Submission No 40

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

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Position: Minister for Aboriginal Affairs

INQUIRY INTO CLOSING THE GAP: OVERCOMING INDIGENOUS DISADVANTAGE

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1. INTRODUCTION

Two hundred and twenty years after white settlement, Aboriginal Australians still face significant – indeed appalling – levels of disadvantage, and no civilised community can allow such inequality to persist.

Moreover, the health indicators for Aboriginal Australians are below those of comparable first nation peoples from New Zealand, Canada, North America and South America despite facing many similar problems and histories.

The NSW Government is deeply committed to taking timely, substantive and effective action to reduce Indigenous disadvantage here in the nation's oldest and most populous State.

This commitment was strongly reiterated by Premier Iemma in this year's Australia Day speech, in which he acknowledged that "a third World nation festers within our own borders condemning and shaming us all" and therefore the NSW Government will commit itself to "making significant and substantial inroads into Indigenous disadvantage in the remaining three years of the parliamentary term."

In that spirit, the NSW Government supports the Legislative Council Standing Committee on Social Issues inquiry and welcomes the additional layer of insight and accountability it will bring to this vexed and pressing area of social policy.

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The Iemma Government accepts that only a holistic, evidence-based, consultative approach will deliver significant improvements to Aboriginal health outcomes in this century.

That will require measures such as providing more culturally-relevant health care, strengthening community infrastructure, providing safe and affordable housing, improving access to and quality of education, more employment opportunities, and reducing adverse contact with the criminal justice system.

The Iemma Government's commitment to this holistic approach is embodied in two critical documents, which form the policy cornerstone of NSW's efforts: the State Plan and the *Two Ways Together Aboriginal Affairs Plan* (2003 – 2012).

Priority F1 of the NSW State Plan: *Improved health, education and social outcomes for Aboriginal people*, aims to address disadvantage in a holistic manner across five objectives:

- **Safe families:** ensuring Aboriginal families are supported to live free from violence and harm;

- **Education:** increasing the readiness to learn of Aboriginal children prior to school entry;

- **Environmental health:** ensuring that all Aboriginal communities have equitable access to environmental health systems;

- **Economic development:** increasing Aboriginal employment; and

- **Building community resilience.**

This approach builds on that established under *Two Ways Together*, the NSW Government's ten-year plan to improve the well-being of Aboriginal people.

Two Ways Together has focused on the seven priority areas identified by Aboriginal communities as the most important to their future well-being: health, housing, education, culture and heritage, justice, economic development and families and youth people.

Two Ways Together is changing the way government agencies work with Aboriginal people to deliver services, and emphasises the need to work closely in partnership with Aboriginal communities.

This requires changes in the way government works with Aboriginal people, and development of the skills and ability of Aboriginal people to work with governments.

Two Ways Together involves a partnership between the NSW Government and peak representative Aboriginal groups including the NSW Aboriginal Land Council, NSW Aboriginal Education Consultative Group, the Aboriginal Health and Medical Research Council, the Aboriginal Child, Family and Community Care State Secretariat, the Aboriginal Housing Board and the Aboriginal Justice Advisory Council.

* * * *

Since *Two Ways Together* was launched in 2003, the change of Federal Government in December 2007 has brought about several policy changes that strongly align with the NSW approach and which open the door to much more effective Federal-State cooperation.

For example, the new Federal Government's three key commitments align directly with NSW State Plan Priority F1, namely to:

- Establish Preventative Health Care Partnerships with States and Territories to prevent chronic disease;
- Strengthen primary and community care and to better integrate primary healthcare with other health services; and
- Ensure better outcomes for Aboriginal children.

Likewise with the unanimous resolution of the December 2007 meeting of the Council of Australian Governments to:

- Close the life expectancy gap within a generation;
- Halve the mortality gap for children under five within a decade;
- Halve the gap in reading writing and numeracy within a decade.

Indeed, the Working Group on Indigenous Reform established to progress COAG's commitments will ensure this new opportunity for cooperation is not squandered.

For example, the Working Group is required to ensure that by March 2008, Indigenous disadvantage has been addressed in the implementation of other Commonwealth election commitments in health, education and housing.

The Iemma Government draws the attention of the Legislative Council Standing Committee to the changed policy climate following the election of the new Federal Government and the prospect it has created for more cooperative and effective action to overcome Indigenous disadvantage.

* * * *

In line with the holistic approach advocated by *Two Ways Together* and the State Plan, this submission will:

- provide current data and information on key indicators such as environmental health, health and wellbeing (including child sexual assault), education, employment and economic development, housing, the criminal justice system, and other infrastructure;

- outline measures being taken to strengthen cultural resilience within Aboriginal communities in NSW, with a focus on language, cultural identity, and self-determination;

- detail current programs that seek to improve outcomes under these key indicators through *Two Ways Together;* and

- compare service delivery in the COAG trial area of Murdi Paaki and the Federal Government's intervention in the Northern Territory.

The Iemma Government is sincerely hopeful that this submission will demonstrate clearly to the Legislative Council Standing Committee the depth of our commitment in this area, our detailed plans to address Indigenous disadvantage and our enthusiasm for a new renewed era of Federal-State cooperation to bring equity and dignity to the first peoples of this land.

2. CONTRIBUTING FACTORS

2.1 ENVIRONMENTAL HEALTH

STATE PLAN LINKAGE:
Environmental health is currently being addressed as one of five objectives in the **F1 Priority Delivery Plan (PDP)** – 'ensuring that all Aboriginal communities have equitable access to environmental health systems'.

2.1.1 Key data

A safe and healthy natural and built environment is a fundamental precondition of a healthy population. In Australia, Aboriginal people experience worse health outcomes than the population as a whole, with research suggesting the health of Aboriginal people to be 100 years behind that of the rest of the population.[1]

An important contributor to this is the unsatisfactory living conditions in which many Aboriginal people live, including inadequate water and sewerage systems, waste collection and poor housing infrastructure.[2] The breakdown of such systems can have a negative impact on health, particularly with regard to infectious and parasitic diseases (such as diarrhoeal diseases and rheumatic fever), eye and ear infections, skin conditions, and infections of the respiratory tract.[3]

At all levels of government, policy and commitments exist recognising the adequate provision of clean running water and sanitation as a basic human right. In NSW, the majority of people do not question the ready availability of clean water, functional sewerage systems and government support, should these systems fail. Unlike any other population group, for a variety of historical reasons, Aboriginal communities in NSW are often required to implement and manage their own water and sewerage systems. Resolving this anomaly is one objective of the F1 State Plan priority. Objective F1(c) will "ensure that all Aboriginal communities have equitable access to environmental health systems".

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[1] Social determinants of Indigenous Health, World Health Organisation - http://www.who.int/social_determinants/resources/indigenous_health_adelaide_report_07.pdf

[2] *National Aboriginal Health Strategy* (NAHS) (1989). Prepared by the National Aboriginal Health Strategy Working Party. Canberra, AGPS; March 1989 -

[3] Bailie RS, Runcie MJ (2001) 'Household infrastructure in Aboriginal communities and the implications for health improvement'. *Medical Journal of Australia*;175:363-366; Bailie R, Siciliano F, Dane G, Bevan L, Paradies Y, Carson B (2002) *Atlas of health-related infrastructure in discrete Indigenous communities*. Melbourne: Aboriginal and Torres Strait Islander Commission View HealthInfoNet; Thomson N, ed. (2003) *The Health of Indigenous Australians*. South Melbourne: Oxford University Press; Pholeros P, Rainow S, Torzillo P (1993) *Housing for health: towards a healthy living environment for Aboriginal Australia*. Newport Beach NSW: Health Habitat.

The Minister for Water Utilities, the Hon Nathan Rees, MP, has commissioned a review of the suitability of current and alternative governance arrangements for the provision of town water supply and sewerage services in country NSW, which includes a number of areas with large Aboriginal populations. The inquiry will identify the most appropriate institutional and regulatory arrangements for the town water supply and sewerage industry in order to ensure that services are efficient, reliable, affordable and safe. The Inquiry will take into account the socioeconomic impacts on communities, including Aboriginal communities, of any new institutional or regulatory arrangements.

Overcrowding is also a significant problem in many Aboriginal households, an issue which is likely to be further compounded in the future by the projected increase in Aboriginal population growth. This issue will be addressed more fully in the Housing Section (2.6) of this submission.

According to the *Two Ways Together* Report on Indicators 2005, hospital separation rates for acute respiratory infections among Aboriginal people are consistently higher than the rates for non-Aboriginal people. In 2001-02 in NSW, the rate for Aboriginal people was two and a half times higher than that of non-Aboriginal people.

Hospital separation rates for gastrointestinal infections among Aboriginal children under five years were higher than the rates for non-Aboriginal people from 1993-1994 to 2005-06. In 2005-06 in NSW, the rate for hospitalisations due to gastrointestinal infections for Aboriginal children under five was 2024.6 per 100,000 population compared to 1786.8 for non-Aboriginal children under five.[4]

Hospital separation rates for skin infections among Aboriginal children under five years were also consistently higher than the rates for non-Aboriginal children for the entire period between 1993-94 and 2005-06. In 2005-06 in NSW, the rate for Aboriginal children was almost three times higher than that of the total population.[5]

Similarly, Aboriginal children under five years were substantially more likely than the total population to be hospitalised for acute respiratory infections. In 2005-6 the rate of hospital separations for this condition was 5373.4 per 100,000 for Aboriginal children, compared to 3323.9 for the population as a whole.

2.1.2 Examples of successful government initiatives

<u>Aboriginal Communities Development Program (ACDP)</u>

The ACDP is a ten-year, $240 million capital program to construct new houses and repair existing houses that pose a health or safety risk and to address environmental health issues. It targets the high level of identified need in housing, water and sewerage in the following 22 priority Aboriginal

4 *Two Ways Together* Indicator Report 2007
5 *Ibid.*

communities:

Armidale	Gulargambone
Boggabilla/Toomelah	Kempsey
Bourke	Lightning Ridge
Brewarrina	Menindee
Cabbage Tree Island	Moree
Collarenebri	Muli Muli
Condobolin	Murrin Bridge
Coonamble	Tabulam
Dareton	Walgett
Enngonia	Weilmoringle
Goodooga	Wilcannia

The ACDP achievements between the commencement of the program in 1998 and September 2007 include completion of 321 emergency repairs, 665 house refurbishments, 141 new built houses, 56 new replacement houses, 90 house purchases and 75 water and sewerage schemes. In practical terms, this has meant that 1084 people have been adequately housed and 3,190 people have been provided with improved housing.

The program also:

- Ensures community consultation, involvement and self-determination through the establishment of Community Working Parties (CWP) where required. Initially established with the purpose of consulting on ACDP-related issues, CWPs have increasingly become significant local representative and consultative bodies.
- Focuses on skills development for community members in areas of property management, land management and the management of building and maintenance works.
- Includes a training and employment strategy within communities to enhance sustainability and self governance.

The training and employment component of ACDP has allowed a total of 222 Aboriginal people to start apprenticeships and traineeships in construction trades in the carpentry, joinery and landscaping trades since 1998. These training and development outcomes mean that Aboriginal people can be involved in the construction of the houses that they, and members of their families, will ultimately occupy.

The ACDP has also been instrumental in assisting communities develop Aboriginal community-owned building companies. Through ACDP, 15 Aboriginal building companies have been established in 13 communities in NSW, with $55 million in contracts let. They undertake repairs and maintenance to existing houses and the construction of new houses. More than 250 Aboriginal people have been employed with these building companies, with increased Aboriginal participation in remaining building companies.

A large number of local Aboriginal people have also been employed in ‘non

trades' areas by mainstream contractors in priority communities and the Housing for Health Program. The Employment and Training Program of the ACDP won a Gold Premiers Award in the "Community Building" category in 2006.

ACDP: Housing for Health

The *Housing for Health (HfH)* program component of the ACDP is administered by NSW Health in partnership with the Department of Aboriginal Affairs. Targeting 32 communities, the HfH program allocates up to $10,000 per house to address issues such as repairing leaking shower recesses, faulty electrical wiring, leaking taps and repairing items which may be considered a significant health hazard.

The *HfH* program uses a proprietary survey and assessment system developed by HealthHabitat to assess housing safety and health issues on a 279 point survey scale. The assessment is followed by a program of urgent repairs and maintenance to ensure overall healthy living standards for water, electrical safety and other essential requirements. A capital upgrade of larger safety and health-related repairs also takes place, followed by a further assessment to ensure improvements have been delivered. In particular, the program aims to improve the health of children aged 0-5 years. The program features a high level of community involvement and employment.

Since 1998 *Housing for Health* has been delivered to approximately 2,100 houses in 66 communities in NSW. With some 38,400 items fixed, approximately 8500 people have benefited from *HfH.* Recent analysis by NSW Health has indicated improvements in some environmental health conditions (such as skin infections and gastrointestinal infections) in Aboriginal people in local government areas where *Housing for Health* has been delivered; however, direct cause and effect relationships are unable to be established.

HfH has resulted in:

- A 10-fold increase in electrically safe houses (which reduces injuries and saves assets);
- A 5-fold increase in fire safety in houses (which reduces injuries and saves assets);
- A 3-fold increase in ability to wash people, particularly children (which reduces infections);
- A 7-fold increase in ability to wash clothes/bedding (which reduces infections);
- A doubling of satisfactory waste removal – such as a working toilet (which reduces infections); and
- A 6-fold increase in ability to store, prepare and cook food (improving nutrition).

ACDP: Water and Sewerage Operation and Maintenance Program under Two Ways Together

This pilot program has been allocated $1.8 million over six years for 42 communities. It supports two Aboriginal plumbing apprentices in the cyclical maintenance and operations of water and sewerage for 11 discrete Aboriginal

communities in the Murdi Paaki region, a total of 22 apprentices. With 74 projects completed, over 3,700 people have benefited so far. The target of 80% of reported problems being responded to within 1 week has been met.[6]

2.1.3 Future directions

With the ACDP program due to be completed in 2009, further attention to water, sewerage and infrastructure needs is required, particularly in light of the growth in the Aboriginal population and the shrinking Commonwealth budget allocation for Aboriginal housing in NSW.

Under the Priority Delivery Plan for F1, the NSW Government will reduce health impacts of poor living environments by:

- Reviewing water and sewerage systems in an estimated 75 Aboriginal communities in NSW to support development of a business case for funds for improved maintenance and infrastructure;
- Ensuring the continuation of *Housing for Health* beyond 2008/09;
- Developing a sustainable waste management strategy to protect the environmental health of Aboriginal communities and conserve the natural environment; and
- Implementing clean-up programs in Aboriginal communities and working with Aboriginal Land Councils, Local Government Authorities and the communities involved to implement sustainable waste management strategies and develop resources to address illegal dumping on their lands.

6 *Two Ways Together* Indicator Report 2007

2.2 HEALTH & WELLBEING

STATE PLAN LINKAGE:
The health and wellbeing of Aboriginal communities is currently being addressed through the following **State Plan Priorities:**

S1 – Improved access to quality health care

S2 – Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in health care

S3 – Improved health through reduced obesity, smoking, illicit drug use and risk drinking.

F1 – Improved health, education and social outcomes for Aboriginal people

F3 – Improved outcomes in mental health

F4 – Embedding the principle of prevention and early intervention into Government Service delivery in NSW

F5 – Reduced avoidable hospital admissions

2.2.1 Key data

- The *Overcoming Indigenous Disadvantage* Report of 2007 notes that, despite Australia's world-class health system, the life expectancy of Aboriginal Australians is estimated to be approximately 17 years lower than that of the Australian population as a whole.[7] In NSW and Victoria, life expectancy at birth is 60 years for Aboriginal males compared with 77 years for males in the total population, and 65.1 years for Aboriginal females compared with 82 years for females in the total population.[8]
- Since 2000, the rate of low birth weight in NSW Aboriginal babies has been over 10%, and was 12.5% in 2005. This was over twice the rate for babies born to non-Aboriginal mothers, which was 6% in 2005.[9]
- The Aboriginal infant mortality rates for NSW, QLD, WA, SA and NT averaged at approximately two to three times those for the total population. In NSW the

[7] OID Report, p.1
[8] OID Report, Figure 3.1.1
[9] NSW Midwives Data Collection (HOIST) Centre for Epidemiology and Research, NSW Department of Health

infant mortality rate is slightly over 8 deaths per 1000 live births for Aboriginal babies, compared to slightly over 4 per 1000 for the total population.[10]

- Rates of diabetes in Aboriginal people were almost three times higher than rates in non-Aboriginal people in 2004-2005.[11]
- In 2004-05, the Aboriginal rate for kidney disease was 10 times as high as the non-Aboriginal rate. This gap has widened since 2001, when the Aboriginal rate for kidney disease was 5 times the Aboriginal rate.[12]
- In 2005-06, hospitalisation rates for all conditions related to alcohol use were more than three times higher for Aboriginal people than non-Aboriginal people. These rates have increased in all regions of NSW except New England, the North West and Western NSW.[13]
- In NSW and nationally in 2004-05, 50% of Aboriginal people smoked, compared to 21.1% of non-Aboriginal people.[14]
- In 2004-05, 28% of Aboriginal adults living in non-remote areas reported illicit substance use in the previous 12 months.[15]
- There are clear indications of high levels of mental health and social and emotional well being need in Aboriginal communities, with a high prevalence of grief, loss and trauma.[16] There is a significantly higher level of psychosocial distress among Aboriginal people,[17] with estimates of the rate of suicide and self-harm in Aboriginal communities being at least twice the national rates.[18] [19] [20]
- The Australian Institute for Health and Welfare (AIHW) estimates that in 2003-04 the rate of hospitalisation for Aboriginal people for 'mental and behavioural disorders due to psychoactive substance use', was four times the rate for non-Aboriginal population for Aboriginal males and three times the rate for females.[21]

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[10] OID Report, Figure 5.2.2

[11] OID Report, Section 3.2

[12] OID Report, Section 3.2

[13] *Two Ways Together*, Package of Funded Initiatives Report, 2007

[14] OID Report, Section 8.20

[15] OID Report, Section 8.28

[16] Human Rights and Equal Opportunity Commission (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Australasian Legal Information Institute, Sydney, Australia.

[17] Public Health Division (2004) *The health of the people of New South Wales – Report of the Chief Health Officer 2000*, NSW Health Department, Sydney, Australia.

[18] Tatz C, (1999) Aboriginal Suicide is Different, A Report to the Criminology Research Council on CRC Project 25/96-7 (Unpublished), Australia.

[19] Hunter E, Reser J, Baird M and Reser P, (2001) An analysis of suicide in indigenous communities of North Queensland: the historical, cultural and symbolic landscape, Department of Health and Aged Care, Canberra, Australia.

[20] Hunter E and Harvey D (2002) "Indigenous suicide in Australia, New Zealand, Canada and the United States" *Emergency Medicine Journal*, Vol 14(1), BMJ Publishing Group Ltd, UK pp4-23.

[21] Australian Bureau of Statistics and the Australian Institute of Health and Welfare (2005) Ref No 4704.0 *The Health and Welfare of Australia's Aboriginal and Torres Strait*

The NSW Government notes with concern the higher levels of disability and presence of long-term health conditions in the Aboriginal population. The Australian Institute of Health and Welfare has stated, "*The prevalence of disability among Indigenous people is higher at all ages. In 2002, over two-thirds of people aged 55-64 years, and one-half of people aged 45-54 years had a disability or long-term health conditions. The earlier onset of disability or long-term health conditions indicates the comparatively higher need for service provision for Indigenous people with a disability at a younger age.*"[22]

The NSW Government is committed to providing services for Aboriginal people with a disability and acknowledges that good quality statistical data on Aboriginal people with a disability, particularly living in rural and remote Aboriginal communities is quite scarce. The NSW Government is consistently seeking innovative ways to source more data on Aboriginal people with a disability by undertaking research projects that will identify the specialised needs of the target group.

Violence against Aboriginal women

Violence against women has a detrimental impact on women of all backgrounds, and is clearly linked to their health and wellbeing, and therefore, life expectancy. With regard to Aboriginal women's experience of violence:

- In NSW in 2002, Aboriginal women reported experiencing domestic violence or family violence related assault at six times the State average, and were three times more likely to be sexually assaulted than women in general.[23]
- In 2003-04, Aboriginal women were 31 times more likely to be hospitalised for an assault related injury than NSW women as a whole.[24]
- In 2000 Aboriginal women were nearly four times more likely to be a murder victim, and seven times more likely to be a victim of grievous bodily harm than NSW women in general.[25]

Accordingly, any analysis of the health and wellbeing of Aboriginal communities should include an assessment of levels of violence, and initiatives employed to address these.

Islander Peoples 2005, Australian Bureau of Statistics and the Australian Institute of Health and Welfare, Canberra, Australia.

[22] Cited in ABS, AIHW, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People, 4704.0, 2005

[23] NSW Department of Aboriginal Affairs (2005) *Two Ways Together Report, NSW Aboriginal Affairs Plan 2003-2012*, p.61

[24] *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, p.131

[25] Fitzgerald, J & Weatherburn, D (2001) *Aboriginal victimisation and offending: the picture from police records*, NSW Bureau of Crime Statistics and Research, Sydney, p.2

2.2.2 Examples of successful government initiatives

The framework for Aboriginal health polices and programs in NSW is established by:

- The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*(NSFATSIH);
- The NSW Aboriginal Affairs plan *Two Ways Together* 2003-2012;
- *A New Direction for NSW*: *State Plan*;
- *A New Direction for NSW*: *State Health Plan Towards 2010*; and
- *Healthy People NSW: Improving the Health of the Population.*

NSW Health is also a significant partner with the Department of Aboriginal Affairs (DAA) in addressing the F1 priority to improve health and education outcomes for Aboriginal people. Priorities and targets arising from *Two Ways Together* are also monitored under F1.

Two Ways Together targets for which Health is the lead agency are as follows:

- Increase otitis media screening for Aboriginal children aged 0-6 years to 85%;
- Increase the proportion and distribution of Aboriginal health staff;
- Number of houses improved under the Aboriginal housing for health program; and
- Reduced tooth removal and dental caries for Aboriginal children.

The *State Health Plan* Strategic Directions (SDs) and targets specific to the health of Aboriginal people which contribute to achievement of *State Plan* targets are as follows:

SD1: Make prevention everybody's business
Improved health through reduced obesity, smoking, illicit drug use and risk drinking

- Continue to reduce smoking rates by 1% each year to 2010, then by 0.5% by 2016 (with the rate of reduction for Aboriginal people exceeding that target)

SD3: Strengthen primary health and continuing care in the community
Improved health for Aboriginal communities

- Reduce hospital admissions over five years for Aboriginal people with conditions that can be appropriately treated in the home by 15% (in addition to reduced admissions for cellulitis; deep vein thromboses; community acquired pneumonia; urinary tract infections; chronic respiratory disorders; bronchitis and asthma; specified blood disorders; and musculo-tendinous disorders)

Increased focus on early intervention

- Increase the proportion of mothers starting ante-natal care before 20 weeks gestation (Aboriginal and non-Aboriginal)
- Strive to reduce the proportion of Aboriginal babies weighing less than 2,500g at birth
- Reduce the underlying rates of child abuse and neglect (with other agencies) – targets to be agreed across Government

SD4: Build regional and other partnerships for health
Improved health outcomes for Aboriginal communities

- Increase screening for otitis media in Aboriginal children aged from 0-6 years to 85%

- *SD6: Build a sustainable health workforce*
- Increase the proportion of Aboriginal staff in order to meet the demand for services

Infant and Maternal Health programs

NSW Aboriginal Maternal and Infant Health Strategy (AMIHS)

AMIHS was developed by NSW Health in 2000, in response to research into Aboriginal perinatal health in NSW. This research[26] showed that Aboriginal babies were far more likely than non-Aboriginal babies to die in the first month after birth, had a much higher rate of preterm birth, and almost double the rate of low birthweight (less than 2500g). Low birthweight and preterm birth is associated with higher risk of death and illness in the first month after birth.

In order to improve the health of Aboriginal mothers and their babies, the *Report* recommended a specific model of service provision which included a team approach to community maternity services (including midwifery, Aboriginal health workers, specialists and general practice), a flexible and non-judgmental approach, and sensitivity to the underlying social and economic circumstances which have such an impact on the lives of Aboriginal people. This model is the core of AMIHS.

AMIHS services were initially funded to run in seven rural locations around NSW. The services were supported by a Training and Support Unit, which provided essential services to the staff developing and implementing the AMIHS services. The model was comprehensively and independently evaluated over three years.[27] The evaluation found that after the implementation of AMIHS in the sites where it was funded:

- Significantly more women attended their first antenatal visit before they were 20 weeks pregnant;
- More women initiated breastfeeding, and more were still breastfeeding when asked again at 6 weeks after the baby was born;

[26] NSW Department of Health *NSW Aboriginal Perinatal Health Report* 2003

[27] NSW Department of Health (2006) *NSW Aboriginal Maternal and Infant Health Strategy Evaluation. Final Report 2005*

- There was a significant reduction in the number of babies born preterm; and
- Aboriginal women were very satisfied with the services provided.

In view of these results, in April 2007 the NSW Department of Community Services (DoCS) and NSW Health entered a partnership to link Aboriginal children and families more effectively with existing prevention and early intervention programs offered via DoCS *Brighter Futures* program. The project will strengthen the early intervention service spectrum for Aboriginal children and families in order to effect change in lifelong outcomes for this population group. DoCs and Health have each contributed $2.2 million per annum for 2 years commencing in 2007/08 and Health has contributed $4.4 million recurrently from 2009/2010.

The enhancement enables the establishment of a further 17 sites, making a total of 31 sites in NSW; and the existing AMIHS and Alternative Birthing Services Program sites are being reoriented and transitioned into the new AMIHS model. A further 3 sites which operate on the AMIHS model, were established in 2006/07 via seeding funding to Areas with the requirement that they are recurrently maintained by those Areas subsequent to completion of the 3 year seeding period.

Families NSW

Families NSW is a whole of government initiative delivered by five NSW government agencies – Department of Community Services, NSW Health, the Department of Education and Training, the Department of Housing, and the Department of Ageing, Disability and Home Care in partnership with parents, community organisations and local government.

This program is based on a universal population approach to prevention and early intervention and is implemented through a range of service models including health home visiting, supported playgroups, family workers and Schools as Community Centres. Health home visiting is the provision of home based comprehensive physical and psychosocial assessment and coordinated care by a child and family health nurse. Health home visiting is not delivered in isolation but forms part of the continuum of care and network of services for families with young children, beginning in pregnancy.

Universal Health Home Visiting (UHHV) is the provision of at least one contact in the client's home which should be delivered within two weeks of birth and may also include further home visiting. The child and family health nurse from the early childhood health service conducts the UHHV. The service is offered to all parents of a new baby in NSW, including Aboriginal families.

Sustained Health Home Visiting (SHHV) is a structured program of health home visiting over a sustained period of time, beginning in pregnancy and continuing until the infant is two years old. It is provided to families that require additional support. SHHV is based on the Miller Early Childhood Sustained Home visiting trial. It is not recommended for families in crises, especially

where there are child protection, domestic violence and significant mental health issues.

These service models have been based on evidence about what works in delivering effective outcomes for children and families during the early years of life, and have been shown to have a significant impact on the life outcomes for children when used from a prevention approach.

Disease prevention programs

Environmental Tobacco Smoke (ETS) and Children Project

The ETS and Children Project has been funded by NSW Health ($2.4 million over 2002 -2006) in partnership with the Cancer Council NSW, National Heart Foundation of Australia (NSW Division), the Asthma Foundation (NSW) and SIDS and Kids NSW. The main project goal is to reduce the exposure of children aged 0-6 years to ETS in homes and cars in NSW.

The project used media (TV, radio advertisements and poster billboards) in addition to brochures, a website and other resources to promote the campaign message. Evaluation of the project has indicated a positive outcome from a population health perspective. There was a 55.7% increase in the number of smoke free homes within the primary target audience since the implementation of the campaign and a 41.8% increase in the number surveyed reporting that all cars in which children had travelled during the last month were smoke-free.

There has been a significant focus through the implementation of the project through Aboriginal media outlets that continues to be in place. In addition, Aboriginal resources developed for this project are currently being used with the SmokeCheck program.

The Community Grants Scheme targeted at Aboriginal communities and funded specific projects within the following communities, including:

- The Aboriginal Youth Project in Wagga Wagga;
- The development of the Biripi Aboriginal Health Worker ETS Training Manual and Risk Assessment and Exposure Tool that is now used in Aboriginal communities;
- The Aboriginal ETS Project based in Dubbo; and
- The Aboriginal ETS project based in Far North Coast.

Perinatal and Family Drug Health (PAFDH) Services

Pregnant women affected by substance use are a high risk obstetric group characterised by poor maternal health, low attendance for antenatal care, poor neonatal birth weights and subsequently poor neonatal outcomes. Clinical services in Sydney South West Area Health Service coordinate teams in Redfern/Waterloo and Liverpool to promote early engagement of pregnant drug using women with the aim of improving maternal, foetal and neonatal outcomes. Evaluation of the model in 2005-06 reported that 194 women with substance use issues in pregnancy were seen and 174 required intensive care

to address their drug and alcohol issues and reduce the risk of adverse outcomes. Approximately 32% were of Aboriginal background; 88% were from a poor socio-economic group; 83% were unemployed; 77% were accommodated in public housing and 83% were receiving government benefit. The intervention had a considerable health benefit by assisting the clients' engagement in antenatal care (82%); commencement on drug health treatment (44%); assessment of health and well being increased neonatal birth weights (64% of babies weighed greater than 2700grams); reduction in neonatal deaths (2%), as well as reducing the risks associated with domestic violence and child protection to the family unit.

Court Diversion (MERIT Program)

Court diversion programs provide an entry in drug treatment for a cohort that may otherwise not make contact with drug treatment services. Sydney South West Area Health Service MERIT developed a comprehensive strategy involving monitoring referrals; coordinating access; collaborating with Aboriginal community organisation and primary health care providers; consulting with clients; establishing the Aboriginal Women's Support Group; and employment of Aboriginal clinicians to increase referrals of Aboriginal defendants. In 2005-06 this resulted in an increase of 54% in referrals from the Local Courts.

School Link Phase 3

The course *Mental Distress and Well Being in Aboriginal Young People: Strength in Culture* has been attended by over 2,000 school counsellors, case counsellors, adolescent mental health workers, drug and alcohol workers, Department of Juvenile Justice psychologists and Department of Community Services psychologists. The module has been highly evaluated by participants, with over 90 per cent saying that the course will enable them to deliver better services to young Aboriginal people. The course has resulted in enhanced collaboration between the Departments of Health and Education and Training and also improved development of local initiatives and working parties. Course participants have reported increased confidence and skills in supporting young Aboriginal people with mental health and well being problems.

Koori Kids Koori Smiles

This oral health promotion project, run by Northern Sydney Central Coast Area Health Service, has been and continues to be extremely positive. The project provides two dedicated oral health clinical sessions – on Thursday evenings and Saturday mornings – for the Aboriginal community in and around Gosford. Outstanding results have been achieved in a short period of time. In the three month period, March–June 2006, the number of clients attending the dental clinic doubled compared with the number of patients who attended the dental clinic in 2005. In recognition of this success, further rollout of this project is planned, beginning with Biripi Aboriginal Medical Service and Hunter New England Area Health Service.

Partnership between Maari Ma Health Aboriginal Corporation and Greater Western Area Health Service (GWAHS)

Partnerships between Aboriginal Community Controlled Health Services and AHSs are critical to achieving improved health outcomes for Aboriginal populations in NSW. In the Remote Cluster of GWAHS a unique partnership arrangement exists between GWAHS and Maari Ma Health Aboriginal Corporation.

Communities within the Remote Cluster have a significant and sometimes predominant Aboriginal population and generally suffer poorer health status than their Eastern counterparts. Maari Ma Health Aboriginal Corporation has management responsibility for the health services within this Cluster, excluding Broken Hill.

The unique management structure ensures that an Aboriginal perspective is imbedded into all management decisions and those are reflective of community need. There is an increased focus on primary health care and prevention. The Maari Ma Chronic Disease Strategy, which focuses on starting well and staying healthy, is being systematically implemented across all services in Remote Cluster to address and control chronic disease amongst Aboriginal communities.

A recent review[28] found, in relation to health outcomes, significant improvements had been achieved both in access to antenatal care in the first 20 weeks of pregnancy and for vaccine preventable hospitalisations for the Aboriginal population covered by the Agreement. The Review also noted encouraging trends for premature and low birth weights and falling rates of hospitalisations for ambulatory care preventable health conditions.

Culturally appropriate mental health services

Aboriginal mental health workers enable Aboriginal people to gain increased access to quality mental health and well being services that are culturally appropriate. These workers are also able to bridge the cultural divide that exists between Aboriginal and non-Aboriginal health workers and approach the care of clients in an holistic way that addresses both the mental health and social and emotional well being of their clients. Aboriginal mental health workers are essential to ensuring quality mental health and well being services to Aboriginal people. Since the mid 1990s, NSW Health has built up an Aboriginal mental health workforce in the Area Mental Health Services of over 80 workers and over 15 in Aboriginal Community Controlled Health Services (ACCHSs). An additional 10 Aboriginal mental health worker positions are to be rolled out to ACCHSs in NSW over the six months to June 2008.

Department of Ageing, Disability and Home Care initiatives

The particular health needs of Aboriginal people are also specifically addressed by the Department of Ageing, Disability and Home Care (DADHC)

[28] Griew R and Houston S, 2007, *Review of the Lower Western Sector Agreement* Greater Western Area Health Service and Maari Ma Health Aboriginal Corporation

through the Department's 10-year Disability Plan "Stronger Together", and in "Better Together", the whole-of-government Disability Plan:

- ***Stronger Together*** focuses on improving Aboriginal peoples' access to mainstream community support and accommodation services, as well as enhancing specialist services.
- ***Better Together*** was launched in March 2007. It emphasises the fundamental principle of working with Aboriginal communities in interagency partnerships to strengthen the services that are provided. Improving services to Aboriginal families and communities is also one of the eight priority project areas within the strategy.
- **Home and Community Care Program** (HACC) identifies Aboriginal people as a special needs group within the program and has responded to the earlier onset of disability and long-term health conditions by lowering the age eligibility criteria for HACC services from 65 to 45 for Aboriginal Australians. The HACC Program is targeted for frail aged, younger people with a disability and their carers. The program is jointly funded by the Commonwealth (60%) and State (40%) Governments and administered by DADHC for NSW. The proportion of Aboriginal people accessing HACC services in 2006-07 was 3.9% of total HACC use, an increase of 60.2% from 2003/04.
- **Aboriginal Home Care Branches:** During 2006-07, Aboriginal Home Care provided 236,350 hours of service, 759 trips and 7.631 meals to a total of 2,448 clients.
- **Aboriginal Access and Assessment Team** was created in 2007 to conduct culturally responsive, high quality, consistent intake, assessment and referrals, for Aboriginal clients requiring community care services.
- **Poly Pineo Multi-Service Outlet of Ngangana Aboriginal Branch, Wilcannia**: This Aboriginal Home Care Service was highly commended for Services to Rural NSW in the 2004 Premier's Public Sector Awards in recognition of its holistic and flexible delivery of services. These services include social and cultural activities, practical support such as transport, and the opportunity to maintain links to the community.
- In summary, through the Department of Ageing, Disability and Home Care, approximately $20 million per year will continue to be allocated to Aboriginal-specific services, including the Aboriginal Intensive Family Support Service (AIRSS). These services will provide families that are caring for a young Aboriginal child with a disability or young person with intensive support and case management short term to create and allow for stability within the family unit.

Department of Education and Training, TAFE NSW programs

To build the skills of Aboriginal people working with their communities TAFE NSW has developed and delivered a variety of customised programs.

- **Audiometry training for Aboriginal health workers:** TAFE NSW has been providing a *Statement of Attainment in Audiometry* to train Aboriginal health workers in regional NSW to screen Aboriginal children for otitis

media. Hearing problems among Aboriginal children can lead to serious learning difficulties. This initiative, involving 52 participants in 2007, will help to ensure early detection and treatment of this health problem and reduce its incidence.

- **Aboriginal Alcohol and Other Drugs Work training**: TAFE NSW worked in partnership with the Aboriginal Health and Medical Research Council of NSW on the development and delivery of the course, which has been delivered to 50 participants from government and non-government organisations in Dubbo, Wagga Wagga, Port Macquarie and Sydney.

Strategies addressing violence

- ***Walking Together*** **(Newtown and Redfern):** *Walking Together* is a family violence program that targets Aboriginal males and addresses social issues such as family violence, low self-esteem, drugs and alcohol and employment and training. *Walking Together* is a four year program funded under the Two Ways Together Aboriginal Affairs Plan commencing in 2004/5. The program also seeks to address the loss of cultural identity that affects many urban Aboriginal offenders. The program, which is administered by the Department of Corrective Services, will receive $299,000 during 2007-08. To date, there have been 95 male and 38 female graduates (from 194 male and 74 female referrals), with 15 good behaviour bond breaches. [29]

- ***Rekindling the Spirit*** involves a number of agencies working together to provide a range of culturally-specific support services to Aboriginal communities in Lismore and Tabulam. These services include offenders as well as their families, and provide activities such as group work, counselling and camps. The focus is on targeting domestic violence, drug and alcohol abuse and child abuse and neglect within the family. This program is administered by the Department of Corrective Services and will receive $464,000 during 2007-08.

- ***Yindyama La/Yindyama La Vinaa Program'*** **Family Violence Project, Dubbo:** This four year program is focused on rehabilitation of perpetrators of family violence. Commencing in May 2006, 19 male perpetrators of domestic violence were initially referred to the program. An additional component of the program is focused on supporting families of the perpetrators. The family program provides an avenue for the resolution of family violence by providing female victims with the opportunity to:
- better appreciate the impact of violence on themselves and their children and their responses to violence
- understand the changes that offenders may experience while participating in the male program
- explore their own violent behaviour
- increase knowledge of safety issues for themselves and their children.

[29] *Two Ways Together* Package of Funded Initiatives Report, 2007

To date, 109 referrals have been made, 27 people have graduated, and there have been only 7 breaches of good behaviour bonds. [30]

2.2.3 Future directions

The following future directions have been identified in State Plan Priority Delivery Plans:

- Development and implementation of a culturally appropriate mental health assessment package aligned with the Mental Health Outcomes and Assessments Tool (MH-OAT) that is relevant to the needs of the Aboriginal population of NSW;
- Enhanced capacity for coordination of mental health and social and emotional well-being services; and for policy and program development and implementation in partnership with Aboriginal Community Controlled Health Services;
- Continued implementation of the *Aboriginal Maternal and Infant Health Strategy* (AMIHS) in partnership with DoCS to link Aboriginal children and their families more effectively with existing prevention and early intervention programs;
- Enhancement of the capacity of Area and Aboriginal Community Controlled Health Services to implement strategies to reduce smoking and prevalence of other risk factors for chronic disease in Aboriginal people; and
- Reorientation of health services to ensure effective systems are in place between acute and chronic care services for Aboriginal people, to improve coordination of coordination of care in the community setting for Aboriginal people with chronic disease, and to support implementation of evidence based strategies for Aboriginal communities that prevent chronic disease and reduce hospital admissions.

A full list of NSW Health initiatives aimed at closing the gap in life expectancy between Aboriginal and non-Aboriginal Australians has been attached to this submission as Appendix 1.

[30] *Ibid.*

2.3 CHILD SEXUAL ASSAULT

STATE PLAN LINKAGE:
Child sexual assault is currently being addressed as one of five objectives in the **F1 Priority Delivery Plan (PDP)** – 'Safe families: ensuring Aboriginal families are supported to live free from violence and harm'. The following DoCS-led priority is also relevant:

Priority F7: Reduced rates of child abuse and neglect

2.3.1 Key data

Data around child sexual assault is limited in reliability and availability, given that child sexual assault in Aboriginal communities is seldom reported. This is based on a number of factors that render it difficult for children to report sexual assault, including fear, guilt, lack of understanding that what was happening is sexual assault, threats from the perpetrator, pressure from the family, having nobody to tell, and other related feelings of shame and isolation.

