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[[1]](#footnote-1) |
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| **COAG targets** | **Headline indicators** |
| * 1. Life expectancy
	2. Young child mortality
	3. Early childhood education
	4. Reading, writing and numeracy
	5. Year 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 youth detention
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The three priority outcomes that sit at the top of the report’s framework (figure 4.1) reflect the vision for Aboriginal and Torres Strait Islander people to have the same life opportunities as other Australians. The priority outcomes are interdependent — no single aspect of the priority outcomes can be achieved in isolation. ‘Safe, healthy and supportive family environments with strong communities and cultural identity’ are key determinants in the achievement of ‘Positive child development and prevention of violence, crime and self‑harm’. 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 interdependent. 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, culturally safe early childhood education can enhance the social and cognitive skills necessary for achievement at school and later in life
* *reading, writing and numeracy* — positive educational outcomes contribute to every aspect of children’s wellbeing and provide the skills they need to participate in the economy and in society
* *Year 1 to 10 attendance* — regular attendance at school is an important precursor for students’ academic achievement, although the relationship between the two is complex. Students who do not attend school regularly reduce their learning opportunities, and can fall behind and then lose confidence and interest in learning
* *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* — there are economic, health and social wellbeing benefits for people who undertake post‑secondary education and training
* *disability and chronic disease* — high rates of disability and chronic disease affect the quality of life of many Aboriginal and Torres Strait Islander people. Disability and chronic disease can also affect other outcomes, by creating barriers to social interaction and reducing access to services, employment and education
* *household and individual income* — income is an important resource in establishing material wellbeing for all people. It enables them to support themselves, their families and their communities
* *substantiated child abuse and neglect* — the foundations for a good life start in childhood. Acting early to prevent childhood abuse and neglect is important to reduce the likelihood of this leading to issues with health and wellbeing into adulthood
* *family and community violence* — family and community violence problems are complex, and the impact of such violence may extend across families, kinship networks and community relationships
* *imprisonment and youth detention* — most Aboriginal and Torres Strait Islander people have never been charged with an offence or been to jail. However, they are overrepresented in the criminal justice system due to a higher prevalence of the risk factors for offending, including low socio-economic status and insecure housing, and structural factors including laws, policies and practices that can operate to their detriment.

Attachment tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, ‘table 4A.2.1’). These tables can be found on the web page (www.pc.gov.au/oid2020).

## 4.1 Life expectancy[[2]](#footnote-2)

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| Box 4.1.1 Key messages |
| * Life expectancy is a widely used measure of population health that measures the length but not the quality of life. For Aboriginal and Torres Strait Islander people, health is holistic; to be healthy is to be physically, spiritually and emotionally well, and connected with family, community, culture, language, and Country.
* Life expectancy for Aboriginal and Torres Strait Islander people is improving. Aboriginal and Torres Strait Islander boys born in 2015–2017 are expected to live to 71.6 years and girls to 75.6 years. This is 4.1 years longer for boys and 2.5 years longer for girls than a decade earlier, but the change for girls is not statistically significant.
* Consistent with the progress in life expectancy for Aboriginal and Torres Strait Islander people:
* there are now twice as many Aboriginal and Torres Strait Islander people aged 60 years or over as there were 20 years ago
* mortality rates for Aboriginal and Torres Strait Islander people have fallen — between 1998 and 2018, rates of mortality declined by 32 per cent and declines were registered for all broad causes of death, except cancers and ‘other causes of deaths’
* In 2014–2018, the leading cause of death for Aboriginal and Torres Strait Islander people was cancer, with mortality rates highest for digestive and respiratory cancers.
* Life expectancy can increase further with more support for Aboriginal and Torres Strait Islander people to be able to maintain connections with cultures, community and Country and to reduce personal risk factors such as smoking, and with increased access to and use of culturally‑safe health care services.
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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 current age-specific death rates for their sex throughout their lives. The most recent available data are from the ABS Aboriginal and Torres Strait Islander and non‑Indigenous life tables for 2015–2017 (NSW, Queensland, WA, the NT and national; sex; remoteness). Life expectancy estimates for Victoria, SA, Tasmania and the ACT are not available for Aboriginal and Torres Strait Islander people because of the relatively small number of Aboriginal and Torres Strait Islander people 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 and are for 2018 (NSW, Queensland, WA, SA and the NT; age; sex; remoteness). |
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Life expectancy is a widely used measure of population health. However, it is limited as it does not capture the quality of life (ABS 2018b).

Aboriginal and Torres Strait Islander people’s understanding of health is holistic — to be healthy is to be well physically, spiritually and emotionally and connected with family, community, cultures, languages and Country (AIHW 2018; Butler et al. 2019; Gee et al. 2014).

* Connection to culture is a pillar of Aboriginal and Torres Strait Islander people’s identity, and is positively associated with improved health and wellbeing (Bourke et al. 2018; Dockery 2010; Salmon et al. 2019).
* Being on Country, speaking in language and practicing culture, together with empowerment, play key roles in the interplay between the health, education, and employment component wellbeing (Cairney et al. 2017).
* Relationships with family and community are a key source of strength and wellbeing for Aboriginal and Torres Strait Islander people (Galaher et al. 2009).

All these aspects of health are cultural strengths for Aboriginal and Torres Strait Islander people. These strengths were disrupted by colonisation (Paradies 2016), and along with socio-cultural dislocation and economic dispossession, contributed to Aboriginal and Torres Strait Islander people’s experience of political, social and economic inequalities (Reading and Wien 2009).

### Aboriginal and Torres Strait Islander people are living longer, with twice as many people aged 60 years or over compared with 20 years ago

Life expectancy at birth increased in the last decade for Aboriginal and Torres Strait Islander people, but the increase was statistically significant for males only. An Aboriginal and Torres Strait Islander boy born in 2015–2017 is expected to live to 71.6 years, which is 4.1 years longer than for an Aboriginal and Torres Strait Islander boy born ten years earlier (table 4A.1.1). The estimated life expectancy of a girl born in 2015–2017 is 75.6 years, which is 2.5 years longer than for an Aboriginal and Torres Strait Islander girl born ten years earlier (table 4A.1.1).[[3]](#footnote-3) In 2015–2017, females continued to have higher life expectancies than males (as is the case for non-Indigenous people in Australia).

Nationally, Aboriginal and Torres Strait Islander boys and girls born in 2015–2017 had higher life expectancy in major cities and regional areas, than in remote and very remote areas (table 4A.1.2). The greatest difference was between major cities and remote and very remote areas, which was 6.2 years for males and 6.9 years for females. Life expectancies at birth for non‑Indigenous people did not differ materially across geographic areas. Shorter life expectancy in remote areas for Aboriginal and Torres Strait Islander people may be due to multiple factors including personal risk factors and access to health services, which might in turn be affected by a level of disadvantage related to education and employment opportunities (AIHW 2019).

The gap in life expectancy estimates between Aboriginal and Torres Strait Islander males and non‑Indigenous males narrowed between 2005–2007 and 2015–2017 (from 11.4 to 8.6 years). This was because life expectancy increased by more for Aboriginal and Torres Strait Islander males (4.1 years) than non-Indigenous males (1.3 years) (table 4A.1.1). The gap in life expectancy estimates between Aboriginal and Torres Strait Islander and non-Indigenous women also narrowed between 2005–2007 and 2015–2017 (from 9.6 years to 7.8 years).

Increases in life expectancy have partially driven changes to the age composition of the Aboriginal and Torres Strait Islander population (figure 4.1.1). While the overall numbers of Aboriginal and Torres Strait Islander people increased between 1998 and 2018, which is partly due to more people self-identifying as Aboriginal and Torres Strait Islander (ABS 2018a), the increase was largest for those aged 45 years and older. The number of Aboriginal and Torres Strait Islander people aged 60 years or over has doubled over the past 20 years.

| Figure 4.1.1 Age distribution of Aboriginal and Torres Strait Islander population, 1998, 2008 and 2018a |
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| Figure 4.1.1 Age distribution of Aboriginal and Torres Strait Islander population, 1998, 2008 and 2018  More details can be found within the text surrounding this image. |
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| a See table 4A.1.24 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2019 and unpublished) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*, Cat. no. 3238.0; table 4A.1.24. |
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### Mortality rates have fallen for all broad causes of death, except cancers and ‘other causes of deaths’

Aboriginal and Torres Strait Islander life expectancy estimates are only available every five years. Annual progress in life expectancy can be tracked using (age‑standardised) mortality rates, which are available for NSW, Queensland, WA, SA and the NT (the jurisdictions with sufficient Aboriginal and Torres Strait Islander identification to support analysis).

Mortality rates for Aboriginal and Torres Strait Islander people (accounting for differences in population age structures) declined in the 20 years prior to 2018, with larger declines for males — there were 536 fewer male deaths per 100 000 population, and 347 fewer female deaths (figure 4.1.2). Overall, mortality rates for Aboriginal and Torres Strait Islander people declined by 32 per cent against a decline of 23 per cent for non‑Indigenous people. This narrowed the gap in mortality rates by 41 per cent (from 657 deaths per 100 000 people in 1998 to 388  per 100 000 people in 2018) (table 4A.1.5). However, the decline in mortality rates for Aboriginal and Torres Strait Islander people slowed in the past decade and the mortality gap increased between 2011 and 2018.[[4]](#footnote-4)

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| Figure 4.1.2 Aboriginal and Torres Strait Islander age-standardised mortality rates, NSW, Queensland, WA, SA and NT combined, by sex, 1998 to 2018**a** |
| Figure 4.1.2 Aboriginal and Torres Strait Islander age-standardised mortality rates, NSW, Queensland, WA, SA and NT combined, by sex, 1998 to 2018  More details can be found within the text surrounding this image. |
| a See table 4A.1.5 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Deaths, Australia, 2018; table 4A.1.5. |
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Crude mortality rates for Aboriginal and Torres Strait Islander people declined between 1998 and 2009 before increasing in 2018 to the same level as in 1998 (table 4A.1.5). The lack of change in age-unadjusted mortality rates and the negative trend in age-adjusted mortality rates suggest that Aboriginal and Torres Strait Islander people are dying at a later age than previously. This is consistent with data reporting higher proportions of people who are older (shown in figure 4.1.1) and is reflected in longer life expectancies.

When considering broad groups of diseases, mortality rates for Aboriginal and Torres Strait Islander people declined for all causes of death between 1998 and 2018, except for neoplasms (cancers) and ‘other causes of death’ (figure 4.1.3).[[5]](#footnote-5) The decline in age‑adjusted mortality rates was 58 per cent for diseases of the circulatory system, 32 per cent for diseases of the respiratory system and for endocrine, nutritional and metabolic diseases, and nearly 20 per cent for external causes of morbidity (table 4A.1.22). In contrast, the mortality rate due to cancers and ‘other causes of death’ remained statistically unchanged (table 4A.1.22). Between 2006 and 2018 the leading causes of death declined by 13 per cent for males, but remained unchanged for females (table 4A.1.23). Data for age‑standardised mortality rates, by selected causes of death, are reported for selected states and territories from 2006 to 2018 and are available in tables 4A.1.9–21.

| Figure 4.1.3 Aboriginal and Torres Strait Islander age‑standardised mortality rates, NSW, Queensland, WA, SA and the NT combined, by selected causes of death, 1998 to 2018**a**  |
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| Figure 4.1.3 Aboriginal and Torres Strait Islander age-standardised mortality rates, NSW, Queensland, WA, SA and the NT combined, by selected causes of death, 1998 to 2018  More details can be found within the text surrounding this image. |
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| a See table 4A.1.22 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Causes of Death, Australia, 2018; ABS (unpublished) Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031, cat. no. 3238.0; table 4A.1.22. |
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Cancer was the leading cause of death for Aboriginal and Torres Strait Islander people in 2014–2018, accounting for 23 per cent of all deaths—with the majority of these digestive and respiratory related (table 4A.1.8). It was followed by diseases of the circulatory system (22 per cent of all deaths) and external causes, such as suicide, transport accidents, falls and poisoning (15 per cent). These three causes combined accounted for 3  in 5 deaths. This 5‑year period was the first time when the total number of Aboriginal and Torres Strait Islander deaths due to cancers surpassed those due to cardiovascular diseases (table 4A.1.6). By single year, cancer became the leading cause of death in 2017 for Aboriginal and Torres Strait Islander people and in 2013 for the non-Indigenous people (table 4A.1.22).

In 2018, the cancer mortality rate was 235 deaths per 100 000 Aboriginal and Torres Strait Islander people, and 162 per 100 000 non-Indigenous people (table 4A.1.22). The higher death rate for Aboriginal and Torres Strait Islander people may be due in part to lower participation in cancer screening, later-stage cancer diagnosis, a higher likelihood of being diagnosed with cancers for which the prospect of successful treatment and survival is poorer, and a lower likelihood of receiving treatment (AHMAC 2017; Shahid et al. 2016).

### The factors to be addressed to further increase life expectancy

Life expectancy for Aboriginal and Torres Strait Islander people may increase further with more support to be able to maintain connections with cultures, community and Country, along with improvements in:

* personal risk and protective factors, such as whether a person smokes and the level of physical activity and nutrition
* culturally safe and affordable health care
* environmental factors, such as air quality and housing conditions.

These three factors are shaped by socioeconomic conditions such as education, employment and income, which in turn arise from broader contexts (Reading and Wien 2009) involving differential access to resources and power (Marmot 2011) (for example, decision-making power to influence policy). Improving socioeconomic conditions can improve healthy behaviours, health care use and environmental conditions (Legge 2001) and, subsequently, life expectancy (AHMAC 2015; AIHW 2015b; Cairney et al. 2017).

Reductions in personal risk factors are key to reducing potentially avoidable deaths (see section 8.3 *Potentially avoidable deaths*) and thereby increasing life expectancy. Personal risk factors such as smoking, poor diet and obesity, and high alcohol use account for around 19 per cent of the gap in health outcomes (AHMAC 2017), with smoking the largest contributor (AIHW 2018) (see sections 8.4 *Tobacco consumption and harm*, 8.5 *Obesity and nutrition* and 11.1 *Alcohol consumption and harm*).

Greater access to and use of culturally safe and affordable health care — from health promotion and prevention to treatment and rehabilitation — is crucial to increasing life expectancy (see sections 8.1 *Access to primary health care* and 8.6 *Mental health*). Yet Aboriginal and Torres Strait Islander people are likely to report difficulty in accessing culturally safe and affordable health care nearby, particularly in remote and very remote areas (AIHW 2015a). The exact contribution of the lack of access to affordable and culturally safe health care to the life expectancy gap is still unknown (AIHW 2016).

Primary health care can be delivered by general and Indigenous‑specific primary health care services (ISPHCS). Two-thirds of ISPHCS are Aboriginal Community Controlled Health Services (ACCHSs). ACCHSs are comprehensive and culturally safe services that contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander people (Campbell et al. 2018). A 2014 article looking at Queensland data found that ACCHSs performed better than non-ACCHSs in relation to access and other selected measures of key activities, such as undertaking blood pressure measurements (Panaretto et al. 2014). Section 8.1 *Access to primary health care* contains further information on primary health care including ACCHSs.

Despite their importance, the impact of environmental risk factors on Aboriginal and Torres Strait Islander people’s health is largely unknown (Knibbs and Sly 2014). Section 10.2 *Rates of disease associated with poor environmental health* contains further information on environmental health.

Reductions in potentially avoidable deaths, chronic disease and disability are also key to increasing life expectancy and quality of life (see sections 8.3 *Potentially avoidable deaths* and 4.9 *Disability and chronic disease)*.

### Future directions in data

The primary measure of life expectancy is only published every five years with the availability of Census data. At present, life expectancy estimates can only be reported at the jurisdictional level for NSW, Queensland, WA and the NT. Further work is required to enable reporting for all other states and territories currently subject to limitations imposed by the relatively small numbers of Aboriginal and Torres Strait Islander people in these jurisdictions.

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## 4.2 Young child mortality[[6]](#footnote-6)

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| Box 4.2.1 Key messages |
| * The foundations for good health start in the antenatal period and the first years of life. Young child mortality provides a key indication of the general health and wellbeing of a population.
* Many more Aboriginal and Torres Strait Islander children are living to their fifth birthday than 20 years ago. With the vast majority of babies of Aboriginal and Torres Strait Islander mothers (97 per cent) born healthy.
* Between 1998 and 2018, death rates for young Aboriginal and Torres Strait Islander children declined by 43 per cent for perinatal mortality (pre-birth and up to 28 days after birth), 62 per cent for infant mortality (0<1 year) and 35 per cent for young child mortality (0–4 years).
* However, progress has slowed in the past decade, and for Aboriginal and Torres Strait Islander families and communities who experience the death of a young child the grief and trauma is significant.
* Most deaths of young children occur in the perinatal period or are associated with conditions that originated in that period. In 2014–2018, for Aboriginal and Torres Strait Islander young children:
* perinatal deaths represented 76 per cent of all young child mortality
* they were twice as likely as non-Indigenous children to die:
* during the neonatal period (from birth to 28 days) (negligible difference in rates for the fetal period pre-birth)
* due to length of gestation and fetal growth and maternal complications of pregnancy in the month after birth
* conditions originating in the perinatal period caused around half of infant deaths (from birth to less than one year of age)
* Aboriginal and Torres Strait Islander young child mortality may decline further with strategies targeting the protective and risk factors associated with the perinatal period. Protective factors include the use of culturally‑safe antenatal, maternal and child health care. Risk factors include the harmful consumption of alcohol, tobacco and other substances by expectant mothers.
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| Box 4.2.2 Measures for young child mortality |
| There is one main measure for this indicator (aligned with the relevant NIRA indicator): *mortality rates for children aged less than five years, by leading cause of death.* The measure is reported for:* *perinatal* — perinatal (fetal and neonatal) deaths as a proportion of all births[[7]](#footnote-7)
* *infant aged 0–<1* *year* — deaths among children under one year as a proportion of live births
* *children aged 1–4* *years* — deaths among children 1–4 years as a proportion of the total population of children aged 1–4 years
* *children aged 0–4 years* — deaths among children 0–4 years as a proportion of the total population of children aged 0–4 years

Data are available for NSW, Queensland, WA, SA and the NT. Infant and young 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 from the ABS Causes of Death collection. |
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The foundations for good health start in the antenatal period and the first years of life. The mortality rate for children under five years provides a key indication of the general health and wellbeing of a population. Young child mortality can be perinatal, infant, or of children aged 1–4 years (figure 4.2.1).

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| Figure 4.2.1 Young child mortality rates |
| **Perinatal deaths**per 1000 relevant births**Infant deaths**per 1000 live births**Child deaths (1–4 years)**per 100 000 population**Child deaths (0–4 years)** per 100 000 population**20 weeks gestation****Birth****4 years****1 year****28 days** |
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Young child mortality can reflect the health system’s effectiveness in providing health care to mothers and their babies (AIHW 2018a). Adequate antenatal care that starts during the first trimester of pregnancy provides expectant mothers with information and early screening that can identify and help manage poor birth outcomes, such as prematurity, low birthweight and increased delivery intervention (AHMAC 2012; AIHW 2019).

Young child health and mortality is also associated with maternal characteristics, and with mothers’ nutrition and health behaviours (AIHW 2018a).

* Stillbirth and neonatal deaths are more common among women aged under 20 years or over 35 years (AIHW 2018b).
* Obesity in pregnancy and pre-existing or gestational hypertension or diabetes, among other illnesses, increase the risks of illness and death for the baby (AIHW 2019).
* Smoking during pregnancy, harmful use of alcohol and drugs, and sexually transmitted infections are all associated with poor birth outcomes (AIHW 2018b, 2020a; Campbell et al. 2020; Gibberd et al. 2019).

Parents of Aboriginal and Torres Strait Islander children want healthy, happy and successful lives for their children (Martin and Walter 2017) and the vast majority of babies of Aboriginal and Torres Strait Islander mothers (97 per cent) are born healthy (AIHW 2019). But it is not uncommon for parents to experience a child’s death before their fifth birthday, and the grief and trauma associated with these deaths is significant for families and communities (DoHA 2007).

### More Aboriginal and Torres Strait Islander children are living to their fifth birthday than 20 years ago, but progress has slowed in the past decade and significant gaps remain

Aboriginal and Torres Strait Islander young mortality rates have declined since 1998 (figure 4.2.2). Death rates decreased by 43 per cent for perinatal mortality (fetal and neonatal deaths), 62 per cent for infant mortality (0–<1 year) and 35 per cent for child mortality
(0–4 years, which includes 0–<1 year) (table 4A.2.1). These decreases resulted in a narrowing of the gap with non-Indigenous young child mortality for perinatal mortality, infant mortality and for children aged 0–4 years (table 4A.2.1).

However, while progress was significant between 1998 and 2008, the downward trend in young child mortality rates has stabilised since then. Perinatal mortality, infant mortality and child mortality rates remained statistically unchanged in the ten years up to 2018.

Differences in mortality rates between Aboriginal and Torres Strait Islander and
non-Indigenous children remain. The difference in rates was particularly high for older children (aged 1–4 years), although the numbers of deaths in this age group was relatively small for both populations and the rates were stable (tables 4A.2.2–4).

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| Figure 4.2.2 Aboriginal and Torres Strait Islander perinatal, infant and child mortality rate, NSW, Queensland, WA, SA and the NT combined, 1998 to 2018**a,b** |
| Figure 4.2.2 Aboriginal and Torres Strait Islander perinatal, infant and child mortality rate, NSW, Queensland, WA, SA and the NT combined, 1998 to 2018  More details can be found within the text surrounding this image. |
| a Young child mortality rates are per 100 000 population, and perinatal and infant rates are per 1000 relevant births. b See table 4A.2.1 for detailed definitions, and for other footnotes and caveats. |
| *Source*: ABS (unpublished) Perinatal Deaths, Australia, various years; ABS (unpublished) Births, Australia, various years; ABS (unpublished) Deaths, Australia, various years; ABS (unpublished) Estimated Resident Population, various years; ABS (2019) Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2003 to 2031; ABS (2013) Population Projections, Australia, 2012 (base) to 2101; table 4A.2.1. |
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### Most young child deaths are in the perinatal period, but a higher proportion of Aboriginal and Torres Strait Islander children die after birth and in the first year of life

Perinatal mortality (fetal and neonatal) makes up the vast majority of young child deaths for all Australians. In 2014–2018, these deaths were 76 per cent of the 1093 Aboriginal and Torres Strait Islander child deaths and 84 per cent of the 9065 non-Indigenous child deaths (figure 4.2.3**)**.

The majority of perinatal deaths are fetal deaths (stillbirths). Fetal deaths made up 59 per cent of deaths for non-Indigenous young children and 45 per cent of deaths for Aboriginal and Torres Strait Islander young children (figure 4.2.3), with the fetal death rate per 1000 births similar in both populations (rate ratio 1.1 to 1) (table 4A.2.2).

| Figure 4.2.3 Distribution of child deaths by Indigenous status, NSW, Queensland, WA, SA and the NT combined, 2014–2018**a,b** |
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|  Figure 4.2.3 Distribution of child deaths by Indigenous status, NSW, Queensland, WA, SA and the NT combined, 2014-2018  Aboriginal and Torres Strait Islander  More details can be found within the text surrounding this image.Figure 4.2.3 Distribution of child deaths by Indigenous status, NSW, Queensland, WA, SA and the NT combined, 2014-2018  Non-Indigenous  More details can be found within the text surrounding this image. |
| a Neonatal mortality is a subset of perinatal mortality (along with fetal mortality) and infant mortality (along with deaths at 29 days to less than 1 year). bSee tables 4A.2.2–4 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Deaths, Australia, various years; ABS (unpublished) Births, Australia, various years, ABS (unpublished) Estimated Resident Population, various years; ABS (2019) Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031; tables 4A.2.2–4. |
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The remaining perinatal deaths are neonatal (from 0–28 days) deaths. When neonatal deaths are combined with deaths for children aged 29 days to less than one year (a combination referred to as ‘infant deaths’), the rates of death per 1000 live births for Aboriginal and Torres Strait Islander infants are double those for non-Indigenous infants (table 4A.2.3).

Additional data on the perinatal, infant and child mortality of children aged 0–4 years and 1–4 years for 2014–2018 are reported for selected states and territories, and are available in
tables 4A.2.2–5.

### Most Aboriginal and Torres Strait Islander young child mortality is due to diseases originating in the perinatal period

Gestational length and fetal growth, together with other disorders originating in the perinatal period, accounted for more than seven in 10 of all perinatal deaths in Australia between 2014 and 2018 (table 4A.2.6). When looking at perinatal deaths caused by a maternal condition, the leading causes of death were maternal complications of pregnancy and complications of placenta, cord and membranes.

Length of gestation and fetal growth (27 per cent) and maternal complications in pregnancy (13 per cent) caused a larger share of Aboriginal and Torres Strait Islander perinatal deaths than of non-Indigenous perinatal deaths (18 and 8 per cent, respectively). In fact, Aboriginal and Torres Strait Islander children were twice as likely to die from these conditions in the perinatal period as non-Indigenous children (table 4A.2.6).

For Aboriginal and Torres Strait Islander and non-Indigenous infants, the leading cause of death in 2014–2018 was conditions originating in the perinatal period, which caused just over half of infant deaths (table 4A.2.7). For children aged 1–4 years (noting considerably smaller numbers), it was injury and poisoning (table 4A.2.8).

### What are the factors associated with the higher rates of mortality for Aboriginal and Torres Strait Islander children, and how can they be addressed to reduce these rates?

Substantial reductions in young child mortality require strategies that are directed toward preventing deaths during the perinatal period — and towards deaths associated with conditions that develop in this period, but from which children die in the year following birth. These strategies need to be supported by and involve Aboriginal and Torres Strait Islander women and their partners, families, and communities.

While gestational age and birthweight of the baby are associated with perinatal death (AIHW 2020a), the underlying factors linked to young child mortality in the perinatal period are varied. Broadly, these factors relate to the effectiveness of the health system in providing culturally safe health care to mothers and their babies (AIHW 2018a; Kildea et al. 2016), and to maternal characteristics, maternal nutrition and health behaviours during and after birth (AIHW 2018b, 2019).

Reducing Aboriginal and Torres Strait Islander young child mortality could involve:

* increasing the use of culturally safe antenatal and postnatal health care services (see section 6.1 *Antenatal care*) (Kildea et al. 2016) that effectively monitor and manage perinatal conditions in the mother and the baby, and that offer health promotion activities (Khan et al. 2015). Relative to general antenatal care services, women attending Aboriginal and Torres Strait Islander programs and services are more likely to report more positive experiences of care (Brown et al. 2015) and have better birth outcomes (Kildea et al. 2019).
* assisting expectant Aboriginal and Torres Strait Islander mothers to reduce their consumption of alcohol and tobacco, which are preventable risk factors for pregnancy complications and are associated with poor perinatal outcomes (AIHW 2018b, 2020a, 2020b; Campbell et al. 2020; Gibberd et al. 2019). This requires a holistic approach to health which includes an understanding of the impacts of intergenerational trauma and racism on current ill health and social disadvantage (Beyond Blue Australia 2020; Calma, Dudgeon and Bray 2017; Paradies 2016) and their association with current health behaviours (Gould et al. 2017; McCormack et al. 2017; Oni et al. 2019; Prandl, Rooney and Bishop 2012; Purcell 2015). For further information, see section 6.2 *Health behaviours during pregnancy* and section 8.7 *Mental health*.

Service providers working with population groups who are affected by trauma, including expectant parents who suffered trauma in childhood and parents who have already lost a young child, need to adapt their programs to account for their clients’ traumatic experiences (Chamberlain et al. 2019). This is important for Aboriginal and Torres Strait Islander people, who have experienced high levels of trauma over many generations since colonisation (see chapter 1, section 1.2).

### Future directions in data

At present, young child mortality data can only be reported at the jurisdictional level for NSW, Queensland, WA, SA and the NT. Further work is required to enable reporting of mortality data for all other states and territories; this reporting is currently limited because of the small number of Aboriginal and Torres Strait Islander deaths in these jurisdictions.

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## 4.3 Early childhood education[[8]](#footnote-8)

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| Box 4.3.1 Key messages |
| * Aboriginal and Torres Strait Islander children can develop many strengths in their early years. Some of these strengths — such as independence from an early age, well‑developed visual‑spatial and motor skills, and the capacity to self‑judge and take risks — are specifically associated with Aboriginal and Torres Strait Islander cultural child‑rearing practices.
* Participating in early childhood education (through a preschool program) is important for all children to further build their cognitive and non‑cognitive skills, which also assists in preparing them for the formal school system.
* Aboriginal and Torres Strait Islander children’s enrolment in a preschool program in the year before full time schooling (YBFS) has increased over time and in 2019 more than nine in ten were enrolled in a preschool program in the YBFS (compared to just under nine in ten for non‑Indigenous children).
* However, the benefits of participation in early childhood education are only realised if preschool programs are high quality. Quality preschool programs involve quality educator‑child interactions, and structures to support these interactions.
* For many Aboriginal and Torres Strait Islander families, quality preschool programs also require that education is provided in a culturally competent manner. A key to developing culturally competent services is Aboriginal and Torres Strait Islander people’s active participation in the design and delivery of preschool programs.
* There can also be benefits in participating in preschool programs for two years (or more), rather than in the YBFS only. Centre Based Day Care is where most children access this additional preschool year at the age of 3 years. As Aboriginal and Torres Strait Islander children aged 3 years are less likely for various reasons to attend Centre Based Day Care compared to non‑Indigenous children, they are less likely to have attended a 3‑year‑old preschool program.
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| Box 4.3.2 Measures of early childhood education |
| There are two primary measures for this indicator:* *Preschool program participation —* the proportion of children *enrolled* in a preschool program in the state‑specific YBFS. To be enrolled, the child must be formally enrolled or registered in and have attended the preschool program for at least one hour during the reference period, or be absent due to illness or extended holiday leave and expected to return.
* *Preschool program attendance* — the proportion of children enrolled who *attended* a preschool program in the YBFS. A child is considered to be attending a preschool program if they were present for at least one hour during the reference period.
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| Box 4.3.2 (continued) |
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| In Australia, formal early childhood education is delivered through preschool programs. A ‘preschool program’ is a structured, play‑based learning program, delivered by a qualified teacher, aimed at children in the year or two before they commence full time schooling (ABS 2020). Preschool programs are delivered in preschool services (which can be standalone or part of a school), or through Centre Based Day Care services (previously known as Long Day Care).Enrolment and attendance are proxies for the active and sustained participation of children in a preschool program over the course of the year.One supplementary measure is reported — the *proportion of children aged 3 years enrolled in a preschool program*. The data collection for these measures is the ABS National Early Childhood Education and Care Collection (NECECC), with the most recent available data for 2019. For all measures, supplementary data for non‑Indigenous children are provided.The denominator used for reporting is the population estimate for state‑specific YBFS cohorts. The state‑specific YBFS population estimates were created by estimating the number of children expected to enter full time schooling the following year. These estimates were based on the number of children of the right age to commence schooling (based on the state‑specific school starting ages), adjusted for school entry patterns in NSW and Victoria and the number of children aged 4 and 5 years already attending school. The population data for Aboriginal and Torres Strait Islander children are based on population estimates for 2015 and 2016 and population projections from 2017. There is no annual estimate or projection for non‑Indigenous children, so this population is derived by subtracting the Aboriginal and Torres Strait Islander population estimates and projections from the estimated resident population for all children. |
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### Before entering formal education, Aboriginal and Torres Strait Islander children develop many strengths from the cultural child-rearing practices of their families and communities

Aboriginal and Torres Strait Islander parents want their children to have a good education in formal education systems as well as in their Aboriginal and Torres Strait Islander knowledge and cultural systems (Martin 2017; Skelton et al. 2014).

