| a Rates for all years are calculated using population data based on the 2011 Census. |
| *Sources*: ABS various years, Prisoners in Australia, Cat. no. 4517.0; ABS 2014, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026,* Cat. no. 3238.0; table 4A.12.3. |
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| Figure 4.12.2 Adult imprisonment rate, at 30 June, 2000 to 2013**a,b** |
| Figure 4.12.2 Adult imprisonment rate, at 30 June, 2000 to 2013  More details can be found wihtin the text surrounding this image. |
| a Rates for all years are calculated using population data based on the 2011 Census. b Data are age standardised. |
| *Source*: ABS (unpublished) Prisoners in Australia collection; table 4A.12.4. |
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Although Aboriginal and Torres Strait Islander adults make up only 2.3 per cent of the Australian adult population (table 5A.2.4), they accounted for 27.4 per cent of all prisoners on 30 June 2013 (table 4A.12.5). After adjusting for differences in population age structures, the rate of imprisonment for Aboriginal and Torres Strait Islander adults was 13 times the rate for non‑Indigenous adults (figure 4.12.2).

Between 2000 and 2013, the rate of imprisonment for Aboriginal and Torres Strait Islander adults increased by 57.4 per cent while the non-Indigenous rate remained fairly constant, leading to a widening of the gap (from 8.5 to 13.0 times the rate for non-Indigenous adults) (figure 4.12.2).

In 2013, the difference between Aboriginal and Torres Strait Islander and non‑Indigenous rates varied across states and territories, though all states and territories recorded increased rates for Aboriginal and Torres Strait Islander adults between 2000 and 2013 (table 4A.12.4).

Around three‑quarters of prisoners on 30 June 2013 were sentenced prisoners (75.6 per cent of Aboriginal and Torres Strait Islander prisoners and 76.5 per cent of non‑Indigenous prisoners) (table 4A.12.7). Of the Aboriginal and Torres Strait Islander sentenced prisoners, the largest proportion had been sentenced with acts intended to cause injury (29.8 per cent), whereas the largest proportion of non‑Indigenous sentenced prisoners had been sentenced for illicit drug offences (14.7 per cent) and sexual assault and related offences (14.0 per cent) (section 4.11 reports on family and community violence). The expected time to serve (median months) was shorter for Aboriginal and Torres Strait Islander prisoners in all offence categories except for sexual assault and related offences (table 4A.12.6).

Around 46 per cent of Aboriginal and Torres Strait Islander prisoners were under the age of 30 years, and half of these prisoners were under the age of 24 years (table 4A.12.8). The median age of Aboriginal and Torres Strait Islander prisoners in Australian prisons at 30 June 2013 was 30.8 years, 4.5 years lower than the median age for non‑Indigenous prisoners (35.3 years) (table 4A.12.9).

### Juvenile detention

One of the key principles underpinning Australia’s youth justice system is that young people should be placed in detention only as a last resort. It is also consistent with the United Nations Convention on the Rights of the Child (AIHW 2013b, 2014; Richards 2011).

In 2012‑13, a daily average of 454 Aboriginal and Torres Strait Islander 10–17 year olds were in detention (409 males and 47 females), compared with 329 non‑Indigenous
10–17 year olds (294 males and 35 females) (table 4A.12.10).

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| Figure 4.12.3 Daily average rate of detention of young people aged 10–17 years**a** |
| Figure 4.12.3 Daily average rate of detention of young people aged 10-17 years  More details can be found wihtin the text surrounding this image. |
| a Rates for all years are calculated using population data based on the 2011 Census and are per 100 000 persons aged 10–17 years. |
| *Sources*: AIHW 2014, *Youth justice in Australia 2012‑13*: an overview, Canberra: AIHW; WA and NT governments (unpublished); SCRGSP (2014), *Report on Government Service Provision 2014*, ABS (2014) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0; ABS (unpublished) *Australian Demographic Statistics,* December (various years), Cat. no. 3101.0, Canberra; table 4A.12.11. |
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In 2012‑13, the daily average detention rate for Aboriginal and Torres Strait Islander young people was 364.8 per 100 000 10–17 year olds. This was around 24 times the rate for non‑Indigenous young people (15.4 per 100 000 10–17 year olds) (figure 4.12.3). This ratio was similar for males and females (table 4A.12.10). Since 2007‑08, detention rates for both Aboriginal and Torres Strait Islander and non‑Indigenous young people have fluctuated, with no clear trends (figure 4.12.3). Youth detention data by State and Territory are available in tables 4A.12.10–11.