There are also obstacles to reporting child sexual assault that are particularly pertinent to Aboriginal communities. They include: fear of the police response; fear that child protection authorities will remove the children; fear of racism and shame for the community and the victim; fear that jailed perpetrators will be subject to violence or death in custody; fear of reprisals from the perpetrator or relatives in small closed communities; and difficulties in communicating with legal staff and dealing with legal processes.[31]

The overwhelming reluctance of Aboriginal victims to report child sexual assault is reflected in relevant data. For example, one study revealed that 88% of sexual assaults in Aboriginal communities are unreported.[32] It is also highlighted by the extremely small number of convicted Aboriginal child sexual assault offenders. In 2004, for example, there were 31 convictions for child sex offences involving Aboriginal offenders in the higher courts, and 25 in the local court (which included summary offences). This contrasts with usual patterns of overrepresentation of Aboriginal people in criminal convictions - there were 17,655 Aboriginal people convicted in local courts on criminal matters that year.[33]

There are also a number of issues with the way data is collected by NSW

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[31] Stanley, J, *Child Sexual Abuse in Indigenous Communities,* Presentation at Child Sexual Abuse: Justice Response or Alternative Resolution, 1 – 2 May 2003, Adelaide.

[32] Robertson, B (1999) *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*, Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland.

[33] Bureau of Crime Statistics and Research, NSW Criminal Court Statistics 2004, p22

government agencies, including inconsistent recording of Aboriginality, use of different key definitions across agencies, agencies recording data across different time periods, and information being lost because the categories used to collect data are sometimes ambiguous.[34]

The following statistics give an indication of the level of child sexual assault in Aboriginal communities:

- Reported incidents of child sexual assault where the Aboriginality of the victim is known suggest that Aboriginal females are almost 2.5 times more likely to be victims of child sexual assault than non-Aboriginal females.[35]
- Of the incidents where the victim was a male, the assault was more likely to occur when the victim was younger, particularly where the victim was Aboriginal. In incidents where the victim was an Aboriginal male, 36.7% were aged between 0-5 years, 35% were aged 6-10 years and 28.3% were aged 11-15 years.[36]
- Of substantiated Department of Community Services (DoCS) cases involving children 16 years and under, 17% were Aboriginal, despite only making up 4% of the population in this age group, and 9% of these cases involved sexual abuse.[37]
- In 2004, the highest number of recorded child sexual assaults occurred in the Sydney division (44% of all 870 recorded incidents). The rate of victimisation of the Aboriginal population living in this division was 54.2 per 100000 compared to 20.9 per 100000 for the non-Aboriginal population.[38]
- Of all children who accessed sexual assault services during 2003/04, 11% were Aboriginal.[39]
- 70% of Aboriginal women in custody who were interviewed for a 2003 Aboriginal Justice Advisory Council (AJAC) study reported being victims of child sexual assault. More than 40% also reported having been sexually assaulted as adults.[40]

2.3.2 Examples of successful government initiatives

Yindyama La/Yindyama La Vinaa Program

The *'Yindyama La/Yindyama La Vinaa Program'* in Dubbo targets male perpetrators of domestic violence and their families to break the cycle of violence. This is described in more detail in the previous section.

Intensive Family Based Services (IFBS)

This four year program aims to reduce the number of Aboriginal children and young people entering out-of-home care. It provides an intensive home-

[34] Aboriginal Child Sexual Assault Taskforce, "*Breaking the Silence: Creating the Future – Addressing Child Sexual Assault in Aboriginal communities*" 2006, p.52

[35] "*Breaking the Silence"*, p.69

[36] "*Breaking the Silence",* p.71

[37] Bureau of Crime Statistics and Research (BOCSAR) 2005

[38] "*Breaking the Silence",* p.72

[39] Bureau of Crime Statistics and Research (BOCSAR) 2005

[40] Aboriginal Justice Advisory Council (AJAC) (2003), "*Speak Out, Speak Strong: An Inquiry into the Needs of Aboriginal Women in Custody*" Report.

based program to support children at risk from drug and alcohol use and family violence. The IFBS assists families through "hands-on" practical casework which includes teaching families about the impact and effects of violence and drugs and alcohol on children, improving parenting and communication skills and parents' ability to manage stress. IFBS services are staffed by Aboriginal IFBS workers who are available to participating families 24 hours a day, 7 days a week in order to support and assist the family through the program. To date, out of 267 children receiving IFBS, only 8 have entered out-of-home care.[41]

Aboriginal Child Sexual Assault Taskforce (ACSAT)

The former NSW Attorney General established the Aboriginal Child Sexual Assault Taskforce (ACSAT) in response to AJAC's *'Speak Out Speak Strong'* Report. ACSAT's purpose was to consult widely with Aboriginal communities, community based services and Government departments about child sexual assault within Aboriginal communities.

The Taskforce's report, *Breaking the Silence: Creating the Future*, identified a number of areas of concern, including the need to:

- *Improve prevention and identification of child sexual assault.* Aboriginal communities need information about preventing child sexual assault and identifying the signs it has occurred. Communities need to know how to respond and what assistance they can expect from government.
- *Enhance community engagement.* This is required to raise awareness of child sexual assault, to unite communities in responding to the issue, and involving communities in developing measures to end the violence.
- *Enhance access to existing service systems.* The report identified particular services as problematic and recommendations are made for specific improvements to remove obstacles to access, including improved availability of services and enhanced cultural appropriateness. These are essential to meet the needs of child sexual assault victims and their families who enter the child protection and criminal justice systems.
- *Respond to victims outside of the system.* The current system is triggered by a report of suspected abuse. The report revealed that Aboriginal victims of child sexual assault overwhelmingly do not report the abuse to authorities. Even if existing systems are made more accessible and appropriate, victims are likely to remain reluctant to report abuse because some of the key obstacles – fear and mistrust of the law enforcement and child protection system – are not able to be overcome in the short term. This indicates the need to provide services to victims and treatment for offenders even in the absence of child protection reports.

[41] *Two Ways Together*, Package of Funded Initiatives Report, 2007

- *Institute parallel, community driven responses*. The report suggested that as long as incarceration of offenders is the main objective of the response system, it will continue to fail in Aboriginal communities. The Taskforce favours a response that is driven by the community that offers a holistic approach that stops the cycle of abuse and heals the community, and provides appropriate levels of services to child victims. The report recommends that a new model be developed in partnership with communities that is culturally appropriate and based on solidly researched, evidence-based solutions. The Healing Circles used in Indigenous communities in Canada are examples of such solutions.
- *Develop a strategic policy direction*. The report highlighted the lack of a coordinated overarching policy framework to give Aboriginal child sexual assault a strategic direction at Commonwealth or State levels. As a result, service responses are often fragmented and stop-gap, and there are insufficient resources directed at the problem.
- *Ensure coordinated implementation, monitoring and evaluation*. The report suggested that a new unit needs to be commissioned with the task of developing and implementing the strategic policy, coordinating enhanced government services and monitoring and evaluating outcomes.

NSW Government response to ACSAT report

The Government responded to the ACSAT Report with an Interagency Plan of 88 actions to tackle child sexual abuse in Aboriginal communities. The Plan strikes a balance between strong law enforcement action needed to crackdown on criminal activity and the importance of early intervention and prevention services to help families at risk.

The Plan has three high level goals:
a) To reduce child sexual abuse in Aboriginal communities;
b) To reduce the disadvantage that leads to child sexual assault; and
c) To build up Aboriginal leadership to help communities deal with abuse.

The Interagency Plan is built around four strategic directions: law enforcement, child protection, early intervention and prevention, and community leadership and support. The strategic directions are subdivided into three parts, according to how they will be implemented by the NSW Government:
- Actions for immediate State-wide implementation;
- Actions to be tailored to local communities and
- Proposals for further development.

Actions in the Plan include measures to:
- Enhance the cultural responsiveness and effectiveness of Police and the Joint Investigative Response Teams (JIRT);
- Address concerns about the justice system, including enhancing court support for victims, conducting judicial education, expanding bail and parole conditions and improving enforcement;

- Improve services for victims, such as medical & forensic services and counselling;
- Build up the Aboriginal workforce and improving cultural awareness of services;
- Enhance the child protection system, including more effective information management and exchange and data collection;
- Increase Aboriginal community education and awareness to enable communities to identify abuse and to know how to respond; and
- Reduce truancy rates and enhance educational outcomes.

Evaluation of progress and outcomes

There are three levels of indicators to assess progress and measure outcomes of the Interagency Plan:

- Program milestones – which identify the steps needed to implement the action;
- Program measures – these quantify outputs and impacts of the actions in terms of clients and communities; and
- Outcome indicators – these monitor the extent to which the Interagency Plan is having an impact on levels of child sexual assault in Aboriginal communities.

The milestones have been finalised and have been reported on by CEOs to the Minister for Aboriginal Affairs in June and October 2007. Further reports against the milestones will be provided each six months. The program measures and outcome indicators are currently being finalised by agencies and will be reported against annually.

A Ministerial Advisory Panel (MAP) has been established to advise and advocate on the issue of child sexual assault in Aboriginal communities within NSW and to advise the Minister for Aboriginal Affairs on the implementation of the Interagency Plan. The MAP consists of the following members:

NAME	Position
Ms Sandra Bailey (CHAIR)	CEO, Aboriginal Health & Medical Research Council
Ms Gillian Calvert (DEPUTY CHAIR)	Commissioner for Children and Young People
Ms Beverley Manton	Chair, NSW Aboriginal Lands Council
Ms Wendy Fernando	Women’s Legal Services NSW, Walgett
Ms Glendra Stubbs	LINK-UP (NSW) Aboriginal Corporation
Ms Marcia Ella-Duncan	Former Chair, NSW Aboriginal Child Sexual Assault Taskforce
Ms Joan Dickson.	Former Member, NSW Aboriginal Child Sexual Assault Taskforce

Mr Greg Telford	Former Member, NSW Aboriginal Child Sexual Assault Taskforce
Ms Melva Kennedy Taskforce	Formerly Member, NSW Aboriginal Child Sexual Assault
Professor Chris Cunneen	New South Global Professor of Criminology, University of New South Wales and Formerly Member, NSW Aboriginal Child Sexual Assault Taskforce
Mr Brendan Thomas	Assistant Director-General Attorney General's Department.

The MAP will meet bi-monthly and report to the Minister for Aboriginal Affairs twice a year, or as required.

Implementation of the Interagency Plan is also a key strategy of State Plan Priority F1 (Improved Health Education and Social Outcomes for Aboriginal People). The Interagency Plan as a whole has been incorporated into the Safe Families Project of F1 and is subject to the rigorous performance monitoring and evaluation that makes up the State Plan governance arrangements.

Progress to date

Implementation of the Interagency Plan will occur over five years. Some significant progress has been made, including:

- Enhanced information sharing capacity to inform police operations through secondment of two NSW Police officers to the Australian Crime Commission and secondment to inter-jurisdictional joint taskforces (*Actions 2 and 3*)
- Employment of an Aboriginal Family Violence Officer (AFVO) with the NSW Police Force. The Officer is responsible for the development of Aboriginal Sexual Assaults Standard Operating Procedures as part of Police's Aboriginal Strategic Directions (*Action 10*)
- Improved data collection through the development of information brochures to increase identification of Aboriginality for data collection by police (*Action 11)*
- The development and presentation of Local Area Command Aboriginal Consultation Committees (LACACC) Guidelines package to police and Aboriginal people in a number of key Local Area Commands. These Guidelines assist police and the community to develop LAC Aboriginal Action Plans (*Action 12*)
- Cultural competency training has commenced with all Witness Assistance Service Officers and many prosecutors to be trained by mid-2008 (*Action 13*)
- 75% of priority locations now have Remote Witness Facilities as is used in the Child Sexual Assault Specialist Jurisdiction Pilot (*Action 16*)
- Corrective Services has developed a new model for monitoring of offenders by Community Offender Services (COS). It includes staff being on call during

evenings and weekends. Additionally, a specialist group – the Commissioner's Compliance Group (CCG) – will conduct unannounced visits and other supervision / surveillance actions with high risk offenders (*Action 24*)

- The development of safe living environments has occurred, such as the Housing and Human Services Accord Pilot 'Young People Leaving Care' project in Maitland and the Orana Far West Safe Houses Project (*Action 40*);
- Regional student services personnel have identified schools with attendance rates that are of concern and are working with those schools to implement attendance action plans (*Action 61*)
- Increased Aboriginal teacher scholarships – 61 scholarships were offered under the 2007 Teacher Education Scholarship Program and 54 Deeds of Agreement were signed. 68 scholarships have been offered under the 2008 Teacher Education Scholarship Program. Acceptances and Deeds of Agreement are due to be returned by 18 February 2008 (*Action 70*)
- Ministerial Advisory Panel has been established to advise and advocate on child sexual assault in Aboriginal communities and to monitor the implementation of the Interagency Plan (*Action 76*)
- Support for Aboriginal service providers and community workers through the adaptation of "Shades of Grey? Ethics and Boundaries in Trauma" for Aboriginal workers in recognition of the complex nature of their relationships within communities. This is due to be delivered to Aboriginal Family Health Workers in late 2007 and early 2008 (*Action 81*).
- Additional community legal education resources have been funded and distributed through Warringa Baiya Aboriginal Women's Legal Service to local community and Government organisations across the state (*Action 84*);
- Enhanced access to counselling for victims through the removal of the 22 hour cap on Victims of Crime counselling for Aboriginal victims of crime (*Action 88*);
- A Murdi Paaki community capacity building strategy is being developed in partnership with state and federal agencies and the Murdi Paaki Regional Assembly. The Strategy aims to provide information and strengthen community capacity in addressing CSA in the communities of the Far West Region; and
- Development of a rural community-based holistic early intervention treatment service for families that addresses sexually offending behaviours of children and young people aged 10 –17 years. The new service is based on the New Street Adolescent Service, which has demonstrated its effectiveness both in reducing sexual and other violent and non-violent re-offending and in protecting this group of young people from becoming victims of crime and/or of abuse and neglect.

2.3.3 Future directions

Brighter Futures

The Brighter Futures Program involves the Department of Community

Services (DoCS) working with 14 funded non-government agencies and over 400 of their community partner organizations to provide integrated, sustained, high quality early intervention services to vulnerable children aged 0-8 years of age. The program seeks to identify families at risk sooner to provide them with sustained services and support that will prevent their problems escalating, and achieve long-term benefits for children. Brighter Futures has a strong focus on supporting Aboriginal families and during 2007-10, will invest approximately $5million in Aboriginal-specific services and programs.

Community-based initiatives

While Government agency-led programs, such as the Interagency Plan, are essential to any campaign to end the cycle of sexual violence against children in Aboriginal communities, governments are increasingly aware that real and lasting change can only be accomplished in combination with support for community-driven initiatives.

This need for a grass-roots approach to family violence programs is highlighted by a number of recent Inquiry reports. For example, the 2002 Western Australian Gordon Inquiry report, *Putting the Picture Together*, notes that:

> *'…effective solutions will require a 'sea-change' in government policies and practices. There is a need for a philosophical change across the whole of government. The focus of government agencies must not, in the first instance, be on their own structures and programs. Rather they must look to the communities they serve and be prepared to devolve power and decision making to those communities and play a supportive role.*
>
> *… Aboriginal people must be assisted to take responsibility for their communities and the prevention of family violence'*.[42]

Future directions for policies dealing with child sexual assault in Aboriginal communities are likely to have a stronger community focus. Through State Plan Priority F1 and the *Interagency Plan to Tackle Child Sexual Assault* Local Reference Groups will be established in priority locations. The Local Reference Groups will be responsible for developing locally-tailored child sexual assault prevention plans for that community as well as better linking communities and government service providers. This approach will see the community itself, with Government assistance, developing activities and projects that will deal with the causes of child sexual assault. The types of projects that might be run in a community include:

- A 'fashion and beauty' day for young Aboriginal women at a local community health provider who, in partnership with the beauty therapy teachers from the local TAFE and Aboriginal community health workers, provided sexual health education and screening in between teaching pedicures, manicures and make-up techniques;

[42] *Putting the Picture Together*, Report of the Inquiry into Response by Government Agencies to Complaints of Family violence and Child Abuse in Aboriginal communities, 2002, p386

- A safe communities T-shirt painting competition as part of a protective behaviours workshop for children; or
- Men's, Women's and children's culture camps to enhance cultural resilience and create a safe zone for making disclosures.

Community-based healing initiatives

Action 86 of the Interagency Plan requires the Department of Aboriginal Affairs, the Attorney General's Department and the Department of Corrective Services to develop for further consideration a model of restorative justice for Aboriginal sex offenders that adapts the principles of the Hollow Water model and Circle Sentencing. An options paper is currently under development for consideration of Government.

2.4 EDUCATION

STATE PLAN LINKAGE:

Education is currently being addressed as one of the five objectives in the **F1 Priority Delivery Plan (PDP)** – 'increasing the readiness to learn of Aboriginal children prior to school entry'. This will be achieved by focusing on improving transport options in Aboriginal communities to facilitate attendance of children at pre-school. The following DET-led priorities are also applicable:

Priority S4: Increasing levels of attainment for all students

Priority S5: More students complete Year 12 or recognised vocational training

Priority F6: Increased proportion of children learning with skills for life and learning at school entry

2.4.1 Key data

Preschool participation rates

In NSW in 2005, preschool participation was slightly higher for Aboriginal 3-year-olds (26.1%), compared to non-Aboriginal 3-year-olds (21.4%). However, preschool participation rates in NSW for Aboriginal 5-year-olds were lower (10.6%) than for non-Aboriginal people in this age group (16.7%).[43] The reasons for the discrepancy in preschool participation rates for 3-year-old and 5-year-old Aboriginal children is not known for certain.

It is well established that children who have access to, and attend, good quality early childhood education programs have a head start at school. For example, the Perry Preschool Study, a longitudinal preschool-effectiveness study conducted in the United States of America, has shown that children's participation in a high-quality active learning preschool program at ages 3 and 4 creates the framework for adult success.[44]

Participants in the study who were placed in an active learning preschool program had significantly higher monthly earnings at age 27 than those who did not attend preschool. Furthermore, they had significantly higher percentages of home and car ownership, a significantly higher level of schooling completed, a significantly lower percentage receiving social services at some time in the previous 10 years and significantly fewer arrests

[43] OID Report, Section 6.1

[44] See Chapter 10 of *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*, edited by L. J. Schweinhart and D. P. Weikart (Ypsilanti, MI: High/Scope Press, 1993).

by age 27. The lifetime economic benefits to the study participants, their families, and the community far outweighed the economic cost of their high-quality, active learning preschool program.

It is therefore appropriate that preschool participation for Aboriginal children be considered a priority issue in NSW, and that this is reflected in the F1 Priority Delivery Plan.

Year 3 literacy and numeracy

The data collated on year 3 literacy and numeracy highlights that the disparity in academic performance between Aboriginal and non-Aboriginal students is evident from a very early age. This is significant in that numerous studies have shown that, unless preschool learning and early primary school assistance are provided, underperforming students are rarely able to catch up to other students.[45]

In 2005, the proportion of Aboriginal year 3 students who did not achieve the national benchmark was substantially higher than the proportion of all students both nationally and in NSW:

- **Reading:** Nationally in 2005, 22 per cent of Aboriginal students did not achieve the reading benchmark, in comparison to 7.3 per cent of all students. In NSW, this figure was slightly lower, with less than 20 per cent of Aboriginal students failing to achieve the national benchmark.[46]
- **Writing:** Nationally in 2005, 26 per cent of Aboriginal students did not achieve the writing benchmark compared to 7.2 per cent of all students. Aboriginal students in NSW achieved slightly better results, with less than 20 per cent failing to achieve the national benchmark.[47]
- **Numeracy:** Nationally in 2005, 19.6 per cent of Aboriginal students did not achieve the numeracy benchmark compared to 5.9 per cent for all students. Aboriginal students in NSW achieved better results than the national average, with almost 90 per cent of students attaining the numeracy benchmark.[48]

Retention rates to year 12

Nationally in 2006, Aboriginal students were around half as likely to continue to year 12 as non-Aboriginal students. Retention rates for Aboriginal students in NSW were substantially less than the national average, with approximately 30 per cent staying on until year 12.[49]

45 OID Report, Section 6.9
46 Two Ways Together Indicator Report 2007
47 Two Ways Together Indicator Report 2007
48 Two Ways Together Indicator Report 2007
49 Two Ways Together Indicator Report 2007

Attainment of Year 12 certificate

Nationally, the proportion of Aboriginal students who achieved a year 12 certificate *decreased* from 51.1 per cent in 2001 to 48.7 per cent in 2005. By comparison, the proportion of non-Aboriginal students *increased* from 80.3 per cent in 2001 to 86.8 per cent in 2005. In NSW, however, attainment levels for Aboriginal students were higher, with 60 per cent achieving a year 12 certificate in 2005. (2001 figures were not reported for NSW.) [50]

Post-secondary participation

Nationally in 2004-05, non-Aboriginal people were 6 times more likely than Aboriginal people to attend a university, while Aboriginal people were more likely to attend a TAFE, technical college, business college or industry skills centre.[51] 30.1% of Aboriginal young people in NSW are at risk of long-term unemployment, compared to 8.1% of non-Aboriginal young people.[52]

Reasons for poorer performance

The reasons that Aboriginal children perform statistically worse than non-Aboriginal children in the education system are multi-faceted, and include poor attendance, higher levels of suspension and cultural issues. The human Rights and Equal Opportunity's *Bringing Them Home Report*[53] details some of the long-standing reasons for poorer attendance and performance of some Aboriginal children in school:

- Aboriginal children living in remote areas often experience transport problems in attending school. (This is being specifically addressed by the NSW Government under the action '*ensuring school readiness*' through the F1 Priority Delivery Plan).
- Broader reasons for low attendance include disillusionment with school, difficulties attending school arising from poverty, family pressures, particularly in single parent families, high levels of illness and high death rates among adults and the attendant social obligations.[54]
- Retention rates of Aboriginal students are affected by the pressures of racism and cultural dominance.[55] The types of racism experienced include racial abuse and vilification, negative comments about families and behaviour

[50] OID Report, Figure 3.3.6
[51] OID Report, Section 3.34
[52] *Two Ways Together* Indicator Report 2007
[53] Available: http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen58.html#Heading248
[54] Groome and Hamilton 1995 p.4, cited in Bringing Them Home at http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen58.html#Heading248
[55] NSW Aboriginal Education Consultative Group submission 362 p.1, cited in http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen58.html#Heading248

on the basis of race, prejudicial treatment, negative personal comments about `extra money' and `special benefits'.[56]

- The poor educational results for Aboriginal students are also reflected in the rates of suspensions and exclusions from schools of Aboriginal students.

Many of these long-standing issues have been addressed through the Department of Education and Training's *Aboriginal Education Review*, and its corresponding *Aboriginal Education and Training Strategy 2006-2008* (see 'Future Directions').

2.4.2 Examples of successful government initiatives

Kids Excel

$7 million has been provided over four years for *Kids Excel* to provide extra support for children up to 12 years old through practical activities such as breakfast programs, health services and behaviour management programs. This program sees partnerships being developed between teachers, parents, children and communities and successful cooperation between schools, government agencies and community groups, and the program has already had a significant impact.

Results: In 2006, when compared with 2004 results there was a 14.2% decrease in the percentage of Aboriginal students in the lowest band in Year 3 Literacy in Kids Excels Schools, compared to an 0.2% decrease for Aboriginal students across all Government schools. To date, Basic Skills Test results indicate that *Kids Excel* has significantly reduced the proportion of Aboriginal students obtaining the lowest skill band outcomes in Year 3 and Year 5 Literacy and Numeracy. The program appears to be on track to meeting its target of 'Number of students achieving lower band results halved' by the end of 2008.[57]

Youth Excel

$4.5 million over four years has been allocated for *Youth Excel* to provide additional support for high school students such as Aboriginal-specific homework classes, student mentoring, employment of Aboriginal teachers and programs to link students with employment or further higher education, and the program has already had a significant impact.

Results: In 2006, when compared with 2004 results there was a 13.8% decrease in the percentage of Aboriginal students in the lowest band in School Certificate English in *Youth Excel* Schools, compared to a 1% increase for Aboriginal students across all Government schools. Taken as a whole, School Certificate English data indicate that *Youth Excel* appears to be

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[56] Groome and Hamilton 1995 p.37, cited in Bringing Them Home at http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/stolen58.html#Heading248

[57] *Two Ways Together* Package of Funded Initiatives Report, 2007. Note that the proportion of Aboriginal students in the highest skill bands has been less effective in increasing the proportion of Aboriginal students obtaining highest skill band outcomes between 2004 and 2006.

on track to meet its target to halve the number of Aboriginal students achieving lower end results and double the number of Aboriginal students achieving upper band School Certificate English results by the end of 2008. [58]

It should be noted that the Kids Excel and Youth Excel programs target a relatively small number of students, and the smaller the cohort, the more volatile aggregated results can be.

Scholarships for Aboriginal students

488 Scholarships of $1000 each have been awarded to students in Years 9-12 since 2004/05. There has been 100% retention rate for recipients in Years 9-10 and 11-12.[59]

Construction skills for Indigenous people in NSW

This program was developed in partnership between the Construction Forestry Mining and Energy Union and TAFE NSW and has been operating since 2004. Run over six to eight weeks, the program leads to relevant licenses and tickets in the industry. In 2006, two programs were delivered, with a retention rate of around 80% and approximately 40% of participants were employed in the construction industry.

SistaSpeak

SistaSpeak is a six-week series of mentor-supported workshops aimed at supporting and inspiring young Aboriginal women in Years 6-9 to pursue their education, examine career options and work towards financial independence, and is run through Office for Women. The program was piloted in 2005 in Dubbo, where it assisted 22 students from Delroy College. The results of the pilot included an improvement in literacy and numeracy amongst participants, many of whom commenced the Duke of Edinburgh Award and met the Patron, Prince Edward, on his visit to Dubbo in 2006. In 2006, the program was run in Lismore and Wellington, and in 2007, workshops were provided in Orange, Nowra, Hunter, Central Coast, Dubbo and Northern NSW.

Schools in Partnership (SiP) – Targeted Aboriginal Students Strategy

One of the recommendations of DET's *Aboriginal Education Review* was the establishment of the Schools in Partnership Program, a cross-agency program that encourages schools with high population of Aboriginal students to develop community partnerships with parents and communities. 30 schools across the state will participate in this program over the next four years, with 10 already established. This is an example of successful whole of government action in education. The 2007 Evaluation shows the following results to date:

- Year 3 Basic Skills Test results showed that in 2005, 47.4% of Aboriginal students in the ten SiP schools were in Band 1 (the lowest band). In 2006, this had fallen to 29.3%, constituting an improvement of 38%;

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[58] *Two Ways Together* Package of Funded Initiatives Report, 2007
[59] *Two Ways Together* Package of Funded Initiatives Report, 2007

- In 2005, the number of Year 3 students in Bands 1 and 2 (the two lowest bands) was 77%. In 2006, this had decreased to 62%;
- Across SiP schools in 2005 in Year 5, 17.1% of Aboriginal students were in Band 1. In 2006, there were just 4.3% in Band 1. In 2005, 38.8% of students were in Bands 1 and 2. In 2006, this number had dropped to 26.3%; and
- Using Bomaderry Public School as an example, literacy aides working with students who performed poorly in 2005 had significant results. In 2005, 67% of Year 3 students were in Band 1; in 2006 this number was reduced to 17%. Similarly, 28% of Year 5 students in 2005 were in Band 1, and in 2006 there were only 8%.

The evaluation concluded that the gap between Aboriginal and non-Aboriginal students would be overcome within a decade in SiP schools.

2.4.3 Future directions

Aboriginal Education and Training Strategy

The Department of Education and Training (DET) has established the NSW *Aboriginal Education and Training Strategy for 2006-08* as a direct response to the outcomes of the *Aboriginal Education Review*. Through the strategy, the Government has committed to closing the gap between Aboriginal and non-Aboriginal student performance by 2012, as well as focusing on providing support to Aboriginal staff.

F1 Priority Delivery Plan – summary of NSW Government undertakings

- Increase the participation of Aboriginal children attending pre-schools across NSW, by providing transport to help children attend pre-school. This approach is being introduced into 5 communities, helping a further 90 children attend preschool;
- Extend the successful Schools in Partnership (SiP) **Targeted Aboriginal Students Strategy** (see above) to 8 public schools in 4 communities with 547 enrolled Aboriginal students; and
- Improve the transition of Aboriginal children into schools. Currently, 11 DET preschools in NSW are designed specifically for Aboriginal children. They provide culturally appropriate programs in consultation with the local Aboriginal communities and are inclusive of Aboriginal English. A further 13 preschools are located in areas that serve Aboriginal communities. Aboriginal Education workers have been appointed in 13 preschools with high Aboriginal student enrolments.

2.5 EMPLOYMENT & ECONOMIC DEVELOPMENT

STATE PLAN LINKAGE:

Employment and economic development are currently being addressed under one of the five objectives in **F1 Priority Delivery Plan (PDP)** – 'Economic development: increasing Aboriginal employment'. The following DET-led priorities are also pertinent:

S5: More students complete Year 12 or recognised vocational training; and

P7: Better access to training in rural and regional NSW to support local economies

2.5.1 Key data

Employment levels

The Aboriginal people of New South Wales continue to experience unacceptably high levels of unemployment and lower income levels when compared with the non-Aboriginal population:

- Aboriginal unemployment is more than three times higher than the non-Aboriginal community (approximately 16.3% compared to 5.1%) at a time when unemployment levels in NSW are at a 30 year low;[60]

- The Aboriginal unemployment rate in NSW increased to 16.3% in 2006 from 15.7% in 2005 after declining from over 20% in 2003. In contrast, the national unemployment rate for Aboriginal persons declined from 16.5% in 2005 to 14.3% in 2006;[61]

- ABS Census projections estimate that by 2009, the number of Aboriginal people of working age will increase by 21%, which makes it all the more important to focus on measures that will boost Aboriginal employment. Just to maintain the current Aboriginal employment rate would require 6,989 new jobs in NSW by 2009. However, to reach an employment rate for Aboriginal people consistent with the general NSW employment rate would require almost 25,000 new jobs by 2009.[62]

The Aboriginal unemployment rate varies from region to region depending on access to the labour market and the local Aboriginal population. For example:

[60] ABS Experimental Estimates of Labour Force Characteristics of Indigenous Persons, 2006

[61] ABS Experimental Estimates of Labour Force Characteristics of Indigenous Persons, 2006

[62] ABS 2004:53.

- The unemployment rate for Aboriginal people living in the Sydney region was 17% in 2001, compared with 6% for the total population;
- In Western NSW, the unemployment rate for Aboriginal people was 27%, compared with 8% for the total population; [63]
- In 2002, New South Wales was ranked behind the ACT, Victoria and Tasmania in employing Aboriginal people full-time, at around 48%; [64]
- For part-time Aboriginal employment, New South Wales is ranked third lowest above Victoria and the ACT, at around 30%;[65] and
- The Office for Women (OFW) notes that at the time of the 2001 census, 35% of Aboriginal women in NSW were in employment, compared to 50.7% of non-Aboriginal women.

Income

- New South Wales is also ranked also behind ACT, Victoria and Tasmania for having a mean gross weekly equivalised household (GWEH) income, at around $410; [66]
- Aboriginal households represent around 2% of all households in New South Wales. In 2001, Aboriginal households were most highly represented in the $300-399 per week bracket, compared with non-Aboriginal households who were most highly represented in the $1,500-$1,999 per week bracket;
- The proportions of Aboriginal people in household income brackets below $1,000 were consistently higher than for all persons with the exception of the $200-$299 bracket; and
- In income brackets above $1,000, the proportions of Aboriginal households were all well below those of the total population (the largest difference being in the $2,000+ bracket).

Aboriginal community-owned businesses

- According to 2001 Census data, Aboriginal people throughout Australia were three times less likely than other people to be self-employed, increasing to nine times less likely in very remote areas;
- In 2001, almost half (46.4%) of Aboriginal businesses in New South Wales were concentrated in three sectors: the Arts, Legal and Business services, and Interest Groups. The proportion of Aboriginal community-owned businesses appears to be high at 48% of the total (although no figures were

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[63] Department of Workplace Relations NSW Labour Economics Office, *Labour Market Characteristics of NSW Indigenous Persons for Job Network Labour Market Regions and Employment Service Areas* – information downloaded 16 August 2006 http://www.workplace.gov.au/workplace/Category/ResearchStats/LabourMarketAnalysis/LEO/NSW/

[64] The ACT had the highest ranking for full-time Aboriginal employment, at 70%.

[65] The NT had the highest ranking for part-time Aboriginal employment, at 54%.

[66] The ACT was the best-performing jurisdiction with gross weekly GWEH income of around $650.

given for non-Aboriginal community-owned businesses, making a comparison difficult);

- If all Sydney metropolitan locations are combined, they contained 22% of all businesses. This would appear to be a low proportion given that two-thirds of the total New South Wales population lives in Sydney, including approximately half the Aboriginal population. As Sydney offers more opportunities for salaried employment, it is possible that business ownership is considered a less attractive economic option for Aboriginal people in the region;
- By location, Aboriginal businesses were concentrated in the Sydney metropolitan, Orana and Hunter regions. Together these three locations host 39% of all Aboriginal business; and
- Other notable locations for Aboriginal business were the Hunter region, which had 14% of all Aboriginal businesses, and the combined Far Western and Far West-North Western regions with 6% of the total. The latter is encouraging given these regions' sparse population.

2.5.2 Successful government initiatives

Improving Aboriginal Employment in the NSW Public Sector 2006 – 2008

To improve Aboriginal employment opportunities within the NSW public sector, the NSW Government has introduced *Making It Our Business: Improving Aboriginal Employment in the NSW Public Sector 2006 – 2008.* The strategy will support agencies to set and meet specific Aboriginal employment targets based on the agency size, its roles and responsibilities, location and the Aboriginal client base.

Some examples of best practice in the NSW public sector provide an example for what has been achieved in recent years. In the Department of Aboriginal Affairs, the Aboriginal employment rate in June 2006 was approximately 50%. In the Department of Environment and Conservation, in September 2006, Aboriginal employment rate was around 6%, although it was as high as 16% in the Department's northern region.[67] Similarly, in 2006-07, Aboriginal people filled 7% of Housing NSW positions.[68] In the Aboriginal Housing Office (AHO) in 2005-06, Aboriginal people filled 69% of positions within the organisation.

Indigenous Cadetship Program

The Indigenous Cadetship Program aims to provide employment opportunities and support for Aboriginal students across NSW in various professions. The Department of Commerce has been an active participant in the program, employing three Aboriginal Cadets on a permanent basis through the program, with a further six currently studying in the areas of commerce, media and communications, law, construction management, and architecture.

[67] Lisa Corbyn, Director General of the Department of Environment and Conservation, personal communication, 7 September 2006.

[68] Equal Employment Opportunity Annual Reporting 2006/2007

Aboriginal Participation in Construction Guidelines

Under *Two Ways Together*, the NSW Government is creating employment opportunities for Aboriginal people in the private sector through the use of the *Aboriginal Participation in Construction Guidelines*. Under the *Aboriginal Participation in Construction Guidelines*, NSW Government agencies can require construction companies engaged in government-funded construction activities to include Aboriginal people in those projects by employing Aboriginal staff and trainees, or by contracting out activities to Aboriginal enterprises. NSW Health has committed to setting a preliminary 2% Aboriginal participation target across all its construction projects. The Departments of Aboriginal Affairs, Commerce, Education and State and Regional Development are assisting NSW Health in achieving this target.

Aboriginal Communities Development Program

The Department of Aboriginal Affairs manages the Aboriginal Communities Development Program, a community housing and infrastructure upgrade initiative that includes an employment and training component. This Program was established in 1998 and to date the NSW Government has allocated approximately $240 million to raise the environmental health and living standards of 22 priority Aboriginal communities. The Program has contributed to the creation of 11 Aboriginal owned and operated construction companies, while the on-site employment and training component has so far provided 222 apprenticeships with accredited TAFE training.

Job Compacts

Job Compacts are written agreements between the Government, local businesses and decision-making bodies, such as chambers of commerce to increase local Aboriginal employment. The agreements identify how industry groups, chambers of commerce, NSW Government agencies, key Aboriginal organisations and local governments can work together to increase the employment of Aboriginal people locally.

Twelve Job Compacts are being developed across the state. The locations being targeted are large regional centres and urban areas with high Aboriginal populations and viable job markets, that have existing private and government sector Aboriginal employment services and where, in some cases, the CDEP has been withdrawn.

There are two types of Job Compacts, location-based and industry-based.

Ten of the Job Compacts currently under development are locational and target the following areas: Blacktown/Mt Druitt, Campbelltown/Macarthur, Hunter/Newcastle, Wagga Wagga, Dubbo, Eastern Sydney, Tweed Heads, Illawarra, Tamworth and Redfern. Two of the Job Compacts are industry-based, targeting mining and government construction in the Murdi Paaki region, as well as construction being undertaken by Sydney Water in the Sydney metro area.

To support the delivery of Job Compacts the Department of Aboriginal Affairs provided grants totalling $200,000 in 2006-07. This funding has been used to

engage three organisations to work with the Department to develop the 12 Job Compacts. In addition to the regional work, state level meetings with key government agencies and umbrella organisations in the private sector have been initiated to provide co-ordination and support for Job Compacts. This has culminated in the development of an Overarching Memorandum of Understanding (MOU).

NSW Health programs

The NSW Aboriginal Population Health Scholarship Program

In 2005, South Eastern Sydney and Illawarra Area Health Service (SESIAHS), the NSW Department of Health and the University of Wollongong established the Aboriginal Population Health Scholarship Program. The Scholarship Program supports two Aboriginal students studying a Bachelor of Arts or Science in Population Health at the University of Wollongong. The scholarship includes $23,000 each year over three years, plus work experience placement with the Area Health Service. The Program was evaluated positively after the initial 3 year period and recurrent funding was allocated to it. The Program is currently recruiting for a second round of scholarship holders for 2008-2010.

The Scholarship Program aims to increase the numbers of and opportunities for Aboriginal people to work in population health in NSW. The objectives are to:

- Enable scholarship holders to consolidate the theoretical skills acquired through population health undergraduate studies with practical skills obtained by work placements;
- Enhance the career prospects and career path of the scholarship holder;
- Improve cultural awareness within SESIAHS population health services;
- Build Aboriginal leadership in health; and
- Increase representation of Aboriginal workers in mainstream health services.

One of the strengths of the Scholarship Program is the high level of professional and academic support and mentoring students are able to access and the potential to build professional networks in the field. To date, one Scholarship recipient has completed the undergraduate degree and been accepted into a Masters of Applied Epidemiology program; and the other is completing their undergraduate studies.

Otitis media screening capacity

In order to meet the screening targets for the *Two Ways Together* Otitis Media Screening Program implemented by NSW Health, and to sustain screening capacity, it was necessary to increase workforce capacity.

The NSW Department of Health worked in partnership with TAFE (OTEN) to develop a curriculum for an intensive residential training course which could be delivered to Aboriginal Health Workers in regional centres. From a base of

20 screeners in 2004, there are now over 130 trained screeners throughout NSW who work in both Area Health Services and Aboriginal Community Controlled Health Services.

In late 2007 the efforts of TAFE and NSW Health received a Bronze Award in the *2007 NSW Premier's Public Sector Awards* in recognition of the development and delivery of this innovative training course for Aboriginal Health Workers.

NSW Aboriginal Mental Health Workforce Program

The NSW Aboriginal Mental Health Workforce Program (the Program) commenced in January 2007. The Program employs Aboriginal people as full time, permanent employees of a mental health service. They are recruited as Trainees and are supported in acquiring a recognised degree as a condition of employment. The Program combines the formal degree course with workplace experience within the Area Health Service. Trainees are supported through an integrated system of peer support, on-the-job training and supervision. At completion, the trainees will become qualified Aboriginal mental health professionals, working as part of a mainstream Area Mental Health structure on a permanent basis.

State-wide, the Program funded 10 trainees in 2007, with an additional 10 trainees to commence in the 2008/09 financial year. However, Areas have taken the opportunity to convert existing vacant positions into the Program, with the result that 18 trainees completed their first year of the Program in 2007, and an additional 4 trainees will commence the Program in 2007/08.

By employing and training Aboriginal people who know the community and who are likely to stay in the community, the Aboriginal Mental Health Worker Training Program seeks to:

- Break down barriers and increase accessibility of mental health services for Aboriginal communities;
- Address health workforce shortage in remote areas;
- Enhance cultural appropriateness of mental health services;
- Improve workforce retention;
- Increase awareness of local issues affecting the local community;
- Build communities' capacity to respond to their mental health needs;
- Provide role models and mentors for local youth; and
- Create cultural awareness overall.

The Aboriginal Mental Health Workforce Program is based on the service model of the former Far West Area Health Service's (now Greater Western Area Health Service's) Aboriginal Mental Health Workforce Development Project. In 2005, this project received both *NSW Aboriginal Health* and *NSW Premiers* Awards in recognition of its success. The project demonstrated effective development and implementation of partnerships, career improvement strategy, recognition of prior learning and the potential to continue with further education.

