# 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 |
| |  |  | | --- | --- | | **COAG targets** | **Headline indicators** | | * 1. Life expectancy   2. Young child mortality   3. Early childhood education   4. Reading, writing and numeracy   5. Year 1 to 10 attendance   6. Year 12 attainment   7. Employment | * 1. Post-secondary education — participation and attainment   2. Disability and chronic disease   3. Household and individual income   4. Substantiated child abuse and neglect   5. Family and community violence   6. 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 1 to 10 attendance — there is a direct relationship between days attending school and academic performance (this was an indicator in chapter 7 in the 2014 report but has been moved to this chapter following the COAG decision in late 2014 to set an attendance target)
* 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 Aboriginal and Torres Strait Islander Australians. 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 web page (www.pc.gov.au/oid2016).

## 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.   * Nationally for Aboriginal and Torres Strait Islander babies born in 2010–2012, estimated life expectancy was 69.1 years for males and 73.7 years for females (table 4A.1.1). From  2005–2007 to 2010–2012, the gap in life expectancy for Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians 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.1.1 and 4A.1.3). * From 1998 to 2014, the Aboriginal and Torres Strait Islander mortality rate decreased from 448.7 to 433.5 deaths per 100 000 population (figure 4.1.1). In 2014, after adjusting for differences in population age structures, the Aboriginal and Torres Strait Islander mortality rate was 1.7 times the rate for non‑Indigenous Australians (figure 4.1.2). * From 1998 to 2014, after adjusting for differences in population age structures the gap between the Aboriginal and Torres Strait Islander and non-Indigenous mortality rates narrowed by 14 per cent (figure 4.1.2). Over this period, the leading causes of death for Aboriginal and Torres Strait Islander and non-Indigenous Australians were diseases of the circulatory system and neoplasms (cancers). The gap in rates narrowed for the former and widened for the latter (table 4A.1.19). |
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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 a person could expect to live, if they experienced the age/sex specific death rates that applied at their birth.  The most recent available data are from the ABS Aboriginal and Torres Strait Islander and  non-Indigenous life tables 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 small Aboriginal and Torres Strait Islander populations in these jurisdictions (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 2014 (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 engagement in 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 4.9, 8.1 and 8.2). Aboriginal and Torres Strait Islander Australians on average die earlier than non-Indigenous Australians and their death rates are 1.7 times as high as those for non-Indigenous Australians (figure 4.1.2). Social and economic factors such as poverty, disadvantage, racism and stress can lead to people engaging in unhealthy behaviours and affect access to the health system. On average, Aboriginal and Torres Strait Islander people also experience poorer health 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 support positive health outcomes. There is a substantial body of 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 and non-Indigenous Australians (AHMAC 2015; AIHW 2015; Osborne, Baum and Brown 2013).

### Life expectancy

Aboriginal and Torres Strait Islander males born between 2010 and 2012 have an estimated life expectancy of 69.1 years, 10.6 years less than non-Indigenous males. Aboriginal and Torres Strait Islander females have an estimated life expectancy of 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 was 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).

### 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 annual 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 2014, Aboriginal and Torres Strait Islander mortality rates for NSW, Queensland, WA, SA and the NT combined declined by 3.4 per cent (from 448.7 to 433.5 deaths per 100 000 population) (figure 4.1.1).

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| Figure 4.1.1 Aboriginal and Torres Strait Islander mortality rates, NSW, Queensland, WA, SA and the NT, by sex, 1998 to 2014**a, b** |
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| 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.1.5. |
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Mortality rates for Aboriginal and Torres Strait Islander females were consistently lower than those for males from 1998 to 2014, but the gap between males and females has narrowed from 156.5 to 69.8 deaths per 100 000 population reflecting an overall rate increase for females and a corresponding decrease for males (figure 4.1.1).

For 2010–2014, 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.1.6).

For specific age groups for 2010–2014:

* the 35–44 year age group had the largest rate ratio, with the Aboriginal and Torres Strait Islander mortality rate around four times the non‑Indigenous rate (398.3 compared with 96.6 deaths per 100 000 population).
* The 65–74 year age group had the largest absolute difference in mortality rates between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians (2803.6 compared with 1252.6 deaths per 100 000 population — a difference of 1551.0 deaths per 100 000 population) (table 4A.1.4).

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| Figure 4.1.2 Mortality rates, NSW, Queensland, WA, SA and the NT 1998 to 2014**a, b** |
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| 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.1.5 |
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After adjusting for differences in population age structures, the gap between Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians narrowed from 479.4 deaths per 100 000 population in 1998 to 410.3 deaths per 100 000 population in 2014. This represents a narrowing of the gap in mortality rates of 14 per cent over the period (figure 4.1.2).

Data for all-cause mortality rates reported for selected states and territories are also available in table 4A.1.6.

The ABS has published mortality data disaggregated by remoteness in *Deaths, Australia, 2014* (ABS Cat. no. 3302.0). These data are not included in this report, as they are not adjusted for the under-identification of Aboriginal and Torres Strait Islander Australians in death registrations. Under-identification of Indigenous status in deaths registrations increases as remoteness decreases, which makes interpretation of the results difficult.

#### Causes of death

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

For 2010–2014, the leading causes of death for Aboriginal and Torres Strait Islander Australians were: diseases of the circulatory system (24.5 per cent of all deaths); cancers (neoplasms) (20.8 per cent) and external causes (for example, suicide, transport accidents, falls and poisoning) (15.1 per cent) — these three causes combined accounted for 3 in 5 deaths (table 4A.1.9).

From 1998 to 2014, after adjusting for differences in population age structures, the gap in mortality rates between Aboriginal and Torres Strait Islander and non-Indigenous Australians (table 4A.1.19):

* narrowed where the leading causes were:
* diseases of the circulatory system — from a gap of 169.4 deaths to 88.0 deaths per 100 000 population. Rates have decreased over time for Aboriginal and Torres Strait Islander and non-Indigenous Australians, but with a greater decrease for Aboriginal and Torres Strait Islander Australians.
* diseases of the respiratory system — from a gap of 81.7 deaths to 59.8 deaths per 100 000 population. This decrease was predominately due to a relatively large decrease for Aboriginal and Torres Strait Islander Australians.
* widened where the leading cause was neoplasms (cancers) — from a gap of -5.0 deaths to 55.8 deaths per 100 000 population. This increase reflects consistently higher rates for Aboriginal and Torres Strait Islander Australians since 2006 compared to the period from 1998 to 2006, whilst for non-Indigenous Australians the trend was reversed.[[3]](#footnote-3)
* remained similar where the leading cause was external causes of morbidity and mortality — from a gap of 47.2 per 100 000 population to 46.8 per 100 000 population.

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 2015).

Data for cause of death reported for selected state and territories are available in tables 4A.1.7–18 and from 2006 by sex in table 4A.1.20.

### 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).

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Osborne, K., Baum, F. and Brown, L. 2013, *What works? A Review of Actions Addressing the Social and Economic Determinants of Indigenous health, Issue paper no. 7*, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare and the Australian Institute of Family Studies.

## 4.2 Young child mortality**[[4]](#footnote-4)**

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| Box 4.2.1 Key messages |
| * From 1998 to 2014, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged 0–4 years (from 216.8 to 159.1 deaths  per 100 000 population). This decline was greater than that for non‑Indigenous children (from 114.9 to 73.4 deaths per 100 000 population), resulting in a narrowing of the gap from 101.8 to 85.7 deaths per 100 000 population. In 2014, closing the gap would have been achieved if 64 Aboriginal and Torres Strait Islander child deaths had been prevented (table 4A.2.1).[[5]](#footnote-5) * 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 6.4 deaths per 1000 live births). The infant mortality gap narrowed from  9.0 to 3.1 deaths per 1000 live births (table 4A.2.1). * Whilst the downward trend was visible from 1998 to 2012, volatility in the rates for Aboriginal and Torres Strait Islander child, infant and perinatal mortality in 2013 (due to a mix of small numbers and a lag in registration of perinatal deaths in 2012) make it difficult to ascertain trends in recent years. |
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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 Governments (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 |
| Figure 4.2.1 Young child mortality rates  More details can be found within the text surrounding this image. |
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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 chapter of this report (6.1 (antenatal care); 6.2 (health behaviours during pregnancy); and 6.4 (birthweight)).

Most childhood deaths occur in the first year of life and are reflected in the infant mortality rates. In 2014, infant deaths comprised 0.7 per cent of all deaths, but almost three-quarters of deaths among children aged less than 12 years (derived from ABS 2015, table 21.1).

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 3.4 deaths per 1000 live births in 2014 (ABS 2002, 2015). 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 2015; 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 between these and the comparable rates for non-Indigenous Australians (AHMAC 2015).

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 (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 2010–2014, the mortality rate for Aboriginal and Torres Strait Islander children aged 0–4 years was twice the rate for non-Indigenous children (166.0 deaths per 100 000 population, compared with 84.1 deaths per 100 000 population) (table 4A.2.5).

The majority of deaths occur in the first year of life. For the period 2010–2014, 83 per cent of Aboriginal and Torres Strait Islander child deaths and 85 per cent of non-Indigenous child deaths occurred during infancy (tables 4A.2.3 and 4A.2.5). The infant mortality rate for Aboriginal and Torres Strait Islander children was 6.2 per 1000 live births, compared with a rate of 3.5 per 1000 live births for non‑Indigenous children (a rate ratio of 1.8:1) (table 4A.2.3).

The Aboriginal and Torres Strait Islander 1–4 year old mortality rate was 35.8 deaths per 100 000 population, 2.2 times the rate for non‑Indigenous children (16.3 deaths per 100 000 population) (table 4A.2.4).

Perinatal mortality[[6]](#footnote-6) 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. Due to timing of data release, latest year perinatal mortality data by leading cause of death is available for 2009–2013. The Aboriginal and Torres Strait Islander perinatal mortality rate was   
9.9 per 1000 relevant births (comprising a fetal [pre-birth] mortality rate of 6.1 and neonatal [post-birth] 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 5.5 and neonatal mortality rate of 2.6 per 1000 relevant births) (table 4A.2.2).

For Aboriginal and Torres Strait Islander child, infant and perinatal mortality, there was a downward trend from 1998 to 2012, with volatility in numbers for 2013 and 2014 making it difficult to interpret the trend in recent years (in part due to a lag in registration of perinatal deaths that lead to reduction in the child mortality rate in 2012 and an increase in 2013). Due to small numbers, single year mortality data are volatile and should be interpreted with caution (table 4A.2.1).

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| Figure 4.2.2 Child mortality rates, NSW, Queensland, WA, SA and the NT, 1998 to 2014 |
| **Children aged 0–4 years**  **Children aged 1–4 years** |
| *Source*: ABS (unpublished) Deaths Australia, various years; table 4A.2.1. |
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From 1998 to 2014, Aboriginal and Torres Strait Islander mortality rates fluctuated but with no clear trend for children aged 1–4 years. For children aged 0–4 years, the rate decreased from 216.8 to 146.0 deaths per 100 000 population between 1998 and 2012 (due to a strong decrease in infant mortality – see figure 4.2.3), and was 159.1 deaths per 100 000 population in 2014. The gap in mortality rates between Aboriginal and Torres Strait Islander and non-Indigenous children aged 0–4 years narrowed from 101.8 deaths per 100 000 population in 1998 to 66.8 deaths per 100 000 population in 2012, and was 85.7 deaths per 100 000 population in 2014 (figure 4.2.2). In 2014, closing the gap would have been achieved if 64 Aboriginal and Torres Strait Islander child deaths could have been prevented (table 4A.2.1)[[7]](#footnote-7).

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| Figure 4.2.3 Infant mortality rates (aged 0<1 year), NSW, Queensland, WA, SA and the NT, 1998 to 2014 |
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| *Sources*: ABS (unpublished) Causes of Death, Australia, various years; ABS (unpublished) Births, Australia, various years; table 4A.2.1 |
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Infant mortality declined 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 over this period. In 2014, the infant mortality rate was 6.4 deaths per 1000 live births, with the gap to non-Indigenous children of 3.0 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, with the gap to   
non-Indigenous mortality rates narrowing from 7.9 to -0.7 deaths per 1000 relevant births (ie, the perinatal mortality rate was higher for non-Indigenous children in 2012). In 2014, the Aboriginal and Torres Strait Islander perinatal mortality rate was 8.1 deaths per 1000 relevant births, with the gap to non-Indigenous children of 0.6 deaths per 1000 relevant births (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.2.3, 4A.2.4 and 4A.2.5.

#### 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 2010–2014 was ‘certain conditions originating in the perinatal period’.[[8]](#footnote-8) This cause accounted for similar proportions of infant and child deaths for Aboriginal and Torres Strait Islander and   
non-Indigenous children:

* around half of all Aboriginal and Torres Strait Islander infant (0<1 year) deaths (3.2 deaths per 1000 live births) and non‑Indigenous infant deaths (1.8 deaths per 1000 live births) (a rate ratio of 1.8:1) (table 4A.2.7)
* 43 per cent of all Aboriginal and Torres Strait Islander child (0–4 years) deaths (71.5 deaths per 100 000 population) and non-Indigenous child deaths (36.3 deaths per 100 000 population (a rate ratio of 2.0:1) (table 4A.2.9).

Single year time series data are available for this leading cause for infants (table 4A.2.10) and children aged 0–4 years (table 4A.2.11), but due to the small numbers and the relatively short time period covered, the data are unlikely to reflect a statistically significant trend.

After deaths attributed to ‘other disorders originating in the perinatal period’, the major cause of death in the perinatal period was attributed to ‘disorders related to length of gestation and fetal growth’, which accounted for 31.6 per cent of Aboriginal and Torres Strait Islander perinatal deaths and 24.3 per cent of non‑Indigenous perinatal deaths (table 4A.2.6).

Once the infancy period has passed, the leading cause of death for children aged   
1–4 years is injury and poisoning. For 2010–2014, injury and poisoning accounted for 53.3 per cent of Aboriginal and Torres Strait Islander deaths of children aged   
1–4 years (19.1 deaths per 100 000 population) and 33.0 per cent of deaths of non‑Indigenous children (6.4 deaths per 100 000 population) (a rate ratio of 3.0:1) (table 4A.2.8).

### Future directions in data

There is limited information on the under-coverage of Aboriginal and Torres Strait Islander identification in mortality data. Following the release of the 2010-2012 life tables, the ABS examined the quality of Aboriginal and Torres Strait Islander 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) (ABS 2013b).

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, 2014*, but these data should be used with caution, as the under-identification of Indigenous status in deaths registrations increases as remoteness decreases (ABS 2013a).

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## 4.3 Early childhood education**[[9]](#footnote-9)**

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| Box 4.3.1 Key messages |
| * 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 2015, for Aboriginal and Torres Strait Islander children in the year before full time schooling, 87.0 per cent were enrolled in a preschool program and 79.8 per cent were attending a preschool program. This compares with 96.8 per cent (enrolment) and 93.0 per cent (attendance) for non‑Indigenous children (tables 4A.3.2 and 4A.3.5). * Preschool enrolment and attendance for Aboriginal and Torres Strait Islander children varies across remoteness areas. Nationally in 2015: * enrolment rates were 83.8 per cent in major cities, increasing to 90.9 per cent in remote/very remote areas (table 4A.3.8) * attendance rates were 79.8 per cent in major cities and 82.3 per cent in regional areas, decreasing to 73.4 per cent in remote/very remote areas (table 4A.3.11). * In December 2015, COAG agreed to a new target for 95 per cent of Aboriginal and Torres Strait Islander four year olds to be enrolled in early childhood education by 2025 — extending beyond the expired 2013 target for remote communities. Calculations in this report should not be used for assessment against the new target. |
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| Box 4.3.2 Measures of early childhood education |
| There are two primary measures for this indicator[[10]](#footnote-10).   * *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. * *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.   The data collection for these measures is the ABS National Early Childhood Education and Care Collection (NECECC), with the most recent available data for 2015 (national: Indigenous   (continued next page) |
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| Box 4.3.2 (continued) |
| 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 4 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 4 year olds[[11]](#footnote-11). |
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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, all Aboriginal and Torres Strait Islander four year olds in remote communities had access to early childhood education by 2013 (operationalised in the NIRA as 95 per cent (COAG 2012, page 13)). In December 2015, COAG renewed the early childhood education target to 95 per cent of all four year old Aboriginal and Torres Strait Islander children enrolled in early childhood education by 2025 (COAG 2015).

In 2008, COAG endorsed National Partnership Agreements (NPAs) for Indigenous Early Childhood Development and Early Childhood Education, with the latter including a national priority to increase early childhood education participation rates, particularly for Aboriginal and Torres Strait Islander and disadvantaged children. Following the expiration of the NPA on Early Childhood Education in mid-2013, the NPA on Universal Access to Early Childhood Education was extended three times, most recently for 2017. These NPAs retained a focus on lifting participation rates for Aboriginal and Torres Strait Islander and vulnerable and disadvantaged children and, from 2015, included a requirement that early childhood education programmes be delivered in all settings, including long day care.

