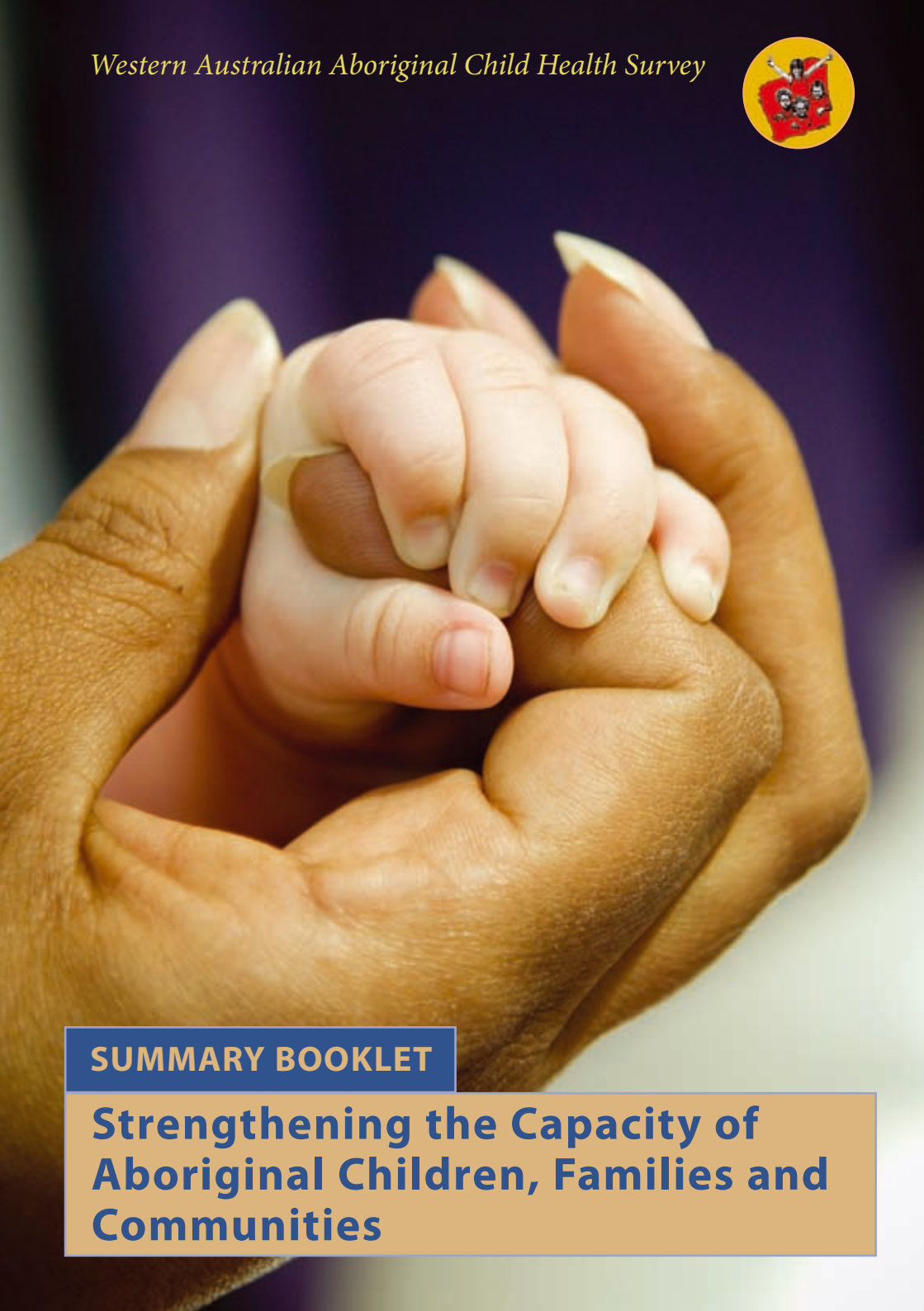
Western Australian Aboriginal Child Health Survey



SUMMARY BOOKLET

Strengthening the Capacity of Aboriginal Children, Families and Communities

How to obtain a copy of the main report

A copy of the report ***Strengthening the Capacity of Aboriginal Children, Families and Communities*** can be purchased for $88 through:

Telethon Institute for Child Health Research
PO Box 855
WEST PERTH WA 6872

Telephone: (08) 9489 7777
Fax: (08) 9489 7700

A PDF version of the main publication, as well as a PDF version of this summary booklet, can be downloaded free from our web site:

www.ichr.uwa.edu.au/waachs

Further information

Other WAACHS publications, including Volume One – *The Health of Aboriginal Children and Young People*, Volume Two – *The Social and Emotional Wellbeing of Aboriginal Children and Young People*, and Volume Three – *Improving the Educational Experiences of Aboriginal Children and Young People* can be obtained by contacting the Institute, or from our web site.

If you would like more information about the WAACHS, please email us at:

waachs@ichr.uwa.edu.au

Drawing design by Charles, from Carnarvon, as part of the Western Australian Aboriginal Child Health Survey Schools Art Competition

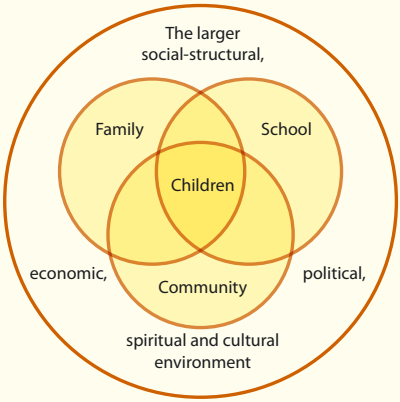
About the survey

This booklet summarises the fourth volume of results from the Western Australian Aboriginal Child Health Survey (WAACHS) – *Strengthening the Capacity of Aboriginal Children, Families and Communities*.

In 1993 the Telethon Institute for Child Health Research (the Institute) conducted the Western Australian Child Health Survey (WA CHS), from which three volumes of findings were produced documenting the health, wellbeing and education of 4 to 16 year-old Western Australian children. Following on from that survey, the Institute met with Aboriginal leaders and representatives from across the state and received their endorsement to conduct a survey of Aboriginal and Torres Strait Islander children. This survey, involving 5,289 Aboriginal and Torres Strait Islander children aged 0 to 17 years living in 1,999 families across Western Australia, has been the first in Australia to gather comprehensive health, wellbeing, developmental and educational information on a population-based sample of Aboriginal and Torres Strait Islander children.

The WAACHS was undertaken by the Kulunga Research Network in conjunction with the Institute and the Centre for Developmental Health at Curtin University of Technology. The survey was designed around the contexts of influence in a child's life and aimed to build the knowledge to develop preventative strategies that promote and maintain the healthy development and the social, emotional, academic and vocational wellbeing of Aboriginal and Torres Strait Islander children.