Aboriginal Environmental Health Officer Traineeship

NSW Health implemented an Aboriginal Trainee Environmental Health Officer Program in 1997 to provide opportunities for Aboriginal people to gain qualifications and employment in environmental health at a professional level. Funds are provided to Area Health Services to employ and support Trainee Environmental Health Officers over approximately six years, while they undertake the Bachelor Applied Science (Environmental Health) at the University of Western Sydney. Since 2001, eight trainees have completed the course, the first being Australia's first degree qualified Aboriginal Environmental Health Officer. There are currently eight trainees in the program.

NSW Department of State and Regional Development

The NSW Department of State and Regional Development (DSRD) also supports Aboriginal economic development across the State by helping Aboriginal people plan for successful growth and development of their commercial enterprises. DSRD achieves this through offering a range of services to meet the needs of Aboriginal people under the Aboriginal Business Development Program. This program supports and works towards addressing Aboriginal disadvantage.

Budyari Nagalaya: Business Partnerships

Support is provided for business partnerships between Aboriginal people and Australian corporations that seek to employ Aboriginal people, involve Aboriginal firms in Government contracts, supply chains and/or buying products from Aboriginal firms. Some achievements in the last 12 months include: over $4 million dollars of contractors awarded to Aboriginal firms and more than 150 new jobs for Aboriginal people.

Business Review

The Aboriginal Business Review Program assesses the current situation of an Aboriginal enterprise and focuses on identifying steps to build the enterprise.

Aboriginal Business Growth

The program supports Aboriginal businesses to grow their businesses by providing one-on-one business support to implement business development activities that will grow their business.

Aboriginal Business Link

This Program supports Aboriginal business owners to develop new markets through participating in industry trade shows, industry marketing and promotional opportunities. In 2007, this program supported four Aboriginal businesses to undertake international market visits that led to sales of around $325,000.

Aboriginal Youth Business Program

The Aboriginal Youth Business program works towards encouraging an entrepreneur cultural in Aboriginal youth. Groups of Aboriginal youth running a

small enterprise or interested in developing a business idea are provided with support to move to the next business life cycle. This support is provided by a Departmental approved business consultant.

Department of Ageing, Disability and Home Care (DADHC)

Aboriginal Home Care Branches

These Branches employ over 350 Aboriginal people across the state. DADHC also currently funds a number of Aboriginal identified positions that are located with community based organisations that aim to support current service delivery to Aboriginal communities, these positions and Aboriginal specific programs are also supported through DADHC Regional Aboriginal identified positions, such as an Aboriginal System Support and Development Officer.

Department of Commerce

The Department of Commerce also funds a number of successful programs that aim to increase employment opportunities and provide better, accessible services to Aboriginal people and communities across NSW, including:

- **Community Technology Centre Program (Procurement):** The Department of Commerce has established Community Technology Centres (CTCs) in 83 small rural communities throughout NSW. The Centres are community-owned and operated technology hubs that service over 10 communities. CTCs offer IT equipment needed for everyday use, and facilities are open to all members of the local community. The CTC@NSW Network also delivers a range of services including tourism training, videoconferencing broadcasts, digital photographic competitions for youth, seniors' activities, small business workshops and programs for Aboriginal groups.
- **Aboriginal Tenancy Program (Fair Trading):** The Aboriginal community has identified tenancy as the most common and highest priority consumer issue. The Aboriginal Tenancy Program assists customers with problems experienced by tenants, landlords, property managers and housing organizations by providing information, conducting community education, referring people to the Aboriginal Tenant's Advice Advocacy Services, and in assisting with applications to the Consumer Trade and Tenancy Tribunal.
- **Indigenous Australian Engineering Summer School (Office of Public Works and Services)**: The Indigenous Australian Engineering Summer School is an annual event held for up to 20 Aboriginal and Torres Strait Islander students entering years 11 and 12. The program, which was established nine years ago by Engineering Aid, is a five-day live-in summer school featuring a range of activities designed to provide Aboriginal students with an opportunity to experience engineering as a university course and career.

Department of Education and Training, TAFE NSW

Partnerships leading to employment outcomes

- *School administrative support staff*: TAFE NSW Institutes delivered Certificate III in Aboriginal Education Assistant to 117 students and Certificate III in Education Support – Teacher's Aide Special to 135 students across the State in 2007. These courses provide Aboriginal community members with the skills required to apply successfully for School Administrative and Support Staff positions. Graduates of the courses are identified for priority placement where appropriate.

- *Apprenticeship pathways*: TAFE NSW Sydney Institute in partnership with Energy Australia has offered pre-apprenticeship electronics training and apprenticeships to Indigenous students. Energy Australia regards the program as a huge success, with a full retention rate and over half the students involved being offered apprenticeships with Energy Australia.

- *Aboriginal owned enterprises*: TAFE NSW Riverina Institute has negotiated a Shared Responsibility Agreement with the Department of Families, Community Services and Indigenous Affairs to enable the Institute's Primary Industries Centre in North Wagga, in partnership with the Waagan Waagan Project Group, to deliver Certificate IV in Horticulture to a group of local Aboriginal people who have already successfully completed the Certificate III. The Waagan Waagan Indigenous Project Group's aim is to establish ten self sufficient market gardens in the area.

2.5.3 Future directions

Under the Priority Delivery Plan for F1, the NSW Government will focus on increasing employment opportunities for Aboriginal people by:

- Introducing Job Compact agreements in regional and urban locations to generate local employment opportunities for Aboriginal people, with 50 new jobs by June 2009. These compacts support employment in the private sector through the development of local partnerships with business and Aboriginal communities.

- Encouraging more employment and business opportunities for Aboriginal people on government construction projects, with 100 new jobs by December 2008. This is being achieved through the use of the Aboriginal Participation in Construction Guidelines.

2.5.4 Commonwealth Government Responsibilities

The changes to the Commonwealth-run Community Development Employment Project (CDEP) since 2005 have been significant. The most

recent changes, which commenced on 1 July 2007, resulted in some CDEP sites ceasing operation, with others unsure about their future. In NSW and the ACT, approximately 16 CDEPs ceased operation, which affected approximately 2,600 people. The current Commonwealth Government has not announced any proposals to reverse these measures in NSW.

The lack of adequate or culturally appropriate consultation by the Commonwealth Department of Employment and Workplace Relations is of concern to service providers and communities.

Another major concern relates to the risks associated with the transfer of Aboriginal employment and training services to non-Aboriginal mainstream organisations. Feedback received from CDEP providers, in relation to participants' experience with mainstream services, is mixed. Consultations also established that few, if any, Aboriginal people are employed in Job Network agencies, and this situation can contribute to these services being inaccessible to Aboriginal people.

2.6 HOUSING

STATE PLAN LINKAGE:

Priority F1 (Improved health, education and social outcomes for Aboriginal people) includes a specific target to ensure that all Aboriginal communities have access to environmental health systems.

Action to address affordability issues will be implemented as part of State Plan **Priority E6.** Aboriginal people in common with the NSW population more generally, will benefit from the increased land supply and housing mix targeted under the State Plan.

2.6.1 Key data

The *Overcoming Indigenous Disadvantage* Report for 2007 found that poor housing conditions are associated with most headline dimensions of Aboriginal disadvantage. The report highlights the importance of housing as a determinant of Aboriginal health and well-being; that the quality and condition of housing influences health outcomes; and that overcrowding increases the chances of contracting diseases and is a ‘personal stressor’ contributing to long-term health conditions.[69]

The NSW Chief Health Officer’s report similarly recognises that the physical and social environments that people live in are a determinant of health. Aboriginal people are at a greater risk of exposure to behavioural and environmental health risk factors. Poor housing conditions, overcrowding and inadequate basic facilities have all been associated with higher rates of infectious and parasitic diseases.[70]

In its report *Breaking the Silence: Creating the Future*, the Aboriginal Child Sexual Assault Taskforce recognised the extent of child sexual assault in Aboriginal communities in NSW and identified chronic overcrowding in Aboriginal households as a contributing factor that increases the vulnerability of children.

Social housing

The Aboriginal population of NSW is 138, 506, which is 2.1% of the NSW population and 30% of Australia’s Aboriginal population.[71] Over 31% of Aboriginal people in NSW live in Sydney and 84% live in urban areas and

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69 SCRGSP 2007
70 Report of the NSW Chief Health Officer, 2006
71 ABS 2006 Census Data

regional centres.[72] Nearly a third of Aboriginal households in NSW live in social housing,[73] compared to 6% for the non-Aboriginal population. The social housing sector comprises public housing, AHO properties, mainstream community housing and Aboriginal community housing.

- 9,800 Aboriginal households live in public housing and around 930 Aboriginal households live in mainstream community housing.
- The AHO owns over 4,300 Aboriginal housing properties and Aboriginal community housing providers own and manage around 4,600 properties.

Home ownership

In comparison, 36% of NSW's Aboriginal households are either purchasing a home or own their home, compared to 63% for the total NSW population.[74] Home ownership levels are correlated with socio-economic status, and home ownership is a major source of wealth.

Private rental market

Approximately 30% of NSW's Aboriginal households are in the private rental market. Aboriginal people face multiple barriers in the rental market including discrimination, relatively low income and lower workforce participation, which can disadvantage rental applicants or tenants. Most private rental housing is unaffordable or inappropriate to meet the needs of large Aboriginal families and there is an absence of private rental options in some Aboriginal communities.

Housing Affordability

Australia-wide, 37% of Aboriginal households are in affordability need.[75] In NSW, affordability problems affect some 40% of Aboriginal households across all tenures and 68.9% of Aboriginal households in the private rental market.[76] Housing affordability stress means that after-housing income may be inadequate to meet other essential living costs such as food and health care.

Overcrowding

Around 11.2% of Aboriginal households in NSW are overcrowded[77] and most

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[72] ABS 3280.0 Experimental Estimates and Projections, Indigenous Australians - Urban areas are defined as those with a population of more than 1,000 people.

[73] This includes 17% of Aboriginal households living in public housing, 7% in AHO dwellings, 8% in Aboriginal community housing and 1% in community housing.

[74] ABS 2006 Census Data

[75] Australian Institute of Health and Welfare (AIHW) 2005. *Indigenous housing needs 2005: a multimeasure needs model.* AIHW cat. no. HOU 129. Canberra: Australian Institute of Health and Welfare

[76] AIHW 2005 op. cit. Affordability data for NSW from the 2006 Census is yet to be received. It is expected that affordability will have worsened between the 2001 and 2006 Census.

[77] ABS 2006 Census Data

of these are in rental housing. Overcrowding has negative consequences for health, education and family relationships, and can contribute to family violence.[78]

Homelessness

The Aboriginal homelessness rate Australia-wide is 3.5 times that for non-Aboriginal people.[79] NSW has an Aboriginal homelessness rate of 110 per 10,000 people, compared to 40 per 10,000 people in the non-Aboriginal population.[80]

Population characteristics

The Aboriginal population is younger than the non-Aboriginal population and Aboriginal population growth is double that of the general population, resulting in increasing demand for housing and related services. While NSW has a mix of urban, regional and remote housing need, particular housing problems are experienced by its highly urbanised Aboriginal population.

The Role of Housing in Overcoming Aboriginal Disadvantage

Good quality affordable and appropriate housing can reduce health risks and other problems arising from living in unaffordable, overcrowded or temporary accommodation. Adequate housing can enable people to develop supportive relationships with others, including service providers, which can result in improved access to education, health outcomes and community relationships, and can be a precursor to participation in education or employment.

Studies have shown that public housing contributes to significant improvements in non-housing outcomes including greater feelings of safety and security, extra disposable income, improvements to schooling and health-related improvements.[81] Good quality affordable and appropriate housing is critical to supporting the health and well-being and social and economic participation of Aboriginal people. There is growing evidence that improvements in housing promote better outcomes in health, education and employment, and can reduce crime and family violence.

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[78] Steering Committee for the Review of Government Service Provision (SCRGSP) 2007, *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra

[79] AIHW 2005 op. cit.

[80] ABS 2001 Census Data – Counting the Homeless

[81] Peter Phibbs with the assistance of Peter Young, Housing Assistance and non-shelter outcomes – AHURI Final Report No. 74, Australian Housing and Urban Research Institute, Sydney Research Centre, February 2005

2.6.2 Examples of successful government initiatives

Given the close link between housing and non-housing outcomes, this section outlines strategies in place to improve housing outcomes for Aboriginal people.

National Policy Framework

Housing Ministers' *Building a Better Future: Indigenous Housing to 2010* framework aims to improve Aboriginal housing over 10 years, so that Aboriginal people can access affordable and appropriate housing that contributes to their health and well-being. The framework aims to address unmet Aboriginal housing need, improve the capacity of the Aboriginal community housing sector, involve Aboriginal people in planning and service delivery, achieve safe, healthy, sustainable housing and coordinate program administration. These guiding principles are reflected in the CSHA.

NSW Aboriginal Housing Office (AHO)

The AHO is responsible for the planning and management of Aboriginal housing programs in NSW, and focuses on addressing outstanding Aboriginal housing need, improving and maintaining Aboriginal housing assets and ensuring Aboriginal Community Housing Providers are trained and resourced to effectively manage housing. The AHO maximises the involvement of Aboriginal people in the development and delivery of policy and programs.

The AHO owns over 4,300 properties for Aboriginal public housing. Housing NSW provides tenancy and property management services for these properties. The AHO has upgraded 3,737 of its properties since 1997, to bring them to the AHO's standard and improve the housing, living conditions and quality of life of tenants. It has increased housing stock by 1,000 homes since its inception.

The AHO has an Aboriginal Housing Information Service that provides information to Aboriginal people on homelessness, emergency accommodation, dealing with private landlords and real estate agents and home purchase.

Employment and Training

The AHO has an Aboriginal Employment Strategy. In 2005-06, Aboriginal people filled 69% of positions within the AHO. The AHO delivers training to Aboriginal Community Housing Providers and, in partnership with the NSW Federation of Housing Associations, developed and distributed Housing Hints fact sheets to assist providers to develop policies and procedures. The AHO has a Memorandum of Understanding with TAFE for the delivery of the Certificate IV Community Services (Social Housing) course, which is a unique training program developed specifically for the Aboriginal housing sector. Aboriginal trainer assessors are used in the delivery of the course.

The AHO held two state-wide conferences for Aboriginal builders, and fosters Aboriginal employment by engaging Aboriginal builders and mainstream builders who employ or contract Aboriginal people. Aboriginal builders are

utilised in funded works programs for Aboriginal community housing. At July 2006, 43 Aboriginal people had been employed or contracted through this avenue. The AHO's upgrading program is providing opportunities for Aboriginal builders to enter the industry and establish Aboriginal enterprises. In 2005-06, 107 of the 182 dwellings upgraded were completed by Aboriginal builders. Single select tenders have been used for some contracts, which preference Aboriginal builders and ensure prices reflect the value of the work and incorporate the costs of starting an enterprise and training.

Aboriginal Community Housing

In NSW, around 4,600 Aboriginal housing properties are managed by Aboriginal Community Housing Providers. Aboriginal Community Housing Providers are able to provide housing and services that are culturally and socially appropriate due to their close links with local communities, their advocacy role and their involvement in regional forums and committees.

The standard of Aboriginal community housing properties has been improving through repairs and maintenance, with consequent improvements in the quality of life of Aboriginal tenants. To date, work on over 3,500 homes has been completed over 7 years, with a focus on health and safety, benefiting 15,000 occupants. The AHO has completed a comprehensive property condition assessment survey to inform future maintenance planning. The AHO is also assisting the Aboriginal community housing sector to improve its viability through a Sector Reform strategy, discussed in relation to 1(e) of the Terms of Reference.

Aboriginal Communities Development Program (see also **Section 2.5** of this submission)

The Aboriginal Communities Development Program (ACDP) was announced by the NSW Government in 1998 and focuses on achieving improvements in environmental health for selected, priority Aboriginal communities. The purpose of the ACDP is to provide funding to Aboriginal communities to provide new housing, repair, renovate or replace existing housing stock and upgrade or replace existing outdated water and sewerage systems or other essential infrastructure. The ACDP funds the Department of Aboriginal Affairs and NSW Health's successful *Housing for Health* program (detailed under **Section 2.1**).

Aboriginal Home Ownership

Housing NSW and the AHO are working with other NSW and Commonwealth Government agencies to identify and overcome barriers to home ownership for Aboriginal households. The AHO, in partnership with Indigenous Business Australia, has developed a Home Loans Scheme that provides an avenue for Aboriginal people to move into home ownership through the purchase of the AHO property that they live in. Since March 2004, 18 home loans valued at around $3.6 million have been approved.

Housing NSW

The NSW Department of Housing (Housing NSW) has a commitment to provide products that are appropriate to the needs of Aboriginal people,

reduce barriers to housing services for Aboriginal people, support Aboriginal staff and train non-Aboriginal staff in order to best serve Aboriginal clients. Aboriginal people are entitled to the range of Housing NSW products available to all clients. These products are not confined to specific client groups, but Aboriginal people represent a significant number of clients due to the level of disadvantage experienced by Aboriginal people.

- The percentage of new public housing tenants who are Aboriginal increased from 10.5% in 2004-05 to 12.5% in 2006-07, and the percentage of Aboriginal households newly accommodated in community housing was 7.2% in 2006-07.
- A number of supported housing partnership projects under the Housing and Human Services Accord will focus on Aboriginal people.
- 12.2% of RentStart assistances were provided to Aboriginal people in 2006-07. This includes financial assistance towards a bond or rent or assistance with rental arrears, and one client can receive multiple assistances.
- Aboriginal people are a priority group for the Partnership Against Homelessness, a network of NSW Government agencies which aims to improve services for homeless men and women, including through coordination of support services.

Strategies to improve service delivery to Aboriginal clients

Housing NSW has implemented a number of strategies to improve Aboriginal people's access to mainstream products and services.

- The Aboriginal Enquiry Line is a free-call phone line for Aboriginal applicants and tenants, providing information and referrals in a culturally appropriate manner.
- Culturally appropriate outreach services in urban and rural Aboriginal communities assist Aboriginal people to access housing products and services.
- Housing NSW's Aboriginal Service Improvement Team supports the development of improved service delivery strategies and initiatives across the department.

Housing NSW has structures in place for consultation with Aboriginal people and both Aboriginal and non-Aboriginal clients. Aboriginal people are represented on a range of Housing NSW advisory boards and committees that provide input on the development of policies and procedures. Housing NSW also has a number of local Aboriginal Advisory Boards that advise on key local issues affecting tenants. Opportunities for clients to participate at local levels include the use of surveys and client feedback, local tenant meetings and formal consultative committees. There are also regional tenant forums and a state-wide tenant consultative body with 3 designated Aboriginal representative positions.

Housing NSW seeks to ensure public housing policies are appropriate for

Aboriginal people.

- Aboriginal people are entitled to one extra bedroom to help them meet family and cultural responsibilities without experiencing significant overcrowding.
- The locational needs policy requires priority-housing applicants to demonstrate a need to live in an area, and recognises Aboriginal people's connection to a location for historical, family or clan reasons.
- In light of their lower life expectancy, Aboriginal people aged over 55 can access housing assistance available to elderly clients (available to those over 80 in the general population), which entitles those over 55 years to priority housing and dwellings specifically for elderly clients subject to need.
- Aboriginal people aged over 45 are offered a ten-year lease for their public housing tenancy, offered on the basis of age to those over 65 in the general population.

Housing NSW initiatives benefiting Aboriginal people

Housing NSW is regenerating communities with a high concentration of public housing, often in areas with a significant Aboriginal population. *A New Direction in Building Stronger Communities 2007–2010* invests $66 million on 18 social housing estates in Mt Druitt, Claymore, Macquarie Fields, Dubbo, Killarney Vale, Bateau Bay, Tumbi Umbi, Bathurst and Orange.

Housing NSW is working in partnership to increase opportunities and improve the wellbeing of Aboriginal people.

- The Dubbo Youth Strategy, managed by the Department of Sport and Recreation, is building health and positive lifestyles through involvement in sport.
- The Aboriginal-specific Dual Diagnosis Project, a supported housing partnership being piloted by Housing NSW and NSW Health, assists homeless Aboriginal people who have co-existing mental health and substance use issues.
- The Youth Scholarships program, a partnership with the Department of Education and Training, helps young people complete the HSC. In the first round in 2006, 21 of the 100 scholarships went to Aboriginal students.
- The Tenant Participation Program supports activities that improve tenant participation and help tenants establish positive community connections.

Employment and Training

Recognising that involving Aboriginal people in service provision leads to improved outcomes for Aboriginal clients, Housing NSW has an Aboriginal Employment Strategy and an Aboriginal employment target of 7%. In 2006-07, Aboriginal people filled 7% of Housing NSW positions.[82] Housing NSW has a number of strategies to attract, support and retain Aboriginal staff including a Mentoring Program and an Aboriginal Reference Group that advises on Aboriginal client service delivery.

[82] Equal Employment Opportunity Annual Reporting 2006/2007

Housing NSW contracts out maintenance and construction and uses its buying power to create training and jobs for Aboriginal people and tenants.

- In some regions, qualified Aboriginal contractors have been employed to undertake maintenance work, upgrading and property condition assessments.
- Construction projects have been awarded to Aboriginal community organisations, which provide jobs and training to unemployed community members.
- Contracts have been entered into with Aboriginal communities managing Community Development Employment Program (CDEP) schemes to carry out work such as fencing, concreting, grounds maintenance, repairs and painting.
- Contracts have been developed with Job Network agencies to undertake landscaping work and employ trainees who undertake a qualification in horticulture.
- The Tenant Employment Project is developing a range of opportunities including the requirement of contractors to employ tenants and providing work to tenant groups.

Community Housing

The Office of Community Housing (OCH) is committed to improving access to community housing by Aboriginal people and encouraging community housing providers to increase employment of Aboriginal people as housing workers.

OCH had developed an Aboriginal Access Strategy for community housing in cooperation with the AHO. The strategy will guide the future management of community housing for Aboriginal people and support culturally appropriate housing management practices in the sector. A metropolitan Aboriginal access project is also exploring community housing options for Aboriginal people in the Metropolitan Sydney region.

2.6.3 Commonwealth / State relations

Funding for Aboriginal Housing

Funding for Aboriginal housing in NSW is drawn primarily from the Commonwealth-State Housing Agreement 2003-08 (CSHA) and includes:

- Untied CSHA funds that can be used for a range of purposes including social housing and other housing assistance programs - $12.208 million in 2007-08; and
- Commonwealth Government funded Aboriginal Rental Housing Program (ARHP) funding under the CSHA, targeted to rural and remote communities - $18.650 million in 2007-08.

The Commonwealth’s Community Housing and Infrastructure Program (CHIP) also provides significant funding for Aboriginal housing in NSW, with $13.250 million in 2007-08. The CSHA funding and CHIP funding is pooled under the

Indigenous Housing and Infrastructure Agreement (IHIA) and administered by the AHO.

The CSHA and IHIA expire in 2008, are in the process of being renegotiated. Of particular interest to NSW will be the funding of Aboriginal housing. The 2007-08 Federal Budget announced the abolition of CHIP and commencement of the Australian Remote Indigenous Accommodation (ARIA) program in 2008-09, with funding restricted to remote Aboriginal housing. ARIA funding requires that Aboriginal Community Housing Provider's stock be transferred to State Housing Authorities or private ownership, which could undermine benefits to Aboriginal communities arising from Aboriginal program delivery. While the Federal Labor Government has indicated support for the ARIA program, they have also acknowledged the importance of quantum funding received by NSW under the CHIP program.

The housing needs of Aboriginal people in rural and remote areas are not disputed. However, the remote-only ARIA program leaves future funding to meet NSW's significant urban and regional Aboriginal housing need unclear. This is of great concern given the important role of housing in overcoming Aboriginal disadvantage.

2.7 INCARCERATION & THE CRIMINAL JUSTICE SYSTEM

STATE PLAN LINKAGE:

Incarceration and the criminal justice system are currently being addressed under:
Priority R1: Reduced rates of crime, particularly violent crime;
Priority R2: Reducing re-offending; and
Priority R3: Reduced levels antisocial behaviour.

The Terms of Reference acknowledge "incarceration and the exposure to the criminal justice system" are one of many contributing factors that lead to the current life expectancy gap between Aboriginal people and non-Aboriginal people.

Juvenile offenders

2.7.1 Key data

Aboriginal young people in NSW are 30 times more likely to be held in detention in NSW[83] than non-Indigenous young people, making up 54.7% of the juvenile detention population (289 Aboriginal people).[84] This represents almost a 9 percentage point increase in the detention of young Aboriginal people since 2001-02, which is of significant concern.

Another concern is the high number and proportion of Aboriginal young people on remand. In 2006-07 1,612 Aboriginal young people were on remand, constituting 37.8% of the total juvenile remand population.[85] It is likely that recent amendments to the *Bail Act 1978* will result in an increase the number of young Aboriginal people in custody on remand. [86]

A 2006 BOCSAR report into the factors underpinning Aboriginal people's contact with the criminal justice system acknowledged the impact of social and economic disadvantage in causing crime, and its flow-on affects on young people's involvement in crime.[87] It commented, for example, that economic stress impacts most severely on parenting processes, which can result in social isolation increasing the risks of child neglect. These patterns of parenting substantially increase the risk of juvenile involvement in crime. The report

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83 Australian Institute of Criminology, *Statistics on juvenile detention in Australia 1981-2004*
84 Department of Juvenile Justice, *Annual Report 2006-07*, p.21
85 Department of Juvenile Justice, *Annual Report 2006-07*, p.21
86 Department of Juvenile Justice submission to the Department of Aboriginal Affairs dated 15 January 2008 regarding the Standing Committee on Social Issues inquiry into *Closing the gap – Overcoming Indigenous disadvantage* at p1.
87 D. Weatherburn, L. Snowball and B. Hunter, 'The economic and social factors underpinning Indigenous contact with the justice system: Results from the 2002 NATSISS survey', BOCSAR *Crime and Justice Bulletin*, Number 104, October 2006.

recommended that policies developed to reduce Aboriginal people's involvement in criminal justice should concentrate on the conditions that put young Aboriginal people at risk of involvement in crime such as child neglect and abuse, family dissolution and violence, poor school performance, early school leaving, drug and alcohol abuse and youth unemployment.

Juvenile diversions, which occur when young offenders apprehended for certain minor offences are diverted from the criminal justice system and ordered to undertake an alternative means of restitution or rehabilitation or punishment for the offence, is also critically important for two reasons. Firstly because of the very high rates of re-offending by young people subjected to full custodial sentences. A 2005 study found that both Aboriginal men and women were almost certain to appear in adult court if they had appeared in a children's court.[88] This research indicates that those young people who come into contact with the court system at 10-14 years of age are at greatest risk of becoming entrenched in a life of crime.

Secondly because of the personal impact a recorded criminal conviction, and detention, has on education and employment opportunities. Access to stable housing, economic support, and vocational and educational options are all interrupted and lost through repeated and/or short-term incarcerations.[89] For Aboriginal young people in particular, interruption in education is a problem that constitutes a strong predictor of re-offending and further entrenchment in the criminal justice system.[90]

In NSW, the four means of juvenile diversions are warnings, cautions, youth conference and infringement notices. It is a concern however that Aboriginal young people face difficulty in meeting the conditions for accessing the diversion initiatives because of previous convictions or violence during the commission of the offence. During 2006/07 the number of Aboriginal young people represented:

- 27.2% of young people attending a youth justice conference;
- 39.5% of young people on community based orders;
- 37.8% of young people remanded in custody; and
- 54.7% of young people sentenced to detention.

This data shows that Aboriginal people are less likely than non Aboriginal people to be diverted into youth justice conferencing, and that Aboriginal people are also increasingly being detained. [91]

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[88] BOCSAR (2005, May), 'Transition from Juvenile to Adult Criminal Careers', cited in NSW Department of Juvenile Justice submission

[89] A.S. Kreig, 'Aboriginal incarceration: Health and social impacts', *Medical Journal of Australia*, 184 (10), pp.534-536

[90] D. Weatherburn, R. Cush & P. Saunders, 'Screening juvenile offenders for further assessment and intervention', *Crime and Justice Bulletin No. 109*, 2007, Sydney: NSW Bureau of Crime Statistics and Research.

[91] In 2005-06, 47.5% of Aboriginal young people were detained: NSW Department of Juvenile Justice Annual Report 2006-2007 at p21. Note also the Department of Juvenile Justice submission to the Department of Aboriginal Affairs dated 27 November 2007 regarding the

Juvenile Recidivism

The Department of Juvenile Justice has identified a number of risk factors that are known to influence the development of criminal careers through affecting the onset of offending behaviour, the persistence of offending and the cessation of criminal activity. Risk factors that are predictive of juvenile re-offending include:

- Education, training and employability problems;
- Criminal lifestyles and associates;
- Alcohol and other drug misuse;
- Accommodation problems;
- Relationship problems including family dysfunction;
- Mental health and intellectual disabilities;
- Distorted and irrational thinking including pro-criminal attitudes; and
- Lack of structured leisure and recreational pursuits.

Protective factors, such as individual disposition and competencies, family environment and external support systems, are also key predictors.[92] Individuals may have similar risk levels but differ in recidivism due to the presence or absence of these protective factors.

In terms of adult recidivism nationwide on 30 June 2006, some 74.4% of Aboriginal prisoners under sentence had prior sentences of imprisonment, compared to 52% of non-Aboriginal prisoners. In NSW, the respective rates were 77% and 53%, which were similar to Victoria, Queensland and the ACT. The gap between Aboriginal and non-Aboriginal recidivism in NSW has decreased since 2005.

Incarceration rates in comparison to offending rates

Despite a reduction in Aboriginal offending, the rate of incarceration continues to increase for Aboriginal juveniles. Similarly, the judicial system continues to sentence Aboriginal adult offenders to custodial sentences, while the actual offending rate remains stable.

Life expectancy

In terms of the relationship between incarceration on life expectancy, research into the mortality rates of young offenders in Victoria aged less than 21 years released between 1988 and 1999 found that male offenders were nine times

Standing Committee on Social Issues inquiry into *Closing the gap – overcoming Indigenous disadvantage* at p2.

[92] R.D Hoge & D.A. Andrews, 'An investigation of risk and protective factors in a sample of youthful offenders', *Journal of Child Psychology and Psychiatry and Allied Disciples*, 1996, vol. 34, pp. 419-424.

more likely, and females over 40 times more likely, to die than young men and women in the general Victorian population.[93] Given the over-representation of Aboriginal young people in detention, there is a clear rationale for identifying incarceration as a factor in the gap in life expectancy of Aboriginal and non Aboriginal people. Furthermore, research in Western Australia indicates that Aboriginal people released from prison are at 10 times greater risk of death than the general community and almost three times great risk than their Aboriginal peers in the community, with the mains causes of death suicide, drug and alcohol related events and motor vehicle accidents.[94]

2.7.2 Examples of successful government initiatives

The State Plan, through R1, R2 and R3, specifically targets reducing rates of crime, particularly violent crime, re-offending and levels of anti-social behaviour. The Department of Aboriginal Affairs has lead responsibility for addressing justice issues under State Plan Priority F1. The NSW Government's Aboriginal Affairs Plan, *Two Ways Together,* assists in facilitating the implementation of the State Plan, including strategies targeting improved educational attainment, Aboriginal child sexual assault, improved employment outcomes and improved environment health in Aboriginal communities.

Two Ways Together is also informed by the NSW Government's *Aboriginal Justice Plan,* which has a ten-year focus on improved justice outcomes for Aboriginal people. Under *Two Ways Together*, the NSW Government has allocated almost $12 million in additional funding to increase a range of justice initiatives such as early intervention and diversion programs, which ends June 2008. Successful Aboriginal justice programs presently being implemented under *Two Ways Together* which aim to address the over-representation of Aboriginal people in the criminal justice system are:

The NSW Attorney General's Department has several key programs in operation that are designed to reduce the rate of Aboriginal over-representation in all areas of the criminal justice system. The Department also administers the Victims Compensation Tribunal, which provides counselling and compensation for victims of violent crime.

Aboriginal Community Justice Groups

Aboriginal Community Justice Groups are representatives of the local Aboriginal community who come together to look at crime and offending in their community and develop strategies to address the underlying causes of that offending. Groups also work with different parts of the criminal justice system to ensure it is working as effectively as possible. Aboriginal Community Justice Groups are based on the principal that Aboriginal people themselves are best placed to identify their issues and to develop the strategies that address those issues.

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93 Coffey C, Veit F, Wolfe R, Cini E & Patton GC (2003) Mortality in young offenders: retrospective cohort study, *British Medial Journal*, 326:1064-1067.

94 Kreig A S (2006) Aboriginal incarceration: health and social impacts. *Medical Journal of Australia* 184(10): 534-536

The NSW Attorney General's Department is currently working in partnership with groups to develop initiatives that focus on two main areas: crime prevention and making the criminal justice system work better for Aboriginal people.

Aboriginal Community Justice Groups have a primary objective to reduce the number of Aboriginal people coming before the court in communities where they operate.

Aboriginal Community Justice Groups are located in the following locations:

- Armidale
- Bourke
- Brewarrina
- Broken Hill
- Dubbo
- Grafton
- Kempsey
- Lismore
- Moree
- Mount Druitt
- Nowra
- Redfern
- Toronto
- Wagga Wagga
- Walgett
- Wollongong
- Yamba Maclean

An additional 3 Aboriginal Community Justice Groups will be established in Tamworth, Newcastle and Campbelltown before 30 June 2008.

Figure 1.
Number of ATSI persons* in finalised local court appearances

Local court	2004	2005	2006	2 year trend
Bourke	186	174	183	**2% decrease**
Brewarrina	79	123	115	46% increase
Dubbo	448	431	391	**13% decrease**
Grafton	157	150	197	25% increase
Lismore	405	392	332	**18% decrease**
Maclean	80	42	55	**32% decrease**
Nowra	311	300	302	**3% decrease**
Toronto	143	121	140	**2% decrease**
Total	1,666	1,612	1,575	**5.5% decrease**

Source – Bureau of Crime Statistics and Research

Figure 1 demonstrates that the number of Aboriginal people in finalised Local Court appearances decreased in 7 of 9 existing Aboriginal Community Justice Group locations.

Aboriginal Community Patrols,

Aboriginal Community Patrols is a program also administered by the Attorney General's Department which aims to provide safe transport options for Aboriginal young people who are on the street late at night and also provide referrals and outreach support to clients.

The objectives of the program are:

- To reduce the risk of young people becoming involved in crime, either as potential victims or offenders.
- To identify and respond to underlying issues that contribute to the frequent presence of young people on the street late at night.

Aboriginal Community Patrols are located in 14 Aboriginal communities throughout NSW including Armidale, Ballina, Brewarrina, Bourke, Dareton, Dubbo, Kempsey, La Perouse, Mungindi, Newcastle, Nambucca, Shoalhaven, Taree and Wilcannia. Patrols that are located in urban settings or larger regional centres have between 300 – 400 client contacts per month, while patrols in remote communities have between 80 – 150 client contacts per month.

The program will receive $1.06m in the 2007-08 financial year. To date, the Patrols have achieved the following results:

- 8 or the 14 patrols contributed to reduced or stable 'Adult Malicious Damage to Property' offences in their LGA (3/14 patrols experienced an increase)
- 7 or the 14 patrols contributed to a reduction in non-domestic adult assault offences in their LGA (3 of the 14 had stable results, with 1 or the 14 increased). [95]

***Walking Together* (Newtown and Redfern)**

Walking Together (Newtown and Redfern) is a family violence program that targets Aboriginal males and addresses social issues such as family violence, low self-esteem, drugs and alcohol and employment and training. *Walking Together* is a four year program funded under the Two Ways Together Aboriginal Affairs Plan commencing in 2004/5. The program also seeks to address the loss of cultural identity that affects many urban Aboriginal offenders. The program, which is administered by the Department of Corrective Services, will receive $299,000 during 2007-08. To date, there have been 95 male and 38 female graduates (from 194 male and 74 female referrals), with 15 good behaviour bond breaches. [96]

***Yindyama La Family Violence Project* (Dubbo)**

This program is discussed previously in this submission.

Rekindling the Spirit

Rekindling the Spirit involves a number of agencies working together to provide a range of culturally specific support services to Aboriginal

[95] *Two Ways Together* Package of Funded Initiatives Report, 2007
[96] *Two Ways Together* Package of Funded Initiatives Report, 2007

communities in Lismore and Tabulam. These services include offenders as well as their families, and provide activities such as group work, counseling and camps. The focus is on targeting domestic violence, drug and alcohol abuse and child abuse and neglect within the family. This program is administered by the Department of Corrective Services and will receive $464,000 during 2007-08.

Through the Attorney General's Department the NSW Government is also funding the justice initiatives outlined below.

Circle Sentencing

Circle Sentencing is an alternative sentencing court, which directly involves respected local Aboriginal people in the sentencing process.

Circle Sentencing is now operating in 9 locations: Nowra, Dubbo, Bourke, Brewarrina, Walgett, Armidale, Kemspey, Lismore and now Mt Druitt.

To date there have been approximately 200 Circle Sentencing courts convened since Nowra commenced in 2002. Mt Druitt is the newest location to start and had their first Circle in January 2007.

Options for a more efficient management model for circle sentencing are currently being developed. The program is currently being evaluated. The evaluation will assist the Department to develop improved operational guidelines, including the consideration of way to expedite the process so that more clients can access the program.

Tirkandi Inaburra Cultural and Development Centre

Tirkandi Inaburra Cultural and Development Centre opened on 24 November 2005 and is for Aboriginal boys (12-15yrs) at risk of contact with the criminal justice system. The Centre houses up to 16 Aboriginal boys aged 12 to 15 years, who stay at the centre on a voluntary basis for three to six months. The centre provides educational, vocational and cultural programs to improve participant's health, learning outcomes and cultural identity and prevent them from becoming involved with the criminal justice system. Tirkandi Inaburra accepted the first participants in January 2006.

- 35 participants have now graduated from Tirkandi Inaburra. 29 graduates are actively engaged in school in their communities, 1 graduate is in full time employment, 5 have left school and are not employed;
- At the date of this report, no Graduate has been convicted of a criminal offence.

Tirkandi Inaburra has implemented a program made up of a range of activities designed to incrementally build educational/vocational, living, sport/recreational and cultural identity. Cultural aspects are woven throughout each activity. All graduates are supported through an exit plan and mentoring programs on return to their communities.

The program is being funded with $2.2m for the 2007-08 financial year. None of the graduates have offended since completing the program

Aboriginal Client Service Specialists
Aboriginal Client Service Specialists provide targeted and responsive court service delivery to Aboriginal clients in order to improve access and equity for Aboriginal people, and enhance the ability of Aboriginal people to effectively participate in the criminal justice system. The program is being funded with $300,000 for the 2007/08 financial year.

Cultural awareness program for judicial officers
This program raises the awareness of judicial officers about issues of concern to contemporary Aboriginal society.

Aboriginal Mediators
A total of 63 Aboriginal mediators have been employed at Community Justice Centres across NSW and between July 2005 and May 2006 have conducted 308 Aboriginal mediations.

The Department of Corrective Services conducts numerous custodial and community-based programs which specifically target Aboriginal offenders and their involvement in crime including:

Custodial programs

- A wide range of **educational and vocational programs** targeting Aboriginal offenders are delivered within NSW correctional centres. These programs range from basic literacy and numeracy courses to intensive vocational training programs. One such program is the **Nangy Kungar Program at Cessnock Correctional Centre** which teaches carpentry and joinery skills to Aboriginal inmates and allows them to practice their new skills on community projects in a 'real life' work environment.

- The **Girrawaa Aboriginal Cultural Centre** has been operating since 1998 to develop the artistic and employment skills of Aboriginal inmates at Bathurst Correctional Centre.

- The **Pinta Kulpi program** involves Aboriginal elders visiting various correctional centres throughout NSW in order to provide cultural, spiritual and emotional support and advocacy for Aboriginal inmates. Elders participating in the Pinta Kulpi program also assist inmates to maintain contact with community networks during their incarceration and help offenders to re-enter the community upon their release.

- **Yetta Dhinnakkal** at Brewarrina and **Warakkirri** at Ivanhoe are **alternatives to conventional custody**. These 'second chance' facilities which place young Aboriginal offenders on a rural property rather than in a conventional correctional centre. Aboriginal offenders housed at these centres are taught skills in horticulture, agriculture and a range of other practical skills, including small motor maintenance, welding, road sealing,

building, literacy and numeracy and first aid. Offenders also attend courses aimed at addressing specific behaviours including substance abuse, relapse prevention, anger management, domestic violence and drink driving. In addition, respected Aboriginal elders visit the centres to instruct offenders on Aboriginal heritage and culture. Both centres also actively seek the participation of the offender's family in their case management where possible.