Before entering formal education, Aboriginal and Torres Strait Islander children can develop many strengths. Some of these strengths — such as independence from an early age, well‑developed visual‑spatial and motor skills, and the capacity to self‑judge and take risks — are specifically associated with Aboriginal and Torres Strait Islander cultural child‑rearing practices (Armstrong et al. 2012; Lohoar, Butera and Kennedy 2014; Taylor 2011). In a regression analysis of data from the Longitudinal Study of Indigenous Children, Armstrong et al. (2012) found that Aboriginal and Torres Strait Islander children whose parents and/or carers placed a high importance on their (parent or carer) cultural identity were less likely to have social, emotional and behavioural difficulties.

### A child’s participation in early childhood education is important, as it can strengthen their cognitive and non‑cognitive skills, and can also have benefits for the family

Early childhood education provides an important foundation for *all children* by further developing their cognitive and non‑cognitive skills (OECD 2017; Pascoe and Brennan 2017). Where participation in early childhood education is more common, school readiness and early literacy, numeracy and social skills are improved (Emerson, Fox and Smith 2015; OECD 2017; Pascoe and Brennan 2017; PWC 2019; Torii, Fox and Cloney 2017; Tseng et al. 2019; Warren et al. 2016). These enhanced early literacy and numeracy skills not only assist children when commencing school, but continue to benefit them throughout their schooling years. For example, there is a positive association between attendance at preschool and Year 3 National Assessment Program — Literacy and Numeracy (NAPLAN) results (Warren and Haisken-DeNew 2013), and attending early childhood education remains a strong predictor of performance in school students aged 15 years (OECD 2017).

For Aboriginal and Torres Strait Islander children, participation in quality early childhood education is important. Analysis of data from the Longitudinal Survey of Indigenous Children confirms that early childhood education improves cognitive and developmental outcomes for Aboriginal and Torres Strait Islander children, in both the short and long term (Arcos Holzinger and Biddle 2015).

There may also be additional benefits for families from their children’s attendance at a preschool program including:

* access to family support services — particularly where the preschool program is integrated with other support services, such as nutrition, parenting, and/or building social capital (community strengthening) programs (discussed further in chapter 6) (Sims 2011)
* improved labour market opportunities for parents, especially mothers — particularly where the preschool program is delivered as part of Centre Based Day Care (Pascoe and Brennan 2017).

### However, the benefits of participation in early childhood education for children are only realised if preschool programs are high quality

The benefits of early childhood education are only realised if children participate in a quality preschool program. This is largely determined by the quality of educator‑child interactions, where educators combine teaching with sensitive and warm, play‑based interactions (OECD 2015; Tayler 2016; Torii, Fox and Cloney 2017). The structures that support these interactions, such as educator‑to‑child ratios, staff qualifications, the physical environment, available resources and the educational curriculum, are also important (Pascoe and Brennan 2017).

Significantly, early education and care services have been shown to be of lower quality in:

* low socioeconomic status areas, where Aboriginal and Torres Strait Islander families are overrepresented (Cloney et al. 2015; Tayler 2016; Torii, Fox and Cloney 2017) — with lower quality preschool leaving children up to 4.9 months behind their peers in more advantaged neighbourhoods (on measures of verbal ability) (Tayler 2016)
* remote and very remote areas, where Aboriginal and Torres Strait Islander families are again overrepresented[[9]](#footnote-9) (ACECQA 2019).

For many Aboriginal and Torres Strait Islander families a quality preschool program also means that the education is provided in a culturally competent manner. A culturally competent early childhood education service is ‘one in which Aboriginal and Torres Strait Islander children and families are recognised and valued’ (Sydenham 2019).

Culturally competent services can increase Aboriginal and Torres Strait Islander children’s participation and attendance in preschool programs, by improving the:

* relationship between the child and educator — when a child’s cultural (and language) needs are met, better educational outcomes can be expected (Krakouer 2016)
* level of trust and confidence of the child — an early childhood service that recognises and values their culture motivates them to learn, reinforces their sense of being capable learners, and gives them a greater sense of belonging to a place that truly values them (Department of Education and Training 2009)
* level of trust and engagement between the families and educators — families’ willingness to send their children to preschool programs is dependent on whether they trust staff (Sims 2011; Trudgett and Grace 2011).

In a case study review of early learning programs in Aboriginal and Torres Strait Islander communities, Emerson, Fox and Smith (2015, p. 22) found that ‘active and ongoing participation of community members in the processes of identifying needs, designing and delivering programs, program governance and evaluating program effectiveness’ are key to developing effective programs. Cultural competence may be furthered by employing Aboriginal and Torres Strait Islander staff, particularly those who are local and known to families (Kellard and Paddon 2016; Trudgett and Grace 2011).

### Aboriginal and Torres Strait Islander children’s enrolment in a preschool education program in the YBFS is increasing

Aboriginal and Torres Strait Islander children’s enrolment in a preschool program in the YBFS is increasing. In 2019, more than nine in ten Aboriginal and Torres Strait Islander children were enrolled in a preschool program in the YBFS, an increase from about three‑quarters of children in 2016. Over the same period, the proportion of non‑Indigenous children enrolled in preschool in the YBFS declined and in 2019 just under nine in ten children were enrolled (figure 4.3.1).

* Almost all Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS were enrolled for 15 hours or more (96 per cent in 2019, which was similar to the proportion for non‑Indigenous children) (table 4A.3.4).
* Of the Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS, 94 per cent attended (for more than one hour) in the reference week (a little below the proportion of non‑Indigenous children — 98 per cent). This figure has remained steady since 2016 (table 4A.3.8).

| Figure 4.3.1 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS**a** |
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| Figure 4.3.1 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS  Aboriginal and Torres Strait Islander  More details can be found within the text surrounding this image.Figure 4.3.1 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS  Non-Indigenous  More details can be found within the text surrounding this image.Figure 4.3.1 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS  Legend to Figure  More details can be found within the text surrounding this image. |
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| a See table 4A.3.3 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2020 and previous issues), *Preschool Education, Australia, 2019* and previous years, TableBuilder; table 4A.3.3. |
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Like other Australians living in remote and very remote areas, Aboriginal and Torres Strait Islander families may face particular barriers to accessing preschool programs. Issues include the availability of transport, the availability of qualified and experienced staff, and the availability and/or location of preschool services (Baxter and Hand 2013; Kellard and Paddon 2016; Warren et al. 2016). In addition, Aboriginal and Torres Strait Islander families in remote areas have reported cultural, language and financial barriers to accessing preschool programs — and although many families may be eligible for financial support from government, some are either unaware of the assistance available to them or are reluctant to engage with government services to access it (Kellard and Paddon 2016).

The data available on Aboriginal and Torres Strait Islander children’s preschool program enrolment and attendance by remoteness suggests that rates for both are higher in less remote areas.

* Available data (using children aged 4 years only) show that enrolment rates are higher in less remote areas — ranging from 88 per cent in major cities, to 85 per cent in regional areas, and 79 per cent in remote areas (table 4A.3.7).
* Attendance rates (in the YBFS) are also higher for non‑remote compared to remote areas — ranging from 95–97 per cent in major cities and regional areas, to 86 per cent in remote areas, and 78 per cent in very remote areas (table 4A.3.9).

Aboriginal and Torres Strait Islander children are more likely to be enrolled in preschool programs delivered at preschool services, rather than through Centre Based Day Care. Whereas for non‑Indigenous children, a greater proportion were enrolled in a preschool program in Centre Based Day Care (figure 4.3.2).

| Figure 4.3.2 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS, by State and Territory, 2019**a,b** |
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| Figure 4.3.2 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS, by State and Territory, 2019  Aboriginal and Torres Strait Islander  More details can be found within the text surrounding this image.Figure 4.3.2 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS, by State and Territory, 2019  Non-Indigenous  More details can be found within the text surrounding this image.Figure 4.3.2 Proportion of Aboriginal and Torres Strait Islander children enrolled in a preschool program in the YBFS, by State and Territory, 2019  Legend to figure  More details can be found within the text surrounding this image. |
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| a See table 4A.3.3 for detailed definitions, footnotes and caveats. b A proportion of greater than 100 per cent can occur when more children are counted as enrolled in a preschool program than are estimated in the YBFS population. |
| *Source*: ABS (2020 and previous issues), *Preschool Education, Australia, 2019*, TableBuilder; table 4A.3.3. |
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While the reasons for parents choosing preschool services over Centre Based Day Care are likely to be multifaceted, Aboriginal and Torres Strait Islander parents may be more likely to choose preschool services due to:

* less need for the extended hours of care offered at Centre Based Day Care, resulting from parental preference (for example, Aboriginal and Torres Strait Islander people have a kinship approach to child rearing, incorporating the extended family (Lohoar, Butera and Kennedy 2014)) and lower employment rates, which may decrease demand for formal child care
* the out‑of‑pocket costs of attending Centre Based Day Care, which are higher than those of standalone preschool services
* formal Centre Based Day Care may not be available in their local communities (particularly for those living in remote areas)
* variations across jurisdictions in how preschool programs are funded and delivered — in SA, WA, Tasmania, NT and the ACT, preschools services are the main providers of preschool programs in the YBFS for all children (figure 4.3.2). Whereas, a higher proportion of children in NSW, Victoria and Queensland receive a preschool program in the YBFS through Centre Based Day Care.

### There can also be benefits in participating in preschool programs for two years (or more), rather than in the YBFS only

While limited research has been identified that is specifically related to Aboriginal and Torres Strait Islander children, international research has demonstrated that there are additional benefits from participating in two years of a quality preschool program (beyond the benefits of a single year in the YBFS) (Pascoe and Brennan 2017). Fox and Geddes (2016) concluded from a review of the international literature on the impact of dose, duration and quality thresholds of preschool programs that there are benefits for all children in attending two years of preschool, and for children who experience more disadvantages (such as for many Aboriginal and Torres Strait Islander children) there are ‘substantially greater impacts on cognitive, social and emotional outcomes for more disadvantaged children’(Fox and Geddes 2016, p. 17).

While a direct measure of whether children are receiving two years of a preschool program is not available, enrolment rates among children aged 3 years gives some indication of how many children are enrolled for a second year, because most children attending two years of preschool would first be enrolled at three years of age.[[10]](#footnote-10) Nationally in 2019, 46 per cent of Aboriginal and Torres Strait Islander children aged 3 years were enrolled in a preschool program, an increase from about 35 per cent of children in 2016 (figure 4.3.3). By comparison, participation among non‑Indigenous children was substantially higher — about 60 per cent over the same period (table 4A.3.3).

This may reflect differences across jurisdictions in funding arrangements and service delivery models. Centre Based Day Care is where most children aged 3 years attend preschool programs (Crawford and Biddle 2018; table 4A.3.6). As Aboriginal and Torres Strait Islander children aged 3 years are less likely to attend Centre Based Day Care than non‑Indigenous children, they are less likely to have attended a 3‑year‑old preschool program (table 4A.3.6).

Several jurisdictions have tailored supports to facilitate increased preschool program participation by Aboriginal and Torres Strait Islander children aged 3 years (Crawford and Biddle 2018; Pascoe and Brennan 2017; table 4A.3.1).

| Figure 4.3.3 Preschool enrolment rates for Aboriginal and Torres Strait Islander children aged 3 years**a**  |
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| Figure 4.3.3 Preschool enrolment rates for Aboriginal and Torres Strait Islander children aged 3 years  More details can be found within the text surrounding this image. |
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| a See table 4A.3.5 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2020) *Preschool Education, Australia, 2019*, cat. no. 4240.0; table 4A.3.5. |
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### Future directions in data

To inform future reporting there are several priority areas for data development:

* Better matching the ages of children counted as enrolled in the year before *and* two years before full time schooling with the ages at which children are eligible to be enrolled in school in each State and Territory.
* Relating measures of preschool program quality to enrolment data (such as measuring the proportion of Aboriginal and Torres Strait Islander children that are enrolled in a preschool program that meets and exceeds the National Quality Standard).
* Improving the identification in the data collections of:
* Aboriginal and Torres Strait Islander and non‑Indigenous children
* Aboriginal and Torres Strait Islander community controlled early childhood education services.
* Further research on access to culturally competent early childhood education and care and bilingual preschool programs.
* The disaggregation of Aboriginal and Torres Strait Islander preschool program enrolment data by key factors that affect early childhood development, such as socioeconomic status, parental education, health and disability.

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## 4.4 Reading, writing and numeracy[[11]](#footnote-11)

| Box 4.4.1 Key messages |
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| * Developing a strong grounding in reading, writing and numeracy is a key part of a quality education and important for all children.
* Aboriginal and Torres Strait Islander children can develop many strengths before entering formal education, and school education can build on these strengths.
* Most Aboriginal and Torres Strait Islander students achieve at or above the reading and numeracy national minimum standards across all assessed year levels. Nationally in 2019, in the National Assessment Program — Literacy and Numeracy (NAPLAN):
* reading test, approximately four in five Aboriginal and Torres Strait Islander students achieved at or above the national minimum standard in Year 3, Year 5 and Year 7, while this rate was approximately three in four students in Year 9.
* numeracy test, approximately four in five Aboriginal and Torres Strait Islander students achieved at or above the national minimum standard in Year 3, Year 5 and Year 9, while this rate was approximately three in four students in Year 7.
* Since 2008, the proportions of Aboriginal and Torres Strait Islander students achieving at or above the national minimum standards have increased across several domains and year levels, but remained stable in others.
* While there have been improvements in Aboriginal and Torres Strait Islander student achievements in reading and numeracy, a persistent gap remains in education outcomes (as measured by NAPLAN testing) between Aboriginal and Torres Strait Islander students and non‑Indigenous students. In particular, achievement in NAPLAN testing for Aboriginal and Torres Strait Islander students is lower (and the gap to non‑Indigenous students is wider) for students in remote areas.
* The reason for the gap is complex. Although Aboriginal and Torres Strait Islander students come from diverse backgrounds and many are high‑achieving, there are a number of barriers inside and outside school systems that can affect achievement. If these barriers were addressed, more Aboriginal and Torres Strait Islander students could achieve higher reading, writing and numeracy levels.
* There are things that schools can do to encourage achievement. These include improving teacher cultural competence so that they have higher expectations of these students, ensuring school environments and curriculums recognise and value Aboriginal and Torres Strait Islander cultures and histories, and improving engagement with Aboriginal and Torres Strait Islander parents and caregivers as partners in education.
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| Box 4.4.2 Measures of reading, writing and numeracy |
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| There are two main measures for this indicator (aligned with the National Indigenous Reform Agreement 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. A student that meets the minimum standard has demonstrated the basic elements of literacy and numeracy for the relevant level.
* *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 2019 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 earlier years due to a change in the type of test used. Data on writing achievement can be found in tables 4A.4.2 and 4A.4.5.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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Developing a strong grounding in reading, writing and numeracy is a key part of a quality education and is important for all children. A good education provides children with the ‘skills they need to participate in the economy and in society, and [contributes] to every aspect of their wellbeing’ (Education Council 2019, p. 2). Not only does a good education improve individual employment prospects, it can build character and leadership potential as well as encourage adaptability and resilience to change. These outcomes benefit the individual, and also their communities and the broader Australian society (Crawford and Venn 2018; Gillan, Mellor and Krakouer 2017; House of Representatives Standing Committee on Indigenous Affairs 2017; Zubrick et al. 2006).

Aboriginal and Torres Strait Islander children can develop many strengths before entering formal education. Some of these strengths are specifically associated with Aboriginal and Torres Strait Islander people’s child‑rearing practices (Krakouer 2016; Moyle 2019; Salmon et al. 2019; Taylor 2011). These strengths include, self‑confidence, independence and capacity to assess risk, a sense of responsibility to share with, care for and protect others, and visual‑spatial and motor skills (Lohoar, Butera and Kennedy 2014; Taylor 2011). School education can build on these strengths.

Aboriginal and Torres Strait Islander parents have aspirations for their children’s education, although these aspirations may differ from traditional ‘Western’ perspectives in some aspects (Barker and Harris 2020). Research shows that Aboriginal and Torres Strait Islander parents:

* would like their children to go further in their education than they did themselves (DSS 2015)
* want their children to have a good education both in formal school systems and in their Aboriginal and Torres Strait Islander knowledge and cultural systems (Martin 2017; Skelton et al. 2014).

### Aboriginal and Torres Strait Islander students’ achievement in reading and numeracy has improved in some areas over the past 11 years, but achievement continues to be lower for students in remote areas[[12]](#footnote-12)

Nationally in 2019, most Aboriginal and Torres Strait Islander students achieved at or above the national minimum standard for reading and numeracy across all assessed year levels (above 70 per cent for all, and above 80 per cent for reading for Year 3 and numeracy for Years 3 and 9) (tables 4A.4.1 and 4A.4.3).

Over the past 11 years, the proportion of Aboriginal and Torres Strait Islander students meeting the national minimum standard in reading and numeracy has improved, but the results are different across year levels. For reading, there have been gains for Aboriginal and Torres Strait Islander students in Year 3 and Year 5, but there has been no significant difference for students in Year 7 or Year 9 (figure 4.4.1).

| Figure 4.4.1 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for reading, by year**a**  |
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| Figure 4.4.1 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for reading, by year  Year 3  More details can be found within the text surrounding this image.Figure 4.4.1 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for reading, by year  Year 5  More details can be found within the text surrounding this image.Figure 4.4.1 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for reading, by year  Year 7  More details can be found within the text surrounding this image.Figure 4.4.1 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for reading, by year  Year 9  More details can be found within the text surrounding this image. |
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| arrow symbol = achievement in 2019 is above and is statistically significantly different from 2008, at the national level.  ■ = achievement in 2019 is close to or not statistically significantly different from 2008, at the national level.a See table 4A.4.1 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) *National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy*, various years; table 4A.4.1; pivot 4A.4.1. |
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The story is somewhat different for numeracy, with gains seen for Aboriginal and Torres Strait Islander students in Year 5 and Year 9, but no change for students in Year 3 or Year 7 (figure 4.4.2).

| Figure 4.4.2 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for numeracy, by year**a** |
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| Figure 4.4.2 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for numeracy, by year  Year 3  More details can be found within the text surrounding this image.Figure 4.4.2 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for numeracy, by year  Year 5  More details can be found within the text surrounding this image.Figure 4.4.2 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for numeracy, by year  Year 7  More details can be found within the text surrounding this image.Figure 4.4.2 Aboriginal and Torres Strait Islander students achieving at or above the national minimum standard for numeracy, by year  Year 9  More details can be found within the text surrounding this image. |
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| arrow symbol = achievement in 2019 is above and is statistically significantly different from 2008, at the national level. ■ = achievement in 2019 is close to or not statistically significantly different from 2008, at the national level.a See table 4A.4.3 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) *National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy*, various years; table 4A.4.3; pivot 4A.4.1. |
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However, the proportion of students meeting the national minimum standard decreases considerably as remoteness increases. For example, nationally in 2019, almost nine out of ten Aboriginal and Torres Strait Islander Year 5 students achieved the national minimum standard for reading in major cities (86 per cent), and this figure was similar in inner regional areas (85 per cent). However, this decreased to 79 per cent in outer regional areas, and was below two‑thirds for students in remote areas. In very remote areas, about one‑third of Year 5 Aboriginal and Torres Strait Islander students achieved the national minimum standard for reading. Similar patterns are observable for numeracy, and across all four year levels (tables 4A.4.4–6).

Care needs to be taken when interpreting changes in the NAPLAN results, particularly where participation rates in NAPLAN testing are low or decreasing over time. Higher participation rates are desirable, as they increase 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).

Aboriginal and Torres Strait Islander NAPLAN participation rates have remained steady (at about 90 per cent) amongst Year 3 and Year 5 students across testing domains. However, NAPLAN participation rates for Aboriginal and Torres Strait Islander students declined between 2008 and 2019 for students in Year 7 (from about 90 per cent to 80 per cent) and Year 9 (from about 80 per cent to 70 per cent) across testing domains (pivot 4A.4.5). NAPLAN participation rates (Aboriginal and Torres Strait Islander and non‑Indigenous students) are generally lower in remote and very remote areas (tables 4A.4.9–12).

### On average, a lower proportion of Aboriginal and Torres Strait Islander children achieved the NAPLAN national minimum standards compared to non‑Indigenous students

Despite improvements over the past 11 years, a persistent gap remains in education outcomes (as measured by NAPLAN testing) between Aboriginal and Torres Strait Islander students and non‑Indigenous students. Across all four year levels tested, over 93 per cent of non‑Indigenous students achieved the national minimum standard for reading and numeracy, a figure which was above the comparable rates for Aboriginal and Torres Strait Islander students.

The gap widens considerably as remoteness increases. In contrast to Aboriginal and Torres Strait Islander students, non‑Indigenous students’ achievement does not decrease as remoteness increases, with nine out of ten non‑Indigenous students achieving the national minimum standard for reading and numeracy (across all four year levels) across all remoteness areas (tables 4A.4.4–6). This suggests that remoteness itself is not a barrier to student achievement, but that remoteness compounds the barriers faced by Aboriginal and Torres Strait Islander children (discussed below).

### Aboriginal and Torres Strait Islander students start with a gap in Year 3 and while they make slightly greater gains in literacy and numeracy, they are not sufficient to bridge this gap by Year 9

Measuring literacy and numeracy achievement against national minimum standards provides an indicator of progress against the COAG ‘Closing the Gap’ target. However, the national minimum is set low — indicating only that a student has demonstrated the basic elements of literacy and numeracy for the relevant level. For example, a Year 9 student meets the minimum standard even if they are reading at a level below that of a typical Year 5 student (Goss et al. 2016).

The alternative measure for the national minimum standard is the mean scale score, which represents the average level of achievement within a domain (such as reading or numeracy) for groups of students. Mean scale scores are also more statistically reliable as they are subject to less volatility than the national minimum standard measure.

The NAPLAN mean scale score data show that Aboriginal and Torres Strait Islander students made similar (or greater) gains in literacy and numeracy compared to non‑Indigenous students over the past 6 years — that is, the cohort that moved from Year 3 in 2013 to Year 9 in 2019 (figure 4.4.3).

However, the mean scale score indicates that in Year 3 (the first year of NAPLAN testing), Aboriginal and Torres Strait Islander children scored lower on reading and numeracy tests than did non‑Indigenous students. This gap was not made up for in the subsequent years, even with the year‑on‑year gains noted above (figure 4.4.3).

| Figure 4.4.3 Mean scale scores for students in Year 3 (2013), Year 5 (2015), Year 7 (2017) and Year 9 (2019), reading and numeracy, by Indigenous status**a** |
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| Figure 4.4.3 Mean scale scores for students in Year 3 (2013), Year 5 (2015), Year 7 (2017) and Year 9 (2019), reading and numeracy, by Indigenous status  Reading  More details can be found within the text surrounding this image.Figure 4.4.3 Mean scale scores for students in Year 3 (2013), Year 5 (2015), Year 7 (2017) and Year 9 (2019), reading and numeracy, by Indigenous status  Numeracy  More details can be found within the text surrounding this image.Figure 4.4.3 Mean scale scores for students in Year 3 (2013), Year 5 (2015), Year 7 (2017) and Year 9 (2019), reading and numeracy, by Indigenous status  Legend to figure  More details can be found within the text surrounding this image. |
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| a See table 4A.4.1 and 4A.4.3 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) *National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy*, various years; tables 4A.4.1 and 4A.4.3; pivot 4A.4.1. |
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Care should be taken when interpreting gains in the mean scale score. Grattan Institute analysis shows that students progress through the NAPLAN scale scores at a decreasing rate — meaning that it takes longer to progress 50 points from a higher score than it does from a relatively lower score (Goss et al. 2016). This suggests that while Aboriginal and Torres Strait Islander students made similar progress with respect to the mean score over the six years, additional efforts are required to bridge the gap with non‑Indigenous students by the time they are in Year 9. Results from the OECD Programme for International Student Assessment (PISA) indicate that by age 15, on average, Aboriginal and Torres Strait Islander students are over two school years behind non‑Indigenous students in reading and mathematical literacy (Thomson et al. 2019).

### While there are many high-achieving Aboriginal and Torres Strait Islander students, there are barriers that need to be addressed for some students to improve academic achievement and reduce this gap

As for non‑Indigenous students, there is wide variation in achievement among Aboriginal and Torres Strait Islander students — with many Aboriginal and Torres Strait Islander students achieving in the top bands for NAPLAN reading and numeracy tests at each year level (ACARA 2019). Overall, though, Aboriginal and Torres Strait Islander students are more likely to record lower scores, and less likely to record higher scores, than non‑Indigenous students (ACARA 2019).

The reason for the gap in academic achievement compared with non‑Indigenous students is complex. But, there are a number of barriers to academic achievement that can explain why Aboriginal and Torres Strait Islander children achieve, on average, lower scores, and if addressed can reduce the gap to non‑Indigenous students.

**Some of these barriers need to be addressed outside of the schooling system…**

Some of the barriers are external to the schooling system and need to be addressed through other services and systems (such as health). Addressing these barriers will involve:

* *Improving family and community wellbeing* — Aboriginal and Torres Strait Islander children are more likely to experience stressors related to poverty and family issues (including substance abuse, loss of loved ones, financial difficulties, homelessness and domestic violence) (Dreise et al. 2016; FaHCSIA 2013; Gillan, Mellor and Krakouer 2017; House of Representatives Standing Committee on Indigenous Affairs 2017; Taylor 2011). Addressing these stressors can improve family and community wellbeing, which in turn can positively affect educational achievement.
* *Improving children’s mental and physical wellbeing —* Aboriginal and Torres Strait Islander children are overrepresented in many areas of physical and mental ill‑health — such as ear health and hearing loss, Fetal Alcohol Spectrum Disorder (FASD), and trauma and mental wellbeing — which can negatively affect levels of school engagement and academic achievement (House of Representatives Standing Committee on Indigenous Affairs 2017; PC 2016). Improving children’s mental and physical health will improve their achievement at school.
* *Improving education and employment opportunities over the long term* — on average, Aboriginal and Torres Strait Islander parents have lower levels of education, are in lower paid occupations and have fewer economic resources to support their children’s education (sections 4.7 *Employment* and 4.10 *Household and individual income*). Improving employment in higher paying occupations will mean more resources for parents to support their children’s education — which is highly correlated with higher student achievement in NAPLAN (ACARA 2019).

### …while other barriers that need to be addressed are within the schooling system

Education literature suggests that the key to improving student achievement, for both Aboriginal and Torres Strait Islander students 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 (see section 7.1 *Teacher quality*).

A range of barriers in the education system have been identified that, if addressed, can support Aboriginal and Torres Strait Islander students achieve higher reading, writing and numeracy levels. Addressing these barriers will involve:

* *Increasing the quality of teaching* — Teacher quality is considered the most important ‘in school’ influence on student educational outcomes — see section 7.1 *Teacher quality*. However, schools in remote and/or low socioeconomic areas (where a higher proportion of the Aboriginal and Torres Strait Islander population live) often report persistent difficulties in attracting and retaining teachers, which can impede student learning (Halsey 2018; Jorgensen 2017; PC 2012, section 7.1). In addition, Australian principals and teachers in schools in areas with high levels of socioeconomic disadvantage are more likely to report that they have insufficient or poorly‑qualified teaching and assistance staff, and that a lack of resources is a hindrance to instruction (Thomson 2018; Thomson and Hillman 2019).
* *Lifting teacher expectations of Aboriginal and Torres Strait Islander students* — in the context of Indigenous students internationally, the Organisation for Economic Co‑operation and Development found that teachers’ expectations of students’ capability and success are critical to whether students progress or not. Where teachers are not culturally competent and attribute low ability to Aboriginal and Torres Strait Islander students, it may influence their students’ levels of academic achievement (Riley 2019; Stronger Smarter Institute Limited 2014).
* *Improving attendance rates at school* — regular attendance at school is considered an important foundation for students’ academic achievement, though the relationship between the two is complex. Aboriginal and Torres Strait Islander student attendance rates are lower than for non‑Indigenous students and decline faster during secondary school, with a variety of factors affecting attendance. Sections 4.5 *Student attendance* and 7.2 *School engagement* discuss the key factors that may facilitate Aboriginal and Torres Strait Islander student attendance at and engagement with school.