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 antenatal, family and social environments of children (Harrison et al. 2009; McCain, Mustard and Shanker 2007; Moore 2006; Mustard 2007; Schweinhart 2007), with more information on some of these factors included in chapter 6 of this report.

High quality early childhood education and care services can provide development opportunities for children, as well as support the needs of families (McCain, Mustard and Shanker 2007; PC 2014). Early childhood education programs can provide a head start at school and are associated with increased levels of school completion and enhanced literacy, numeracy, social skills, cognitive and problem‑solving skills (De Bortoli and Thomson 2010 ; Harrison 2008; O’Connell et al. 2016 Mustard 2007; Schweinhart 2007). A study using data from the Longitudinal Study of Australian Children (LSAC) found that after controlling for socio-demographic characteristics, there was a significant positive association between attendance at preschool and Year 3 National Assessment Program — Literacy and Numeracy (NAPLAN) results (Warren and Haisken-DeNew 2013).

Investment in early childhood education, particularly for disadvantaged children, is more effective than intervention at later ages (Heckman 2006; PC 2014). 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 (Department of Education 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) 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. Five years of data are available from the NECECC (annually from 2011 to 2015). 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. In this report, data for the number of enrolments and attendance are reported for 2013, 2014 and 2015.

Population data for 4 year olds are used to derive enrolment and attendance rates. There was an undercount of infants (aged less than 1 year) in the 2011 Census, and this has affected the calculation of population projections for 4 year olds in 2015. To address this anomaly, population estimates for 2015 are based on the average of population projections for 2014 and 2016.

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 2015, 87.0 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):

* 83.8 per cent in major cities
* 87.7 per cent in inner/outer regional areas
* 90.9 per cent in remote/very remote areas (table 4A.3.8).

The enrolment rate for non-Indigenous children was 96.8 per cent. Data by State and Territory are available in table 4A.3.2.

In 2015, 79.8 per cent of Aboriginal and Torres Strait Islander 4 and 5 year olds were attending preschool (table 4A.3.5):

* 79.8 per cent in major cities
* 82.3 per cent in inner/outer regional areas (combined)
* 73.4 per cent in remote/very remote areas (combined) (table 4A.3.11).

The attendance rate for non-Indigenous children was 93.0 per cent. Data by State and Territory are available in table 4A.3.5.

Nationally in 2015, 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 (64.7 per cent), with a further 30.7 per cent enrolled in a preschool within a long day care centre (the remaining 4.7 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 51.8 per cent in major cities to 92.8 per cent in remote/very remote areas (table 4A.3.14).

### Things that work

The case study in box 4.3.3 describes a program that is improving Aboriginal and Torres Strait Islander peoples’ 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. The program roll-out to 21 remote communities in the Northern Territory (NT) commenced in 2009, and the NT Government announced, in 2015, that FaFT would be the expanded to an additional 11 remote communities over three years.  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. In 2013-14, FaFT had delivered early childhood education programs to more than 2000 children and 2000 adults.  The program has been subject to an external/independent process that studied the establishment of the program through site visits and included interviews with schools, program staff, local community staff and families. Although not a comprehensive formal evaluation, 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. FaFT is being more formally evaluated over three 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; NT Government Budget 2015-16 *Our plan for education;* AEDC (Australian Early Development Census) 2014, *Community Story: Families as first teachers*, https://www.aedc.gov.au/Websilk/Handlers/ResourceDocument.ashx?id=  14252564-db9a-6d2b-9fad-ff0000a141dd (accessed 14 April 2016). |
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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. In May 2015, the Australian Government committed funding to extend National Partnership agreements for a further two years, until December 2017 (Australian Government 2015).

The ABS and the National Indigenous Reform Agreement Performance Information Management Group are considering ways to improve the measurement of preschool participation rates. Two main issues are being addressed:

* better matching the ages of children counted as enrolled in the year before schooling with the ages at which children are eligible to be enrolled in each state and territory
* improving the identification of Aboriginal and Torres Strait Islander children in the data collection (which varies across states and territories).

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## 4.4 Reading, writing and numeracy**[[12]](#footnote-12)**

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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 2015, the proportions of Year 3 Aboriginal and Torres Strait Islander students achieving at or above the NMS were 78.7 per cent for reading, 81.2 per cent for writing and 78.2 per cent for numeracy, lower than those of non-Indigenous students (95.6 per cent for reading, 96.4 per cent for writing and 95.5 per cent for numeracy). Results for Aboriginal and Torres Strait Islander Year 3 students declined as remoteness increased (under 49 per cent in very remote areas for reading, writing and numeracy) (tables 4A.4.1–3, 4A.4.4–6). * Comparing 2008 to 2015, the proportion of Aboriginal and Torres Strait Islander students achieving at or above the NMS increased for Years 3, 5 and 7 for reading, and for Years 5 and 9 for numeracy. However, volatility in the data means conclusions drawn from comparisons should not be interpreted as consistent improvement over time (table 4A.4.1). Trend data for writing are not comparable for 2008 and 2015. |
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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 2015 National Assessment Program — Literacy and Numeracy (NAPLAN) (all jurisdictions: Indigenous status; geolocation). 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 Aboriginal and Torres Strait Islander students in reading, writing and numeracy achievements within a decade (by the end of 2018) 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 4.6) 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 access to, and participation in, early childhood education (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; De Bortoli and Thomson 2010). A child’s expectations of their educational achievement are strongly correlated with their parents’ expectations, with parent’s expectations strongly correlated with their level of education (PC 2016). 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; De Bortoli and Thomson 2010).

Regular school attendance is important for 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 (De Bortoli and Thomson 2010; Hughes and Hughes 2010; Taylor 2010; Zubrick et al. 2006). Section 4.5 has more information on student attendance. For the general student population, the quality of teaching is the most important in-school factor in predicting student achievement in literacy (Hattie 2002). Section 7.1 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). Perceived racial discrimination can be a cause of such stress, and its incidence has been found to significantly and negatively predict both spelling and maths achievement (Bodkin-Andrews et al. 2010). 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 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 2015 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.4.4−139 are reported by State and Territory and by remoteness (geolocation).

#### Reading

##### National Minimum Standards

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| Table 4.4.1 Proportion of students achieving at or above the national minimum standard for reading, 2008 to 2015**a**  **** = 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). |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Year | | | | | | | | Nature of difference | | |  | 2008  % | 2009  % | 2010  % | 2011  % | 2012  % | 2013  % | 2014  % | 2015  % | 2008 and 2015 | 2014 and 2015 | | Aboriginal and Torres Strait Islander | | | | |  |  |  |  |  |  | | Year 3 | 68.3 | 75.1 | 75.1 | 76.3 | 74.2 | 81.5 | 74.7 | 78.7 | **** | ■ | | Year 5 | 63.4 | 66.7 | 66.2 | 66.4 | 64.7 | 83.3 | 70.3 | 73.6 | **** | ■ | | Year 7 | 71.9 | 73.2 | 76.6 | 77.1 | 75.4 | 73.2 | 77.1 | 80.8 | **** | ■ | | Year 9 | 70.7 | 67.0 | 64.2 | 71.9 | 67.2 | 73.9 | 71.2 | 71.7 | ■ | ■ | | Non-Indigenous | | | | |  |  |  |  |  |  | | Year 3 | 93.5 | 94.8 | 95.0 | 94.9 | 94.7 | 96.2 | 94.7 | 95.6 | **** | ■ | | Year 5 | 92.6 | 93.1 | 92.7 | 92.9 | 93.1 | 96.9 | 94.2 | 94.5 | ■ | ■ | | Year 7 | 95.4 | 95.0 | 95.9 | 95.7 | 95.1 | 95.4 | 95.9 | 96.3 | ■ | ■ | | Year 9 | 94.2 | 93.5 | 92.2 | 93.5 | 92.7 | 94.5 | 93.3 | 93.6 | ■ | ■ | |
| 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.4.1–97. |
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Nationally in 2015, the proportions of Aboriginal and Torres Strait Islander students achieving at or above the NMS for reading in Years 3, 5 and 7 were statistically (but not substantially) higher than the proportions in 2008, and not statistically significantly different to 2014 — for Year 9, the proportion was not significantly different to 2014 or 2008 (table 4.4.1). The gap between outcomes for Aboriginal and Torres Strait Islander and non-Indigenous students narrowed for all Year levels from 2008 to 2015, particularly Year 3 (from 25.2 to 16.9 percentage points) and Year 5 (from 29.2 to 20.9 percentage points).

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| Figure 4.4.1 Proportion of students achieving at or above the national minimum standard for reading, by remoteness, 2015**a, b** |
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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.4.4 and 4A.4.13. |
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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 9.6 percentage points in metropolitan areas to 46.8 percentage points in very remote areas (figure 4.4.1).

##### Mean scale scores

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, Year 7 in 2013 and Year 9 in 2015.

Nationally, the gain for Aboriginal and Torres Strait Islander students (190.9 points — from 327.4 in Year 3 to 518.3 in Year 9) was higher than for non‑Indigenous students (168.8 points — from 415.0 in Year 3 to 583.8 in Year 9), albeit from a lower base. For both, the gain was larger between Years 3 and 5 than between Years 5 and 7 and Years 7 and 9, with the exception of Aboriginal and Torres Strait Islander students in very remote areas where the gain between Years 5 and 7 (73.2 points gain) was relatively unchanged from the gain between Years 3 and 5 (72.7 points gain) (tables 4A.4.132, 134, 136, 138).

#### 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 2015**a**  **** = 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). |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Year | | | | | | | | Nature of difference | | |  | 2008  % | 2009  % | 2010  % | 2011  % | 2012  % | 2013  % | 2014  % | 2015  % | 2008 and 2015 | 2014 and 2015 | | Aboriginal and Torres Strait Islander | | | | |  |  |  |  |  |  | | Year 3 | 78.6 | 74.0 | 76.6 | 83.6 | 72.7 | 81.6 | 78.2 | 78.2 | ■ | ■ | | Year 5 | 69.2 | 74.2 | 71.4 | 75.2 | 69.2 | 73.0 | 71.1 | 78.6 | **** | **** | | Year 7 | 78.6 | 75.8 | 77.0 | 76.5 | 74.4 | 78.1 | 79.5 | 82.8 | ■ | ■ | | Year 9 | 72.5 | 75.0 | 70.4 | 72.0 | 74.2 | 65.7 | 76.2 | 82.8 | **** | **** | | Non-Indigenous | | | | |  |  |  |  |  |  | | Year 3 | 96.0 | 95.2 | 95.3 | 96.4 | 95.1 | 96.6 | 95.7 | 95.5 | ■ | ■ | | Year 5 | 94.0 | 95.3 | 95.0 | 95.5 | 94.6 | 94.6 | 94.8 | 96.1 | **** | ■ | | Year 7 | 96.4 | 95.8 | 96.1 | 95.5 | 94.9 | 96.0 | 96.1 | 96.7 | ■ | ■ | | Year 9 | 94.8 | 96.0 | 94.3 | 94.1 | 94.7 | 92.0 | 95.2 | 96.4 | **** | ■ | |
| 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.4.3–99. |
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Nationally in 2015, the proportions of Aboriginal and Torres Strait Islander students achieving at or above the NMS for numeracy for Years 5 and 9 were statistically (and substantially) higher than the proportions in 2008 – for Years 3 and 7 the proportions were not significantly or substantially different to 2014 or 2008 (table 4.4.2). Across all four year levels, results were 13.6 to 17.5 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 10.4 percentage points in metropolitan areas to 46.2 percentage points in very remote areas (table 4A.4.6), similar to that for Year 3 reading.

##### Mean scale scores

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, Year 7 in 2013 and Year 9 in 2015.

Nationally, the gain for Aboriginal and Torres Strait Islander students in numeracy was 211.4 points (from 320.5 in Year 3 to 531.9 in Year 9) — higher than the gain of 197.5 points for non‑Indigenous students (from 397.7 in Year 3 to 595.2 in Year 9), albeit from a lower base (tables 4A.4.133, 4A.4.139).

### 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 2015, the participation rate for Aboriginal and Torres Strait Islander students for reading, writing and numeracy combined was 89 per cent for Years 3 and 5, 85 per cent for Year 7, and 75 per cent for Year 9. The rate for non-Indigenous students was 95 per cent for reading, writing and numeracy combined for Years 3, 5 and 7, and 92 per cent for Year 9 (tables 4A.4.100–103). These rates are similar to those in previous years (tables 4A.4.104–131).

### Things that work

The Productivity Commission recently analysed 2014 NAPLAN data for Aboriginal Torres Strait Islander students in Years 3 and 5 to investigate what works best to improve their education outcomes (PC 2016). Box 4.4.3 provides a summary of the key points (more detailed information including analyses are in chapter 13).

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| Box 4.4.3 Improving primary school education outcomes for Aboriginal and Torres Strait Islander students – What works best |
| * The recent education literature suggests that the key to improving student achievement, for both Aboriginal and Torres Strait Islander and non‑Indigenous students, is high quality instruction — including assessment of each child’s learning needs, identification of strategies to meet them and evaluation of the effectiveness of those strategies. Particularly important to high quality instruction are: * the effective use of data in assessing where students are at and evaluating the impact of teaching interventions * high expectations (including a student’s expectations of him or herself) * positive student wellbeing — which facilitates engagement |
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| Box 4.4.3 (continued) |
| * strong student—teacher relationships * supportive school and system leadership, including with respect to professional development of the teaching workforce. * But teachers may face particular challenges and opportunities in teaching Aboriginal and Torres Strait Islander children that, when taken into account, help them to more effectively individualise instruction. For example: * many Aboriginal and Torres Strait Islander students speak a language other than English or a dialect — Aboriginal English * given the history of poor educational achievement, system, school and teacher expectations of Aboriginal and Torres Strait Islander learners might be low * the different cultural and language backgrounds of Aboriginal and Torres Strait Islander students might affect their relationships with teachers and sense of self as learners (wellbeing), contributing to poor attendance and engagement * Aboriginal and Torres Strait Islander students have a higher risk of health issues like hearing problems that affect learning. * Cultural recognition, acknowledgment and support have been identified as fundamental to Aboriginal and Torres Strait Islander students’ school participation and achievement. |
| *Source*: PC 2016, *Indigenous Primary School Achievement*, Productivity Commission, Canberra. |
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Examples of some initiatives to improve educational outcomes for Aboriginal and Torres Strait Islander students are summarised in box 4.4.4.