Offenders that pass through the centres have a lower than average re-offending rate. As a result, the NSW Government is planning to build upon the success of these two centres by establishing a similar centre in 2008 at Tabulam which will be named Balund-a. Balund-a will be a diversionary facility for up to 70 Aboriginal male and female offenders and will provide specific programs designed to target offending behaviour.

Community-based programs

- A number of **Aboriginal Client Service Officers** provide cultural advice and support to Probation and Parole officers who are case managing Aboriginal offenders. Aboriginal Client Service Officers also work with Aboriginal communities and other agencies to support Aboriginal offenders upon their release from custody.

- The **Aboriginal Community Service Order Project** is designed to provide Aboriginal offenders with strategies to reduce offending behaviour. The aim is to introduce Aboriginal male offenders who have been given a Community Service Order to community based services providing valuable links to agencies within the area, whilst providing culturally appropriate interaction with elders, community service providers and community service work.

  The **Keepa Keepa program** at Lake Macquarie is one such Aboriginal community service order project that is designed to reduce Aboriginal offending behaviour in the area. The aim is to introduce Aboriginal male offenders who have been given a community service order to community-based services. After cultural instruction by Aboriginal elders, the participating offenders undertake first aid training and are accredited before being sent to work on a site in bushland around Mount Sugarloaf. Offenders participating in the Keepa Keepa program are expected to confront the problems in their lives by taking part in discussions about the causes of these problems, such as alcohol, drugs, anger and violence. There is also discussion about their relationships and communication with family, friends and their community. The knowledge and wisdom of the participating Aboriginal elders is the cornerstone of these discussions.

- The NSW Government also provides funding for a program run by the Yulawirri Nurai Aboriginal Association, which provides **support for Aboriginal women in Morisset both before and after their release from prison**. This program specifically aims to reduce recidivism by helping Aboriginal women to seek alternatives to crime.

- On the North Coast, the **Namatjira Haven project** seeks to provide support for Aboriginal male offenders with a history of drug and/or alcohol misuse.

Through the Department of Juvenile Justice, the NSW Government is also implementing the justice initiatives outlined below.

- The Department works closely with Justice Health in providing services to Aboriginal young people in custody and on community based orders. Every young person who is admitted to custody receives a **comprehensive physical and psycho-social health assessment.** Referrals are made to the appropriate allied health professionals and individual needs are incorporated into the young persons case plan. Post release case planning is also undertaken by the Department, in conjunction with Justice Health, to ensure young people are linked to appropriate community services, including accommodation, education, health and vocational services.

- The Department is in the process of establishing an **intensive supervision program (ISP)** for high-risk / prolific juvenile offenders, which targets multiple factors linked to anti-social behaviour. The ISP is based on an internationally renowned intervention model, called multi-systemic therapy, which is backed by 30 years of applied research. The ISP provides the tools and opportunities for offenders and their families to make changes to their lives to reduce the risk of re-offending. The program addresses the many factors related to juvenile offending including family relations, personal development, peer relations, school and vocational performance, neighborhood characteristics and community factors. Collaborative approaches to case management are key to the program's effectiveness.

- ***Our Journey to Respect*** is a 12-session group work program for young male Aboriginal offenders that aims to reduce the incidence of inter-generational violence. The program focuses on attitudes and behaviour related to family relationships and masculinity. *Our Journey To Respect* is delivered in community and custodial settings. In Northern Region, Lismore City Council has joined with Department of Juvenile Justice to train community members in delivering the *Our Journey to Respect* workshop. The program, designed by and for Aboriginal community members, examines the misuse of power and control and identifies the thought and behaviour patterns that contribute to family violence.

  Trained Community Service Providers in the Northern Region will now deliver the program, specifically focusing on young Aboriginal men. The aim is to reduce the incidence of family violence by facilitating progression from relationships based on power and control, to relationships based on respect.

- **The Aboriginal Alcohol and Other Drug Program** is a culturally appropriate work program developed by Aboriginal staff in the Department of Juvenile Justice which aims to address the links between alcohol, substance use and offending behaviour. The program uses the following three-staged approach, is based on cultural learning, includes the participation of Aboriginal elders, and is designed to be used in both community and custodial environments:
    - Stage 1 - harm minimisation, education, offending related issues and relapse prevention;
    - Stage 2 - alcohol and other drugs in the context of other criminogenic factors;
    - Stage 3 - relapse prevention and maintaining change.

  The program has been piloted in various locations around the state and the final version of the program is nearing completion. The department is currently organizing staff training in the use of the program, and it is planned that the program will be implemented state wide once staff have been trained.

2.7.3 Future directions

Without adequate education levels, young people will have trouble achieving positive relationships, structure, routine and financial security provided by sustainable employment. As such, strategies under *Two Ways Together* and the State Plan to improve Aboriginal children's school readiness and education attainment, tackle Aboriginal Child Sexual Assault, improve employment outcomes and improve environmental health in Aboriginal communities will continue play an important role in reducing incarceration.

3. BUILDING COMMUNITY RESILIENCE

STATE PLAN LINKAGES

Building community resilience is the key underpinning strategy of the F1 Priority Delivery Plan. The following State Plan priorities are also pertinent:

F4: Embedding the principles of early intervention and prevention into government service delivery.

E4: Better environmental outcomes for native vegetation, biodiversity, land, rivers and coastal waterways.

E8: More people using parks, sporting and recreational facilities and participating in the arts and cultural activities.

3.1 Key concepts

Why do we need a strategy to build Aboriginal community resilience in NSW?

The development of the 'Building Community Resilience' strategy is founded on the belief that Aboriginal disadvantage has its origins in the dispossession, dislocation, suppression of cultural knowledge and practices (including language), and breakdown of community governance and leadership structures that followed European settlement. This view suggests that, in effect, Aboriginal people lost those things necessary to live an independent, purposeful life – the ability to make decisions concerning their own lives and communities, and the right to retain their culture and to develop it.

Achieving the COAG Overcoming Indigenous Disadvantage priority outcome *'safe, healthy and supportive family environments with strong communities and cultural identity'* requires more than just targeting and reducing the symptoms of disadvantage - it requires a holistic and long term approach to identification, planning and investment in programs and actions to address the underlying causes of disadvantage – loss of cultural identity, loss of self determination, lack of self esteem and sense of purpose.

This strategy is intended to maximise the potential effectiveness of other Aboriginal Affairs services and programs targeting disadvantage and in the long term reduce the levels of government expenditure on these services and programs.

The strategy is intended to enable Aboriginal communities to better respond to existing, emerging and escalating issues and events that have a negative

impact on them.

What is a resilient Aboriginal community?

Preliminary research and evidence suggests that resilient Aboriginal communities have the following qualities: a strong sense of cultural identity; are safe and healthy; are participating in decision making and engage effectively with government; have access to education, employment, health, social and recreational facilities and activities.

Research also suggests that resilient Aboriginal communities will have a greater capacity, and be better equipped, to overcome adversity and work together in order to identify and achieve shared goals. A community's resilience is influenced by its capacity and its physical, social and cultural assets.

3.1.1 Key data

Currently, there is no clear-cut mechanism or indicator that can easily measure Aboriginal community resilience. Instead, a series of related indicators help give a picture of different components of cultural resilience. These relate to knowledge of traditional languages, access to lands, and repatriation of cultural objects and ancestral remains.

Language: Data relating to Aboriginal languages shows a sharp decline since colonisation, when there were at least 70 Aboriginal languages in NSW. By 2002, the National Aboriginal and Torres Strait Islander Social Survey conducted by the Australian Bureau of Statistics found that there were only 2,682 Aboriginal people who identified as speaking an Aboriginal language in NSW.[97] The 2006 Census found even fewer speakers of Aboriginal languages, with only 804 Aboriginal people in NSW who identified as speaking an Aboriginal language.

Access to lands: As is further outlined below, Aboriginal access to traditional lands can take several forms. Aboriginal lands can be the subject of Registered Indigenous Land Use Agreements (ILUAs), of native title determinations, of Aboriginal land claims, of MoUs relating to Joint Management of public lands, or they can be Aboriginal owned conservation reserves. State heritage laws can also be used to formally recognise and protect culturally significant lands.

By 2008, there were 2115 successful land claims under the Aboriginal Land Rights Act (ALRA) equating approximately 80,000 hectares, or approximately 1% of the State. In addition, lands such as former missions and reserves were transferred to land councils on the commencement of the *ALRA* in 1983, which raises the area of NSW land in Aboriginal ownership to 616 460 hectares.

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[97] 2002 NATSISS Survey

By 2006-07, access to lands was formally provided to 119 parcels of public land. This included 5 Registered Indigenous Land Use Agreements, 1 native title determination, 5 Aboriginal owned conservation reserves, 8 Memorandums of Understanding for joint management of public lands, and 62 Aboriginal Land Claims. This is in addition to the informal arrangements in place with Aboriginal communities for access to public lands.

By 2006-07, 99 parcels of land were formally recognised and protected for their cultural significance. Of these, 55 are declared Aboriginal Places, 14 are Aboriginal Areas, 9 places are listed on the NSW State Heritage Register, 8 are Historic Sites, 5 are community conservation areas, 5 are Aboriginal owned conservation reserves, and 3 are Voluntary Conservation Agreements.

Seven National Parks and Historic sites have been returned to Aboriginal people under Part 4A of the *National Parks and Wildlife Act 1974:* Mutawintji National Park and Historic site near Broken Hill, Biamanga National Park at Narooma, Gulaga National Park at Narooma, Mount Grenfell Historic Site near Cobar, Worimi Conservation Lands at Stockton Bight, Mount Yarrowyck Nature Reserve at Armidale, Jervis Bay National Park near Nowra, Mungo National Park near Balranald and Warrell Creek/Gumma Peninsula near Nambucca Heads. These are then leased back to the Minister for the Environment under joint management agreements.

The Aboriginal Co-Management Program has provided for the direct connection to country for 15 Aboriginal communities, and the employment of approximately 94 Aboriginal people in National Park management.

Repatriation. Repatriation refers to the return of Aboriginal cultural property and ancestral remains from museums and cultural institutions to their community and place of origin. Aboriginal cultural property in this context means the tangible manifestation of Aboriginal occupation and use of the land, and includes ancestral remains, Aboriginal objects that have sacred/secret significance, and other Aboriginal objects.

Between 2002 and 2007, 36 Aboriginal communities were involved in 22 repatriation activities and 24 resting places were established for repatriated remains and/or cultural items.

3.1.2 Examples of successful government initiatives

Reconciliation

In some ways, the various NSW Government activities undertaken under the broad policy area of reconciliation mark the beginning of the recognition of the need to support Aboriginal cultural strength. Principal among these activities are the measures to acknowledge and redress the damaging consequences of past policies such as the forcible removal of Aboriginal children from their families.

On 18 June 1997, the NSW Premier, the Hon. Bob Carr MP, became the first

government head in Australia to offer a formal apology to Aboriginal people for the practices and policies that were responsible for the Stolen Generations. The NSW Parliament unanimously passed the Premier's resolution.

Other NSW agencies have also publicly recognised their roles in the removal of Aboriginal children from their families, including the NSW Department of Community Services and NSW Department of Juvenile Justice, and have also apologised for past practices of their agencies.

These statements have been followed by practical steps to redress the disadvantage caused. In November 1997, the NSW Government launched a Statement of Commitment to Aboriginal people – a blueprint for the Government's initiatives in infrastructure, health, housing, family services and so on.

Under this scheme, a Families Records Unit was established within the Department of Aboriginal Affairs to support Aboriginal people to access records from the former Aborigines Welfare Board (now held by State Records) about their family history. The NSW Aborigines Welfare Board (formerly the Aborigines Protection Board), which operated from 1883 to 1969 was the main NSW state government agency responsible for implementing and administering legislation and policy affecting Aboriginal people throughout the state in this time. While most of these records are closed to general public access due to the personal and sensitive nature of the information contained in them, people wishing to view their own files or those of family members can do so with the permission of DAA. Access to these records is free of charge, with the only costs incurred being those levied by State Records NSW for photocopying

In addition, the NSW Aboriginal Languages Research and Resource Centre has been established, and since expanded, to support Aboriginal communities seeking to preserve, revive or strengthen local languages. Aboriginal studies was also introduced to the school curriculum.

Nevertheless, the statistics relating to outcomes for members of the Stolen Generation remain a concern. In June 2006, the Ministerial Council on Aboriginal and Torres Strait Islander Affairs (MCATSIA) released a report entitled *Bringing Them Home: A Report on the economic and social characteristics of those affected by past practices of forcible removal of children*. The Report noted significant differences in the economic and social characteristics of those affected by the forcible removal of children, in comparison with those Aboriginal Australians who were not removed from their families. The following disparities were noted in those affected by policies of forcible removal:

- Higher rates of people with a disability or long-term health condition (68.8% compared to 55.3%);
- Lower rates of completion of Year 10 – 12 schooling (28.5% compared to 38.5%);

- Lower rates of living in owner occupied housing (16.9% compared to 28.3%)
- Higher rates of being a victim of physical or threatened violence (33.5% compared to 18.1%);
- Lower rates of retention to Year 10 (28.5% compared to 38.5%);
- Lower rates of participation in sport or physical recreation activities (35.4% compared to 47%);
- Higher rates of smoking (70.5% compared to 51.2%);
- Higher rates of being arrested more than once in a five year period (14.6% compared to 8.8%); and
- Lower rates of full-time employment (17.8% compared to 24.8%).

With the aim of mitigating these impacts, the NSW Government continues to support Aboriginal community groups and events that engender a sense of cultural identity and offer practical assistance to Aboriginal people adversely affected by past practices. This has included grants and other financial assistance to

- The Sorry Day Committee;
- The NSW Reconciliation Council;
- Yabun / Survival Day events;
- NAIDOC; and
- Link-Up.

Building Community Resilience

Cultural heritage is one of the seven areas identified by Aboriginal communities as a priority under *Two Ways Together*, and is the focus of a key Two Ways Together and State Plan project *Building Community Resilience*.

Consistent with the principles of early intervention and prevention the 'Building Community Resilience' strategy will enable Aboriginal communities' to envisage and create an alternative future for themselves: a future underpinned by the strong sense of self worth and purpose necessary to be safe and healthy, stay out of justice system and away from drugs and alcohol, and actively participate in, and contribute to, the economy.

The approach is founded on a belief that communities require a range of assets and capacities in order for them to achieve positive outcomes. No single category of assets, capacities or government service on its own is sufficient to enable communities to achieve their full potential.

The principle of participation is also firmly embedded within the development of the strategy, with both bottom up and top-down elements.

The strategy will assist the government and communities to address identified service and program needs and develop solutions in a way that will be sustainable in the long term.

The bottom up element involves developing a realistic understanding of an individual community's current situation. This will be achieved through a participatory process to:

- Identify shared community goals and aspirations;
- Assess the community capacity and ability to achieve these aspirations by recognising community strengths and needs;
- Identify and/or create opportunities to build community capacity and/or to achieve community aspirations;
- Identify and create local partnerships with relevant government and private organisations;
- Develop, invest in and implement community action plans.
- Monitor, evaluate and report on increased community resilience, capacity and action plans.

An essential component of building community resilience is the participation of community members in the planning, decision-making and implementation of initiatives. In fact, community members become the "driving force" behind the strategy and are key partners along with government service and program providers.

The top down element involves establishing strategic partnerships with other government agencies and organisations in order to provide coordinated responses to community action plans.

This work is currently focussed on three priority action areas: Governance and Leadership; Caring for Country; and Cultural Expression and Renewal. These are explained further below.

Governance and leadership

A sustainable costed program for community engagement is being developed for implementation in targeted Partnership Communities and the potential for Australian Government funding is being explored. This program will include creation of local community representative structures to provide greater capacity for local Aboriginal communities to work with government.

This initiative builds on the recent report of the Productivity Commission which found that *without an effectively resourced capacity for governance, there is unlikely to be sustained community or regional development*.

The NSW Government's governance and leadership initiatives include:

- *Partnership Community Program* - the NSW Government through the *Two Ways Together* Aboriginal Affairs Plan and the State/Commonwealth Bilateral Agreement has endorsed Local Community Representative Structures as the vehicle through which NSW Government agencies are to consult on service delivery to the Aboriginal communities.

  A policy to support the establishment of local community decision-making structures is currently being developed to assist communities in establishing these representative structures. These local representative structures will

reflect a balanced representation of its community members and local Aboriginal organisations. Each local community representative structure will develop governance principles, action plans and priorities for their community.

In 2008, the Department of Aboriginal Affairs will initiate a 'Partnership Community' program in 24 targeted partnership communities across the State and continue to support existing structures already developed in the 16 Murdi Paaki communities supported through the COAG trial. The overall number of Aboriginal partnerships communities will be extended to 40 in total by June 2009.

These partnership communities will be supported to develop their own local representative governance structures and identify key issues, local plans and strategies for each community. Each community will be supported by a community facilitator who will work with two communities to establish their representative structure and develop operating procedures, and their community's plans.

The program has four stages:

- Work with communities to develop a credible broadly representative structure;
- Work with that structure to develop plan action plans that feed into Regional action plans;
- Implement the plan developed by the communities' representative structure; and
- Identifying future priority partnership communities.

The 'Partnership Communities' program will support empowering Aboriginal communities, and allow for localised planning, management and decision-making by consensus. The process will work with communities to establish long-term structural frameworks that allow communities to take full control of program management and performance management.

- *TAFE NSW governance training.* To support the commitment to improving governance capacity for Aboriginal people TAFE NSW offers a number of customised courses. Aboriginal Committee Training, for example, was undertaken by 41 students in 2006 and 36 students in 2007. The Certificate IV in Business (Governance) had 123 students in 2006 and 103 students enrolled in 2007. A Certificate IV in Leadership has also been developed and will be actively promoted to Aboriginal communities in 2008.

Caring for Country

The importance of 'caring for Country' initiatives to the overall wellbeing of Aboriginal communities is supported by the evaluation of the Commonwealth Indigenous Protected Areas (IPA) Program which found that it creates

pathways to meaningful jobs and a framework for skills development. In addition:

- 95% of communities reported economic participation and development benefits from involvement in the program;
- 60% of communities reported positive outcomes for early childhood development from their IPA activities;
- 85% reported that IPA activities improved early school engagement;
- 74% reported that IPA management activities make a positive contribution to the reduction of substance abuse; and
- 74% of IPA communities reported that their participation in IPA work contributes to more functional families by restoring relationships and reinforcing family and community structures.

In NSW, support for Aboriginal people in caring for Country and building their capacity to manage Country is being developed through:

- Improving coordination of government policies, programs, services and priorities to support Aboriginal community participation in the management of traditional lands, waters and natural resources
- Enhancing and maximising Aboriginal understanding of land management, and
- Developing and providing economic development opportunities that are not dependent on the degradation of Country.

These initiatives will identify and create ways for the NSW government and communities' to respond to and address the 'Overcoming Indigenous Disadvantage Report 2007' finding that "*culture was so important that it pervaded every aspect of the lives of Indigenous people, and where there was a breakdown in culture (for example loss of traditional ways …..) disadvantage was likely to be greater".*

The NSW Government's caring for Country and capacity building initiatives include:

- ***NSW Aboriginal Land Management Framework.*** This will draw together and clarify the NSW approach to issues associated with the access, use and management of public land by Aboriginal people. It will also cover Government agency involvement with and services to Aboriginal landowners.

  It will provide principles and policies that will apply across Government programs and outline major programs which address the land management aspirations of Aboriginal people. Most importantly, it will reflect a common understanding between the Government and Aboriginal communities as to the programs and initiatives that will work to strengthen connections to Country. The Framework will deal with these issues under five major themes:

  - Acknowledging Aboriginal connection to Country
  - Improving Aboriginal access to public lands
  - Increased participation in management of public lands

  - Economic opportunities from the sustainable use of land
  - Capacity building of agencies and Aboriginal groups through awareness training, management training and employment opportunities.

- ***Aboriginal Land Management for Biodiversity*** – The pilot project seeks to build the capacity of Aboriginal land holders to successfully participate in the BioBanking Scheme. The project incorporates conservation and land management training, recording and documenting cultural land management practices and building case studies of Aboriginal participation in the Scheme to facilitate on-going Aboriginal land owner participation.

- ***Aboriginal Co-management Program*** – The Government will continue to progress Indigenous Land Use Agreements (ILUAs), co-management and ownership of conservation reserves and will develop a strategy to achieve the NSW Government's existing and future commitments and priorities for co-management of public lands (including ILUAs). An evaluation framework for co-management is currently being developed in order to demonstrate the range of socio-economic and cultural benefits Aboriginal communities derive from the program.

- ***NSW Aboriginal Land Rights Act* (ALRA)** – The ALRA is a critical NSW initiative in strengthening cultural resilience and responding to Aboriginal cultural and economic aspirations in relation to land. The ALRA is unique in that it provides a process for acquiring land as freehold title and also combines compensatory legislation.

  On 1 July 2007 amendments to the ALRA came into effect aiming to improve the operation of all Local Aboriginal Land Councils.

  The revised *ALRA* provides for the only Aboriginal system of democratically elected local and regional representation of approximately 16 000 Aboriginal people across NSW. Local representation is through elected boards comprising of seven (7) to ten (10) land council members.

  Regionally nine councillors are elected by a popular plebiscite representing nine regions of NSW. The NSW Aboriginal Land Council manages an investment fund of approximately $680 million arising from compensation payments.

  The amendments to the *ALRA* now provide the NSW Aboriginal Land Council and Local Aboriginal Land Councils with opportunities to develop community benefit schemes, stronger governance and transparent planning structures. This will occur by the means of Community, Land and Business Plans to ensure due diligence and the best outcomes for council members and the broader Aboriginal population of NSW.

  The amendments are expected to lift the efficiency and effectiveness of land councils in delivering benefits to Aboriginal communities. The

amendments strengthen corporate governance by introducing elected Boards that will increase the accountability and transparency within Land Council administration. Corporate governance will also be strengthened by the amendments that have clarified the roles of Land Councils' elected officials and staff.

Cultural expression and renewal

The third key component of the Government's cultural resilience work is to support and develop opportunities for Aboriginal people to learn and express their culture through developing programs to support cultural revival, including through the use of Aboriginal languages, oral histories, the retention and transmission of cultural knowledge and practices, and repatriation.

NSW Government initiatives relating to cultural expression and renewal include:

- ***NSW Repatriation Framework*** – finalising an inter-agency framework to coordinate activity for delivery of the NSW Repatriation Program. The Program returns ancestral remains and cultural materials to Aboriginal communities across NSW.

- ***NSW Aboriginal Languages Policy*** – The NSW Government is focusing on language revitalisation within Aboriginal communities, language education in schools, access to language materials in gaols and detention centres and appreciation and use of languages in the wider community. The principal vehicle is the *Two Ways Together Aboriginal Languages Strategic Plan.* This incorporates clear outcomes and a number of target indicators to be met by 2008 and 2010, including:
    1. Increased availability and awareness of Aboriginal language programs in Aboriginal communities;
    2. Increased access to Aboriginal language programs across the education sector;
    3. Availability of Aboriginal language programs in gaols and detention centres; and
    4. Aboriginal languages in the wider community..

  The NSW Government was the first in Australia to adopt a formal Aboriginal language policy. This grants program is supporting teaching aids to assist Aboriginal people retain their languages. These teaching aids will be made available on-line.

These initiatives will respond to the 2007 Productivity Commission statement '*culture plays a significant role in Indigenous wellbeing, and must be recognised in actions intended to overcome Indigenous disadvantage'.*

3.1.3 Future directions

In addition to the projects identified above, further work will take place as part of State Plan Priority F1 to:

- *Define 'resilience'* - develop an agreed NSW government definition resilience and principles for building community resilience.

- *Conduct research* - to inform the development of a participatory monitoring, evaluation and reporting framework for building the resilience of NSW Aboriginal communities - to understand the interconnected factors that are identified as contributing to community resilience; and identify factors that are identified as obstacles to overcoming disadvantage. Examples of contributing factors are:
  - Community Capacity (the skills, knowledge and governance structures a community has)
  - Physical Assets (the resources available to the community)
  - Social Assets (the services and networks available to the community)
  - Cultural Assets (expressions of culture that strengthen a community).

- *Develop community capacity assessment tools* – to gain an accurate and realistic understanding of community's strengths and weaknesses and how they wish to convert these into positive community outcomes.

- *Develop decision and investment support tools* – to assist with government decision making about targeting human and financial investment in programs and services that achieve optimum outcomes for communities.

- *Facilitate the development of local community governance groups* – initiate a 'Partnership Community' program at 24 Partnership Communities across the State, and continue support to existing structures already developed in 16 Murdi Paaki communities.

- *Implement the* Building Community Resilience *strategy:*
  - Identify community aspirations and develop an Action Plan to address these.
  - Assess the capacity of Partnership Communities to implement their Action Plans utilising participatory *Community capacity assessment tools*;
  - Identify obstacles to effective implementation of the Action Plan – ie: lack of capacity, limited access to resources, services and programs;
  - Identify community strengths and assets;
  - Utilise *Decision and investment support tools* to target investment;

- Utilise the participatory MER Framework to ensure effective monitoring, evaluation and reporting – to both communities and government.

- *Implement the Aboriginal Languages Strategic Plan*

- *Further amend the Aboriginal Land Rights Act.* Further amendments to the land dealings provisions of the ALRA are intended to be passed and commence operation in the first half of 2008. These amendments will streamline the processes for land councils to utilise their land assets in a way that can provide greater economic benefit to the community and provide community benefit schemes.

4. MURDI PAAKI TRIAL OUTCOMES & NORTHERN TERRITORY INTERVENTION

4.1 MURDI PAAKI COAG TRIAL

Background

In April 2002, the Council of Australian Governments (COAG) agreed to trial integrated and flexible programs and services for Aboriginal people in eight sites across Australia, one in each State and Territory. Each site was intended to deliver a whole of government approach in partnership with the Aboriginal community and was led by one State and one Australian Government agency.

In NSW, the Department of Education (DET) and the Australian Government Department of Education Science and Training (DEST) were the lead agencies, and the trial site was the region of Far Western NSW known as Murdi Paaki. *Two Ways Together* data shows that Murdi Paaki consistently has the poorest social and economic outcomes for Aboriginal people in NSW in relation to most disadvantage and need indicators.

The main goals of the trial were set out in a Shared Responsibility Agreement (SRA) signed on 22 August 2003 by DEST (on behalf of the Australian Government), DET (on behalf of the NSW Government) and the Murdi Paaki Regional Council. They include:

- Improving the health and wellbeing of children and young people;
- Improving educational attainment and school retention;
- Helping families to raise healthy children; and
- Strengthening community and regional governance structures.

The key elements of the Trial included, inter alia:[98]

- The establishment of Community Working Parties (CWPs) as a primary mechanism for representation and consultation at the community level;
- The involvement of the Murdi Paaki Regional Assembly (MPRA) as the peak Aboriginal community body in the Murdi Paaki region;
- The development of Community Action Plans (CAPs) to identify key local priorities;
- The development of Shared Responsibility Agreements (SRAs) to identify what communities, governments (at all levels), and others should contribute to achieve long-term changes in Aboriginal communities; and
- Holding Community Governance Workshops to develop trust, build relationships and strengthen governance in communities.

[98] As listed in Urbis Keys Young, *Evaluation of the Murdi Paaki COAG Trial Final Report* 26 October 2006, Prepared for the Office of Indigenous Policy Coordination, pp.5-11

Evaluation

An independent evaluation of eight COAG trial sites was commissioned by the Australian Government in 2006 and conducted by Urbis Keys Young.[99]

It found that the Murdi Paaki trial has been highly successful to date, largely because of the Aboriginal community's commitment to improving governance and establishing community decision-making forums across the region, and Government support for these structures. The Murdi Paaki governance model is consistent with *Two Ways Together* principles and the underlying State Plan F1 action of strengthening community resilience.

The *Evaluation of the Murdi Paaki COAG Trial Final Report* [100] indicated the following positive outcomes of the Trial:

- Representatives of both lead agencies (DEST and DET) have developed strong relationships in communities and have established a visible presence in the region. Among stakeholders familiar with the COAG Trials elsewhere in Australia, Murdi Paaki is regarded as the most advanced Trial site in terms of community capacity and governance;
- Consultations undertaken in six communities in the Murdi Paaki region in 2005 indicated strong support for various elements of the Trial – in particular the 'refreshed' Community Working Parties, Community Action Plans, and the work of the Action Team (which comprises senior officers of DET, DEST, DAA and the ICC and who work directly with communities to facilitate action). Despite some concerns about the slow pace of change, Aboriginal communities in the region strongly support the objectives of the Trial and the principles underlying it;
- While working towards the Trial's objectives is clearly a long-term project, substantial progress has been made in enhancing the capacity of both governments and communities to work with each other. Structures to promote coordination between government agencies working in Murdi Paaki have been established. The governance capacity of communities has improved, and many communities appear better able to articulate their priorities to government in constructive fashion. Research on social capital clearly indicates that these developments can be expected to contribute significantly to achieving the objectives and priorities articulated at the Trial's commencement;
- Although it has taken a long time to complete, the Community Action Plan (CAP) process was regarded in a positive light by the majority of stakeholders. There was strong support for the CAPs, which are regarded as an accurate reflection of community priorities. Delays in finalising CAPs have held up the progress of the Trial overall, to the frustration of both

[99] Urbis Keys Young, *Evaluation of the Murdi Paaki COAG Trial Final Report* 26 October 2006, Prepared for the Office of Indigenous Policy Coordination

[100] Urbis Keys Young, *Evaluation of the Murdi Paaki COAG Trial Final Report* 26 October 2006, Prepared for the Office of Indigenous Policy Coordination, p.ii

community and government stakeholders. However, the development of CAPs was seen as an important step in building community support for Community Working Parties (CWP)s and the Trial generally, and has also contributed to the level of cohesion and goodwill in individual communities;

§ Feedback from stakeholders indicated strong support for the work of the Action Team, which was regarded as central to the progress under the Trial to date;

§ The Action Team has focussed on building relationships with CWPs and coordinating whole of government responses to community priorities. The continuity of Action Team personnel – who have come to represent the 'faces of government' in communities – has been important in building trust between government representatives and CWP members; and

§ Eighteen Shared Responsibility Agreements have been signed in the Murdi Paaki region since the inception of the Trial – some before and some after the new Aboriginal affairs arrangements came into effect.

4.1.1 Key data

Substantial improvements across a number of indicators have occurred in Murdi Paaki since the inception of the trial, including health, housing, educational attainment, and law and justice. While it is not possible to draw direct causal links between the Trial initiatives and improved outcomes in these areas, the following improvements can be attributed in a general sense to the success of the partnership approach in the region:[101]

Health
There has been a substantial reduction in the rate of hospital separations attributed to alcohol in Murdi Paaki, from 7,471 incidents per 100,000 in 1993 to 4,132 incidents per 100,000 in 2005.[102]

Housing
Rental collections have improved over the period of the trial, with 97.5% of eligible people paying rent in 2006, up from 94% in 2002.

Education
There has been an increase in literacy and numeracy proficiency, including:

- Decrease of Aboriginal children in the lowest literacy band 2005-06:
  - **Year 3**: from 62.4% to 46.5%
  - **Year 5**: from 20.1% to 14%
- Increase of Aboriginal children in highest literacy band 2005-06:
  - **Year 3**: from 0% to 2.8%
  - **Year 5**: from 17.1% to 23.6%
- Decrease of Aboriginal children in lowest numeracy band 2005-06:

[101] Data sourced from Department of Education, Science and Training Presentation on Murdi Paaki

[102] See attached appendix – NSW Health

  - **Year 3:** from 52.7% to 48.6%
  - **Year 5**: from 19.3% to 7.1%
- Increase of Aboriginal children in highest numeracy band 2005-06:
  - **Year 3:** from 3.4% to 8.3%
  - **Year 5:** from 16.9% to 23.9%

Law and Justice

There has been a reduction in property and assault offences, including:

- 8.3% decrease in domestic violence-related assault;
- 4.7% decrease in non-domestic violence-related assault;
- 15.8% decrease in break and enters in non-dwellings;
- 7.4% decrease in break and enters in dwellings;
- 21.6% decrease in thefts from retail stores in the region; and
- 11.3% decrease in thefts from dwellings in the region.

Governance

The evaluation of the Trial clearly indicates the valuable contribution of strong local community governance in working with government to deliver outcomes in education, health, justice, culture etc.

In addition to Community Working Parties (CWPs) and the local community governance structures, the Trial established a governance model that would support local and regional action. This includes:

- 16 CWPs which, as local governance bodies, engage with government to implement priority actions from Community Action Plans developed in broad consultation with their communities, to address social and economic disadvantage.

- The Murdi Paaki Regional Assembly (MPRA), comprising Chairs of the 16 CWPs and chaired by an independent person, to work with government on regional actions, policy development and assist in service delivery.

- In keeping with the *Two Ways Together* approach, five regional sub groups comprising of MPRA, State and Australian Government representatives, co-chaired by State/Commonwealth representatives and the MPRA, to focus on implementing priority actions against regional themes drawn from the 16 CAPs and the MPRAs Strategic Directions. These sub groups are:

  - MP Environmental Health & Housing Forum;
  - Education, Employment, Training and Economic Development;
  - Health, Families and Young People;
  - Culture, Heritage & Environment; and
  - Law and Justice.

- A Regional Coordination (Engagement Group) co chaired by DAA and the MPRA, comprising of the chairs of the sub groups, peak bodies, DAA, DPC, RCMG and FaHCSIA.
- At State level, the TWTCC, Australian Government State Manager's Forum and IAAG support the MP. Largely, it is the established regional and local governance that drives the process.

This approach has agencies to engage in the implementation of local and regional strategies in the MP, in a whole of community framework.

The future of Murdi Paaki

The Murdi Paaki trial governance and operational arrangements have transitioned into ongoing arrangements. Consequently the NSW Department of Aboriginal Affairs and the Australian Government Department of Families, Housing, Community Services and Aboriginal Affairs (FaHCSIA) now have increasingly significant roles across Murdi Paaki, given that the Trial has concluded. Both agencies have been key partners in the Trial.

The Murdi Paaki Steering Committee has agreed in principle to ongoing governance arrangements for the region, which are consistent with the regional *Two Ways Together* arrangements, whilst maintaining the positive characteristics of the Trial.

A draft Regional Partnership Agreement has been negotiated between the lead agencies and the Murdi Paaki Regional Assembly. The Agreement outlines the ongoing arrangements required to support the continuation of the Murdi Paaki Regional Assembly and the 16 Community Working Parties across the region.

The RPA is currently being negotiated. The matter of ongoing support and funding for the Regional Assembly is currently the subject of negotiation between the Commonwealth Government, the NSW Government, and the Regional Assembly. The NSW Government has confirmed that it supports the MPRA and is awaiting a response from the Commonwealth. The ongoing participation of the Commonwealth in funding the Regional Assembly will be crucial to its continuation.

The *Evaluation of the Murdi Paaki Trial* indicates that the challenges the Trial was designed to address are complex and long-term, and that the commitments of community and government to achieving the Trial's objectives must be sustained. Substantially improving outcomes in key areas like education and employment is likely to take decades, rather than years.[103]

In particular, the *Evaluation of the Murdi Paaki Trial* confirms that the majority of stakeholders believe that government needs to continue to support key elements of the Murdi Paaki Trial – CWPs, CAPs and simpler working arrangements between communities and government – if community support

[103] *Ibid.*

and engagement is to continue.[104] Failure to do so may further disenfranchise communities resulting in additional significant investment by Government at a later date.

[104] Urbis Keys Young, *Evaluation of the Murdi Paaki COAG Trial Final Report* 26 October 2006, Prepared for the Office of Indigenous Policy Coordination, p.iii

4.2 THE COMMONWEALTH GOVERNMENT'S NORTHERN TERRITORY INTERVENTION

Governance

The Murdi Paaki Trial and on-going governance and leadership arrangements are good examples of governments and the Aboriginal community working well in partnership for the benefit and improved well being of communities. In contrast, the Commonwealth Government is currently taking certain independent measures to address child sexual assault in Aboriginal communities in the Northern Territory.

The Minister for Aboriginal Affairs has suggested to the Federal Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin MP, the need for an independent review of the Northern Territory intervention as soon as possible.

Working in partnership is at the core of the NSW Government's response to the problems of child sexual assault and other issues in NSW Aboriginal communities. History has shown that programs will not work if they are imposed on communities without their participation and input. NSW is committed to working in close partnership with Aboriginal communities to develop and implement solutions, because Aboriginal people know what is best for Aboriginal people.

Housing

The Commonwealth Government's intervention in the Northern Territory (NT) includes funding for improvements to public housing. An initial $587.2 million in funding for the intervention was announced for 2007-08 and a further $740 million over four years was announced in September 2007. The new funding includes $514 million for Aboriginal housing, and brings the total NT allocation under the Australian Remote Indigenous Accommodation (ARIA) program to $793 million over four years, which is a significant part of the $1.6 billion available for the program.

Despite NSW's high Aboriginal housing need and particular problems linked to its highly urbanised population, the Commonwealth has not yet committed to future funding of Aboriginal housing in NSW. This is in stark contrast to this significant investment in the NT. It is suggested that inadequate funding for Aboriginal housing in NSW will affect both housing and non-housing outcomes such as health, education, family violence and child sexual assault. In its report *Breaking the Silence: Creating the Future*, the Aboriginal Child Sexual Assault Taskforce recognised the extent of child sexual assault in Aboriginal communities in NSW and identified chronic overcrowding in Aboriginal households as a contributing factor that increases the vulnerability of children.

The transfer of Aboriginal community housing to State Housing Authorities, promoted by the Australian Government and required in the NT intervention, is not seen as a model appropriate in NSW, and is not supported.

In NSW, most community housing stock is owned by Aboriginal community providers, who provide tenancy and housing management services to their own communities. Effectively, this means that title is not transferable to the State, unless done with the agreement of the owners of the homes. The continuation of this Aboriginal ownership is seen to be important as it facilitates improved health outcomes for Aboriginal people through support for self-determination, and the enhancement of cultural resilience.

NSW is also unique in having its own discrete government agency, the Aboriginal Housing Office (AHO), oversighting the Aboriginal community housing sector. The AHO has embarked on a major sector strengthening strategy in the community sector through a combination of research, structural, governance, funding and sector support initiatives. The strategy will generate real increases in efficiency and capacity within the Aboriginal community housing sector and will lead to better housing and health outcomes for Aboriginal people in NSW.

NSW HEALTH SUBMISSION TO THE DEPARTMENT OF ABORIGINAL AFFAIRS FOR THE WHOLE OF GOVERNMENT SUBMISSION TO THE LEGISLATIVE COUNCIL STANDING COMMITTEE ON SOCIAL ISSUES INQUIRY:

CLOSING THE GAP –
INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE IN NSW

TOR1(a)
Policies and programs being implemented both within Australia (States/Territories/Federal) and internationally aimed at closing the gap between lifetime expectancy between Aboriginal people and non-Aboriginal people (currently estimated at 17 years), with the assessment of policies and programs including, but not limited to: New Zealand, Canada, North America, South America, and also considering available reports and information from key NGOs and community organisations,

This submission addresses only policies and programs which have been implemented in NSW. Appendix 1 includes a range of references and links to web sites – both in Australia and overseas – which will inform the Committee's consideration of initiatives targeting indigenous populations nationally, in other Australian jurisdictions and internationally. It is important to note that the evidence base which informs NSW Health policies and programs targeting Aboriginal people is informed, where appropriate, by data generated in other Australian and overseas jurisdictions.

The framework for Aboriginal health polices and programs in NSW is established by:

- the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*(NSFATSIH);
- the NSW Aboriginal Affairs plan *Two Ways Together* 2003-2012;
- *A New Direction for NSW*: *State Plan*;
- *A New Direction for NSW*: *State Health Plan Towards 2010*; and
- *Healthy People NSW: Improving the Health of the Population.*

Appendix 2 maps Aboriginal health priorities, targets and indicators arising out of the NSW strategic framework documents listed above.

Health has responsibility for the following four *State Plan* priorities which are specifically relevant to Aboriginal health:

- S2: Improve survival rates and quality of life for people with potentially fatal or chronic illness through improvements in healthcare
- S3: Improve health through reduced obesity, smoking, illicit drug use and risk drinking
- F3: Improved outcomes in mental health
- F5: Reduced hospital admissions (including Aboriginal populations as per F1).

Health is also a significant partner with the Department of Aboriginal Affairs (DAA) in addressing the F1 priority to improve health and education outcomes for Aboriginal people. Priorities and targets arising from *Two Ways Together* are also monitored under F1.

