What works to overcome Indigenous disadvantage

Key learnings and gaps in the evidence

Dr Fadwa Al-Yaman and Dr Daryl Higgins

2009–10
What works to overcome 
Indigenous disadvantage
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Web only access: www.aihw.gov.au/closingthegap/publications

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Dr Fadwa Al-Yaman is the Group Head of the Social and Indigenous Group at the Australian Institute of Health and Welfare. Dr Daryl Higgins is the Deputy Director of Research at the Australian Institute of Family Studies.

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The Closing the Gap Clearinghouse Board and the Scientific Reference Group also provided valuable comments and advice.
1. Main findings

The Closing the Gap Clearinghouse was established by the Council of Australian Governments (COAG) to bring together evidence-based research on overcoming disadvantage for Indigenous Australians. The Clearinghouse provides access to a collection of information on what works to improve Indigenous people's lives across the building blocks identified by COAG. The Clearinghouse not only collects, but systematically analyses and synthesises this evidence.

This paper provides policy makers with key findings about what works and assesses the gaps in the evidence. It also sets out progress of the Clearinghouse towards its objectives in its first year of operation.

In its first year of operation the Clearinghouse collected, assessed and produced a range of evidence on what works through the following products:

- **The Assessed collection**—made up of 298 items, mainly focussed on evaluations of programs and activities. For each item, subject specialists assessed the quality and strength of the research and summarised the findings.

- **Issues papers and resource sheets**—subject specialists produced two issues papers (on schooling) and six resource sheets (on schooling, health, economic participation and safe communities) that analysed and synthesised available evidence.

- **The Research and Evaluation Register**— an online list of research and evaluation projects across Australia relevant to improving Indigenous outcomes and to the COAG building blocks. Recent government research and evaluation activities were mainly in the health building block (210 items), followed by schooling (98) and safe communities (93).

**Key learnings**

The Clearinghouse processes identified overarching themes for successful programs in overcoming Indigenous disadvantage. Notably, these findings are highly congruent with views of significant Indigenous and non-Indigenous stakeholders, community development principles and 'common sense' approaches. They are also consistent with the Service delivery principles for programs and services for Indigenous Australians (set out in Schedule D of the National Indigenous Reform Agreement, effective February 2011).

The Clearinghouse's important contribution is the rigour and impartiality through which available data have been considered. The convergence between 'real world experience', government principles for action and the Clearinghouse's technical assessment builds confidence that emerging themes provide a solid basis for overcoming Indigenous disadvantage.
What works

- **Community involvement and engagement.** For example, key success factors in Indigenous community-based alcohol and substance-abuse programs were strong leadership, strong community-member engagement, appropriate infrastructure and use of a paid workforce to ensure long-term sustainability.

- **Adequate resourcing and planned and comprehensive interventions.** For example, a systematic approach with appropriate funding arrests the escalating epidemic of end-stage kidney failure, reduces suffering for Indigenous people and saves resources. A strong sense of community ownership and control is a key element in overcoming Indigenous disadvantage.

- **Respect for language and culture.** For example, capacity building of Indigenous families and respect for culture and different learning style were considered to be important for engaging Indigenous families in school readiness programs.

- **Working together through partnerships, networks and shared leadership.** For example, an Aboriginal-driven program increased knowledge about nutrition, exercise, obesity and chronic diseases, including diabetes. The educational component, participation of local Indigenous people in the program and committed partnerships with the organisations involved were important to the program’s success.

- **Development of social capital.** For example the Communities for Children initiative, under the Australian Government’s former strategy (the Stronger Families and Communities Strategy 2004–2009) highlighted the importance of a collaborative approach to maternal and child health, child-friendly communities, early learning and care, supporting families and parents, and working together in partnership.

- **Recognising underlying social determinants.** For example, data from the Longitudinal Study of Australian Children demonstrated that financial disadvantage was one factor among other variables that may affect school readiness and progress for young children.

- **Commitment to doing projects with, not for, Indigenous people.** For example, the evaluation of the NSW Count Me In Too Indigenous numeracy program found that contextual learning was successful and critical, professional development for teachers was essential, effective relationships were vital and Aboriginal community buy-in was also essential for ongoing success.

- **Creative collaboration that builds bridges between public agencies and the community and coordination between communities, non-government and government to prevent duplication of effort.** For example, a collaborative project between health and education workers at a primary public school in South Australia (The Wadu Wellness project), in which a number of children were screened, has resulted in follow-up and support for children for hearing problems and dental treatment, and social and emotional support.