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| Box 4.4.4 ‘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 Aboriginal and Torres Strait Islander culture and language program.   An independent evaluation of the CYAAA Initiative conducted in late 2012/early 2013 found that it was not possible to conclude from the available data whether the Initiative had an impact on student learning as there was too much missing information to draw a conclusion. |
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| Box 4.4.4 (continued) |
| However, interviews conducted identified general agreement among school staff and some parents that students were 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 noted this initiative in its 2014 report, and reiterates that a follow up evaluation would be useful to provide a more robust assessment of outcomes from this program.  In June 2016, the Queensland Department of Education and Training undertook a review of school education in Aurukun and made 27 recommendations to improve schooling outcomes (DET 2016), which it is now working with the Aurukun community to implement. The review acknowledged challenges associated with the implementation of the CYAAA initiative in Aurukun, and recommended broadening the teaching and learning approaches to include a range of high-yield strategies and contextualised curriculum to meet the diverse needs of students in Aurukun, delivering all core requirements of the Australian Curriculum during the compulsory hours of schooling.  **QuickSmart** is a suite of programs to address literacy and numeracy needs of students in Years 5–8, with pairs of students participating in 30 minute lessons three times a week for 30 weeks. The program has operated since 2001 in clusters of schools in a variety of remoteness locations and with diverse student populations.  An independent evaluation of the **numeracy** program was undertaken in 2012 in 14 schools, and found ‘[m]ost teachers and tutors reported improved numeracy outcomes for all Aboriginal students, as a result of their participation in QuickSmart. Other academic and social outcomes were also observed, including improved attendance, increased participation in class activities, as well as increased self-esteem, confidence and improved behaviour.’ It also reported that improvement in numeracy outcomes for Aboriginal students was at least comparable to, and in some cases greater than, outcomes for non-Indigenous students.  **ABRACADABRA** (ABRA), an interactive computer tool developed in Canada, was designed to help teach basic literacy skills to young children. An independent multi-stage evaluation was undertaken in the NT from 2008 to 2010 to assess the efficacy of the ABRA tool on reading, letter knowledge and phonological awareness (awareness of English language sounds), including a randomised control trial (RCT) with 164 intervention and 148 control (regular instruction) children (Aboriginal and Torres Strait Islander children comprised 28 per cent of the total sample).  Students in the ABRA groups left their classes for 30–45 minutes four days a week over 16 weeks to receive instruction through ABRA. The RCT showed that regular instruction using ABRA was more effective than regular instruction alone in improving students’ phonological awareness and phoneme- grapheme correspondence skills. Aboriginal students gained significantly more per hour of instruction than non-Indigenous students in phonological awareness and early literacy skills.  (continued next page) |
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| Box 4.4.4 (continued) |
| While the study did not establish that instruction using ABRA had an effect on students’ reading scores, it proposed that improved phonological awareness may take time to directly impact reading ability, and that a follow-up study would be needed to show whether this is the case |
| *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; NSW Government 2012, *Report of the Program Evaluation of QuickSmart Numeracy*, March 2012; Harper, H. and Helmer, J. 2011, *ABRACADABRA Early Childhood Literacy Project*, Menzies School of Health Research, Darwin, NT; Department of Training and Education Queensland (DET) 2016, *Review of school education in Aurukun*. |
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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 1 to 10 attendance**[[13]](#footnote-13)

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| Box 4.5.1 Key messages |
| * In May 2014, COAG agreed to a target to close the gap in school attendance between Aboriginal and Torres Strait Islander children and non‑Indigenous children within 5 years (by the end of 2018) (COAG 2014). Nationally comparable school attendance data have recently become available, and are included in this report for the first time. * In 2015, the overall attendance rate for Aboriginal and Torres Strait Islander students was 83.7 per cent, compared with 93.1 per cent for non‑Indigenous students (table 4A.5.1). These rates were similar to 2014. * Nationally, the attendance rate for Aboriginal and Torres Strait Islander students declined with increasing remoteness (in 2015, from 86.5 per cent in metropolitan areas to 67.4 per cent in very remote areas), while there was little variation in attendance rates for non‑Indigenous students by remoteness area (table 4A.5.2). * Looking at individual Year levels, the average attendance rates declined from Year 5 to Year 10 for Aboriginal and Torres Strait Islander and non-Indigenous students (11.2 and 3.6 percentage points respectively) (table 4A.5.3). * Across all schools, 47.4 per cent of schools achieved 90 per cent or greater attendance on average by Aboriginal and Torres Strait Islander students, compared with 87.5 per cent of schools achieving this level of attendance by non-Indigenous students (table 4A.5.12). |
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| Box 4.5.2 Measure of Year 1 to 10 attendance |
| There is one main measure for this indicator (aligned with the associated NIRA indicator).   * Overall attendance rates for students in Years 1 to 10, by Indigenous status [student attendance rate].   Two supplementary measures are reported (aligned with the associated NIRA indicator).   * Proportion of students who attend school 90 per cent or more of the time, by Indigenous status [student attendance level]. * Number and proportion of schools achieving 90 per cent or greater average school attendance, by Indigenous status.   *Student attendance* is defined as the number of actual full time equivalent student days attended over the collection period as a percentage of the total number of possible student days, for children enrolled full time in Years 1 to 10. Attendance data are collected annually for the reporting period of Semester 1 (Terms 1 and 2). Data are sourced from the Australian Curriculum, Assessment and Reporting Authority (ACARA) National Schools Attendance Collection, with the most recent available data for 2015 (State and Territory; school sector).  (continued next page) |
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| Box 4.5.2 (continued) |
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| Data are of acceptable accuracy within individual school sectors within a State or Territory, but are currently not comparable across school sectors or all states and territories, due to differences in collection and reporting processes.  The Steering Committee also notes the following data issues:   * From 2014 onwards there has been a break in series for attendance rate data, and data in previous reports are not comparable to attendance rate data in this report. * Student attendance data for NSW are not collected on a comparable basis with other states and territories, therefore comparisons with other jurisdictions should be made with caution.   Attendance data for the 90 per cent or more level (supplementary measure) for the non‑government sector were not provided according to the national standards, and are therefore not directly comparable to data reported for the government sector. |
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COAG has identified student attendance as one of the progress measures for the Closing the Gap target of halving the gap in Year 12 or equivalent attainment by 2020. As part of the 2014 Closing the Gap report release (Australian Government 2014), the Prime Minister proposed a new target to close the gap in school attendance within five years (by the end of 2018). This is to be accomplished by all schools achieving a minimum 90 per cent attendance rate, regardless of their proportion of Aboriginal and Torres Strait Islander students. COAG agreed the new target in May 2014 (COAG 2014).

National and international research identify that regular school attendance is important to achieving core skills, such as literacy and numeracy (Balfanz and Byrnes 2012; Purdie and Buckley 2010; UNICEF Innocenti Research Centre 2004). The Western Australian Aboriginal Child Health Survey 2000–2002 showed a direct relationship between the number of days absent from school and academic performance (Zubrick et al. 2006). More recent analysis by the Productivity Commission also established that both Aboriginal and Torres Strait Islander students and non-Indigenous students tend to perform better in school reading assessments where school attendance rates are higher, irrespective of the geographic location of the school (PC 2016).

A 2006 study found that school attendance was influenced by three main factors — parental insistence that children go to school, teacher quality and bullying and teasing (DEWR 2006; see also Taylor 2004) (teacher quality is discussed in section 7.1). Aboriginal and Torres Strait Islander students are also less likely to have parental support, such as help with homework, compared with non‑indigenous children (UNICEF Innocenti Research Centre 2004).

Cultural recognition has also been found to be important in supporting school attendance by Aboriginal and Torres Strait Islander students (McRae et al. 2000; Gray and Partington 2012; Rahman 2012). Section 5.1 has information on the importance of valuing Indigenous cultures and section 5.6 has information on Indigenous cultural studies.

Research highlights that attendance at school is necessary but it alone is not sufficient to achieve improved educational outcomes (Hancock et al. 2013; Mellor and Corrigan 2004), and other factors such as how engaged a student is at school are also important (student engagement with schooling is discussed in more detail in section 7.2). A recent study has also shown that amongst Aboriginal and Torres Strait Islander students, boys have a lower level of school attendance than girls, and this difference between boys and girls is larger for Aboriginal and Torres Strait Islander students than for non-Indigenous students (Meehl and Biddle 2016).

### Student attendance

In Australia in 2015, school attendance was compulsory for children from the age of 6 years (5 years in WA[[14]](#footnote-14) and Tasmania), although children may start school at an age younger than the compulsory age. Most children commence full time schooling in the grade preceding Year 1 (pre Year 1).

As part of the Compact with Young Australians, COAG implemented a National Youth Participation Requirement on 1 January 2010 (COAG 2009), which required young people to:

* participate in schooling (or an approved equivalent) until they complete Year 10
* following Year 10, participate full time (at least 25 hours per week) in education, training or employment, or a combination of these activities, until 17 years of age.

Data on student attendance rates across all school sectors for 2014 and 2015 are available in tables 4A.5.1–7:

* in 2015, the overall attendance rate for Aboriginal and Torres Strait Islander students nationally was 83.7 per cent, compared with 93.1 per cent for non‑Indigenous students. These rates are similar to 2014 (table 4A.5.1)
* nationally, the overall attendance rate for Aboriginal and Torres Strait Islander students declined with increasing remoteness (from 86.5 per cent in metropolitan areas to 67.4 per cent in very remote areas) — for non‑Indigenous students, there was little variation in attendance rates across remoteness areas (from 93.3 per cent in metropolitan areas to 91.5 per cent in very remote areas) (figure 4.5.1)
* looking at individual Year levels, the average attendance rates across all school sectors for both Aboriginal and Torres Strait Islander students and non‑Indigenous students generally declined from Year 5 to Year 10 ⎯ nationally, a reduction of 11.2 percentage points for Aboriginal and Torres Strait Islander students and 3.6 percentage points for non‑Indigenous students in 2015 (table 4A.5.3)
* the decline in attendance rates from Year 5 to Year 10 was larger in government schools (12.6 percentage point difference for Aboriginal and Torres Strait Islander students, and 4.7 percentage point difference for non‑Indigenous students) than non‑government schools[[15]](#footnote-15) (5.6 percentage point difference for Aboriginal and Torres Strait Islander students, and 2.1 percentage point difference for non‑Indigenous students) (tables 4A.5.4 and 4A.5.7).

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| Figure 4.5.1 Student attendance rate in Years 1–10, by Indigenous status, by remoteness, 2015 |
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| *Source*: ACARA (unpublished) National Student Attendance Collection; table 4A.5.2. |
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Data for the supplementary measure *proportion of students who attend school 90 per cent or more of the time* are presented in tables 4A.5.8–11, and data for the supplementary measure *number and proportion of schools achieving 90 per cent or greater average school attendance* are presented in tables 4A.5.12‑13.

Nationally in 2015, 46.7 per cent of Aboriginal and Torres Strait Islander students in government schools attended school 90 per cent or more of the time compared with 77.2 per cent of non-Indigenous students (table 4A.5.8). This rate decreased as remoteness increased, with a greater decrease for Aboriginal and Torres Strait Islander students (from 52.8 per cent in metropolitan areas to 22.7 per cent in very remote areas) than for non‑Indigenous students (from 78.2 per cent in metropolitan areas to 70.2 per cent in very remote areas) (table 4A.5.10).

Across all schools, 47.4 per cent achieved 90 per cent or greater attendance for Aboriginal and Torres Strait Islander students, compared with 87.5 per cent of schools achieving this level of attendance for non-Indigenous students (table 4A.5.12). Patterns by remoteness were similar to those for the student attendance measures (table 4A.5.13).

### Things that work

A literature review for the Closing the Gap Clearinghouse found very few high quality evaluations of programs that were aimed at increasing attendance (Purdie and Buckley 2010). However, the review found that a common feature of successful school attendance programs was collaboration between public agencies and the community in program design and decision‑making (often by engaging parents or community based organisations).

The Closing the Gap Prime Minister’s Report 2016 noted the emerging evidence of success of the Remote School Attendance Strategy (RSAS), with improving attendance rates in some remote communities. RSAS employs local people to work with parents and carers, the community and schools to support children to go to school. In 2014 and 2015, RSAS operated in 73 schools across 69 communities. Out of the 73 RSAS schools, 49 schools saw their attendance rate rise, 21 schools experienced a fall and three schools had no change in their attendance rate from Semester 1, 2013 to Semester 1, 2015. RSAS has been extended for a further three years from 2016 to 2018 (Australian Government 2016). The Steering Committee considers that an evaluation of the RSAS would be useful to provide a more robust assessment of outcomes from this program.

### Future directions in data

Data comparability issues across jurisdictions and school sectors previously limited the usefulness of school attendance data. ACARA, in consultation with jurisdictions, has developed National Standards for Student Attendance Data Reporting (National Standards) which were endorsed by the Standing Council on School Education and Early Childhood (SCSEEC) in December 2012. Nationally comparable student attendance data are reported for the first time in this report, with the exception of NSW (for government sector student attendance). It is anticipated that full comparability of attendance data across jurisdictions will be achieved for the next edition of this report, with full reporting against the standards in NSW from 2016.

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## 4.6 Year 12 attainment**[[16]](#footnote-16)**

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| Box 4.6.1 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 2014-15, 61.5 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 87.9 per cent, similar to the proportion in 2008 (88.1 per cent) (table 4A.6.1). * For Aboriginal and Torres Strait Islander Australians attainment was higher in less remote areas (in 2014-15, 66.0 per cent in non-remote areas compared to 42.3 per cent in remote areas) (table 4A.6.4). * 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 2015, 8.5 per cent achieved an ATAR of 50.00 or above, an increase from 5.7 per cent in 2007 (figure 4.6.2). |
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| Box 4.6.2 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 from the 2014‑15 NATSISS (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)/General Social Survey (GSS), with the most recent available data from the 2014 GSS.[[17]](#footnote-17) 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 2015)).

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 (Buckskin 2000; ACER 2003, 2004; Biddle 2010; 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; OECD 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 7.3 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 2014-15, 61.5 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 87.9 per cent (table 4A.6.1).

The Census provides the primary source for reporting this measure, and data are reported for geographical disaggregations below the national level. The most recent Census data are for 2011, and tables 4A.6.3–4 provide data for the 2011 Census and previous 2006 Census.

The following supplementary data for this measure are from more recent sample surveys, and have been included to report the latest indicative trends for this measure. Whilst the trends are broadly similar between the Census and survey data, the two sources are not directly comparable.

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| Figure 4.6.1 Proportion of 20–24 year olds who had completed year 12 or certificate II or above, by remoteness, 2014-15**a, b** |
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| a Data were not collected for non-Indigenous Australians in very remote areas. b Error bars represent 95 per cent confidence intervals around the estimates. |
| *Source*: ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey, 2014-15; ABS (unpublished) General Social Survey, 2014; tables 4A.6.1–2. |
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In 2014-15, the proportion of Aboriginal and Torres Strait Islander Australians aged   
20–24 years with year 12 or equivalent or certificate II or above was higher in less remote areas, ranging from 66.0 per cent in non-remote areas (major cities and regional areas) to 42.3 per cent in all remote areas. Differences by remoteness are more difficult to interpret for non‑Indigenous Australians due to the greater variability (as indicated by the wider confidence intervals) (figure 4.6.1), but Census data indicate that the proportions for non-Indigenous Australians do not show the same degree of variation as remoteness increases (table 4A.6.4).

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 2014‑15, 40.7 per cent for 15–24 year olds compared to 7.9 per cent for those aged 55 years and over). The largest percentage point increase over the last 10 years has been for Aboriginal and Torres Strait Islander Australians aged 35–44 years, from 16.7 per cent in 2004-05 to 31.4 per cent in 2014-15 (table 4A.6.5).

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.6.1–7.

### 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 2016; SATAC 2016; UAC 2016; University of Tasmania 2016; VTAC 2016).

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.6.8–10).

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| Figure 4.6.2 Year 12 ATAR rates (50.00 or above), by Indigenous status, 2007 to 2015**a** |
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| a See table 4A.6.11 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; Jurisdiction tertiary admissions centres/boards of studies (unpublished); tables 4A.6.8–11. |
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Nationally in 2015, 8.5 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, 43.8 per cent of the potential population achieved an ATAR of 50.00 or above in 2015, an increase from 39.3 per cent in 2007 (figure 4.6.2). Data on ATAR scores and rates by jurisdiction are available in table 4A.6.11.

### 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 4.6.3**.**

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| Box 4.6.3 ‘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 2015, AIME connected approximately 5700 high school students with 1900 volunteer university students across 18 Australian universities, in all mainland states and the ACT.  An independent evaluation was undertaken in 2012 to evaluate the AOP, in comparison to the Core Program. The evaluation included a mixed‑method design 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 |
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| Box 4.6.3 (continued) |
| * 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. |
| *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); AIME website, https://aimementoring.com/about/aime/ (accessed 3 May 2016). |
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### Future directions in data

There are currently no nationally comparable data on senior secondary certification. Development of measures of year 12 certification had been occurring through the Australian Curriculum, Assessment and Reporting Authority in consultation with key education and training agencies and data providers (SCRGSP 2014, p.51), but this work has since ceased.

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## 4.7 Employment**[[18]](#footnote-18)**

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| Box 4.7.1 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 2014-15, just under half (48.4 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 in 2012-13 (similar to 2014-15), partly driven by changes to the CDEP program (see box 4.7.3 for details) (table 4A.7.5). For non-Indigenous Australians the rate increased from 74.2 per cent in 2004-05 (first year of available data) to 76.6 per cent in 2011-12, but then declined to 74.8 per cent in 2014-15 (table 4A.7.5). * Trends in employment rates differed between Aboriginal and Torres Strait Islander males and females. The rate for males increased from 1994 to 2008 (47.0 to 62.7 per cent), before declining to 52.8 per cent in 2012-13 (similar to the rate in 2014-15 of 53.9 per cent). The rate for females increased from 1994 to 2002 (28.9 to 41.0 per cent), and has been relatively stable since (43.3 per cent in 2014-15) (table 4A.7.5). * The labour force participation rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 61.1 per cent in 2014-15. This rate followed a similar pattern to the employment to population ratio, increasing from 60.0 per cent in 2004‑05 to 64.5 per cent in 2008, before declining to 60.1 per cent in 2012-13 (similar to 2014-15) (table 4A.7.14). * In 2014-15, the unemployment rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 20.8 per cent ⎯ similar to 2012-13 — and around three times the rate for non‑Indigenous Australians (6.2 per cent in 2014-15) (table 4A.7.8). |
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| Box 4.7.2 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.   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 (employed, or unemployed and actively looking for work). * *Unemployment rate* is defined as the proportion of people aged 15 to 64 years in the labour force who are actively looking for employment[[19]](#footnote-19).   (continued next page) |
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| Box 4.7.2 (continued) |
| 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 from the 2014-15 NATSISS (all jurisdictions: full time/part time employment; remoteness; and national: age; sex). Data for the non‑Indigenous Australian population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS)/General Social Survey (GSS), with the most recent available data from the 2014 GSS.[[20]](#footnote-20)  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 Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians within a decade’ (COAG 2009, 2012). 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 current policy focus on Indigenous businesses as a means to increasing the employment of Aboriginal and Torres Strait Islander Australians is discussed in section 9.2.