Two Ways Together targets for which Health is the lead agency are as follows:

- Increase otitis media screening for Aboriginal children aged 0-6 years to 85%
- Increase the proportion and distribution of Aboriginal health staff

- Number of houses improved under the Aboriginal housing for health program
- Reduced tooth removal and dental caries for Aboriginal children

The *State Health Plan* Strategic Directions (SDs) and targets specific to the health of Aboriginal people which contribute to achievement of *State Plan* targets are as follows:

SD1: Make prevention everybody's business
Improved health through reduced obesity, smoking, illicit drug use and risk drinking

- Continue to reduce smoking rates by 1% each year to 2010, then by 0.5% by 2016 (with the rate of reduction for Aboriginal people exceeding that target)

SD3: Strengthen primary health and continuing care in the community
Improved health for Aboriginal communities

- Reduce hospital admissions over five years for Aboriginal people with conditions that can be appropriately treated in the home by 15% (in addition to reduced admissions for cellulitis; deep vein thromboses; community acquired pneumonia; urinary tract infections; chronic respiratory disorders; bronchitis and asthma; specified blood disorders; and musculo-tendinous disorders)

Increased focus on early intervention

- Increase the proportion of mothers starting ante-natal care before 20 weeks gestation (Aboriginal and non-Aboriginal)
- Strive to reduce the proportion of Aboriginal babies weighing less than 2,500g at birth
- Reduce the underlying rates of child abuse and neglect (with other agencies) – targets to be agreed across Government

SD4: Build regional and other partnerships for health
Improved health outcomes for Aboriginal communities

- Increase screening for otitis media in Aboriginal children aged from 0-6 years to 85%

SD6: Build a sustainable health workforce

- Increase the proportion of Aboriginal staff in order to meet the demand for services

In accordance with the principles of the *National Strategic Framework for Aboriginal Health*, NSW Health has since 1995 had in place a formal Partnership Agreement with the Aboriginal Health and Medical Research Council (AHMRC) – the peak organisation for Aboriginal Community Controlled Health Services (ACCHSs/AMSs) in NSW. The aim of the Partnership is to ensure that the expertise of Aboriginal communities is brought to health care processes. The Partnership Agreement is currently being renegotiated.

NSW Health has implemented programs – via allocation of funds to both Area Health Services (AHSs/Areas) and non-government organisations (NGOs) - that support children and families; address mental health, substance use, otitis media, oral health, housing needs and chronic disease; and contribute to improving the general health and well being of Aboriginal people in NSW and to achievement of *State Plan* and *State Health Plan* priorities. These are described below, with examples of local initiatives which NSW public health organisations have implemented.

NSW Health recognises that a range of solutions along the life path need to be implemented to reduce the demonstrable inequity in living conditions and life expectancy between Aboriginal people and the rest of the population; and that the most effective strategy for improving the health and life expectancy of Aboriginal people is to work in partnership with Aboriginal communities.

STATE PLAN PRIORITY S2: IMPROVE SURVIVAL RATES AND QUALITY OF LIFE FOR PEOPLE WITH POTENTIALLY FATAL OR CHRONIC ILLNESS THROUGH IMPROVEMENTS IN HEALTHCARE

STATEWIDE PROGRAMS

Aboriginal Chronic Care Program

Priorities of work in the Aboriginal Chronic Care Program are:

- decreasing the number of admissions for health problems that are appropriate to manage at home (State Plan Priority);
- addressing disparities of care (where, as a result of disease, Aboriginal people die at an average age 17 years younger than other Australians) particularly in health services where access to services is poorer in treating heart disease, respiratory disease, diabetes and renal disease;
- strengthening the standards of services provided in Area Health Services to appropriately care for Aboriginal people; and
- increasing the chronic care specialty skills of Aboriginal Health Workers as part of a formal qualification system.

Aboriginal Vascular Health Program

The *NSW Aboriginal Health Strategic Plan*, launched in October 1999, included a range of strategies to address vascular health issues relating to diabetes, circulatory diseases and renal disease for Aboriginal people and communities in NSW. The *Aboriginal Vascular Health Program* (AVHP) commenced in July 2000 to address these priority health issues as part of the Aboriginal Chronic Care Program. The AVHP focuses on reducing the risk factors for vascular disease (diabetes, hypertension, smoking, renal disease). A range of risk factors and risk conditions are common to diabetes, cardiovascular disease, renal disease, hypertension and stroke and common lifestyle changes are required to prevent and manage vascular disease.

Funding of $2.1million recurrent is provided to 31 sites across the state, including 8 in Justice Health and 4 in Aboriginal Community Controlled Health Services (ACCHSs/AMSs) and the remainder within Area Health Services (AHSs/Areas). Aboriginal Health Workers (AHWs) are employed to promote and provide secondary prevention services to people who have risk factors associated with chronic disease (eg high blood pressure, smoking, overweight) or are managing chronic diseases including heart failure, diabetes and renal failure. These services provide increased access for Aboriginal people with or at risk of chronic vascular disease to culturally appropriate programs.

Aboriginal Chronic Conditions Area Health Service Standards

In March 2005, the *Aboriginal Chronic Conditions Area Health Service Standards (ACCAHSS)* were launched. The ACCAHSS outline standards of care and demonstrations of compliance for AHSs across the areas of cardiovascular disease, diabetes, kidney disease, chronic respiratory disease and cancer. AHSs report to Department each 6 months on these standards.

Clinical Services Redesign Program (CSRP) Project

In response to the continuing disproportionately high burden of chronic conditions in the Aboriginal community resulting in high morbidity and premature mortality; and the well-documented fact that Aboriginal people have a consistently poor level of access to appropriate health care services, a *Clinical Services Redesign Program (CSRP) Project* been commissioned to:

- implement targeted programs to increase access for Aboriginal people to inpatient services as part of their chronic care management program;
- identify current gaps in utilisation rates of Aboriginal people to specific chronic disease services including ACCHSs, GPs, appropriate allied health interventions and other community health services;
- increase access to secondary prevention services for Aboriginal people with or at risk of chronic disease; and
- increase support for self management and rehabilitation initiatives appropriate to Aboriginal people.

The high level objectives of the project are to:

- understand, and reduce health system barriers to access of mainstream chronic disease services for Aboriginal people in the community setting;
- develop effective systems between AHSs acute and chronic care teams, AMSs and the Aboriginal Vascular Health projects for the diagnosis and care of Aboriginal people with chronic conditions; and
- develop and support for implementation of evidence based strategies for Aboriginal communities that prevent chronic disease and/or in reduce hospital admissions.

The key outcomes of the project will be:

- identification, development and support for implementation of locally agreed clinical protocols and referral pathways for Aboriginal people through the acute hospital system and back to the community;
- implementation of assessment and management tools to assist AHSs in monitoring referral and service utilization;
- implementation of systems to appropriately increase access to self management initiatives and mainstream rehabilitation services;
- improved coordination of care in the community setting for Aboriginal people with chronic disease prior to requiring hospital intervention; and
- implementation of an appropriate reporting and monitoring framework and KPI system to evaluate the impact and outcomes of redesigned care for Aboriginal people with chronic conditions.

The Project will be completed in early 2008 and implementation of redesigned care systems is planned to commence in mid 2008.

Renal vascular disease program

Aboriginal people in NSW are 1.5 times as likely to be admitted to hospital than non-Aboriginal people, with renal dialysis accounting for the largest number of these hospitalisations. Aboriginal Australians have further been estimated to have a nine-fold increased risk of developing en stage kidney disease when compared with non-Aboriginal Australians.

The NSW Department of Health was allocated enhancement funds in the 2007/2008 State Budget to reduce the morbidity and mortality arising from renal and vascular disease amongst Aboriginal people in NSW: $2 million will be made available in 2007/08, and $3.5 million per annum subsequently.

Funds will be allocated to AHSs to enhance the capacity of the primary health care sector (Area, AMS and Divisions of General Practice) to prevent, detect and treat early stage

renovascular disease amongst Aboriginal people. Essential components of these initiatives will include universal screening of all adult Aboriginal patients for albuminuria via urinalysis, hypertension and abnormal blood glucose tests, as well as assessment and intervention for modifiable chronic disease risk factors.

Diabetes

To address gaps in knowledge about how to prevent diabetes among Aboriginal people, the NSW Department of Health has commissioned research to evaluate the applicability - for the Australian context and for Aboriginal people - of interventions which have been found to be effective in international trials.

Community-based Diabetes Prevention Program

In July 2007, the Minister for Health announced that after a competitive tender process Sydney South West Area Health Service (SSWAHS) would trial the effectiveness and cost effectiveness of a $3.8m community based diabetes prevention program in urban, semi-rural and rural settings. SSWAHS will contribute a further $1.2 million in cash and in kind resources over the life of the program. The program aims to develop, implement and evaluate a community-based diabetes prevention program that will: identify people at high-risk of the future development of type 2 diabetes; and provide these people with counselling, education, implementation tools and facilities to improve their diet, increase levels of physical activity and lose weight.

The program will be based in locations served by the Central Sydney, Macarthur and Southern Highlands Divisions of General Practice. All individuals aged 40-65 years in these locations will be eligible. Special efforts will be made to recruit high-risk individuals such as those from Indigenous communities through indigenous health workers and AMSs.

The project is currently in a start up phase, with SSWAHS seeking to recruit project staff. Lifestyle intervention delivery is scheduled to begin in mid-late 2008. A comprehensive evaluation of the program will take place including the collection of self reported behaviour and biomedical measures at baseline, 3, 6 and 12 months, as well as, an economic evaluation. Initial results from this trial will be available in mid-late 2009.

Diabetes Prevention Pilot Study in Aboriginal Medical Services

In addition to the community-based diabetes prevention program detailed above, the NSW Department of Health has also committed funding to a diabetes prevention pilot study that will take place specifically within AMSs in NSW. This project will involve the conduct of feasibility and pilot studies over a 12-month period (2008-2009) to establish the extent to which we can apply and replicate the international diabetes prevention studies in AMSs in NSW.

The pilot study will involve the testing of screening and recruitment procedures and measures and the conduct of qualitative research to inform the development and provision of the core intervention provided by a specially trained diabetes health broker. The pilot study will also provide more accurate prevalence estimates with which to verify or update sample size requirements.

EXAMPLES OF LOCAL INITIATIVES

Children's Hospital Westmead

ARDAC - Antecedents of Renal Disease in Aboriginal Children

ARDAC is a long-term prospective cohort study of over 1000 Aboriginal and 1000 non-Aboriginal children from 60 different schools, across the state of NSW. Children have now been followed for 6 years (from about 6 to 12) and CHW has recently received $1.6m from NHMRC to follow these children for a further 6 years. The study was designed to determine risk factors for

early kidney disease in Aboriginal children and to develop culturally appropriate intervention strategies. To date the study has shown that at this age, Aboriginal children are no more at risk of early kidney disease than their non-Aboriginal counterparts. This is good news in that the kidney disease is preventable and not determined by foetal or very early factors. The extension of this study will enable follow-up of these children during the at - risk early adult life period and identifying risk factors which are modifiable. This is a unique study.

Greater Western Area Health Service (GWAHS)
Partnership between Maari Ma Health Aboriginal Corporation and GWAHS
Partnerships between ACCHs and AHSs are critical to achieving improved health outcomes for Aboriginal populations. In the Remote Cluster of GWAHS a unique partnership arrangement exists between GWAHS and Maari Ma Health Aboriginal Corporation.

Communities within the Remote Cluster have a significant and sometimes predominant Aboriginal population and generally suffer poorer health status than their Eastern counterparts. Maari Ma Health Aboriginal Corporation has management responsibility for the health services within this Cluster, excluding Broken Hill.

The unique management structure ensures that an Aboriginal perspective is imbedded into all management decisions and those are reflective of community need. There is an increased focus on primary health care and prevention. An example of this is the Maari Ma Chronic Disease Strategy which focuses on starting well and staying healthy. This Strategy is being systematically implemented across all services in Remote Cluster to address and control Chronic Disease amongst Aboriginal communities.

A review of the partnership arrangement has recently been published (Griew R and Houston S, 2007, *Review of the Lower Western Sector Agreement* Greater Western Area Health Service and Maari Ma Health Aboriginal Corporation). The Review found, in relation to health outcomes, significant improvements had been achieved both in access to antenatal care in the first 20 weeks of pregnancy and for vaccine preventable hospitalisations for the Aboriginal population covered by the Agreement. The Review also noted encouraging trends for premature and low birth weights and falling rates of hospitalisations for ambulatory care preventable health conditions. See also information in relation to TOR 1(b).

Aboriginal Clinical Services Redesign Project (CSRP)
GWAHS is hosting the rural/remote site – Condobolin - for the CSRP. As noted above, this project will investigate and analyse the patient journey for Aboriginal people with chronic disease and make recommendations as to how the patient experience can be improved.

Rural and Remote Aboriginal and Torres Strait Islander Chronic Disease Conference – 2008
GWAHS and affiliated partners will host an Aboriginal Chronic Disease Conference in late 2008 that focuses on the challenges imposed by rurality and remoteness to the management of chronic diseases in Aboriginal communities. It aims to highlight best practice and 'what works' in this field. The conference will host approximately 300 people and attract abstracts and keynote specialist speakers from around Australia.

Sydney South West Area Health Service (SSWAHS)
Chronic Care Program
Currently SSWAHS has 2 Aboriginal Chronic Care Program (formally Aboriginal Vascular Health Program) sites - 1 at Royal Prince Alfred Hospital and 1 at Liverpool (Miller CHC). In 2008 it is proposed that this program be expanded in accordance with the SSWAHS Aboriginal Health Plan development process.

Expansion of program will include:

- implementation of self-management and rehabilitation programs to run Aboriginal Chronic Care Programs;
- pilot cardiac rehabilitation model at Liverpool Hospital;
- enhanced linkages with GP Divisions;
- care planning, care coordination and brief interventions;
- smoking cessation program;
- training program for Aboriginal Health Workers;
- establishment of a database, KPIs and a quality assurance program introduced;
- early renovascular disease detection program to be rolled out across area;
- nutrition programs with cooking classes; and
- increased outreach clinics

Hunter New England Area Health Service (HNE Health)
Chronic Disease
Four demonstration sites have been established to show the best ways of improving clinical care, share learning and roll out to other areas in HNE Health. The aims of this model are to strengthen relationships and partnerships, complement existing services and structures, provide training options and increase capacity, identify and develop referral pathways, develop and disseminate clinical guidelines developed and disseminated and identify best ways for delivering effective clinical care. The sites include Armajun AMS with a focus on renal services, Cessnock and Biripi AMS with chronic disease, and a focus on respiratory at John Hunter Hospital.

Justice Health
The Aboriginal Vascular Health Program Tick on …. Kick on …..”
This program operates in 8 locations throughout NSW. Aboriginal Health Workers from local ACCHSs work in partnership with Justice Health staff to implement the NSW Aboriginal Vascular Health Program. This project is aimed at increasing awareness and improving the management of cardiovascular disease among Aboriginal inmates and involves targeting health problems such as diabetes, high cholesterol, high blood pressure and renal disease. The project currently has approximately 500 active clients registered. This project was recently recognised at the annual NSW Aboriginal Health Awards with Justice Health announced as the winner of the Innovation in Chronic Care Award.

Aboriginal Chronic Condition – Health Education
Specific health promotion and education programs are targeted at the Aboriginal population in the correctional environment. In 2006, participants' accessed Oral Health education programs, Disease Prevention and Aboriginal Men's Health programs and Indigenous Games exercise activities. A recent health education program involved 71% of the male Aboriginal population in a 12 month period and highlights that people will participate if services are available and accessible.

Aboriginal Renal Screening Project
A total of 215 Aboriginal men across four correctional centres were screened for kidney disease as part of the HNE Health Aboriginal Renal Screening Project. Justice Health is proposing to implement ongoing renal screening programs as a priority in the future.

Clinical Redesign Project
Justice Health is to be an active participant in the NSW Health Clinical Redesign Project which is designed to improve the management of Aboriginal people with chronic conditions. This project is being trialed in three sites across NSW.

Health & Fitness Program for Special Populations
An opportunity has been identified to adapt this program to target a centre with a large Aboriginal population, to specifically evaluate its effectiveness in the management of chronic conditions in Aboriginal people. It is envisaged that this program will ultimately become a core treatment program throughout Justice Health.

STATE PLAN PRIORITY S3: IMPROVE HEALTH THROUGH REDUCED OBESITY, SMOKING, ILLICIT DRUG USE AND RISK DRINKING

STATEWIDE INITIATIVES

Aboriginal Drug and Alcohol Program
Aboriginal Drug and Alcohol Network (ADAN)
The ADAN is a joint initiative of the NSW Department of Health, the AHMRC and the Australian Government NSW Office of Aboriginal and Torres Strait Islander Health (OATSIH).

NSW Health provides recurrent funding to the AHMRC to administer the ADAN. There are around 40 Aboriginal Drug and Alcohol workers in NSW, based in Areas, ACCHSs and in the drug and alcohol non-government sector.

ADAN was established in 2003 and has two main functions:
- to provide networking and collaboration opportunities for Aboriginal Drug and Alcohol Workers in NSW; and
- to provide advice on drug and alcohol issues and needs in the Aboriginal community as well as input into mainstream and Aboriginal-specific drug and alcohol policies and programs.

Four annual ADAN symposiums have been held to date, which allow these workers to share information, hear about developments in drug and alcohol treatment, care and management as well as expose them to professional development opportunities and provide an opportunity to showcase their work to their peers.

An ADAN Leadership Group has been established made up of elected members of the Network. Members are drawn from the ACCHSs, Areas and residential treatment services. The main functions of the Leadership Group are to:
- provide advice on drug and alcohol policy, guidelines and programs being developed by NSW Health;
- build effective consultative processes between the Aboriginal communities and NSW Health on drug and alcohol issues;
- build the capacity of the Aboriginal Drug and Alcohol workforce; and
- provide input into the Aboriginal Drug and Alcohol Sub-Committee of the NSW Drug and Alcohol Council.

The ADAN Leadership Group has provided advice and expertise on a number of key NSW Health plans and programs, including:
- *The NSW Health Drug and Alcohol Plan 2006-2010*
- *Drug and Alcohol Treatment Guidelines for Residential Settings*
- *The Amphetamines, Ecstasy and Cocaine Prevention and Treatment Plan 2005 – 2009*
- The NSW Youth Alcohol Action Plan (in development)
- The NSW Health Alcohol Disease Prevention Plan (in development).

Currently the ADAN Leadership Group is providing input into the following projects:

- the development of culturally appropriate information resources on psychostimulant drugs for Aboriginal communities;
- the development of responsible drinking resources for Aboriginal young people and parents; and
- the NSW Health *Aboriginal Drug and Alcohol Prevention and Treatment Plan*.

Aboriginal Drug and Alcohol Sub-Committee of the NSW Health Drug and Alcohol Council
The NSW Health Drug and Alcohol Council is the primary decision making body for Drug and Alcohol policy for NSW Health. The Council has established an Aboriginal Drug and Alcohol Sub-Committee to contribute to policy and program planning. The functions of the sub-committee are:

- provide strategic direction for NSW Health drug and alcohol programs and policy in relation to their impact on Aboriginal Communities;
- oversight development and implementation of the NSW Health *Aboriginal Drug and Alcohol Prevention and Treatment Plan*; and
- support the development and implementation of local Aboriginal drug and alcohol services plans and NSW Health Aboriginal drug and alcohol strategies consistent with the NSW Health *Aboriginal Drug and Alcohol Prevention and Treatment Plan*.

Membership of the Aboriginal Drug and Alcohol Sub-Committee consists of representatives of the ADAN Leadership Group, the NSW Health Drug and Alcohol Council, people with expertise in drug and alcohol (particularly Aboriginal Drug and Alcohol), the Network of Alcohol and other Drugs Agencies (NADA), the Centre for Aboriginal Health, the Drug and Alcohol Clinical Program of NSW Health and the AHMRC Coordinator of ADAN.

NSW Aboriginal Drug and Alcohol Prevention and Treatment Plan 2008 - 2011
This Plan, which is in development, is NSW Health's commitment to guide policy makers, program designers and decision makers on drug and alcohol initiatives and approaches that can be adopted by Area Health Services and Health funded NGOs to make an impact on the overall prevention and treatment of drug and alcohol issues in Aboriginal communities throughout NSW.

The Plan will improve the coordination of care for Aboriginal people in NSW by ensuring:

- partnerships are formed with other relevant organisations, resulting in strong working relationships;
- accessible and responsive drug and alcohol services that cater for all ages and enable targeted priority areas; and
- a supported and skilled workforce in Aboriginal drug and alcohol and increasing the expertise and knowledge base in this area.

NGO Program
The Drug and Alcohol NGO Program provides funding to eight ACCHSs and residential drug and alcohol treatment services.

Training
Funding was provided to the AHMRC to develop a course in Aboriginal Dual Diagnosis. The Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) with a focus on Aboriginal Dual Diagnosis Course was recently finalised by the AH&MRC and the Course is now awaiting final sign-off from the NSW Vocational Education and Training Board before it begins to be offered through the AHMRC Aboriginal Health College.

Drug Use in Pregnancy Services and Linkages Review Project
The NSW Ombudsman report into child deaths related to parental substance misuse during

2005 showed:

- 117 child deaths were reviewable by the Ombudsman;
- 54 had history of parental substance misuse; and
- 12 of these were identified as Aboriginal.

A consultant has been engaged to undertake a review in response to these findings; and to document services available to pregnant women including Aboriginal women with drug or alcohol related problems.

Best Practice Model for Engaging Aboriginal Offenders in MERIT
The AHMRC has received funding to develop a 'best practice' model to engage and retain Aboriginal defendants in the Magistrate's Early Referral Into Treatment (MERIT) program. This model has been developed as a result of community consultations and capacity building initiatives. The Project is becoming established with the advisory committee having met several times. A review of what works well and what does not work has been conducted and the project is now at the stage of taking what has worked out into selected Area Health Services and trialing models. Resources are being developed for this project, including a culturally appropriate poster to promote MERIT services to Aboriginal clients.

Aboriginal Families and Carers Training (AFACT) Project Resources
The AFACT Project developed in response to the need for culturally specific information and resources to support families and carers of Aboriginal people with drug and alcohol issues.

The resulting resources developed by Streetwize Communications and titled *No Shame, No Blame!* consist of a Workers Guide, a Family Comic and a Promotional Poster. The Commonwealth has taken responsibility for distributing the resources nationally. An evaluation of the impact of the resources on their targeted audience is proposed in NSW.

Smoking

The high smoking prevalence rates in Aboriginal people in NSW are being addressed by the following initiatives:

SmokeCheck Training Project
Despite tobacco being a major cause of ill health, many (especially Aboriginal) health workers do not have the skills or confidence to provide smoking cessation advice and support when in contact with their clients who smoke. Building the capacity of the workforce through training, particularly for staff in rural and remote areas, is integral to addressing health inequities in NSW.

The focus of the SmokeCheck project is to train Aboriginal health workers, and other health workers who provide services to Aboriginal communities in NSW, in the delivery of an evidence-based brief intervention for smoking cessation.

The objectives of the project include:

§ to build capacity of Aboriginal health workers to plan, implement and evaluate local tobacco health promotion projects;
§ to build capacity of Aboriginal health workers to train others in tobacco control;
§ to increase motivation of Aboriginal health workers who smoke to quit smoking;
§ to increase awareness among Aboriginal communities and health services of effective strategies to minimise exposure to environmental tobacco smoke (ETS); and
§ to increase awareness among Aboriginal communities and health services of NSW tobacco-related legislation.

Health workers and professionals in urban and regional Areas and ACCHSs who have contact with Aboriginal clients, have been invited to participate in the training program. This includes AHWs, nurses, doctors, sexual health workers, drug and alcohol officers and clinical staff. Managers of services have also been invited to take part in separate Managers' Workshops.

The training also provides instruction on the use of culturally appropriate resources. A comprehensive evaluation will be produced by the University of Sydney at the conclusion of the initial two-year period of the program.

Imparja Project
The Cancer Institute NSW has instigated this project, working with other states and territories to adapt the *Every Cigarette is Doing you Damage* campaign and make it culturally appropriate for Aboriginal people.

Environmental Tobacco Smoke (ETS) and Children Project
The ETS and Children Project has been funded by NSW Health ($2.4 million over 2002 - 2006) in partnership with the Cancer Council NSW, National Heart Foundation of Australia (NSW Division), the Asthma Foundation (NSW) and SIDS and Kids NSW. The main project goal is to reduce the exposure of children aged 0-6 years to ETS in homes and cars in NSW.

The project used media (TV, radio advertisements and poster billboards) in addition to brochures, a website and other resources to promote the campaign message.

Evaluation of the project has indicated a positive outcome from a population health perspective. There was a 55.7% increase in the number of smoke free homes within the primary target audience since the implementation of the campaign and a 41.8% increase in the number surveyed reporting that all cars in which children had travelled during the last month were smoke-free.

There has been a significant focus through the implementation of the project through Aboriginal media outlets that continues to be in place. In addition, Aboriginal resources developed for this project are currently being used with the SmokeCheck program.

The Community Grants Scheme targeted at Aboriginal communities and funded specific projects within the following communities, including:

- the Aboriginal Youth Project in Wagga Wagga
- the development of the Biripi Aboriginal Health Worker ETS Training Manual and Risk Assessment and Exposure Tool that is now used in Aboriginal communities
- the Aboriginal ETS Project based in Dubbo; and
- the Aboriginal ETS project based in Far North Coast.

The Department funds the Cancer Council NSW to provide resources for local activities and to sustain the professional development of GPs, child and family health nurses, early childhood nurses and childcare professionals specifically in CALD and Aboriginal communities.

LOCAL INITIATIVES

Sydney South West Area Health Service

Drug Health Services

Tailored programs targeting Aboriginal people include HIV prevention and care, early access to drug treatment including detoxification and the Opioid Treatment Program the court diversion program (MERIT) and the Perinatal and Family Drug Health program. Drug Health Services has established Aboriginal Health Drug and Alcohol Advisory Committees which include representation from the Redfern and Tharawal and Campbelltown AMSs, to guide development, implementation and evaluation of Aboriginal Drug Health plans.

Aboriginal Women's Support Group

The Aboriginal Women's Group at RPAH is an example of delivery of secondary prevention strategies in the clinical setting. Established in June 2005 at the request of Aboriginal women clients of the Opioid Treatment Program, the group meets weekly to address the women's needs, retain them in treatment, improve their physical, emotional and mental health and prevent relapse to drug use. The structure, education and activity content of the group are determined by the women. It is flexible, culturally appropriate and confidential. The facilitators provide case management and welfare support across the domains of housing, food, debt management, probation issues, grief counselling, domestic violence, relationship issues, child custody problems and court matters. The group offers practical assistance and support. Evaluation from the women, Drug Health staff and key stakeholders has been extremely positive.

Perinatal and Family Drug Health (PAFDH) Services

Pregnant women affected by substance use are a high risk obstetric group characterised by poor maternal health, low attendance for antenatal care, poor neonatal birth weights and subsequently poor neonatal outcomes (interagency Guidelines for the early intervention, response and management of drug and alcohol misuse 2005, p.5). Clinical services in SSWAHS aimed at servicing this high risk population of pregnant drug using women include two clinical Nurse Consultant who coordinate teams in both the Eastern Zone and Western Zone aimed at improving maternal, foetal and neonatal outcomes. Both work with an early intervention model of care aimed at: early engagement of pregnant drug using women including two clinical Nurse Consultant sho coordinator teams in both the Eastern Zone and Western zone aimed at improving maternal, foetal and neonatal outcomes. Both work with an early intervention mode of care aimed at: early engagement of pregnant drug using women; increased attendance at antenatal care; improved maternal health issues including nutrition and dental care; and improved neonatal outcomes.

Evaluation of the program model in 2005-06 reported that 194 women with substance use issues in pregnancy were seen and 174 required intensive care to address their drug and alcohol issues and reduce the risk of adverse outcomes. Approximately 32% were of Aboriginal background; 88% were from a poor socio economic class; 83% were unemployed; 77% were accommodated in public housing and 83% were receiving government benefit. The PAFDH service also provides extensive support to vulnerable communities including Redfern/Waterloo (28%), Liverpool (12%) and public housing estates (77%). The intervention of this service into the lives of these families has a considerable health benefit by assisting the clients engagement in antenatal care (82%); commencement on drug health treatment (44%); assessment of health and well being increased neonatal birth weights (64% greater than 2700grams); reduction in neonatal deaths (2%), as well as reducing the risks associated with domestic violence and child protection to the family unit.

A service mapping across the Area as well as outcomes of several root cause analyses conducted in SSWAHS prompted establishment of an Area Perinatal and Drug Health Steering Committee which is developing a service model which establishes minimum

standards of care, clinical pathways, collaborative care planning, standardised tools for documentation and key performance indicators.

Court Diversion (MERIT Program)

Court diversion programs provide an entry in drug treatment for a cohort that may otherwise not make contact with drug treatment services. SSWAHS MERIT has developed a comprehensive strategy involving monitoring referrals; coordinating access; collaborating with Aboriginal community organisation and primary health care providers; consulting with clients; establishing the Aboriginal Women's Support Group; and employment of Aboriginal clinicians to increase referrals of Aboriginal defendants. In 2005-06 this resulted in an increase of 54% in referrals from the Local Courts.

Greater Western Area Health Service

Smoking Cessation program for GWAHS Aboriginal staff

A joint initiative between Area Aboriginal Health and Area Health Promotion teams will be launched early 2008, to fully support 12 weeks of Nicotine Replacement Therapy (NRT) for any and all GWAHS Aboriginal staff and their partners. The Program will also provide ongoing support for people and incentives. This program has the potential to reduce or eradicate smoking in up to 100 Aboriginal households across Greater Western NSW. This will have a direct impact on reducing smoking related illnesses and co-morbidities, and increasing life expectancy and quality of life for Aboriginal people in this region.

Paakantji Kiira-Muuku

In 2006, Greater Western Area Health Service was awarded $290,000 over three years to conduct the Paakantji Kiira-Muuku project under the NSW Health Promotion Demonstration Research Grants Scheme. The project aims to establish the context of smoking within communities in western NSW and to evaluate a comprehensive smoking cessation intervention. The research will be a partnership between the Area and Maari Ma Aboriginal Health Corporation. The recruitment and training of project staff has been completed and the project is in the process of pre-trial data collection. The outcomes of this project will contribute important evidence toward addressing smoking in rural and remote communities with large populations of Aboriginal people.

Justice Health

Aboriginal Court Diversion Project

Justice Health provides culturally-specific services directed towards the improvement of the health of incarcerated Aboriginal patients however, this population would benefit from a more proactive approach in reducing incarceration rates and thus improving the overall health of the Aboriginal population. Justice Health has received project funding from the NSW Department of Health to explore models for an Aboriginal Court Diversion Program within the Central Western area of NSW. The project will involve collaborative partnerships with the Department of Corrective Services, Department of Juvenile Justice, Attorney General's Department of NSW Courts Administration, Police, ACCHSs and GWAHS, to explore the creation of a case-management model to assist Aboriginal people to better access bail and successfully complete bail conditions.

The program aims to address needs in the domains of primary health care, social and emotional wellbeing, mental health, alcohol and other drugs, family health and other related health care services to increase the number of Aboriginal people diverted from incarceration. This project supports the NSW Government's objective of reducing Aboriginal incarceration rates, and the *Two Ways Together* whole-of-government program. It is also consistent with the Justice Cluster Action plan and the Aboriginal Justice Plan from the NSW Attorney-General's Department. Justice Health is eager to evaluate this project and share the lessons learned to ensure the best possible health outcomes for this marginalised population.

Connections Project
Justice Health was successful in obtaining funding from Drug Summit 3 to develop an enhanced statewide post release care planning project for clients with a drug and alcohol health concern. This new project is known as Connections and commenced in September 2007. The connections project combines two very successful health initiatives: Correctional Centre Release Treatment Scheme Project (CCRTS) which assessed clients prior to release to determine their eligibility and suitability for the program and developed case plans for post release, and the Inreach Project which facilitated post release care to pharmacotherapy treatment providers based in the community. It is anticipated that as with the two original projects Aboriginal clients will form a sizeable percentage of participants in the Connections project.

Juvenile Justice Centre Release Treatment Scheme (JJCRTS)
The JJCRTS is a pilot project being trialled in Dubbo. The project aims to assist young people in the transition from custody to the community and improve continuity of care and access to health and other support services. It also aims to improve involvement of families and carers in young people's healthcare needs, increase times between incarcerations, improve employment prospects and reduce recidivism. Eighty-three per cent of the young people involved in the trial to date are Aboriginal. This project was awarded the 2007 NSW Health Award for 'Strengthening primary health and continuing care in the community'.

Hunter New England Area Health Service (HNEAHS)
Shake A Leg Education project
A culturally appropriate health information program for Aboriginal children prepared and taught by Aboriginal Health Workers in public schools within the PDPHE curriculum. The program's aims are to reduce morbidity for targeted preventable health conditions in Aboriginal children through the provision of appropriate information which will strengthen health knowledge and build community expertise to improve health outcomes for Aboriginal children and their families. The program is written to meet school syllabus outcomes in Physical Education, Personal Development and Welfare. The program provides a structured model for delivering health information in schools to all students, lots of hands-on learning, and student involvement in evaluating the project. Parents attend a presentation at the end of the program, where students present their work.

Good for Kids. Good for Life
The $8.5 million HNE Health project *Good for Kids. Good for Life* is Australia's largest ever childhood obesity prevention trial. It began in 2006 and brings together a variety of agencies, community groups and industry to provide practical information, as well as new programs and systems, to help children, parents, carers and the wider community, to improve nutrition and physical activity and subsequently prevent weight gain. The five-year program targets children aged up to 15 years, with a specific focus on improving the health of Aboriginal children in Hunter New England. The Hunter New England has 22% of all Aboriginal children in NSW.

An extensive Aboriginal community consultation has been undertaken during 2007 to:

- develop a model for community consultation in the Hunter New England region of NSW; and
- investigate community opinion on barriers to and facilitators of healthy eating and physical activity for Aboriginal children aged up to 15 years of age.

The outcomes of this consultative process will lead to the development of culturally appropriate strategies to prevent unhealthy weight gain in Aboriginal children in the region.

Actions being undertaken as part of the program aim to re-create home, childcare/pre-school, school, health service, community and media environments so that it is easy for families and their children to build healthy eating and physical activity into their lives. Specific interventions or actions include:

- education and training programs for child care and school staff regarding healthy menus, lunchboxes and promoting physical activity;
- developing programs for childcare services and schools that target policy development, learning experiences, as well as parent communication, education and engagement in the areas of nutrition and physical activity;
- working with health care providers, including GPs, hospital and community health staff, to help them to identify children at risk of developing a weight problem, and to support all families in healthy eating and physical activity skills;
- working with sports clubs to offer more opportunities for participation in physical activity and healthier menu options; and
- an advertising and social marketing campaign.

STATE PLAN PRIORITY F3: IMPROVED OUTCOMES IN MENTAL HEALTH

STATEWIDE INITIATIVES

NSW Aboriginal Mental Health and Well Being Policy 2006-2010

On 5 July 2007 at Charles Sturt University in Wagga Wagga, the Hon. Paul Lynch MP, Minister Assisting the Minister for Health (Mental Health), Minister for Aboriginal Affairs and Minister for Local Government, launched the *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*. This Policy is a framework to guide NSW Health and NSW Area Mental Health Services (AMHSs), in the provision of culturally sensitive and appropriate mental health and social and emotional well being services to the Aboriginal community of NSW.

The Policy will improve the coordination of care for Aboriginal people in NSW by ensuring:

- partnerships are formed with other relevant organisations resulting in strong working relationships;
- accessible and responsive mental health services that cater for all ages and enable targeted priority areas; and
- a supported and skilled workforce in Aboriginal mental health and well being and an increased expertise and knowledge base in this area.

The *Policy* was developed by the NSW Department of Health in consultation with a wide range of stakeholders, including the AHMRC, Aboriginal and other mental health workers from both public sector mental health services and Aboriginal medical services,

This *Policy* is a good example of the government working with Aboriginal people to address mental health and social emotional well being issues in NSW and reflects the sustained efforts of many individuals to improve the mental health and social and emotional well being of Aboriginal people.

The *Policy* builds on the foundations established in the *NSW Health Aboriginal Mental Health Policy 1997* and aligns with policy frameworks at both a state and federal level.

The Policy sets out strategies and actions over the next five years for NSW Health to:

- enhance key working partnerships such as those between the Area mental health services and ACCHSs;

- improve mental health leadership to ensure appropriate service responsiveness for Aboriginal people, their families and carers across emergency and acute, early intervention and prevention and rehabilitation and recovery services;
- develop specific mental health programs for Aboriginal people of all ages who have or are at risk of a mental illness;
- increase expertise and knowledge through a range of data and evaluation activities; and
- strengthen the Aboriginal mental health workforce with increased numbers of positions in Area mental health services and ACCHSs and in training and skill development.

The *Policy* is supported by significant funding from the NSW Government. Over $21M will be spent on Aboriginal Mental Health and Well Being Programs and Projects in NSW over the five years of the *Policy* in addition to core funding received by Areas.

NSW Aboriginal Mental Health Workforce Program

A hallmark of the new *Policy* is the NSW *Aboriginal Mental Health Workforce Program*. Part of this Program is a statewide training program that will take local Aboriginal people from the community and train them to become qualified Aboriginal mental health workers.

Statewide, the *Program* has funded 10 trainees in 2007, with an additional 10 trainees to start in the 2008/09 financial year. However, Areas have taken the opportunity to convert existing vacant positions into the *Program*, with the result that 18 trainees are soon to complete their first year in the *Program*.

Under the *Program*, the trainees are full time employees of an Area, while also undertaking a Bachelor of Health Science (Mental Health) degree at Charles Sturt University, taking part in placements and gaining valuable on the job training, mentoring and supervision.

By employing and training Aboriginal people who know the community and who are likely to stay in the community, the *Program* seeks to:

- break down barriers and increase accessibility of mental health services for Aboriginal communities;
- address health workforce shortage in remote areas;
- enhance cultural appropriateness of mental health services;
- improve workforce retention;
- increase awareness of local issues affecting the local community;
- build communities' capacity to respond to their mental health needs;
- provide role models and mentors for local youth; and
- create cultural awareness throughout NSW health services.

In addition to providing trainee Aboriginal Mental Health Worker positions across the state, the *Program* will also see the roll out of Aboriginal Clinical Leadership positions into key Areas. Area mental health leadership, both clinical and managerial, will ensure the effective development of the NSW Aboriginal mental health program over the next five years and will help promote service utilisation and responsive service provision.

A further part of the *Program* will be to roll out an additional 10 Aboriginal mental health worker positions into ACCHSs, bringing to over 25 the number of directly funded state positions for mental health and social and emotional well being in these services. These positions will help support health system integration by enabling ACCHSs to work in partnership with the Areas, to provide mental health and social and emotional well being services to the Aboriginal community. These positions will be rolled out throughout 2007/08.

Overall, the NSW State Government has invested approximately $12.7 million over five years into this *Workforce Program*. This comprises $6.56 million for the traineeships Program, $3.18 million for the Aboriginal Clinical Leadership Program and $3 million to place an additional 10 Aboriginal Mental Health Workers into ACCHSs.

The Workforce Program is one of the first in its kind in Australia and, as a result, NSW is leading the way in creating a skilled and competent Aboriginal mental health workforce.

School Link Phase 3

School Link Phase 3 includes a course dedicated to Aboriginal mental health and well being.

Titled "Mental Distress and Well Being in Aboriginal Young People: Strength in Culture", the course has been attended by over 2,000 school counsellors, case counsellors, adolescent mental health workers, drug and alcohol workers, Department of Juvenile Justice psychologists and Department of Community Services psychologists.

The module has been highly evaluated by participants, with over 90 per cent saying that the course will enable them to deliver better services to young Aboriginal people.

The course has resulted in enhanced collaboration between the Departments of Health and Education and Training and also improved development of local initiatives and working parties.

Course participants have reported increased confidence and skills in supporting young Aboriginal people with mental health and well being problems.

Housing and Accommodation Support Initiative (HASI)

The *Housing and Accommodation Support Initiative (HASI)* has allocated places to Aboriginal people and is currently investigating ways to make it more culturally appropriate to the extended family structure of Aboriginal people.

NSW Family and Carer Mental Health Program

Non Government Organisations successful in gaining places through the *NSW Family and Carer Mental Health Program* have undertaken a Koori Yarning course to make the organisations more sensitive to the needs of Aboriginal people and to enable them to provide more effective services to the families and carers of Aboriginal people with mental health and social and emotional well being problems.

Enhancing cultural appropriateness of services

NSW Health has funded a position at the AHMRC to develop culturally appropriate and applicable assessment and outcome measurement tools for Aboriginal people.