SURVEY MODEL: CHILDREN WITHIN CONTEXTS OF INFLUENCE



Source: Jessor, 1993.

About the survey *(continued)*

Volume Four concentrates on family and community factors that influence outcomes for Aboriginal children aged 0 to 17 years using data from carers, young people aged 12 to 17 years and administrative data sources.

All phases of the survey were under the guidance of the WAACHS Steering Committee. The Steering Committee comprises senior Aboriginal people from a cross-section of agencies and settings.

Defining community in the WAACHS

The concept of 'community' has many different layers. Community can encompass kinship and a sense of belonging, along with shared practices, beliefs, places of significance, languages, history, law, politics, economic and social structures, and many other issues.

The design of the WAACHS did not allow for the reporting of data for individual communities. In lieu of a specific community level data source, the Level of Relative Isolation (LORI) classification forms the basis of WAACHS analysis at the community level (see page 4). Therefore, in the WAACHS, 'community' is defined on the basis of geography (i.e. physical location).

Terms used

Aboriginal: refers to Aboriginal and Torres Strait Islander peoples.

Non-Aboriginal: refers collectively to children in the 1993 WA CHS (see page 1) or to children classified as non-Aboriginal in administrative data.

Children: refers to persons under the age of 18 years at the time of the survey.

Young people: refers to persons aged 12 to 17 years at the time of the survey.

Primary carer: the person spending most time with the child and considered to know most about the child. The child's primary carer was usually, but not always, the mother of the child.

Level of Relative Isolation (LORI): a new classification of remoteness (see page 4).

Analysis methods

In this booklet, findings are presented in two main ways:

- proportions, based on weighted estimates from cross-tabulations
- odds ratios, based on logistic regression modelling.

Survey findings can be inter-related. For example, many factors were found to be associated with the level of overcrowding in households with Aboriginal children, such as LORI, poor housing quality and household tenure. As well as being associated with the level of overcrowding, some of these factors were also associated with each other—LORI and poor housing quality were both associated with household tenure.

While percentages show the proportion of a population affected by each factor, they are unable to fully explain the relationships between all the factors that influence household tenure. There is a mathematical technique called logistic regression modelling which can help us understand the relationships between multiple factors. Logistic regression modelling has been used to determine the effect of each factor, separately from the effect of each other factor. Modelling results are presented as odds ratios. Odds ratios are calculated relative to an index category for each variable. The odds ratio is a measure of relative risk. For instance, compared with households that experienced financial strain, the odds ratio for home ownership was 1.6 for households that were not under financial strain. This suggests that, independently of other factors that were also associated with home ownership, households that do not experience financial strain are over one and a half times as likely to be owned (that is, owned or being paid off) than households under financial strain.

Accuracy of the estimates

All data presented in this booklet have been subject to rigorous statistical analysis. Estimates from the survey have been calculated at a 95% level of confidence, displayed on graphs by means of vertical confidence interval bars (⌶). There is a 95% chance that the true value for a data item lies between the upper and lower limits indicated by the confidence bars for that item. A full explanation of the survey methodology can be obtained from the Volume Four main publication – *Strengthening the Capacity of Aboriginal Children, Families and Communities.*

Level of Relative Isolation

Measuring access to services

For this survey, a new classification of remoteness—the Level of Relative Isolation (LORI)—has been designed. The LORI is based on the ARIA++ product from the National Key Centre for Social Application of Geographic Information Systems at Adelaide University (GISCA). ARIA++ is an extension of ARIA (the Accessibility/Remoteness Index of Australia), which has been widely adopted as the standard classification of remoteness in Australia. Because ARIA is based on describing the entire population of Australia, it has not been specifically designed to describe the circumstances of Aboriginal people living in remote areas. The ARIA++ gives a more detailed description of more remote areas by including more service centres, of smaller sizes, in calculating its remoteness scores.

A better definition of remote areas: ARIA++

Under the original ARIA, over two-thirds of the land mass of WA was classified as 'very remote'—and over a quarter of WA's Aboriginal population were living in these areas. However, WAACHS data showed that, within this group, there were marked differences in access to basic services, cultures, lifestyles and health outcomes. The greater detail of ARIA++ enables these differences to be more adequately described in the Aboriginal population.