- **Understanding that issues are complex and contextual.** For example, frequent house moves, neighbourhood conflict, functionality of housing amenities and high rental costs were found to have an impact on children’s schooling.
What doesn’t work

• ‘One size fits all’ approaches. For example, residential treatment for alcohol and other drugs dependency is generally not more effective than non-residential treatment. However, evidence indicates that residential treatment is more effective for clients with more severe deterioration, less social stability and high relapse risk. As these are characteristics of many Indigenous clients, residential treatment may be most appropriate.

• Lack of collaboration and poor access to services. For example, successful interventions require the integration of health services to provide continuity of care, community involvement and local leadership in health-care delivery and culturally appropriate mainstream services. These steps help to ensure the suitability and availability of services, which can thereby improve access by Indigenous Australians.

• External authorities imposing change and reporting requirements. For example, a review of evidence from seven rigorously evaluated programs that linked school attendance with welfare payments in the United States found that sanction-only programs have a negligible effect on attendance, but that case management was the most critical variable.

• Interventions without local Indigenous community control and culturally appropriate adaptation. For example, evidence indicated external imposition of ‘local dry area bans’ (where consumption of alcohol is prohibited within a set distance of licensed premises) was ineffective and only served to move the site of public drinking, often to areas where the risk of harm was greater.

• Short-term, one-off funding, piecemeal interventions, provision of services in isolation and failure to develop Indigenous capacity to provide services. For example, a one-off health assessment with community feedback and an increase in health service use was unlikely to produce long-term health benefits and improvements. An ongoing focus on community development and sustained population health intervention are needed.

Resources and research themes by building block

This section outlines key Clearinghouse resources categorised by the four COAG building blocks considered in the first year of Clearinghouse operations: early childhood and schooling, economic participation, health and safe communities. It also categorises items in the Assessed collection by research themes. The key learnings specific to each building block are provided in Section 3.

Early childhood and schooling

The following Clearinghouse publications synthesised the evidence on key topics in the early childhood and schooling building block:

• School attendance and retention of Indigenous Australian students (Issues paper no. 1)

• School readiness: what does it mean for Indigenous children, families, schools and communities? (Issues paper no. 2)

• Teacher and school leader quality and sustainability (Resource sheet no. 5)

• Closing the school completion gap for Indigenous students (Resource sheet no. 6)
There were 139 items in the Assessed collection for the early childhood and schooling building block. These were categorised according to research themes shown in Table 1.1.

**Table 1.1: Research themes and assessed items: early childhood and schooling**

<table>
<thead>
<tr>
<th>Research themes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs targeting disadvantaged or at-risk populations</td>
<td>42</td>
</tr>
<tr>
<td>Parental/family involvement</td>
<td>40</td>
</tr>
<tr>
<td>Teacher/professional development</td>
<td>13</td>
</tr>
<tr>
<td>Community/cultural involvement</td>
<td>9</td>
</tr>
<tr>
<td>School-based/VET programs</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>139</strong></td>
</tr>
</tbody>
</table>

**Economic participation**

There was one Clearinghouse publication that synthesised evidence on a topic related to economic participation, *Pathways for Indigenous school leavers to undertake training or gain employment (Resource sheet no. 2)*.

There were 52 items in the Assessed collection for the economic participation building block that were categorised according to research themes shown in Table 1.2.

**Table 1.2: Research themes and assessed items: economic participation**

<table>
<thead>
<tr>
<th>Research themes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>International labour market training programs</td>
<td>15</td>
</tr>
<tr>
<td>Characteristics for successful employment</td>
<td>13</td>
</tr>
<tr>
<td>Australian labour market training programs</td>
<td>11</td>
</tr>
<tr>
<td>Community development employment projects</td>
<td>7</td>
</tr>
<tr>
<td>Housing and employment outcomes</td>
<td>4</td>
</tr>
<tr>
<td>Vocational and educational training</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

**Health**

There was one Clearinghouse publication in the health building block that synthesised the evidence, *Anti-tobacco programs for Aboriginal and Torres Strait Islander people (Resource sheet no. 4)*.