In addition, participating in quality early childhood education provides an important foundation for *all* children by developing their cognitive and non‑cognitive skills (OECD 2017; Pascoe and Brennan 2017), with analysis of Longitudinal Survey of Indigenous Children confirming that early childhood education improves outcomes for Aboriginal and Torres Strait Islander children in both the short and long term (Arcos Holzinger and Biddle 2015). Recent data indicate that preschool participation rates are increasing among Aboriginal and Torres Strait Islander children (see section 4.3 *Early childhood education*).

There are also two factors specific to facilitating improved literacy and numeracy outcomes for Aboriginal and Torres Strait Islander students.

* The extent to which schools recognise and support Aboriginal and Torres Strait Islander cultures and histories — incorporating and supporting Aboriginal and Torres Strait Islander languages, knowledges and perspectives in school can foster culturally safe school environments (and reduced levels of racism) and bring about better learning experiences and improved educational and wellbeing outcomes (Bodkin‑Andrews and Carlson 2016; Fogarty, Schwab and Lovell 2015; Gillan, Mellor and Krakouer 2017; Wilson et al. 2018).
* The extent to which schools engage parents, carers and the community — educational programs that engage parents, carers and the local community as partners in education, and that address concerns regarding students’ cultural safety and wellbeing, are critical to forming a strong relationship between home and school (PM&C 2018; Purdie and Buckley 2010; Zubrick et al. 2006).

In addition, teaching literacy through bilingual education (incorporating Aboriginal literacy) or culturally competent instructional approaches (which support students speaking English as second or additional language) has been shown to be an important determinant of English literacy and numeracy (and therefore improved education outcomes) in remote communities where English is not the first language of many of the children (House of Representatives Standing Committee on Indigenous Affairs 2017; Silburn et al. 2011; Wilson et al. 2018).

### Future directions in data

The NAPLAN national minimum standards are set at a low level — indicating only that a student has demonstrated the basic elements of literacy and numeracy for the relevant level. The Australian Curriculum, Assessment and Reporting Authority, in consultation with State and Territory education departments, has developed proficiency standards that allow students to be measured against their level of proficiency for curriculum areas (including reading and numeracy) at each year level. (The proficiency standards reflect the literacy or numeracy skills that a student should have acquired by that year of schooling.) Data are not yet available for reporting against these standards.

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## 4.5 Year 1 to 10 attendance[[13]](#footnote-13)

| Box 4.5.1 Key messages |
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| * Regular attendance at school is an important foundation for all students’ academic achievement, although the relationship between the two is complex.
* Like most students, Aboriginal and Torres Strait Islander students generally attend school on a regular basis. In 2019, the Aboriginal and Torres Strait Islander student attendance rate for Years 1–10 was about 80 per cent, equivalent to attending four days on average per week. On average, non‑Indigenous students attended school half a day per week more than Aboriginal and Torres Strait Islander students in 2019, with an attendance rate of about 90 per cent.
* The reasons for non‑attendance at school are varied and complex. Some key factors that may facilitate Aboriginal and Torres Strait Islander students’ attendance are the schools’ recognition and support of Aboriginal and Torres Strait Islander cultures and practices and recognition of history, accommodation of cultural obligations, and their ability to engage well with parents, carers and the community.
* Socioeconomic factors can also influence Aboriginal and Torres Strait Islander children’s school attendance rates. Aboriginal and Torres Strait Islander children are more likely than non‑Indigenous children to experience stressors, such as poverty or poor health, which are associated with lower rates of school attendance.
* For Aboriginal and Torres Strait Islander students, attendance rates were similar across major cities and regional areas, but declined in remote areas. This was particularly true in secondary school, and the decline was much greater than for non‑Indigenous students.
* Attracting and retaining well‑qualified teachers in remote areas is a specific issue identified in research. Having more new, less qualified and non‑local teachers (who may not be culturally competent) can affect students’ attendance at school. There is evidence that employing local Aboriginal and Torres Strait Islander teachers and/or support staff can assist in addressing this.
* Aboriginal and Torres Strait Islander students’ attendance rates decline over each year of secondary school (Years 7–10). A similar trend is observed for non‑Indigenous students, although the decline is steeper for Aboriginal and Torres Strait Islander students.
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| Box 4.5.2 Measure of Year 1 to 10 attendance |
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| 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)* — the number of actual full‑time equivalent student‑days attended by full‑time students in Years 1–10 as a percentage of the total number of possible student‑days attended over the period.

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 (equivalent to four and half days per week), by Indigenous status (student attendance level)* — the proportion of full‑time students in Years 1–10 whose attendance rate in Semester 1 (Terms 1 and 2) is equal to or greater than 90 per cent.
* *Number and proportion of schools achieving 90 per cent or greater average school attendance, by Indigenous status* — the aggregate number and proportion of schools for which the average attendance rate (as defined above) in Years 1–10 is 90 per cent or more.

Attendance data are collected annually for the reporting period of Semester 1. Data are sourced from the Australian Curriculum, Assessment and Reporting Authority (ACARA) National Schools Attendance Collection, with annual data available for 2014 to 2019. |
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Regular attendance at school is an important foundation for students’ academic achievement. For Aboriginal and Torres Strait Islander students, quantitative research has found that greater levels of school attendance are associated with improved school performance in core skills such as literacy and numeracy (PC 2016).

Conversely, if students do not attend school regularly they reduce their learning opportunities, they can then fall behind and lose confidence and interest in learning (OECD 2017). Hancock et al (2013), found that Western Australian students who did not attend school on a regular basis (defined as less than four and a half days a week of school) achieved lower National Assessment Program — Literacy and Numeracy (NAPLAN) test scores than more regular attenders, and performance continued to fall with *any* absence from school (Hancock et al. 2013). Similarly, Wilson (2014) found that few Northern Territory students achieved the NAPLAN national minimum standard when they attended school less than four days a week; however, the proportion of students who achieved the national minimum standard increased as attendance rates rose above 80 per cent and further still if they rose above 90 per cent.

However, achievement at school is associated with a range of factors, so caution should be exercised in making direct causal links with attendance. Findings from research on Aboriginal and Torres Strait Islander students living in remote areas suggest that frequency of attendance was not so strongly correlated with academic achievement as community‑based factors such as overcrowded housing, parental education and labour force participation, and access to support services (Guenther, Disbray and Osborne 2016). Similarly, research on a disadvantaged urban school population in Victoria found no correlation between attendance and achievement, with the authors stating that ‘the generally accepted relationship between attendance and achievement does not apply universally for all students’ (Baxter and Meyers 2019b, p. 511).

The complexity of interpreting school attendance can also be seen through the example of students who experience disadvantage. Research has found that the impact of attendance on achievement is larger for children who are experiencing disadvantage, with the assumption being that children who are advantaged often have resources available to them within the home that enable them to maintain higher achievement levels, despite periods of school absence (particularly in primary years) (Hancock et al. 2013).

### Aboriginal and Torres Strait Islander children’s school enrolment and retention has increased, but attendance rates remain below those for non‑Indigenous students

Since 2006, Aboriginal and Torres Strait Islander children’s school enrolment and retention to Year 12 has been increasing, and educational outcomes have improved (sections 4.4 *Reading, writing and numeracy* and 4.6 *Year 12 attainment*). Nationally in 2019, there were 206 777 students in ‘compulsory’ schooling[[14]](#footnote-14), an increase of about 66 000 students (47 per cent) since 2009 (ABS 2020).

The Aboriginal and Torres Strait Islander student attendance rate (using a count based on days rather than students) for Years 1–10 in 2019 was 82 per cent, equivalent to attending approximately four days per school week (table 4A.5.1). It has declined by 2 percentage points since 2014 (table 4A.5.1). On average, non‑Indigenous students attended school for half a day per week more than Aboriginal and Torres Strait Islander students in 2019, with an attendance rate of 92 per cent (table 4A.5.1).

While the attendance rate provides insight into ‘average’ attendance, the attendance level (a count based on students) from 2019 shows that less than half of Aboriginal and Torres Strait Islander students in Years 1–10 (47 per cent) attended school for at least four and a half days per week (table 4A.5.10). This figure is substantially lower than for non‑Indigenous students, three‑quarters of whom attended school for at least four and a half days per week (table 4A.5.10).

### The reasons for non-attendance at school are varied and complex, but there are some key things schools can do that may facilitate attendance for Aboriginal and Torres Strait Islander students

The reasons for non‑attendance at school are varied and complex (AITSL 2019; Dreise et al. 2016; PM&C 2018). For all children, whether Aboriginal and Torres Strait Islander or non‑Indigenous, a range of factors can negatively affect attendance — individual factors (such as learning difficulties, poor health or low self‑esteem) to family factors (lack of parental support for schooling and the health of family members) and school factors (poor teaching) (Purdie and Buckley 2010). Student engagement with school and learning and a student’s connection with their school can also affect attendance — see section 7.2 *School engagement*.

In addition to these factors, key influences on Aboriginal and Torres Strait Islander students’ attendance at school are the extent to which schools:

* recognise and support Aboriginal and Torres Strait Islander cultures and practices and recognise history. Children are more likely to attend school when the school community respects local Aboriginal and Torres Strait Islander cultures, languages and perspectives, supports cultural practices and involves local people in schooling (Fogarty, Schwab and Lovell 2015; Gillan, Mellor and Krakouer 2017). Conversely, they are less likely to attend school if their cultural heritage is not respected or if there are racist attitudes, behaviours or practices (Moodie, Maxwell and Rudolph 2019)
* engage well with parents, carers and the community. Research has highlighted that for some Aboriginal and Torres Strait Islander parents, their history of school education has not been positive, but has been associated with a racist and systematic disruption of Aboriginal and Torres Strait Islander peoples’ ways of life (Benveniste et al. 2014; Ockenden 2014; Sarra et al. 2018). Engaging well with Aboriginal and Torres Strait Islander parents and caregivers as partners in education, and addressing their concerns regarding student safety and cultural wellbeing, is critical to ensuring home‑based support for improving student attendance (PM&C 2018; Purdie and Buckley 2010; Zubrick et al. 2006)
* support children experiencing life stressors. Aboriginal and Torres Strait Islander children are more likely than non‑Indigenous children to experience stressors, such as poverty, poor health (physical or mental health conditions), and family issues (including substance abuse, loss of loved ones, financial difficulties, homelessness or domestic violence). Experience of these stressors is commonly associated with lower rates of school attendance (Dreise et al. 2016). In an analysis of NT Government administrative data, He et al. (2018, p. 102) found that ‘for [NT] Aboriginal students, the factor having the greatest impact on Year 1 attendance was living in a community with overcrowded housing’, while measures of poor health also significantly affected attendance
* support children who speak English as a second language. For many Aboriginal and Torres Strait Islander children the language spoken at home is a traditional language, a regional Kriol, or Aboriginal English (House of Representatives Standing Committee on Indigenous Affairs 2017) (see sections 5.5 *Indigenous language revitalisation and maintenance* and 6.8 *Basic skills for life and learning*). This can present a challenge for students who are expected to learn in standard Australian English, and is associated with lower attendance rates (He et al. 2018). Studies suggest that when quality bilingual or culturally appropriate instructional approaches (which support students speaking English as an additional language) are adopted, there may be improvements in the levels of family and community support for schooling and in student attendance (House of Representatives Standing Committee on Indigenous Affairs 2017; Silburn et al. 2011).

### Attendance rates decline for all students in secondary school, but decline more rapidly for Aboriginal and Torres Strait Islander students

As with non‑Indigenous students, the school attendance rates of Aboriginal and Torres Strait Islander students have been steady in primary school (Years 1–6) but have declined throughout secondary school. Nationally in 2019, the Aboriginal and Torres Strait Islander student attendance rate declined from 85 per cent in primary school to 72 per cent in Year 10 (table 4A.5.2).These attendance rates were lower and declined at a faster rate through secondary school than the attendance rates for non‑Indigenous students (figure 4.5.1). Attendance rate data show a similar pattern by school sector (tables 4A.5.3–6).

| Figure 4.5.1 Student attendance rate in Years 1–10, by year level and Indigenous status**a** |
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| Figure 4.5.1 Student attendance rate in Years 1-10, by year level and Indigenous status  More details can be found within the text surrounding this image. |
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| a See table 4A.5.2 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) National Student Attendance Collection; table 4A.5.2. |
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Declining average attendance rates across the year levels from Years 1–6 to Years 7–10 (figure 4.5.1) could be driven by:

* a larger proportion of students being absent for more days during secondary school — for example, if all students where to attend fewer days across years this would reduce the average attendance
* increasingly larger periods of absence for some students — for example, if 50 per cent of students maintained the same attendance across years but attendance among the remainder dropped off significantly, this would also decrease average attendance
* a combination of the above factors.

The proportion of students who attended an average of four and a half days per week or more (that is, who had an attendance level of 90 per cent or above) can also provide some insights into the attendance rates. In the primary school, around half of Aboriginal and Torres Strait Islander students attend school for an average of four and a half days per week. However, the proportion of students who achieve this attendance level declines throughout secondary school — such that by Year 10, only one third of Aboriginal and Torres Strait Islander students attend school for an average of four and a half days per week or above (figure 4.5.2). This indicates that declining attendance rates for Aboriginal and Torres Strait Islander students across the year levels (figure 4.5.1) are, at least in part, due to an increase in the proportion of students being absent (with a similar pattern observable for non‑Indigenous students).

| Figure 4.5.2 Student attendance level (proportion of students who attended school for an average of four and a half days per week), combined schools sectors, by Indigenous status, 2019**a** |
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| Figure 4.5.2 Student attendance level (proportion of students who attended school for an average of four and a half days per week), combined schools sectors, by Indigenous status, 2019  More details can be found within the text surrounding this image. |
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| a See table 4A.5.16 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) National Student Attendance Collection; table 4A.5.16. |
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### Attendance rates are lower for Aboriginal and Torres Strait Islander students in remote and very remote areas

Attendance rates are lower for Aboriginal and Torres Strait Islander students in remote and very remote areas. Nationally in 2019, the Aboriginal and Torres Strait Islander Year 1–10 attendance rate was similar across major cities (84 per cent), inner regional areas (85 per cent) and outer regional areas (82 per cent), but lower in remote (74 per cent) and very remote areas (61 per cent) (table 4A.5.7). In comparison, attendance rates for non‑Indigenous students across year levels did not vary substantially with remoteness (figure 4.5.3). Of the approximately 340 schools in remote and very remote areas, only 13 per cent reported that their Aboriginal and Torres Strait Islander students attended school for more than four and a half days per week (on average) in the semester 1 reporting period, while 62 per cent of schools reported that this was true of their non‑Indigenous students (table 4A.5.19).

| Figure 4.5.3 Student attendance rate, Years 1–6 and Years 7–10, by Indigenous status, by remoteness, 2019**a** |
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| Figure 4.5.3 Student attendance rate, Years 1-6 and Years 7-10, by Indigenous status, by remoteness, 2019  More details can be found within the text surrounding this image. |
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| a See tables 4A.5.8‑9 for detailed definitions, footnotes and caveats. |
| *Source*: ACARA (unpublished) National Student Attendance Collection; tables 4A.5.8–9. |
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School attendance can be affected by cultural obligations. While fulfilling these obligations can mean missing school, it also enables children to remain connected to their culture, which in turn improves their engagement with schooling.

Culture is critical to Aboriginal and Torres Strait Islander peoples’ wellbeing, and it includes participating in ‘sorry’ business or funerals and cultural ceremonies. While this provides opportunities for Aboriginal and Torres Strait Islander children to learn and participate in the broader community, it may mean that they are unable to attend school for lengthy periods — particularly for school students in remote and very remote areas where travel over large geographic areas may be required (Gillan, Mellor and Krakouer 2017; Zubrick et al. 2006). Students have indicated that they were more likely to have ongoing engagement with schools that could accommodate cultural responsibilities and that understood and valued the local Aboriginal and Torres Strait Islander cultures. Accommodations include providing additional time to allow students to negotiate the competing demands of cultural obligations and participation at school (Barnes, van Gelderen and Rampmeyer 2019; Prout Quicke and Biddle 2017).

Schools in remote and/or disadvantaged areas (where Aboriginal and Torres Strait Islander children are overrepresented) often report persistent difficulties in attracting and retaining well qualified teachers (Halsey 2018; Jorgensen 2017; PC 2012; Thomson and Hillman 2019), and this can affect attendance rates. In remote schools, high rates of teacher attrition — or teachers who lack the experience or training to confidently engage Aboriginal and Torres Strait Islander students — can negatively influence the relationship between teachers and Aboriginal and Torres Strait Islander students, affecting students’ attendance and achievement (Barnes, van Gelderen and Rampmeyer 2019; Hudson et al. 2016). Employing local Aboriginal and Torres Strait Islander teachers and support staff can reduce staff turnover, foster greater student engagement at school, and improve engagement between the school and parents and the community (Barnes, van Gelderen and Rampmeyer 2019; Buckskin 2016; Guenther, Disbray and Osborne 2016). (See section 7.1 *Teacher quality*.)

Lower student attendance rates for remote and very remote areas are observed in Years 1–6 and Years 7–10, but the rates are lower in secondary school (figure 4.5.3). Across all remoteness areas, analysis of attendance‑level data shows that the declines in the attendance rate can partly be explained by more students being absent from school (table 4A.5.17).

Separately, boarding school may be necessary for many Aboriginal and Torres Strait Islander students living in remote areas, as secondary education may not be offered past Year 10. This may act as a disincentive to attend school for children concerned about having to leave their family to complete their schooling (Gillan, Mellor and Krakouer 2017).

### Attendance is important to school achievement, but so are other factors

Attendance at school is necessary, but not sufficient to achieve improved educational outcomes (Hancock et al. 2013). Absenteeism among Aboriginal and Torres Strait Islander students only accounts for part of the gap in performance between Aboriginal and Torres Strait Islander students and non‑Indigenous students (Zubrick et al. 2006). Other important factors (as discussed in section 4.4 *Reading, writing and numeracy*) include teacher quality (section 7.1 *Teacher quality*), student engagement with schooling (section 7.2 *School engagement*) and a range of socioeconomic, cultural and historical influences.

In the short term, increased attendance could also show as a decrease in measured performance across the school system (Ladwig and Luke 2014). If a cohort of non‑attending students now attending school had lower levels of academic achievement, they could score lower on standard testing, and this would show as lower scores in national NAPLAN data (see section 4.4 *Reading, writing and numeracy*).

### Future directions in data

At present, the student attendance data are reported for Semester 1 only (Terms 1 and 2). Analysis of available Semester 2 (Terms 3 and 4) data suggests that attendance may be lower in the second half of the year (Baxter and Meyers 2019a). Including Semester 2 data in national reporting would enable a more nuanced picture of school attendance.

There are a number of reasons why a student may be absent from school. Authorised absences (such as absences to attend doctors’ appointments or cultural activities) may have a different impact on student outcomes than unauthorised absences (such as truancy), which may reflect a student’s broader disengagement from school. Collecting data on the reasons for school non‑attendance would assist in better targeting responses to it.

Greater data linkage, to enable the cross‑classification of attendance data with other data sets containing family, school and teacher information, could provide important insights into the factors that influence student attendance at school — and a valuable quantitative data set to compare with student perceptions.

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## 4.6 Year 12 attainment[[15]](#footnote-15)

| Box 4.6.1 Key messages  |
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| * There are clear benefits for young people who attain Year 12 or equivalent. Aboriginal and Torres Strait Islander people who have attained Year 12 or equivalent have higher levels of mental and physical health and wellbeing, are more likely to be employed or engaged in further education and training, and are more likely to work in higher‑skilled occupations.
* The proportion of young Aboriginal and Torres Strait Islander people who have attained Year 12 or equivalent is increasing. Over the 10 years to 2018‑19, the proportion increased by 20 percentage points, from less than half to almost two thirds of young people.
* The proportion of young Aboriginal and Torres Strait Islander people who have attained Year 12 or equivalent generally declines with remoteness. But there are some regions in remote Australia that have bucked the trend. Caution should be exercised in interpreting data by geographic location, as a person counted in one location could have completed their education in a different location.
* The gap in the rates of attainment of Year 12 or equivalent between young Aboriginal and Torres Strait Islander people and non‑Indigenous people has almost halved in the past decade.
* However, Aboriginal and Torres Strait Islander students remain more likely to have left formal education and training without Year 12 or equivalent. This gap may be explained by a number of factors (including racism and socioeconomic disadvantage) that can impede Aboriginal and Torres Strait Islander students’ academic achievement and make it more challenging to remain in school and achieve there.
* At the school level, increasing students’ engagement with school is associated with increasing Year 12 or equivalent attainment. Research indicates that schools’ levels of recognition of Aboriginal and Torres Strait Islander cultures and histories and the nature and extent to which schools engage with parents, carers and the community can contribute to student engagement.
* As rates of attainment of Year 12 or equivalent have increased, so too have the proportions of Aboriginal and Torres Strait Islander students who are eligible for an Australian Tertiary Admission Rank (ATAR) and who have received an ATAR of 50 or above.
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| Box 4.6.2 Measures of Year 12 attainment |
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| There are two main measures for this indicator:* *Attainment of at least a Year 12 or equivalent or Australian Qualifications Framework (AQF) certificate II or above* (referred to as ‘Year 12 or equivalent’*)* 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 choice of AQF certificate II or above was to align with the associated measure under the National Indigenous Reform Agreement (NIRA), which was in effect at the time of drafting this report.

The main data source (aligning with NIRA reporting) is the Census, with the most recent data available for 2016 (all jurisdictions; remoteness). Supplementary data are available from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/Australian Aboriginal and Torres Strait Islander Health Survey National Aboriginal and Torres Strait Islander Social Survey, with the most recent data available from the 2018‑19 NATSIHS (all jurisdictions; remoteness; highest level of school completed; age; selected characteristics). Data for the non‑Indigenous population are sourced from the ABS National Health Survey (NHS)/Australian Health Survey and General Social Survey, with the most recent available data from the 2017‑18 NHS. 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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There are clear benefits for young people who attain Year 12 or equivalent (Dandolo Partners 2014; OECD 2019). Internationally and in Australia, research indicates that participating in senior secondary education and attaining Year 12 is associated with greater family and social wellbeing and plays a key role in ensuring that young people have the skills required for employability (OECD 2019).

The benefits are especially clear for Aboriginal and Torres Strait Islander people, with a positive association between attaining Year 12 or equivalent and:

* mental and physical health and wellbeing — research has found a strong positive association between attaining Year 12 and a range of wellbeing indicators, including self‑assessed health and life satisfaction (Biddle, Gray and Schwab 2017)
* being employed or engaged in further education and training (Kalb et al. 2014; Venn 2018) — nationally in 2018‑19, Aboriginal and Torres Strait Islander people who had attained Year 12 or a higher qualification had higher rates of employment than those who had not (table 4A.6.8)
* being employed in higher‑skilled and paying occupations (Kalb et al. 2014; Venn 2018) — nationally in 2018‑19, Aboriginal and Torres Strait Islander people who had attained Year 12 or a higher qualification tended to have a gross weekly personal income in higher income quintiles than those who had not (table 4A.6.8).

Understanding these effects on their children’s future opportunities, most Aboriginal and Torres Strait Islander parents surveyed as part of the Longitudinal Survey of Indigenous Children (LSIC) expressed the expectation that their children would attain Year 12 or higher education and training (DSS 2015). Similarly, in a qualitative study of rural and urban NT students, Herbert et al. (2014) noted that almost every student interviewed stated that they wanted to stay in school until Year 12.

While the benefits of completing Year 12 are clear, the benefits of non‑school qualifications (certificate II and above) are ambiguous and depend on the level. Analysis of Longitudinal Survey of Australian Youth (LSAY) data indicates that certificate II qualifications do not provide an equivalent level of learning or the same outcomes as completing Year 12 (Lim and Karmel 2011). Consistent with this finding, other research has found that Aboriginal and Torres Strait Islander people with a certificate I or II qualification were significantly less likely to have moved from non‑employment to employment over a five‑year period than those with a Year 12 qualification (Crawford and Biddle 2017). However, both these studies indicate that an AQF certificate III or above provides benefits for those choosing a vocational pathway (Crawford and Biddle 2017; Lim and Karmel 2011).

A person’s transition out of schooling is also important to their emotional, social and economic wellbeing — see sections 4.8 *Post‑secondary education* and 7.3 *Transition from school to work* for more information on post‑school education and transitioning school leavers, respectively.

### The proportion of Aboriginal and Torres Strait Islander young people who have attained Year 12 or equivalent is increasing

The proportion of Aboriginal and Torres Strait Islander young people attaining Year 12 or equivalent is increasing. Over the 10 years to 2018‑19, the proportion increased by 20 percentage points (figure 4.6.1). Nationally in 2018‑19, almost two‑thirds of young Aboriginal and Torres Strait Islander people had attained Year 12 or equivalent (figure 4.6.1).

The most significant contributor to the increased attainment rate for Aboriginal and Torres Strait Islander young people is completion of Year 12 at school. Census data show that in 2016 most Aboriginal and Torres Strait Islander young people with Year 12 or equivalent had attained Year 12 at school (over 80 per cent) rather than non‑school qualifications at AQF Certificate II level or above (table 4A.6.3). A relatively small proportion (less than 4 per cent) had attained an AQF Certificate II level only, and did not have Year 12 or other higher AQF level attainment (table 4A.6.3).

This increase in Year 12 or equivalent attainment rates is likely due to a range of factors which may include:

* the introduction of government legislation encouraging all Australian teenagers to remain in education or training. National mandatory requirements for schooling came into effect in 2010 that required, all young people to participate in schooling until they complete Year 10 — and, if they have completed Year 10, must remain in full time education, training or employment (or a combination) until the age of 17 years (COAG 2009)
* fewer employment opportunities for early school leavers (see section 7.3 *Transition from school to work*), young people are more likely to finish school if there are fewer employment opportunities for them(Crawford and Venn 2018)
* reduction in teenage birth rates (see section 6.3 *Teenage birth rate*) may also have increased the numbers of females able to attain Year 12 (Venn and Crawford 2018).

| Figure 4.6.1 Proportion of people aged 20–24 years who have attained Year 12 or equivalent or certificate II or above, by Indigenous status, 2008 to 2017–19**a,b,c** |
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| Figure 4.6.1 Proportion of people aged 20-24 years who have attained Year 12 or equivalent or certificate II or above, by Indigenous status, 2008 to 2017-19  More details can be found within the text surrounding this image. |
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| a Error bars represent the 95 per cent confidence interval associated with each point estimate. b Includes Year 12 or equivalent or AQF certificate II or above. c See table 4A.6.1 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) National Aboriginal Torres Strait Islander Health Survey (various years); ABS (unpublished) National Aboriginal Torres Strait Islander Social Survey (various years) ABS (unpublished) National Health Survey/Australian Health Survey (various years); ABS (unpublished) General Social Survey 2014; table 4A.6.1. |
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### The gap in attainment between Aboriginal and Torres Strait Islander young people and non-Indigenous young people has narrowed, but still remains

The gap in attainment of Year 12 or equivalent between young Aboriginal and Torres Strait Islander people and non‑Indigenous people has narrowed, by 18 percentage points — from about 43 percentage points in 2008 to less than 25 percentage points in 2017–19 (figure 4.6.1). The biggest improvement was in major cities, where the gap narrowed to under 8 percentage points in 2017–19 from over 33 percentage points in 2008 (table 4A.6.2).

However, Aboriginal and Torres Strait Islander students remain more likely to have left formal education and training without Year 12 or equivalent. This gap may be explained by a number of factors that can impede Aboriginal and Torres Strait Islander students’ academic achievement and make it more challenging to achieve at school and attain Year 12 or equivalent, including:

* experiencing racism at school (such as demeaning attitudes, stereotyping, bullying and unfair treatment), which has a wide range of harmful impacts, including disengagement and withdrawal from school (Biddle and Priest 2019; Moodie, Maxwell and Rudolph 2019)
* socioeconomic disadvantage, insecure or overcrowded housing, financial stress and lack of economic resources (Brackertz 2016; Crawford and Venn 2018; Mahuteau et al. 2015; Purdie and Buckley 2010)
* family challenges such as substance abuse, loss of loved ones, financial difficulties and domestic violence (Dreise et al. 2016; FaHCSIA 2013; Gillan, Mellor and Krakouer 2017; House of Representatives Standing Committee on Indigenous Affairs 2017; Taylor 2011)
* poor health and disability, including physical and mental health conditions (AIHW 2019; Bell et al. 2016; Guthridge et al. 2015; House of Representatives Standing Committee on Indigenous Affairs 2017).

In addition, historically, Aboriginal and Torres Strait Islander children have had lower rates of access to and participation in early childhood education. Participating in quality early childhood education provides an important foundation for all children with evidence suggesting that children who participate in high quality early childhood education are more likely to complete Year 12 (OECD 2017; Pascoe and Brennan 2017). See section 4.3 *Early childhood education*.

The above factors influence literacy and numeracy skills obtained through schooling (see section 4.4 *Reading writing and numeracy*), which in turn affect Year 12 attainment. Mahuteau et al. (2015) found that where Aboriginal and Torres Strait Islander students and non‑Indigenous students have similar literacy and numeracy skills at age 15, there is no significant difference in their likelihood of attaining Year 12 or equivalent.

A number of key factors that may improve Aboriginal and Torres Strait Islander students’ attendance and engagement with school, literacy and numeracy outcomes, and hence Year 12 attainment, are considered in sections 4.5 *Year 1 to 10 attendance*, 4.4 *Reading writing and numeracy* and 7.2 *School engagement* respectively. These factors include schools’ levels of recognition of Aboriginal and Torres Strait Islander cultures and histories and the extent to which schools engage with Aboriginal and Torres Strait Islander parents, carers and communities.

### The proportion of young Aboriginal and Torres Strait Islander people who attain Year 12 or equivalent declines with remoteness

Over the past decade, there has been a significant increase in the proportion of Aboriginal and Torres Strait Islander people in remote and very remote areas with Year 12 or equivalent, though it remains well below the proportion in major cities. The proportion in remote and very remote areas increased from 28 per cent in 2008 to 45 per cent in 2018‑19. In 2018‑19, around 85 per cent of Aboriginal and Torres Strait Islander people aged 20–24 years in major cities had attained Year 12 or equivalent, which was higher than for any other remoteness area. Rates in all other remoteness areas were under 60 per cent (table 4A.6.2).