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 in the past who have received wages for participating in Community Development Employment Projects (CDEP) – see box 4.7.3 for more information)
* 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[[21]](#footnote-21) — 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 Australians work part time than non-Indigenous Australians (see section 9, figure 9.1.1).[[22]](#footnote-22)
* 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), and attachment to these customary practices is likely to be important for wellbeing (Hunter and Gray 2016).
* Aboriginal and Torres Strait Islander labour force data are influenced by changes over time in the Australian Government’s CDEP program (see box 4.7.3), along with other demand side factors including changes to the composition of labour demand and recent cyclical softness in the labour market (PC 2015).

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| Box 4.7.3 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). The Community Development Program (CDP) replaced the RJCP on 1 July 2015.  Up until 1 July 2009, CDEP participants received ‘wages’ and, for statistical purposes, the ABS counted CDEP participation as employment. From 1 July 2009, new CDEP participants were referred for assessment of eligibility for income support by the Department of Human Services. Existing participants had the choice of moving to income support payments or continuing to receive 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). * Subsequent ABS collections continued to classify remaining CDEP ‘wage’ participants as employed (because they were receiving a wage), whilst those under the RCJP/CDP receiving income support are 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’ decreased significantly (from 68.0 per cent of the employed population in very remote areas (about 18 100) in 2004-05 to 27.7 per cent (about 6300) in 2012‑13, and zero in 2014-15 after CDEP was replaced) (table 4A.7.4) * 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. * the latest data for CDEP ‘wage’ recipients included in this report are for 2012‑13. |
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### Employment to population ratio

In 2014-15, the employment to population ratio for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 48.4 per cent. The ratio increased from 37.6 per cent in 1994 to 53.8 per cent in 2008, before declining to 47.5 per cent in 2012-13 (similar to 2014-15) (figure 4.7.1).

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| Figure 4.7.1 Employment to population ratio for Aboriginal and Torres Strait Islander Australians, by age group, 1994 to 2014-15**a** |
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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) Australian Aboriginal and Torres Strait Islander Health Survey (core component) 2012-13; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey, 2014-15; table 4A.7.5. |
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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).[[23]](#footnote-23)

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 (43.3 per cent in 2014-15). 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 ⎯ and relatively stable since, with a rate in 2014-15 of 53.9 per cent (table 4A.7.5).

The employment to population ratio for non-Indigenous Australians aged 15–64 years declined from 76.6 per cent in 2011-12 to 74.8 per cent in 2014-15 (table 4A.7.5).

In 2014-15, for Aboriginal and Torres Strait Islander Australians aged 15–64 years, the employment to population ratio was higher in major cities (57.5 per cent) and inner regional areas (48.2 per cent) than very remote areas (35.1 per cent), following a significant decrease in very remote areas from 54.3 per cent in 2008 to 35.1 per cent in 2014-15 (table 4A.7.2). This may be influenced by the change in the number of participants receiving CDEP ‘wages’ in very remote areas over time (table 4A.7.4). For non-Indigenous Australians in 2014-15, the national employment to population ratio did not vary significantly across remoteness areas[[24]](#footnote-24) (between 73.0 per cent and 78.1 per cent) (table 4A.7.2). Data are also reported by State and Territory, by remoteness in table 4A.7.2.

### Labour force participation rate

In 2014-15, the proportion of Aboriginal and Torres Strait Islander Australians aged 15‑64 years employed or looking for work (labour force participation rate) was 61.1 per cent. This was similar across all reporting periods from 2004-05, with the exception of an increase in 2008 (64.5 per cent). The rate for non-Indigenous Australians rose over the same period (from 77.6 per cent in 2004-05 to 79.8 per cent in 2014-15) (table 4A.7.12).

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| Figure 4.7.2 Proportion of Aboriginal and Torres Strait Islander Australians aged 15–64 years in the labour force, by remoteness area, 2004-05, 2008, 2012-13 and 2014-15**a** |
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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 Health Survey 2004-05; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey 2008; ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey (core component) 2012-13; ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey, 2014-15; table 4A.7.13. |
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The 10 year trend for Aboriginal and Torres Strait Islander Australians was influenced by an increase in major cities from 2004-05 to 2008 (61.3 per cent to 70.6 per cent), followed by a decrease in very remote areas from 2008 to 2012-13 (62.2 per cent to 52.7 per cent) (figure 4.7.2).

Data are also reported for males and females in table 4A.7.14, and by State and Territory in table 4A.7.12.

### Unemployment

In 2014-15, the unemployment rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 20.8 per cent ⎯ relatively unchanged from 2012-13 (20.9 per cent), but higher than 2008 (16.6 per cent) and 2004-05 (15.5 per cent) (table 4A.7.8). The rate for Aboriginal and Torres Strait Islander Australians in 2014-15 was around three times the rate for non‑Indigenous Australians (6.2 per cent) (table 4A.7.8).

Over the 10 years from 2004-05 to 2014-15, the largest percentage point increases in the unemployment rate for Aboriginal and Torres Strait Islander Australians were in very remote areas (11.1 per cent to 28.1 per cent) and in remote areas (13.6 per cent per cent to 27.1 per cent) (table 4A.7.9). In major cities, the unemployment rate for Aboriginal and Torres Strait Islander Australians of 14.5 per cent was similar to 2004-05 (13.3 per cent), following a peak in 2012-13 (21.8 per cent) (table 4A.7.9).

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

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| Box 4.7.4 ‘Things that work’ — Employment |
| The **Working on Country** (WoC) programme (national) aims to support Aboriginal and Torres Strait Islander aspirations to care for country. The program, funded by the Australian Government, provides employment and training opportunities for Aboriginal and Torres Strait Islander people living in regional and remote Australia to undertake natural resource management work. Most of the working on ranger groups provide land management services on **Indigenous Protected Areas (IPA)**, a programme funded by the Department of the Environment. Ranger Activities include site management, and nationally accredited training and career pathways in land and sea management. In May 2016, the funding for both the IPA and the WoC programmes supports 777 FTE ranger positions in 109 ranger groups, Together, they employ over 2600 Indigenous people in either full-time, part-time or casual jobs (Australian Government 2016).  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).  In 2016, an independent Social Return on Investment Analysis of five IPAs and associated ranger programmes found that the programmes demonstrate success in engaging Indigenous Australians on country in meaningful employment to achieve large scale conservation outcomes. Rangers attributed high value to strengthening their connection to country and opportunities for inter-generational learning provided through their work. For government, the value created from the employment outcomes include low cost land management as well as skills development and increased engagement in the work force, reduced income support payments and increased income tax, less violence and safer communities (SVA 2016). |
| *Sources*: 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; Social Ventures Australia (SVA) (2016), Consolidated report on Indigenous Protected Areas following Social Return on Investment analyses; Australian Government (2016), *Indigenous Rangers - Working on Country programme* webpage, https://www.dpmc.gov.au/indigenous-affairs/environment/indigenous-rangers-working-country |
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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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## 4.8 Post‑secondary education — participation and attainment**[[25]](#footnote-25)**

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| Box 4.8.1 Key messages |
| * Nationally in 2014‑15, 46.8 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 20.8 percentage point increase from 26.0 per cent in 2002 (figure 4.8.1). * In 2014‑15, 70.0 per cent of non‑Indigenous 20–64 year olds either had a Certificate level III or above or were studying at any level. Between 2002 and 2014-15, the gap in rates between Aboriginal and Torres Strait Islander Australians and non‑Indigenous Australians remained steady around 23-25 percentage points (figure 4.8.1). * The gap in the VET load pass rate between Aboriginal and Torres Strait Islander students and non‑Indigenous students decreased from 14.3 percentage points in 2004 to 5.9 percentage points in 2015 (figure 4.8.4). * The gap in the higher education success rate between Aboriginal and Torres Strait Islander students and non‑Indigenous students decreased from 22.2 percentage points in 2001 to 13.6 percentage points in 2015 (figure 4.8.5). |
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| Box 4.8.2 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 olds 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 2014‑15 (all jurisdictions: remoteness; age; sex). Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS)/General Social Survey (GSS), with the most recent data from the 2014 GSS.[[26]](#footnote-26) Survey and Census data are not directly comparable.  (continued next page) |
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| Box 4.8.2 (continued) |
| 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 recognised 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), and should also be viewed in conjunction with the Closing the Gap target of ‘halving the gap in Year 12 or equivalent attainment of 20–24 year olds by 2020’ which incorporates qualifications at AQF Certificate level III or above and year 12 or equivalent (section 4.6).

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 7.3). 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; Zubrick et al. 2006; Wolfe and Haveman 2001). Educational achievement is linked to economic and social wellbeing, and positive health behaviours, and contributes strongly to the formation of human capital (Karmel et al. 2014; Osbourne, Baum and Brown 2013; OECD 2013; Council for the Australian Federation 2007).

The participation rate for Aboriginal and Torres Strait Islander Australians aged 15–64 years has been consistently higher than for non-Indigenous Australians over the last 10 years (SCRGSP 2016). Nationally in 2014, the participation rate in government funded VET for Aboriginal and Torres Strait Islander Australians aged 15–64 years was 17.2 per cent compared to 8.2 per cent for non-Indigenous Australians (SCRGSP 2016).

Aboriginal and Torres Strait Islander Australians who commence higher education (university) are less likely to complete their course than their non‑Indigenous counterparts. A recent study found that reasons given by less advantaged current students (including Aboriginal and Torres Strait Islander students) for seriously considering leaving university early, tended to revolve around finance, family obligations and core issues relating to ‘getting by’ (Edwards and McMillan 2015).

In non-metropolitan areas, the closer proximity of VET opportunities than higher education institutions also has a bearing on the decision to undertake VET by Aboriginal and Torres Strait Islander Australians (Nguyen 2010).

### 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 4.8.1 Proportion of 20–64 year olds with a post school qualification of Certificate level III or above or studying, 2002, 2008,  2011–13 and 2014-15**a** |
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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 Social Survey (NATSISS) 2002; ABS (unpublished) General Social Survey (GSS) 2002; ABS (unpublished) NATSISS 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); ABS (unpublished) NATSISS 2014-15; ABS (unpublished) GSS 2014; table 4A.8.7. |
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Nationally in 2014-15:

* 46.8 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 20.8 percentage point increase from 26.0 per cent in 2002. The rate increased for both females (from 24.8 to 47.3 per cent) and males (from 27.4 per cent to 46.2 per cent)
* 70.0 per cent of non‑Indigenous 20–64 year olds either had a Certificate level III or above or were studying at any level, a 18.5 percentage point increase from 51.5 per cent in 2002. The rate increased for both females (from 45.0 per cent to 69.3 per cent) and males (from 58.0 per cent to 70.8 per cent) (figure 4.8.1).

Between 2002 and 2014-15, the gap between Aboriginal and Torres Strait Islander and non‑Indigenous 20–64 year olds remained steady at around 23–25 percentage points (figure 4.8.1).

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| Figure 4.8.2 Proportion of 20–64 year olds with a post-school qualification at Certificate level III or above or studying, by remoteness, 2014–15**a, b** |
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| a Data were not collected for non-Indigenous Australians in very remote areas. b Error bars represent 95 per cent confidence intervals around the estimates. |
| *Sources*: ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2014‑15; ABS (unpublished) General Social Survey (GSS) 2014; table 4A.8.12. |
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In 2014-15, 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 58.7 per cent in major cities to 23.2 per cent in very remote areas (figure 4.8.2). For non-Indigenous Australians, the proportion was similar in all areas outside of major cities, leading to a widening of the gap as remoteness increased (figure 4.8.2).

More survey data on post-school qualifications by age, for those aged 18 years or over, can be found in tables 4A.8.16–17.

Although not directly comparable with survey results, data from the Census show similar trends to the survey data. Census data for 20–64 year olds with a Certificate level III or above or who were studying at any level, disaggregated by State and Territory, remoteness area and sex, for 2001, 2006 and 2011 are included in tables 4A.8.1–6.

In all years between 2004 and 2015, 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 4.8.3).

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| Figure 4.8.3 Post‑secondary participation at higher education institutions, by course level, 2004 to 2015**a** |
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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.8.18–29. |
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More data on the types of courses Aboriginal and Torres Strait Islander students were undertaking can be found in tables 4A.8.18–29.

### 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 4.8.4 VET national load pass rate, 2004 to 2015**a** |
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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, 2004–2015; table 4A.8.45 |
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In 2015, the national load pass rate for Aboriginal and Torres Strait Islander students was 76.7 per cent, a 12.2 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 82.6 per cent), and the gap between Aboriginal and Torres Strait Islander students and non‑Indigenous students narrowed from 14.3 percentage points to 5.9 percentage points (figure 4.8.4). These data are also reported by State and Territory in table 4A.8.45. The load pass rates for Aboriginal and Torres Strait Islander and non‑Indigenous students by remoteness area for 2011 to 2015 are reported in table 4A.8.46. The *Report on Government Services* (SCRGSP 2016) 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 4.8.5 Higher education success rate, 2001–2015**a, b** |
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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.8.30–44. |
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From 2001 to 2015, the higher education success rate for Aboriginal and Torres Strait Islander students increased from 65 per cent to 73.6 per cent, and the gap compared to the rate for non‑Indigenous students narrowed (from 22.2 percentage points in 2001 to 13.6 percentage points in 2015) (figure 4.8.5). 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.8.30–44). These data are also available by State and Territory in tables 4A.8.30–44.

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## 4.9 Disability and chronic disease**[[27]](#footnote-27)**

| Box 4.9.1 Key messages |
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| * 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.9.1). * In 2014‑15, 45.1 per cent of Aboriginal and Torres Strait Islander Australians reported having a disability or long‑term health condition, with 7.7 per cent reporting a profound or severe core activity restriction (the most severe end of the disability spectrum) (table 4A.9.5). The most common type of disability reported was physical disability (63.6 per cent), followed by disability related to sight, hearing or speech (47.2 per cent) (table 4A.9.12). * In 2014‑15, hospitalisation rates for all chronic diseases (except cancer) were higher for Aboriginal and Torres Strait Islander Australians than for non‑Indigenous Australians (ranging from 1.8 times for circulatory disease to 11.2 times the rate for kidney failure) (table 4A.9.26). For Aboriginal and Torres Strait Islander Australians, with the exception of cancer, the rates increased as remoteness increased, with the rate for kidney failure in remote areas 69 times the rate for non‑Indigenous Australians (table 4A.9.35). |
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| Box 4.9.2 Measures of disability and chronic disease |
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| 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 (SDAC), with the most recent data available for 2012 (national; age; sex; remoteness). Supplementary data 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 data available from the 2014‑15 NATSISS (all jurisdictions; age; sex; remoteness). Comparable non‑Indigenous data are sourced from the ABS General Social Survey (GSS) for 2014. SDAC and AATSIHS/NATSISS data are not directly comparable (SDAC excludes very remote areas, and Aboriginal and Torres Strait Islander surveys have a less refined scope of disability). * *Hospitalisation rates* is defined as the rate of hospital separations for people hospitalised for chronic diseases. The most recent available data are for 2014‑15 from the AIHW National Hospital Morbidity Database (all jurisdictions; sex; remoteness).   Three supplementary measures are reported:   * Proportion of people with vision loss (national) * 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 non‑Indigenous Australians. This is driven in part by socioeconomic disadvantage, trauma and predisposition to a range of risk factors including: low birthweight (Scott 2014) (section 6.4); smoking (section 8.4); high body mass; physical inactivity; poor nutrition (section 8.5); higher rates of infectious diseases (section 10.2); accidents (section 8.2); mental health problems (section 8.7); substance abuse (sections 11.1 and 11.2); and violence (section 4.12) (AIHW 2015; 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 4.4–6 and 4.8), which in turn limits their employment and income prospects (sections 4.7 and 4.10). There is evidence that women with disability are more likely than those without disability 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. In addition, a higher proportion of Aboriginal and Torres Strait Islander Australians live in very small communities which may not have accessible services (Biddle, Yap and Gray 2013; PC 2011).

Chronic diseases place a significant health and disability burden on Aboriginal and Torres Strait Islander Australians (Vos et al. 2007). Aboriginal and Torres Strait Islander Australians have a continued occurrence of certain diseases that are now virtually unreported in the non‑Indigenous population, such as trachoma and acute rheumatic fever (AIHW 2015). In 2008–2012, the majority (70 per cent) of Aboriginal and Torres Strait Islander deaths 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 six times the rate of non‑Indigenous Australians and at 1.5 times the rate from circulatory diseases (AHMAC 2015). Further information on mortality is available in section 4.1.

### Disability prevalence

The Survey of Disability, Ageing and Carers (SDAC) is designed to measure the prevalence of disability and the need for support by people with disability (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 most recent SDAC data available for Aboriginal and Torres Strait Islander Australians are from 2012.