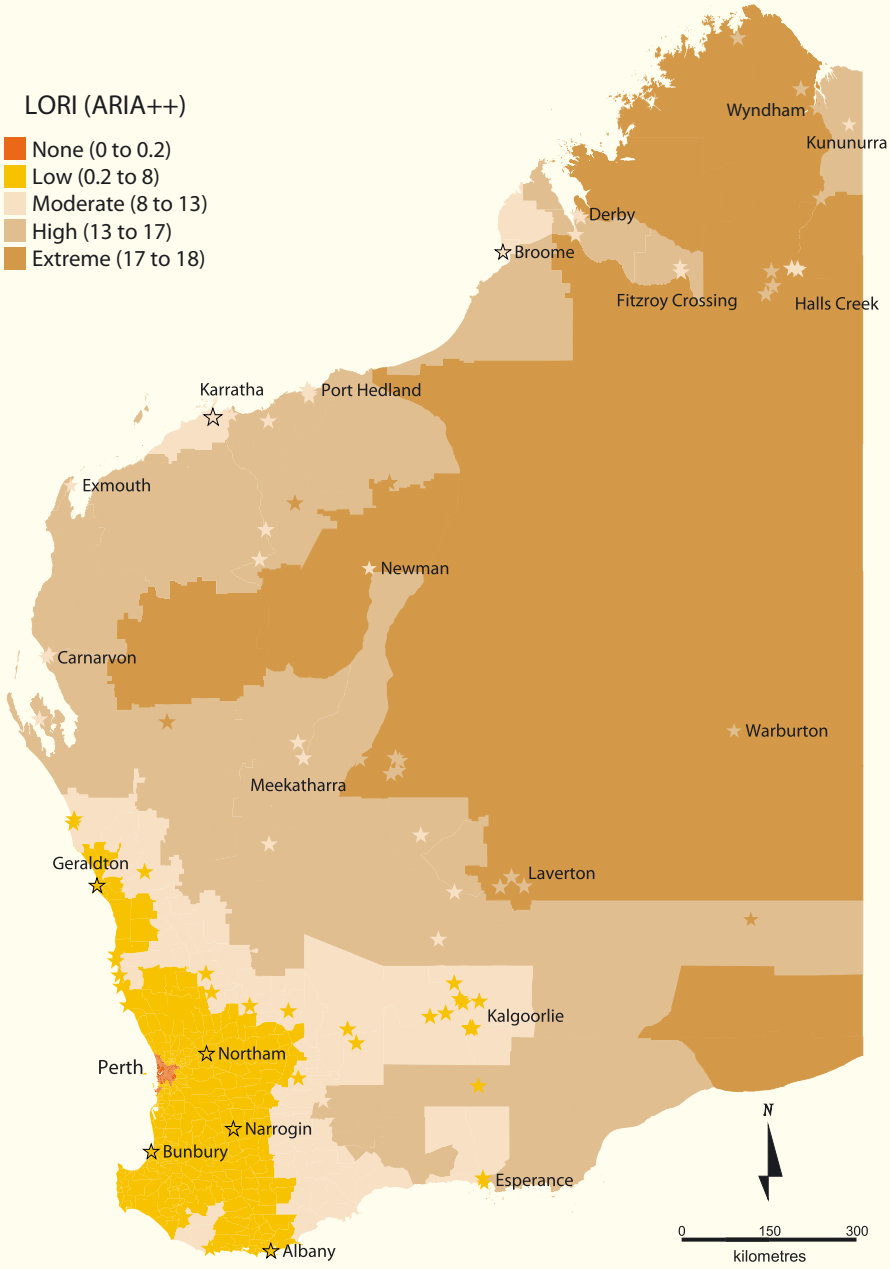
LORI categories

Based on the ARIA++ scores, five categories of isolation have been defined to more appropriately reflect differences in cultures, access to services and health outcomes for Aboriginal children. To avoid confusion with the original ARIA, the five categories are referred to as Levels of Relative Isolation (LORI) and range from None (the Perth Metropolitan area) to Low (e.g. Albany), Moderate (e.g. Broome), High (e.g. Kalumburu) and Extreme (e.g. Yiyili).

The Aboriginal population of WA at 30 June 2001 was estimated at 66,100 or 3.5% of the total WA population. Almost half (29,800) of this population were aged under 18 years, representing 6% of the total WA population for this age group. One in three (34%) Aboriginal children were living in areas of no isolation, 24% in areas of low isolation, 21% in areas of moderate isolation, 11% in areas of high isolation and 10% in areas of extreme isolation.

Level of Relative Isolation *(continued)*

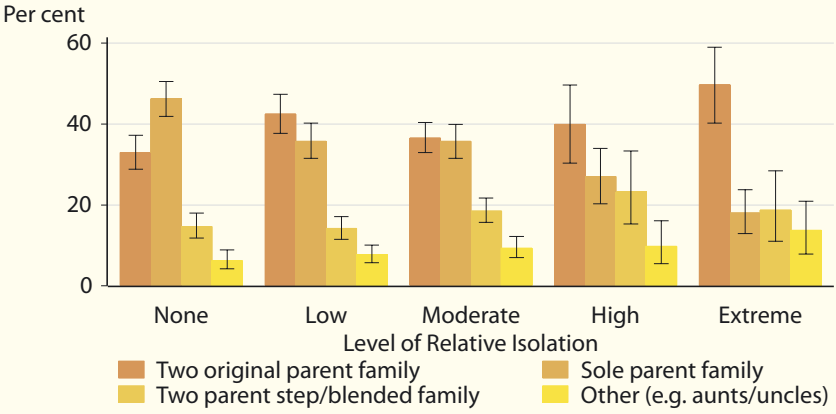
LEVEL OF RELATIVE ISOLATION (LORI) CATEGORIES BASED ON ARIA++ RANGES



Household composition

Across WA, almost four in ten households were classified as two original parent family (38%) or sole parent family (38%) types. Two parent step/blended families made up a further 16% of all households, with other household types (such as aunts/uncles and grandparents) accounting for the remaining 8%. There were variations in household composition across levels of relative isolation, with a higher proportion of households classified as two original parent type in areas of extreme isolation (50%) compared with areas of no isolation (33%).

HOUSEHOLDS — HOUSEHOLD COMPOSITION BY LEVEL OF RELATIVE ISOLATION



Socioeconomic wellbeing

WAACHS used three measures to describe the socioeconomic wellbeing of families with Aboriginal children:

- education level of the primary carer
- work history – whether the primary carer had *ever* been in paid work
- family financial strain.

Education level of the primary carer

At the time of the survey, 43% of primary carers had completed 10 years of education, 25% had completed 11–12 years of education and 6% had 13 years or more education. A small proportion (3%) had never attended school, while 22% had not been educated beyond Year 9.

Previous findings: Higher levels of primary carer education were shown to be associated with better school attendance and academic performance of Aboriginal students (see WAACHS Volume Three).

Factors found to be independently associated with primary carers having an education level of Year 10 or more included:

- LORI – primary carers living outside the Perth metropolitan area were less likely to have an education level of Year 10 or more than carers in Perth. Carers in areas of extreme isolation were three times less likely to have an education level of Year 10 or more.
- Age of the primary carer – compared with primary carers aged 30–39 years, those aged 40–49 years were two times less likely to have been educated to at least Year 10 level, while those aged 50 years and over were seven times less likely. Primary carers aged 20–24 years were more likely to have completed at least Year 10 than carers aged 30–39 years.
- Household composition – primary carers were less likely to have an education level of Year 10 or more in households that did not include either of the original parents of the children within.

Socioeconomic wellbeing *(continued)*

- Primary carers who had never been in paid work were around three times less likely to have an education level of Year 10 or more.
- Primary carers whose family was spending more money than they got were around two times less likely to have an education level of Year 10 or more than primary carers who could save a lot.
- Primary carers who had ever been arrested or charged with an offence were over one and a half times less likely to have an education level of Year 10 or more.

Other factors that were independently associated with primary carers having an education level of Year 10 or more included: speaking an Aboriginal language at conversation level (less likely); being limited in activities of daily living because of a medical condition (less likely); smoking cigarettes (less likely); and not having anyone to yarn to about their problems (less likely).

Work history – whether the primary carer had ever been in paid work

Previous work experience is an important aspect of social capital providing the primary carer with potential to pass on to their children the value and benefits of having a paid job, regardless of whether they are currently in the work force. The survey found that most (86%) primary carers had at some time been in paid work.

Factors found to be independently associated with primary carers ever having been in paid work included:

- LORI – primary carers were increasingly more likely to have ever been in paid work as their level of relative isolation increased.
- Household tenure – primary carers living in rented housing were three times less likely to have ever had paid work than carers living in houses that were being paid off.
- Household occupancy – primary carers in households with high levels of occupancy were two times less likely to have ever worked in a paid job than carers living in households with low levels of occupancy.

Socioeconomic wellbeing *(continued)*

- Age of the primary carer – compared with primary carers aged 30–39 years, those aged 19 years and under were five times less likely to have ever been in paid work, 20–24 year-olds were two and a half times less likely, and carers aged 25–29 were one and a half times less likely.
- Education – compared with primary carers whose highest completed level of education was Year 10, those with 11–12 years of education were twice as likely to have ever been in a paid job and those with 13 years or more education were four times as likely.

Other factors independently associated with primary carers having been in paid work included: being limited in activites of daily living because of a medical condition; number of life stress events; household composition; arguments with partner; domestic violence; and religion or spiritual beliefs.