But in some remote and very remote areas, Aboriginal and Torres Strait Islander young people do better. Data from the 2016 Census disaggregated by Indigenous regions show that some of these regions, which are located in very remote areas, are doing well (figure 4.6.2). For example, in the Broome and Torres Strait regions (both classified as very remote areas), the proportion of Aboriginal and Torres Strait Islander young people who have attained Year 12 or equivalent is similar to or higher than the proportion in the respective State’s major city.

| Figure 4.6.2 Proportion of Aboriginal and Torres Strait Islander people aged 20–24 years who had attained a Year 12 or equivalent, by Indigenous Region, 2016**a** |
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| Figure 4.6.2 Proportion of Aboriginal and Torres Strait Islander people aged 20-24 years who had attained a Year 12 or equivalent, by Indigenous Region, 2016  Map of Australia  More details can be found within the text surrounding this image. |
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| a See table 4A.6.5 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2019) Census of Population and Housing 2016, TableBuilder; table 4A.6.5. |
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For non‑Indigenous young people, the 2016 Census data on the attainment of Year 12 or equivalent (the most recent data which include coverage for very remote areas) show that while non‑Indigenous attainment rates are also higher in major cities, the rates do not decline to the same extent and do not vary substantially for and across regional and remote areas (table 4A.6.4).

Caution should be exercised in interpreting data by geographic location, as a person counted in one location could have completed Year 12 in a different location. For example, a person may complete Year 12 or further education in a less remote location and then move to a more remote location where there is a demand for more highly qualified personnel (for instance, in the mining industry) (Guenther 2020). Similarly, a person may complete their education in a remote area and then move to a less remote area for work opportunities.

A number of factors are considered key to improving Aboriginal and Torres Strait Islander students’ attendance and engagement with school in remote areas (see sections 4.5 *Year 1 to 10 attendance* and 7.2 *School engagement*), which can then influence subsequent attainment of Year 12. These include community and parental engagement with schooling, and school support for students to meet their cultural obligations without impacting their studies.

In addition, for many Aboriginal and Torres Strait Islander students living in remote areas, boarding school may be necessary in order to attain Year 12 or higher qualifications — as secondary education may not be offered past Year 10 in their local community (House of Representatives Standing Committee on Indigenous Affairs 2017). However, children may be concerned about having to leave their family to complete their schooling, particularly if students feel that the boarding school is not culturally safe or does not provide the opportunity to maintain family and community support networks (Gillan, Mellor and Krakouer 2017). A study from one NT community indicates that families can have difficulties finding places for their children at a boarding school and — once a boarding place had been secured — that students found boarding school ‘too hard’ both educationally and in terms of their social and emotional wellbeing (O’Bryan and Fogarty 2020).

The lack of tangible benefits from attaining Year 12 for Aboriginal and Torres Strait Islander people living in very remote areas may also act as a disincentive to completing secondary school. Analysis by Guenther (2020) of Census data indicates that Aboriginal and Torres Strait Islander people living in very remote areas do not receive the same employment and income benefits from attaining Year 12 as non‑Indigenous Australians. In particular, Guenther (2020, p. 9) found that ‘a First Nations traditional speaker can do much less with their Year 12 attainment certificate than a non‑Indigenous person can’. This may be because employers do not value the skills of people who do not speak standard Australian English or ‘systemic racism may well have a discriminating role to play in excluding Indigenous language speakers’ (Guenther 2020, p. 11).

### As the Year 12 or equivalent attainment rate has increased, so has the proportion of Aboriginal and Torres Strait Islander students attaining an Australian Tertiary Admission Rank (ATAR) of 50 or above

The ATAR is a percentile ranking, from 30 (lowest) to 99.95 (highest), of overall academic results for all students who were due to complete senior secondary education in that year (including those students who left school early or otherwise did not actually complete senior secondary studies) (Higher Education Standards Panel 2016). The ATAR was developed as a simple and equitable way to compare the overall academic performance of all secondary education students in a cohort year, and is used by universities to help select students for higher education entry (PC 2019; Pilcher and Torii 2018).

There are many pathways to higher education. More than half of the students admitted to higher education courses in 2014 and 2016 were accepted on the basis of previous vocational or higher education study, mature age entry special provisions and the like (Higher Education Standards Panel 2016; Pilcher and Torii 2018), with Aboriginal and Torres Strait Islander students more likely to be mature‑age students (aged 25 years or over) compared to non‑Indigenous students (Universities Australia 2020) — see section 4.8 *Post‑secondary education*.

However, a higher ATAR ranking is still the most direct path for school students wishing to go on to higher education — in 2014 and 2016, 70 per cent of school students admitted into higher education on the basis of their secondary education were selected on the basis of their ATAR (Higher Education Standards Panel 2016; Pilcher and Torii 2018). A higher ATAR is also a good predictor of higher education completion, with a positive association between ATAR and completion rates, particularly among high and very high scoring students (PC 2019; Pilcher and Torii 2018).

Nationally in 2019, of the estimated potential Year 12 population of Aboriginal and Torres Strait Islander students (based on population counts, table 4A.6.9)[[16]](#footnote-16):

* 48 per cent were enrolled in Year 12 (table 4A.6.10)
* 11 per cent were eligible for an ATAR (table 4A.6.12). The proportion of the potential population who are eligible for an ATAR has increased by 3 percentage points since 2008 (table 4A.6.12), which corresponds with an increase in the number of Aboriginal and Torres Strait Islander students enrolling in Year 12 (table 4A.6.10)
* 8 per cent achieved an ATAR of 50.00 or above (figure 4.6.3). The proportion of the potential population achieving an ATAR of 50.00 or above has generally increased since 2007, which has contributed to a slight narrowing of the gap with non‑Indigenous young people (from 37 percentage points in 2007 to 34 percentage points in 2019 (figure 4.6.3)).

| Figure 4.6.3 Potential Year 12 population eligible for an ATAR or with an ATAR of 50 or above, by Indigenous status, 2007–2019**a** |
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| Figure 4.6.3 Potential Year 12 population eligible for an ATAR or with an ATAR of 50 or above, by Indigenous status, 2007-2019  More details can be found within the text surrounding this image. |
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| a See tables 4A.6.11‑12 for detailed definitions, footnotes and caveats. |
| *Sources*: ABS 2019, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*, Cat. no. 3238.0; ABS 2019, *Australian Demographic Statistics June 2019*, Cat. no. 3101.0; Jurisdiction tertiary admissions centres/boards of studies (unpublished); tables 4A.6.11‑12.  |
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In Queensland, there were substantial declines from 2018 to 2019 in the number of Aboriginal and Torres Strait Islander students and non‑Indigenous students eligible for an ATAR (by 39 per cent and 29 per cent, respectively)[[17]](#footnote-17) (table 4A.6.16). This has negatively impacted the national rates for both Aboriginal and Torres Strait Islander and non‑Indigenous potential populations.

### Future directions in data

There are currently no nationally comparable data on senior secondary certification. These administrative data are important to complement the self‑report data provided through the ABS Census and surveys. Development of measures of Year 12 certification has been occurring through the Australian Curriculum, Assessment and Reporting Authority in consultation with key education and training agencies and data providers. This work commenced almost 10 years ago and is still ongoing, with no nationally agreed measures.

The availability of longitudinal data for Aboriginal and Torres Strait Islander young people could assist in understanding their senior secondary and post school choices — including reasons for disengagement from school education or non‑school education and training, and alternative pathways being attempted. As the cohorts in the Longitudinal Study of Indigenous Children get older, this data collection could assist in answering some of these questions.

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

| Box 4.7.1 Key messages |
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| * Aboriginal and Torres Strait Islander people contribute to the economy and community through employment in both general occupations and occupations that benefit from their unique skills and culture. Their employment choices are partly driven by a desire to support their family and community, which is a key part of their cultural identity, and this can influence their occupational choices and how they engage in paid employment.
* Aboriginal and Torres Strait Islander employment and labour force outcomes improved in the 1990s and early 2000s, but have remained relatively unchanged in the last decade.
* When interpreting changes in employment and labour force outcomes over time the transition from the Community Development Employment Program (CDEP) to the Community Development Program (CDP) needs to be considered (particularly for remote areas). Some participants in the CDP are not classified as in the labour force in the latest statistics, and are only classified as employed if also in non-CDP employment. In contrast, all CDEP participants were classified as in the labour force and employed.
* About half of working age Aboriginal and Torres Strait Islander people were classified as employed in 2018-19, compared to three-quarters of working age non-Indigenous people.
* However, not all Aboriginal and Torres Strait Islander people who are actively looking for work find paid employment. If these people are included, then labour force participation (employed and unemployed combined) is about 60 per cent (compared to 80 per cent for non-Indigenous people). Many of the Aboriginal and Torres Strait Islander people ‘not in the labour force’, are classified as not actively searching for paid employment for various reasons including family and community responsibilities, such as caring for young children.
* Some of the challenges Aboriginal and Torres Strait Islander people face in finding and maintaining employment may relate to:
* the ongoing effects of the trauma from dispossession and exploitation in the past
* racial discrimination in the workplace.
* Strategies identified in research that may contribute to increasing Aboriginal and Torres Strait Islander people’s employment include:
* changing employment practices and workplaces to make them more conducive to employing and retaining Aboriginal and Torres Strait Islander people
* encouraging the growth of Aboriginal and Torres Strait Islander owned or controlled business and service providers
* supporting Aboriginal and Torres Strait Islander people to engage with quality education and gain the skills and knowledge they need for paid employment.
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| Box 4.7.2 Measures for employment |
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| There is one main measure for this indicator (aligned with the NIRA indicator). * *The employment rate* is defined as the proportion of people aged 15 to 64 years who are employed (that is, in paid employment for at least one hour per week).

Four supplementary measures are reported.* *The 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).
* *The 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).
* *The market-based remote employment rate* is defined as the proportion of Aboriginal and Torres Strait Islander people aged 15 to 64 years who are living in remote Australia and are only employed in market-based employment. Participants in Government employment programs such as CDEP and CDP are generally excluded.
* *Labour force or CDP participation in remote areas* is defined as the proportion of people aged 15 to 64 years who are in the labour force (employed, or unemployed) or are a CDP participant.

The main data sources for the Aboriginal and Torres Strait Islander and non-Indigenous populations, for all the measures above, are ABS national health and social surveys. The most recent available data for Aboriginal and Torres Strait Islander people are sourced from the 2018‑19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). The most recent data for non-Indigenous people are sourced from the 2017-18 National Health Survey (NHS)[[20]](#footnote-20). Data are presented for all jurisdictions and Australia as a whole and are broken down by remoteness, age and sex.Supplementary data are also available from the Census of Population and Housing, with the most recent available data for 2016 (all jurisdictions: Indigenous status; remoteness) and from survey data for long term unemployment (national: by sex and remoteness). |
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Participation in paid employment is not only important for financial and economic security but it also for physical and mental wellbeing (Gray, Hunter and Biddle 2014). Participation is influenced by both an individual’s circumstances and broader structural factors. For the individual, their capacity to work and their education and training, work experience, caring responsibilities and health are some of these factors (Biddle et al. 2016). Broader structural factors relate to the general economic environment and includes the location of jobs, structural changes to the labour market and employers anti-discrimination practice (Biddle et al. 2016). These factors are influenced by the actions of individual people, governments’ policies and legislation and employers’ attitudes.

Aboriginal and Torres Strait Islander people make a broad contribution to the economy through employment in a variety of occupations, including doctors, lawyers, teachers and tradespeople (section 9.1 *Employment by full time/part time status, sector and occupation*). They also have unique cultures, skills and knowledge that make a valuable contribution to the economy and the community. While studies are few, some estimates of the unique contribution include that:

* Aboriginal and Torres Strait Islander owned businesses contributed at least $2.2 billion (but this could be as high as $6.6 billion) to Australia’s GDP in 2016 (PwC 2018), with these businesses more likely to employ Aboriginal and Torres Strait Islander people (Hunter 2015)
* nearly one million visitors took part in some form of Indigenous tourism activity in 2017 (DFAT 2019).

Family and community are important influences on Aboriginal and Torres Strait Islander people’s employment choices (Gibson 2010; Lahn 2012) (see section 9.1 *Employment by full time/part time status, sector and occupation*). This section focuses on paid employment and thus non-income generating activities that also support family and community, while important, are out-of-scope. See box 4.7.2 for definitions of employment, unemployment and labour force participation.

### About half of the Aboriginal and Torres Strait Islander working age population were in paid employment in 2018-19

Nationally, about half of the Aboriginal and Torres Strait Islander working age population were in paid employment in 2018-19 (about three-quarters for non-Indigenous people; figure 4.7.1 and table 4A.7.6). However, not all Aboriginal and Torres Strait Islander people who are actively looking for work find paid employment. If these people are included, then labour force participation (employed and unemployed combined) is about 60 per cent (about 80 per cent for non-Indigenous people; figure 4.7.1 and table 4A.7.14). Reasons why Aboriginal and Torres Strait Islander people are ‘not in the labour force’ include:

* a shortage of suitable jobs in their area, the costs of searching for a job being too great, or further education or skills training being required (Hunter and Gray 2001; Savvas, Boulton and Jepsen 2011)
* poor health or disability, or other family and community responsibilities, such as caring for young children (Dinku and Hunt 2019; Kalb et al. 2014)
* people who were participating in the CDP program and were not employed could be classified as ‘not in the labour force’ depending on their survey responses (ABS 2019).

Employment and labour force participation increased for Aboriginal and Torres Strait Islander people between 1994 and 2002 (figure 4.7.1). Employment peaked at 54 per cent in 2008, then declined with the end of CDEP (see box 4.7.3). CDP participants were only classified as employed in the most recent data (2018‑19) if they also had non-CDP paid employment, whereas all participants in CDEP were previously classified as employed.

| Figure 4.7.1 Employment outcomes for Aboriginal and Torres Strait Islander people**a,b** |
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| Figure 4.7.1 Employment outcomes for Aboriginal and Torres Strait Islander people  More details can be found within the text surrounding this image. |
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| a See tables 4A.7.6 and 4A.7.14 for detailed definitions, footnotes and caveats. b Error bars represent 95 per cent confidence intervals around each estimate.  |
| *Source*: 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; ABS (unpublished) National Aboriginal and Torres Strait Islander Health Survey, 2018-19; tables 4A.7.6 and 4A.7.14. |
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In 2018-19, employment (table 4A.7.6) and labour force participation (table 4A.7.14) rates were similar to 2002 (both overall and for males and females) and remained significantly lower than for the non-Indigenous population.

Census data on employment rates by occupation (see section 9.1 *Employment by full time/part time status, sector and occupation*) show that between 2001 and 2016 the proportion of Aboriginal and Torres Strait Islander workers who were labourers fell from 25 per cent to 15 per cent, with a shift towards professions (more so for women) and trades (more so for men).

| Box 4.7.3 The Community Development Program and earlier employment programs |
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| Major changes in government employment and welfare policy add to the challenge of interpreting movements in employment rates over the last 20 years, particularly in remote areas. In 2002, Aboriginal and Torres Strait Islander participants in the Community Development Employment Projects (CDEP) were included in the official labour force statistics and all CDEP participants were paid wages and classified as employed. While some CDEP activities were similar to those undertaken by participants in *Work for the Dole* type schemes, other activities were essential roles in municipal services, health care, community services, education and other sectors that are considered employment in non-CDEP communities and organisations. At that stage, CDEP was available in both remote and non-remote Australia. From 2007, CDEP was wound down in non-remote areas and restructured towards income support in remote areas, then subsequently rolled into the Remote Jobs and Communities Program (RJCP) in July 2013.The Community Development Program (CDP) replaced the RJCP on 1 July 2015. Participants are job seekers in remote communities. CDP supports these job seekers to build skills, address barriers and contribute to their communities through a range of flexible activities. Most participants are required to engage in mutual obligation requirements (such as work-like activities) up to an individually assessed work capacity (up to 20 hours per week from 1 March 2019) in exchange for income support payments (including Newstart and Youth Allowance).  |
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### Employment and labour force participation rates are generally higher for Aboriginal and Torres Strait Islander people living in non-remote areas

National employment outcomes largely reflect those of Aboriginal and Torres Strait Islander people living in non-remote areas. Generally, employment and labour force participation rates are lower for Aboriginal and Torres Strait Islander people living in remote (including remote and very remote) areas than for those living in non-remote areas (other than outer regional areas) (tables 4A.7.5 and 4A.7.3 respectively), except in the case of Torres Strait Islander people (table 12A.1.17)[[21]](#footnote-21).

Changes in government employment and welfare policy need to be considered when interpreting employment rates, particularly in remote areas (box 4.7.3), so two supplementary measures are reported:

* *The proportion of the working age population employed in market-based employment only*. This excludes participants in CDEP (in historical data) and CDP (in 2018-19 data), so is not affected by the treatment of these programs in the data collections over time (table 4A.7.2). Between 2002 and 2012-13, the proportion of Aboriginal and Torres Strait Islander people living in remote (including remote and very remote) areas who were only in market-based employment increased from almost 20 per cent to around 35 per cent, a level it remained at in 2018‑19[[22]](#footnote-22). In contrast, from 2004-05[[23]](#footnote-23) to 2018-19 the total (unadjusted) employment rate fell by almost 10 percentage points in remote areas and 16 percentage points in very remote areas (table 4A.7.5).
* *The proportion of the Aboriginal and Torres Strait Islander working age population in the labour force (which, for historical data, includes CDEP participants) or in CDP*. In 2018-19, about 57 per cent of Aboriginal and Torres Strait Islander people living in remote and very remote areas were either in the labour force or in CDP, which is similar to the level of labour force participation in remote and very remote areas in 2004-05 (tables 4A.7.1 and 4A.7.19). By contrast, there was a decrease in unadjusted labour force participation rates (that is, those excluding CDP) in remote areas, with the rates in very remote areas falling from 58 per cent in 2004-05 to 44 per cent in 2018-19 (table 4A.7.3).

Other contextual information is also relevant to understanding why Aboriginal and Torres Strait Islander people living in remote areas are considered ‘outside’ of the labour force, even though they are engaged in productive activities. For example, harvesting and cultural production are more likely to occur in remote areas (Altman, Biddle and Buchanan 2010), and attachment to these customary practices is important for wellbeing (Hunter and Gray 2016).

### Addressing workplace barriers for Aboriginal and Torres Strait Islander people includes tackling workplace racism and providing support to Aboriginal and Torres Strait Islander workers

Aboriginal and Torres Strait Islander people bring a unique and valuable perspective to the Australian workforce, but for a variety of reasons some cannot find meaningful work or where employed would like more meaningful work (more hours and/or better quality). Some of the barriers for Aboriginal and Torres Strait Islander people in finding and maintaining employment may relate to:

* the ongoing effects of trauma from dispossession and exploitation in the past — the history of stolen and discriminatory wages, forced labour, and land confiscation (see section 1.2)
* racial discrimination in the workplace (Duncan, Mavisakalyan and Tarverdi 2018) — discrimination negatively affects people’s willingness to look for work or stay in the labour force (Biddle et al. 2013).

Further structural barriers are discussed in sections 9.1 *Employment by full time/ part time status*, sector and occupation and 9.2 *Indigenous owned or controlled land and business*.

Employment practices identified through research that may contribute to addressing these barriers include the:

* employment strategies that facilitate Aboriginal and Torres Strait Islander people’s engagement and increase their chances of being employed
* provision of cross-cultural training to reduce discrimination and tackle workplace racism
* offer of support mechanisms to improve employee retention, including ongoing mentoring and support and flexible work arrangements (Gray, Hunter and Lahoar 2012).

Encouraging the growth of Aboriginal and Torres Strait Islander owned or controlled businesses and service providers is another means of supporting Aboriginal and Torres Strait Islander employment outcomes (see section 9.2 for information on Aboriginal and Torres Strait Islander businesses). These businesses or service providers are more likely to generate jobs for Aboriginal and Torres Strait Islander people than other Australian businesses (Hunter 2013, 2015) and employers with many Aboriginal and Torres Strait Islander employees are more likely to have processes and procedures in place to support them and their culture in the workplace (Hunter and Gray 2012; Hunter and Hawke 2001).

Supporting Aboriginal and Torres Strait Islander people to engage with quality education, and gain the skills and knowledge necessary to find and maintain employment, is also key (Gray, Hunter and Lahoar 2012) (see section 7.3 *Transition from school to work* for more information). For example, having a driver’s license is strongly associated with being employed (Dockery and Lovell 2016). Quality education will support employment and education outcomes through cultural engagement and empowerment (Wilson et al. 2019), with stronger connections to culture and country positively associated with wellbeing (Bourke et al. 2018) — including through employment (Campbell et al. 2011; Dockery 2010, 2012).

### Future directions in data

Better data are needed on the job search characteristics of Aboriginal and Torres Strait Islander people who want to work but are not actively searching for work. These people are typically defined as discouraged job seekers or as marginally attached to the labour force (and are classified as not in the labour force). Through the Participation, Job Search and Mobility survey, the ABS already collects annual data on discouraged job seekers for the total population. However, these data are not available by Indigenous status. While the recent NATSIHS survey asked unemployed participants how long it was since they last had work, the same questions were not asked of people classified as ‘not in the labour force’ (including most CDP participants). Better information on discouraged Indigenous job seekers would be a valuable addition to future surveys.

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## 4.8 Post-secondary education — participation and attainment[[24]](#footnote-24)

| Box 4.8.1 Key messages |
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| * There are economic, health and social wellbeing benefits for Aboriginal and Torres Strait Islander people who participate in and complete post‑secondary education and training.
* The proportion of Aboriginal and Torres Strait Islander adults with or working towards a post‑secondary qualification has nearly doubled in the past two decades. Around one in two adults had or were working towards a post‑secondary qualification in 2018‑19.
* The growth is largely due to a significant increase in the proportion of Aboriginal and Torres Strait Islander adults who have attained a Certificate III to Advanced Diploma, although there has also been growth in their attainment of Bachelor degrees or above.
* This increase in attainment reflects an increase in the number of Aboriginal and Torres Strait Islander people enrolling in post‑secondary education. The proportion of enrolled students who go on to complete full courses has not changed (though the proportions completing individual units of study has increased).
* While there has been growth overall, the proportion of Aboriginal and Torres Strait Islander adults with or working toward a post‑secondary qualification remains relatively low in remote areas, particularly for Bachelor degrees or above. Some of this may be explained by the fact that some people may leave remote areas to pursue education and employment opportunities (with those leaving not counted as ‘remote’ and those staying not transitioning).
* As the attainment of post‑secondary qualifications has grown for Aboriginal and Torres Strait Islander adults in the last two decades, so too has attainment for non‑Indigenous adults. As a result, the gap has remained at around 25 percentage points.
* However, the story varies by qualification level:
* Nationally in 2017–19, the proportion of Aboriginal and Torres Strait Islander adults with Certificate III to advanced diploma (37 per cent) was above the rate for non‑Indigenous adults (34 per cent) for the first time.
* However, the gap in the proportion of adults with Bachelor degree or above has widened, from 16 percentage points in 2002 to 27 percentage points in 2017–19.
* Some of the ways that governments and education and training providers can build on the strengths of Aboriginal and Torres Strait Islander adults and address some of the barriers to their success in post‑secondary education and training include:
* providing access to a range of social, cultural, financial and academic supports
* taking an inclusive approach to the expectations, values and motivations of Aboriginal and Torres Strait Islander communities, particularly in remote areas
* promoting cultural safety by including Aboriginal and Torres Strait Islander knowledges in post‑secondary curriculums and teaching practices.
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| Box 4.8.2 Measures of post‑secondary education — participation and attainment |
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| There is one main measure for this indicator.* *People with or working towards a post‑secondary qualification* is defined as the number of adults (people aged 20–64 years) who have attained post‑secondary qualifications at Australian Qualifications Framework (AQF) Certificate level III or above, or are currently studying at any level, as a proportion of all adults.

The main data source for this measure is the Census, with the most recent data available for 2016 (all jurisdictions: remoteness; age; sex). Supplementary data are available from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/Australian Aboriginal and Torres Strait Islander Health Survey and National Aboriginal and Torres Strait Islander Social Survey, with the most recent data from the 2018‑19 NATSIHS (all jurisdictions: remoteness; age; sex). Data for the non‑Indigenous population are sourced from the ABS National Health Survey (NHS)/Australian Health Survey and General Social Survey, with the most recent data from the 2017‑18 NHS.[[25]](#footnote-25) Survey and Census data are not directly comparable.This section also includes related data on participation at higher education institutions by course level (broad field of education), VET national load pass rate (all jurisdictions), and higher education success rate (all jurisdictions, by sex). |
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Australian adults with post‑secondary education and training have higher labour force participation and better employment and personal income outcomes (Biddle, Gray and Schwab 2017; Karmel et al. 2014; Mahuteau et al. 2015). Increasingly, job opportunities in Australia require higher level qualifications (Garnett 2018) — with Certificate III now considered an entry‑level qualification for many industries (AWPA 2013).

Post‑secondary education and training for Aboriginal and Torres Strait Islander people is associated with improved employment outcomes and higher incomes. Those with post‑school vocational qualifications are more likely to gain employment than those without (Crawford and Biddle 2017). And for those who are employed, higher post‑school education levels are correlated with higher earnings (Birch 2014).

Post‑secondary education and training is also associated with better health and social wellbeing. Higher levels of education and training can provide the skills to access health information to support informed health decision making (ACSQHC 2014), and can build people’s communication skills, self‑confidence and sense of identity (Ackehurst, Polvere and Windley 2017). For Aboriginal and Torres Strait Islander people, there is a positive association between post‑secondary education qualifications and mental and physical health and wellbeing (Biddle, Gray and Schwab 2017).

Attainment of post‑secondary qualifications can also have intergenerational and broader community benefits. For example, Aboriginal and Torres Strait Islander children whose parents have a post‑secondary qualification have better literacy and numeracy outcomes (see section 4.4 *Reading writing and numeracy*). And Aboriginal and Torres Strait Islander university graduates working as professionals have the potential to support their communities through their social, economic, and political position (Anderson 2011; Behrendt et al. 2012).

### The proportion of Aboriginal and Torres Strait Islander adults with or working towards a post-secondary qualification has nearly doubled in the past two decades

Nationally in 2018‑19, half of Aboriginal and Torres Strait Islander adults had or were working towards a post‑secondary qualification — this proportion was almost double the proportion in 2002 (table 4A.8.9). The increase was particularly significant for females (figure 4.8.1).

| Figure 4.8.1 Proportion of people aged 20–64 years with post‑secondary qualifications at AQF Certificate level III or above or currently studying at any level, 2002 to 2017–19**a** |
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| Figure 4.8.1 Proportion of people aged 20-64 years with post-secondary qualifications at AQF Certificate level III or above or currently studying at any level, 2002 to 2017-19  Aboriginal and Torres Strait Islander  More details can be found within the text surrounding this image.Figure 4.8.1 Proportion of people aged 20-64 years with post-secondary qualifications at AQF Certificate level III or above or currently studying at any level, 2002 to 2017-19  Non-Indigenous  More details can be found within the text surrounding this image.Figure 4.8.1 Proportion of people aged 20-64 years with post-secondary qualifications at AQF Certificate level III or above or currently studying at any level, 2002 to 2017-19  Legend to figure  More details can be found within the text surrounding this image. |
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| a See table 4A.8.9 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) National Aboriginal Torres Strait Islander Health Survey (various years); ABS (unpublished) National Aboriginal Torres Strait Islander Social Survey (various years) ABS (unpublished) National Health Survey/Australian Health Survey (various years); ABS (unpublished) General Social Survey (various years); table 4A.8.9. |
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### This growth is largely due to the increase in the proportion of Aboriginal and Torres Strait Islander adults who have attained a Certificate III to Advanced Diploma

Most of the growth in post‑secondary qualifications for Aboriginal and Torres Strait Islander adults has been in the attainment of Certificate III to Advanced Diploma qualifications (which are generally earned in the vocational education and training (VET) sector) (table 4A.8.9). This growth was particularly strong among Aboriginal and Torres Strait Islander females: the attainment rate for Aboriginal and Torres Strait Islander females has more than tripled, from 12 per cent in 2002 to 38 per cent in 2018‑19 (figure 4.8.1).

Aboriginal and Torres Strait Islander people are more likely to engage with VET than with higher education (Ackehurst, Polvere and Windley 2017). Nationally in 2018, there were around seven times more Aboriginal and Torres Strait Islander student enrolments in VET (138 thousand enrolments (NCVER 2019a)) than in higher education (20 thousand enrolments (table 4A.8.25)) — whereas, by comparison, there were about 2.5 times as many non‑Indigenous student enrolments in VET than in higher education (NCVER 2019a; table 4A.8.25). The preference for VET is apparent from a young age, with Aboriginal and Torres Strait Islander students participating in VET in Schools at a higher rate than non‑Indigenous students (Misko, Korbel and Blomberg 2017).

Reasons why VET may be preferred by Aboriginal and Torres Strait Islander people include that it is more accessible both in terms of entry requirements and geographic location, and that many VET courses provide the opportunity for work‑placed learning and the chance to ‘earn as you learn’, whereas higher education usually requires a longer‑term commitment at significant financial cost (Ackehurst, Polvere and Windley 2017; Behrendt et al. 2012).

### But there has also been growth in the proportion of Aboriginal and Torres Strait Islander adults with a Bachelor degree or above

There has also been growth in the number of Aboriginal and Torres Strait Islander people enrolled in higher education. The proportion of students enrolling who are Aboriginal and Torres Strait Islander has increased from 1.2 per cent of domestic student enrolments in 2004 to 1.9 per cent in 2018 — with the number of Aboriginal and Torres Strait Islander student enrolments more than doubling since 2008 (table 4A.8.25). Growth in higher education enrolments has been strongest in the fields of society and culture (which includes content such as politics and sociology), health, and management and commerce (table 4A.8.26).