### Community‑based youth justice supervision

Community‑based youth justice supervision is an alternative to detention, where a sentenced order or unsentenced order (such as conditional bail) are served in the community. Most young people under youth justice supervision are supervised in the community.

In 2012‑13, a daily average of 1975 Aboriginal and Torres Strait Islander young people aged 10–17 years were supervised in the community, which equates to a rate of 1585.7 per 100 000 population. The rate for males (2444.5 per 100 000 10–17 year olds) was 3.6 times the rate for females (688.1 per 100 000 population) (table 4A.12.12).

In 2012‑13, the community‑based supervision rate for Aboriginal and Torres Strait Islander young people (1585.7 per 100 000 population) was 13.5 times as high as the rate for non‑Indigenous young people (117.5 per 100 000 population). For both Aboriginal and Torres Strait Islander and non-Indigenous young people, the rates of community-based supervision in 2012-13 were the lowest since 2007-08 (table 4A.12.13). Community-based supervision data by State and Territory are available in tables 4A.12.12–13.

### Things that work

Addressing over‑representation of Aboriginal and Torres Strait Islander Australians in prisons and youth detention requires testing new approaches. One such approach is Justice Reinvestment, whereby taxpayer funds are reinvested into the community, instead of being spent on imprisoning people for low‑level criminal activity (imprisonment remains a measure of last resort) (NCIS 2013). A three-year Justice Reinvestment Project is underway at the National Centre for Indigenous Studies. Using a case study approach, the research will explore the conditions, governance and cultural appropriateness of reinvesting resources otherwise spent on incarceration, into services to enhance youth offenders’ ability to remain in their community. It is anticipated that outcomes from the case study will be available for the next report.

### Future directions in data

The Australasian Juvenile Justice Administrators are overseeing several research projects to develop national youth justice policy, research and data capabilities. Current priorities include the development of a linked data collection to report on the relationships between child protection and youth justice, and a recidivism data collection project.

The Australian Human Rights Commission (AHRC 2008) recommends further research into the issue of people with cognitive impairment in the criminal justice system. Cognitive impairment includes intellectual disability, learning disability, acquired brain injury, foetal alcohol spectrum disorders, dementia, neurological disorders and autism spectrum disorders (Gooda 2012). Section 4.8 includes information on disability and chronic disease and section 8.7 includes information on mental health.