Family financial strain

Primary carers were asked to describe their family's money situation using five options, ranging from 'we are spending more money than we get' to 'we can save a lot'. Around 44% had just enough money to get through to next pay, and 9% reported spending more money than they get. These families were defined as being under financial strain.

One in three (34%) primary carers reported that their family could save money (29% were able save a bit now and again and another 5% were able to save a lot), while 13% had some money left over each week but spent it.

Factors found to be independently associated with primary carers reporting family financial strain included:

- LORI – primary carers living in areas of extreme relative isolation were two times less likely to be under financial strain as carers living in Perth.
- Household composition – primary carers living in sole parent households were more likely to be under financial strain compared with those in two original parent households.
- Number of life stress events – primary carers experiencing 5–6 or 7–14 life stress events in a year had an elevated risk of being under financial strain than carers with 0–2 life stress events.

Socioeconomic wellbeing *(continued)*

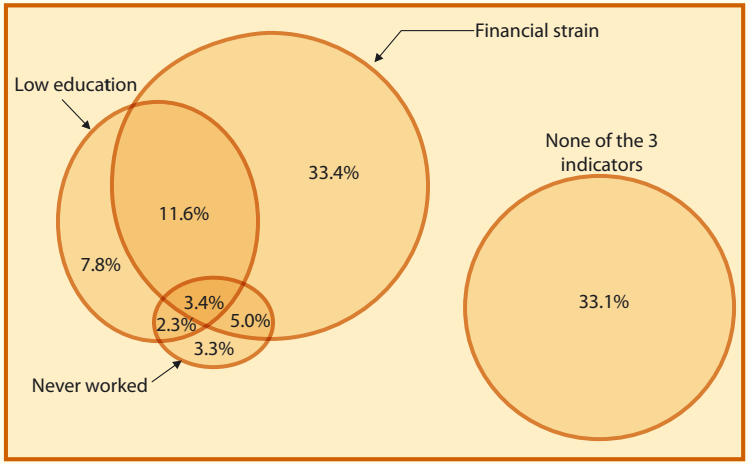
- Smoking – primary carers who smoked cigarettes were more likely to be under financial strain.
- Household tenure – primary carers living in rented housing were one and a half times more likely to be under financial strain than carers who were living in a house that was being paid off.
- Family functioning – primary carers reporting poor or fair family functioning were one and a half times more likely to be under financial strain than carers who reported very good family functioning.

Other factors associated with family financial strain included: number of children in the family; age of the primary carer; receiving Parenting Payment; overuse of alcohol causing money shortages; and employer type.

Multiple indicators of socioeconomic disadvantage

The three indicators of socioeconomic disadvantage examined here—education levels below Year 10; family financial strain; and never having been in paid work—are shown together in the diagram below. One in three primary carers (33%) reported having none of the indicators, while the remaining two-thirds exhibited one or more of the indicators. Around 3% reported experiencing all three indicators of socioeconomic disadvantage.

LEVELS OF MULTIPLE DISADVANTAGE EXPERIENCED BY PRIMARY CARERS



Family functioning

Family functioning was measured using a nine-item scale based on key family protective and family recovery factors specifically developed for the survey. Responses were summed to produce an overall score which was then split into quartiles for the purposes of producing a single measure of family functioning. These quartile ranges have been labelled Poor, Fair, Good and Very Good. See the main publication for a more complete explanation of family functioning as defined in the survey.

This section concentrates on families with *poor* family functioning.

There were around 2,960 primary carers and 6,620 Aboriginal children aged 0–17 years who were regarded as being part of a family that functioned poorly. These populations represented 24% per cent of all primary carers and 22% of all Aboriginal children, respectively.

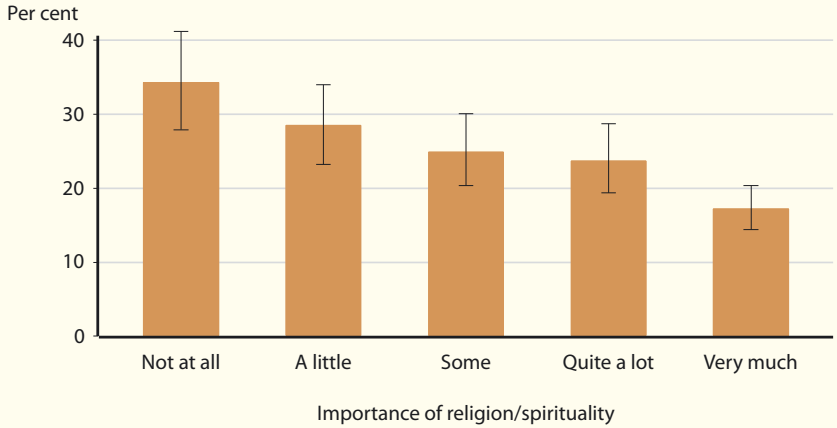
Factors found to be independently associated with poor family functioning included:

- Family financial strain – primary carers whose family spent more money than they got were two and a half times more likely to have poor family functioning than carers whose families could save a lot.
- Dietary quality – the survey used four dietary quality indicators to measure whether the principles of a healthy diet were being observed in children. Children who met fewer than two of these indicators were four times more likely to live in families with poor family functioning than children who met all four of the dietary quality indicators. Also, children who met two indicators were over two and a half times more likely to live in families with poor family functioning.
- Having been arrested – if the primary carer, or the primary carer's partner, had ever been arrested or charged with an offence, then there was an elevated risk of poor family functioning relative to families where neither partner had been arrested.

Family functioning *(continued)*

- Importance of religion/spiritual beliefs – primary carers who reported that religion/spiritual beliefs were of 'some' importance, 'quite a bit' important or 'very much' important to them were between one and a half and two and a half times less likely to experience poor family functioning.

PROPORTION OF PRIMARY CARERS WITH POOR FAMILY FUNCTIONING, BY IMPORTANCE OF RELIGION/SPIRITUAL BELIEFS



- Primary carers who had no involvement in Aboriginal organisations, did not regard Aboriginal ceremonial business as important or relevant, or were not involved in Aboriginal events due to lack of interest, were all more likely to experience poor family functioning.

Other factors independently associated with poor family functioning included: the education level of the primary carer; spending part of the year in another residence; at least one child staying away from home overnight due to a family crisis or behaviour problems; at least one child does not have normal vision in both eyes; overuse of alcohol causing problems in the household; and poor quality of parenting.

Drawing design by Tammy from Paraburdoo as part of the Western Australian Aboriginal Child Health Survey Schools Art Competition

Life stress events

In the WAACHS, primary carers were asked if any of 14 major life stress events had occurred in the family in the previous 12 months. These included events such as illness, hospitalisation or death of a close family member, family break up, arrests, job loss and financial difficulties.