Funds have been allocated to the AHMRC to employ a coordinator for Aboriginal mental health. It will be the role of the coordinator to advise and represent the AHMRC, the ACCHSs and the NSW Aboriginal Health Partnership on issues related to the mental health and social and emotional well being of Aboriginal people in NSW.

Another key initiative in the *Policy* is the introduction of Cooperative Agreements between Area Health Service Mental Health Services and ACCHSs.

Cooperative Agreements are aimed at further developing effective referral and access pathways between these two services and to support mental health and well being service development. The Agreements will address:

- outreach services, consultation and clinical support to ACCHSs staff by mental health staff: psychiatrists, nursing staff and allied health professionals;

- referral between services and links to other services and GPs;
- mental health information management protocols;
- shared care between ACCHSs and specialist mental health services;
- workforce development, including joint staff orientation and joint training; and
- mental health and well being initiatives and programs jointly developed and implemented by ACCHSs and the Area Health Services' Mental Health Services.

Consultation with Aboriginal communities over mental health initiatives in the past has worked well in some areas, but not so well in others.

It is the aim of this *Policy* to ensure Aboriginal people are consulted in the development of all programs and services and for ACCHSs and Area Mental Health Services to work well together to address mental health and social and emotional well being problems in Aboriginal communities.

The NSW Government is committed to working with Aboriginal people to address the mental health and social and emotional well being needs of Aboriginal people, their families and carers. The *NSW Aboriginal Mental Health and Well Being Policy 2006-2010* is a concerted effort on the part of the NSW Government to tackle this problem. A Reference Group is currently in the process of being formed to oversee the implementation of the Policy across the state.

LOCAL INITIATIVES

Children's Hospital Westmead

Mental Health

As part of an initiative to make inroads into Aboriginal Mental Health and to encourage the recruitment and training of Aboriginal staff, Children's Hospital at Westmead works with HNE Health by offering two Aboriginal fellowships.

Sydney South West Area Health Service

Community Mental Health Services

In the SSWAHS, improving the mental health of Aboriginal people and the expansion of services has been a priority since the mid 1990s. In the former SWSAHS, 11 clinical positions have been established to work as a part of the community mental health services. These include general positions working with individuals, their families and community groups. Positions have also been established to support children, adolescents and their families. In the inner west development of services has occurred in conjunction with the Redfern AMS.

In addition a Priority Action Working Group has been established to identify key issues and develop strategies that can be used by the mental health services to offer appropriate services to Aboriginal people.

Infant, Child Adolescence Mental Health

SSWAHS recognises that perinatal infant mental health is very important. A number of activities are being developed including:

- Certificate IV in Peri Natal Infant Mental Health for Aboriginal Health Workers;
- parenting camps focussing on attachment theory and circle of security;
- development of a cultural appropriate depression scale with Beyond Blue for post natal depression based on the Edinburgh Depression Scale; and
- linking attachment theory and circle of security with the *Aboriginal Maternal and Infant Health Strategy* (AMIHS) and Aboriginal Home visiting programs.

Justice Health

Aboriginal Mental Health Worker Trainee

The key function of this position is to improve access to mental health services for young Aboriginal people and the wider adolescent communities within Justice Health.

The position is focused on activities to prevent and intervene in the development of mental health and drug and alcohol problems for young people within the Aboriginal community. This position has a strong link to the Western Sydney AMS and assists in the facilitation of the continuation of care for Aboriginal young people from custody to appropriate community services.

Adolescent Court and Community Forensic Team

The aim of the service is to provide a Court Diversion Program to the Children's Court in targeted areas in New South Wales and specialised community mental health and risk assessments for adolescents identified as having complex needs, and who are at risk of becoming involved in the Juvenile Justice system due their behaviour or emerging mental health problems.

STATE PLAN PRIORITY F1 REDUCE UNECESSARY HOSPITAL ADMISSIONS FOR ABORIGINAL PEOPLE (AS PER F5).

STATEWIDE INITIATIVES

Strategies which Health is implementing to achieve the F5 target also apply to Aboriginal people and, along with initiatives to achieve S2 and S3 targets, contribute to the achievement of the F1 target.

To achieve the F5 target of reducing unnecessary hospital admissions by 15% over 5 years NSW Health has implemented a range of initiatives – summarised below - which will be adapted for Aboriginal people.

New models of care through the *Health Care at Home* approach:

- Referral and Information Centres in each Area Health Service offer a one-point of contact for anyone wanting to access any NSW Health funded service including community care, chronic care, aged care, rehabilitation services, day centres, dementia care etc;
- *Healthy at Home* – a program designed to meet the needs of patients, carers and service providers. It aims to deal with the increasing demand on acute services by effectively redirecting health care towards pre-emptive care strategies;
- *Community Acute/Post Acute Care (CAPAC)* – teams which provide an alternative to hospitalisation for conditions such as cellulitis and pneumonia; and
- *Community Packages (ComPacks)* – an innovative partnership program that maximises the independent capacity of a patient on discharge to improve access to sustainable community services.

Supporting programs (which impact on diverting demand from inpatient services) include:

- *Transitional Care* – allows recovery and recuperation for the older person after they have experienced a hospital stay with the opportunity to consider long-term arrangements;
- *HealthOne* – GP led services that integrate general practice, community and allied health and other clinicians to provide multidisciplinary care for patients with chronic disease and complex conditions;

- *Dementia diagnosis, assessment and management* – members of multidisciplinary teams provide early diagnosis and assessment and ongoing management of people with dementia living at home;
- *Ongoing Care* – maintenance and care is provided by community service providers who provide elements of the above and who provide essential support and maintenance of patients in the community;
- *Advance Care Planning* – allows older people and those with chronic disease to formally inform their carers, family and health care team of their wishes in relation to their health care;
- *Geriatric Rapid Acute Care Evaluation* (GRACE);
- *Older Persons Evaluation Review and Assessment Program* (OPERA); and
- *Acute Care for the Elderly* (ACE).

Other initiatives which contribute to reducing unnecessary hospitalisations include:
- enhancing support for carers through education, training, individual and peer support and more involvement in care planning, discharge planning and self-management processes;
- maternity models supporting hospital avoidance and Health Care at Home – Antenatal Community Care Options (ACCO) and After Birth Community Care (ABC) Program;
- extended care and referral capacity for ambulance officers – new approaches for assessment and treatment of patients and referral to follow up care for appropriate patients, instead of taking them to hospital; and
- Workforce Redesign.

The approach to reducing unnecessary hospitalisations incorporates the ability to assess the health needs of a specific population, implement and evaluate interventions and provide care for individuals in the context of a broader population. It can be defined as "integrated systems of interventions, measurements and refinements of health care delivery designed to optimise clinical and economic outcomes within a specific population".

Other programs already in place which support achievement of this target include the Aboriginal Chronic Care Program, *Aboriginal Maternal and Infant Health Strategy*, *Aboriginal Family Health Strategy*, Aboriginal Oral Health Program, Housing for Health and the Aboriginal Mental Health and Drug and Alcohol Programs.

In addition, the programs identified below are specific to achievement of F1 and *Two Ways Together* targets.

Aboriginal Maternal and Infant Health Strategy (AMIHS)
AMIHS was developed by NSW Health to improve health service delivery for Aboriginal women and babies in NSW by providing a culturally sensitive service. Through better service delivery to Aboriginal women in pregnancy and the early weeks after birth, it was anticipated that some of the social, economic and political determinants of Aboriginal health could be influenced, and that the health and wellbeing of Aboriginal mothers and their babies would improve.

AMIHS was developed by NSW Health in 2000, in response to research into Aboriginal Perinatal Health in NSW. This research, later published as *The NSW Aboriginal Perinatal Health Report* 2003 (http://www.health.nsw.gov.au/pubs/aboriginal_health/files/abl_peri.pdf), showed that Aboriginal babies were far more likely than other Australian babies to die in the first month after birth, had a much higher rate of preterm birth, and almost double the rate of low birthweight (less than 2500g). Low birthweight and preterm birth is associated with higher risk of death and illness in the first month after birth.

In order to improve the health of Aboriginal mothers and their babies, the report recommended a specific model of service provision which included a team approach to community maternity services (including midwifery, Aboriginal health workers, specialists and general practice), a flexible and non-judgemental approach, and sensitivity to the underlying social and economic circumstances which have such an impact on the lives of Aboriginal people. This model is the core of AMIHS.

AMIHS services were initially funded to run in seven rural locations around NSW. In addition several other programs were funded under the Commonwealth Public Health Outcomes Funding Agreement, Alternative Birthing Services Programs and local Area Health Service initiatives. The services were supported by a Training and Support Unit, which provided essential services to the staff developing and implementing the AMIHS services. The model was comprehensively and independently evaluated over three years. The evaluation (http://www.health.nsw.gov.au/pubs/2006/evaluation_maternal.html) found that after the implementation of AMIHS in the sites where it was funded:

- significantly more women attended their first antenatal visit before they were 20 weeks pregnant;
- there was a significant reduction in the number of babies born preterm;
- more women initiated breastfeeding, and more were still breastfeeding when asked again at six weeks after the baby was born; and
- Aboriginal women were very satisfied with the services provided by the AMIHS programs.

In view of these results, in April 2007 the NSW Department of Community Services (DoCS) and NSW Health entered a partnership to link Aboriginal children and families more effectively with existing prevention and early intervention programs offered via DoCS *Brighter Futures* program. The project will strengthen the early intervention service spectrum for Aboriginal children and families in order to effect change in lifelong outcomes for this population group.

To achieve these aims a further 17 sites are being established making a total of 31 sites in NSW; and the existing AMIHS and Alternative Birthing Services Program sites are being reoriented and transitioned into the new AMIHS model. A further 3 sites which operate on the AMIHS model, were established in 2006/07 via seeding funding to Areas with the requirement that they are recurrently maintained by those Areas subsequent to completion of the 3 year seeding period.

Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011
NSW Health is responsible under the NSW Government *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011* for prevention and early intervention strategies, and improving access to culturally appropriate therapeutic treatment services where sexual assault has occurred.

The strategic directions in the NSW *Interagency Plan* relate to actions for immediate statewide implementation; locational responses for sites where child sexual assault is known to be a significant issue; and proposals for further consideration and possible implementation in the longer term.

NSW Health has identified over $1.8 million in 2007/08 and $2 million recurrent funds from 2008/09 that have been reallocated to specific actions of the NSW Interagency Plan Area Health Services are required to implement other relevant actions from existing resources.

NSW Health is lead agency for 10 of the 88 Actions, and partner agency in 22.

Monitoring and reporting on progress is being managed through an internal project plan and a network of contacts across NSW Health. The importance of addressing Aboriginal child sexual assault is being promoted within the Health system through senior executive and advisory bodies.

In addition to its lead agency responsibilities, NSW Health has contributed to significant progress in the implementation of actions relating to Joint Investigation Response Teams (JIRTs) with the Department of Community Services and NSW Police.

NSW Health is progressing implementation of the 10 actions for which it has lead responsibility. One involves the AMIHS, which has already been discussed. The remaining nine are:

Action 25 – Expansion of Child Health Networks
NSW Health has received the final report and recommendations of the Review of Forensic and Medical Services for Sexual Assault and Child Physical Abuse and Neglect. The report will be delivered to the Minister for Health and Premier by December 2007, and outcomes of the review will inform the implementation of Action 25. The review also links to the implementation of action 30 regarding JIRT and addressing medical workforce issues.

Action 37 - Directing staff to report sexually transmitted infections (STIs) in children
Health has current policy and procedures for reporting STIs, and compliance is monitored annually through Public Health Units.

Action 44 – Aboriginal child sexual assault counsellors and special response groups
Funding has been allocated to recruit Aboriginal counsellors in Hunter/New England and South Eastern Sydney/Illawarra Area Health Services. Position descriptions have been written and recruitment commenced in Hunter/New England. Progress on special response groups will proceed following recruitment of the new Aboriginal counsellors. Implementation is on schedule for July 2008.

Action 46 - Expansion of drug and alcohol service capacity
Aboriginal Families and Aboriginal Carers Training resources have been printed, distributed and published on the Internet in collaboration with DoCS and the Commonwealth. The Education Centre Against Violence (ECAV) has been contracted to commence statewide training for Health Drug and Alcohol Workers on child protection issues in 2008. The NSW Drug and Alcohol Program Council now includes representation from the AHMRC and has established an Aboriginal Drug and Alcohol Subcommittee. Drug and Alcohol Certificate 3 and 4 courses are currently being a developed. The draft course content for a Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Practice) is due in October 2007.

Action 52 - Cross-agency risk assessment tool for domestic violence
This project commenced in March 2007. A project officer has been employed, the project plan approved by financial partner agencies and a Reference Group established. Work has also commenced on a literature review, development of a report on existing tools, and drafting of a NSW risk assessment tool for domestic and family violence which will be piloted in two locations, one with a focus on Aboriginal family violence.

Action 53 - Review of justice agencies' health and mental health screening processes
The Justice Health reception triage process is currently being redeveloped. A working party is supporting the process to ensure that screening for child protection is strengthened, particularly for Indigenous clients.

Action 56 - Establish a rural New Street service for young people who sexually abuse or display sexually abusive behaviour
Recurrent funding has been allocated to establish and operate a new service in Hunter/New England Area Health Service. The service development plan has been completed and feedback requested from partner agencies. Area Health Services where the original and new services are based are liaising regarding governance arrangements. Premises are being sought for the new service and a service manager is currently being recruited. Engagement with local Aboriginal communities has commenced through Aboriginal Medical Services.

Action 73 – Review of NSW Health counselling services
A review of Health counselling services will commence in 2007/08. Counselling services for Aboriginal people will be a part of this review

Action 81 - Development of a suite of culturally appropriate awareness-raising programs to target the causes and consequences of abuse
ECAV already provides a suite of training and resources specific to Aboriginal communities. A number of new or revised courses are being made available this financial year, and intake for existing courses has been expanded. ECAV has retargeted its training so that one third is provided to Aboriginal workers and communities. The changes include a shift to training for community members as well as workers.

ECAV training is now provided to staff from Justice Health and the Office of the Director of Public Prosecutions. Work has commenced with DoCS to facilitate access to ECAV training for NGO staff.

Otitis Media Screening

In July 2004 the NSW Government announced an initiative under the Aboriginal Affairs Plan: *Two Ways Together* which would increase the number of 0-6 year old Aboriginal children who would have access to free otitis media and conductive hearing loss screening services throughout NSW.

The initiative from 2004/05 to 2007/08 was allocated funding of $2.49M. In 2004/05 a total of 9,620 children were screened; in 2005/06 a total of 12,721 children were screened and in 2006/07 a total of 19,403 children were screened. The target for 2007/08 is 19,394 children.

The program has experienced rapid growth in screening capacity during the first three years due to a large and sustained workforce development training effort with over 120 Aboriginal Health Workers engaged in screening throughout NSW. Screening targets are now being met, however screening in the first two years of the program fell short of the targets set by Government.

The screening targets have escalated from 50% of cohort in 2004/05 to 85% of cohort in 2007/08. Eight Area Health Services perform screening working collaboratively with approximately 30 ACCHSs. Supplementary screening services are also provided by the Royal Institute for Deaf and Blind Children by request.

Fourteen (14) full-time Aboriginal Otitis Media Coordinator positions are funded by the Department of Health across the state to assist with the implementation and coordination of screening activities. Ten positions are situated in Area Health Services and four with ACCHSs.

The Area Health Services and ACCHSs provide quarterly reports on screening performance to the Department. Annual financial year reporting is provided by the Department of Health

to the Department of Aboriginal Affairs. Periodic updates are provided to the Ministerial Standing Committee on Hearing.

The Department of Health provides support funding for implementation of the program at an Area Health Service level. Screening equipment and training of staff has also been provided to both Area Health Services and selected ACCHSs since the commencement of the program in 2004/05. Training was initially provided by Australian Hearing but has since been provided by TAFE OTEN under contract.

With the program now in its fourth year the NSW Department of Health has commissioned an evaluation of the program to assess the effectiveness of the screening program in meeting the performance targets; the appropriateness and effectiveness of the program as a response to addressing otitis media in young Aboriginal children; the program's achievements and obstacles or barriers inhibiting potential future performance; and how best to meet the future ear health needs of Aboriginal children in NSW.

Dementia Care
NSW Health through the *Dementia Action Plan 2007-2009* is prioritising access and equity to dementia information, support and care for Aboriginal and Torres Strait Islander people with dementia, their carers and families. To achieve this NSW Health will work in partnership with Department of Ageing, Disability and Home Care (DADHC) to implement the National Dementia Learning Resources for Aboriginal and Torres Strait Islander Communities, both for Aboriginal carers and Aboriginal health workers.

Carers Action Plan
The *NSW Carers Action Plan 2007-2012* has prioritised strategies to identify and support hidden carers including Aboriginal carers, who are often isolated and are unaware of the support available. The plan also prioritises improved access to support services for Aboriginal carers. To do this NSW Health will host a Roundtable discussion on Aboriginal issues as well as increasing recurrent funding for NGOs to provide specific initiatives to support Aboriginal carers.

Aboriginal Family Health Strategy
The *Aboriginal Family Health Strategy* provides the framework for responding to family violence and sexual assault in Aboriginal communities and for dealing with these concerns in a culturally appropriate manner in accordance with each community's unique and local needs. At present 19 sites are funded under the *Strategy* - 16 in NGOs and two in Area Health Services.

The *Strategy* is currently being revised to link it to the NSW *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011*, and to ensure that funded initiatives are integrated with other mainstream services involved in the response to adult and child sexual assault and domestic violence.

Aboriginal Oral Health Program
The Centre for Oral Health Strategy has implemented a range of initiatives to strengthen oral health services in ACCHSs. Resources have been allocated to extend the scope of existing service delivery by increasing the number of ACCHSs that can deliver oral health services to the Aboriginal community; and facilitating the implementation of service delivery reporting mechanisms. Oral diseases are associated with cardiovascular disease, cerebrovascular disease, diabetes, preterm and low birth weight babies, aspiration pneumonia, blood-borne disease, infective endocarditis, otitis media, and nutritional deficiencies in children and older adults. A number of these conditions - notably diabetes and cardiovascular disease - are

major contributors to the poor health of Aboriginal people and co morbidity with oral disease is common.

There is growing evidence of associations between oral health and chronic diseases such as diabetes, cardiovascular disease, and other health issues such as pre-term and low birth weight babies, nutritional deficiencies, and otitis media. The higher rates of dental decay and related hospitalisation rates in regional and remote NSW also reflect the generally higher rates of chronic disease in Aboriginal populations.

In response to recommendations of the NSW Legislative Council Inquiry into Dental Services, NSW Health recruited, in August 2006, a State Aboriginal Oral Health Manager to assist with the provision of "culturally appropriate and accessible oral health services" through the implementation of the Aboriginal component of the NSW *Oral Health Strategic Plan*.

In 2007/08 NSW Health will provide 16 ACCHSs a total of $3,835,400 in funding specifically for oral health services for local Aboriginal communities.

Funding is also being provided under the 2007 round of the Oral Health Promotion Demonstration Grants scheme to 4 projects targeting Aboriginal Children. These include 2 projects which commenced in 2006 - *Clean Teeth, Wicked Smiles* and *Koori Kids, Koori Smiles*, and two new projects – *Pain-free Preschoolers* and *Koori Smart, Deadly Art* which will be launched on the 28 November 2007.

Participation and acceptance from the Aboriginal community of the *Koori Kids Koori Smiles* project, run by Northern Sydney Central Coast AHS, has been and continues to be extremely positive. This project provides two dedicated oral health clinical sessions – on Thursday evenings and Saturday mornings – for the Aboriginal community in and around Gosford. Outstanding results have been achieved in a short period of time. In the three month period, March–June 2006, the number of clients attending the dental clinic doubled compared with the number of patients who attended the dental clinic in 2005. In recognition of this success, further rollout of this project is planned, beginning with Biripi AMS and HNEAHS.

The Department is also in the early stages of developing new models of care for the action groups outlined in the *National Oral Health Plan 2004-2013*, including Aboriginal people.

The NSW component of the National Child Oral Health Survey is nearly complete, and it is hoped that this will provide data to support and inform the further development of oral health services and programs for Aboriginal people.

The State Aboriginal Oral Health Manager is working closely with the AHMRC to facilitate implementation of the *Two Ways Together* oral health initiative.

Environmental Health (Housing for Health)

The *Housing for Health* program is administered in partnership with the Department of Aboriginal Affairs. The program involves a comprehensive health and safety assessment of homes with rapid repairs of urgent works, a capital upgrade of larger safety and health related repairs, and a further assessment to ensure improvements have been delivered. In particular, the program aims to improve the health of children aged 0-5 years. The program features a high level of community involvement and employment. *Housing for Health* has been delivered to over 2,100 houses in 66 communities in NSW since 1997. Recent analysis by NSW Health has indicated improvements in some disease conditions in Aboriginal people in local government areas where *Housing for Health* has been delivered.

Workforce Programs
Aboriginal Cultural Respect
The *National Aboriginal Cultural Respect Framework* that was commenced in May 2003 has led to the development of a comprehensive cultural awareness training package that is to be implemented within NSW Area Health Services in 2008.

Aboriginal Cultural Respect is an overarching priority of the NSW Government, in line with both the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) *Cultural Respect Framework 2004-2009* and *Two Ways Together.* These documents form the basis for NSW Health's commitment to Aboriginal cultural respect programs.

NSW Health continues to work towards excellence in the provision of health services to Aboriginal people to improve their overall health and wellbeing. We accept a responsibility to ensure our workplaces are culturally appropriate, staff are culturally aware, and our workforce is culturally competent.

The NSW Health Aboriginal Health Workers Implementation Plan 2007 – 2009
The National Health Training package was approved in March 2007. Since that approval the Workforce Development and Leadership Branch of NSW Health, has been progressing implementation in NSW of the *Aboriginal Health Worker and Torres Strait Islander Health Worker Qualification Framework*.

The NSW Health *Aboriginal Health Workers Implementation Plan 2007 – 2009* sets out the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Qualifications in the new Health Training Package (HLT07).

The *Implementation Plan*, outlines key components of the four phases:
Phase 1: Preparation
Phase 2: Assessment of Existing Aboriginal Health Worker's (AHW)
Phase 3: Delivery of Training
Phase 4: Evaluation and Monitoring

The implementation of the Competency Standards Qualifications will ensure that NSW Health has a trained and skilled workforce that allows better recognition of skills across the AHW workforce. The aim of this initiative is to encourage retention of Aboriginal staff by acknowledging and valuing the unique role of an AHW and providing a career pathway within the AHW workforce.

NSW Health Aboriginal Employment Strategy
The NSW *Aboriginal Employment Strategy* (AES) is designed to provide a framework for the implementation of the Government's policy commitment to achieving a 2% target of Aboriginal Australians across the public sector.

The *Aboriginal Employment Strategy* will assist in the improvement of Aboriginal health by significantly increasing employment outcomes for Aboriginal people through the development of affirmative action strategies, which focus on recruitment, training and career development. The *Strategy* provides guidance to Health Services on the implementation of local employment strategies and articulates clear aims, objectives, strategies, a framework for monitoring performance, an action plan and a budget.

NSW Health has encouraged and promoted the NSW Public Sector Indigenous Cadetship Program as a strategy to assist with meeting and enhancing Aboriginal employment targets.

Workforce Data – NSW Health Aboriginal Staff

	2004/05	***2005/06***[1]
% Indigenous staff	1.5%	1.6%

Salary Range:

There has been more growth in the mid range income brackets than other brackets. eg an increase (0.2%) of Aboriginal staff in the salary range of $42,825 - $47,876 from 110 staff in 2004/05 to 164 in 2005/06.

Increases are also seen in the $60,584 to $78,344 (0.1%) and $97,932 (0.3%) brackets.

The percentage of Aboriginal staff in the lowest salary bracket - <$32,606 has increased from 3.1% in 2004/05 to 4.7% in 2005/06.

Occupational Groups:

(*Treasury Codes)*

While actual numbers of staff have increased in the *Technicians & Assoc Professionals* the percentage of Aboriginal staff has remained steady at 3.6%.
Similarly, numbers have increased for the *Professionals* categories represented as a 0.1% increase in 2005/06.

Growth is seen in the I*ntermediate Clerical, Sales and Service Workers* category, which increased from 2.2% in 2004/05 to 2.5% in 2005/06.

Losses are seen in the *Elementary Clerical, Sales and Services Workers* and *Advanced Clerical Workers*, which decreased from 2.9% in 2004/05 to 2.2% in 2005/06. This may indicate staff have progressed to the more advanced levels of employment. [2]

Professional Groups

Doctors: There has been an increase of 23% in the number of Aboriginal doctors from 22 in 2005 to 27 in 2006
Nurses: there has been an increase of 8% in the number of Aboriginal nurses from 264 in 2005 to 285 in 2006.[3]

Injury

In 2003 the NSW Department of Health developed the *Aboriginal Safety Promotion Strategy*. The strategy promotes the development of local safety initiatives, through the gathering of local information about injury and safety needs and involvement of relevant local partners to develop plans of action. The strategy envisaged an Aboriginal Safety Promotion unit, which for a time was established at the Aboriginal Health and Medical Research Council. At present, there is no state-wide coordination of the strategy, but some local Aboriginal safety promotion projects are underway, such as in the Blacktown area.

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[1] Source: Premiers Workforce Profile
[2] Source: EEO extract provided by Premier's Department
[3] Source: PWP(All staff active at Census period at June)

There also exists *a National Aboriginal and Torres Strait Islander Safety Promotion Strategy* (NPHP, 2004), which aims to build collaborative relationships and promote national discussion between governments, organisations and community groups which will improve safety and prevent injury. The priorities of the strategy includes increasing knowledge, providing resources and to support safety and injury policies and strategies that address social, environmental and behavioural factors.

Immunisation

Immunisation Coverage for Aboriginal Children to The Australian Childhood Immunisation Register (ACIR)

The ACIR provides information on the immunisation status of all Australian children less than seven years of age.

NSW Health has since May 2005 provided Area Health Services with ACIR data for Aboriginal children by Local Government Area (LGA). Provision of coverage data has facilitated efforts to increase immunisation coverage in Aboriginal children in NSW. In September 2007 the coverage rate for 12 to 15 month old Aboriginal children was 83.5% and for 24 to 27 month old children was 91.6%. Comparative national coverage was 84.5% and 90.6 % for the same cohort for that period.

The immunisation coverage rates for Aboriginal children are approximately seven percent higher when the 'cut-off date' for providers reporting the immunisation encounter to the ACIR is removed. This is due either to children being vaccinated late or to service providers failing to forward information to the ACIR.

NSW Immunisation Strategy 2007-2010

In order to ensure that appropriately targeted and delivered services meet the needs of Aboriginal people, the *NSW Immunisation Strategy 2007-2010* aims to develop effective partnerships between Area Health Services, general practice and ACCHSs.

NSW Health works in partnership with the AHMRC and the Alliance of NSW Divisions to ensure a coordinated approach to program delivery for Aboriginal children, adolescents and adults.

The implementation of the *Strategy* will involve:

- development in conjunction with the AHMRC of culturally appropriate resources to promote immunisation and risks from vaccine preventable disease across the lifespan;
- review, in collaboration with Area Health Services, ACCHSs, Divisions of General Practice (DGPs) and the AHMRC, of the availability of local immunisation services for Aboriginal people to assess gaps, and where appropriate provide access to relevant services (including outreach, paediatric inpatient and alternate service models);
- enhancement of ACCHS capacity to provide immunisation services;
- development of local initiatives to improve identification and recording of Aboriginality.
- development of local initiatives to improve reporting of immunisation encounters to the ACIR;
- development and implementation of local reminder/recall notices for immunisation milestones within general practice, community health services and ACCHSs;
- promotion of provision of immunisation as part of the enhanced primary care package health checks for children aged to 14 years, adolescents and adults aged 15 to 54 years, and adults aged 55 years and older; and

- development of workforce strategies for training, recruitment, retention and succession planning for immunisation service provision to Aboriginal people.

Blood borne viruses and sexually transmitted infections
NSW HIV, STI and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006 - 2009
Aboriginal people are identified as a priority population within the *NSW HIV/AIDS Strategy 2006-2009*, the *NSW Sexually Transmissible Infections (STI) Strategy 2006-2009* and the *NSW Hepatitis C Strategy 2007-2009*. All NSW AIDS Program funded services are responsible for ensuring the delivery of their services to Aboriginal communities, in partnership with ACCHSs.

The NSW Department of Health developed the *NSW HIV, STI and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006 – 2009* (the NSW Aboriginal Sexual Health Plan) in consultation with the AH&MRC and under the guidance of the NSW Aboriginal Sexual Health Advisory Committee (ASHAC).

The *Plan* provides a tool for the implementation of those aspects of the NSW *HIV/AIDS, STI and Hepatitis C Strategies* which pertain to Aboriginal people, as well as the implementation of the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005 – 2008*.

NSW HIV/AIDS, STI and Hepatitis C Services for Aboriginal people.
In order to achieve the outcomes identified in the NSW Aboriginal Sexual Health Plan, the NSW Department of Health continues to provide resources and programs to sustain successful delivery of HIV/AIDS, STI and hepatitis C services to Aboriginal communities. Below are some examples of the programs provided:

Local Aboriginal sexual health workers
NSW currently has in place a large, well developed network of 40 Aboriginal sexual health positions across the state. These positions work in partnership with ACCHSs and HIV, STI and hepatitis C services to provide Aboriginal communities with the following services related to HIV, STI and hepatitis C:

- community educational workshops;
- clinical services;
- health education resources; and
- training health professionals to provide culturally appropriate services.

Statewide Aboriginal Projects
The NSW Department of Health allocates additional AIDS Program funds to support and implement the following statewide strategies:

- a support network for the Aboriginal sexual health workers;
- workforce development projects;
- a distance learning package for the *Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health* with the AHMRC;
- regional Aboriginal sexual health development positions to support local, regional and statewide infrastructure;
- an Aboriginal harm minimisation position to support the development of harm minimisation services for Aboriginal people;
- an Aboriginal HIV and STI prevention social marketing campaign being developed by the AHMRC;
- a project to develop an Aboriginal sexual health Cultural Respect and Communications package – based at North Coast Area Health Service; and

- a project, based in Hunter New England Area Health Service, that will develop a package to support Area Health Services to implement sexual health services in line with the AHMRC *Early Detection and Treatment Manual*.

HIV, STI and hepatitis C programs which have significant Aboriginal client base
Areas and community based organisations have used AIDS Program funds to introduce the following services and programs targeting Aboriginal people, in collaboration with ACCHSs:
- outreach sexual health clinics to provide a minimum level of HIV, STI and hepatitis C services;
- health promotion and education programs for Aboriginal communities; and
- prevention programs with specific populations including, gay men, young people and injecting drug users.

AHS service data from the NSW HIV/STI Ambulatory Care Minimum Data Set, which was implemented in July 2005, shows that currently on average 4% of clients accessing these services across NSW identify as Aboriginal. While 4% is higher than the Aboriginal population rate of NSW (2.1 % of total NSW population), the percentage varies between local areas, (from 1.2 % to 21.5 %), depending on the population breakdown in the different areas. NSW Department of Health recently provided seeding grants to Areas with low percentage rates to employ additional Aboriginal sexual health workers in order to increase access to services for Aboriginal people.

LOCAL INITIATIVES

Children's Hospital Westmead
The Children's Hospital at Westmead is a world-renowned leader in providing the best possible care for sick children and their families. This specialist care, combined with ground-breaking research into the causes and cures of childhood illnesses, is blended within a family-focused environment where fun and laughter line the road to recovery.

The Children's Hospital at Westmead's Vision is to strive for excellence and build on our strengths as leaders in clinical care, research and education. The emphasis needs to be on balancing high quality tertiary and quaternary care along with primary and secondary care for the local community. This same balance is required for the Aboriginal children who are cared for by the hospital. As much as possible Aboriginal health care is integrated into the care for mainstream children while always being aware of the special needs of Aboriginal families presenting to the hospital.

CHWs contribution is relatively hospital centric however increasingly it recognises the need for specialist children's hospitals to connect with the Aboriginal community in particular through Aboriginal Medical Services. None the less the specialist paediatric centres are well positioned to contribute to the body of research that will inform future health outcomes and to provide leadership to others in striving to close the gap.

There are a number of programs which CHW is directly involved with that make some contribution to the challenges facing Aboriginal health and the pressing need to ensure improved health outcomes for aboriginal children and youth.

SEARCH - Study of Environment on Aboriginal Resilience and Child Health
CHW is involved as an investigator in an NHMRC funded study based at the Sax Institute aiming to recruit 2000 urban Aboriginal children living in the catchment areas of 6 Aboriginal Medical Services across NSW (Redfern, Mt Druitt, Campbelltown, Wagga Wagga, Newcastle and Wollongong). In addition to detailed questionnaires to cover the socio-economic and demographic details of the participating families, ear health status will be measured in all of these children using state of the art techniques. These include digital otoscopy and video-pneumatic otoscopy, and tympanometry measurements which will be independently assessed by a leading ENT surgeon, Prof Harvey Coates and Australia's first Indigenous ENT surgeon (Dr Kelvin Kong). Audiology and speech and language assessments on the children will be conducted as well as nasal swabs for microbiological testing for pneumococcal culture and serotyping. Environmental tobacco smoke exposure will also be assessed using an objective measurement of salivary cotinine.

Ear, Nose and Throat Outreach Clinics
A clinic is conducted by staff from The Children's Hospital at Westmead at Western Sydney Aboriginal Medical Service every month. Day only surgery is performed at Nepean and overnight surgery is booked into The Children's Hospital at Westmead.

A 3 monthly clinic is held at the Goulburn Community Centre serving children from the south coast and south-western NSW. 3-monthly Day-Stay operating sessions are also held in Goulburn.

Ear, Nose and Throat Outpatients
In order to facilitate access to services within the hospital, there are dedicated appointment slots identified in the Outpatient Services for Aboriginal children in the ENT clinics. The number of children seen over the past 3 years is: 2003/04 – 447, 2004/05 – 474, 2005/06 – 653. Most Aboriginal children who attend the ENT clinics have hearing tests performed regardless of the reason for their appointment.

Deafness Centre
The deafness centre assists Aboriginal children who have hearing loss associated with otitis media. The Deafness Centre is also exploring ways of maintaining follow-up with families who have a deaf child.

Child Protection
There are a number of programs conducted by the Child Protection Unit (CPU) at The Children's Hospital at Westmead. All of these programs are incorporated into the care for Aboriginal children. The programs include:

- *Crisis and Consultation Service* - A crisis and consultation service is provided 24 hours 7 days a week and is a state-wide service. This includes telephone consultation, support to staff and a clinical response to crisis cases for both in- and out-patients. Advice and information is given to members of the public, health professionals and other agencies.
- *Sexual Assault* - This is a NSW Health designated specialist child sexual assault service. Medical, forensic and psychosocial assessment of children and young people are offered. Referrals may be through direct presentations, the Joint Investigation Response Team and other agencies and professionals. A follow-up treatment program is provided to families from within the designated geographic region. This includes case management, short and long term treatment and counselling including individual, family and group work, court preparation and support and assistance with victim's impact statements and compensation.
- *Children with sexually abusive behaviour* - The CPU provides an assessment and treatment service to children less than 10 years with problematic sexualised and sexually abusive behaviours.

- *Physical Abuse and Neglect* (PANOC) - A range of assessments is available including medical, forensic, psycho social, paediatric and psychological assessments. Reports and expert certificates are provided for DoCS and Police as well as expert testimony in criminal cases.
- *Complex Case Review* - The CPU provides consultative service for the review and management where child protection concerns have arisen. These children often have complicated medical problems involving a range of other specialist health services.

Immunisation
The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) at the Children's Hospital at Westmead is involved in research and promotion of immunisation of Aboriginal people.

The National Indigenous Immunisation Coordinator liaises with ACCHSs and other providers to promote immunisation of Aboriginal children and adults. This liaison is also to providers' feedback from the 'coal face' to the National Immunisation Committee, to assist them in the rollout of vaccination programs to Aboriginal people.

NCIRS also conducts research in this area. Some examples are:

- involvement in the conduct of the SEARCH study;
- participation in a national collaborative study on measuring the prevalence of Human papillomavirus infection in Indigenous and non-Indigenous women, in preparation for the vaccine rollout;
- publication every three years of the report *Vaccination Coverage and Vaccine Preventable Diseases in Aboriginal and Torres Strait Islander People*
- epidemiological data for use by policy makers, public health and providers;
- conduct of a study on the effectiveness of pneumococcal vaccine in Indigenous adults.

Sydney South West Area Health Service
Responsiveness of mainstream health services to Aboriginal Health
In 2006 a review was undertaken in SSWAHS to look at existing Aboriginal Health structures with a view to making recommendations for a single management structure across the Area. The new model provides:

- an integrated, Area-wide approach to providing programs and services to improve health outcomes for Aboriginal people across SSWAHS;
- accessible and culturally appropriate services for the Aboriginal community;
- effective resource management;
- improved performance management and accountability;
- the development of effective partnerships with the two Aboriginal Medical Services within SSWAHS.

The new structure aims to:

- promote clinical excellence and provide support for the Aboriginal Health Workers;
- establish clear lines of reporting and communication;
- allow access to mainstream services and resources;
- clearly define the role of the Aboriginal Health Workers and distinguish it from the role of the AMS;
- provide Aboriginal Health Workers with the skills to support the community;
- provide effective and timely day-to-day management of Aboriginal Health Workers;
- support staff in their professional development and provide pathways for them to move up to executive level positions;

- allow access to training and professional development by providing support and back-up to services;
- allow the development of career pathways currently not available due to community demands and current workloads;
- promote the development of work plans which allow the Aboriginal Health Workers to clearly define their roles within the function of their service; and
- ensure Aboriginal Health Workers do not become isolated.

Child and Maternal Health
SSWAHS is undertaking a number of initiatives aimed at reducing infant mortality, increasing birth weights, improved antenatal and postnatal care.

SSWAHS has also instituted innovative early childhood programs as part of *Families First*. Current resources are focused on ensuring that universal home visiting performance targets are achieved. Antenatal psychosocial screening has been implemented across the Area.

Aboriginal Teenage Mothers Home Visiting Project (Bringing services Together)
Vulnerable Aboriginal mothers and infants are being identified who would benefit from a sustained home visiting service. This intervention has the best chance of ensuring short, medium and long-term health and development outcomes.

Teenage Aboriginal mothers identified as vulnerable and needing additional support receive a comprehensive evidence-based program of ongoing nurse home visits beginning antenatally and continuing until the child's second birthday. Women are recruited through the antenatal services and the Aboriginal Medical Services, at birth or postnatally, and identified by a comprehensive psychosocial assessment.

The home visiting service is tailored to the needs of the family and is provided by early childhood health nurses. While the initial focus of service delivery is intensive nurse home visiting, home visits are not be the only intervention. The nurse also develops a coordinated care plan linking with other relevant health services (eg youth health, mental health, oral health, drug health, child development services), and government and community services and groups.

The schedule for sustained home visits is in the table below.

Phase	**Frequency**	***Number of Visits***
Antenatal	2nd weekly from first antenatal visit	**8 - 10**
	Total Antenatal	**8 - 10**
Post Natal	Weekly until 6 weeks (first visit within one week)	6
	Second weekly until 12 weeks	3
	Monthly until 6 months	3
	Bimonthly until 2 years	9
	Total Postnatal	**21**
	Total visits required	**29-31**

This project aligns with the Government's and NSW Health's commitment to sustained home visiting under *Families NSW* and an evaluation is planned as is the development of Home Visiting Practice Guidelines.

Aboriginal home visiting team – Macarthur

Aboriginal mothers and families often choose not to utilise mainstream hospital services due to reasons of access and cultural appropriateness. Culturally relevant and appropriate antenatal and postnatal care combined with support services is critical to supporting Aboriginal families to ensure that Aboriginal children receive the best start possible. Home visiting by nurses and other health professionals has been shown to lead to significant improvements in all-important aspects of the family environment including maternal-infant attachment, confidence and general positive attitude to parenting.

The Macarthur Aboriginal Antenatal Home Visiting Team, established in 2000, provides Aboriginal specific antenatal and postnatal care. The Macarthur program is supported by the Aboriginal community and works in partnership with staff from Tharawal Aboriginal Corporation.