There may be specific cultural dimensions to the concept of disability, which are not reflected in the SDAC questions, for example, ‘in traditional language there was no comparable word for disability, which suggests that disability may have been accepted as part of the human experience’ (First Peoples Disability Network Australia 2016; First Peoples Disability Network 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.9.1). 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.9.1). Across all age groups, reported disability prevalence was higher for Aboriginal and Torres Strait Islander Australians than for non‑Indigenous Australians (table 4A.9.2).

More recent data are available from the 2014‑15 NATSISS, but on a broader scope including people with a long-term health condition that may not have a specific limitation or restriction. In 2014‑15, 45.1 per cent of Aboriginal and Torres Strait Islander Australians reported having a disability or long-term health condition (table 4A.9.5). The most common type of disability reported was physical disability (63.6 per cent), followed by disability related to sight, hearing or speech (47.2 per cent) (table 4A.9.12). Comparable data between Aboriginal and Torres Strait Islander and non‑Indigenous Australians are available in table 4A.9.13.

#### Profound or severe core activity limitation

A person with a ‘profound core activity limitation’ is unable to do at least one of three main everyday activities (self‑care, mobility and communication) at any time or needs constant help. A person with a ‘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, 7.8 per cent of Aboriginal and Torres Strait Islander Australians had a profound or severe core activity limitation. After adjusting for differences in population age structures, this was 1.7 times the proportion of non‑Indigenous Australians (table 4A.9.1).

Whilst not directly comparable to the SDAC, NATSISS data show similar trends in the rate of profound or severe core activity limitation. In 2014‑15, 7.7 per cent of Aboriginal and Torres Strait Islander Australians reported a profound or severe core activity restriction (table 4A.9.5). From 2002 onwards, after adjusting for differences in population age structures, the rate of profound or severe core activity limitation for Aboriginal and Torres Strait Islander Australians has remained around 2 times the rate for non‑Indigenous Australians (tables 4A.9.7–11).

#### Vision loss

A loss of vision can affect development, communication, ability to work, health and quality of life. Compared with the non‑Indigenous population, the Aboriginal and Torres Strait Islander population has a much higher rate of vision problems, and almost all vision loss in the Aboriginal and Torres Strait Islander population (94 per cent) is considered unnecessary, as it is preventable or treatable. Over one‑third (35 per cent) of Aboriginal and Torres Strait Islander people aged 40 years and over reported they had never had an eye examination (Taylor et al. 2012; Taylor, Jatkar and Anjou 2015).

The most recent comprehensive data on eye health for Aboriginal and Torres Strait Islander Australians are available from the 2008 *National Indigenous Eye Health Survey* (data from the 2014–16 *National Eye Health Survey* were not available in time for inclusion in this report).

Nationally in 2008, 1.5 per cent of Aboriginal and Torres Strait Islander children aged  
5–15 years had low vision and 0.2 per cent were blind (table 4A.9.14). Of the 9.4 per cent of Aboriginal and Torres Strait Islander adults aged 40 years and over with vision impairment, the most common causes were refractive error[[28]](#footnote-28) (54 per cent) and cataract[[29]](#footnote-29) (27 per cent). The leading cause of blindness (found in 1.9 per cent of Aboriginal and Torres Strait adults) was cataract (32 per cent) (Arnold et al. 2009; tables 4A.9.14–15). Further information on trachoma is available in section 10.2.

In 2014-15, a higher proportion of Aboriginal and Torres Strait Islander children (9.7 per cent) reported an eye condition compared with 7.2 per cent in 2008 (based on data from the ABS National Aboriginal and Torres Strait Islander Social Surveys, table 4A.9.16).

### Participation in society by people with disability

#### Education, employment and income

A number of potential barriers can prevent a person with 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 disability tend to have poorer education, employment and income outcomes than Aboriginal and Torres Strait Islander Australians without disability. In 2014‑15:

* 44.2 per cent of Aboriginal and Torres Strait Islander Australians aged 20–24 years who had a profound or severe core activity limitation had attained at least a year 12 or equivalent or Certificate level II or above, lower than the proportion without disability (62.5 per cent) (table 4A.9.17)
* 43.9 per cent of Aboriginal and Torres Strait Islander Australians aged 15 years and over who had a profound or severe core activity limitation had left school at year 9 or below, twice the proportion of those without disability (19.5 per cent) (table 4A.9.18)
* Aboriginal and Torres Strait Islander Australians in the working age population   
  (15–64 years) who had a profound or severe core activity restriction had a lower labour force participation rate (31.1 per cent) and employment rate (19.4 per cent) than those without disability (67.9 per cent and 54.9 per cent) (table 4A.9.19)
* a higher proportion of Aboriginal and Torres Strait Islander Australians aged 15 years and over with disability reported an equivalised household income[[30]](#footnote-30) in the lowest quintile (42.5 per cent), compared to those without disability (33.1 per cent) (table 4A.9.20).

#### Receipt of disability support pension

Centrelink data show that:

* in 2015, disability support pensions continue to be the second most common type of income support received by Aboriginal and Torres Strait Islander Australians aged   
  15–64 years (10.5 per cent), at more than twice the rate of non‑Indigenous Australians (4.7 per cent) (table 9A.4.10)
* between 2003 and 2015, the proportion of Aboriginal and Torres Strait Islander Australians receiving the disability support pension almost doubled (increasing from 5.5 per cent in 2003 to 10.7 per cent in 2014, with a similar proportion of 10.5 per cent in 2015), while there was no change for non‑Indigenous Australians (around 5.0 per cent over the same time period) (table 9A.4.10).

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

#### Disability service use

Disability services are currently in transition as the National Disability Insurance Scheme (NDIS) is rolled out. This roll out is occurring over time and at different points in time in different states and territories. The NDIS will largely replace the current provision of services provided under the National Disability Agreement. The Report on Government Services 2016 chapter 14, Services for people with disability, contains more information on this transition and data on Aboriginal and Torres Strait Islander Australians’ disability support service use (SCRGSP 2016).

### 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 (Colombo 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).

Nationally in 2014‑15, around one‑quarter (25.5 per cent) of Aboriginal and Torres Strait Islander Australians aged 15 years and over provided care for a person with disability (29.8 per cent of females compared with 20.8 per cent of males) (table 4A.9.21). Additional 2011 Census data (discussed in the 2014 OID report) are available in table 4A.9.22, along with 2011 Census data on unemployment rates for carers (tables 4A.9.23‑24), both by Indigenous status of the carer.

### Hospitalisation rates

Hospitalisation records provide some information about instances of chronic disease that result in hospitalisation but do not provide a measure of the prevalence of a disease or condition in the population. Hospitalisation rates are for ‘separations’ for admitted patients only, and there can be multiple separations for the same individual.

For this report, hospitalisations data are presented for the non‑Indigenous population from 2012‑13 onwards (for prior years the data are presented for ‘other’ which includes non‑Indigenous Australians and those for whom Indigenous status is unknown or not stated). 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 hospitalisations data. The attachment tables for this report include hospitalisations data for all jurisdictions for 2012‑13 to 2014‑15 for Aboriginal and Torres Strait Islander and non‑Indigenous Australians, as well as data for the six jurisdictions for 2004‑05 to 2014‑15 for Aboriginal and Torres Strait Islander and other Australians.

Nationally in 2014‑15, chronic disease‑related hospitalisation rates for Aboriginal and Torres Strait Islander Australians:

* were over 10 times higher for end stage renal diseases[[31]](#footnote-31) (28 781.3 per 100 000 population) than other hospitalisations by chronic diseases, accounting for around 4 in 5 separations (table 4A.9.25)
* were similar for males and females for most chronic diseases, except female hospitalisation rates for rheumatic heart disease which were 2.6 times the rates for males (tables 4A.9.28 and 31)
* increased as remoteness increased (except for cancer and mental and behavioural disorders), with rates in remote areas more than twice the rates in major cities (table 4A.9.34).

Nationally in 2014‑15, after adjusting for differences in population age structures, hospitalisation rates for all chronic diseases (except cancer) were higher for Aboriginal and Torres Strait Islander Australians than for non‑Indigenous Australians (ranging from 1.8 times the rate for circulatory disease to 11.2 times the rate for end‑stage renal diseases) (table 4A.9.26). In remote areas, the hospitalisation rate for Aboriginal and Torres Strait Islander Australians for end‑stage renal diseases was 69 times the rate for non‑Indigenous Australians (table 4A.9.35).

Between 2004‑05 and 2014‑15, after adjusting for differences in population age structures, for NSW, Victoria, Queensland, WA, SA and the NT combined, the gap in hospitalisation rates between Aboriginal and Torres Strait Islander and other Australians has widened for a number of diseases, particularly for end‑stage kidney disease (from 8.8 to 11.5 times the rate for other Australians) (table 4A.9.27).

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. Injury and preventable childhood diseases are discussed in section 6.6 and rates of disease associated with poor environmental health in section 10.2.

### Things that work

An example of a promising program to improve eye health for Aboriginal and Torres Strait Islander Australians is summarised in box 4.9.3.

| Box 4.9.3 Things that work — eye health |
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| Although it has not been formally evaluated, the Steering Committee has identified the Anyinginyi Health Aboriginal Corporation’s Eye Program as a promising program worth further examination.  The **Anyinginyi Health Aboriginal Corporation’s Eye Program** (NT) commenced in 2006 in the NT (following commencement in NSW in 1999) and coordinates optometrist and eye specialist visits and runs clinics (mobile and permanent) for the people of the Tennant Creek and Barkly region in the NT.  Evidence in increasing the delivery of culturally appropriate eye care services in the region was presented in a case study at the National Rural Health Conference in 2009, which notes that prior to the program (and addressed through the program), access was limited due to perceived cost, transport, lack of eye health awareness, and lack of eye care practitioners with an understanding of Aboriginal and Torres Strait Islander culture. The program’s successes over 2007–2008 achieved through increased collaboration and provision of culturally appropriate services included:   * 1385 patients seen with 734 being prescribed spectacles and 146 referred to specialist care * increase in the services offered from seven days a year to 78 days a year * increase in the number of custom made spectacles for clients from 52 to 82 per cent.   In 2014‑15, 714 pairs of glasses were prescribed for people following examinations, and 36 operations were conducted (AHAC 2015).  Osbourne et al. (2013) note that the success of the program led to other Aboriginal controlled medical services implementing the program across the NT through its partnership with the Brien Holden Vision Institute (formerly the International Centre for Eyecare Education). |
| *Sources*: Keys, T. and O’Hara, M. 2009, ‘Providing eye care to remote Indigenous communities in the Northern Territory: a case study examining success factors and challenges from a collaborative approach between an NGO and AMS’, paper presented at 10th National Rural Health Conference, Cairns; Osbourne, K., Baum, F. and Brown, L. 2013, *What Works? A Review of Actions Addressing the Social and Economic Determinants of Indigenous Health*, Paper no. 7 produced for the Closing the Gap Clearinghouse, 2013; AHAC (Anyinginyi Health Aboriginal Corporation) 2015, Anyinginyi Health Aboriginal Corporation 14/15 Annual Report. |
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### Future directions in data

The disability policy and service delivery environment continues to evolve, with the full roll out of the NDIS. Monitoring outcomes for participants, particularly Aboriginal and Torres Strait Islander Australians, will be important and may affect future outcomes for measures included in this report.

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## 4.10 Household and individual income**[[32]](#footnote-32)**

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| Box 4.10.1 Key messages |
| * Income levels provide an indicator of the material advantage aspect of wellbeing. * From 2002 to 2014‑15, the median (mid‑point) real equivalised gross weekly household (EGWH) income increased for Aboriginal and Torres Strait Islander households from $402 per week to $542 per week (figure 4.10.1). * In 2014‑15, the median real EGWH income for Aboriginal and Torres Strait Islander households ($542) was just under two-thirds the median EGWH income for non‑Indigenous households ($852), and for the first time since 2002 represents a narrowing in the gap nationally in real terms (from $349 in 2002 to $316 in 2014-15) (table 4A.10.1). * The median EGWH income for Aboriginal and Torres Strait Islander households decreased with remoteness (from $633 in major cities to $398 in very remote areas), while median EGWH income for non‑Indigenous households was highest in major cities ($945). Across all remoteness areas, median EGWH income was higher for non‑Indigenous households than for Aboriginal and Torres Strait Islander households (table 4A.10.1). * The median real gross weekly personal income increased for Aboriginal and Torres Strait Islander Australians in all age groups (18 years and over) between 2002 and 2008. From 2008 to 2014-15, there were statistically significant increases for those aged  25–34 years, and 55 years and older (table 4A.10.7). |
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| Box 4.10.2 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.   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 from the 2014-15 NATSISS.  (continued next page) |
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| Box 4.10.2 (continued) |
| Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS), with most recent available data from the 2014-15 NHS (all jurisdictions; remoteness, quintiles: national; age, sex).  Supplementary data are available from the Census (tables 4A.10.4–6), 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 for household composition and size to aid comparisons across population groups.

Income is an important determinant of socioeconomic status. Section 13.1 includes information about the association between income levels and educational outcomes, labour force participation and employment.

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 (see section 9.2 for more information), available data indicate that the proportion of Aboriginal and Torres Strait Islander people aged 15 years or over who ran out of money for basic living expenses decreased from 43.7 per cent in 2002 to 27.5 per cent in 2014-15 (ABS 2016).

### 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 (including extended family) and a large number of transient visitors, all of which are likely to put a strain on resources (ABS 2012; Hunter, Kennedy and Biddle 2004; Hunter, Kennedy and Smith 2003). Such households are not unusual in Aboriginal and Torres Strait Islander communities, and may be the preferred way of living for some families (AHMAC 2015; Memmott, Greenop and Birdsall-Jones 2014).

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 Australian 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; Jackson et al. 2011; section 4.7). 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 extremely 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.10.1.

Income data are adjusted for the effects of inflation, allowing for comparisons to be made across different years. Historical median income data in this section have been converted into 2014‑15 dollars using the ABS consumer price index (referred to as ‘real’ income).

In 2014‑15, the median EGWH income for Aboriginal and Torres Strait Islander adults was $542, just under two-thirds the median EGWH income of $852 for non‑Indigenous adults (table 4A.10.1).

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| Figure 4.10.1 Median real equivalised gross weekly household income, people aged 18 years and over, 2002 to 2014-15 (2014-15 dollars)**a** |
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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 Social Survey (NATSISS) 2002; ABS (unpublished) General Social Survey (GSS) 2002; ABS (unpublished) National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2004‑05; ABS (unpublished) National Health Survey (NHS) 2004-05; ABS (unpublished) NATSISS 2008; ABS (unpublished) NHS 2007-08; ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012‑13 (Core component); ABS (unpublished) Australian Health Survey (AHS) 2011-13 (core component for 2011-12); ABS (unpublished) NATSISS 2014-15; ABS (unpublished) National Health Survey (NHS) 2014-15; table 4A.10.1. |
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Figure 4.10.1 shows that the median real EGWH income for Aboriginal and Torres Strait Islander adults increased from $402 in 2002 to $542 in 2014-15. For non‑Indigenous adults, the median real EGWH income increased from $751 in 2002 to around $900 in 2008 and 2011-12, with no statistically significant change between 2011-12 and 2014‑15 ($852 in 2014‑15). The increase for Aboriginal and Torres Strait Islander adults in 2014-15 has resulted in a narrowing of the gap nationally between EGWH income for Aboriginal and Torres Strait Islander and non‑Indigenous adults in real terms for the first time since 2002 (from $349 in 2002 to $310 in 2014-15) (table 4A.10.1).

In 2014‑15, the median EGWH income for Aboriginal and Torres Strait Islander adults decreased as remoteness increased (from $633 in major cities to $398 in very remote areas). The median EGWH income for non‑Indigenous adults was highest in major cities ($945). Across all remoteness areas, median EGWH income was higher for non‑Indigenous adults than for Aboriginal and Torres Strait Islander adults (table 4A.10.1).

Data are also reported by State and Territory in table 4A.10.1.

#### 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 4.10.2 Distribution of equivalised gross weekly household incomes, people aged 18 years and over, 2014-15**a, b** |
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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. |
| *Sources*: ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2014‑15; ABS (unpublished) National Health Survey (NHS) 2014-15; table 4A.10.2. |
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In 2014‑15, non‑Indigenous Australians aged 18 years and over were spread relatively evenly across the EGWH income quintiles — 16.6 per cent were in the lowest income quintile ($435 or less per week) and 22.0 per cent were in the highest income quintile ($1551 or more per week). However, Aboriginal and Torres Strait Islander households were concentrated in the lower quintiles — 36.5 per cent in the lowest income quintile, and only 6.2 per cent in the highest quintile (figure 4.10.3). Data are also reported by State and Territory (table 4A.10.2) and by remoteness (table 4A.10.3).