Primary carers of Aboriginal children reported extraordinary levels of stress. Over one in five (22%) Aboriginal children aged 0–17 years were living in families where 7–14 major life stress events had occurred over the preceding 12 months. Primary carers of Aboriginal children experienced over three times the average number of life stress events reported by carers of non-Aboriginal children in the 1993 WA CHS.

Previous findings: Children whose primary carer reported 7–14 life stress events were over five times more likely to be at high risk of clinically significant emotional or behavioural difficulties relative to children living in households that had experienced 0–2 life stress events.

Students whose primary carer reported 7–14 life stress events were almost twice as likely to be absent from school for 26 days or more in a school year (the median number of days absent was 26 days) relative to children living in households that had experienced 0–2 life stress events.

Life stress events and Level of Relative Isolation

Differences in the pattern of life stress events between families living in the Perth metropolitan area and more remote areas were also examined. Families living in areas of extreme relative isolation more commonly reported stress from close family members passing away (68%), and from children having to take care of others in the family (31%), compared with families in metropolitan Perth (40% and 12%, respectively).

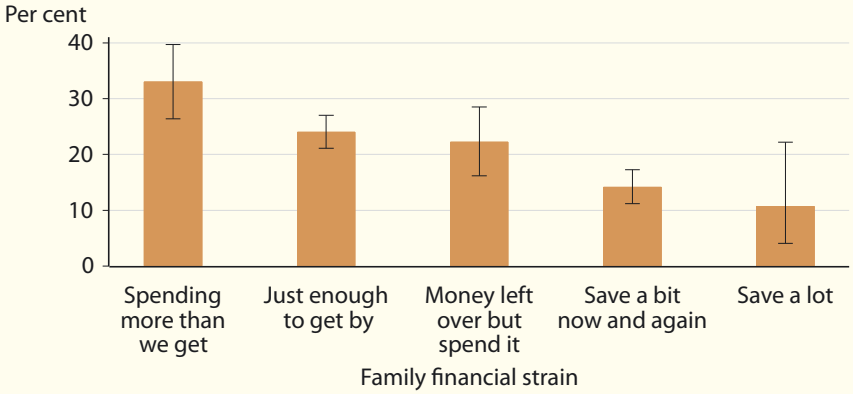
Aside from these differences, the pattern in the types of stresses reported by families living in different levels of relative isolation was similar, with no significant differences in the total number of stresses reported.

Life stress events *(continued)*

Life stress events and family financial strain

A higher proportion of carers living in families that were 'spending more money than we get' reported 7–14 life stress events (33%) than carers living in families that could 'save a lot' (11%) or could 'save a bit now and again' (14%).

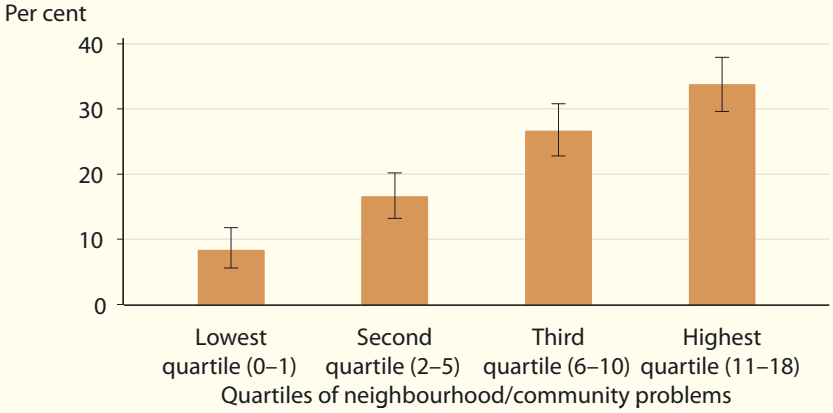
PROPORTION OF PRIMARY CARERS WHO EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY FAMILY FINANCIAL STRAIN



Life stress events and neighbourhood problems

Around 8% of primary carers who reported 0–1 neighbourhood problems were living in families with 7–14 life stress events. This compares with 34% among carers who reported 11–18 neighbourhood problems.

PROPORTION OF PRIMARY CARERS WHO EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY NUMBER OF NEIGHBOURHOOD PROBLEMS



Life stress events *(continued)*

Factors found to be independently associated with experiencing 7–14 life stress events in the 12 months prior to the survey included:

- Family financial strain – primary carers whose family spent more money than they got were three and a half times more likely to experience 7–14 life stress events than carers whose families could save a lot. Those who had just enough money to get through to the next pay were three times more likely to experience 7–14 life stress events.
- Number of neighbourhood problems – primary carers who reported being bothered by 11 or more neighbourhood problems (such as vandalism, family violence, drug abuse, kids not going to school and racism) were over four times more likely to be living in families that experienced 7–14 life stress events relative to carers who reported 0–1 neighbourhood problems. Primary carers reporting 2–5 and 6–11 neighbourhood problems were also at an elevated risk of 7–14 life stress events.
- Overuse of alcohol – where overuse of alcohol caused problems in the household, primary carers were over one and a half times as likely to experience 7–14 life stress events.
- Having been arrested – if the primary carer, or the primary carer's partner, had ever been arrested or charged with an offence, then experiencing 7–14 life stress events was over one and a half times more likely to occur than in families where neither of these events had occurred.
- Primary carers with at least one child at high risk of clinically significant emotional or behavioural difficulties were almost twice as likely to experience 7–14 life stress events.

Other factors independently associated with primary carers experiencing 7–14 life stress events included: being a victim of crime in the past three years; having a limiting medical condition; speaking an Aboriginal language; attending an Aboriginal funeral; participating in an Aboriginal organisation; rating Aboriginal ceremonial business as 'Important'; and at least one child staying away from home overnight due to a family crisis or behaviour problems.

Housing

For analyses at the dwelling level, a single response per dwelling was required. There were some instances where more than one primary carer was living in the same dwelling. In order to exclude multiple assessments of individual dwellings in these instances, dwelling level analyses are restricted to assessments by one carer per dwelling—referred to here as the 'household carer'.

Household tenure

The majority of households with Aboriginal children were living in rental accommodation (71%). Another 16% of households were paying off their residence, while 7% owned the dwelling outright. In comparison, 2001 Census data showed that 24% of all WA dwellings were rented, 34% were being paid off and 38% were fully owned.

Factors found to be independently associated with home ownership (includes dwellings owned outright or being paid off) included:

- LORI – compared with the Perth metropolitan area, dwellings in most other areas were less likely to be owned. The odds ratios ranged from two times less likely in areas of low isolation, to five times less likely in areas of high isolation and twenty times less likely in areas of extreme isolation.
- Education – dwellings where the household carer had completed 13 years or more of education were two and a half times more likely to be owned, compared with household carers who had completed Year 10. Dwellings with a household carer who had completed Years 11 or 12 were also more likely to be owned.
- Employment status – dwellings where the household carer was employed were over one and a half times more likely to be owned than when the household carer was not employed.
- Household composition – dwellings were almost three times more likely to be owned when classified as two original parent type or two parent step/blended type, relative to households classified as sole parent type.