The key practice principles are:

- Establishing, developing and sustaining trust. This approach requires the visitor to act in a manner that promotes common courtesy and acknowledges that they are guests in the family's home. It is important to listen to the family's story and not present as the "expert" as this is counter productive to establishing and developing trust.
- Empowering the care giver. At every opportunity celebrate the successes of the family and make positive comments. Focus on the strengths of the family and help the family find solutions to their own problems.
- Promoting social connectedness. Help families identify whom they can turn to for support and act as a facilitator for the family when making new connections or linking into the broader *Families NSW* network.
- Provide anticipatory guidance. Health education and information should be provided at opportunistic moments to promote understanding of normal growth and development, accident prevention and appropriate response to challenging behaviours.
- Practice preventative public health interventions. Introduce the concepts of preventative health services by encouraging the family to form a relationship with a General Practitioner and facilitate access to immunisation and other public health initiatives.
- Foster early attachment relationship. Assist parents to become attuned to the individual uniqueness of their infant and to identify and follow the infant's lead. Model appropriate responses and provide coaching and role modelling and mentorship.
- Plan for the next visit. Identify with the family the timing and content of the next visit.

Aboriginal early childhood services RPA

The program incorporates home visiting to young parents by a nurse and Aboriginal Health Education Officer (AHEO). The AHEO facilitates antenatal groups, health education and parenting sessions which address social issues.

The program also includes joint cooking classes with Sydney Day Nursery and Redfern Waterloo Authority; attendance at the Aboriginal supported playgroup with Connect

Marrickville; Health education regarding breastfeeding, smoking cessation and contraception; and transporting referrals from AMSs to antenatal clinics at RPA.

BBV and STI health education/promotion and workforce development
Clinical surveys were conducted with the Aboriginal community in 2006 and the results incorporated into Area wide planning. Existing Aboriginal safe sex packs have been redesigned/updated to include additional information and area-wide contact details.

AHEOs have coordinated an Aboriginal specific HIV update for STI/BBV Program staff across the Area – including NGO staff.

Clinical outreach services are provided at Marrickville CHC and The Sanctuary, Newtown. Operating procedures for Aboriginal Active Outreach (urine-testing) and a tool to assess STI urine-testing competency have been drafted; and training and assessment is being to be scheduled.

Aboriginal Men's Health
The aim of the Aboriginal SSWAHS Aboriginal Men's Plan is to enable Aboriginal men living in SSWAHS to improve their health, social and emotional wellbeing and to take action to improve the health of the other men in their communities. This will be achieved by increasing knowledge and capacity to improve their own health and advocate for improved men's health in their own communities. The plan involves:

- conducting culturally appropriate activities for Aboriginal men;
- providing programs on men's health;
- providing and supporting discussion groups on social and emotional issues that involve local Aboriginal men;
- facilitating access to the broad range of health services; and
- providing culturally specific health service for Aboriginal men.

The central importance of the extended family is also acknowledged and work with other government departments and agencies will be encouraged. The importance of Aboriginal self-determination and involvement will also be recognised. The hope of Aboriginal men is to take greater responsibility themselves to improve the status of men's health and to play their rightful role as leaders, fathers, uncles, husbands and grandfathers. In traditional Aboriginal culture, young men had a clear passage to manhood through a culturally appropriate system of initiation.

With the introduction of segregation and assimilation policies and the institutionalisation of Aboriginal people, Aboriginal men were forbidden to practice and participate in traditional rituals and customs. It has been well documented that the pain and bitterness of these experiences has been passed down from generation to generation resulting in feelings of anger, frustration, grief, depression and alienation. This plan recognises that empowerment of Aboriginal males is crucial to raising self-esteem, quality of life, health status and spiritual well-being.

The principles underpinning the process that have emerged through the consultation process are closely aligned with the principles that have been used to guide the NSW *Aboriginal Men's Health Implementation Plan 2003*.

In hospital care
Aboriginal Liaison Officers assist Aboriginal people and their families while they are in hospital by:

- working with other health staff to ensure the best possible service for patients and their families;

- providing emotional, social and cultural support to patients and families;
- linking patients and families with Aboriginal health services;
- working with Aboriginal Medical Services to improve the health of Aboriginal people;
- providing referrals to Centrelink for pensions and benefits; Home Care for help at home, Meals on Wheels, equipment and aids; short term accommodation for patients and carers; the Department of Housing; and the Isolated Patients Travel and Accommodation Scheme.

Aboriginal Employment and Training
SSWAHS is offering 16 Aboriginal & Torres Strait Islander Traineeships in the following Health positions and the opportunity to complete the related Certificate III course whilst employed on a full time basis for 2 years:

§ Pharmacy Assistant
§ Dental Assistant
§ Administration Officer
§ Allied Health Assistant
§ Sterilising Technician

Greater Western Area Health Service
Aboriginal Health Trainee Program – Certificate IV in AHW
GWAHS has employed 18 Aboriginal Health Worker Trainees to undertake the Certificate IV in Aboriginal Health Work (practice) in line with the newly accredited health qualification. This is the first time this course has been offered with employment in NSW. Upon completion of the course trainees will be equipped to practice a range of clinical skills in line with enrolled nurses plus the additional benefit of gaining critical experience in community development and education. This has the potential to change staffing models to better meet the needs of Aboriginal populations, especially in smaller rural and remote health services.

The Trainee Program has required GWAHS to develop effective partnerships with TAFE NSW and the Department of Employment and Workplace Relations.

The Trainees are employed across several health services, primarily where Aboriginal Health Worker vacancies existed. Wherever possible, trainees have been co-located.

Upon successful completion of the program Trainees will be eligible to apply for permanent work across the existing vacancies. Timing of the Trainee Program fits with other Aboriginal workforce initiatives within GWAHS and it is expected that all successful Trainees will obtain permanent ongoing work.

Ambulance Service of NSW
As a health service, Ambulance contributes to overcoming the disadvantages faced by Aboriginal people in health and well being, education and employment, in the following ways:

- streamed entry for Aboriginal people for trainee ambulance officer and patient transport;
- officer employment encourages Aboriginal job seekers to consider us as a preferred employer;
- Aboriginal employment program offers targeted advice and assistance through the selection process, and includes financial assistance with travel and accommodation to attend interview;
- ambulance officer and patient transport officer opportunities include on-the-job training, which means employees are paid a salary while undertaking training;
- Aboriginal employees are able to express preference for working in their local communities in rural and remote locations around New South Wales;

- free ambulance services are regularly supplied for Aboriginal sporting and cultural events, where Aboriginal ambulance officers provide culturally sensitive services. These ambulance officers also undertake free blood sugar and blood pressure checks and provide general advice on health care; and
- a wide range of career paths are available for all staff, including advancement to ambulance officer, rescue officer, intensive care paramedic, special casualty access, operations centre (000 calls), helicopter retrieval, ambulance educator, station officer and other management positions. These positions include on-the-job training, where relevant.

Justice Health
Justice Health has a unique opportunity in the provision of health services to people in custody and strives to create better experiences for Aboriginal people using its health services. Justice Health believes that the prevention of illness and morbidity through a whole of organisation approach and by developing regional and other partnerships, Justice Health will be able to strengthen the continuity of health care from custody into the community.

Initiatives within Justice Health that are directed towards the improvement of health outcomes of adult and adolescent Aboriginal people include:

Designated Aboriginal Health Services
Aboriginal people in custody have access to a range of culturally sensitive healthcare services. These services are provided through working partnerships between Justice Health, ACCHSs and Areas. Currently, 41% of Aboriginal men and 58% of Aboriginal women in custody have access to a range of dedicated services. Justice Health aims to increase this percentage to 100% access for both genders within correctional settings and extend this into the community promoting seamless through care and continuity of care. Justice Health has for the first time established AHW positions as part of the staffing establishment for the new correctional centre at Wellington which opened in August 2007. The intention in having AHWs as part of the Health Centre team is to encourage more Aboriginal inmates to access health services whilst in custody.

Projects in Early Stages of Implementation
While a great deal of work has been done by Justice Health to address the health issues of Aboriginal people in custody, further initiatives are planned to continue to provide culturally specific health care. Justice Health acknowledges that all health care and health education programs implemented by Justice Health must be tailored to the unique needs of Aboriginal people in custody, mindful of the effect our interventions can have on life long health care and the potential to improve life expectancy. Justice Health is unique, in that it has a small window of opportunity to perform comprehensive health checks on Aboriginal people in our care, initiate appropriate treatments and create an ongoing continuity-of-care to link the client to services in the community. Specifically, the following initiatives are planned to further strengthen Justice Health's commitment to closing the gap in health status between Indigenous and non-Indigenous people in custody:

Reception Triage Process
Work is under way on a review of the Reception Triage Process, which is an assessment process that all patients undergo on admission to custody. The revised assessment process will ensure it appropriately identifies the needs of Aboriginal people with chronic conditions. These patients will then receive a continuing care plan to manage their ongoing healthcare needs.

Aboriginal Clinical Leadership Position
This new position commenced in October 2007. The position will develop a proposal for a pilot clinical leadership program in Youth Aboriginal Mental Health in Justice Health. The

project will review current delivery of mental health and wellbeing services to Aboriginal young people by Justice Health and make recommendations for providing and developing clinical leadership in Aboriginal Mental Health.

Aboriginal Sexual Health Project
The overall aim of this project is to establish an Aboriginal Sexual Health Worker to enhance the capacity of Justice Health to provide services to Aboriginal people in custody regarding the prevention and management of blood borne and sexually transmissible infections. Through the establishment of culturally specific health education programs, the position will be responsible for addressing the following priority actions that have been identified in line with current NSW Health Strategies:

- *NSW Hepatitis C Strategy (2006-2009)* – to reduce the transmission of hepatitis C particularly among Aboriginal people in custody.
- *NSW HIV/AIDS strategy (2006-2009)* – to reduce new HIV infections in NSW particularly among Aboriginal people in custody, and to achieve reductions in the rates of gonorrhoea, infectious syphilis and Chlamydia among Aboriginal people in custody.
- *NSW Sexually Transmissible Infections Strategy (2006-2009)* – to reduce the transmission of sexually transmissible infections particularly among Aboriginal people in custody and to increase testing for sexually transmissible infections among Aboriginal people in custody.

Hunter New England Area Health Service (HNE Health/HNE AHS)

HNE AHS is implementing a range of initiatives as follows:

Immunisation
Improvements in the immunisation coverage of Aboriginal children across HNE AHS have been achieved and strategies have been developed to ensure targets continue to be met by using a planned and a culturally appropriate follow-up service for children overdue for immunisation.

Housing for Health
The HNE Environmental Health program participates in the NSW Health Housing for Health Program. Housing for Health projects commenced in NSW in 1997 and are currently being developed under the Aboriginal Communities Development Program and the Fixing Houses for Better Health Program

Aboriginal Maternal & Child Health Program
Current programs are provided at Taree, Moree and Newcastle under funding from NSW Health with a variety of other programs funded from both internal and Commonwealth sources at locations including Tamworth, Armidale, Inverell and Gunnedah. These programs provide comprehensive antenatal and postnatal care for Aboriginal women and their babies. Provision of antenatal education, antenatal care (clinic and home visiting), support to women in hospital and postnatal care in the community (integrated with Aboriginal specific Early Childhood Services)

Aboriginal Health & Population Health
Joint work is being undertaken around implementing cultural safety and racism prevention programs for Population Health staff. This work is designed to improve the nutritional and physical activity status of Aboriginal children, undertake Aboriginal Health Impact Assessments for all services, and implement the service redesign findings, explore feasibility and if appropriate implement environmental health community assessments, enhance immunisation and follow-up of Aboriginal children, increase the number of HNEPH

designated positions for Aboriginal people, provide training/scholarship opportunities for Aboriginal people, provide training to, and collaborate with Aboriginal Health staff in the delivery of risk reduction services, collect health intelligence that is valuable to Aboriginal people and publish annual risk bulletins relating to the gap in risk prevalence between Aboriginal and non-Aboriginal populations at local, State and national levels.

Men's Programs

The Mid North Coast (MNC) Regional Men's Group was established as an initiative of the Mid North Coast Aboriginal Partnership in response to increasing expressions of need from men within the region. The Regional Aboriginal Men's Group's main function is to assist local Aboriginal Men's groups with the coordination and planning of relevant activities and programs and is made up of Community members and NEAHS and NCAHS Aboriginal Health staff. Men across the region have been meeting on a regular basis and continue to campaign for a greater presence and understanding by agencies and communities in addressing various issues relevant to their future role in communities and their support for their families. The Regional Men's Group facilitated a two day plenary forum with the outcomes of that forum being the development of a draft plan around men's business / men's health across the Mid North Coast and to propose possible initiatives and collaborations that will increase the level of community development activity involving men and men's role within the family and community.

Thirteen Aboriginal fathers, grandfathers and uncles are participating in an innovative eight-week program called *Hey Dads*, which explores the challenges of fathering and understanding children. The *Hey Dads* program has been run by Centacare Australia over a number of years but this is the first time in Tamworth it has been adapted to specifically cater for Aboriginal men. An Aboriginal Health Education Officer in consultation with the Yaamanhaa Aboriginal Mens Group, TAFE and Centacare Tamworth assisted in re-writing the *Hey Dads* program to suit the needs of Aboriginal fathers. This is the first time that anyone has adapted Centacare's *Hey Dads* program in this way, but the changes will make it more relevant to Aboriginal men.

As part of the program men will be asked to explore the challenges of fathering, in particular managing difficult behaviour and spending enough time with their children. It will also focus on some basic methods to improve communication between fathers and their children and reassure fathers about the importance of their role. Subjects in the course include understanding children as they grow; new directions in discipline; men as parents in today's world; effective communication between fathers and children; dealing with strong emotions; and balancing everyday family needs.

TOR 1(b) the impact of the following factors on the current lifetime expectancy gap:

- ***(i) environmental health (water, sewerage, waste, other)***
- ***(ii) health and wellbeing***
- ***(iii) education***
- ***(iv) employment***
- ***(v) housing***
- ***(vi) incarceration and the criminal justice system***
- ***(vii) other infrastructure,***

The NSW Health Department annual publication *The health of the people of New South Wales: Report of the Chief Health Officer* (http://www.health.nsw.gov.au/public-health/chorep/) incorporates comprehensive data on the health of the people of NSW. The report has a specific section on the health of Aboriginal people. Trend data published in the report facilitate monitoring of changes in the health status of Aboriginal people over time and in relation to the *State Plan* and *State Health Plan* targets; and planning, implementation and evaluation of programs targeting Aboriginal people.

Further, the first ever snapshot of the health and wellbeing of Aboriginal adults in New South Wales - *2002–2005 Report on Adult Aboriginal Health from the New South Wales Population Health Survey* (http://www.health.nsw.gov.au/public-health/survey/hsurvey.html) supports planning, implementation, and evaluation of health services and programs targeting Aboriginal people.

Until recently NSW data relating to admitted morbidity and some other conditions were excluded from reports prepared by the Australian Institute of Health and Welfare (AIHW) due to historical under reporting of Aboriginality in data collections, based on an AIHW conducted in 2005 using 2001 data.

In response to those concerns NSW Health prepared and implemented a training package in all Area Health Services in 2003 on correctly asking and recording Indigenous status. This training package contained a written handout and a short video, which were widely distributed to staff within the Area Health Services. That package is currently being revised and will be reissued by NSW Health for on-going training.

In March 2005 NSW Health re-issued an earlier Policy Directive applicable to all Area Health Services and all NSW Health facilities requiring the correct asking and accurate recording of Indigenous background status. Indigenous background is a mandatory data field in all NSW Health principal data collections.

To assess improvements in response to the training program and Policy Directive a survey of admitted patients was completed in early 2007. The survey involved a significant number of patients (2,871), drawn from 20 hospitals across NSW, from metropolitan, inner regional, outer regional and remote areas, and strictly followed the AIHW methodology for assessing completeness of Aboriginal status. 001 data. The sample population of this survey was determined by the AIHW and was based on the number of monthly separations. The survey results have been weighted according to accuracy.

The Aboriginal patient population in the survey was approximately 7.2%, which is three times the percentage of the Aboriginal population of NSW. Despite this high percentage of Aboriginal patients in the survey population, the correct identification of patients with Aboriginal background was significant. The aggregate result for NSW was 88.25 completeness of data for Aboriginality status, with a range from 80.9% in major metropolitan hospitals to 100% in remote hospitals. While the improvement is encouraging, performance in metropolitan, inner regional and outer regional hospitals can be improved still further. Continued improvement will be promoted via training and information strategies currently

being planned, including information for Aboriginal communities on the importance of accurate identification for the purposes of planning and delivering health services.

Selected Aboriginal health indicator data, prepared for the *Two Ways Together Report* and relevant to this term of reference, are summarised below.

It is important to note that increases in Aboriginal hospitalisation rates for many conditions reflect, at least in part, an improvement in the recording of Aboriginality in hospital data over this period. This effect would be particularly strong in urban areas and regions of NSW as the Aboriginal identification and recording in hospital data in rural and remote areas has been shown to be high historically.

NSW Aboriginal population distribution

Of the 137,000 Aboriginal people estimated by the ABS to be living in NSW in 2005, 23% resided in the Hunter New England Area; 17% in Greater Western Area; 13% in the North Coast Area; 12% in Sydney West Area. Sydney South West, South Eastern Sydney/Illawarra and Greater Southern each had 10%; and Northern Sydney Central Coast Area had the lowest population of 6%.

As the Aboriginal population numbers differ substantially between Areas, the changes in the hospitalisation rates have different impacts on the overall rates of hospitalisation for a disease in NSW.

Life expectancy of Aboriginal people in NSW

The ABS has calculated life expectancy at birth for the Aboriginal population compared with the total Australian population 1998-2000. The life expectancy of all Australian males was 76.6 years compared with 60 years for Aboriginal men in NSW and Victoria, and 59.4 years for all Aboriginal men. The life expectancy of all Australian women was 82 years compared with 65.1 years for Aboriginal women in NSW and Victoria and 64.8 years for all Aboriginal women. On this basis the life expectancy at birth of Aboriginal people is estimated to be around 17 years shorter than the average for the Australian population. Aboriginal males living in NSW and Victoria have the longest life expectancy of all Aboriginal males in Australia and Aboriginal females living in NSW and Victoria are second to those living in Western and South Australia.

Death by category of cause and Aboriginality (% of all causes), NSW 2003 to 2005 combined

Aboriginal and non-Aboriginal people have the same two leading causes of death - cardiovascular diseases and cancers, although they are proportionally different. Both cardiovascular diseases and cancers make up smaller proportion of all deaths, mostly because a greater proportion of Aboriginal people die at younger ages from other diseases that are less prevalent in non-Aboriginal people. Among these injury and poisoning accounts for around 13% of Aboriginal deaths compared with just over 5% of non-Aboriginal deaths and digestive system diseases account for almost twice as great a proportion of deaths in Aboriginal people (6.5% to 3.4%). There is a considerable difference in maternal, neonatal and congenital deaths (3% compared with around 1%) and endocrine diseases as a cause of death, chief among those is diabetes, which was responsible for around 5% of deaths in Aboriginal people and only 2% in non-Aboriginal people. There is also a marked difference in ill-defined and unknown causes of death between Aboriginal and non-Aboriginal people (3.4% to 0.7%).

1(b)(i) Impact of environmental health (water, sewerage, waste, other)on life expectancy

Date cited below relate to morbidity indicators which may be linked to environmental health. The impact of these morbidity indicators on life expectancy is not able to be directly calculated. However, it is important to note that latency factors for reduced morbidity – particularly with regard to chronic diseases – mean that reductions in morbidity will take some time to have an impact on life expectancy.

Clean water and functional sewerage

The NSW Department of Health is reviewing the NSW Drinking Water Database and the Colisure Monitoring Program to determine what data is available for discrete Aboriginal communities. From the available data, appropriate indicators of water quality will be determined for those Aboriginal communities that receive regular drinking water monitoring. This is expected to be complete in December 2007.

Data on functional sewerage are not available at the NSW Department of Health.

The report of the 5th National Indigenous Environmental Health Conference is available from nmm@nationalmailing.com.au. Topics canvassed at the conference included workforce development, housing, environmental initiatives, capacity building, nutrition and environmental health services. The proceedings may inform the deliberations of the Committee conducting the Inquiry.

Other environmental health related issues

Housing has been identified as a major factor affecting the health of Aboriginal and Torres Strait Islander people. Aboriginal households are over-represented in public housing and have below average rates of home ownership. The poor quality of some housing can impact on the health and wellbeing of Aboriginal people. Overcrowding, poor dwelling condition and inadequate basic utilities can pose serious health risks.

Poor standards of housing and infrastructure can result in a variety of infectious and parasitic diseases, including respiratory infections, gastrointestinal illnesses and skin infections. Hospitalisation rates provide very imperfect estimates of the burden of these diseases in the community. This is because most cases, even serious ones, will not require admission to hospital if the primary and community health support independent of hospitals is adequate, or hospitalisation will not be sought due to access and transport problems.

Acute respiratory infections: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children under 5 years, NSW 1993-94 to 2005-06

The acute respiratory diseases included in this analysis are acute upper respiratory infections, influenza and pneumonia. In NSW in 2005-06, the hospitalisation rate for acute respiratory infections in Aboriginal children was 1.8 times higher that in non-Aboriginal people.

The rates decreased in both Aboriginal and non-Aboriginal children in most regions of NSW in recent years, especially in the Greater Western Area (within Western NSW Regional Coordination Management Group [RCMG] boundaries) where the rates decreased substantially.

Skin infections: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children under 5 years, NSW 1993-94 to 2005-06

The skin infections in this analysis include staphylococcal infections, impetigo, cellulitis, abscesses and lymphadenitis associated with infections. In NSW between 1993-94 and

2005-06, hospital separation rates for skin infections in Aboriginal children were more than three times higher than the rates for non-Aboriginal children.

There was no consistent pattern of rates rising or dropping in Areas, except in the Western NSW RCMG, where the rates consistently decreased between 1994-95 and 2005-06 and the Sydney West and Sydney South West Areas (Western and South Western Sydney RCMGs) where the rates consistently increased in the same period.

Gastrointestinal infections: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children under 5 years, NSW 1993-94 to 2005-06

The gastrointestinal illnesses in this analysis include salmonella infections, shigellosis and other bacterial, viral and parasitic gastrointestinal illnesses. The rate of hospital separations for gastrointestinal illnesses in both Aboriginal and non-Aboriginal children increased significantly between 1993-94 and 2005-06. There was a 3 fold rate increase in the Aboriginal children in that period. In 2005-06 the rates were only slightly higher in Aboriginal compared with non-Aboriginal children.

There was no consistent pattern of rates rising or dropping in NSW, except in the Western NSW RCMG, where the rates decreased between 1997-98 and 2005-06 and the Western and South Western Sydney RCMGs where the rates increased between 1994-95 and 2005-06, especially in the recent years.

1(b)(ii) Impact of health and wellbeing in the current lifetime expectancy gap

As noted in relation to 1(b)(i) above, the specific impact of most of the morbidity indicators cited below on life expectancy is difficult to calculate.

However, improvements in morbidity and risk factors that have an impact on the health of babies in the perinatal period have a large impact on life expectancy, that should be noticeable in the short term. In Aboriginal babies reduced low birth weights and perinatal mortality, improved antenatal care and increased breastfeeding will contribute to increasing life expectancy for Aboriginal people.

Infant mortality by Aboriginality (rate per 1,000 livebirths), NSW 1999 to 2001 combined to 2003 to 2005 combined

Infant mortality rates decreased in both Aboriginal and non-Aboriginal populations between 1999 to 2001 and 2003 to 2005. The improvement has been more marked in Aboriginal infants where the rate decreased by 22% than in non-Aboriginal infants (13% decrease), however the rate in Aboriginal infants is still almost twice as high as in non-Aboriginal infants (1.8 times as high).

The decreases in infant mortality are related to women commencing antenatal care earlier, improvements in obstetric and paediatric care, genetic services and increased availability of prenatal diagnosis to detect problems early.

Low birth weight babies by mother's Aboriginality (% of all livebirths), NSW 1994 to 2005

Low birth weight is often an indication of a relative (functional and anatomical) immaturity of various organs, which increases the risk of disease, permanent disability or death in the baby. A baby's weight is also a measure of the health of the mother and her care during pregnancy. The rate of low birth weight was fairly stable over the period 1994 to 2005 in both Aboriginal and non-Aboriginal babies, however it was also consistently higher in Aboriginal babies (12.5% of all livebirths) than in non-Aboriginal babies (just over 6%). Smoking in pregnancy (over 4 times more likely than in non-Aboriginal mothers) and being a teenage

mother (over 5 times more likely) are the most prevalent risk factors for low birth weight babies in Aboriginal mothers.

First antenatal visit before 20 weeks gestation by Aboriginality (% of all deliveries), NSW 1994 to 2005

The purpose of antenatal visits is to monitor the health of both the mother and baby, to provide advice to promote their health, to identify threatening complications and to provide appropriate intervention at the earliest time. The monitoring of pregnancy should start as soon as possible. Care started in the first half of pregnancy, that is before 20 weeks gestation, is regarded as commencing sufficiently early for the practical purposes of monitoring the provision of antenatal care. The proportion of Aboriginal mothers who attended their first antenatal visit before 20 weeks gestation increased from just over 60% in mid nineties to 75% in 2005. This figure remained well below the average for non-Aboriginal mothers, which was 88% in 2005.

In some regions in NSW the proportion of women attending care in the first half of pregnancy increased more substantially than in other regions. These difference may be linked to the implementation of the NSW *Aboriginal Maternal and Infant Health Strategy* aiming to improve access to culturally-appropriate maternity services for Aboriginal mothers.

Disability and chronic disease

The NSW *Aboriginal Vascular Health Program* aims to prevent and manage conditions including diabetes, stroke, hypertension and kidney disease among Aboriginal people. These conditions share common risk factors. Among those are tobacco smoking, physical inactivity, poor diet and heavy alcohol consumption.

Considering that these risk factors are much more prevalent in Aboriginal people than in non-Aboriginal people, the higher rate of hospitalisations can be seen as a reflection of greater demand for service and provision of required care. As well as reflecting a greater burden of disease in Aboriginal people, it may also be read as a positive sign within the context of an urgent need for the greater preventive effort.

Data cited below relate to the morbidity profile of Aboriginal people for a range of chronic conditions which reduce life expectancy.

Hospital separations by category of cause and Aboriginality (% of all hospitalisations), NSW 2005-06

Hospitalisations are a summary measure of severe illness in the population. Rates of hospitalisation are influenced by the age structure of the population, the incidence of diseases and injury, the availability of health services, and the availability of treatment options for diseases and injuries.

Geographical isolation, distance to care and separation from family and tribe are likely to be the additional significant factors in admission to hospital in Aboriginal people.

Factors influencing health, mainly renal dialysis, were responsible for the greatest proportion of hospitalisations in Aboriginal people. Hospitalisations for mental disorders are notably almost twice as likely in Aboriginal than in non-Aboriginal people. Hospitalisation for injury and poisoning was as likely in the Aboriginal as in the non-Aboriginal population, in contrast to death causes, where injury and poisoning were more than twice as likely causes of death in the Aboriginal population. Overall, however, the distribution of hospitalisations and the differences with non-Aboriginal people reflect the older age structure of the non-Aboriginal

population. Hospitalisations for nervous and sense disorders (such as dementia and other diseases generally affecting old people) were almost twice as likely in non-Aboriginal people.

Cardiovascular disease: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06

The Aboriginal hospitalisation rate for cardiovascular diseases increased by more than 20% since 1993-94 while the non-Aboriginal rate decreased by about 11% in the same period.

There was no consistent pattern of rates rising or dropping in regions of NSW. Hospitalisation rates in the Western NSW region had decreased substantially between the combined years 1997-98 to 1999-00 and 2003-04 to 2005-06.

Diabetes

Diabetes is a major and growing health problem in Australia and is associated with reduced life expectancy and increases in morbidity from cardiovascular disease and other complications (i.e. blindness, kidney failure).[4, 5] Type 2 Diabetes (T2DM) currently effects an estimated 3.0% of the NSW population. However, the AusDiab study conducted in 1999-2000 estimated that the 16.4% of adults aged 25 years and over have 'pre-diabetes' (Impaired Glucose Tolerance [IGT] or Impaired Fasting Glucose [IFG])[6].

Australian Aboriginal people are thought likely to have a genetic predisposition to develop diabetes[7,8] which, combined with increasing levels of physical inactivity and obesity, is resulting in a dramatic rise in the prevalence of diabetes amongst Indigenous Australians[9]. Information on the prevalence of diabetes (including elevated blood glucose levels) among Aboriginal and Torres Strait Islander people indicates that it was 6% in 2004–05 and that it was almost twice as likely to be reported by Indigenous Australians in remote areas as it was in non-remote areas. After accounting for age differences between the two populations, Indigenous Australians were more than three times as likely as non-Indigenous Australians to report some form of diabetes[10](see Figure 1). Most (98-99%) cases of diabetes among this population are thought to be type 2 diabetes.[11]

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[5] Commonwealth Department of Health and Ageing. National Diabetes Strategy 2000-2004. Canberra: Commonwealth of Australia: Canberra, 1999.

[6] Colagiuri S, Colagiuri R, Conway B, Grainger D, Davey P. DiabCo$t Australia; Assessing the Burden of Type 2 Diabetes in Australia. Diabetes Australia, Canberra, 2003

[7] Neel JV, Diabetes Mellitus: a "thrifty" genotype rendered detrimental by "progress", *Americqn Journal of Human Genetics* 1962;14:353-362

[8] O'Dea K. Westernisation, insulin resistance and diabetes in Australian aborigines. *Medical Journal of Australia*. 1991: 155; 258-64

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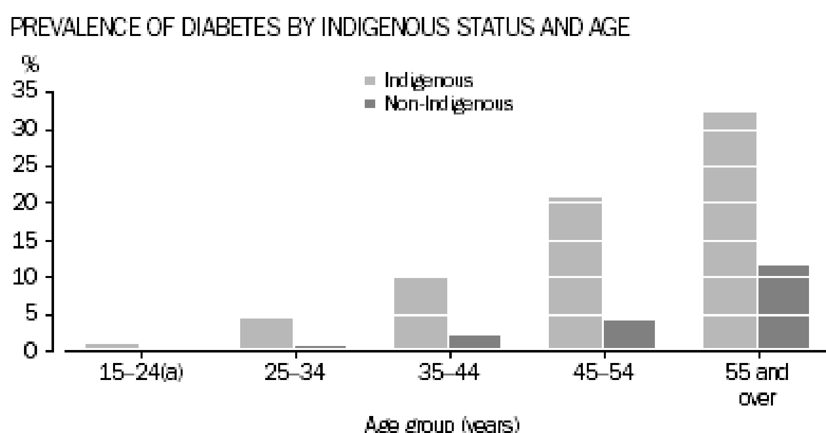
[10] ABS 2007 National Aboriginal and Torres Strait Islander Health Survey: Summary Booklet, 2004-05: ABS cat. No: 4715.0.55.006. Canberra. ABS

[11] Trewin D, Madden R, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003, Australian Bureau of Statistics and Australian Institute of Health and Welfare, ABS Catalogue no. 4704.0, AIHW Catalogue no. IHW11, ISSN 1441-2004

Figure 1 Prevalence of diabetes by indigenous status and age



The increased prevalence of diabetes among Aboriginal Australians is likely to play a significant role in the current lifetime expectancy gap between Aboriginal and non-Aboriginal Australians.

In relation to diabetes prevention strategies, it is known that most of the lifestyle risk factors for type 2 diabetes are modifiable[12]. In international studies there is compelling scientific evidence that type 2 diabetes can be prevented or delayed in onset by the implementation of supported nutritional and physical exercise lifestyle changes[13,14,15,16,17]. Preliminary results from the Greater Green Triangle project in rural Victoria also suggest that these programs will work in 'real world' Australian settings.

To date there have been no studies designed specifically to evaluate the impact of programs to prevent diabetes among Australian Aboriginal people. However, positive results have been demonstrated by several Aboriginal community-based studies which aimed to reduce cardiovascular disease risk by applied nutritional and health promotion interventions and with outcomes reported after longitudinal follow up[18,19,20,21.]

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[12] Edelstein SL, Knowler WC, Brain RP. Predictors of progression from impaired glucose tolerance NIDDM: an analysis of six prospective studies. Diabetes 1997; 46:701-10.

[13] Pan X, Li G, Hu Y, Wang J, Yang W, An Z, Hu Z et al. Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: The Da Qing IGT and Diabetes Study. Diabetes Care 1997, 20: 537-544.

[14]Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM. (2002) Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Eng J Med 2002;346:393-403.

[15] Tuomilehto J, Lindstrom J, Eriksson JG, Valle TT, Hamalaninen H, Ilanne-Parikka P, Keinanen-Kiukaanniemi S, Louheranta A, Rastas M, Salminen V, Uustipa M. Prevention of Type 2 diabetes melllitus by changes in lifestyle among subjects with impaired glucose tolerance. N Eng J Med 2001;344:1343-50.

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[18] McDermott R, Rowley KG, Lee AJ, Knight S, O'Dea K. Increase in prevalence of obesity and diabetes and decrease in plasma cholesterol in a central Australian Aboriginal community. *Medical Journal of Australia.* 2000; 172: 480-484.

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Diabetes: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06

The Aboriginal hospitalisation rate increased more steeply since 1993-94 than the non-Aboriginal rate and in 2005-06 the hospitalisation rate for Aboriginal people was almost 3 times higher than the rate for non-Aboriginal people in NSW. The rates increased in all regions, with few exceptions, occasionally dramatically, in both Aboriginal and non-Aboriginal people.

Dialysis by Aboriginality (crude rate per 100,000 population), NSW 1997 to 2005

Diabetes is one of the most common causes of kidney damage. Aboriginal people have a much higher rate of diabetic kidney damage requiring dialysis than non-Aboriginal people. The risk of kidney damage can be reduced by careful control of blood sugar levels and blood pressure.

Some risk factors in kidney failure, for example high blood pressure, infections, low birth weight and obesitv, are also more prevalent among Aboriginal people. The dialysis rates in Aboriginal people are much higher than in non-Aboriginal people in NSW.

Asthma by Aboriginality and sex (age standardised %), NSW 2004-05 (436 combined presentation)

Asthma is a chronic inflammatory disorder of the airways that results in obstruction of airflow in response to a range of triggers. Asthma was reported by around one in seven Aboriginal persons (15%) in the 2004-05 *National Aboriginal and Torres Strait Islander Health Survey*. After adjusting for age differences between Aboriginal and non-Aboriginal people, Aboriginal people were 1.6 times more likely to report asthma as a long term condition than non-Aboriginal people. In Australia, Aboriginal people residing in non-remote areas reported asthma almost twice as often as residents of remote areas. Different levels of exposure to allergens such as house dust mites and moulds may be related to differences in regional variation in reported asthma prevalence.

Long term medical conditions by Aboriginality (three or more, age standardised %), NSW 2004-05 (4789 combined presentation)

Results from the 2004-05 *National Aboriginal and Torres Strait Islander Health Survey* show that a higher proportion of Aboriginal people than non-Aboriginal people in NSW reported suffering from three or more long term medical conditions (1.3 times as many people, age adjusted). These conditions include kidney diseases, results of injuries or accidents, asthma, bronchitis, migraine, diabetes, high cholesterol, cancers and infectious diseases among twenty other conditions.

Overweight and obesity by Aboriginality (age standardised %), NSW 2004-05 (4789 combined presentation)

Obesity

Overweight and obesity appears to be more prevalent in Aboriginal people than the rest of the population. A national survey of 4-5 year olds suggested that Aboriginal children had 1.5 times greater odds of being overweight or obese. Obesity in Aboriginal adults is also more prevalent compared with all Australians, with 25% of men and 29% of women obese. (Obesity rates in all NSW adults are approximately 17% and 16% respectively).

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[20] Rowley KG, Lee AJ, Yarmirr D, O'Dea K. Homocysteine concentrations lowered following dietary intervention in an Aboriginal community. *Asia Pacific Journal of Clinical Nutrition.* 2003; 12(1): 92-95.

[21] Lee AJ, Bonson APV, Yarmirr D, O'Dea K, Mathews JD. Sustainability of a successful health and nutrition program in a remote Aboriginal community. *The Medical Journal of Australia* 1995; 162: 632-635.

Overweight or obese categories are based on Body Mass Index scores, which are calculated from measured, or self-reported, height and weight of the person. In the *National Aboriginal and Torres Strait Islander Health Survey 2004-05* more Aboriginal people reported being overweight or obese than non-Aboriginal people (13% more after adjusting for age differences between these groups).

Being overweight or obese is a significant disease risk factor, estimated to be responsible for 9% of the total burden of disease in Australia. Excess body weight increases the risk of developing a range of health problems including Type 2 diabetes, cardiovascular diseases, high blood pressure, certain cancers, sleep apnoea, osteoarthritis, psychological disorders and social problems.

Health status self assessed as fair and poor by Aboriginality (age standardised %), NSW 2004-05 (4789 combined presentation)

In the National Aboriginal and Torres Strait Islander Health Survey 2004-05 Aboriginal people in NSW were almost twice as likely to report that their health was fair or poor (as opposed to excellent, very good or good) compared with non-Aboriginal people (1.8 times). International studies have confirmed that self-rated health is a very good predictor of subsequent illness and premature death.

Injury

Injury, both intentional and unintentional, is a substantial cause of premature mortality among Aboriginal people, and rates of injury related death are higher among Aboriginal people than others (Helps et al, 2004; ABS and AIHW, 2005). Injury comprises a substantial proportion of the health “gap” seen between Aboriginal and non-Aboriginal Australians, accounting for an estimated 15% of the excess premature death and disability experienced (Vos et al, 2007). The burden of premature death and disability due to injury is three times higher in indigenous people than others in Australia (Vos et al, 2007).

In NSW, the rate of injury related death (age-standardised) was 1.8 times higher amongst Aboriginal people than others for the period 1999-2002 (Clapham et al, 2006). The rate of injury-related death was higher amongst Aboriginal people than others in every age group, except for those aged 65 years and older. The most common causes of injury-related death among Aboriginal people were self-harm (suicide) and transport-related injuries, which together accounted for over half of the injury-related deaths (Clapham et al, 2006). The rate of death due to inter-personal violence was more than four times higher amongst Aboriginal people than others (Clapham et al, 2006).

High rates of injury among Aboriginal people are a manifestation of a range of complex and interacting underlying factors. Studies undertaken in NSW (Western Sydney Area Health Service, 2003; Mid North Coast Aboriginal Health Partnership, 2001; Royal, 2000) help elucidate some of the underlying causes of high injury rates among Aboriginal people. These include: impoverished environmental settings and poor environmental management; reduced access to services and facilities; social factors such as cultural alienation, sadness and loss of self esteem, and financial hardship; and alcohol abuse. These studies found that intentional and unintentional injuries are not seen as separate issues by Aboriginal people, but part of an overall set of issues that erode the status and self esteem of Aboriginal people, their families and their communities.

Injury and poisoning: hospital separations by Aboriginality and sex (age standardised rate per 100,000) population), NSW 1993-94 to 2005-06

Injury and poisoning are large contributors to morbidity, especially in the first half of life. Risk factors include age, sex, alcohol use and socioeconomic status. In NSW, hospitalisation rates for injury and poisoning among Aboriginal people were consistently higher than the

rates for non-Aboriginal people over the period 1993-94 to 2005-06 with the gap widening over the years. Hospitalisation rates were higher in both Aboriginal and non-Aboriginal males compared to the females, but this difference was less marked for Aboriginal people, until 2005-06 when the rate in Aboriginal males increased substantially (by 22% compared with 2004-05). The rate increased in all regions except the Western RCMG, where it decreased substantially in both populations.

The *NSW Aboriginal Safety Promotion Strategy* covers all aspects of safety promotion - seeking to reduce harm, to increase the sense of well-being and to provide opportunities for Aboriginal people to take greater control of initiatives aimed at enhancing community safety. Primarily the strategy addresses unintentional injury, intentional self-harm, violence, the need for safe environments and the need to feel safe.

Preventable disease

Pertussis, Measles and Haemophilus Influenzae type B: hospital separations by Aboriginality (age standardised rate per 100,000) population), children under 15 years, NSW 1994-95 to1996-97 combined to 2003-04 to 2005-06 combined

Nationally, pertussis (whooping cough), Haemophilus influenzae type b (Hib) and measles are the vaccine-preventable diseases with the highest incidence in Aboriginal people. In NSW, however, cases of measles and Hib are rare.

In NSW, hospitalisation rates for these three diseases (mainly pertussis) were higher among Aboriginal children aged under 15 years compared with non-Aboriginal children. Delaying vaccination of infants may be an important contributor to a higher rate of pertussis among Aboriginal children as most of the children hospitalised for pertussis were aged 0-4 years. In the most recent period, however, in the years from 2003-04 to 2005-06 the hospitalisation rates were the same in both populations.