The profile of Aboriginal and Torres Strait Islander students in higher education is skewed to mature‑age students, with a much lower proportion of younger students compared to non‑Indigenous students (Behrendt et al. 2012). In 2019, one-third of Aboriginal and Torres Strait Islander applicants were aged 25 years or older, compared to less than one‑quarter of non‑Indigenous applicants (Universities Australia 2020). Consistent with this, Aboriginal and Torres Strait Islander students are also more likely to be admitted to university via mature age entry special provisions (Higher Education Standards Panel 2016; Pilcher and Torii 2018).

As student enrolments in higher education have increased, there has also been growth in the proportion of Aboriginal and Torres Strait Islander adults with a Bachelor degree or above. The rate doubled from 4 per cent in 2002 to 8 per cent in 2018‑19 (table 4A.8.9).

### Aboriginal and Torres Strait Islander students are successfully completing units of study at a higher rate than in the past, but course completion rates remain unchanged

While the growth in enrolments in post‑secondary qualifications is an important first step, once students are enrolled the growth in qualifications also depends on success in passing their subjects or units of study. For VET it is measured by the *subject load pass rate*, and for higher education it is measured by the *success rate*.

Subject load pass rates and success rates in government‑funded VET and higher education have increased for Aboriginal and Torres Strait Islander students over time (figure 4.8.2). Data on the subject load pass rate for total VET activity (which includes fee‑for‑service activity) from 2015 onwards are available in tables 4A.8.29 and 4A.8.31.

| Figure 4.8.2 Subject load pass rate (government‑funded VET) and success rate (higher education), 2004 to 2018**a,b** |
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| Figure 4.8.2 Subject load pass rate (government-funded VET) and success rate (higher education), 2004 to 2018  Subject load pass rate, government-funded VET  More details can be found within the text surrounding this image.Figure 4.8.2 Subject load pass rate (government-funded VET) and success rate (higher education), 2004 to 2018  Success rate, Higher education  More details can be found within the text surrounding this image. |
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| a The subject load pass rate (government‑funded VET) and success rate (higher education) are based on different calculations (relevant to their sectors) and are not directly comparable. b See tables 4A.8.27‑28 for detailed definitions, footnotes and caveats. |
| *Source*: Higher education statistics collection (unpublished); National Centre for Vocational Education Research (unpublished) National VET Provider Collection; tables 4A.8.27‑28. |
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VET subject load pass rates and higher education success rates provide an indication of how students are progressing in a single year, as subjects are usually completed within the year (NCVER 2019b). However, to attain a post‑secondary qualification, students must usually complete an entire course — which can take a number of years, particularly for higher AQF level qualifications.

Course completion rates for Aboriginal and Torres Strait Islander students remain below those of non‑Indigenous students in both the VET sector (37 per cent compared to 50 per cent in 2017) (NCVER 2019b) and higher education sector (48 per cent compared to 74 per cent in 2010–2018) (DESE 2019).[[26]](#footnote-26) Limited data are available to show whether Aboriginal and Torres Strait Islander completion rates are increasing in the VET sector. In the higher education sector, a lower proportion of Aboriginal and Torres Strait Islander students are dropping out in their first year; however, overall completion rates did not substantially change between the 2005–2013 student cohort and the 2010–2018 student cohort (DESE 2019). For those higher education students that complete their course, Aboriginal and Torres Strait Islander students typically take longer to complete and graduate (Universities Australia 2020).

### While there has been growth overall, the proportion of Aboriginal and Torres Strait Islander adults with or working toward a post-secondary qualification remains relatively low in remote and very remote areas

The proportion of Aboriginal and Torres Strait Islander adults with or working towards a post‑secondary qualification declines with remoteness. In 2018‑19, around 65 per cent of all Aboriginal and Torres Strait Islander people aged 20–64 years in major cities had or were working towards a post‑secondary qualification, which was higher than in all other remoteness areas (inner regional areas: 49 per cent, outer regional areas: 44 per cent, remote areas: 38 per cent, and very remote areas: 24 per cent) (figure 4.8.3).

The proportion of Aboriginal and Torres Strait Islander adults with a post‑secondary qualification declines with remoteness for both:

* adults with Certificate III and advanced diplomas — the rate in very remote areas (19 per cent) is less than half the rate in major cities (46 per cent)
* adults with a Bachelor degree and above — outside major cities, less than 8 per cent of Aboriginal and Torres Strait Islander adults hold a Bachelor degree or above in inner regional areas, with this rate falling to only 2 per cent of adults in very remote areas (figure 4.8.3).

Some caution should be taken when interpreting data by geographic location. People living in remote areas have lower access to post‑secondary education, and in particular university education, than people living in major cities or regional centres (discussed further below) (Commonwealth of Australia 2019). As a result, they may need to travel away from these areas to further their education, so the statistics will not count them as ‘remote’. Furthermore, having completed higher education qualifications, some people may choose to remain in non‑remote areas to pursue employment opportunities in their chosen fields (ACYS 2015). Nevertheless, there is some evidence that low numbers of rural and remote Aboriginal and Torres Strait Islander students transition to higher education — and, although higher proportions of rural and remote students access VET, there are few transitions from VET to university (Wilks, Wilson and Kinnane 2017).

| Figure 4.8.3 Proportion of people aged 20–64 years who have post‑secondary qualifications at AQF Certificate level III or above, or are currently studying at any level, by remoteness, 2017–19**a,b** |
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| Figure 4.8.3 Proportion of people aged 20-64 years who have post-secondary qualifications at AQF Certificate level III or above, or are currently studying at any level, by remoteness 2017-19  More details can be found within the text surrounding this image. |
| a See table 4A.8.15 for detailed definitions, footnotes and caveats. b Non‑Indigenous data are not available for very remote areas. |
| *Source*: ABS (2019) *National Aboriginal and Torres Strait Islander Health Survey 2018­19*, Cat. no. 4715.0; ABS (unpublished) National Health Survey 2017­18; table 4A.8.15. |
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### Despite the growth in the proportion of Aboriginal and Torres Strait Islander adults with or working toward a post-secondary qualification, the gap with non-Indigenous adults has not narrowed

As participation in and attainment of post‑secondary qualifications has grown for Aboriginal and Torres Strait Islander adults in the last two decades, so too has participation and attainment for non‑Indigenous adults. As a result, the gap between Aboriginal and Torres Strait Islander adults and non‑Indigenous adults with or working towards a post‑secondary qualification has remained about 25 percentage points throughout the period (table 4A.8.9).

However, the story is different for the qualification rates of adults with a Certificate III to Advanced Diploma (generally available through VET) and adults with a Bachelor degree or above (generally available through universities).

* *Certificate III to Advanced Diploma* — Over the past two decades, growth in the proportion of Aboriginal and Torres Strait Islander adults with a Certificate III to Advanced Diploma has been stronger than for non‑Indigenous people. As a result, by 2017–19, the proportion for Aboriginal and Torres Strait Islander adults (37 per cent) was significantly above the proportion for non‑Indigenous adults (34 per cent) for the first time (table 4A.8.9).
* *Bachelor degree or above* — Despite the growth in these qualifications for Aboriginal and Torres Strait Islander adults, the gap with non‑Indigenous adults has widened — from 16 percentage points in 2002 to 27 percentage points in 2017–19. This is due to the higher growth in the proportion for non‑Indigenous adults (from 20 per cent in 2002 to 35 per cent in 2017‑18) (table 4A.8.9).

### A number of barriers make it more difficult for Aboriginal and Torres Strait Islander adults to succeed in post-secondary education, but there are ways in which these may be addressed

Aboriginal and Torres Strait Islander people also bring strengths to post‑secondary education and training. In qualitative research, Aboriginal and Torres Strait Islander people have indicated that support from their family and community and their personal determination and motivation are key factors for their success in post‑secondary education and training (Barney 2016; Guenther et al. 2017).

Removing barriers that make it more challenging for Aboriginal and Torres Strait Islander adults to succeed at post‑secondary education and training than non‑Indigenous adults is important to reduce the gap. These barriers include:

* previous academic achievement — the gap experienced through the school system (see section 4.4 *Reading writing and numeracy*), which affects the post‑secondary education opportunities for Aboriginal and Torres Strait Islander people (Behrendt et al. 2012; Parker et al. 2013)
* accessibility issues — as a larger proportion of Aboriginal and Torres Strait Islander adults than non‑Indigenous adults live in remote areas or are from low income families, they are disproportionally affected by access issues relating to the cost of post‑secondary education, lack of facilities, and affordable and reliable resources and technology (Behrendt et al. 2012; Cuervo, Barakat and Turnbull 2015; Hunter 2010; Wilks, Wilson and Kinnane 2017). While relocating to non‑remote areas may be an option for some Aboriginal and Torres Strait Islander students, those who do relocate often feel isolated and removed from their families (Barney 2016; Behrendt et al. 2012) and have less support in their studies. Aboriginal and Torres Strait Islander students may also need to return home regularly in order to maintain important cultural obligations (Commonwealth of Australia 2019)
* racism and cultural insensitivity — experiences of racism, stereotyping and exclusion, perceptions of cultural insensitivity, and a lack of cultural awareness and respect at post‑secondary institutions have been identified as significant issues for Aboriginal and Torres Strait Islander people in post‑secondary education (Gore et al. 2017). These experiences, compounded by feelings of cultural isolation, can affect the aspirations and ongoing participation of Aboriginal and Torres Strait Islander people in post‑secondary education (Behrendt et al. 2012)
* lack of culturally appropriate services — for example, for those whose first language is not ‘standard Australian English’, a lack of recognition of Aboriginal languages can impact their educational outcomes and act as a barrier to engaging in post‑secondary education and training (Rutherford, McCalman and Bainbridge 2019). There is also evidence that post‑secondary education and training in remote areas may not be meeting the needs of Aboriginal and Torres Strait Islander people, with program completion rates considerably lower in very remote areas than in other areas (Windley 2017)
* caring and other community responsibilities — a greater proportion of Aboriginal and Torres Strait Islander people provide care and support to family members, than non‑Indigenous people. This particularly affects young Aboriginal and Torres Strait Islander women and mature age students wishing to study (Behrendt et al. 2012; Biddle and Meehl 2016). In qualitative research of students and educators in the West Kimberley region, Wilks, Wilson and Kinnane (2017, p. 221) noted that ‘respondents stressed that mature age students especially have family pressures such as supporting other family members and children, and finances, and many are likely to be leaders within their communities and therefore hold significant responsibilities’, which can lead them to delay study.

Research has identified key ways that governments and education and training providers can build on the strengths of Aboriginal and Torres Strait Islander adults and address some of the barriers to their success in post‑secondary education and training.

* Providing access to a range of social, cultural, financial and academic supports (Barney 2016; Behrendt et al. 2012; Guenther et al. 2017). These can include financial or other support with fees and equipment, housing and childcare, mentoring and tutoring, connections to employment and professional organisations, and help engaging with on‑campus cultural and social activities. (In particular, support provided by ‘Indigenous Higher Education Units’ within post‑secondary institutions has been identified as important.)[[27]](#footnote-27) (Ackehurst, Polvere and Windley 2017; Behrendt et al. 2012; Gore et al. 2017)
* Providing flexibility for students in post‑secondary education who live in remote areas or who have additional caring and/or cultural responsibilities (Behrendt et al. 2012; Gore et al. 2017; Wilks, Wilson and Kinnane 2017)
* Taking an inclusive approach to the expectations, values and motivations of Aboriginal and Torres Strait Islander communities — particularly in remote areas, where the measures of ‘successful’ education and training extend beyond standard measures (such as course completion or employment outcomes) to incorporate issues that are important to local communities. Such issues might include enhanced self‑confidence and identity, the development of foundation skills (including English language literacy), and local community ownership with training (Ackehurst, Polvere and Windley 2017)
* Promoting culturally safe and supportive environments, by incorporating Aboriginal and Torres Strait Islander knowledges into post‑secondary curriculums and teaching practices. Involving Aboriginal and Torres Strait Islander people in teaching, governance and management at post‑secondary institutions can be one way to address this, although Aboriginal and Torres Strait Islander staff need to be supported as they often have to juggle their careers with additional representative and advocacy roles within their educational institutions (Ackehurst, Polvere and Windley 2017; Behrendt et al. 2012)
* Providing accessible post‑school pathways for Aboriginal and Torres Strait Islander young people to transition from school — see section 7.3 *Transition from school to work*.

### Future directions in data

Further work is required to understand the post‑secondary pathways of Aboriginal and Torres Strait Islander people.

The availability of longitudinal data for Aboriginal and Torres Strait Islander young people could assist in understanding their choices post‑school — including their aspirations for post‑secondary qualifications, what path they have taken to enter post‑secondary education and training, their reasons for completing or not completing post‑secondary education and training courses, their transitions between VET and higher education, and other activities. As the cohorts in the Longitudinal Study of Indigenous Children get older, this data collection could assist in answering some of these questions.

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## 4.9 Disability and chronic disease[[28]](#footnote-28)

| Box 4.9.1 Key messages |
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| * Living with disability means that a person is born with, or acquires, an impairment that limits everyday activities or restricts their participation in school or work, without assistance.
* However, for many Aboriginal and Torres Strait Islander people it is not the limitations in function that result in disability, but the associated barriers to equal participation in the social and physical environment.
* The disability rate (based on the concept of functional limitation) remained largely unchanged between 2009 and 2015 for Aboriginal and Torres Strait Islander people. About one in four Aboriginal and Torres Strait Islander people (24 per cent) were living with disability in 2015, with about one-third of this group (7 per cent) living with a profound or severe limitation (that is, needs help with self-care, mobility or communication activities).
* The disability rate for non-Indigenous people has also remained relatively unchanged, and after adjusting for differences in population age structures, was around half the rate for Aboriginal and Torres Strait Islander people in 2015.
* In 2018-19, around one in two Aboriginal and Torres Strait Islander people aged 15 years or over lived with disability or a long-term health condition. And while the proportion for Aboriginal and Torres Strait Islander people is higher than for non-Indigenous people, the gap is narrower compared to the gap for disability only.
* Disability can result from chronic diseases, and vice versa. End stage renal disease (the advanced stage of chronic kidney disease) was the most common chronic disease resulting in hospitalisation for Aboriginal and Torres Strait Islander people in 2018-19, accounting for around four in five hospital separations.
* To better meet the needs of Aboriginal and Torres Strait Islander people with disability, research indicates that the service sector needs to address the social determinants of health and disability, recognise the holistic experience of Aboriginal and Torres Strait Islander people with disability, build an understanding of the Aboriginal and Torres Strait Islander concept of disability and provide culturally safe support.
* Cultural responsibilities and a higher prevalence of disability for Aboriginal and Torres Strait Islander people mean that Aboriginal and Torres Strait Islander carers can be more affected by caring responsibilities compared to non-Indigenous carers. In 2016, around one in seven Aboriginal and Torres Strait Islander people provided unpaid care for someone living with disability, and this group had worse employment outcomes than non-Indigenous carers and all non-carers.
* Research suggests that to better meet the needs of Aboriginal and Torres Strait Islander carers of people with disability, services should consider community-led models of care that provide comprehensive and holistic care for the person with disability and their carer/s, and streamlining of services to reduce out-of-pocket costs.
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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: * *Hospitalisation rates* are defined as the rates of hospital separations[[29]](#footnote-29) for people with chronic disease. The most recent available data are for 2018‑19, and come from the AIHW National Hospital Morbidity Database (all jurisdictions; sex; remoteness).
* *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 publication for 2015[[30]](#footnote-30) (national; age; sex; remoteness).

In SDAC data, disability is defined as ‘any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months’. People with disability can have:* a severe or profound limitation on a core activity (self-care, mobility or communication)
* a mild or moderate core activity limitation, or a schooling or employment restriction
* an impairment with an everyday activity, but not a core activity limitation or a schooling or employment restriction.

Supplementary data are sourced from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent data available from the 2018‑19 NATSIHS (all jurisdictions; age; sex; remoteness). Comparable non‑Indigenous data are sourced from the ABS General Social Survey (GSS) for 2014 and from the ABS National Health Survey (NHS) for 2017‑18. The SDAC and NATSIHS/NATSISS are not directly comparable. The SDAC excludes very remote areas. The NATSIHS/NATSISS use a less refined definition of disability, and data on people with disability and long-term conditions are reported together.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).
* *Proportion of carers of people with disability* (all jurisdictions; sex; remoteness) *and their participation in society*.
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Living with disability can be understood as a person having an impairment that limits everyday activities or restricts their participation in school or work, without some form of assistance or aid. Impairments can arise from genetic disorders or be acquired through illness, accident, ageing or a combination of these, all with varying severity (AIHW 2019).

This understanding of disability applies a medical model, and is reflected in the data reported in this section. However, the understanding of disability has evolved from a medical to a social model in recent decades.

Under the social model, disability is understood as the result of a person living with impairment in an environment filled with physical, attitudinal, communication and social barriers. In the social model, if the environment enables a person with a physical or medical condition (that is, an impairment) to fully participate in society, that person is not living with disability.

Aboriginal and Torres Strait Islander people tend to understand the concept of disability in a similar way to the social model. That is, disability is a result of barriers to equal participation in the social and physical environment (FPDN 2019). For many Aboriginal and Torres Strait Islander people, diversity (or limitations) in function is not conceptualised as disability, but is seen as a person’s experience or “part of living” (Gilroy et al. 2016). For example, there are words in traditional languages that are factual references to a person’s functioning capacity within a community, such as those that describe a person being blind or having back pain (Avery 2018).

Further, the ‘culture of inclusion’ in Aboriginal and Torres Strait Islander communities is a moderating force for the health and wellbeing of Aboriginal and Torres Strait Islander people with disability (Avery 2019). For example, Aboriginal and Torres Strait Islander people with disability participate in community and cultural events at the same rate as Aboriginal and Torres Strait Islander people with no disability (Avery 2019).

### About one in four Aboriginal and Torres Strait Islander people live with disability, a figure largely unchanged between 2009 and 2015

About one in four Aboriginal and Torres Strait Islander people live with disability, a figure largely unchanged over the past decade. In 2015, the reported rate of disability for Aboriginal and Torres Strait Islander people was 24 per cent, similar to the rate in 2009 (table 4A.9.1). About seven per cent of Aboriginal and Torres Strait Islander people had a profound or severe core activity limitation (that is, needed help with self-care, mobility or communication activities), while 11 per cent had a moderate/mild core activity limitation and three per cent had a schooling or employment restriction. A further three per cent had a disability with no specific limitation or restriction (table 4A.9.1).

Disability rates for non-Indigenous people also remained largely unchanged between 2009 and 2015, although they were lower than those for Aboriginal and Torres Strait Islander people (table 4A.9.1). After adjusting for differences in population age structures, the disability rate for Aboriginal and Torres Strait Islander people was just under twice the rate for non-Indigenous people in 2015 (table 4A.9.1). Across remoteness areas the rates for Aboriginal and Torres Strait Islander people with disability ranged between one-and-a-half and two times the rates for non-Indigenous people with disability (table 4A.9.5).

As age increases, disability rates increase more rapidly for Aboriginal and Torres Strait Islander people than for non-Indigenous people (figure 4.9.1). Nationally in 2015, for Aboriginal and Torres Strait Islander people aged 55 years or over, 49 per cent of men and 60 per cent of women had some disability. This compares with less than 40 per cent for both non‑Indigenous men and women aged 55 years or over (table 4A.9.2). Proportional differences indicate where the disability rates start to get steeper for Aboriginal and Torres Strait Islander people; the largest proportional differences were for women aged 15–34 years (with the rate for Aboriginal and Torres Strait Islander women 2.4 times the rate for non‑Indigenous women) and for men aged 35–54 years (with the rate for Aboriginal and Torres Strait Islander men 2.6 times the rate for non-Indigenous men) (table 4A.9.2).

| Figure 4.9.1 Disability rates by Indigenous status, by age-group, 2015**a** |
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| Figure 4.9.1 Disability rates by Indigenous status, by age-group, 2015  Males  More details can be found within the text surrounding this image.Figure 4.9.1 Disability rates by Indigenous status, by age-group, 2015  Females  More details can be found within the text surrounding this image.Figure 4.9.1 Disability rates by Indigenous status, by age-group, 2015  Legend to figure  More details can be found within the text surrounding this image. |
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| a See table 4A.9.2 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) 2015 Survey of Disability Ageing and Carers; table 4A.9.2. |
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### Almost one in two Aboriginal and Torres Strait Islander people live with disability or a long-term health condition…

More recent data are available from the 2018‑19 NATSIHS. These data have a broader scope that includes people with long term health conditions, but are only available for people aged 15 years or over. When comparing them with SDAC data, the boundary between disability and long-term health conditions should mainly affect estimates of people with mild limitations, not moderate or severe/profound limitations (Coleman et al. 2018).

In 2018‑19, 46 per cent of Aboriginal and Torres Strait Islander people aged 15 years or over reported having a disability or long-term health condition, similar to 2008, and similar in remote and non-remote areas (table 4A.9.6).

Aboriginal and Torres Strait Islander people who are part of the Stolen Generations have a relatively high proportion reporting disability or long-term health conditions. Analysis of 2014-15 data by the AIHW and The Healing Foundation (2018b) found that for Aboriginal and Torres Strait Islander people born before 1972 who were removed from their family, 67 per cent reported having disability or long-term condition compared with 59 per cent among Aboriginal and Torres Strait Islander people of similar age who were not removed from their family (there was no difference in the proportions with profound/severe disability).

In 2017–19, and after adjusting for differences in population age structures, the proportion of Aboriginal and Torres Strait Islander people aged 15 years or over with disability or long term health condition was 1.3 times the proportion for non-Indigenous people (table 4A.9.8).

### …and Aboriginal and Torres Strait Islander people with disability or a long-term health condition have lower levels of schooling and poorer employment outcomes, compared to Aboriginal and Torres Strait Islander people without these conditions

For Aboriginal and Torres Strait Islander people, living with disability or a long-term health condition is associated with lower levels of schooling and poorer employment outcomes, compared with Aboriginal and Torres Strait Islander people without these conditions. In 2018‑19, Aboriginal and Torres Strait Islander people with disability or a long-term health condition:

* had a lower year 12 completion rate (25 per cent compared with 36 per cent) (table 4A.9.16), although this was balanced out when AQF qualifications at Certificate II level and above were included (at around 65 per cent for both groups) (table 4A.9.17)
* had a lower labour force participation rate (52 per cent compared with 67 per cent) and employment rate (39 per cent compared to 57 per cent) (table 4A.9.18)
* were less likely to have an equivalised gross household income[[31]](#footnote-31) in the top two income quintiles (15 per cent compared with 26 per cent) (table 4A.9.20).

### Around one in seven Aboriginal and Torres Strait Islander people provide unpaid care for someone living with disability

Many Aboriginal and Torres Strait Islander people have a strong cultural understanding that it is the responsibility of family to provide care and support (PC 2011). However, the higher prevalence of disability for Aboriginal and Torres Strait Islander people means the caring burden can be disproportionately high for Aboriginal and Torres Strait Islander people and they may require support to meet their caring obligations.

The proportion of Aboriginal and Torres Strait Islander people aged 15 years or over providing unpaid care to a person with disability, long-term illness or problems related to old age increased from 12 per cent in 2006 to around 14 per cent in 2016. This was higher than the proportion of non-Indigenous people aged 15 years or over who provided unpaid care for a person with disability in 2016 (12 per cent). Among both Aboriginal and Torres Strait Islander carers and non-Indigenous carers, a greater proportion were female (table 4A.9.21).

### Carers of people with disability have poorer labour force outcomes than non-carers

Carers of people with disability, particularly Aboriginal and Torres Strait Islander carers, have poorer labour force outcomes than non-carers. In 2016, the labour force participation rate was lowest for Aboriginal and Torres Strait Islander carers of people with disability (56 per cent), followed by Aboriginal and Torres Strait Islander people with no unpaid caring responsibilities (60 per cent), non-Indigenous carers (71 per cent) and non-Indigenous people with no unpaid caring responsibilities (78 per cent) (table 4A.9.22). Employment rates show similar patterns (figure 4.9.2).

Furthermore, while the employment rate for non-Indigenous carers and non-carers increases with remoteness, the opposite is the case for Aboriginal and Torres Strait Islander carers and non-carers (figure 4.9.2).

| Figure 4.9.2 Employment rate of unpaid carers of people with disability and non-carers, by Indigenous status and remoteness, 2016a,b |
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| Figure 4.9.2 Employment rate of unpaid carers of people with disability and non-carers, by Indigenous status and remoteness, 2016  More details can be found within the text surrounding this image. |
| a Employment rate is the number of employed carers expressed as a percentage of all carers aged 15–64 years. b See tables 4A.9.22−23 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Census of Population and Housing 2016; tables 4A.9.22-23. |
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### End stage renal disease is the most common chronic disease resulting in hospitalisation for Aboriginal and Torres Strait Islander people

Chronic diseases (long lasting conditions with persistent effects) can lead to disability and vice versa (AIHW 2018a). Hospitalisation records provide some information about instances of chronic disease that result in hospitalisation, but do not measure the prevalence of a disease or condition in the population. Hospitalisation rates show separations (that is, the completion of an episode in hospital) for admitted patients only, and a single individual can have multiple separations.

End stage renal diseases (also referred to as end stage kidney disease, where a person requires dialysis or a transplant to stay alive) accounted for around four in five hospital separations for chronic diseases for Aboriginal and Torres Strait Islander people in 2018-19, and equated to around three hospitalisations for every 10 people in the population (up more than 40 per cent over the past decade) (table 4A.9.24).[[32]](#footnote-32)

End stage renal disease also accounted for the highest rate of hospital separations for chronic diseases for non-Indigenous people, albeit from a lower base and with much greater differences across geographic areas. After adjusting for differences in population age structures, the hospitalisation rate in major cities for end stage renal disease for Aboriginal and Torres Strait Islander people was five times the rate for non-Indigenous people, increasing to 75 times the rate in remote and very remote areas (table 4A.9.27).

End stage renal disease is the most severe form of chronic kidney disease, with cardiovascular disease the most common cause of death (ANZDATA Registry 2020; Lim et al. 2019). There is no single cause of kidney disease, with numerous risk factors including high blood pressure, obesity and smoking (AIHW 2015). In relation overweight/obesity, a longitudinal study of children in NSW found that Aboriginal children were at higher risk of kidney disease from being overweight/obese compared with non-Indigenous children who were overweight/obese (Kim et al. 2017). And for those with kidney disease, there is evidence that healthy dietary patterns are associated with lower mortality (Kelly et al. 2017). Section 8.5 contains more information on obesity and nutrition.

### Improving the lives of Aboriginal and Torres Strait Islander people with disability and their carers requires multi-sector support and holistic, culturally safe services

Improving the wellbeing of Aboriginal and Torres Strait Islander people with disability and their carers requires a whole-of-government approach. This whole-of-government approach will be most effective if it engages Aboriginal and Torres Strait Islander people in the design of services, delivers those services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people; facilitates changes to legislation and policy, undertakes capacity-building, and encourages technological developments. (PC 2011; Soldatic 2018).

Early intervention and preventive programs that reduce the incidence of health conditions leading to disability are key to reducing disability rates among Aboriginal and Torres Strait Islander people (section 8.1 *Access to primary health care*) (PC 2011; WHO 2011). This requires action across multiple sectors (many of which are outlined elsewhere in this report) — including action on environmental and personal factors such as smoking, alcohol consumption and nutrition (sections 8.4–5 and 11.1), preventable diseases (section 10.2 *Rates of disease associated with poor environmental health*), safe water and sanitation (section 10.3 *Access to clean water functional sewerage and electricity services*), safety at home and in the community (section 4.12 *Family and community violence*) and safety on roads and in workplaces (WHO 2011).

Aboriginal and Torres Strait Islander people with disability can experience greater vulnerability and disadvantage than people who belong to only one of these groups (that is being Aboriginal and Torres Strait Islander *or* living with disability) as being a member of both can compound the effects of the barriers experienced (Avery 2019). Policies and institutional structures relating to Aboriginal and Torres Strait Islander people are not always inclusive of Aboriginal and Torres Strait Islander people with disability, which may impact on the level of identification (Harpur and Stein 2018). Similarly, the conceptualisations of disability in order to access a disability support service may not match how Aboriginal and Torres Strait Islander people with disability see themselves, which in turn can affect their access to services (Do 2017; Ravindran, Brentnall and Gilroy 2017).

Some Aboriginal and Torres Strait Islander people face significant barriers to accessing and using disability support services. These barriers include concern about approaching government agencies, services that are not mindful of cultural differences, including culturally appropriate assessment instruments, lack of services in remote areas (Biddle, Yap and Gray 2013; Do 2017; Gilroy et al. 2016; PC 2011) cultural competence of the workforce (Do 2017) and discrimination (Avery 2018).

Aboriginal and Torres Strait Islander people with disability, their families and carers as well as staff in disability services have identified strategies that may facilitate access to, and engagement with, disability services for Aboriginal and Torres Strait Islander people with disability, including the following:

* A disability service sector that addresses the social determinants of health and disability in communities including the continuing experiences of racism and the economic, health and educational legacies of colonisation (Dew et al. 2018; Gilroy et al. 2016).
* Improved access to disability services provided by Aboriginal Community Controlled Health Organisations (ACCHOs) (Gilroy et al. 2016) — which deliver comprehensive, culturally appropriate primary health care to Aboriginal and Torres Strait Islander people and communities (Campbell et al. 2018).
* And disability services that: recruit more Aboriginal and Torres Strait Islander workers both to improve awareness of disability services in local communities and to foster cross‑cultural interaction with non-Indigenous workers (Gilroy et al. 2016); have person‑centred practices, which are more aligned with an Aboriginal and Torres Strait Islander concept of disability (Dew et al. 2018; Gilroy et al. 2016); and have non‑judgemental attitudes towards Aboriginal and Torres Strait Islander people with disability (Dew et al. 2018).