Housing *(continued)*

- Carer age – the likelihood of a home being owned increased with the age of the household carer
- Housing quality – there was a significantly reduced likelihood of home ownership in houses with one or more indicator of poor quality relative to those with none.
- Financial strain – dwellings where the household carer indicated no financial strain (i.e. where carers could save a lot, save a bit every now and again, or have some money left over but spend it) were one and a half times more likely to be owned than households under financial strain.
- Overuse of alcohol – when overuse of alcohol was causing problems in the household, home ownership was two times less likely than when overuse of alcohol was not a problem.
- Aboriginal status of carer – when the household carer identified as being Aboriginal, the dwelling was two times less likely to be owned than households with a non-Aboriginal household carer.

Level of household occupancy

Overall, 15% of dwellings with Aboriginal children were classified as households with high occupancy levels. See the main publication for a definition of 'high occupancy'.

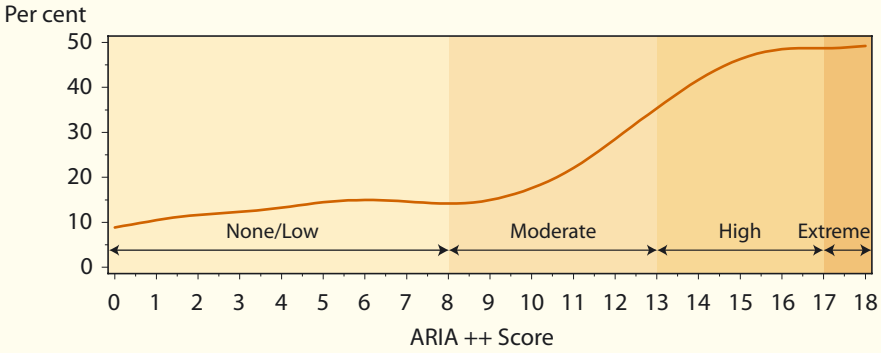
Factors found to be independently associated with high levels of household occupancy included:

- Household composition – compared with households classified as two original parent type, sole parent households were about one and a half times less likely to have high occupancy levels. Conversely, two parent step/blended households were over one and a half times more likely to have high occupancy levels.
- LORI – relative to the Perth metropolitan area, there was a greater likelihood of high household occupancy in areas of moderate, high and extreme isolation.

Housing *(continued)*

Looking at the relationship between relative isolation and high household occupancy on a continuous ARIA++ scale it can be seen that the proportion of households with high occupancy only begins to increase appreciably in areas of moderate relative isolation (around ARIA++ scores of 10–11), reaching a peak in areas of high and extreme relative isolation (at ARIA++ scores of 15–17).

PROPORTION OF HOUSEHOLDS WITH HIGH OCCUPANCY, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



- Housing quality – dwellings with three or more indicators of poor housing quality (covering areas like hygiene and the physical environment) were almost four times more likely to have high occupancy levels than dwellings with none. Also, dwellings meeting either one or two of the indicators were at an elevated risk of high occupancy levels.

Other factors independently associated with high household occupancy included: being a victim of crime in the past three years (less likely); experiencing 7–14 life stress events (more likely); speaking an Aboriginal language (more likely); overuse of alcohol causing problems in the household (more likely); and having a high number of neighbourhood problems (more likely).

Housing *(continued)*

Housing quality

A set of eight indicators was examined to measure housing quality. These indicators were chosen on the basis of the healthy living practices outlined in the National Framework for Indigenous Housing. In addition, an overall index of housing quality was derived from these indicators.

One in three dwellings (35%) did not meet the indicator dealing with 'Reducing negative contact between people and animals' and 30% did not meet the indicator for 'Controlling the temperature of the living environment'.

The number of indicators that each dwelling failed to meet was summed. Around 34% of dwellings did not have any indicators of poor housing quality, 28% had one indicator, 19% had two indicators, while 9% had three indicators of poor housing quality. Less than 1% of dwellings had all eight indicators.

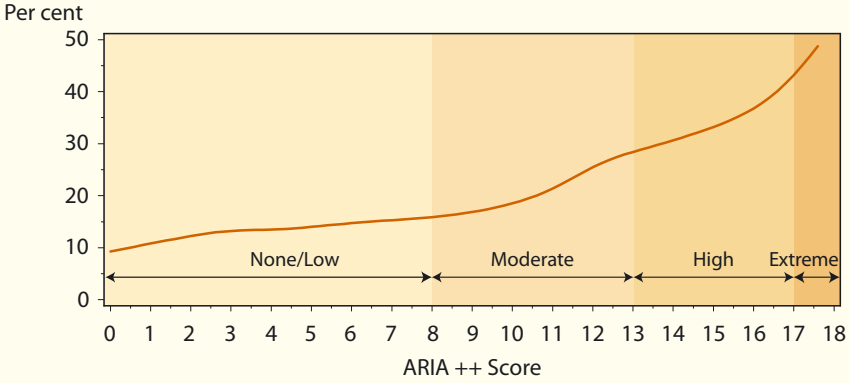
The term 'poor housing quality' is used to describe the 16% of dwellings with three or more indicators of poor housing quality.

Drawing design by Aaron from Paraburdoo as part of the Western Australian Aboriginal Child Health Survey Schools Art Competition

Housing *(continued)*

The relationship between relative isolation and poor housing quality was also examined by looking at the ARIA++ scores on a continuous scale. The proportion of households with high occupancy increased through areas of moderate relative isolation (ARIA++ scores of 8–13), rising to a peak in areas of extreme relative isolation (ARIA++ scores of 17–18).

PROPORTION OF HOUSEHOLDS WITH THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Factors found to be independently associated with poor housing quality included:

- In addition to LORI, a number of factors were independently associated with poor housing quality: overuse of alcohol causing problems in the household (more likely); experiencing 7–14 life stress events (more likely); and socioeconomic disadvantage (more likely).

Drawing design by Kathy from Paraburdoo as part of the Western Australian Aboriginal Child Health Survey Schools Art Competition

Communities with Aboriginal children

There are significant differences in the characteristics of communities with Aboriginal children across levels of relative isolation. From urban settings to areas of extreme isolation, there can be vast differences in the level of maintenance of language and traditional cultures, the experience of neighbourhood/community problems, and access to services and facilities.

Neighbourhood/community problems

- Being bothered by drug abuse, alcohol abuse, family violence and families splitting up were commonly reported by primary carers living in areas of moderate isolation.
- Break ins, car stealing, noisy and/or reckless driving and youth gangs were most commonly reported by primary carers living in Perth. Racism as a neighbourhood problem was also prevalent in the Perth metropolitan area and in areas of moderate isolation.
- Concerns about people leaving the area were most commonly expressed by primary carers living in areas of extreme isolation.