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1. The Steering Committee notes its appreciation to the National Health Leadership Forum, which reviewed a draft of this section of the report. [↑](#footnote-ref-1)
2. Data are provided for selected causes of death according to the ICD-10 codes used for leading cause of death in the Aboriginal and Torres Strait Islander Health Performance Framework. This approach aligns with that used for the National Indigenous Reform Agreement performance reporting. [↑](#footnote-ref-2)
3. The Steering Committee notes its appreciation to the National Health Leadership Forum, which reviewed a draft of this section of the report. [↑](#footnote-ref-3)
4. Foetuses delivered with a gestational age of 20 weeks or more, or weighing at least 400 grams, and all neonatal deaths — infant deaths within 28 days of birth. [↑](#footnote-ref-4)
5. Conditions originating in the perinatal period — such as birth trauma, disorders related to fetal growth, complications of pregnancy, labour and delivery, and respiratory and cardiovascular disorders specific to the perinatal period. [↑](#footnote-ref-5)
6. The Steering Committee notes its appreciation to Dr Payi Linda Ford, Charles Darwin University, who reviewed a draft of this section of the report. [↑](#footnote-ref-6)
7. ‘Year before full time schooling’ refers to counts of children enrolled or attending preschool excluding those repeating preschool. [↑](#footnote-ref-7)
8. The Steering Committee notes its appreciation to Dr Gawaian Bodkin-Andrews, who reviewed a draft of this section of the report. [↑](#footnote-ref-8)
9. The Steering Committee notes its appreciation to Dr Gawaian Bodkin-Andrews, Macquarie University, who reviewed a draft of this section of the report. [↑](#footnote-ref-9)
10. NIRA reporting uses the ABS Survey of Education and Work (SEW) non-Indigenous population data. However, this report requires a longer time series for all disaggregations (such as remoteness), which is not available from the SEW. [↑](#footnote-ref-10)
11. The Steering Committee notes its appreciation to Ms Heron Loban, James Cook University, who reviewed a draft of this section of the report. [↑](#footnote-ref-11)
12. See Glossary for full definition. [↑](#footnote-ref-12)
13. NIRA reporting uses the ABS Survey of Education and Work (SEW) non-Indigenous population data. However, this report requires a longer time series for all disaggregations (such as remoteness), which is not available from the SEW. [↑](#footnote-ref-13)
14. Long term unemployment refers to a period of unemployment of 52 consecutive weeks. [↑](#footnote-ref-14)
15. Unemployment and underemployment together provide a measure of underutilisation. Extended labour underutilisation would also capture discouraged job seekers, but data are not available for the Aboriginal and Torres Strait Islander population. [↑](#footnote-ref-15)
16. In the 2011 Census, 61 per cent of Aboriginal and Torres Strait Islander Australians aged 15–17 years were attending secondary school, up from 53 per cent in 2006 (ABS 2012). [↑](#footnote-ref-16)
17. The Steering Committee notes its appreciation to Dr Gawaian Bodkin-Andrews, Macquarie University, who reviewed a draft of this section of the report. [↑](#footnote-ref-17)
18. NIRA reporting uses the ABS Survey of Education and Work (SEW) non-Indigenous population data. However, this report requires a longer time series for various disaggregations (such as remoteness), which is not available from the SEW. [↑](#footnote-ref-18)
19. Eligibility for admission to a public university in Australia on the basis of merit is determined in each State and Territory through the use of the Australian Tertiary Admission Rank (ATAR). See section 4.5 for further information and data on ATARs. [↑](#footnote-ref-19)
20. The Steering Committee notes its appreciation to the National Health Leadership Forum, which reviewed a draft of this section of the report. [↑](#footnote-ref-20)
21. Equivalised household income is a measure which enables comparison between households of different size and composition. For more information on equivalised household income see section 4.9 Household and individual income. [↑](#footnote-ref-21)
22. End stage renal disease is a complete or near complete failure of the kidneys in their function to excrete wastes, concentrate urine, and regulate electrolytes. End stage renal disease occurs when the kidneys are no longer able to function at a level that is necessary for day-to-day life. It usually occurs as chronic renal failure worsens to the point where kidney function is less than 10 per cent of normal (AIHW 2007). [↑](#footnote-ref-22)
23. The Steering Committee notes its appreciation to Ms Heron Loban, James Cook University, who reviewed a draft of this section of the report. [↑](#footnote-ref-23)
24. The Steering Committee notes its appreciation to Dr Kyllie Cripps, University of NSW, who reviewed a draft of this section of the report. [↑](#footnote-ref-24)
25. Relative/kinship care is where the caregiver is a relative (other than parents), considered to be family or a close friend, or is a member of the child or young person’s community (in accordance with their culture) who is reimbursed (or who has been offered but declined reimbursement) by government for the care of the child (AIHW 2014). This may not always be an Aboriginal and Torres Strait Islander person. [↑](#footnote-ref-25)
26. Data available for NSW, Queensland, SA and the NT. [↑](#footnote-ref-26)
27. The Steering Committee notes its appreciation to Dr Kyllie Cripps, University of NSW, who reviewed a draft of this section of the report. [↑](#footnote-ref-27)
28. An individual may be counted more than once. See ABS (2014) for further information. [↑](#footnote-ref-28)
29. The data for 2008 were not directly comparable to 2002 due to a change in sequencing of questions. Therefore, the ABS adjusted the 2008 data when used for comparison with 2002. The adjusted figure has been used to provide a comparable time series. [↑](#footnote-ref-29)
30. The Steering Committee notes its appreciation to Dr Kyllie Cripps, University of NSW, who reviewed a draft of this section of the report. [↑](#footnote-ref-30)
31. Prior to 2006 in Victoria, an adult referred to persons aged 17 years and over. Prior to 2000 in Tasmania, an adult referred to persons aged 17 years and over. In Queensland, adult continues to refer to persons aged 17 years and over. Individual State and Territory data and national data reflect the age scope that applied to these jurisdictions in the relevant years. [↑](#footnote-ref-31)