Conditions that can be appropriately treated in the home: hospital separations by Aboriginality (% of all hospitalisations in public hospitals), NSW 2001-02 to 2005-06 (also called avoidable hospitalisations)

Some conditions, for example urinary tract infections, bronchitis and asthma, cellulitis, deep vein thrombosis, or back pain may in many cases be appropriately treated in the home. Aboriginal people are hospitalised with these conditions more often (around 4%-5% of all hospitalisations in Aboriginal people) than all people in NSW (below 3% of all hospitalisations). The aim of *Hospital in the home* initiatives implemented in the NSW health system is to reduce admissions to hospital for conditions that can be appropriately treated in the home. A target has been set to reduce such hospitalisations in Aboriginal people and in the total population by 15% in NSW in the next 5 years.

Ambulatory care sensitive conditions: hospital separations by Aboriginality and sex (age standardised rate per 100,000) population), NSW 1993-94 to 2005-06

Ambulatory care sensitive conditions are conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered by general practice or community health centre. Many more conditions are classified as ambulatory care sensitive (acs) than those that can be appropriately treated in the home.

In NSW over the period of 1993-94 to 2005-06, rates of hospitalisation for ambulatory care sensitive conditions in Aboriginal people were consistently more than double those in non-Aboriginal people. Also, while in non-Aboriginal people the rates decreased a little in that period, in Aboriginal people there was a 16% increase in rates. The increase was mainly due to the increase in hospitalisations for chronic conditions. These conditions could be either prevented or managed by primary care to prevent onset of complications necessitating hospitalisations.

This increase in hospitalisation rates for ambulatory care sensitive conditions was not uniformly distributed in the regions and in some regions the rates decreased, most notably in the Western RCMG region.

Tobacco consumption and harm

Current daily smoking by Aboriginality, age and sex (age standardised %), persons aged 18 years and over, NSW 2004-05

Tobacco smoking is responsible for, among other conditions, lung cancer, chronic obstructive pulmonary disease and ischaemic heart disease, which are all leading causes of death.

Smoking rates are known to increase with increasing socioeconomic disadvantage and Aboriginal people report rates of daily smoking more than double those reported by non-Aboriginal people (48% compared with 21%). Smoking rates were around 50% or higher in all age-groups in Aboriginal people and in both males and females. The only exception were Aboriginal males and females aged 55 years and over, where rates were around 30% higher than in non-Aboriginal people.

Smoking attributed hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06

Smoking related hospitalisation rates increased in Aboriginal males and females, in NSW over the previous 13 years, while they decreased substantially in non-Aboriginal people, especially in males.

The 1.7 fold increase in hospitalisation rates in Aboriginal males and females is likely to be due to two factors; a very high prevalence of smoking among Aboriginal people and also improved identification of Aboriginal people in hospital statistics.

Alcohol consumption and harm

Alcohol affects health in a number of ways, including acute physical effects, such as intoxication and overdose, and chronic physical effects, such as cirrhosis of the liver, heart disease, brain damage and memory loss. There are also effects of alcohol consumption on the health of others, such as road trauma caused by drink-driving and alcohol related violence.

Risky and high risk alcohol consumption by Aboriginality (age standardised %), persons aged 18 years and over, NSW 2004-05

Diseases caused by risky and high risk drinking include several cancers, heart disease and stroke, liver disease, pancreatitis, gastritis and dementia. Misuse of alcohol is also a significant contributor to assaults, road injuries, domestic violence, suicide and social disruption.

In 2004-05, around half of all Aboriginal respondents to the National Aboriginal and Torres Strait Islander Health Survey reported having consumed alcohol in the week prior to interview, of whom about one-third reported drinking at risky or high risk levels (according to the National Health and Medical Research Council's Australian Alcohol Guidelines). After adjusting for age differences, the proportions of Aboriginal and non-Aboriginal people who reported risky or high risk drinking were similar in NSW (16.6% and 13% respectively, the difference was not statistically significant). Despite this, the rates of alcohol-related hospitalisations were more than three times as high in Aboriginal people than in non-Aboriginal people in NSW in 2005-06, with the rates in males being almost four times as high.

Alcohol attributed hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06
Hospitalisation for alcohol-related conditions was consistently around three and a half times higher in Aboriginal compared to non-Aboriginal people. The difference in hospitalisation between Aboriginal males compared to Aboriginal females was much greater than the difference between males and females in non-Aboriginal people.

Hospitalisation rates for alcohol-related conditions increased in recent years in all regions except the New England, North West and Western RCMG regions where the rates decreased slightly.

Trauma attributable to alcohol: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06
Alcohol use increases the risk of a range of injuries, particularly motor vehicle and motorcycle crashes, falls, interpersonal violence and near drownings injury. Alcohol slows down functioning of the brain, causing loss of balance, reduced ability to judge speed and distance, impaired decision making, and increased aggression. Even a low level of alcohol can affect performance and judgement.

Hospitalisations for trauma attributable to alcohol provide some measure of the burden of serious injury caused by alcohol in the community. The hospitalisation rates for trauma attributable to alcohol were more than twice as high in Aboriginal people than in non-Aboriginal people in NSW in 2005-06.

Hospitalisation rates for trauma attributable to alcohol increased in all regions except the Western RCMG region where the rates had decreased substantially and consistently since 1994-95 to 1996-97.

Illicit drug and other substance use and harm

NSW Health offers a range of drug and alcohol treatment programs including withdrawal management, abstinence based programs and pharmacotherapy programs for opioid dependent clients.

Substance use by frequency and sex (%), Aboriginal persons 18 years and over in non-remote areas, NSW 2004-05
Many NSW respondents to the *National Aboriginal and Torres Strait Islander Health Survey* reported never using illicit substances (50% of males and 41% of females). Illicit use refers to the use of substances that are illegal to posses and non-medical use of substances, which are legally available.

Overall, in Australia, Aboriginal people reported marijuana as the most commonly used substance (23%) followed by amphetamines (7%) and analgesics and sedatives (for non-medical purposes 6%). In the quoted survey respondents were not asked about use of illegal substances beyond marijuana.

NSW Opioid Treatment Program clients as at 30 June by Aboriginality (crude rate per 100,000 population), NSW 2001 to 2007
The NSW *Opioid Treatment Program* offers methadone or buprenophrine for the medical management of opiate dependency and the clients counted here exclusively receive this treatment. Types of treatment for opioids dependency other than pharmacotherapy are counted under the indicator of ‘closed treatment episodes’.

The rate for Aboriginal persons receiving treatment for opioid dependency under the NSW *Opioid Treatment Program* was over 5 times as high than the rate for non-Aboriginal persons.

Closed treatment episodes for alcohol and other drug treatment by Aboriginality, age and sex (% of all closed episodes), NSW 2001-02 to 2005-06

Clients seeking treatment for drug and alcohol dependency often receive repeat treatments. The NSW Minimum Data Set for Drug and Alcohol Treatment Services is based on the provision of service (closed episode) and does not count persons who received treatment. Therefore, the number of clients can only be estimated. In NSW in 2005-06 there were approximately 38,536 clients involved in 43,502 closed episodes.

The majority of clients (around 70%) receiving the alcohol and other drug treatment services are male and in the 20-39 age group. Most closed treatment episodes are for alcohol (around 40%), marijuana (around 20%), and heroin (around 15 %). These episodes include services such as counselling, assessment, withdrawal (as inpatient or outpatient), rehabilitation, support and case management or education.

Around 10% of episodes were for Aboriginal clients. The proportion of episodes for Aboriginal clients is higher than the proportion of Aboriginal residents of NSW (Aboriginal residents were 2.1% of total NSW population aged 10 and over). The true figure is likely to be higher because Aboriginality is 'not stated' on many records in the NSW Minimum Data Set for Drug and Alcohol Treatment Services (around 4% of all records in 2005-06). It must also be noted that most dedicated Aboriginal substance-use services are not included in the dataset.

Children with tooth decay

Compared with the overall Australian population, rates of tooth decay in Aboriginal children are more than twice as high and generally a greater proportion of tooth decay is untreated. Adult Aboriginal people have more missing teeth. Periodontal disease is more prevalent in Aboriginal people and in younger age groups.

Oral health in Aboriginal communities, particularly in rural and remote areas, is affected by a number of factors including water quality and fluoridation, diet, smoking, alcohol consumption, stress, infection, the cost and availability of oral hygiene systems, the availability of dental services and transport over distance to those services that exist.

Removal and restoration of teeth: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children under 5 years, NSW 1994-95 to 1996-97 combined to 2003-04 to 2005-06 combined

The rate of hospitalisation for the removal and restoration of teeth in Aboriginal children under 5 years has been steadily increasing over the years. The rate of increase has been greater than the rate of increase in non-Aboriginal children, which may be partially due to increasing identification of Aboriginality in hospital records. In school-age children, diet and oral hygiene practices are likely to be major contributing factors to dental caries.

The need for extractions and fillings is dictated by tooth decay (dental caries). In this age group, caries in (non-permanent) teeth are more than twice as frequent in Aboriginal as in non-Aboriginal children. Early feeding patterns and prolonged use of nursing bottles contribute to tooth decay. Hospitalisations and the use of general anaesthetic for dental procedures may be necessary in very young children who require procedures on several teeth at the same time.

Removal and restoration of teeth: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children 5-14 years, NSW 1994-95 to 1996-97 combined to 2003-04 to 2005-06 combined

Aboriginal children aged 5 to 14 years are hospitalised at a lower rate than non-Aboriginal children for the removal and restoration of teeth. In this age group, caries in permanent teeth are present only slightly more often in Aboriginal children than in non-Aboriginal children and the pattern of hospital admissions may be driven by parental preference, resulting in greater proportion of dental procedures performed in the hospital setting under general anaesthetic in non-Aboriginal children and in the outpatient setting in Aboriginal children.

Mental health

High and very high psychological distress by Aboriginality (age standardised %), persons aged 18 years and over, NSW 2004-05

More than a quarter of Aboriginal respondents to the *National Aboriginal and Torres Strait Islander Health Survey* in NSW in 2004-05 reported high or very high levels of psychological distress, around twice the level of non-Aboriginal people.

At the national level, the survey also revealed that Aboriginal people living in remote areas were more likely to report having had positive feelings of happiness and calm and being full of energy all or most of the time, compared to Aboriginal people living in non-remote areas.

Access to primary health care

Vaccinated against influenza in the previous 12 months by Aboriginality and sex (age standardised %), persons aged 50 years and over, NSW 2004-05

Under the *National Aboriginal Pneumococcal and Influenza Immunisation Program*, vaccination is provided free of charge to Aboriginal people aged 50 years and over. In NSW in 2004-05, 48.7% Aboriginal people over 50 years reported in the *National Aboriginal and Torres Strait Islander Health Survey* that they had been vaccinated for influenza in the previous 12 months. This coverage was higher than 43.8% reported by non-Aboriginal people.

These results from the *National Aboriginal and Torres Strait Islander Health Survey* are confirmed by data collected directly by the NSW Department of Health, the coverage by influenza immunisation in persons over 50 years is better in Aboriginal than in non-Aboriginal people in NSW.

Reasons for not going to a GP in the previous 12 months (%), Aboriginal people aged 18 years and over, NSW 2004-05

In NSW in 2004-05, Aboriginal people reported 'personal reasons' as the most frequent reason for not going to a GP when needing care in the previous 12 months. Just over 12% of persons surveyed reported cost as being one of the reasons for not going to a GP. In the NSW *Population Health Survey* of all people living in NSW, just below 8% of people reported that they avoided a visit to a doctor due to cost of medicines in 2006. Combined NSW *Population Health Survey* data for 2002 to 2005 indicates that 20% of Aboriginal people in NSW experienced difficulties getting health care when needing it. The proportion was the greatest in Aboriginal females in the 16-24 age group, where almost 35 % reported having difficulties.

Interpersonal violence

The *NSW Aboriginal Safety Promotion Strategy* covers all aspects of safety promotion - seeking to reduce harm, to increase the sense of well-being and to provide opportunities for Aboriginal people to take greater control of initiatives aimed at enhancing community safety.

Primarily the strategy addresses unintentional injury, intentional self-harm, violence, the need for safe environments and the need to feel safe.

Interpersonal violence-related deaths by Aboriginality (age standardised rate per 100,000 population), NSW 2000 to 2002 combined to 2003 to 2005 combined
Deaths due to interpersonal violence include results of assault as well as results of neglect and abandonment, which are more important in reference to children, the elderly and physically and mentally disabled people.

The number of deaths following interpersonal violence is very low and the rates fluctuate substantially between years. The data shows that there has been a decrease in interpersonal violence-related deaths in both Aboriginal and non-Aboriginal people between the periods 2000-2002 and 2003-2005. Although the rate in Aboriginal people decreased by more than one third, it was still more than 4 times as high as in non-Aboriginal people in the period 2003-2005.

Interpersonal violence: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), NSW 1993-94 to 2005-06
In NSW in 2005-06, hospitalisation rates for interpersonal violence in Aboriginal people were almost 4 times as high in males and more than 10 times as high in females compared with non-Aboriginal males and females.

The rates changed little between 1993-94 and 2005-06 in non-Aboriginal people but in Aboriginal people there was substantial fluctuation. Generally, the rates in Aboriginal males and females have been decreasing from a peak in the early years of this century. However, in 2005-06 the rate in males rose substantially again.

There was no consistent pattern of fluctuation in rates in regions of NSW. Hospitalisation rates in the Western NSW region decreased substantially in the recent years and at 1,162 per 100,000 in the combined years 2003-04 to 2005-06 are half the rate in the combined years 1994-95 to 1996-97.

Suicide and self-harm
Suicide and self-harm are complex concepts, subject to considerable differences in interpretation. It is unknown whether the reliability of identifying suicide among Aboriginal people differs from identification of such cases among non-Aboriginal people. The apparent differences between ethnic and social groups and between states or counties must be always interpreted with caution.

Suicide and self-inflicted injury deaths by Aboriginality (age standardised rate per 100,000 population), NSW 2001 to 2005
Deaths identified as suicides are one outcome of a range of behaviours variously termed ‘self-harm’, ‘intentional self-inflicted injury’, ‘intentional self-poisoning’ and ‘attempted suicide’.

Suicide is especially difficult to record in mortality data because the intention of the deceased person is not always clear, especially with causes of death such as drowning and drug overdoses. Also, social disapproval of suicide might prompt some cases to be recorded as non-suicide deaths.

The data on suicides in Aboriginal people must be interpreted very cautiously. The recorded number of suicides per year is low (ranging between 7 and 26) and consequently there is substantial random variation in rates between years.

Researchers describe Aboriginal suicide as having a 'unique social and political context' and stressed that the interpretation of figures and development of prevention strategies require understanding of the complex differences that distinguish Aboriginal suicide from non-Aboriginal suicide. Data for Australia show that the rates of suicide in Aboriginal people were higher than in non-Aboriginal people, especially in males in younger age groups in the two decades up to the year 2000. This difference was reported to be particularly high in NSW in 1996 to 1998.

Sexual assault

Sexual assault, domestic/family violence and child abuse impact on health and well-being of victims and directly and indirectly on life expectancy. Aboriginal women are six times more at risk of domestic assault and three times more at risk of sexual assault[22] . In NSW in 2003/04, indigenous women were 31 times more likely to be hospitalised as a result of assault than non-indigenous women[23].

According to Australian data for 2005/06, 80% of intimate partner homicides involved a male offender killing his female partner, 24% involved an indigenous victim or offender, and 16% involved both an indigenous victim and offender.[24]

Sexual assault, child physical abuse and domestic violence have short and longer tem impact on the physical, social, emotional and mental health of victims and consequently they are high users of health services. Recent Australian research indicates domestic violence is the leading contributor to death, disability and illness in women aged 15-44 years, contributing nine per cent to the total disease burden. This is greater than all other risk factors including high blood pressure, smoking and obesity[25]

Women who have been abused in childhood or adulthood experience ill-health more frequently with regard to physical functioning, psychological well-being, and the adoption of further risk behaviours including smoking, physical inactivity, alcohol and drug misuse. Women are at increased risk of depression, suicide attempts, chronic pain syndromes, psychosomatic disorders, physical injury, gastrointestinal disorders, irritable bowel syndrome, PTSD, and a range of gynaecological and reproductive disorders. [26] Younger women particularly are at higher risk of pregnancy, miscarriage, high rates of abortion, sexually transmitted disease, premature labour and birth, foetal injury, and low birth weight babies[27] [28] [29]. Children who are exposed to domestic/family violence are also emotionally hurt and are at higher risk of neglect and direct abuse themselves[30] [31].

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[22] Fitzgerald J & Weatherburn D 2001 *Aboriginal Victimisation and Offending: the picture from police records*, NSW Bureau of crime Statistics and research, Sydney

[23] NSW Department of aboriginal Affairs 2005 *Two ways together report, NSW Aboriginal Affairs Plan 2003-2012,* Sydney

Davies,M & Mouzos J 2007 *Homicide in Australia: 200506 National Homicide Monitoring Program annual report*, Australian Institute of Criminology

[25] VicHealth 2004, *The health costs of violence: measuring the burden of disease caused by intimate partner violence* Department of Human Services, Victoria

[26] Krug E, Dahlberg L, Mercy JA, Zwi A, Lozano R 2002 *World report on violence and health* World Health Organisation, Geneva

[27] Fraser K 2003 *Domestic violence and women's physical health*, Australian Domestic and Family Violence Clearinghouse, Topic Paper, Sydney

[28] Krug et all op cit

[29] Taft A Watson L & Lee C (2005) *Health and experiences of violence among young Australian women*, The Australian Longitudinal Study on Women's Health, Office of the Status of Women, Canberra

[30] Krug et al op cit

[31] Laing L 2003 *Domestic violence in the context of child abuse and neglect,* Australian Domestic and family Violence clearinghouse, Sydney

TOR1(b)(iii)(iv)(v)(vi)(vii)
Health is not able to comment on the impact of either education or employment or housing or incarceration and the criminal justice system on the current life expectancy gap.

TOR1(c) previous Social Issues committee reports containing reference to Aboriginal people – and assess the progress of government in implementing adopted report recommendations
Health is in the process of preparing a progress report on recommendations specific to its portfolio.

TOR 1(d) the Federal Government intervention in the Northern Territory and advise on potential programs/initiatives that may or may not have relevance in terms of their application in NSW

In NSW issues which are the subject of the Australian Government intervention in the Northern Territory are addressed via a consultative partnership approach.

For example, Hunter New England Health is a partner in a whole of government strategy to work with the communities of Toomelah and Boggabilla on a range of issues and concerns. The strategy is being overseen by the New England/North West Regional Coordination Management Group (NE/NW RCMG).

The Toomelah/Boggabilla strategy is a long term program of activity between government agencies and the local community to address deep seated problems and help the community build its capacity to function effectively. There is a strong commitment from agencies to working together, and good progress on high priority components of the strategy. There is a need for the agencies to maintain focus and continue to move forward as a group on child protection, including commencing community education programs. Hunter New England Area Health Service continues to monitor the effectiveness of its services to these communities and manage internal performance issues, as well as remaining committed to working effectively with the other agencies.

The first priority issue addressed under the strategy is child protection, now recognised as a locational response under the Government Response to the Aboriginal Child Sexual Assault Taskforce Report. This project is progressing well, with DOCS and HNEH employing additional staff and various activities underway. Key features of this project include the collaborative relationship with the community, and the commitment to a long-term program of activities.

HNEAHS staff are actively involved in the interagency responses following notification to the DoCS Helpline through a locally-agreed protocol that ensures immediate consultation between Police, DoCS and Health. This helps to resolve issues as they arise and develop an agreed response plan for specific reported child protection cases.

A similar long-term collaborative arrangement is being developed in the Taree/Purfleet area.

HNE Health is committed to working in partnership with Aboriginal communities. HNE Health is an active participant in *Two Ways Together* Regional Engagement Groups, both for region-wide whole of government activities, and for targeted work in partnership communities (a total of six communities have been identified across the HNE Health region).

TOR1(e) Opportunities for strengthening cultural resilience within Aboriginal communities in New South Wales with a focus on language, cultural identity, economic development and self determination.

Cultural resilience initiatives are generally led by DAA in NSW.

The Department of Health has issued the publication *Communicating positively - A guide to appropriate Aboriginal terminology* (http://www.health.nsw.gov.au/pubs/2004/aboriginalterminology.html) to promote language supportive of Aboriginal culture.

In one of its partner communities, HNE Health has taken the lead in establishing a Community Development Facilitator position. The Community Development Facilitator has established close links with the local community and also with government agencies. Feedback is that she is working effectively with agencies and the community. An example of new approaches introduced include a community newsletter with information on current events in the community, agency activities, etc. There is now a need to undertake a review of progress and discuss between the agencies the next steps for the Community Development Facilitator role.

It is HNE Health's view that the key to success in strengthening cultural resilience is multi-faceted, requires long-term commitment and effective multi-agency approaches, the building of a trusting relationship between government agencies and the community, with regular dialogue and the ability to act flexibly to meet local needs.

TOR1(f):
The experiences of the outcomes of the COAG Murdi Paaki trial but also take into account the other COAG trials occurring across Australia and their outcomes/lessons learned

Murdi Paaki Project
The COAG trial in the Murdi Paaki, which encompasses 16 Aboriginal Communities, commenced in 2003. Each Community developed an Action Plan which identified a range of needs pertinent to their community.

Subsequently Greater Western Area Health Service (GWAHS) has been working with the Federal Department of Heath and Ageing (DoHA) to develop a regional response to the health related items from the 16 Community Action Plans. This has been referred to as the Murdi Paaki (Health) Project which aims to:

- Undertake a comprehensive analysis of the 16 Regional Working Group Action Plans
- Validate identified Action Plan health related priorities with the Murdi Paaki Regional Assembly
- Prepare a regional cross government health response to identified health related action items to improve health outcomes for Aboriginal communities in the Murdi Paaki region.

To date the response has seen significant resources applied from both DoHA and GWAHS including the establishment of a professional group to lead the priority teams of Mental Health/Drug and Alcohol, Chronic Disease and Family wellbeing. An effective communication process has been implemented between the agencies and the Murdi Paaki Regional Assembly, which is the representative group for the Aboriginal Community Working parties. Stakeholder workshops have been held to engage all levels of government and non- government agencies to ensure a consistent and sustainable approach to addressing Aboriginal health issues in the Murdi Paaki, and consider improvements to service delivery models which reflect community need.

For an evaluation report on the Murdi Paaki COAG trial, see:
http://oipc.gov.au/publications/PDF/Murdi_Paaki_COAG_Trial_Evaluation.PDF.

Other documents which will inform the Committee's deliberations regarding the Murdi Paaki Project are attached. They are:

Murdi Paaki Health Project Summary Document. March 2007. Australian Government Department of Health and Ageing and Greater Western Area Health Service; and
Murdi Paaki Health Project Final Report – Stage 1. March 2007. Australian Government Department of Health and Ageing and Greater Western Area Health Service

HNE PAC Project
The Partnership for Aboriginal Care (PAC) was established as a part of the second round of Coordinated Care Trials (CCT2) in 2002, and continued as an organisation following the completion of the trial in June 2005. The trial was located on the Mid North Coast of NSW, and operated as a whole-of-population trial. The trial model was centred on a partnership between community controlled Aboriginal Medical Services (AMSs), mainstream health service delivery, other non-government organisations and private providers.

Today, PAC continues to be a formal partnership between the North Coast Area Health Service (NCAHS), Hunter New England Area Health Service (HNEAHS), Biripi AMS and Durri AMS and works in partnership with a number of providers. PAC aims to improve the long term health outcomes of Aboriginal people through a regionally coordinated approach.

PAC is funded through the Office of Aboriginal and Torres Strait Islander Health (OATSIH), NSW Health, NCAHS and HNEAHS.

The current objective of PAC, is to improve the long-term health outcomes of Aboriginal people through a regionally coordinated approach. This is achieved through:

- Care planning, care coordination and solution brokering.
- Maximising outcomes through the development of clinical links between AMSs, Area
- Health Services and other service providers.
- An increased resource base by the identification of mainstream funding including
- Medicare and other services available within the region.
- Monitoring health trends/issues, strategies developed and outcomes achieved.
- Developing culturally sensitive primary health and related care services.
- Action research and data collection/analysis.
- Strategy development, implementation and evaluation.
- Self determination through the development of a sustainable approach to health care.

Appendix 1

Links to Aboriginal health-related resources

NSW Health	
General	NSW State Health Plan http://www.health.nsw.gov.au/pubs/2007/state_health_plan.html
	Future Directions for Health in NSW http://www.health.nsw.gov.au/pubs/2007/future_directions.html
	Healthy People NSW: Improving the health of the population http://www.health.nsw.gov.au/pubs/2007/healthy_people.html
	NSW Department of Health Strategic plan http://www.health.nsw.gov.au/pubs/2007/nsw_strategic_plan.html
Population Health - General	The health of the people of New South Wales: Report of the Chief Health Officer http://www.health.nsw.gov.au/public-health/chorep/
	2002–2005 Report on Adult Aboriginal Health from the New South Wales Population Health Survey 2002–2005 Report on Adult Aboriginal Health from the New South Wales Population Health Survey
Maternal and Child Health	Evaluation of the Aboriginal Maternal and Infant Health Strategy http://www.health.nsw.gov.au/pubs/2006/evaluation_maternal.html
	The NSW Aboriginal Perinatal Health Report http://www.health.nsw.gov.au/pubs/aboriginal_health/files/abl_peri.pdf
	NSW Aboriginal Nursing and Midwifery Strategy 2006-2009 http://www.health.nsw.gov.au/nursing/atsi.html
Chronic Care	NSW Health Aboriginal Chronic Care Program http://www.health.nsw.gov.au/health_pr/avhp/approach.html
	NSW Aboriginal Chronic Conditions Area Health Service Standards http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_588.pdf
	Evaluation of the NSW Aboriginal Vascular Health Program 2000-2003: Building blocks for sustainable change http://www.health.nsw.gov.au/pubs/2004/pdf/ab_evaluation.pdf
	Facts About Aboriginal Vascular Health http://www.health.nsw.gov.au/health_pr/avhp/abl_vascular_fact_sheet.pdf
Health promotion	Aboriginal Safety Promotion Strategy http://www.health.nsw.gov.au/pubs/a/pdf/ab_safety.pdf)

	Aboriginal Men's Health Implementation Plan http://www.health.nsw.gov.au/pubs/a/pdf/ab_mens_health.pdf
	Principles For Better Practice In Aboriginal Health Promotion http://www.health.nsw.gov.au/pubs/p/pdf/principles_bp_aborig_hp.pdf
Mental Health and Drug and Alcohol	NSW Aboriginal Mental Health and Well Being Policy 2006-2010 http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_059.pdf
	Aboriginal Information and Support Needs Assessment for Families and Carers http://www.health.nsw.gov.au/pubs/2007/afact_report.html
	AFACT NSW -No Shame, No Blame! - Workers Guide http://www.health.nsw.gov.au/pubs/2007/afact_workers_guide.html
Health Protection	HIV/AIDS, STI & Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006-2009 http://www.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_002.pdf
Environmental Health	Aboriginal Trainee Environmental Health Officer (ATEHO) Program http://www.health.nsw.gov.au/public-health/ehb/aborig/ateho.html
	Housing for Health Program http://www.health.nsw.gov.au/public-health/ehb/aborig/hfh.html#fhbh
Workforce	Aboriginal Workforce development Strategic Plan http://www.health.nsw.gov.au/pubs/a/pdf/ab_work_strat.pdf
	The Aboriginal Employment Strategy http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_120.pdf
	Aboriginal Nursing Undergraduate Cadetships http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_618.pdf
	Aboriginal Trainee Enrolled Nurses in the Structured Training and Employment Project (STEP) http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_024.pdf
Other	Aboriginal Health Impact Statement and Guidelines http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf

	Better practice guidelines to improve the level of Aboriginal and Torres Strait Islander Identification in the NSW Public Health System http://www.health.nsw.gov.au/pubs/b/pdf/bprac-ab-id.pdf
	NSW Health Aboriginal Health Awards http://www.health.nsw.gov.au/ahawards/2007/index.html
	Aboriginal Deaths in Custody - Family Counselling Protocol http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_486.pdf
	Privacy of Personal Information on Aboriginal Staff and Clients http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_236.pdf
	Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_547.pdf
	Communicating positively - A guide to appropriate Aboriginal terminology http://www.health.nsw.gov.au/pubs/2004/pdf/aboriginalterminology.pdf

Other NSW Government	
	NSW State Plan http://www.nsw.gov.au/stateplan/
	Breaking the Silence: Creating the Future. Addressing child sexual assault in Aboriginal communities in NSW http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/$file/80001%20CP%20Rep-all_sml.pdf
	New South Wales Interagency Plan To Tackle Child Sexual Assault in Aboriginal Communities 2006-2011 http://www.nsw.gov.au/PDF/NSWInterPlanTackleChildSexualAssAborigComs.pdf
	Department of Aboriginal Affairs – Home Page http://www.daa.nsw.gov.au/

Commonwealth Government	
Department of Health and Ageing	Department of Health and Ageing – Indigenous Health http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Indigenous+Health-1lp
	Office for Aboriginal and Torres Strait Islander Health (OATSIH) http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-about
	National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) – Framework for Action by Governments http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/$FILE/nsfatsihfinal.pdf
	National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) - Context http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/$FILE/nsfatsihcont.pdf
	Aboriginal and Torres Strait Islander Health Performance Framework http://www.health.gov.au/internet/wcms/publishing.nsf/Content/D2690BAFA3867FEDCA25722C001111C9/$File/Framework%20Document%20-%20online%20version.pdf
	Aboriginal and Torres Strait Islander Health Performance Framework – 2006 Report http://www.health.gov.au/internet/wcms/publishing.nsf/Content/20D72449D401E1EBCA25722C0013BA98/$File/framereport.pdf
	Aboriginal and Torres Strait Islander Access to Major Health Programs, 2006 http://www.health.gov.au/internet/wcms/publishing.nsf/Content/3C4FDA1E7B3C6713CA25722C0016CB95/$File/accesshealthprograms.pdf
	A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009 http://www.health.gov.au/internet/wcms/publishing.nsf/Content/8E8CE65B4FD36C6DCA25722B008342B9/$File/wellbeing.pdf
	Achievements in Aboriginal Health http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-achieve/$FILE/AchievInATSIhlth.pdf
	Better Health Care Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-bhcs.htm/$FILE/bhcs.pdf

	Evidence of Effective Interventions to improve the Social and Environmental Factors Impacting on Health: Informing the development of Indigenous Community Agreements http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-evidence/$FILE/S&E%20Report.pdf
	Other Publications http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-index.htm
Department of Families, Community Services and Indigenous Affairs	Department of Families, Community Services and Indigenous Affairs (FaCSIA) http://www.facs.gov.au/internet/facsinternet.nsf/indigenous/nav.htm
	Office of Indigenous policy Coordination – Home Page http://oipc.gov.au/
	Evaluation of the Murdi Paaki COAG Trial http://oipc.gov.au/publications/PDF/Murdi_Paaki_COAG_Trial_Evaluation.PDF
	Other Publications http://www.facs.gov.au/internet/facsinternet.nsf/indigenous/publications.htm
Australian Institute of Health and Welfare	AIHW – Indigenous Australians Home Page http://www.aihw.gov.au/indigenous/index.cfm
	Expenditures on health for Aboriginal and Torres Strait Islander peoples, 2001-02 http://www.aihw.gov.au/publications/hwe/ehatsip01-02/ehatsip01-02.pdf
	Other Publications http://www.aihw.gov.au/indigenous/publications.cfm
Australian Bureau of Statistics	The National Centre for Aboriginal and Torres Strait Islander Statistics (NCATSIS) http://www.abs.gov.au/websitedbs/c311215.nsf/20564c23f3183fdaca25672100813ef1/7b42698ca2264d4bca256e540071b1d9!OpenDocument
	National Aboriginal and Torres Strait Islander Health Survey, 2004-05 http://www.abs.gov.au/Ausstats/abs%40.nsf/e8ae5488b598839cca25682000131612/c36e019cd56ede1fca256c76007a9d36!OpenDocument
	The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2005 http://www.abs.gov.au/Ausstats/abs@.nsf/Lookup/3919938725CA0E1FCA256D90001CA9B8

Other Links	
Northern Territory Government	Inquiry into the Protection of Aboriginal Children from Sexual Abuse http://www.nt.gov.au/dcm/inquirysaac/
Aboriginal Health and Medical Research Council of NSW	AH&MRC – Home Page http://www.ahmrc.org.au/index.htm
National Aboriginal Community Controlled Health Organisation	NACCHO – Home Page http://www.naccho.org.au/
Edith Cowan University	Australian Indigenous Health*InfoNet* http://www.healthinfonet.ecu.edu.au/
Cooperative Research Centre for Aboriginal Health	CRC – Home Page http://www.crcah.org.au/
Oxfam	Close the Gap – Solutions to the Indigenous Health Crisis facing Australia http://www.oxfam.org.au/media/files/CTG.pdf
Health Canada	First Nations and Inuit Health – Home Page http://www.hc-sc.gc.ca/fnih-spni/index_e.html
Ministry of Health, New Zealand	Maori Health – Home Page http://www.maorihealth.govt.nz/
National Library of Medicine, USA	American Indian Health – Home Page http://americanindianhealth.nlm.nih.gov/intro.html
US Department of Health and Human Services	Indian Health Service – Home Page http://www.ihs.gov/

Injury references	
1	Australian Bureau of Statistics and Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. Canberra: ABS and AIHW, 2005
2	Clapham K F, Stevenson M and Lo S: Injury profiles of Indigenous and non-Indigenous people in New South Wales. MJA, 2006, 184(5), 217-220.
3	Helps Y and Harrison J. Hospitalised Injury of Australia's Aboriginal and Torres Strait Islander people 2000-02. Canberra: National Injury Surveillance Unit, AIHW, 2006.
4	Vos T, Barker B, Stanley Land Lopez A. The Burden of Disease and Injury in Aboriginal and Torres Strait Islander Peoples 2003. Brisbane: Centre for Burden of Disease and Cost-Effectiveness School of Population Health, The University of Queensland, 2007.
5	Mid North Coast Aboriginal Health Partnership. Mid North Coast Aboriginal Injury Surveillance Project Report: Pride, Respect & Responsibility. Mid North Coast Aboriginal Health Partnership, 2001.
6	Western Sydney Area Health Service. Blacktown LGA injury surveillance and prevention study - United We Win. Western Sydney Area Health Service, 2003.
7	Royal, T. Shoalhaven Injury Surveillance and Prevention Strategy: Stage 1. Illawarra Area Health Service, 2000.
8	National Public Health Partnership (NPHP). 2004. The National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Canberra: NPHP.
9	NSW Department of Health. Aboriginal Safety Promotion Strategy. Sydney: NSW Department of Health, 2003.

Appendix 2

Aboriginal Health
Legend: SP (State Plan); SHP (State Health Plan); TWT (Two Ways Together); HP (Healthy People NSW)

Key Indicators	Alignment to Plan	Description	Data Source
Progress toward 15% reduction by 2012 of hospital admissions for Aboriginal people who have conditions which can be appropriately treated at home	• SP-F1 (*Improved health & education for Aboriginal people*) • SP-F5 *(Reduced avoidable hospital admissions)* • SP-S3 (*Improved health through reduced obesity, smoking, illicit drug use and risk drinking)* • SHP-SD3 (*Strengthen primary health and continuing care in the community)* • HP-P2.2 (*Respond to threats to health – Aboriginal Health Improvement)* • HP-P3.1 (*Promote health and prevent disease, disability and injury - Aboriginal Health Improvement)*	Cellulitis; deep vein thromboses; community acquired pneumonia; urinary tract infections; chronic respiratory disorders; bronchitis and asthma; specified blood disorders; and musculo-tendinous disorders	ISC Health surveys of risk behaviour and risk factor prevalence
Increase the proportion of mothers starting antenatal care before 20 weeks gestation	• SHP-SD3 (*Strengthen primary health and continuing care in the community)* • HP-P3.1.9 (*Promote health and prevent disease, disability and injury - Aboriginal Health Improvement)*	Proportion of mothers starting antenatal care before 20 weeks gestation	Midwives Data collection
Reduce the proportion of Aboriginal babies weighing less	• SHP-SD3 (*Strengthen primary health and continuing care in*	Proportion of Aboriginal babies weighing less than 2500g at birth	Midwives Data collection

Key Indicators	Alignment to Plan	Description	Data Source
than 2500g at birth	*the community)*		
Increase otitis media screening for Aboriginal children aged 0-6 years to 85%	• SHP-SD4 (*Build regional and other partnerships for health)* • HP-P3.1.11 (*Promote health and prevent disease, disability and injury - Aboriginal Health Improvement)* • TWT • Relates to SP-F1 (*Improved health & education for Aboriginal people*)	Number of Aboriginal children aged 0-6 years screened for OM	Area, SWISH, AMS screening activity reports
Increase the proportion and distribution of Aboriginal health staff	• SHP-SD6 (*Build a sustainable health workforce)* • HP-E1.1.1 (*Develop and maintain the population health workforce - Increase the number of Aboriginal people in the population health workforce)* • TWT	Number of Aboriginal staff by category	National Training Package for Aboriginal Health Workers implementation survey
Reduce rates of child abuse and neglect	• SP-F7 (*Reduced rates of child abuse and neglect)* • SHP-SD3 (*Strengthen primary health and continuing care in the community)*	Via implementation of Interagency Plan to address Child Sexual Assault	DoCS, Police
Number of houses improved under the Aboriginal housing for health program	• SP-F1 (*Improved health & education for Aboriginal people* • SP-F4 (*Embedding prevention and early intervention into government services)* • SP-F5 (*Reduced avoidable*	Number of houses improved, and number of health programs that build on gains made in HfH	Housing for Health records PHUs records of projects

Key Indicators	Alignment to Plan	Description	Data Source
	hospital admissions) • SHP-SD1 (*Make prevention everybody's business)* • SHP-SD3 (*Strengthen primary health and continuing care in the community)* • TWT • HP-P3.2.8 (*Create environments that promote health & wellbeing - Aboriginal Health Improvement)*		
Improved dental health	• SHP – SD1 (*Make prevention everybody's business)* • SHP-SD3 (*Strengthen primary health and continuing care in the community)* • SHP – SD4 *(Build regional and other partnerships for health)* • HP-P3.1.13 (*Promote health and prevent disease, disability and injury – Oral health program)* • TWT Report – *Indicators List November 2007)* • Relates to SP – F1 (*Improved health & education for Aboriginal people*)	**SHP – SD1** Increase the proportion of five year old children without dental decay (caries free) from 70% in 2000 to 77% in 2010 **TWT Report – Indicators List (November 2007)** ***He 10 Children with tooth decay*:** He.10.1. Removal and restoration of teeth: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children under 5 years, NSW 1994-95 to 1996-97 combined to 2003-04 to 2005-06 combined He.10.2. Removal and restoration	

Key Indicators	Alignment to Plan	Description	Data Source
		of teeth: hospital separations by Aboriginality and sex (age standardised rate per 100,000 population), children 5-14 years, NSW 1994-95 to 1996-97 combined to 2003-04 to 2005-06 combined; He.10.1. a and 10.2 a. Removal and restoration of teeth: hospital separations by Aboriginality sex and age (age standardised rate per 100,000 population), children under 15 years, ATSIC regions, NSW 1994-95 to 1996-97 combined to 2003-04 to 2005-06 combined	
General indicators / targets impacting on Aboriginal health			
Key Indicators	**Alignment to Plan**	**Description**	**Data Source**
Reduction in smoking	• SP-S3 (*Improved health through reduced obesity, smoking, illicit drug use and risk drinking)* • HP-P3.1.6/7 *(Implement strategies to promote health and wellbeing – Tobacco control and cessation)*	Proportion of the whole population that smoke. The SP aims to exceed this target for the Aboriginal & Torres Strait Islander population where smoking rates are higher (43.2%) compared to the general population (20.1%).	
Reduction in risk drinking	• SP-S3 (*Improved health through reduced obesity, smoking, illicit drug use and risk drinking)* • HP-P3.1.14/15 (*Implement*	Proportion of people that are classified at risk drinkers.	

Key Indicators	Alignment to Plan	Description	Data Source
	strategies to promote health and wellbeing - Reduce alcohol misuse)		
Reduction in illicit drug use	• SP-S3 (*Improved health through reduced obesity, smoking, illicit drug use and risk drinking)* • HP-P3.1.16 *(Implement strategies to promote health and wellbeing – Reduce illicit drug use)*	• Proportion of people that have used illicit drugs.	
Reduction in childhood obesity	• SP-S3 (*Improved health through reduced obesity, smoking, illicit drug use and risk drinking)* • HP-P3.1.5 (*Implement strategies to promote health and wellbeing – Obesity prevention*	• Proportion of people classified as overweight and obese.	