The income quintile boundaries for 2004‑05, 2008 and 2014‑15 are based on income distributions for the total Australian population (all households) at the time, while quintile boundaries for 2011–13 were derived for Aboriginal and Torres Strait Islander and non‑Indigenous households separately. Care should be taken with comparison of income distributions for 2011–13 and other years (tables 4A.10.2‑3).

### Personal individual income

The main sources of personal income are employment (see sections 4.7 and 9.1), assets (see sections 9.2 and 9.3) and welfare payments (see section 9.4).

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| Figure 4.10.3 Median gross weekly personal income, people aged 18 years and over, by age group, 2014-15 (2014-15 dollars)**a** |
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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 Social Survey (NATSISS) 2014‑15; ABS (unpublished) National Health Survey (NHS) 2014‑15; table 4A.10.7. |
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In 2014‑15, the median real gross weekly personal income for Aboriginal and Torres Strait Islander adults was $485, compared with $800 for non‑Indigenous adults (table 4A.10.7). There was a significant gap in median personal incomes between Aboriginal and Torres Strait Islander and non‑Indigenous adults across all age groups, with the gap narrowest for those aged over 65 years and older ($48) and largest for those aged 45–54 years ($554) (figure 4.10.3).

Median real gross weekly personal income increased for Aboriginal and Torres Strait Islander Australians for all age groups between 2002 and 2014-15. Between 2008 and 2014‑15, there were statistically significant increases for those aged 25–34 years, and aged 55 years and older (table 4A.10.7).

### Things that work

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| Box 4.10.3 Things that work – household and individual income |
| The **MoneyMob Talkabout (MMT)** program was established in 2012 in the Amata, Mimili and Pukatja communities of SA and assists people in remote Aboriginal communities to manage their money. (Teams also visit other remote communities in SA, WA and the NT providing services on an outreach basis.) Teams spend time listening and learning about how money is viewed and used in Aboriginal communities while sharing knowledge and information, through a series of fun, engaging and culturally appropriate learning experiences.  In 2014, 758 adult clients (89.7 per cent identified as Aboriginal) used the MMT for a range of money matters, including banking, budgeting, managing debts and fines, retirement incomes and superannuation, tax and insurance (Garner and Pryor 2015).  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). Subsequent Community Money Surveys administered in October‑November 2014 indicated that people’s knowledge, skills, attitudes and behaviours in relation to money were changing in terms of financial capability: money management; choosing products; making provision for the future; and being informed (Garner and Pryor 2015).  The **MPower** program was launched in 2011, and operates in four Cape York communities in Queensland (Aurukun, Coen, Hope Vale and Mossman Gorge). 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.  In December 2015, 1835 people were registered to receive services from the program. During the last quarter of 2015, 662 community members across the four communities accessed MPower a total of 6504 times (Cape York Partnerships 2016).  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 website (2016); Pryor & Garner (2013), *Evaluation of MoneyMob Talkabout; Cape York Partnerships (CYP)* (2014), Pryor & Garner (2015), Evaluation of MoneyMob Talkabout: Final Report – February 2015; MPower; CYP (2015) Family Empowerment Report Q4 2015; 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 (tables 4A.10.4–6). 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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## 4.11 Substantiated child abuse and neglect**[[33]](#footnote-33)**

| Box 4.11.1 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, policies or child protection practices (for example, changes relating to mandatory reporting, an increased propensity to report or increased access and availability of 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 and non‑Indigenous children aged 0–17 years have both increased from 2009‑10 to 2014‑15, from 29.5 to 39.8 per 1000 Aboriginal and Torres Strait Islander children and from 4.7 to 5.9 per 1000 non‑Indigenous children, leading to a widening of the gap from 24.8 to 33.9 substantiations per 1000 children. The substantiation rate of Aboriginal and Torres Strait Islander children continues to be over six times the rate for non‑Indigenous children (figure 4.11.1). * Nationally in 2014‑15, the most common reason for substantiation for Aboriginal and Torres Strait Islander children aged 0–17 years was neglect (38.3 per cent) followed by emotional abuse (37.7 per cent) (figure 4.11.2). * The rate of Aboriginal and Torres Strait Islander children aged 0–17 years on care and protection orders increased from 20.7 to 57.5 per 1000 children from 2004‑05 to 2014‑15. The rate for non‑Indigenous children increased from 4.1 to 6.3 per 1000 children over the same period, leading to a widening of the gap from 16.6 to 51.2 care and protection orders per 1000 children (figure 4.11.3). |
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| Box 4.11.2 Measures of substantiated child abuse |
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| 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 as the rate of Aboriginal and Torres Strait Islander children on care and protection orders.   The most recent available data are for 2014‑15 from State and Territory Governments and AIHW (derived from the National Child Protection 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. Understanding and addressing the underlying causes of the issues that lead to children being at risk of entering the child protection system is essential if sustainable change is to occur to the socio‑economic position of Aboriginal and Torres Strait Islander Australians (SNAICC 2014).

Child protection issues are associated with many other aspects of Aboriginal and Torres Strait Islander disadvantage, including domestic violence (section 4.12), parental substance abuse (sections 6.2, 11.1 and 11.2) and parental mental health problems (section 8.7) (Berlyn and Bromfield 2010; COAG 2009; Kiraly 2015). Families facing these sorts of problems are often affected by other influences including unemployment (section 4.7); lack of education (sections 4.6 and 4.8); 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). Historical trauma and the consequences of past removal policies have also contributed to ongoing child protection issues (AHMAC 2015; Higgins 2010).

### Longer term effects of child abuse and neglect

Adverse experiences in childhood can have a lifelong legacy. Children who grow up in unsafe homes and communities, and experience trauma, violence and neglect, may demonstrate difficulties in regulating emotions, behaviour, responses to stress, and interactions with others (McGuinness et al. 2013). Research has found children who experience the trauma of relatively high levels of child abuse and neglect have an increased risk of becoming perpetrators of violence as adults (Cripps 2007; Wundersitz 2010). Abuse in childhood has been associated with chronic adult health conditions such as heart disease, diabetes, arthritis, bronchitis/emphysema and cancer (section 4.9) (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). Exposure to trauma and neglect is associated with suicidal behaviour (Atkinson 2013; Robinson, Silburn and Leckning 2011) and contact with the criminal justice system (Weatherburn, Snowball and Hunter 2008; Weatherburn 2014).

### Substantiations

Child protection data show how many children 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 (AIFS 2015; 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, policies or child protection practices (for example changes 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.

From the 2009‑10 Child Protection Australia report onwards, data on notifications, investigations and substantiations are reported for children aged 0–17 years to maintain a consistent age group for comparability of analysis across the report (AIHW unpublished). Data prior to 2009‑10 are reported as the number of children aged 0–16 years to account for some jurisdictional differences in the way 17 year olds were reported (tables 4A.11.2 and 4A.11.4).

| Figure 4.11.1 Rate of children aged 0–17 years who were the subject of a substantiation**a** |
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| | Figure 4.11.1 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 See table 4A.11.1 for information on the calculation of rates. |
| *Sources*:SCRGSP (2016) *Report on Government Services 2016*, table 15A.8 cites State and Territory Governments (unpublished) for 2012‑13 to 2014‑15 data and AIHW (unpublished) Child Protection 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.11.1. |
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The substantiation rate for Aboriginal and Torres Strait Islander children and non‑Indigenous children aged 0–17 years have both increased from 2009‑10 to 2014‑15, from 29.5 to 39.8 per 1000 Aboriginal and Torres Strait Islander children and from 4.7 to 5.9 per 1000 non‑Indigenous children, leading to a widening of the gap from 24.8 to 33.9 substantiations per 1000 children. The substantiation rate of Aboriginal and Torres Strait Islander children continues to be over six times the rate for non‑Indigenous children (figure 4.11.1).

| Figure 4.11.2 Children aged 0–17 years who were the subject of a substantiation by type of abuse or neglect, 2014‑15**a** |
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| | Figure 4.11.2 Children aged 0–17 years who were the subject of a substantiation by type of abuse or neglect, 2014-15  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 (2016) *Child Protection Australia 2014‑15*; table 4A.11.3. |
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In 2014‑15, Aboriginal and Torres Strait Islander children were substantiated mainly because of neglect (38.3 per cent) followed by emotional abuse (37.7 per cent), with non‑Indigenous children more likely to be substantiated because of emotional abuse (45.5 per cent), followed by neglect (21.0 per cent) and physical abuse (19.1 per cent) (figure 4.11.2). Neglect is difficult to define but is strongly associated with disadvantage and poverty (SNAICC 2014; State of Victoria 2016).

Nationally in 2014‑15, 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 2.7 per 1000 children for emotional abuse (table 4A.11.3).

Substantiations across jurisdictions (table 4A.11.3) vary as thresholds differ (for example, some jurisdictions substantiate the harm or risk of harm to the child, whilst others substantiate actions by parents or incidents that cause harm (AIHW 2016)). Family and community violence is discussed in section 4.12.

### 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 2016).

| Figure 4.11.3 Rate of children aged 0–17 years on care and protection orders**a** |
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| | Figure 4.11.3 Rate of children aged 0–17 years on care and protection orders  More details can be found within the text surrounding this image. | | --- | |
| a See table 4A.11.5 for information on the calculation of rates. |
| *Sources*: SCRGSP (2016) *Report on Government Services 2016,* table 15A.8 cites State and Territory Governments (unpublished) for 2012‑13 to 2014‑15 data and AIHW (unpublished) *Child Protection C*ollection 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.11.5. |
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The rate of Aboriginal and Torres Strait Islander children aged 0–17 years on care and protection orders increased from 20.7 to 57.5 per 1000 children from 2004‑05 to 2014‑15. The rate for non‑Indigenous children increased from 4.1 to 6.3 per 1000 children over the same period, leading to a widening of the gap, from 16.6 to 51.2 care and protection orders per 1000 children (figure 4.11.3). Care and protection order data reported by State and Territory are available in table 4A.11.5.

### Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle[[34]](#footnote-34) was developed 30 years ago in response to the trauma experienced by individuals, families and communities from policies that involved the removal of Aboriginal and Torres Strait Islander children families, communities and culture. The fundamental goal of the principle is to enhance and preserve Aboriginal and Torres Strait Islander children’s connection to family and community, and sense of identity and culture (Arney et al. 2015). Under The National Framework for Protecting Australia’s Children: Third Action Plan, States and Territories commit to continuing to fully implement the principle and to adopt a broader understanding of the principle (DSS 2015). The three broad aims of the principle are to:

* recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters
* increase the level of self‑determination for Aboriginal and Torres Strait Islander Australians in child welfare matters
* reduce the disproportionate representation of Aboriginal and Torres Strait Islander Australians the child protection system (Arney et al. 2015; Tilbury 2013).

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 (COAG 2009). Placement of an Aboriginal and Torres Strait Islander child in out‑of‑home care is prioritised in the following way:

* with Aboriginal and Torres Strait Islander relatives or extended family members, or other relatives or extended family
* with Aboriginal and Torres Strait Islander members of the child’s community
* with other Aboriginal and Torres Strait Islander Australians.

The rate of Aboriginal and Torres Strait Islander children in out‑of‑home care has increased from 5.4 times the rate of non‑Indigenous children in 2004‑05 to 9.5 times the rate in 2014‑15 (table 4A.11.6).

| Figure 4.11.4 Placement of Aboriginal and Torres Strait Islander children in out‑of‑home care, at 30 June**a** |
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| | Figure 4.11.4 Placement of Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander children living independently and those whose living arrangements were unknown. |
| *Sources*: SCRGSP (2016) *Report on Government Services 2016*, table 15A.19 cites State and Territory Governments (unpublished) for 2012‑13 to 2014‑15 data and AIHW (unpublished), derived from Child Protection Collection for data prior to 2012‑13; table 4A.11.7. |
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Nationally at 30 June 2015, 67.1 per cent of Aboriginal and Torres Strait Islander children in out‑of‑home care were placed in accordance with the Aboriginal Child Placement Principle, a gradual decline from a high of 76.7 per cent at 30 June 2005 (figure 4.11.4). The majority of the decline over this period occurred for placement with other Aboriginal and Torres Strait Islander carer or residential care (from 23.1 to 16.3 per cent) — the proportion of placement with relatives/kin[[35]](#footnote-35) has remained fairly stable (50.8 per cent at 30 June 2015) (table 4A.11.7).

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.11.7.

Identified barriers between the intent and application of the principle include the shortage of Aboriginal and Torres Strait Islander foster and kinship carers; and inconsistent involvement of and support for, Aboriginal and Torres Strait Islander Australians and organisations in child protection decision‑making (Arney et al. 2015).

### Diagnoses of sexually transmitted infections in children

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 are available. In 2015, Aboriginal and Torres Strait Islander child victims (aged less than 15 years) of sexual assault accounted for 48.4 per cent (NSW), 54.5 per cent (Queensland), 36.4 per cent (SA) and 38.0 per cent (NT) of sexual assault victims in each jurisdiction (section 4.12, table 4A.12.9).

Among older Aboriginal and Torres Strait Islander children it is likely that a significant proportion of sexually transmitted infections (STIs) are the result of early sexual debut and/or sex with peer aged partners. The majority of diagnoses of STIs in the young Aboriginal and Torres Strait Islander population occurred in areas of known high endemicity of STIs, and where screening for STIs is routinely carried out (The Kirby Institute 2015).

| Table 4.11.1 Bacterial sexually transmissible infections reported in persons aged less than 16 years, 2010–2014**a** |
| --- |
| |  | Aboriginal and Torres Strait Islander | | |  | Non‑Indigenous | | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Reported cases aged <16 years (no.) | Rate per 100 000 | Per cent aged 13–15 years |  | Reported cases aged <16 years (no.) | Rate per 100 000 | Per cent aged 13–15 years | | Chlamydia | 3 428 | 266 | 95 |  | 6 670 | 29 | 97 | | Gonorrhoea | 1 983 | 154 | 94 |  | 362 | 2 | 92 | | Infectious syphilis | 68 | 5 | 93 |  | 2 | – | 100 | |
| a The occurrence of chlamydia, gonorrhoea and infectious syphilis among people aged less than 16 years is described, based on cases notified to the National Notifiable Diseases Surveillance System and is summarised only for those jurisdictions in which Indigenous status was reported for at least 50 per cent of notifications in each year over the past five years. – Nil or rounded to zero. |
| *Sources*: The Kirby Institute 2015, *Bloodborne Viral and Sexually Transmissible Infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2015*, UNSW; table 4A.11.8. |
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For 2010–2014, Aboriginal and Torres Strait Islander children aged under 16 years had higher rates of reported cases of chlamydia, gonorrhoea and syphilis than non‑Indigenous children aged under 16 years, with most notifications among those aged 13 to 15 years (table 4.11.1).

### 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). Strategies to address the problem of child abuse in Indigenous communities need to consider the known risk factors for child maltreatment, acknowledge the historical context, be culturally appropriate and emphasise support for family (Higgins 2010). The best way to reduce the number of children and young people who experience abuse and neglect is to strengthen the abilities of families and communities to care for their children and young people (DSS 2015). Box 4.11.3 provides information on two such programs.

| Box 4.11.3 ‘Things that work’ — child protection |
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| The **Referral for Active Intervention** (RAI) initiative (Queensland) was mentioned in the 2014 edition of this report as a promising program. A final (mixed method) evaluation by the Queensland government published in 2014 found a reduction in the frequency of contact with the child protection system for RAI families in 2008‑09. However, comparison data were not available for families that did not participate in the program during this time (ie, there was no control group). Further assessment comparing outcomes for RAI families to outcomes for a similar group of families who did not participate in RAI would be desirable.  The **Bumps to Babes and Beyond** (BBB) Project (Victoria) offered since February 2012 is a two‑year parenting program offered through the Mallee District Aboriginal Services and is adapted from Queen Elizabeth Centre’s Tummies‑To‑Toddlers pilot program. It was developed to meet the specific needs of the Aboriginal and Torres Strait Islander community of Mildura.  The BBB program engaged 12 mothers over the life of the research period (April 2013 to April 2014). Nine mothers participated in the research evaluation. At the end of the evaluation, all children remained in their family’s care.  Findings included a high rate of breastfeeding amongst BBB mothers (87 per cent of BBB mothers leaving hospital were breast feeding their babies, compared to 45 per cent of all Aboriginal mothers over the same period) and a decrease in mothers’ depression between intake and 3 months post birth. All antenatal appointments were attended by mothers and all children’s immunisations were up to date.  The evaluation recommends follow up research once families exit the program to allow a better understanding of the long‑term outcomes. |
| *Sources*: Burrows, A., Allen, B. and Gorton, S., *Evaluation of the Bumps to Babes and Beyond Program:* *A Partnership between the Queen Elizabeth Centre and Mallee District Aboriginal Services*, December 2014; Queensland Government, Referral for Active Intervention Initiative: A three‑year evaluation report, October 2010, Department of Communities, Queensland. |
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### Future directions in data

As part of the National framework for protecting Australia’s children: third three‑year action plan 2015–18, an Aboriginal and Torres Strait Islander working group will be established to ensure the action plan remains focused on achieving outcomes for Aboriginal and Torres Strait Islander children and families (DSS 2015).