Access to services and facilities

- The proportion of primary carers who reported being happy with access to community services and facilities was, in most cases, significantly below that reported by carers of non-Aboriginal children in the 1993 WA CHS.
- As the level of relative isolation increased, there was an increase in the proportions of carers of Aboriginal children who were satisfied with access to a community or child health clinic and a church. This trend was not evident in the rates of reported satisfaction among carers of non-Aboriginal children.
- There was also an increase in satisfaction with access to the Aboriginal Medical Service as the level of relative isolation increased.

Language and cultural participation

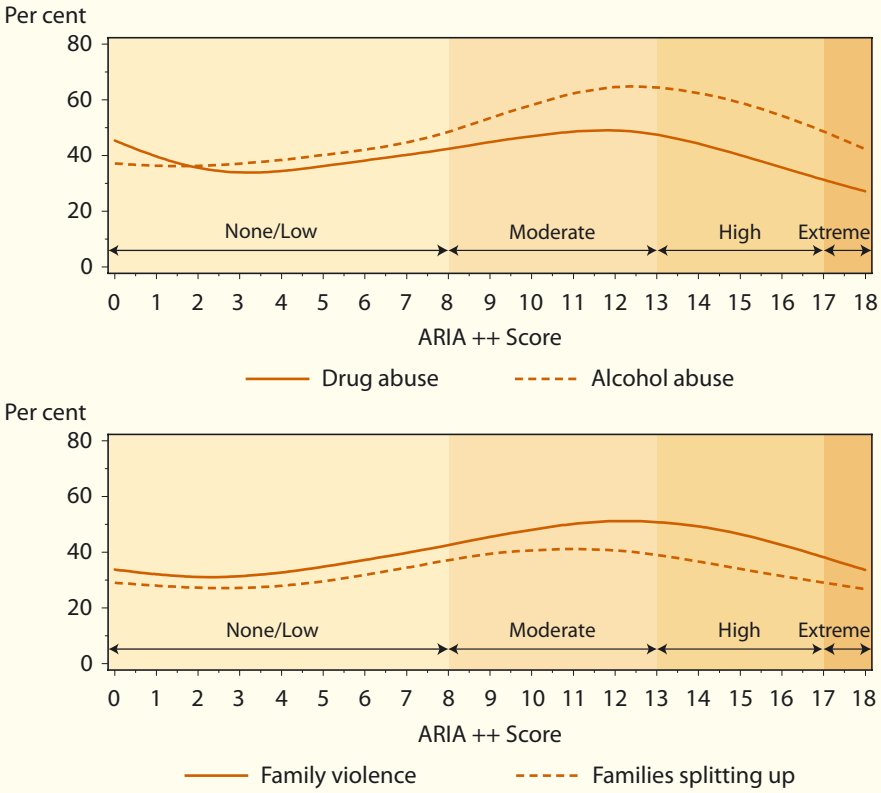
- In areas of extreme isolation, 80% of primary carers were conversant in an Aboriginal language, compared with 6% and 4% in areas of low and no isolation, respectively. From areas of moderate to extreme isolation, the proportion of Aboriginal children conversant in an Aboriginal language was 15–20 percentage points lower than that for primary carers, indicating the level of traditional language loss that is occurring in these areas.

Communities with Aboriginal children *(continued)*

- The proportion of primary carers who had participated in Aboriginal funerals, Aboriginal ceremonies, Aboriginal festivals and carnivals and who considered Aboriginal ceremonial business to be important declined significantly with lower levels of relative isolation.

The proportion of carers who reported being bothered by drug abuse, alcohol abuse, family violence and families splitting up peaks in areas with an ARIA++ score between 12 (i.e. locations with a similar ARIA++ score to Fitzroy Crossing, Halls Creek, Kununurra) and 13 (i.e. locations with a similar ARIA++ score to Laverton).

PROPORTION OF PRIMARY CARERS BOTHERED BY SELECTED PROBLEMS IN THEIR NEIGHBOURHOOD, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Communities with Aboriginal children *(continued)*

PRIMARY CARERS OF ABORIGINAL CHILDREN — PROPORTION HAPPY(a) WITH ACCESS TO COMMUNITY SERVICES AND FACILITIES, BY LEVEL OF RELATIVE ISOLATION (PER CENT)

	Level of Relative Isolation					*Western*
	None	*Low*	*Moderate*	*High*	*Extreme*	*Australia*
Health and medical services						
Community or child health clinic	50	59	68	74	81	61
Ambulance service (b)	51	65	49	(c)	—	47
The Flying Doctor	8	41	61	60	78	38
General Practitioner (b)	80	71	62	(c)	—	61
Aboriginal Medical Service (AMS)	25	30	56	46	37	36
Transport and communication services						
Public transport systems (b)	70	41	15	(c)	—	39
School bus service	32	43	43	30	24	36
Public telephone	44	52	43	47	56	47
Taxis	47	48	44	11	4	40
Shops, banking, entertainment facilities						
Banking facilities	63	62	54	46	45	57
Movie theatre or outdoor pictures	53	41	33	11	20	39
Hall for live theatre or performances	24	42	37	23	27	31
Shops or a shopping centre	88	75	71	46	62	75
Community services						
Schools	84	81	76	87	93	83
Community centre (b)	50	48	34	(c)	—	38
Family and children's services (Welfare)	36	38	43	32	40	38
After school care/vacation care (b)	29	23	22	(c)	—	21
Child care facilities (b)	39	38	27	(c)	—	30
Police station or regular patrols	52	55	50	59	44	52
A public library (b)	68	63	47	(c)	—	51
Recreation facilities						
Playing field where children can play	79	74	60	61	78	72
Outdoor playing fields for organised sport	72	74	68	55	76	70
Swimming complex (indoor or outdoor)	62	67	68	37	33	60
Indoor sports centre for games	55	56	41	36	56	51
Other services, facilities, opportunities						
Street lighting	67	56	49	49	58	58
Church	38	47	47	54	63	46
Activities for children outside school	42	40	36	43	60	42
Places where teenagers can get together(b)	20	21	25	(c)	—	18
Work or opportunities for work	35	40	49	45	46	41

(a) Primary carers who reported being 'a little happy' or 'very happy' with their access to a service.

(b) Not asked in discrete remote Aboriginal communities.

(c) Contained too high a proportion of 'Not applicable' responses for fair comparison.