The disability service delivery environment is in a state of transition, and this could provide an opportunity to increase access and supports for Aboriginal and Torres Strait Islander people with disability. The National Disability Insurance Scheme (NDIS) has been introduced progressively across Australia, and since 1 July 2020 has been available in all areas of Australia (section 15 *Services for people with disability* in SCRGSP 2020 for more details). Individuals seek access to the NDIS and are assessed according to a common set of criteria. Those individuals who are deemed eligible receive a package of funding to purchase the supports identified in their individualised plan (Buckmaster 2017). Research indicates that in creating the NDIS, the barriers that Aboriginal and Torres Strait Islander people with disability face to access services have not been addressed (Do 2017) and the government’s response to Aboriginal and Torres Strait Islander organisations in the NDIS operates with a predetermined construct of Aboriginality and disability (Gordon, Dew and Dowse 2019).

Outside of the service system, informal carers of people with disability often experience higher rates of depression, poorer physical health, more limited capacity to participate in employment and greater financial stress than the general population (Diminic, Hielscher and Harris 2019; Kiraly 2015) — with Aboriginal and Torres Strait Islander carers facing more significant impacts. Evidence suggests that to better meet the needs of Aboriginal and Torres Strait Islander carers, services should consider:

* mitigating out-of-pocket costs (DiGiacomo et al. 2017), by streamlining services and systems
* adopting community‑led models of care (Green et al. 2018) that deliver holistic and comprehensive care for the person with disability and their carer
* facilitating engagement with other Aboriginal and Torres Strait Islander families with a member with disability
* supporting kinship systems in their roles as respite carers (DiGiacomo et al. 2017).

### Future directions in data

More frequent estimates of the prevalence of disability for Aboriginal and Torres Strait Islander people are required (data were not available from the ABS 2018 Survey of Disability, Ageing and Carers meaning our most recent prevalence estimates are from 2015).

Further investigation is required regarding the concept of disability for data collection, particularly for Aboriginal and Torres Strait Islander people where the concept of disability is not based on the current collection around functional limitations.

The disability policy and service delivery environment continues to evolve with the full rollout of the NDIS. Monitoring outcomes for Aboriginal and Torres Strait Islander people is important, and may affect future outcomes for measures included in this report.

Data on hospital separation rates count an individual for each separation, and there can be multiple separations for the same individual within a single data collection period. With these data it is not possible to distinguish if higher hospitalisation rates are due to more individuals requiring hospitalisation or individuals requiring more frequent hospitalisation. Reporting data prevalence (individuals) as well as incidence (hospital separations) would enable a more informed picture of hospitalisations for chronic conditions.

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## 4.10 Household and individual income[[33]](#footnote-33)

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| Box 4.10.1 Key messages |
| * Income is important in establishing people’s material wellbeing. It enables them to support themselves, their families and their communities.
* While higher incomes are typically associated with positive wellbeing for the general population, for Aboriginal and Torres Strait Islander people the relationship is less clear. Although what constitutes wellbeing may differ among Aboriginal and Torres Strait Islander peoples, the importance of the non-material — not least, the maintenance of culture — means that income as a proxy for wellbeing is likely limited for some.
* An individual’s income level is affected by their personal choices and characteristics, but government policies and economic conditions are also important. Personal choices and characteristics are specific to the individual and can often (but not always) be influenced by them. Government policies and economic conditions are out of an individual’s control, but can affect their opportunities and their incentives and/or ability to earn income.
* The median equivalised gross weekly household (EGWH) income was $553 per week for Aboriginal and Torres Strait Islander adults in 2018-19. The most recent period of comparable data (2014-15) found that the EGWH income for non-Indigenous adults was around 70 per cent higher than for Aboriginal and Torres Strait Islander adults. This proportion is similar to that for median personal income in 2018-19 ($489 per week for Aboriginal and Torres Strait Islander adults and $767 per week for non-Indigenous adults).
* For Aboriginal and Torres Strait Islander adults, the median EGWH income generally decreases as remoteness increases (a pattern not seen in the available historical data for non‑Indigenous adults). In 2018-19, the median EGWH income ranged from $719 in major cities to $400 in very remote areas. The EGWH measure does not adjust for the cost of living which can vary considerably across geographic areas.
* Aboriginal and Torres Strait Islander people are consistently overrepresented in the lower income quintiles, with little change in the distribution over time — and this overrepresentation increases as remoteness increases. Qualitative research suggests that intergenerational poverty may be in part due to the legacy of historical government income policies.
* A range of direct and indirect measures are needed to increase the income levels of Aboriginal and Torres Strait Islander people and reduce this gap. For example, incomes can be directly affected through the minimum wage rate settings and government benefits, and can be indirectly affected through policies to encourage employment and economic development (including removing barriers to land use).
* Supporting Aboriginal and Torres Strait Islander people in financial planning may assist Aboriginal and Torres Strait Islander people to improve both their current and future material wellbeing.
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| Box 4.10.2 Measures of household and individual income |
| Income is made up of wages, salaries, government pensions and allowances and any other income individuals usually receive (ABS 2011). 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, 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, adjusted for the size and composition of the household.
* *Mean gross weekly personal income* is defined as the average before‑tax weekly personal income.

Household income is the preferred indicator for understanding incomes because income is generally shared within households to buy goods and services. For example, an adult’s income is generally used to provide for the children in the household. To compare income across households, total household income needs to be adjusted for the size and composition of a household (using an equivalence scale). This adjustment is especially important for analysis involving Aboriginal and Torres Strait Islander households, as they are generally larger than non‑Indigenous households (with 3.2 and 2.5 people per household respectively in 2016 (ABS 2017)). All measures are limited to people aged 18 years or over. Data for these measures are sourced from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent available data from the 2018-19 NATSIHS. Data for the non‑Indigenous population are sourced from the ABS Australian Health Survey (AHS)/National Health Survey (NHS). Survey methodology changes mean that Aboriginal and Torres Strait Islander *household* income cannot be compared over time, or with non-Indigenous household income for the latest year of data. Supplementary data are available from the Census (tables 4A.10.4–7), with the most recent available data for 2016 (all jurisdictions, remoteness). Survey and Census data are not directly comparable. |
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Income is important in establishing people’s material wellbeing. It enables them to support themselves, their families and their communities. Income can be used to purchase goods and services that can prevent negative outcomes (such as malnutrition from a lack of healthy food) and can be used to improve outcomes (such as by purchasing additional resources to support education).

An individual’s income level is affected by their personal choices and characteristics, but government policies and economic conditions are also important. Personal choices and characteristics include age, education (see sections 4.3 *Early childhood education* to 4.8 *Post‑secondary education*), health (see section 4.9 *Disability and chronic disease* and chapter 8 *Healthy lives*) and desired hours of employment (see sections 4.7 *Employment* and 9.1 *Employment by full time/part time status, sector and occupation*). These are specific to the individual and can often (but not always) be influenced by them. Government policies and economic conditions are out of an individual’s control, but can also affect their opportunities and their incentives and/or ability to earn income.

While higher incomes are typically associated with positive wellbeing for the general population, for Aboriginal and Torres Strait Islander people the relationship is less clear. Analysis of 2008 data by Biddle (2015) found that for Aboriginal and Torres Strait Islander people in non-remote areas (particularly males) there is a positive relationship between income and wellbeing, but in remote areas there is almost no relationship. Dockery (2010) found that pursuing employment (which is income-generating) and other outcomes at the expense of culture may negatively affect wellbeing.

Many Aboriginal and Torres Strait Islander people have a broader definition of wellbeing than one centred on Western ideals (Prout 2012; Schultz et al. 2019; Yap and Yu 2016) such as high income. Although the definition of wellbeing is not consistent across Aboriginal and Torres Strait Islander people (Ganesharajah 2009; Yap and Yu 2016), the importance of the non-material means that income is limited as a proxy for wellbeing. It is important to consider income as an aspect of wellbeing in conjunction with other aspects such as culture (section 5.1 *Valuing Aboriginal and Torres Strait Islander people and their cultures*), language (section 5.5 *Indigenous language revitalisation and maintenance*), participation in community activities (section 5.7 *Participation in community activities*) and access to traditional lands and water (section 5.8 *Access to traditional lands and waters*).

### Median income for Aboriginal and Torres Strait Islander households generally decreases as remoteness increases

In 2018‑19, the median EGWH income for Aboriginal and Torres Strait Islander households was $553 per week (table 4A.10.1). The median, however, is not the same around Australia — with EGWH income generally decreasing as remoteness increases, ranging from $719 per week in major cities to $400 per week in very remote areas (figure 4.10.1).

Importantly, EGWH income does not adjust for the cost of living associated with geography, though there are often higher costs associated with living more remotely (PC 2020).

A range of factors may explain why incomes are lower for Aboriginal and Torres Strait Islander households in more remote areas. Some of these factors are common to all people in remote areas, such as having a larger proportion of people in lower paid occupations (section 9.1 *Employment by full time/part time status, sector and occupation*) and lower levels of post-secondary education (see section 4.8 *Post-secondary education*). Other factors are specific to Aboriginal and Torres Strait Islander people, such as lower rates of employment and labour force participation (see section 4.7 *Employment*). Aboriginal and Torres Strait Islander people in remote areas may also have greater opportunities to undertake other productive activities to supplement their need for income and to achieve the standard of living they desire and value, such as fishing or harvesting food. And there may be an added incentive in remote areas to undertake these activities (Biddle 2011; Senior et al. 2018) where goods and services are relatively expensive (Department of Primary Industries and Regional Development 2019; Ferguson et al. 2016; Lee et al. 2016) and an additional dollar of income has less purchasing power (so the relative value generated by the supplementary activities is higher).

| Figure 4.10.1 Aboriginal and Torres Strait Islander household EGWH income by remoteness, 2018-19**a** |
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| Figure 4.10.1 Aboriginal and Torres Strait Islander household EGWH income by remoteness, 2018-19  More details can be found within the text surrounding this image. |
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| a See table 4A.10.1 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) National Aboriginal and Torres Strait Islander Health Survey 2018-19; table 4A.10.1. |
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The most recent comparable data for non-Indigenous households was for 2014-15, and indicates that at that time non-Indigenous EGWH income was around 70 per cent more than Aboriginal and Torres Strait Islander EGWH income (table 4A.10.1). An increase in EGWH income for Aboriginal and Torres Strait Islander adults in 2014-15 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 (table 4A.10.1). It cannot be ascertained whether this trend has continued without access to more recent data.

### Aboriginal and Torres Strait Islander people are more likely to live in lower‑income households than non-Indigenous people, with income distribution patterns changing little over 15 years

Aboriginal and Torres Strait Islander people are consistently overrepresented in the lower income quintiles[[34]](#footnote-34) (table 4A.10.4). In 2016, 28 per cent of Aboriginal and Torres Strait Islander people were in the lowest income quintile in Australia (i.e., in the 20 per cent of households with the lowest incomes); this compares with 18 per cent for non-Indigenous people (figure 4.10.2). While there has been a slight decline (three percentage points) in the proportion of Aboriginal and Torres Strait Islander people in the lowest income quintile since 2001, the proportions in all other quintiles have remained relatively constant (tables 4A.10.4 and 4A.10.7).

| Figure 4.10.2 Distribution of EGWH income by income quintile and Indigenous status, 2016**a** |
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| Figure 4.10.2 Distribution of EGWH income by income quintile and Indigenous status, 2016  More details can be found within the text surrounding this image. |
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| a See table 4A.10.4 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) Census of Population and Housing 2016; table 4A.10.4. |
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Aboriginal and Torres Strait Islander people are overly represented in the lowest quintile in all geographical areas; however, in very remote areas, around 44 per cent are in the lowest income quintile. This pattern is the same in reverse for the highest income quintile (i.e. the 20 per cent of households with the highest incomes), with around 5 per cent in the highest income quintile in very remote areas (table 4A.10.4).

Historical government income policies (see chapter 1, section 1.2) may partially explain why Aboriginal and Torres Strait Islander households are overrepresented in the lower quintiles today. One such policy is the control of Aboriginal and Torres Strait Islander people’s incomes by governments (also known as Stolen Wages), which lasted up until the 1970s in some jurisdictions (Haughton and Parliament of Australia 2019; Standing Committee on Legal and Constitutional Affairs 2006). While there is no quantifiable data on the amount of wages that were withheld or the financial impact of these policies on the current Aboriginal and Torres Strait Islander population, a number of papers suggest a legacy of intergenerational poverty caused by the control of Aboriginal and Torres Strait Islander people’s money and spending (Banks 2008; Gunstone 2014; Haebich 2004; Howes 2005; Loban 2018; Standing Committee on Legal and Constitutional Affairs 2006).

Research shows how inter-generational transmission of poverty occurs. Poverty directly reduces people’s ability to afford day-to-day necessities such as adequate and nutritious food, housing costs, medical care and utility bills for the individual and family (Chaudry and Wimer 2016). This lack of financial resources means that parents have less resources to invest in inputs that contribute to their children's development and educational outcomes, including educational toys, books, and high-quality early care and education (Warren 2017). These material hardships negatively impact the child’s future income earning capacity and have been linked to worse outcomes across a wide spectrum of health conditions, developmental and educational outcomes (Chaudry and Wimer 2016; Ware 2013). Without intervention, the cycle of poverty then continues for future generations.

### Aboriginal and Torres Strait Islander people’s personal income remains lower than that for non-Indigenous people

In 2018-19, the median gross weekly personal income for Aboriginal and Torres Strait Islander adults was $489. Across age groups, the median gross weekly personal income was between $400 and $600, with the exception of income for those aged 25–34 years which was significantly higher ($689 per week) (figure 4.10.3).

Comparatively, the median gross weekly personal income for non-Indigenous adults was $767 in 2017-18 (table 4.A.10.8). Non-Indigenous people earned more across all age groups except the 18–24 year old age group (where the amounts were the same) (figure 4.10.3). The most significant gap was for people aged 35–44 years; in this age group, Aboriginal and Torres Strait Islander people earned less than half the weekly personal income of non‑Indigenous people.

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| Figure 4.10.3 Median gross weekly personal income, people aged 18 years or over, by age group, 2017-19**a,b** |
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| Figure 4.10.3 Median gross weekly personal income, people aged 18 years or over, by age group, 2017-19  More details can be found within the text surrounding this image. |

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| a Error bars represent 95 per cent confidence intervals around each estimate. b See table 4A.10.8 for detailed definitions, footnotes and caveats |
| *Source*: ABS (unpublished) National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2018‑19; ABS (unpublished) National Health Survey (NHS) 2017‑18; table 4A.10.8. |
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The survey data from 2018-19 on Aboriginal and Torres Strait Islander people’s personal income cannot be compared to previous survey data due to changes in the survey method. Median real gross weekly personal income had increased for Aboriginal and Torres Strait Islander people for all age groups between 2002 and 2014-15. It cannot be ascertained whether this trend has continued.

### A range of direct and indirect policy measures are needed to improve income levels for Aboriginal and Torres Strait Islander people and reduce the gap…

There is no single measure that will necessarily increase the income levels of Aboriginal and Torres Strait Islander people and reduce the gap. As has been seen historically, the effectiveness of a policy also depends on the targeting, implementation and monitoring of that policy.[[35]](#footnote-35)

A range of direct and indirect measures are needed to increase the income levels of Aboriginal and Torres Strait Islander people and reduce this gap.

* Incomes can be directly affected by setting the rates of the minimum wage and government benefits, allowances and pensions. Changes to these rates affect the average incomes of Aboriginal and Torres Strait Islander people more than those of non‑Indigenous people, as Aboriginal and Torres Strait Islander people are more likely to be employed on the minimum wage or receiving a government payment or allowance (see sections 9.1 *Employment by full time/part time status, sector and occupation* and 9.3 *Home ownership*). For example, 64 per cent of Remote Area Allowance recipients are Aboriginal and Torres Strait Islander people. The Remote Area Allowance rates have not been adjusted in almost 20 years, and are not indexed to reflect increases in the cost of living over time. This means that the payment rates have decreased in real terms (PC 2020, pp. 233, 271).
* Incomes can be indirectly affected through policies to encourage employment and economic development. These policies can include wage subsidies, employment targets and government purchasing requirements that are directed specifically at Aboriginal and Torres Strait Islander people, organisations or businesses. They can raise average income by increasing the number of people earning income or by growing the hours of work available for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people can also earn income from their lands and waters, although various issues can affect this income earning capacity. These issues are addressed in section 9.2 *Indigenous owned or controlled land and business*.

### …And supporting Aboriginal and Torres Strait Islander people in financial planning can improve material wellbeing both now and into the future

Supporting Aboriginal and Torres Strait Islander people in financial planning may assist them in improving both their current and future material wellbeing. Two specific ways to do this are through improving financial literacy and engagement with superannuation funds.

Improving the financial literacy skills of Aboriginal and Torres Strait Islander people may also assist them in using their incomes more effectively to improve their overall financial wellbeing. Research has found that Aboriginal and Torres Strait Islander people have lower levels of financial literacy than non-Indigenous people (Wagland and Taylor 2015; Weier et al. 2019). For example, one in five Aboriginal and Torres Strait Islander people who accessed credit during a 12-month period accessed fringe credit (such as payday loans). Using fringe credit providers is likely to leave people paying more for credit than they would from other sources (such as from a bank or mortgage account) (Weier et al. 2019).

Recognising and removing barriers to Aboriginal and Torres Strait Islander people’s access to financial products and services (such as financial advice, credit cards and bank accounts) may help with their financial literacy (Weier et al. 2019). Barriers can be removed by (for example) addressing the cost of services and advice, providing support for people who live far from services, and developing culturally appropriate resources that can be delivered in language and/or facilitated by a local Aboriginal or Torres Strait Islander person (Brimble and Blue 2013; Wagland and Taylor 2015).

Income is very important not only for people’s current financial wellbeing, but for their future wellbeing through superannuation. It has been estimated that Aboriginal and Torres Strait Islander people have less than half the superannuation of non-Indigenous people upon retirement (Dockery 2020). Improving the labour force participation, rates of employment and incomes of Aboriginal and Torres Strait Islander people will increase the amount of money in their superannuation accounts. However, addressing the barriers specific to Aboriginal and Torres Strait Islander people in engaging with superannuation funds will assist them in making the most out of the superannuation accounts they currently have. These barriers include difficulties in proving identity, limited financial literacy, having multiple superannuation accounts, and lacking physical and culturally appropriate access to services (Dockery 2020).

### Future directions in data

Changes in the ABS’s survey method for collecting income data in the 2018-19 NATSIHS have meant that data are not comparable:

* for household and personal income — between the 2018-19 collection and previous collections, and so they cannot be used to understand how income has changed over time for Aboriginal and Torres Strait Islander people.
* for household income — with the non-Indigenous household income data collected through the NHS — so the gap between Aboriginal and Torres Strait Islander and non‑Indigenous household income cannot be ascertained, and nor can whether it has changed over time.

This change in survey method has severely limited our understanding of household and individual income for Aboriginal and Torres Strait Islander and non-Indigenous people. Data collection that allows analysis of income over time and between Aboriginal and Torres Strait Islander people and non-Indigenous people should be maintained.

Supplementary data on household and personal income are available from the Census (tables 4A.10.4–7). Census data are useful as they enable more detailed disaggregation. However, these data are collected in pre‑determined income ranges, and this affects the level of precision of the median and mean income estimates. Collecting specific incomes from individuals, rather than broad income ranges, would enable more specific reporting on income.

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## 4.11 Substantiated child abuse and neglect[[36]](#footnote-36)

| Box 4.11.1 Key messages |
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| * The foundations for a good life start in childhood. And the majority of parents of Aboriginal and Torres Strait Islander children want healthy, happy and successful lives for their children. Preventing childhood abuse and neglect, or acting as early as possible if it occurs, is important to reduce its serious and long‑term effects on health and wellbeing into adulthood.
* A significant issue in reporting on child abuse and neglect is the absence of data on prevalence in the community. The best available information that provides an indication of child abuse and neglect prevalence is the count of children who come in contact with child protection services.
* Aboriginal and Torres Strait Islander children are more likely than non‑Indigenous children to come in contact with child protection services, with overrepresentation increasing as they progress through the child protection system. However, it is not clear (due to a lack of data) whether the overrepresentation at entry is largely due to the higher prevalence of child abuse and neglect, to structural factors that increase the likelihood of Aboriginal and Torres Strait Islander children entering the system, or to a combination of both.
* Over the past 10 years, rates of substantiated child abuse and neglect have increased for all children. Consequently, while the rate for Aboriginal and Torres Strait Islander children is six times higher than for non‑Indigenous children, the ratio has remained unchanged.
* Once a substantiation occurs, Aboriginal and Torres Strait Islander children are increasingly more likely than non‑Indigenous children to be placed on a care and protection order and/or in out‑of‑home care. Furthermore, the proportion of children placed in care according to the Aboriginal Child Placement Principle has decreased over time.
* This indicates that, while the likelihood of Aboriginal and Torres Strait Islander children being subject to a substantiation has not changed in the last decade relative to non‑Indigenous children, the way that the system is dealing with Aboriginal and Torres Strait Islander children *has* changed. It also indicates that efforts to move the child protection system more towards prevention and early intervention (that is, a public health approach), which would assist in identifying and addressing personal risk factors as early as possible, are not working for Aboriginal and Torres Strait Islander children and their families.
* Structural factors relating to child protection decision‑making processes, including a lack of cultural competency and difficulties for families in getting the support they need to navigate the child protection system, mean that Aboriginal and Torres Strait Islander children may be more vulnerable to entering the child protection system *irrespective* of the underlying prevalence of abuse and neglect.
* Reducing Aboriginal and Torres Strait Islander children’s overrepresentation in the system will require creating strategies to address these structural factors, and ensuring that shifts to a public health approach to protecting children consider the needs of Aboriginal and Torres Strait Islander children and their families.
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| Box 4.11.2 Measures of substantiated child abuse and neglect |
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| There are three main measures for this indicator.* *Substantiations* is defined as the rate at which Aboriginal and Torres Strait Islander children were the subject of substantiated child protection notifications.
* *Children in out‑of‑home care* is defined as the rate at which Aboriginal and Torres Strait Islander children were in out‑of‑home care.
* *Placement of children in out‑of‑home care* is defined as the proportion of Aboriginal and Torres Strait Islander children in out‑of‑home care placed in accordance with the Aboriginal Child Placement Principle.

The most recent available data are for 2018‑19, from State and Territory governments and the AIHW (derived from the National Child Protection Data Collection) (all jurisdictions).One supplementary measure is reported on children on care and protection orders (all jurisdictions). Data on diagnoses of sexually transmitted infections in children (national) are included, for information, in table 4A.11.8. |
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The foundations for a good life start in childhood, and parents of Aboriginal and Torres Strait Islander children want healthy, happy and successful lives for their children (Martin and Walter 2017). However, if child abuse and neglect occurs, acting as early as possible to support families and reduce harm to children is important.

Childhood maltreatment[[37]](#footnote-37) has serious and long‑term effects (Emerson, Fox and Smith 2015). Stressors and trauma in childhood caused by physical, emotional and/or sexual abuse, neglect, and witnessing family violence can lead children to develop problems with health, development, learning and behaviours (AHMAC 2017). Childhood abuse and neglect increases the likelihood of issues in adulthood such as anxiety, depression, suicide, substance abuse, offending behaviour and contact with the criminal justice system, and violence (AIHW 2020; Emerson, Fox and Smith 2015). Chronic maltreatment reoccurring over a prolonged period is particularly detrimental, resulting in worse outcomes than temporary or isolated incidents (AIFS 2014).

As the consequences of child abuse and neglect are severe, the Australian child protection system aims to intervene to protect children. Children come to the attention of child protection agencies in various ways, including through reports of concerns made by the child, community members, mandated professionals, organisations, and family or relatives (commonly called ‘referrals’ or ‘notifications’). Before a matter is considered ‘substantiated’ by authorities, it must be investigated. Children for whom there is a substantiation for abuse and neglect can then be referred for case management or family support services, or placed on a care and protection order and/or in out‑of‑home care (SCRGSP 2020).

However, intervention by the child protection system in the lives of children and families also has significant consequences. There is growing evidence that the outcomes for children in and exiting the system are poor, particularly for those who are in or exiting out‑of‑home care. Children who have been in care experience more serious physical, mental and emotional health problems than those who have not entered care, and are also more likely to become involved in the criminal justice system (AIHW 2019b; Baidawi and Sheehan 2019; COAG 2009; Davis 2019; Walsh et al. 2018). This is likely to be due partly to their experience of childhood maltreatment; however, separation from family and (for some children) abuse that occurs in care can further exacerbate the trauma already experienced (Davis 2019).

At present, data are not available on the underlying prevalence of child abuse and neglect in the population, and so data sourced from child protection services are used as a proxy. But child protection services data reflect only those children for whom abuse and neglect has been brought to the attention of child protection agencies; moreover, they are affected over time by changes in policies and community awareness, broadening definitions of what constitutes abuse and neglect and increasing mandatory reporting requirements (Katz et al. 2016). The numbers of children in agency systems may also reflect any systemic biases that make some groups (such as Aboriginal and Torres Strait Islander children or children with disability) more susceptible to involvement with the child protection system.

Aboriginal and Torres Strait Islander children are more likely than non‑Indigenous children to come in contact with child protection services, and generally progress through the system at increasing levels of overrepresentation (see section 16 in SCRGSP 2020). In 2018‑19, while Aboriginal and Torres Strait Islander children were around five times as likely to have a notification made about them to child protection agencies than non‑Indigenous children, they were eight times as likely to be receiving a further child protection service.[[38]](#footnote-38) (Around 16 per cent of Aboriginal and Torres Strait Islander children received a child protection service, compared with 2 per cent of non‑Indigenous children.)

### Over the past decade, substantiation rates for abuse and neglect have increased for all Australian children, but for Aboriginal and Torres Strait Islander children they remain at six times the rates for non‑Indigenous children

The substantiation rate for abuse and neglect is increasing for all Australian children. And while the rate for Aboriginal and Torres Strait Islander children has increased, it has increased at a similar pace for non‑Indigenous children, meaning that the ratio between the two has remained steady. From 2009‑10 to 2018‑19, the substantiation rate for abuse and neglect increased from 28 to 38 per 1000 Aboriginal and Torres Strait Islander children, compared with 5 to 6 per 1000 for non‑Indigenous children. This means that the rate of substantiated child abuse and neglect of Aboriginal and Torres Strait Islander children remains around six times the rate for non‑Indigenous children (figure 4.11.1). The decline in the substantiation rates for Aboriginal and Torres Strait Islander children and non‑Indigenous children after 2016‑17 appears to be mostly due to data issues for NSW, where data were not available for 2017‑18 and then the proportion of people with unknown Indigenous status increased to 17 per cent in 2018‑19 (table 4A.11.1).

| Figure 4.11.1 Rate of children aged 0–17 years who were subject to a substantiation, by Indigenous status**a** |
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| Figure 4.11.1 Rate of children aged 0–17 years who were subject to a substantiation, by Indigenous status  More details can be found within the text surrounding this image. |
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| a See table 4A.11.1 for detailed definitions, footnotes and caveats.  |
| *Source*:SCRGSP (2020) *Report on Government Services 2020*, table 16A.1; State and Territory Governments (unpublished) for 2012‑13 to 2018‑19; AIHW (unpublished), derived from *Child Protection Australia* data collection for data prior to 2012‑13; ABS (2019) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, 2006 to 2031, Cat. no. 3238.0, Canberra; ABS (unpublished) *Australian Demographic Statistics (various years)*, Cat. no. 3101.0, Canberra; table 4A.11.1. |
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Aboriginal and Torres Strait Islander children have significantly higher rates of substantiations for neglect[[39]](#footnote-39) than non‑Indigenous children. In 2018‑19, Aboriginal and Torres Strait Islander children were 12 times as likely to be subject to a substantiation for neglect than non‑Indigenous people, which is double their overrepresentation for all other forms of maltreatment (table 4A.11.3).

Neglect is the most difficult form of maltreatment to substantiate and respond to effectively (Scott 2014). As with many other forms of maltreatment, it is associated with the experience of poverty (Lewis et al. 2019; State of Victoria 2016; Doidge et. al. 2017), but the families of children who are neglected often have more complex issues and experience a high level of need — such as inadequate housing, homelessness, substance abuse and domestic violence — so require multiple types and levels of support (Newton 2016; Scott 2014). Research from both Australia and internationally (in the context of indigenous families) has noted that a tertiary child protection response may not always be the best response for children who experience neglect, but alterative referral pathways or approaches (such as supporting families with access to resources and education) may reduce the need for tertiary or statutory responses (Bromfield 2015; Scott 2014; Trocmé et al. 2013).

### With increasing rates for Aboriginal and Torres Strait Islander children being on a care and protection order and/or in out‑of‑home care compared with non‑Indigenous children, the gap is widening

If a substantiation of child abuse or neglect occurs, child protection services can also intervene further, including by:

* engaging family support services. These may be used instead of, or in addition to other child protection interventions, and include programs to prevent family dysfunction and maltreatment, provide support and advice to families, and develop parenting skills
* implementing a care and protection order. These are legal orders or arrangements that give child protection departments partial responsibility for a child’s welfare and can be short (temporary) or long‑term
* placing a child in out‑of‑home care. Children are placed in out‑of‑home care for various reasons, but are often placed in order to provide them with a safe environment.

Where a substantiation occurs, Aboriginal and Torres Strait Islander children are increasingly more likely than non‑Indigenous children to be placed on a care and protection order and/or in out‑of‑home care (figure 4.11.2). Consequently, while the likelihood of Aboriginal and Torres Strait Islander children being subject to a substantiation for abuse and neglect relative to non‑Indigenous children has not changed since 2009‑10, the way that the system responds post substantiation has. For example, the rate of placement in out‑of‑home care has remained relatively stable since 2004‑05 for non‑Indigenous children, but has nearly tripled for Aboriginal and Torres Strait Islander children (figure 4.11.3).