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## 4.12 Family and community violence**[[36]](#footnote-36)**

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| Box 4.12.1 Key messages |
| * Family violence has a significant impact on the health and welfare of individuals, families and communities. * In 2014‑15, around one in five (21.8 per cent) Aboriginal and Torres Strait Islander adults reported experiencing physical or threatened violence, similar to 2002 and 2008. After adjusting for differences in population age structures, this was 2.5 times the rate for non‑Indigenous Australians (tables 4A.12.1–2). * In 2015, Aboriginal and Torres Strait Islander women experienced physical assault at 4.9 (NSW), 9.1 (SA) and 11.4 (NT) times the rates for non‑Indigenous women according to police records (table 4A.12.6). The proportions of Aboriginal and Torres Strait Islander women recorded as experiencing: * violence by a current partner were 1.1 (NSW), 1.5 (SA) and 2.3 (NT) times the rates for non‑Indigenous women (table 4A.12.7) * sexual assault by a family member were 1.2 (SA), 1.2 (Queensland), 1.4 (NSW) and 2.6 (NT) times the rates for non‑Indigenous women (table 4A.12.11). * In 2014‑15, hospitalisation rates for Aboriginal and Torres Strait Islander family violence‑related assaults were 530 females per 100 000 female population and 191 males per 100 000 male population. After adjusting for differences in population age structures, this was 32 times the rate for non‑Indigenous females and 23 times the rate for non‑Indigenous males (table 4A.12.13). |
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| Box 4.12.2 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* expressed as the proportion of the population who have experienced violence. Data are sourced from the ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent available data for 2014‑15 (all jurisdictions; remoteness; sex and age). Data for the non‑Indigenous population are sourced from the ABS General Social Survey (GSS), with the most recent data for 2014. * *Victimisation rates* expressed as the number of victims recorded by police[[37]](#footnote-37) per 100 000 population for selected offences (sexual assault, assault and robbery). Data are sourced from the ABS Recorded Crime Victims collection, with the most recent available data for 2015 (NSW, Queensland, SA and the NT; sex and age). |
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| Box 4.12.2 (continued) |
| * *Hospitalisation rates* are 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 are expressed as the rate of hospital separations where an external cause indicating assault was recorded. * Non‑fatal hospitalisation rates for family violence‑related assaults are 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. * Data are sourced from the AIHW National Hospital Morbidity Database, with the most recent available data for 2014‑15 (all jurisdictions; remoteness; sex and age). The calculation of this measure has changed from previous editions of this report, to better reflect separations directly related to hospitalisation due to assaults and data in this report are not directly comparable to previous reports. * *Homicide rates* are defined as the rate of deaths recorded as homicide. Data are sourced from the ABS Causes of Death collection (for deaths recorded as homicide on death registration forms), with the most recent available data for 2010–2014 (NSW; Queensland, WA, SA and the NT; sex and age) and from the AIC National Homicide Monitoring Program, with the most recent available data for 2013‑14 (for deaths recorded as homicide by police) (all jurisdictions; remoteness and sex). * *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. Data are sourced from the AIHW Specialist Homelessness Services collection, with the most recent available data for 2014‑15 (all jurisdictions; remoteness; sex). |
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Family violence remains a serious and widespread issue in Australia (Olsen and Lovett 2016a), 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). It also includes lateral violence, which describes how historical and ongoing trauma and social and cultural oppression move through kinship networks, communities and generations (Blagg, Bluett-Boyd and Williams 2015; COAG 2016).

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). Two separate studies (in Queensland and Victoria) showed an overrepresentation of the Aboriginal and Torres Strait Islander population (around 4 to 5 per cent) breaching family/domestic violence protection orders (Stewart 2000; VLA 2015). Children who experience or witness violence have a greater risk of becoming perpetrators of such behaviour (Richards 2011; Wundersitz 2010). Substantiated child abuse and neglect is discussed in section 4.11.

The full extent of violence against Aboriginal and Torres Strait Islander Australians is difficult to establish due to underreporting by victims (Cripps 2008; Willis 2011), lack of appropriate screening by service providers, incomplete identification of gender and Indigenous status in many datasets, and the lack of nationally comparable data on family violence available from police, courts, health or welfare sources (ALRC 2011; Bryant and Willis 2008; Cripps 2008; Olsen and Lovett 2016b; Wundersitz 2010). 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). 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; Lloyd 2014).

Despite the disproportionate burden of violence against Aboriginal and Torres Strait Islander Australians, violence is not normal or customary in Aboriginal and Torres Strait Islander communities (Olsen and Lovett 2016b). There is no single factor, but rather a multitude of interrelated factors that contribute to the occurrence of family and community violence in Aboriginal and Torres Strait Islander populations, including:

* the trauma attributable to colonisation and dispossession
* the breakdown of traditional culture and kinship practices
* the removal of Aboriginal and Torres Strait Islander children from their families
* experiences of violence, including childhood experience of violence and abuse
* low education and income levels and high unemployment levels, welfare dependency
* poor and overcrowded housing conditions
* poor physical and mental health
* high levels of alcohol misuse and illicit drug use (Bryant 2009; Clapham, Stevenson and Lo 2006; Cripps and Davis 2012; Cripps 2007; Cripps et al. 2009; Olsen and Lovett 2016b; Wundersitz 2010).

Alcohol stands out as a significant contributor to violence in Aboriginal and Torres Strait Islander communities (Bryant and Willis 2008; Bryant 2009; HREOC 2006; Livingston 2011; Meulerners et al. 2010; Weatherburn, Snowball and Hunter 2008; Wundersitz 2010). In 2014‑15, over two‑thirds of Aboriginal and Torres Strait Islander Australians who had experienced physical violence in the last 12 months reported that alcohol or other substances contributed to the most recent incident (higher in remote areas) (ABS 2016a).The role of alcohol and drug and substance misuse in Aboriginal and Torres Strait Islander homicides is discussed in sections 11.1 and 11.2.

### Incidence and prevalence of violence

#### Self‑report

The NATSISS collects data on people’s self‑reported experiences of physical or threatened violence. In 2014‑15, around one in five (21.8 per cent) Aboriginal and Torres Strait Islander adults reported experiencing physical or threatened violence in the previous 12 months. This has not changed significantly since 2008 (22.9 per cent) and 2002 (23.3 per cent) (table 4A.12.1).

After adjusting for differences in population age structures:

* Aboriginal and Torres Strait Islander adults reported experiencing physical or threatened violence in the previous 12 months prior to interview at 2.5 times that reported by non‑Indigenous adults. The gap in the prevalence of physical or threatened violence increased between 2008 and 2014‑15 (from 8.7 to 12.0 percentage points) — due to a decrease in non‑Indigenous rates (table 4A.12.2).
* Aboriginal and Torres Strait Islander women reported experiencing physical or threatened violence in the previous 12 months at 3.1 times the rate of non‑Indigenous women (table 4A.12.2).
* Across remoteness areas, Aboriginal and Torres Strait Islander adults reported experiencing physical or threatened violence in the previous 12 months at between 1.6 times the rate of non‑Indigenous adults in outer regional areas and 2.8 times in major cities (table 4A.12.3).
* In all states and territories (except 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 in the previous 12 months (table 4A.12.4).

One in eight Aboriginal and Torres Strait Islander Australians (13 per cent) experienced physical violence in the previous 12 months (around three in five on more than one occasion) and of those, around half reported that their most recent experience of physical violence was by a family member (ABS 2016a).

#### Recorded by police

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 2015.

* Rates of *physical assault* for Aboriginal and Torres Strait Islander Australians were:
* 3.4 (NSW), 5.7 (NT) and 6.2 (SA) times the rates for non‑Indigenous Australians (table 4A.12.5)
* for males, 2.2 (NSW and NT) and 3.4 (SA) times the rates for non‑Indigenous males (table 4A.12.6)
* for females, 4.9 (NSW), 9.1 (SA) and 11.4 (NT) times the rates for non‑Indigenous females (table 4A.12.6).
* Rates of *sexual assault* for Aboriginal and Torres Strait Islander Australians were 2.4 (NT), 2.9 (NSW), 3.3 (Queensland) and 3.5 (SA) times the rates for non‑Indigenous Australians (table 4A.12.5). Over 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 (between 55 and 77 per cent) were less than 19 years of age (table 4A.12.9).
* The proportions of Aboriginal and Torres Strait Islander women reporting:
* violence by a current partner were 1.1 (NSW), 1.5 (SA) and 2.3 (NT) times the rates for non‑Indigenous women (table 4A.12.7)
* sexual assault by a family member were 1.2 (SA), 1.2 (Queensland), 1.4 (NSW), and 2.6 (NT) times the rates for non‑Indigenous women (table 4A.12.11).

Additional information on individual jurisdictions, are available in tables 4A.12.5–12.

### 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 underestimate 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.

For this report, hospitalisations data are presented for the non‑Indigenous population from 2012‑13 onwards (for prior years the data are presented for ‘other’ which includes non‑Indigenous Australians and those for whom Indigenous status is unknown or not stated). 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 hospitalisations data for all jurisdictions for 2012‑13 to 2014‑15 for Aboriginal and Torres Strait Islander and non‑Indigenous Australians, as well as data for the six jurisdictions for 2004‑05 to 2014‑15 for Aboriginal and Torres Strait Islander and other Australians.

Nationally in 2014‑15, Aboriginal and Torres Strait Islander hospitalisations for non‑fatal family violence‑related assaults were 530.4 females per 100 000 female population and 191.3 males per 100 000 male population. After adjusting for differences in population age structures, this was 32 times the rate for non‑Indigenous females and 23 times the rate for non‑Indigenous males) (table 4A.12.13).

Between 2004‑05 and 2014‑15, 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 increased from 319.3 per 100 000 to 409.5 per 100 000 and from 12.2 per 100 000 to 13.9 per 100 000 other Australians (table 4A.12.14).

Hospitalisations for assaults increased with remoteness — from 156.5 per 100 000 population in major cities to 1044.4 per 100 000 population in remote areas for *non‑fatal family violence‑relate*d assaults and 390.8 per 100 000 population in major cities to 2013.6 per 100 000 population in remote areas for *total* assaults (tables 4A.12.15 and 4A.12.23).

Data on non‑fatal hospitalisations for assaults by jurisdiction, sex and relationship of victim to offender, and by remoteness are in tables 4A.12.16–24.

### 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.

For the period 2010–2014, the death rate from homicide was 6.4 per 100 000 Aboriginal and Torres Strait Islander population (after adjusting for differences in population age structures, this was 6.4 times the rate for non‑Indigenous Australians). The death rate was highest for Aboriginal and Torres Strait Islander Australians aged 25–34 years and   
35–44 years (13.6 and 12.4 per 100 000 population respectively) (table 4A.12.25). Between 1998 and 2014 (after adjusting for differences in population age structures, for NSW, Queensland, WA, SA and the NT combined), the death rate from homicide for Aboriginal and Torres Strait Islander Australians fluctuated between 5 and 9 times the rate for non‑Indigenous Australians (table 4A.12.28). Rates varied across NSW, Queensland, WA, SA and the NT (table 4A.12.27).

Since 2002‑03, the majority (between 60 and 85 per cent) of incidents involving an Aboriginal and Torres Strait Islander offender also involved an Aboriginal and Torres Strait Islander victim (table 4A.12.31). Of homicide incidents where the Indigenous status of victims and offenders were known, around 13.7 per cent of incidents involved Aboriginal and Torres Strait Islander people as both offender and victim. Around 4.6 per cent involved a non‑Indigenous offender and an Aboriginal and Torres Strait Islander victim (table 4A.12.31).

In 2013‑14:

* The Aboriginal and Torres Strait Islander homicide rate increased as remoteness increased (from 1.6 per 100 000 population in major cities to 8.9 per 100 000 population in remote areas) (table 4A.12.30).
* A domestic altercation was the motive for 35.0 per cent of Aboriginal and Torres Strait Islander male homicide incidents and 46.7 per cent of Aboriginal and Torres Strait Islander female homicide incidents (table 4A.12.32).
* The victim and offender were intimate partners in 54.2 per cent of Aboriginal and Torres Strait Islander homicide incidents, compared with 26.2 per cent of non‑Indigenous homicide incidents (table 4A.12.33).
* There were no Aboriginal and Torres Strait Islander homicide incidents where the victim and the offender were strangers. The victim and offender were strangers in 22.0 per cent of non‑Indigenous homicide incidents (table 4A.12.33).

### 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). Over one‑third of adults and children seeking help from specialist homelessness services in Australia did so for domestic and family violence reasons (AIHW 2016).

The Specialist Homelessness Services (SHS) 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).

Aboriginal and Torres Strait Islander people are overrepresented amongst those who received assistance from SHS — around one in four (24 per cent) of all SHS clients (AIHW 2016).

In 2014‑15, domestic/family violence was the second most common main reason both Aboriginal and Torres Strait Islander and non‑Indigenous people sought SHS (both around 23 per cent) (table 4A.12.34). The proportion of total clients escaping for domestic/ family violence reasons increased with remoteness for both Aboriginal and Torres Strait Islander and non‑Indigenous SHS clients (around 31.8 per cent in major cities compared to 45.7 per cent and 47.7 per cent respectively in very remote areas) (table 4A.12.35). Data on rates of SHS clients escaping domestic/ family violence varied by State and Territory (table 4A.12.35).

In 2014‑15, Aboriginal and Torres Strait Islander children aged 0–17 years accompanying SHS clients escaping family violence attended an SHS agency at a rate of 278 per 10 000 population, around 8 times the rate for non‑Indigenous children (33 per 10 000 population) (table 4A.12.36).

### Things that work

There are currently a range of responses to family violence in Aboriginal and Torres Strait Islander communities provided by Australian, State and Territory governments as well as local initiatives in services and community groups (Olsen and Lovett 2016b). However, there have been few published rigorous, multi‑stage evaluation of programs designed to reduce family violence in Aboriginal and Torres Strait Islander communities (CTGCH forthcoming). Some initiatives contributing to a reduction in family and community violence are described in box 4.12.3.

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| Box 4.12.3 ‘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 mixed method evaluation of the project that year found that:   * All of the 19 women (with 43 children in their care) interviewed reported their safety had improved with the support of the program * Of those women who had previously used the crisis accommodation service (84 per cent of respondents), 42 per cent had not used the service again (Gander 2013).   In 2014‑15, around 490 women were assisted; the majority were aged from 18–35 years (ASWS 2015).  The project was awarded a National Certificate of Merit at the 2013 Australian Crime and Violence Prevention Awards (AIC 2013).  The **Yuendumu Mediation and Justice Committee** (YM&JC) (NT), operating since November 2011, draws upon traditional Warlpiri dispute resolution and relationship‑sustaining practices to strengthen family relationships and develop strategies that promote community safety and address family violence.  (continued next page) |
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| Box 4.12.3 (continued) |
| The YM&JC is made up of Aboriginal and Torres Strait Islander elders and respected people who provide support tailored to the community to reach durable agreements about group conflicts — this includes independent facilitators and training on negotiation skills, decision‑making and dispute management.  An independent mixed method evaluation of the YM&JC estimated its Net Present Value in 2014 as $14.1 million with a benefit‑cost ratio of 4.3 (Daly and Barrett 2015). The project has reduced and prevented violence by ensuring conflicts are settled peacefully and quickly. To be effective, mediation solutions need to be local, specific and ongoing (Williams 2016). |
| *Sources*: ASWS (Alice Springs Womens Shelter) 2013 and 2015, *Annual Report 2012‑13 and 2014‑15*; 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; Daly, A. and Barrett, G. (2015) *Independent Cost Benefit Analysis of the Yuendumu Mediation and Justice Committee*, University of Canberra; Williams, M (2016) ‘Now this is Justice Reinvestment: the cost benefits of trusting and supporting Indigenous People to mediate their troubles’, *Indigenous Law Bulletin*, vol. 8, no. 22, pp. 21–27, Australian National University. |
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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.

The ABS have published experimental data for victims of family and domestic violence by Indigenous status for assault and for sexual assault (sourced from police records). However, there are variances in the recording of relationship of offender to victim data across the states and territories which may effect on comparability of data.