Recommended actions

Principles for implementing policies and services

This section sets out 23 recommended actions under seven broad themes. These actions are based upon findings from the WAACHS and are aimed at improving the capabilities of families and communities with Aboriginal children to achieve better life outcomes. In order to successfully implement these recommendations, leaders, policy makers and service providers must recognise the following five principles:

- Consult and include Aboriginal people in the leadership, direction, development, implementation and accountability of strategies to improve Indigenous outcomes
- Adjust programme content and delivery to take proper account of the capability profile of the Aboriginal population
- Develop programmes and funding that reflect the Aboriginal population distribution in Western Australia
- Adjust programmes for the regional and cultural diversity of the Aboriginal population
- Test strategy and programme content for its capacity to improve the developmental opportunities to build the capabilities of children and families.

1. Improve human development opportunities

Action 1	Reorient existing Indigenous health, education, family and community development policy frameworks and strategies to improve the human development opportunities for Aboriginal people.

Action 2	Evaluate and test health, education, family and community development policy, programme and service implementation and content for evidence of its efficacy and effectiveness in promoting the development of Aboriginal children, families and their communities.

Recommended actions *(continued)*

Action 3 Ensure the ongoing measurement and reporting of key human development outcome indicators including: age of mother at first pregnancy, birthweight, life expectancy, the number of children attending formal child care, enrolment and attendance at kindergarten and pre-primary school, Year 1–12 literacy and numeracy, school retention, VET/university enrolment, training and employment status, and justice contact.

2. Ensure programmes build capability in families and communities with Aboriginal children

Action 4 Deliver evidence-based parent, infant and child care programmes in the family and community development sector designed to expand human capability generally and build human capital specifically in the child. Benefit is likely to be greatest where programmes:

- simultaneously target both the child and the parent
- provide specific training (parenting, educational and vocational) to the parent
- provide language and cognitive enrichment to the child.

Action 5 Establish a clear departmental authority, leadership and accountability in the provision of enriched educational infant and early childhood care that has, as a priority, the targeting of disadvantaged children.

Action 6 Design and implement workforce and professional development programmes in the health, education, family and community sectors that allow staff to distinguish, design, select and implement developmental prevention programmes and services for Aboriginal children, families and communities.

Recommended actions *(continued)*

Action 7 Develop specific developmental prevention training curricula and formulate policies to guide the content, implementation and access to workforce and professional development programmes, as well as direct measures of staff attitudes, knowledge and skills, and frequency or extent of participation in them.

3. Addressing the effects of stress associated with cultural affiliation and participation

Action 8 All levels of government should give high priority to community development initiatives aimed at building and sustaining safer communities and neighbourhoods. Particular priority should be given to efforts in the following areas:

- leadership training for Aboriginal people
- community governance training and support
- establishing, and funding of, community patrols
- establishing neighbourhood support and places of safety
- provision of 'time out' and respite opportunities for families (e.g. school vacation programmes)
- opportunities for young people to have supported relationships with appropriate adults.

Action 9 Schools should be charged with an express responsibility to ensure that all children learn to cope well with the experience of race. Pre- and in-service training of teachers and other school personnel should ensure that new teachers understand the positive role they can play in communicating the message to all children that prejudice is potentially harmful and that discussion of such issues can help in reducing this harm.

Recommended actions *(continued)*

Action 10 Practical strategies to assist parents' and carers' understanding of the benefits of positive racial socialisation for their children's educational success and behavioural adjustment should be promoted through cultural organisations, community education strategies and schools.

Action 11 The teaching and learning of traditional Aboriginal languages should be encouraged within schools and adult education as a key strategy for cultural preservation and promotion of cultural identification and intercultural understanding and respect.

4. Improving family classification

Action 12 The Australian Bureau of Statistics should be encouraged to review its existing family classification system for describing Indigenous and non-Indigenous families, with a view to the census and other official collections being more encompassing of the variety of family structures now present within contemporary Australian society.

5. Addressing the effects of family financial strain

Action 13 Strategies for overcoming structural and attitudinal disincentives to proper employment need to be further developed to be applicable to the changing needs and opportunities for employment and training in remote, rural and metropolitan settings. These should include:

- Regular review of the rules for CDEP, unemployment and Abstudy benefits
- Extending the financial and other incentives to employers to provide workplace training and apprenticeship and traineeship opportunities, particularly in remote areas

Recommended actions *(continued)*

Action 13 (Cont'd)

- Instituting programme and funding incentives to encourage strategic partnerships between government departments and other sectors, e.g. between DEST, FaCSIA, community and business organisations, and employers.

Action 14

Current social welfare policies regarding child support, family payments and emergency family financial support should be adjusted to take account of household structural factors which appear to result in higher levels of disadvantage for some families with Aboriginal children. These include households where children are not with either of their natural parents, households where children's primary carers are aged 40 years or older, and households with three or more children.

Action 15

Practical interventions should be available to protect the income for both Aboriginal and non-Aboriginal children in dysfunctional families, e.g. where it has been established that problems with alcohol, drugs or gambling in the household are diverting family income from meeting essential family needs. Such interventions could include the requirement that all or some of child support or family payments are made in the form of vouchers.

Action 16

Proactive 'Homemaker' type programmes should be available in a culturally appropriate manner to support parents developing home and financial management skills to reduce financial strain. Optimally, these could be developed and delivered in conjunction with the vocational and educational training sector.

Recommended actions *(continued)*

6. Improving housing

Action 17 Continue and extend the implementation of public housing policies that seek to increase the proportion of Indigenous people who own their own home.

Action 18 Monitor and report the proportion of Indigenous people owning or purchasing their own home.

Action 19 An independent body, such as the Equal Opportunity Commission, should monitor and report on rental housing availability, access, replacement, suitability and quality.

Action 20 Implement and report the results of independent audits of public housing quality.

Action 21 The federal, state and territory government housing agencies and authorities seek to establish a common occupancy standard for public housing.

7. Improving financial accountability and transparency

Action 22 The ongoing implementation of the Overcoming Indigenous Disadvantage (OID) framework should require Australian governments to identify the dollar amounts and proportions of spending dedicated to addressing each of the OID headline indicators and their respective strategic change indicators.

Action 23 Governments should be encouraged to build OID indicators into the key performance indicators (KPIs) for departments and into the performance reporting of ICC regions and community agency funding agreements.

Strengthening the Capacity of Aboriginal Children, Families and Communities

Curtin University of Technology

Telethon Institute for Child Health Research

Kulunga Research Network

The Western Australian Aboriginal Child Health Survey was made possible by funding from:

Australian Government

- Department of Health and Ageing (Coordinated through the Office for Aboriginal and Torres Strait Islander Health)
- Department of Education, Science and Training
- Office for Indigenous Policy Coordination
- Attorney-General's Department
- Department of Family and Community Services

Government of Western Australia

- Department of the Premier and Cabinet
- Department of Education and Training
- Department of Health
- Department for Community Development
- Disability Services Commission
- West Australian Drug Strategy
- Department of Justice
- Department of Housing and Works
- Western Australia Police

Healthway

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Rio Tinto Aboriginal Foundation