For Aboriginal and Torres Strait Islander families and communities, the trauma of having their children removed is exacerbated by the legacy of past policies of forced removal (which caused the ‘Stolen Generations’[[40]](#footnote-40)), with the intergenerational effects of these forced removals continuing (AIHW 2019a; Davis 2019). Aboriginal and Torres Strait Islander people who are members of the Stolen Generations have experienced worse outcomes in a range of areas, including health, socioeconomic, justice and housing, compared with other Aboriginal and Torres Strait Islander people (AIHW 2019a). And children who live in the households of those from the Stolen Generation also experience worse outcomes than children in other Aboriginal and Torres Strait Islander households (AIHW 2019a).

| Figure 4.11.2 Rate ratio of Aboriginal and Torres Strait Islander children to non‑Indigenous children for those substantiated, on care and protection orders or in out‑of‑home care**a** |
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| Figure 4.11.2 Rate ratio of Aboriginal and Torres Strait Islander children to non-Indigenous children for those substantiated, on care and protection orders or in out-of-home care  More details can be found within the text surrounding this image. |
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| aSee tables 4A.11.1, 4A.11.5 and 4A.11.6 for detailed definitions, footnotes and caveats. |
| *Source*: SCRGSP (2020) *Report on Government Services 2020*, table 16A.1; State and Territory Governments (unpublished) for 2012‑13 to 2018‑19; AIHW (unpublished), Child Protection Australia data prior to 2012‑13. ABS (2019) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, *2006 to 2031*, Cat. no. 3238.0; ABS (unpublished) *Australian Demographic Statistics*, Cat. no. 3101.0; tables 4A.11.1 and 4A.11.5‑6. |
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| Figure 4.11.3 Rate of children who were in out‑of‑home care**a** |
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| Figure 4.11.3 Rate of children who were in out of home care  More details can be found within the text surrounding this image. |
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| a See table 4A.11.6 for detailed definitions, footnotes and caveats. |
| *Source*: SCRGSP (2020) *Report on Government Services 2020*, table 16A.2 State and Territory Governments (unpublished); ABS (2019) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*, Cat. no. 3238.0, Canberra; ABS (unpublished) *Australian Demographic Statistics,* Cat. no. 3101.0, Canberra; table 4A.11.6.  |
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### As the proportion of Aboriginal and Torres Strait Islander children being placed in out‑of‑home care has increased, the proportion placed according to the Aboriginal Child Placement Principle has decreased

Thirty years ago, the Aboriginal and Torres Strait Islander Child Placement Principle was initiated through an Aboriginal community‑led movement (Arney et al. 2015). The central goal of the Principle was to enhance and preserve Aboriginal children’s connection to family and community and sense of identity and culture (Tilbury et al. 2013). Furthermore, the Principle recognised that Aboriginal and Torres Strait Islander people had the knowledge and experience to make the best decisions concerning their children (Tilbury et al. 2013). State and Territory governments committed to fully implementing the Principle and to adopting a broader understanding of the Principle (DSS 2015).

As the proportion of Aboriginal and Torres Strait Islander children placed in out‑of‑home care has increased over time, the proportion placed according to the Aboriginal Child Placement Principle has decreased (figure 4.11.4). Nationally at 30 June 2019, 64 per cent of Aboriginal and Torres Strait Islander children in out‑of‑home care were placed in accordance with the Aboriginal Child Placement Principle. This continues the trend of gradual decline from a high of 77 per cent at 30 June 2005. The majority of the decline over this period has been in placements with other Aboriginal and Torres Strait Islander carers or in residential care (from 23 to 12 per cent); the proportion of placements with relatives/kin has remained fairly stable (53 per cent at 30 June 2019) (table 4A.11.7).

| 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. |
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| a See table 4A.11.7 for detailed definitions, footnotes and caveats. |
| *Source*: SCRGSP (2020) *Report on Government Services 2020*, table 16A.21; State and Territory Governments (unpublished) for 2012‑13 to 2018‑19; AIHW (unpublished), *Child Protection Australia* data prior to 2012‑13; table 4A.11.7. |
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Identified barriers between the intent and application of the Principle may include:

* the shortage of Aboriginal and Torres Strait Islander foster and kinship carers, due to factors such as carer burnout, fear and mistrust of child protection services, and eligibility criteria that exclude some carers (Arney et al. 2015)
* inconsistent involvement of, and support for, Aboriginal and Torres Strait Islander people and organisations in child protection decision‑making (Arney et al. 2015)
* concerns regarding inappropriate definitions of Aboriginal and Torres Strait Islander kinship within legislation (Lewis et al. 2019)
* practice deficits in respecting children’s Aboriginal identity — and a lack of compliance with legislative and policy obligations, such as late or de‑identification of children’s Aboriginal status — resulting in children’s cultural rights and needs not being upheld[[41]](#footnote-41) (Commission for Children and Young People 2016).

State and Territory data on Aboriginal and Torres Strait Islander children in out‑of‑home care by relationship with caregiver are available in table 4A.11.7.

### Why are Aboriginal and Torres Strait Islander children overrepresented in child protection services and more likely to progress through the system into out‑of‑home care?

The reasons for the overrepresentation of Aboriginal and Torres Strait Islander children in child protection services are varied and interrelated. In the broad, they include:

* higher prevalence of individual, family and social/environmental risk factors for child abuse and neglect. The greater the number of risk factors, the greater the likelihood a child will experience maltreatment (AIFS 2017). Risk factors include low socio‑economic status, the intergenerational trauma of child removal and abuse, substance abuse, child disability, parental mental health and domestic violence[[42]](#footnote-42) (AIFS 2017; Davis 2019; Doidge et al. 2017). (Other sections in this Report contain more detail on these risk factors, including the underlying factors that contribute to the higher prevalence.)
* structural factors related to child protection decision‑making processes that may disadvantage Aboriginal and Torres Strait Islander children and families (Harnett and Featherstone 2020), such as:
* standardised tools to assess the level of risk that include historical risk factors which may not reflect the current situation, but are more prevalent among Aboriginal and Torres Strait Islander people, may not be culturally appropriate
* professional judgement that can ‘override’ the estimates of risk calculated by the standardised tools and can take into account present circumstances and relevant cultural differences — however, these judgments for Aboriginal and Torres Strait Islander children and families require a high level of cultural capability on the part of practitioners (Featherstone 2017), which non‑Indigenous practitioners may not always have (Harnett and Featherstone 2020)
* thresholds for what is an acceptable level of risk — where there is uncertainty surrounding the level of risk and where it sits in relation to the threshold, a risk‑averse culture combined with a lack of cultural competence and/or racial biases may lead professionals to determine the risk is higher than it actually is (Cunneen 2019)
* other structural factors that may particularly disadvantage Aboriginal and Torres Strait Islander families, including:
* a lack of legal information and appropriate access to legal assistance on child protection matters (Cunneen 2019). This is partly because Aboriginal and Torres Strait Islander families may have more limited financial resources and particular challenges in navigating the child protection system (for example, if English is a second language), along with ongoing feelings of powerless (Newton 2020) arising from the ongoing trauma of the history of child removals
* limited housing options for women and their children following domestic and family violence. Without long‑term stable housing, women are at a significant risk of having their children removed, and the chance of reunification (if children are taken into care) is also compromised (Cripps and Habibis 2019).

The implication of these structural factors relating to child protection decision‑making is that Aboriginal and Torres Strait Islander children are more vulnerable to entering the child protection system irrespective of the underlying prevalence of abuse and neglect. That is, if the prevalence was the same for Aboriginal and Torres Strait Islander children and
non‑Indigenous children, Aboriginal and Torres Strait Islander children would still be more likely to enter and be overrepresented in the system. (Analysis by Jenkins et al. 2018 on re‑entry to care supports this finding.)

### How can the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system be addressed?

Given the factors outlined above that lead to the overrepresentation of Aboriginal and Torres Strait Islander children, reducing this overrepresentation might involve:

* reducing the higher prevalence of individual, family and social/environmental risk factors for child abuse and neglect. This could include adopting universal and early intervention measures that detect and/or address the risk factors for child abuse and neglect as early as possible (in line with the Australian governments’ approach to implementation a public health approach to protecting children) (COAG 2009; Lewis et al. 2019)
* building the cultural competency of the child protection system in relation to Aboriginal and Torres Strait Islander families and children (Harnett and Featherstone 2020). This could include governments passing control for decision‑making about Aboriginal and Torres Strait Islander children in, or at risk of entering, the system to Aboriginal Community Controlled Organisations. (This has been done in Victoria (see box 4.11.3) and Queensland (see Oxfam Australia 2019))
* providing Aboriginal and Torres Strait Islander families with children who are in, or at risk of entering, the child protection system with the support they need to:
* interact with and navigate the system (including accessible and culturally appropriate legal advice)
* access long‑term stable housing in a timely manner if they have experienced domestic violence.

| Box 4.11.3 The Aboriginal Children’s Forum (ACF) in Victoria |
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| The ACF was established to implement the *Wungurilwil Gapgapduir*: Aboriginal Children and Families AgreementThe Victorian Aboriginal Children’s Forum (ACF) was established in 2015 and is a tripartite approach that brings together the Aboriginal Community Controlled Organisations (ACCOs), community sector organisations (CSOs) and the Victorian government to support the implementation of the *Wungurilwil Gapgapduir*: Aboriginal Children and Families Agreement (the Agreement). This Agreement promotes the safety, health and resilience of vulnerable Aboriginal children and young people, so that they thrive and live in culturally rich and strong Aboriginal families and communities and aims to reduce the overrepresentation of Aboriginal children involved with child protection and care services. Decisions of the ACF are jointly made by members, and Aboriginal organisations are provided the resources to ensure they can participate on an equal footingThe ACF is foundational to the planning, development and delivery of services for Aboriginal children and families. The ACF decision‑making process is supported by the provision of data, a range of presentations/papers from partners and critical stakeholders to support caucus and divisional discussions and decisions about actions to progress the Agreement. ACCOs are the majority members, and as such hold the most voting rights in relation to critical decisions, which includes but is not limited to membership and changes to the structure.The hosting of the quarterly ACF is shared between all funded ACCOs; where possible, it is held on the traditional lands of the hosting ACCO. A representative of the hosting ACCO co‑chairs the ACF with the Secretary of the Department of Health and Human Services (DHHS) on the first day of the forum and with the Victorian Minister for Child Protection on the second day. An ACF working group has been established to set the agenda for the ACF, to make key recommendations on membership and to progress actions of the ACF. The ACF working group includes the Victorian Aboriginal Children and Young People’s Alliance (representing their ACCO membership), the Victorian Aboriginal Child Care Agency (VACCA), the Centre for Excellence in Child and Family Welfare (representing their CSO membership), the Commissioner for Aboriginal Children and Young People, and the Victorian Government. |
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| Box 4.11.3 (continued) |
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| The *Wungurilwil Gapgapduir* aims to ensure that Aboriginal children in care are connected with Country, culture and kinship networks The *Wungurilwil Gapgapduir* recognises the importance of Aboriginal children in care being connected with Country, culture and community, and promotes the development of strategies and programs to prevent entry to care and to promote reunification with family. The principles of self‑determination and self‑management underpin these efforts, with ACCOs having a significant role in the design and delivery of local services and supports. ACCOs have also received additional funding to help their growth, innovation and research into Aboriginal ways of working and the development of an Aboriginal evidence base. Two of the key initiatives of the *Wungurilwil Gapgapduir* are the:* *Aboriginal Children in Aboriginal Care* (ACAC) program, which aims to actively promote Aboriginal children’s connections to community and culture and address the overrepresentation of Aboriginal children in care. The ACAC program enables the Secretary of the DHHS to legislatively authorise the CEO of an ACCO to undertake powers and functions usually utilised by the Secretary of the DHHS in respect of an Aboriginal child on a protection order. In Victoria there are now two ACCOs receiving such authorisations and a further two ACCOs currently in the pre‑authorisation phase — a requirement before an ACCO is fully authorised. It is anticipated that all four ACCOs will be fully authorised in 2021.
* *Transitioning Aboriginal Children to ACCOs* program, which transfers the case management of Aboriginal children on protection orders and in care from DHHS and CSOs to approved Aboriginal agencies. As of the end of July 2019, nearly half of the Aboriginal children in care in Victoria were case managed by ACCOs. This is a 250 per cent improvement compared with July 2017.
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| *Source*: Commission for Children and Young People and Victorian State Government (2016); DHHS (2017, 2019); Victorian Department of Premier and Cabinet (unpublished); Victorian Government (2018, 2019). |
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### Future directions in data

A key gap in knowledge is the underlying level of child abuse and neglect in the community. The recently established Australian Child Maltreatment Study[[43]](#footnote-43) has been funded by the National Health and Medical Research Council for five years (2019–23) and will survey people aged 16 years or over to obtain prevalence estimates of historical child maltreatment. A sufficient sample and culturally sensitive collection of data from Aboriginal and Torres Strait Islander people could provide valuable information on their experience of child maltreatment.

Information on the specific reasons why Aboriginal and Torres Strait Islander children enter the child protection system, and the extent to which alternative family support pathways (beside care and protection orders and out‑of‑home care) are being used, can assist in better understanding what is driving the overrepresentation. Related data/reporting gaps include:

* national data on the key reasons why Aboriginal and Torres Strait Islander children are placed in out‑of‑home care, to better understand the factors affecting entry decisions (AIHW 2020)
* data on family support and case management services being provided and received by Aboriginal and Torres Strait Islander families (Lewis et al. 2019), particularly as a strategy for diverting them away from the tertiary end of the child protection system.

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## 4.12 Family and community violence[[44]](#footnote-44)

| Box 4.12.1 Key messages |
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| * Safe and secure families are essential to an individual’s wellbeing. For Aboriginal and Torres Strait Islander people having safe and secure families means having strong connections to family and kin, and cultural and spiritual practices that can generate a sense of identity, which supports resilience and coping abilities.
* Although most Australian families are strong and healthy, some are at risk of family and community violence.
* In 2018-19, around 16 per cent of Aboriginal and Torres Strait Islander people reported that they had experienced physical or threatened violence in the last 12 months. This rate is around three times the rate for the total population (data are not available for the non-Indigenous population).
* The levels of physical harm experienced by Aboriginal and Torres Strait Islander men and women are similar, but the nature of the violence they experience is different. Like non‑Indigenous people, women are more likely to experience this harm from an intimate partner or family member, while men experience harm at a higher rate from people who are known to them other than intimate partners or family members.
* Aboriginal and Torres Strait Islander women are at greater risk of experiencing violence than non-Indigenous women, and are less likely than non-Indigenous women to access support. This may be because of the complex relationship between Aboriginal and Torres Strait Islander people and police, because of judgement, discrimination and/or because of a sense of shame or fear.
* Over the last ten years, the rates of hospitalisation for assault for Aboriginal and Torres Strait Islander people have fluctuated with no clear trend.
* When these hospitalisations are disaggregated by whether or not they were recorded as family violence related, the only clear trend is for females. Assaults (causing hospitalisations) recorded as family violence related increased for females, while other assaults decreased. It is not clear whether this change resulted from a change in the underlying prevalence of family violence related assaults or from a change in the recording practices in hospitals.
* No single factor contributes to family and community violence for Aboriginal and Torres Strait Islander people, rather there are a multitude of interrelated factors.
* For Aboriginal and Torres Strait Islander people who experience violence, services need to be accessible, culturally safe and effective.
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| Box 4.12.2 Measures of family and community violence |
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| 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* is expressed as the proportion of the population aged 15 years or over who have experienced violence. Data are sourced from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), with the most recent available data for 2018-19 (all jurisdictions; remoteness; sex and age). The NATSIHS collects data on Aboriginal and Torres Strait Islander people’s self-reported experiences of physical or threatened violence. Data for 2018-19 are not directly comparable to data from previous years. Data for the non‑Indigenous population to compare with 2018-19 NATSIHS data are not available.
* *Victimisation rates* are expressed as the numbers of victims recorded by police 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 2019 (NSW, Queensland, SA and the NT; sex and age).
* *Hospitalisation rates* are defined by two components — non‑fatal hospitalisation rates for assault and for family violence-related assault:
* Non‑fatal hospitalisation rates for assault are expressed as the rates of hospital separations for which an external cause indicating assault was recorded.
* Non-fatal hospitalisation rates for family violence related assault are expressed as the rate of hospital separations for which an external cause indicating assault was recorded and the relationship of the perpetrator to the victim was recorded as that of a 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 2018-19 (all jurisdictions; remoteness; sex and age). * *Homicide rates* are defined as the rates 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 2014–2018 (NSW; Queensland, WA, SA and the NT[[45]](#footnote-45); sex and age) and from the AIC National Homicide Monitoring Program, with the most recent available data for 2017-18 (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 2018-19 (all jurisdictions; remoteness; sex).
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Safe and secure families, homes and communities are essential to the wellbeing of individuals and of society as a whole. Research based on case studies suggests that strong connections with family, kin and Country are particularly important for the health of Aboriginal and Torres Strait Islander families (O’Brien 2017). Aboriginal and Torres Strait Islander cultural and spiritual practices are an important contributor, as these are a protective force for children, families and communities and generate a sense of identity that supports resilience and coping abilities (Lohoar, Butera and Kennedy 2014).

Family and community violence can occur in different contexts for different people:

* Although most Australian families are strong and healthy, some people are at greater risk of family or domestic violence: young women, pregnant women, women with disability, women experiencing financial hardship, Aboriginal and Torres Strait Islander women, and women and men who have experienced abuse or witnessed domestic violence as children (AIHW 2019).
* People can also be exposed to violence in the community: for example, when there is fighting in the street, in schools or in bars. Those most at risk from this violence include young men (Modecki, Uink and Barber 2018).
* Disadvantage has also been linked to experiences of assault. In 2018-19, the ABS found that experiences of assault were more common among unemployed people and those living in areas of greater socio-economic disadvantage (ABS 2020b). Aboriginal and Torres Strait Islander people are disproportionately represented in both these groups.

The impact of family and community violence can be far-reaching. It affects not only the victims, the offenders and those supporting them, but also the economy and the broader community. It does this through, for instance, the costs of property damage and days of work lost due to injury, stress and worry with domestic and family violence leave now provided by some employers (Commonwealth of Australia 2019; KPMG 2016; Wyborn and Miller 2018). People who experience violence are impacted in many ways. Feelings of worry, fear and stress can affect people’s wellbeing and employment (Wyborn and Miller 2018). Children who experience or witness violence can be traumatised, taken into care (see section 4.11 *Substantiated child abuse and neglect*) and are then at greater risk of becoming perpetrators themselves (Richards 2011). Victims may become homeless (in 2018-19, interpersonal relationships was the main reason why one-third of the people who sought Specialist Homelessness Services did so (table 4A.12.29), have no income (see section 4.10 *Household and individual income*), develop poor mental health (see section 8.7 *Mental health*), or use violence to respond, resulting in their incarceration (see section 4.13 *Imprisonment and youth detention*).

The term ‘family violence’, in an Aboriginal and Torres Strait Islander context, is used to describe a range of violence — including physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses — that may be perpetrated within a family. The term recognises the broader impacts of violence on extended families, kinship networks and community relationships (Cripps and Davis 2012; Wild and Anderson 2007). It also includes lateral violence; the way in which historical and ongoing trauma and social and cultural oppression move through kinship networks, communities and generations (Blagg, Bluett-Boyd and Williams 2015; Clark, Augoustinos and Malin 2017).

### The majority of Aboriginal and Torres Strait Islander people do not experience violence — but, for those who do, the nature of this violence differs for men and women

In 2018-19, the majority (84 per cent) of Aboriginal and Torres Strait Islander people aged 15 years or over had not experienced physical and/or threatened harm in the previous 12 months (table 4A.12.1). However, 6 per cent of Aboriginal and Torres Islander people had experienced physical harm and 13 per cent had experienced threatened physical harm in the preceding 12 months — with 16 per cent of people in total experiencing one or both (table 4A.12.1).

The levels of physical harm experienced by Aboriginal and Torres Strait Islander men and women are similar, but the nature of the violence is different. Similar proportions of men and women experienced physical harm, but women were more likely to experience this harm from an intimate partner or family member (74 per cent) than men (56 per cent) (table 4A.12.1). In contrast, men experienced harm at a higher rate from other people known to them (49 per cent) compared to women (28 per cent) (table 4A.12.1). Comparable data on physical harm are not available before 2018-19, so it is not known if these proportions have changed over time.

Aboriginal and Torres Strait Islander women are more likely to seek help than men. In 2018‑19, about three in five women who experienced violence sought help from support services (including police), compared with about two in five men (table 4A.12.1). The rates of people who experienced physical or threatened harm, did not vary significantly by remoteness or state and territory (tables 4A.12.2 and 4A.12.3).

### Rates of violence experienced by Aboriginal and Torres Strait Islander people were higher than for all people

While comparable data for non-Indigenous people are not available for the current reporting period, data from the ABS Crime Victimisation Survey for 2018-19 enable some broad comparisons, and are generally reflective of historical patterns for non‑Indigenous people.

In 2018-19, around five per cent of people aged 15 years or over experienced either physical or threatened assault (ABS 2020a). This meant that the rate for Aboriginal and Torres Strait Islander people (16 per cent) was around three times the rate for all people aged 15 years or over (table 4A.12.1). However, it is important to note that violence is highly correlated with age, and the 2018-19 data presented here are not adjusted for differences in population age structures.

In 2014-15 (the most recent year of data with a non-Indigenous comparator), after adjusting for differences in population age structures, Aboriginal and Torres Strait Islander people reported experiencing physical or threatened violence in the 12 months before interview at two and a half times the rate reported by non‑Indigenous people (table 4A.12.5).

While Aboriginal and Torres Strait Islander people experience violence at higher rates than non-Indigenous people, research on women indicates that Aboriginal and Torres Strait Islander women are less likely than non‑Indigenous women to access support (Fiolet et al. 2019).

### But for various reasons, not all violence experienced ends up recorded by police

In 2019, among Aboriginal and Torres Strait Islander people there were two assaults reported per 100 people in NSW, five per 100 people in SA and six per 100 people in the NT (table 4A.12.8). But the proportions of Aboriginal and Torres Strait Islander people (aged 15 years or over) in 2018-19 saying that they had experienced assault were higher — at six per cent in NSW, seven per cent in SA and seven per cent in the NT (table 4A.12.2).

The gap between experience and police recording can be explained in part by whether or not all the people experiencing the harm chose to report it to police. The proportion of Aboriginal and Torres Strait Islander people (aged 15 years or over) in 2018-19 who said that they had reported their most recent experience of physical harm to police was 34 per cent in NSW, 50 per cent in SA and 66 per cent in the NT (table 4A.12.2).

There are limited national data on the reasons why people who experience violence do not report it to police. In 2018-19, of the 55 per cent of Aboriginal and Torres Strait Islander people nationally who said they had not reported their most recent experience of physical harm to police, more than half had their main reason categorised as ‘Other’; around one‑quarter reported that their main reason related to their perceptions of police (table 4A.12.2). The National Community Attitudes towards Violence against Women Survey also identified potential reasons why violence may not be reported to police, reporting that:

* around three-quarters of Aboriginal and Torres Strait Islander female respondents believed reporting violence to the police will ‘bring them trouble’ but, despite that, almost all of those respondents (96 per cent) indicated they would still report violence to the police
* one in five Aboriginal and Torres Strait Islander respondents (double the proportion of non-Indigenous respondents) agreed that it ‘… is acceptable for police to give lower priority to domestic violence cases they’ve attended many times before’ (Cripps et al. 2019).

Other research suggest that Aboriginal and Torres Strait Islander women are less likely (than non‑Indigenous women) to engage with police or seek support because of the complex relationship between Aboriginal and Torres Strait Islander people and police, because of judgment and discrimination and/or because of a sense of shame or fear (Douglas and Fitzgerald 2018; Fiolet et al. 2019; Nancarrow 2019). Further information on Aboriginal and Torres Strait Islander people’s interactions with police is available in sections 4.13 *Imprisonment and youth detention*, 11.3 *Youth diversions* and 11.4 *Repeat offending*.

Sexual assaults recorded by police for Aboriginal and Torres Strait Islander people in 2019 equated to rates of 0.3 per 100 people in NSW and 0.2 per 100 people in Queensland, SA and the NT (table 4A.12.8). Across these four jurisdictions, among both Aboriginal and Torres Strait Islander and non-Indigenous victims of sexual assault, more than three-quarters were female, and the majority were less than 24 years of age (table 4A.12.11). Survey data on Aboriginal and Torres Strait Islander people’s reported experience of sexual assault are not available.

### Hospitalisations for assault have fluctuated over time with the only clear trend being an increase in assaults on females being recorded as family violence related

Not all victims of violence need or seek medical attention and not all hospitalisations resulting from family violence will be recorded as such. Hospital records sometimes provide information on instances of family violence but not all victims are asked whether they have experienced family violence (AIHW 2019).

Over the last ten years, the rates of hospitalisation for assault among Aboriginal and Torres Strait Islander people have fluctuated for both males and females, with no clear trend (table 4A.12.13).

When hospitalisations for assaults are disaggregated by whether the assault was recorded as family violence related or not, the only clear trend was an increase in recorded family violence against Aboriginal and Torres Strait Islander females over time (also seen for non‑Indigenous females) and a corresponding decrease in assaults that were not family violence related (figure 4.12.1). However, it is not clear whether this shift in assault types recorded is due to a change in the nature of assaults on females over time (as survey data for 2018-19 are not comparable to previous years for physical harm) and/or to a change in the recording practices in hospitals.

Hospitalisations for assaults increase with remoteness for both Aboriginal and Torres Strait Islander people and non-Indigenous people, males and females and family violence related assaults and other assaults (table 4A.12.16). However, they are considerably higher than average for family violence related assaults on Aboriginal and Torres Strait Islander females in remote areas, with around two hospitalisations for every 100 women in 2016–2018 (table 4A.12.16)[[46]](#footnote-46).

Over the period 2014–2018, 183 Aboriginal and Torres Strait Islander people died by homicide, equating to a rate of 5 deaths per 100 000 equivalent population — about six times the rate for non-Indigenous people (table 4A.12.20). The majority of these deaths (61 per cent) were of Aboriginal and Torres Strait Islander males (table 4A.12.21).

| Figure 4.12.1 Non-fatal hospitalisation for assaults, Aboriginal and Torres Strait Islander people, 2010-11 to 2018-19**a,b** |
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| Figure 4.12.1 Non-fatal hospitalisation for assaults, Aboriginal and Torres Strait Islander people, 2010-11 to 2018-19  More details can be found within the text surrounding this image. |
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| a Rates are crude rates. b See table 4A.12.13 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (unpublished) National Hospital Morbidity Database; table 4A.12.13. |
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Analysis of homicide incident data from 2002-03 to 2017‑18 found that among homicide incidents with an Aboriginal and Torres Strait Islander victim, more than 80 per cent involved an Aboriginal and Torres Strait Islander offender (table 4A.12.26). Data are available on the relationship of offender to victim in table 4A.12.28.

### Preventing family and community violence requires an understanding of the particular context of the violence and the factors associated with it

Violence is not the norm for Aboriginal and Torres Strait Islander people, nor is family violence a normalised part of traditional Aboriginal and Torres Strait Islander culture (Our Watch 2018).

Alcohol and drug use do not directly cause family and community violence, but their use may be a contributing factor to violence in the family or community (Dowling and Morgan 2018). Risky levels of alcohol use are higher for Aboriginal and Torres Strait Islander people than for non-Indigenous people; the reasons why and some ways this could be addressed are explored in section 11.1 *Alcohol consumption and harm*. Drug use is explored in section 11.2 *Drug and other substance use and harm*.

There is no single factor that contributes to family and community violence experienced by Aboriginal and Torres Strait Islander people. Rather, a multitude of interrelated factors contribute, 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 experiences of violence and abuse
* witnessing police brutality, deaths in custody, and institutional racism
* low education and income levels, high unemployment levels, and welfare dependency
* poor and overcrowded housing conditions
* poor physical and mental health (Blagg et al. 2018; Bryant 2009; Clapham, Stevenson and Lo 2006; Cripps 2007; Cripps et al. 2009; Cripps and Davis 2012; Cunneen and Tauri 2019; Olsen and Lovett 2016; Wundersitz 2010).

In preventing family violence for Aboriginal and Torres Strait Islander women, it is important to understand that their experience can be vastly different from that of non‑Indigenous women. Aboriginal and Torres Strait Islander women respond to violence in ways that reflect their individual and community history (Boxall, Dowling and Morgan 2020; Nancarrow 2019).

### Aboriginal and Torres Strait Islander people who experience violence require responses that are culturally safe and effective

If violence happens (in whatever form it takes, and wherever it occurs), the people who experience it need to be supported and kept physically and culturally safe when accessing support (Fiolet et al. 2019; Prentice, Blair and O’Mullan 2016). For example, women who are the victims of family violence need to feel safe from their abuser and safe from institutional control, such as having their children taken away (Spangaro et al. 2016).

Research has identified that limited training and a lack of standard processes and instructions in some hospital emergency departments negatively impacts the ability of these hospitals to provide adequate care and appropriate referrals for patients experiencing family violence (Baird et al. 2019; Dawson et al. 2019).

For Aboriginal and Torres Strait Islander people hospitals can be difficult environments; if physicians and staff are not trained to provide a culturally safe space their experiences may be particularly negative and disorienting (Dell et al. 2016; Gadsden et al. 2019). Responses that are both culturally safe and effective:

* recognise Aboriginal or Torres Strait Islander history, law and culture
* take whole-of-family approaches in which both men and women are involved in designing and implementing family violence strategies
* work across agencies and link family violence services with other services such as alcohol reduction and mental health services
* focus on prevention and capacity-building (including targeted through funding and training to build the cultural competence of service providers)
* employ trained Aboriginal and Torres Strait Islander staff because of the likelihood of increased cultural competence compared to non‑Indigenous staff
* establish meaningful, accountable and long-term relationships with the community
* use community-endorsed practices such that Aboriginal and Torres Strait Islander Elders have a role in the outcome (ANROWS 2020; Blagg et al. 2018, 2020; Fiolet et al. 2019; Prentice, Blair and O’Mullan 2016).

Prentice et al (2016) stated that, although further research is needed to understand social taboo and shame as barriers to service access for Aboriginal and Torres Strait Islander people, findings suggest that community-based interventions aimed at breaking the silence around sexual and family violence may also have value.