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## 4.13 Imprisonment and juvenile detention**[[38]](#footnote-38)**

| Box 4.13.1 Key messages |
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| * In 2014‑15, 91.2 per cent of Aboriginal and Torres Strait Islander Australians (aged 15 years and over) reported never having been incarcerated and around two‑thirds (65.1 per cent) reported never having been formally charged by police (ABS 2016). * However, at 30 June 2015, Aboriginal and Torres Strait Islander Australians made up over a quarter of the adult prison population (27.4 per cent), with around 2 per cent of Aboriginal and Torres Strait Islander adults (4 per cent for males) in prison (2252.6 per 100 000 adults) (tables 4A.13.2–4). * The imprisonment rate for Aboriginal and Torres Strait Islander males was 9 times the rate for females (4088.9 compared to 460.7 per 100 000 adult population). However, the female imprisonment rate grew faster (increasing 118.7 per cent since 2000 compared with a 50.6 per cent increase for males) (figure 4.13.1). * 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, at 30 June 2015. Between 2000 and 2015, the Aboriginal and Torres Strait Islander adult imprisonment rate increased by 77.4 per cent, while the non‑Indigenous rate remained fairly constant until 2013 before increasing by 15.2 per cent in the two most recent years (figure 4.13.2). * The daily average detention rate for both Aboriginal and Torres Strait Islander and non‑Indigenous young people fell between 2007‑08 and 2014‑15 — from 415.8 to 348.6 per 100 000 Aboriginal and Torres Strait Islander young people and from 17.1 to 14.5 per 100 000 non‑Indigenous young people. Aboriginal and Torres Strait Islander young people were in detention at 24 times the rate for non‑Indigenous young people (figure 4.13.3). |
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| Box 4.13.2 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[[39]](#footnote-39)) in prison. Data are sourced from the ABS Prisoners in Australia collection, with the most recent available data for 30 June 2015 (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. The most recent available data are for 2014‑15 (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 2014‑15, 91.2 per cent of Aboriginal and Torres Strait Islander Australians (aged 15 years and over) reported never having been incarcerated and two-thirds (65.1 per cent) reported never having been formally charged by police (ABS 2016). 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 (Senate Community Affairs References Committee 2010). Section 4.12 (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 [section 11.3], including diversion to the child protection system [section 4.11]); 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).

Substance abuse (sections 11.1 and 11.2), child neglect and abuse (section 4.11), school completion (section 4.6) and employment (section 4.7) are four major drivers of involvement in crime (Weatherburn 2014; Weatherburn, Snowball and Hunter 2008). The main risk factors linked to violent offending by Aboriginal and Torres Strait Islander Australians include high risk alcohol consumption (11.1), illicit drug use (11.2), being male, being young, childhood experience of violence and abuse (4.11), exposure to pornography, poor schooling (4.4 – 4.6), low income (4.10), unemployment (9.1), poor housing (9.3 and 10.1), mental illness (8.7) and lack of access to services (5.3 and 8.1) (particularly in remote areas of Australia) (Cripps 2007; Wundersitz 2010).

A NSW cohort study of Aboriginal and Torres Strait Islander males with complex needs identified four significant factors that impacted on the frequency of police contact and custody; young age at first contact, experiencing out‑of‑home care as a child, alcohol misuse and limited locational mobility (Trofimovs and Dowse 2014). The Aboriginal and Torres Strait Islander Mental Health Disorders and Cognitive Disability in the Criminal Justice System Project found that compared to their non‑Indigenous counterparts, Aboriginal and Torres Strait Islander female prisoners with known mental health or cognitive disability were more likely to have experienced out‑of‑home care as children, first police contact at a younger age, custody as juveniles, more police contacts and convictions, homelessness or being a victim of crime (Baldry et al. 2015). Mental health is covered in section 8.7 and disability in section 4.9.

A high proportion of Aboriginal and Torres Strait Islander offenders have experienced trauma and abuse as a child (Wundersitz 2010). A 2003 study of 50 Aboriginal and Torres Strait Islander women in NSW prisons found that 70 per cent had been victims of child sexual abuse, with most also reporting other types of abuse as children (Lawrie 2003a, 2003b; Wundersitz 2010). A study of 116 incarcerated Aboriginal and Torres Strait Islander women in Queensland estimated that almost half (46 per cent) suffered from post‑traumatic stress disorder (from sudden death of a loved one, being the victim of serious domestic violence or sexual assault, or observing serious physical violence in the home as a child) (Heffernan et al. 2015). Substantiated child abuse and neglect is covered in section 4.11.

Changes to judicial processes and criminal justice legislation and policies have been linked to increases in Aboriginal and Torres Strait Islander imprisonment rates — for example, longer sentences, mandatory minimum sentences, increasing parole revocations and technical violations and more restrictive bail conditions (Senate Legal and Constitutional Affairs References Committee 2013; Wood 2014).

Imprisonment has a heavy social and economic impact (Senate Legal and Constitutional Affairs References Committee 2013). Prison can become more of an expectation than a deterrent; for some it may even become a rite of passage and can lead to the ‘normalisation’ of incarceration among community members (Brown 2010).

### Adult imprisonment

Data are available for a count of prisoners who are held in adult prisons as at midnight on 30 June of each year. The annual flow through Australia’s prisons is well in excess of the daily number, but information on those moving through prison systems is not yet available (Kinner and Avery 2015). The nature of this 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).

At 30 June 2015, Aboriginal and Torres Strait Islander Australians made up over a quarter of the adult prison population (27.4 per cent), with around 2 per cent of Aboriginal and Torres Strait Islander adults in prison (2252.6 per 100 000 adult population). The number of Aboriginal and Torres Strait Islander male prisoners equated to 4 per cent of the Aboriginal and Torres Strait Islander adult male population (table 4A.13.2–4).

The imprisonment rate for Aboriginal and Torres Strait Islander males was 9 times the rate for females (4088.9 compared to 460.7 per 100 000 adults). However, the female imprisonment rate grew faster (increasing 118.7 per cent since 2000 compared with a 50.6 per cent increase for males) (figure 4.13.1).

| Figure 4.13.1 Aboriginal and Torres Strait Islander adult imprisonment rate, at 30 June**a** |
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| | Figure 4.13.1 Aboriginal and Torres Strait Islander adult imprisonment rate, at 30 June  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), *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.13.4. |
|  |
|  |
| Figure 4.13.2 Adult imprisonment rate, at 30 June**a, b** |
| | Figure 4.13.2 Adult imprisonment rate, at 30 June  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. b Data are age standardised. |
| *Source*: ABS (2015) *Prisoners in Australia, 2015*, Cat. no. 4517.0; table 4A.13.5. |
|  |
|  |

After adjusting for differences in population age structures, the rate of imprisonment for Aboriginal and Torres Strait Islander adults at 30 June 2015 was 13 times the rate for non‑Indigenous adults (figure 4.13.2). Between 2000 and 2015, the Aboriginal and Torres Strait Islander adult imprisonment rate increased by 77.4 per cent, while the non‑Indigenous rate remained fairly constant until 2013 before increasing by 15.2 per cent in the two most recent two years (figure 4.13.2). Rates varied across states and territories, but recorded increased rates for Aboriginal and Torres Strait Islander adults between 2000 and 2015 (table 4A.13.5).

Data by legal status are reported from 2007 and show that the proportion of unsentenced prisoners is increasing for both Aboriginal and Torres Strait Islander prisoners (from a low of 21.3 per cent in 2009 before steadily increasing to 27.3 per cent at 30 June 2015) and non‑Indigenous prisoners (rates have varied but peaked at 27.7 per cent at 30 June 2015) (table 4A.13.6).

Around three‑quarters of prisoners on 30 June 2015 were sentenced prisoners (72.7 per cent of Aboriginal and Torres Strait Islander prisoners and 72.3 per cent of non‑Indigenous prisoners) (table 4A.13.6). Of Aboriginal and Torres Strait Islander sentenced prisoners, the largest proportion had been sentenced with ‘acts intended to cause injury’ (29.5 per cent), whereas the largest proportion of non‑Indigenous sentenced prisoners had been sentenced for illicit drug offences 16.3 per cent). The expected time to serve (median years) was shorter or similar for Aboriginal and Torres Strait Islander prisoners compared to non‑Indigenous prisoners in all offence categories (table 4A.13.7).

Around 45 per cent of Aboriginal and Torres Strait Islander prisoners were under the age of 30 years, and around half of these prisoners were under the age of 24 years (table 4A.13.8). The median age of Aboriginal and Torres Strait Islander prisoners in Australian prisons at 30 June 2015 was 31.3 years, 4.1 years lower than the median age for non‑Indigenous prisoners (35.4 years) (table 4A.13.9).

### 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 2013, 2014; Richards 2011).

In 2014‑15, a daily average of 436 Aboriginal and Torres Strait Islander 10–17 year olds were in detention (388 males and 48 females), compared with 313 non‑Indigenous  
10–17 year olds (285 males and 28 females) (tables 4A.13.10–11).

| Figure 4.13.3 Daily average rate of detention of young people aged 10–17 years**a** |
| --- |
| | Figure 4.13.3 Daily average rate of detention of young people aged 10–17 years  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 and are per 100 000 persons aged 10–17 years. |
| *Sources*: AIHW (2016) *Youth Justice in Australia 2014‑15*, Canberra: AIHW; NT government (unpublished); SCRGSP (2016), *Report on Government Services 2016*, ABS (2014) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, 2001 to 2026, Cat. no. 3238.0; ABS (unpublished) *Australian Demographic Statistics*, December, Cat. no. 3101.0, Canberra; table 4A.13.10. |
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|  |

The daily average detention rate for both Aboriginal and Torres Strait Islander and non‑Indigenous young people fell between 2007‑08 and 2014‑15 — from 415.8 to 348.6 per 100 000 Aboriginal and Torres Strait Islander young people aged 10–17 years and from 17.1 to 14.5 per 100 000 non‑Indigenous young people aged 10–17 years. Aboriginal and Torres Strait Islander young people were in detention at 24 times the rate for non‑Indigenous young people (figure 4.13.3). This ratio was 24 times for males and 29 times for females (table 4A.13.11). Aboriginal and Torres Strait Islander young people were over represented in youth detention in each State and Territory (tables 4A.13.10–11).

Aboriginal and Torres Strait Islander young people spent more time in detention during the year on average (74 days) than non‑Indigenous young people (64 days) (AIHW 2016).

### 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 2014‑15, a daily average of 1824 Aboriginal and Torres Strait Islander young people aged 10–17 years were supervised in the community (table 4A.13.12).

The daily average numbers and rates of community‑based supervision for both Aboriginal and Torres Strait Islander and non‑Indigenous young people in 2014‑15 were the lowest since 2007‑08. The rate for Aboriginal and Torres Strait Islander young people was 14.2 times the rate for non‑Indigenous young people (1458.5 compared to 102.7 per 100 000 population) (table 4A.13.12). The rate for Aboriginal and Torres Strait Islander males (2217.9 per 100 000 population) was 3.3 times the rate for females (670.3 per 100 000 population) (table 4A.13.13). Community‑based supervision data by State and Territory are available in tables 4A.13.12‑13.

### Future directions in data

The Australian Bureau of Statistics is working with corrective services agencies to explore ways to improve prisoner flow data to build a more accurate picture of incarceration. There also needs to be more rigorous evidence of effectiveness and evaluation of efforts to reduce imprisonment. National reporting of prison separations will help inform through‑care services for those released from prison (Kinner and Avery 2015). In April 2016, COAG agreed to develop ways to address barriers to employment on release and to support Aboriginal and Torres Strait Islander people as they transition from incarceration to employment (COAG 2016).

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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 NIRA performance reporting. [↑](#footnote-ref-2)
3. Lung cancer is the most common leading cause of cancer death for both Aboriginal and Torres Strait Islander and non-Indigenous Australians (ABS 2016). [↑](#footnote-ref-3)
4. The Steering Committee notes its appreciation to the National Health Leadership Forum, which reviewed a draft of this section of the report. [↑](#footnote-ref-4)
5. This is calculated as the number of Aboriginal and Torres Strait Islander child deaths that would need to be prevented for the death rate per 100 000 population to be equivalent to the non-Indigenous death rate. [↑](#footnote-ref-5)
6. Fetuses 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-6)
7. This is calculated as the number of Aboriginal and Torres Strait Islander child deaths that would need to be prevented for the death rate per 100 000 population to be equivalent to the non-Indigenous death rate. [↑](#footnote-ref-7)
8. 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-8)
9. The Steering Committee notes its appreciation to Associate Professor Karen Martin, Griffith University, who reviewed a draft of this section of the report. [↑](#footnote-ref-9)
10. Historically measures have aligned with those for the associated NIRA target. A new method for calculation of measures for the new NIRA early childhood education target was still under development at the time of preparing this report. Data in this section have been calculated using the historical measures and should not be used for assessing performance against the new NIRA target. [↑](#footnote-ref-10)
11. To address an anomaly arising from the undercount of infants in the 2011 Census, population estimates for 2015 are based on the average of population projections for 2014 and 2016. Population projections have been used in the calculations for both the Aboriginal and Torres Strait Islander population and non-Indigenous population (the latter derived from population projections for the total population minus projections for the Aboriginal and Torres Strait Islander population). [↑](#footnote-ref-11)
12. The Steering Committee notes its appreciation to Ms Lynette Riley, University of Sydney, who reviewed a draft of this section of the report. [↑](#footnote-ref-12)
13. The Steering Committee notes its appreciation to Ms Lynette Riley, University of Sydney, who reviewed a draft of this section of the report. [↑](#footnote-ref-13)
14. The compulsory starting age for WA changed from 6 to 5 years of age starting from 2013. [↑](#footnote-ref-14)
15. A higher proportion of Aboriginal and Torres Strait Islander students attend government schools than non‑Indigenous students. [↑](#footnote-ref-15)
16. The Steering Committee notes its appreciation to Ms Lynette Riley, University of Sydney, who reviewed a draft of this section of the report. [↑](#footnote-ref-16)
17. 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. Data for 2014-15 from the SEW estimate 86.4 per cent for non-Indigenous Australians (SCRGSP forthcoming) – compared to 87.9 per cent from the GSS (table 4A.6.1). [↑](#footnote-ref-17)
18. The Steering Committee notes its appreciation to Ms Heron Loban, Griffith University, who reviewed a draft of this section of the report. [↑](#footnote-ref-18)
19. See glossary for full definition. [↑](#footnote-ref-19)
20. 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. Data for 2014-15 from the SEW estimate 72.6 per cent employment to population rate for non-Indigenous Australians (SCRGSP forthcoming) – compared to 74.8 per cent from the GSS (table 4A.7.5). [↑](#footnote-ref-20)
21. Long term unemployment refers to a period of unemployment of 52 consecutive weeks or more. [↑](#footnote-ref-21)
22. 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-22)
23. 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-23)
24. Data on non-Indigenous Australians excludes very remote areas. [↑](#footnote-ref-24)
25. The Steering Committee notes its appreciation to Ms Lynette Riley, University of Sydney, who reviewed a draft of this section of the report. [↑](#footnote-ref-25)
26. NIRA reporting uses non-Indigenous population data from the ABS Survey of Education and Work (SEW). However, this report requires a longer time series for disaggregations (such as remoteness), which is not available from the SEW. Data for the 2014 SEW estimate 64.3 per cent for non-Indigenous Australians (SCRGSP forthcoming) – compared to 70.0 per cent from the GSS (table 4A.8.7). [↑](#footnote-ref-26)
27. The Steering Committee notes its appreciation to the National Health Leadership Forum, which reviewed a draft of this section of the report. [↑](#footnote-ref-27)
28. Refractive error occurs when the shape of the eye prevents light from focussing directly on the retina, with the most common symptom blurred vision. Refractive errors can be corrected with visual aids like eyeglasses (National Eye Institute 2010). [↑](#footnote-ref-28)
29. A cataract is a clouding of the clear lens of the eye, and in early stages may not cause vision problems. When symptoms appear, vision can be improved though visual aids or in advanced cases cataract surgery may restore vision (Vision Australia 2012). [↑](#footnote-ref-29)
30. 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 4.10 Household and individual income. [↑](#footnote-ref-30)
31. Chronic irreversible renal failure — the most severe form of chronic kidney disease where kidney function deteriorates so much that dialysis or kidney transplantation is required to survive (AHMAC 2015). Each renal dialysis treatment is counted as a separate hospital episode, so that each person receiving the usual average of three dialysis treatments per week contributes approximately 150 hospital episodes per year. [↑](#footnote-ref-31)
32. The Steering Committee notes its appreciation to Ms Heron Loban, Griffith University, who reviewed a draft of this section of the report. [↑](#footnote-ref-32)
33. 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-33)
34. Reference to ‘Aboriginal Child Placement Principle’ has been amended to ‘Aboriginal and Torres Strait Islander Child Placement Principle’ in accordance with the National Framework for Protecting Australia’s Children, third three-year action plan, 2015–2018 (DSS 2015). [↑](#footnote-ref-34)
35. Placement with relatives/kin includes both placement with Aboriginal and Torres Strait Islander and non‑Indigenous relatives/kin. [↑](#footnote-ref-35)
36. 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-36)
37. An individual may be counted more than once. See (ABS 2016b) for further information. [↑](#footnote-ref-37)
38. 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-38)
39. People aged 17 years and over in Victoria prior to 2006 and in Tasmania prior to 2000. Individual State and Territory data and national data reflect the age scope that applied to these jurisdictions in the relevant years. [↑](#footnote-ref-39)