### Future directions in data

The *Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children 2010–2022* (Commonwealth of Australia 2019) confirms that the collection of national data to inform the evidence base for reducing violence against women and their children has improved, but there is still work to be done in better understanding the experiences of some women (including Aboriginal and Torres Strait Islander women).

Further, data on physical and threatened harm from the 2018-19 NATSIHS are not directly comparable to data from the 2014-15 NATSISS. Comparability over time is important to assist in determining the impact of policies and programs on reducing violence over time.

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## 4.13 Imprisonment and youth detention[[47]](#footnote-47)

| Box 4.13.1 Key messages |
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| * While most Aboriginal and Torres Strait Islander people, as with other Australians, have never been charged with an offence or been in jail, their over-representation in the criminal justice system is the result of:
* a higher prevalence of the common risk factors for offending, including low socio‑economic status, involvement in the child protection system, family violence, being homeless and misuse of substances, with this higher prevalence stemming in part from their experience of dispossession, forced removal and intergenerational trauma and racism
* structural and systemic factors including laws, policies and practices that can unintentionally operate to the detriment of Aboriginal and Torres Strait Islander people because of their particular circumstances and the disadvantage they are more likely to experience.
* Unique protective factors related to Aboriginal and Torres Strait Islander culture and culturally appropriate law, legal and court services can mitigate the effects of these risk, structural and systemic factors, but the challenge of reducing imprisonment rates remains.
* Over the last 20 years, the number of adults in prison identified as Aboriginal and Torres Strait Islander, has increased from about 4000 to nearly 12 000 (around a 190 per cent increase). The number of non-Indigenous adults in prison has also increased but from a larger base and not as rapidly (from 17 000 to 31 000, about an 80 per cent increase).
* While the large majority of Aboriginal and Torres Strait Islander adults in prison are male, the rate of imprisonment is increasing more rapidly for Aboriginal and Torres Strait Islander females than for Aboriginal and Torres Strait Islander males and non-Indigenous males and females. Structural factors related to sentencing laws appear to be contributing to this increase, with 40 per cent of all female prisoners being unsentenced (on remand) at 30 June 2019, up from 37 per cent a year earlier.
* For Aboriginal and Torres Strait Islander young people, the detention rate has decreased over the last ten years. Despite this, Aboriginal and Torres Strait Islander young people were still 22 times more likely to be in detention than non-Indigenous young people in 2018‑19. A structural factor related to Aboriginal or Torres Strait Islander youth detention is the minimum age of criminal responsibility (currently 10 years old) which, if raised, would decrease the proportion of youth in detention who are Aboriginal or Torres Strait Islander.
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| Box 4.13.2 Measures of imprisonment and youth detention |
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| There are two main measures for this indicator:* *Adult imprisonment* is defined as the rate of people aged 18 years or over[[48]](#footnote-48) in prison. Data are sourced from the ABS Prisoners in Australia collection, with the most recent available data for 30 June 2019 (all jurisdictions; sex; age). The data is also disaggregated by legal status (sentenced and unsentenced).
* *Youth detention* is defined as the rate of people aged 10 to 17 years[[49]](#footnote-49) in youth detention. Data are sourced from the AIHW Juvenile Justice National Minimum Data Set. The most recent available data are for 2018-19 (all jurisdictions; sex; age).

Data on young people subject to community-based supervision orders are also reported (all jurisdictions; sex). |
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Incarceration has serious and long-term effects on people, affecting the health, wellbeing and economic livelihoods of prisoners/detainees and their families. People often go into prison with a higher prevalence of disease, disability, substance abuse and mental illness and they may not have the same access to health and the other services in prison (Borschmann et al. 2020; Shepherd et al. 2017b; Skinner and Young 2018). Other prisoners may contract blood-borne viruses and other diseases (Skinner and Young 2018) or initiate or return to substance use whilst in prison (Kolind and Duke 2016). Incarceration particularly impacts on pregnant women and Aboriginal and Torres Strait Islander women with caring responsibilities for not only their own children but those of extended family and community (Sullivan et al. 2019; Trotter, Flynn and Baidawi 2017), with long-term harms to children (Besemer and Dennison 2018). Incarceration can also have life-long impacts on children who are imprisoned, though there is a lack of research on the impacts of incarceration on young people (Skinner and Young 2018).

### While most Aboriginal and Torres Strait Islander people have never been in jail, they experience a higher prevalence of risk factors for offending compared with non-Indigenous adults…

Risk factors for Aboriginal and Torres Strait Islander people’s offending behaviour are largely similar to those for non-Indigenous people; they include low socio‑economic status, involvement in the child protection system, unemployment, poor education, cognitive impairment or poor mental health, being a survivor of family violence, being homeless, and misuse of substances (Allard 2010; Avery 2018; Baldry et al. 2006; Change the Record Coalition 2015; McCausland, McEntyre and Baldry 2017; Price Waterhouse Coopers 2017; Shepherd et al. 2017b). However, these risk factors are more prevalent among Aboriginal and Torres Strait Islander people than non‑Indigenous people (see relevant sections across this Report).

Aboriginal and Torres Strait Islander people, as a population, have a higher prevalence of risk factors for offending stemming from their experience of dispossession, forced removal, ongoing intergenerational trauma and racism (Cunneen 2019). The removal of Aboriginal and Torres Strait Islander people from their traditional lands had a profound effect on their society, including by breaking down traditional laws and systems of governance, their economic base, cultural and spiritual practices and social structures. This removal continues to affect the wellbeing of some Aboriginal and Torres Strait Islander people to such a degree as to directly relate to their rate of arrest and detention (RCIADIC 1991; Wundersitz 2010). Aboriginal and Torres Strait Islander people are also more likely to be victims of crime (section 4.12 *Family and community violence*).

Despite the higher prevalence of risk factors, the majority of Aboriginal and Torres Strait Islander people have never been incarcerated or charged by police. The ABS estimates that over 90 per cent of Aboriginal and Torres Strait Islander people (aged 15 years or over) have never been incarcerated, with two-thirds never having been formally charged by police (ABS 2016).

Unique protective factors related to culture — such as connection to lands, spirituality and ancestry and kinship networks — can mitigate the risk factors, and are a source of strength and resilience for many Aboriginal and Torres Strait Islander people (Zubrick et al. 2010). Aboriginal and Torres Strait Islander women, in particular, show resilience to adapt and recover from adversity (ANROWS 2020; Dune et al. 2018). This resilience and strength both prevents Aboriginal and Torres Strait Islander people’s contact with the criminal justice system, and supports them during their incarceration. A strong attachment to culture is associated with better outcomes on a range of indicators, including a reduced probability of being arrested or re‑offending (Dockery 2010; Lafferty et al. 2016; Shepherd et al. 2017a).

### …and systemic and structural factors can also contribute to higher imprisonment rates for Aboriginal and Torres Strait Islander people

Along with the higher prevalence of risk factors, systemic and structural factors also contribute to imprisonment rates for Aboriginal and Torres Strait Islander people. Laws, policies and practices that appear to be on face value ‘neutral’ can operate to the detriment of Aboriginal and Torres Strait Islander people because of their particular circumstances and the disadvantage they experience (Allard 2010; Blagg et al. 2005). For example:

* laws that declare people with cognitive impairments unfit to plead, can lead to indefinite periods of detention, and have a greater impact on Aboriginal and Torres Strait Islander people’s rates of imprisonment, because they are more likely to have these impairments (Commonwealth of Australia 2016; Harpur and Stein 2018; McSherry et al. 2017)
* a lack of secure accommodation can disadvantage Aboriginal and Torres Strait Islander people when applying for bail; if bail is granted, cultural obligations may conflict with commonly issued bail conditions, leading to a breach and then imprisonment (ALRC 2017; Productivity Commission 2014).

### Adult imprisonment rates are rising, and at a faster pace for Aboriginal and Torres Strait Islander adults…

On 30 June 2019, 11 866 Aboriginal and Torres Strait Islander adults were in prison[[50]](#footnote-50), an increase of around 7800 prisoners (or 190 per cent) since 30 June 2000 (table 4A.13.1). This corresponds to an imprisonment rate of 2304 per 100 000 Aboriginal and Torres Strait Islander people at 30 June 2019 (figure 4.13.1).

| Figure 4.13.1 Aboriginal and Torres Strait Islander imprisonment rates, 2000 to 2019a,b |
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| Figure 4.13.1 Aboriginal and Torres Strait Islander imprisonment rates, 2000 to 2019  More details can be found within the text surrounding this image. |
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| a Rates are crude rates. b See table 4A.13.4 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (unpublished) *Prisoners in Australia*, cat. no. 4517.0; ABS (2019) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*, Cat. No. 3238.0; ABS (2019) *Australian Demographic Statistics, June 2019*, Cat. no. 3101.0, Canberra; table 4A.13.4.  |
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After adjusting for differences in age profiles, this equates to Aboriginal and Torres Strait Islander adults being imprisoned at around 12 times the rate of non‑Indigenous adults (table 4A.13.5). This ratio has not changed much in the last eight years (with the
non-Indigenous imprisonment rate also rising by a similar proportion, but from a lower base). The persistently higher rates for Aboriginal and Torres Strait Islander adults may partly be explained by the systemic and structural factors described above.

### …with increases in rates steeper for Aboriginal and Torres Strait Islander women

Of the Aboriginal and Torres Strait Islander adults in prison on 30 June 2019, 90 per cent were male (table 4A.13.3). But the female Aboriginal and Torres Strait Islander crude imprisonment rate is growing faster than the male equivalent, increasing by 125 per cent since 2000 compared with a 66 per cent increase for males (table 4A.13.4). A larger proportion of the female adult prison population are Aboriginal and Torres Strait Islander women (33 per cent), than the equivalent for the male adult prison population; 27 per cent of the male prison population are Aboriginal and Torres Strait Islander men (table 4A.13.3).

The underlying structural, relational and personal circumstances of Aboriginal and Torres Strait Islander women put them at greater risk of being incarcerated than Aboriginal and Torres Strait Islander males or non-Indigenous people. For example, Aboriginal and Torres Strait Islander female prisoners are often the victims of violence (including family violence or dysfunction, sexual assault and child sexual abuse) and may, as a result of previous experiences, be triggered to resort to violence as a strategy to respond to their own victimisation, making them, and the people that they care for, vulnerable to injury and contact with the criminal justice system (ANROWS 2020; Boxall, Dowling and Morgan 2020; Heffernan et al. 2015; Lawrie 2003; Nancarrow 2019; Wilson et al. 2017; Wundersitz 2010). Section 4.12 *Family and community violence* has information on survivors of family violence.

Structural factors related to bail and sentencing laws also appear to contribute to the increasing rates of female incarceration. On 30 June 2019, one-third of prisoners were unsentenced, and since 2010 the proportion has increased by 12 percentage points (figure 4.13.2). In 2019, the proportion of unsentenced adult prisoners was highest for Aboriginal and Torres Strait Islander female prisoners (43 per cent, up from 41 per cent on 30 June 2018) and non‑Indigenous female prisoners (38 per cent, up from 36 per cent on 30 June 2018), compared with male prisoners (about 33 per cent for Aboriginal and Torres Strait Islander and non‑Indigenous male prisoners up from 32 per cent on 30 June 2018), although it varies considerably across states and territories (table 4A.13.6).

People who come into contact with the justice system often have complex needs and health conditions, and their wellbeing can be affected by their community interactions with police (ALRC 2017) and their experiences in prison. This, in turn, may impact on the community’s perceptions of police and the justice system. The mistreatment of detainees and deaths in custody have been the subject of two Royal Commissions (Commonwealth of Australia 2017; RCIADIC 1991). Deaths in custody do not directly impact on the rates of imprisonment so the data are not presented in this Report. However, because of the impact on community interactions, it is worth noting that many prisoners, particularly those with long-term sentences, will die of natural causes in prison, and a small number also die from unnatural causes (SCRGSP 2020). On average, Aboriginal and Torres Strait Islander prisoners have shorter term sentences than non-Indigenous prisoners so they are less likely, as a proportion of *prisoners*, to be in prison when they die of natural causes, compared with non-Indigenous prisoners (table 4A.13.7). However, because there are more Aboriginal and Torres Strait Islander people in prison, as a proportion of the population, they are more likely, as a proportion of the *population*, to die in prison than non‑Indigenous people (Gannoni and Bricknell 2019). Preventing incarceration is the most effective way of reducing the number of Aboriginal and Torres Strait Islander people who die in prison. Section 11.4 *Repeat offending* has information on the incarceration experience.

| Figure 4.13.2 **Proportion of** **prisoners that are unsentenced, by Indigenous status, 2007 to 2019**a |
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| Figure 4.13.2 Proportion of prisoners that are unsentenced, by Indigenous status, 2007 to 2019  More details can be found within the text surrounding this image. |
| a See table 14A.13.6 for detailed definitions, footnotes and caveats. |
| *Source*: ABS (2019) *Prisoners in Australia*, cat. no. 4517.0; table 14A.13.6. |
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### Similar to adults, most Aboriginal and Torres Strat Islander children and young people never enter detention, but the risk factors for entry are more prevalent for Aboriginal and Torres Strait Islander children compared with non-Indigenous children

As with the adult population, a large proportion of Aboriginal and Torres Strait Islander young people (97 per cent) are estimated never to have been incarcerated (ABS 2016). Children of parents who have been in prison are at greater risk of entering the criminal justice system themselves (ALRC 2017; Wilson et al. 2017). Supporting children and their families through wrap-around services and programs, designed and led by Aboriginal and Torres Strait Islander people, can reduce the intergenerational effects of incarceration (Roettger, Lockwood and Dennison 2019).

Children in out-of-home care are also more likely to become involved in the criminal justice system and reasons for this are many and often interrelated. Children removed from their families are often also removed from their community, friends and school, and their experience of removal and care can compound the trauma they have already experienced from abuse. A child’s experience of abuse and trauma can disrupt healthy brain development, causing them to be constantly vigilant and reactive which can have consequences for emotional and behavioural regulation (MacLean 2016; Sentencing Advisory Council 2020). Their more difficult behaviour compounded with their care situation may mean they are prosecuted for behaviour that may otherwise have been dealt with in the family home. Children in care contribute to the over-representation among sentenced and diverted children (Sentencing Advisory Council 2020; Walsh 2019). And Aboriginal and Torres Strait Islander children are over-represented in out-of-home care (see section 4.11 *Substantiated child abuse and neglect*).

Few studies exist, but cognitive impairment and Fetal Alcohol Spectrum Disorder (FASD) also appear to be risk factors for young people entering detention. In a sample of 99 young people (of whom 74 per cent were Aboriginal or Torres Strait Islander) sentenced to detention in WA, 89 per cent had at least one domain of severe neurodevelopmental impairment, and 36 per cent were diagnosed with FASD (Bower et al. 2018; Kippin et al. 2018).

### Detention rates have decreased for Aboriginal and Torres Strait Islander and non-Indigenous young people, but for Aboriginal and Torres Strait Islander young people it remains more than 20 times the rate for non-Indigenous young people

The daily average detention rate for Aboriginal and Torres Strait Islander young people has decreased over time — from a peak of 409 per 100 000 Aboriginal and Torres Strait Islander young people in 2007-08 to 336 per 100 000 population in 2018-19 (table 4A.13.10). Aboriginal and Torres Strait Islander young people were in detention at 22 times the rate for non-Indigenous young people; a ratio largely unchanged over the past decade and similar for both males and females (Table 4A.13.11).

### Increasing the minimum age of criminal responsibility to 14 years of age could see a decrease of around 15 per cent in the number of Aboriginal and Torres Strait Islander young people in detention

A system and structural factor specifically relating to Aboriginal or Torres Strait Islander youth detention is the minimum age of criminal responsibility (MACR). The age below which a child is deemed incapable of having committed a criminal offence is currently 10 years of age. In 2018-19, nearly 65 per cent of young people in detention aged under 14 years were Aboriginal and Torres Strait Islander young people (compared with 47 per cent for those aged 14 years or over) (table 4A.13.13). The proportion of Aboriginal and Torres Strait Islander young people in detention who are aged
10–13 years has been twice that of non-Indigenous young people since 2013-14 (figure 4.13.3). If the MACR was raised to 14 years old, the number of Aboriginal or Torres Strait Islander young people in detention could decrease by around 15 per cent (as in 2018‑19, 15 per cent of Aboriginal or Torres Strait Islander young people in detention were under the age of 14 years) (table 4A.13.13). Although this policy change may not stop the overrepresentation of Aboriginal and Torres Strait Islander young people in detention, it would reduce the overrepresentation and number.

| Figure 4.13.3 Proportion of young people in detention during the year who are aged 10–13 years, by Indigenous status**a** |
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| Figure 4.13.3 Proportion of young people in detention during the year who are aged 10–13 years, by Indigenous status  More details can be found within the text surrounding this image. |
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| a See table 14A.13.13 for detailed definitions, footnotes and caveats. |
| *Source*: AIHW (various) *Youth Justice in Australia*, cat. no. 4517.0; table 14A.13.13. |
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As detention is considered a last resort for young people, community-based youth justice supervision is seen an important alternative. In 2018-19, a daily average of 1966 Aboriginal and Torres Strait Islander young people were supervised in the community (table 4A.13.14). Similar to trends in the adult prison population, the rate for Aboriginal and Torres Strait Islander young people was 15 times the rate for non-Indigenous young people (table 4A.13.14). Section 11.3 *Youth diversions* includes information on alternatives to imprisonment for young people.

### What can be done to reduce imprisonment rates for Aboriginal and Torres Strait Islander people?

Systemic and structural factors can be partly mitigated through culturally appropriate law, legal, court services (Aboriginal and Torres Strait Islander Legal Services, Koori courts, sentencing circles, and restorative justice) and corrective institutions that meet the complex legal, cultural and language needs of Aboriginal and Torres Strait Islander people (ALRC 2017; Blagg and Anthony 2019; Cox Inall Ridgeway 2019). For example, if an offender pleads guilty they have access to Koori courts in Victoria and Murri courts in Queensland, which consider systemic and background issues affecting the defendant as context in considering the offence; more time is taken for each matter and translators and interpreters may be used (Hurst 2019). Changes to laws, policies and practices and availability of services may also assist in overcoming systemic and structural barriers. For example, providing access to secure accommodation or granting bail to people accused of low-level offending where risk can be managed (ALRC 2017) may enable greater access to bail and thereby assist in reducing imprisonment rates. There may also be a lack of non‑custodial sentencing options in some areas (such as supervised bonds, community service orders or home detention) (Schwartz 2010). This may mean that people in rural and remote areas are detained because non‑custodial options are not available in their area.

Preventing crime by building on Aboriginal and Torres Strait Islander people’s strengths to reduce risk factors is another way to reduce imprisonment rates (Ware and Meredith 2013). Justice reinvestment programs, although not yet widely evaluated, are designed to empower Aboriginal and Torres Strait Islander people to identify the drivers of crime, encourage positive behaviours and develop solutions appropriate to local communities that potentially prevent crime and reduce recidivism (for example, night patrols or alcohol restrictions), with the added benefit of rehabilitating prisoners returning to the community (ALRC 2017; Dawes and Davidson 2019). Aboriginal and Torres Strait Islander people are more likely to return to prison than non-Indigenous people, partly because of a lack of post-release programs and the related risk factors are often still present when they are released, but also because of their experience in prison (ALRC 2017; Senate Legal and Constitutional Affairs References Committee 2013). Section 11.4 *Repeat offending* has information on recidivism.

### Future directions in data

Youth justice data are sourced from the AIHW Juvenile Justice National Minimum Data Set, which does not include information on the offences for which youth are sentenced. Information on offence type would provide useful insights into whether offence type is a factor in sentenced supervision for Aboriginal and Torres Strait Islander youth compared with non-Indigenous youth.

For a fuller understanding of the drivers of the incarceration of Aboriginal and Torres Strait Islander and non-Indigenous people, the data would need to explore issues such as:

* unmet legal need (including the number of people in detention who did not have legal representation)
* the extent to which court and corrective services are culturally safe (such as the proportion of Aboriginal and Torres Strait Islander people attending Koori court, or the number of Aboriginal and Torres Strait Islander people employed in court services)
* cognitive impairment, including FASD and the responsiveness of the justice system to address their particular needs.

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1. The Council of Australian Governments (COAG) targets are part of the National Indigenous Reform Agreement which was in effect at the time this Report was prepared. [↑](#footnote-ref-1)
2. The Steering Committee notes its appreciation to Dr Sanchia Shibasaki, Lowitja Institute, who reviewed a draft of this section of the Report. [↑](#footnote-ref-2)
3. The estimates for 2005–2007, 2010–12 and 2015–17 are broadly comparable as they use a consistent method which has been in place since 2006 (ABS 2013, 2018b). However, any comparisons should be made with caution because of changing Indigenous identification across data collections, including Census, over time. These changes do not occur at the same rate across geographies and socio-economic groups. Confidence intervals around the estimates should also be considered. The jurisdiction least impacted by the identification issue is the NT where identification is relatively consistent over time (ABS 2013, 2018b). [↑](#footnote-ref-3)
4. Mortality rates, including those disaggregated by remoteness, are available in Deaths, Australia, 2018 (ABS Cat. no. 3302.0). Mortality rates by remoteness are not included in this publication because death registration data are not adjusted for under-identification of Aboriginal and Torres Strait Islander people and the known association between identification and remoteness makes interpretation difficult. [↑](#footnote-ref-4)
5. Other causes of death consist of all conditions other than the selected causes of death displayed in figure 4.1.3, such as certain infectious and parasitic diseases, diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism, and mental and behavioural disorders, among others. [↑](#footnote-ref-5)
6. The Steering Committee notes its appreciation to Dr Sanchia Shibasaki, Lowitja Institute, who reviewed a draft of this section of the Report. [↑](#footnote-ref-6)
7. Fetal deaths occur in babies of at least 20 weeks’ gestation or at least 400 grams birthweight. Neonatal mortality occurs when a baby dies within the first 28 days of life. [↑](#footnote-ref-7)
8. The Steering Committee notes its appreciation to Dr Karen Martin, who reviewed a draft of this section of the Report. [↑](#footnote-ref-8)
9. The proportion of early childhood education services rated as working towards the National Quality Standard (NQS), or with a staffing waiver, increases as geographic remoteness increases. [↑](#footnote-ref-9)
10. Including only 3-year-olds will understate the actual number of children who would potentially be enrolled for two years of preschool. [↑](#footnote-ref-10)
11. The Steering Committee notes its appreciation to Dr Lynette Riley, University of Sydney, who reviewed a draft of this section of the Report. [↑](#footnote-ref-11)
12. Care should be taken in interpreting NAPLAN data, because differences in achievement may be the result of sampling or measurement error. Confidence intervals for all results are included in the attachment tables. For comparisons over time involving 2019 results, they also include a ‘nature of the difference’ measure, which can help to identify whether a difference is both substantive and statistically significant. [↑](#footnote-ref-12)
13. The Steering Committee notes its appreciation to Dr Lynette Riley, University of Sydney, who reviewed a draft of this section of the Report. [↑](#footnote-ref-13)
14. National mandatory requirements for schooling — as agreed in the National Youth Participation Requirement (NYPR) — came into effect through relevant State and Territory government legislation in 2010. Under the NYPR, all young people must participate in schooling until they complete Year 10 — and, if they have completed Year 10, they must be in full time education, training or employment (or a combination of these) until they reach 17 years of age (COAG 2009). Some State and Territory governments have extended these requirements for their jurisdiction. [↑](#footnote-ref-14)
15. The Steering Committee notes its appreciation to Dr Lynette Riley, University of Sydney, who reviewed a draft of this section of the Report. [↑](#footnote-ref-15)
16. The estimated potential year 12 population is an estimate of a single year age group that could have attended year 12 that year, calculated as the estimated resident population aged 15–19 years divided by five. Eligible students are those who have: applied for an ATAR; completed Year 12; and satisfied jurisdictional requirements for receiving an ATAR (for example, by completing subjects eligible for ATAR assessment). [↑](#footnote-ref-16)
17. The declines are associated with a smaller cohort of Queensland Year 12 students in 2019, due to the introduction of the Prep year in Queensland in 2007. [↑](#footnote-ref-17)
18. The Steering Committee notes its appreciation to Dr Heron Loban, Griffith University, who reviewed a draft of this section of the Report. [↑](#footnote-ref-18)
19. To be defined as unemployed a person must have actively looked for work in the last four weeks prior to being surveyed and must be available to start work. 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 disaggregation (such as remoteness), which is not available from the SEW. [↑](#footnote-ref-20)
21. Based on Census data. Small sample sizes limit the ability to compare outcomes between Torres Strait Islander people and Aboriginal people using survey data. [↑](#footnote-ref-21)
22. Comparable data for 2014-15 are not available for this supplementary measure. The NATSISS 2014-15 did not explicitly ask if respondents were RJCP participants. Similarly, comparable data are not available for 2014-15 for the proportion of the working age population in the labour force or in CDP. [↑](#footnote-ref-22)
23. Employment rates by remoteness are only reported from 2004-05 onwards. [↑](#footnote-ref-23)
24. The Steering Committee notes its appreciation to Dr Lynette Riley, University of Sydney, who reviewed a draft of this section of the Report. [↑](#footnote-ref-24)
25. 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 2018 SEW estimate 69.4 per cent of non-Indigenous people have or are working towards a post‑secondary qualification (ABS 2019) — compared with an estimate of 68.9 per cent produced from the 2017‑18 NHS (table 4A.8.9). [↑](#footnote-ref-25)
26. 2017 VET completion rates are estimated as the projected completion rates three years after qualification commencement. 2018 higher education completion rates are based on cohort analysis for selected institutions for commencing domestic bachelor students over a nine-year period (2010–2018). [↑](#footnote-ref-26)
27. Indigenous Higher Education Units, located in a number of Australian universities, provide support to Aboriginal and Torres Strait Islander students and create a network of Aboriginal and Torres Strait Islander students/academics (NIAA 2020). [↑](#footnote-ref-27)
28. The Steering Committee notes its appreciation to Dr Sanchia Shibasaki, Lowitja Institute, who reviewed a draft of this section of the Report. [↑](#footnote-ref-28)
29. Patients who are admitted more than once in a year are counted for each separation. Episodes of care for non-admitted patients treated in hospital in emergency department or outpatient clinics are excluded. [↑](#footnote-ref-29)
30. The ABS has advised that data from the most recent survey in 2018 are not of sufficient quality to produce estimates for Aboriginal and Torres Strait Islander people. [↑](#footnote-ref-30)
31. For more information on equivalised household income, see section 4.10 *Household and individual income*. [↑](#footnote-ref-31)
32. The majority of hospitalisations for end stage renal disease are for regular dialysis (around 80 per cent) (AIHW 2020). Hospitalisation data count the number of dialysis episodes rather than the number of people who receive dialysis. On average, dialysis patients attend three sessions per week (AIHW 2014). [↑](#footnote-ref-32)
33. The Steering Committee notes its appreciation to Dr Heron Loban, Griffith University, who reviewed a draft of this section of the Report. [↑](#footnote-ref-33)
34. The proportion of households with incomes in particular ranges is a measure of relative advantage or disadvantage. Income quintiles is one means of defining income ranges — all households in a population are ranked from lowest to highest income and then divided into five equal groups (five quintiles) each comprising 20 per cent of the households. If there is more than 20 per cent in a quintile then the population is over‑represented in that quintile, and vice-versa. [↑](#footnote-ref-34)
35. For example, in relation to the Commonwealth Government Indigenous Procurement Policy, the Australian National Audit Office found that the effectiveness of Mandatory Minimum Requirements on Aboriginal and Torres Strait Islander participation in major procurements by the Australian Government has been undermined by ineffective implementation and insufficient compliance (Australian National Audit Office 2020). [↑](#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. The terms ‘child maltreatment’ and ‘child abuse and neglect’ are used interchangeably in this section. [↑](#footnote-ref-37)
38. A further child protection service refers to one or more of the following occurring after a notification: being subject to an investigation, being subject to a substantiation, being on a care and protection order, or being in out‑of‑home care. [↑](#footnote-ref-38)
39. Neglect is any serious act or omission by a person having the care of a child that, within the bounds of cultural tradition, constitutes a failure to provide conditions that are essential for the healthy physical and emotional development of a child. [↑](#footnote-ref-39)
40. People who were forcibly removed from their families as a result of government policies across Australian jurisdictions. [↑](#footnote-ref-40)
41. It should be noted that Aboriginal and Torres Strait Islander children placed with their non‑Indigenous family are still considered as being placed in accordance with the Aboriginal Child Placement Principle. [↑](#footnote-ref-41)
42. From the mid‑2000s, witnessing Domestic and Family Violence was identified as emotional abuse and/or neglect by child protection systems. This change, and the higher rates of family violence in Aboriginal and Torres Strait Islander communities, are likely to have contributed to the overrepresentation since that time. [↑](#footnote-ref-42)
43. Information on this Study can be found at: www.australianchildmaltreatmentstudy.org/outcomes/ [↑](#footnote-ref-43)
44. 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-44)
45. 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. [↑](#footnote-ref-45)
46. Aggregating three years of data smooths out some of the volatility in the data by remoteness area. [↑](#footnote-ref-46)
47. The Steering Committee notes its appreciation to Dr Kylie Cripps, University of NSW, who reviewed a draft of this section of the Report. [↑](#footnote-ref-47)
48. People aged 17 years or over in Queensland prior to 2019, Victoria prior to 2006 and in Tasmania prior to 2000. Data reported here reflect the age scope that applied to these jurisdictions in the relevant years. This also affects the age range for youth detention and the associated data reported here. [↑](#footnote-ref-48)
49. Some young people aged 18 or over are also involved in the youth justice system for a number of reasons, including the offence having been committed when the young person was aged 17 or younger. Unless otherwise specified, rates are derived using the numbers of young people under supervision of all ages for the numerator (including aged 18 or over) and young people aged 10–17 years for the denominator. [↑](#footnote-ref-49)
50. The numbers of prisoners that pass through Australian prisons each year is much higher than the number on 30 June each year. [↑](#footnote-ref-50)