The Assessed collection had 54 items for the health building block and these were categorised according to research themes shown in Table 1.3.
1. Main findings

Table 1.3: Research themes and assessed items: health

<table>
<thead>
<tr>
<th>Research themes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle and chronic disease</td>
<td>35</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>15</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

Safe communities

Two Clearinghouse publications synthesised the evidence on topics related to the safe communities building block:

- Community development approaches to safety and wellbeing of Indigenous children (Resource sheet no. 1).
- Reducing alcohol and other drug related harm (Resource sheet no. 3).

There were 53 items in the Assessed collection for the safe communities building block that were categorised according to research themes shown in Table 1.4.

Table 1.4: Research themes and assessed items: safe communities

<table>
<thead>
<tr>
<th>Research themes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use</td>
<td>16</td>
</tr>
<tr>
<td>Family functioning</td>
<td>13</td>
</tr>
<tr>
<td>Criminal justice and rehabilitation</td>
<td>11</td>
</tr>
<tr>
<td>Family violence</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

Gaps in the evidence

Main gaps

Analysis of the Clearinghouse resources indicated that there was a lack of high-quality quantitative research in both the Australian and the Indigenous contexts. Many of the Australian Indigenous studies were descriptive, while many of the quantitative studies did not include comparison groups that would enable the impact of programs or strategies on Indigenous disadvantage to be determined.

Research relating to the entire Australian population, and overseas research, was also examined and its possible application to Indigenous communities considered. For some interventions, there was evidence of programs and strategies that work for these populations and that therefore have the potential to address Indigenous disadvantage.
Implications for program design and implementation

The gaps in the evidence should not impede needed program development and implementation. In some cases, such as alcohol and other drugs, there was ample evidence to show what can be done to reduce harm. In others, where data gaps are more significant, the importance of ongoing learning loops is significantly increased. Such learning loops should be based on development and negotiation of shared objectives with target communities and a commitment to long-term funding certainty. Environments of funding certainty and trust promote implementation processes that expect ‘teething problems’, promote innovation and experimentation, learn from both setbacks and achievements and are adaptive enough to integrate learnings quickly.

Analytical approach

Evidence from across the Assessed collection, issues papers and resource sheets was analysed using an agreed framework (Figure 1.1). Findings were synthesised and key learnings and gaps in the evidence were identified.

Figure 1.1: Analytical framework for the analysis of evidence on what works to overcome Indigenous disadvantage

Characteristics of the research

Categorisation of the items by type of research (Table 1.5) shows nearly four in 10 items in the Assessed collection involved quantitative analyses with some form of comparison group. Another 36% were other quantitative studies, while 15% involved qualitative research only. Early childhood and schooling and health had the highest proportion of items that used quantitative analyses with a comparison group.
1. Main findings

Table 1.5: Assessed items by type of research

<table>
<thead>
<tr>
<th></th>
<th>Early childhood/schooling</th>
<th>Health</th>
<th>Economic participation</th>
<th>Safe communities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Quantitative comparison group</td>
<td>65</td>
<td>46.8</td>
<td>23</td>
<td>42.6</td>
<td>12</td>
</tr>
<tr>
<td>Other quantitative</td>
<td>46</td>
<td>33.1</td>
<td>19</td>
<td>35.2</td>
<td>29</td>
</tr>
<tr>
<td>Qualitative</td>
<td>16</td>
<td>11.5</td>
<td>8</td>
<td>14.8</td>
<td>8</td>
</tr>
<tr>
<td>Literature review</td>
<td>12</td>
<td>8.6</td>
<td>4</td>
<td>7.4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
<td>100</td>
<td>54</td>
<td>100</td>
<td>52</td>
</tr>
</tbody>
</table>

Categorisation of the items by type of research and the Indigenous status and country of study participants (Figure 1.2) showed the following:

- A large number of items (164) included Indigenous Australian participants.
- More than one-quarter of Australian studies (both Indigenous and non-Indigenous) were quantitative with a comparison group.
- The majority of Australian studies (Indigenous and non-Indigenous) used other quantitative methods.
- The populations with the highest proportion of quantitative studies with a comparison group were the United States, Canada and New Zealand (non-indigenous) and other international.

Figure 1.2: Assessed items by country and indigenous status and research type

Other characteristics of the research in the Assessed collection (Figure 1.3) included:

- health had a high proportion of items in that there were journal articles (87%), followed by early childhood and schooling (43%)
- nearly all of the items in the Assessed collection had an evaluation component, with 85% in early childhood and schooling, followed by safe communities (81%), health (80%) and economic participation (75%)
1. Main findings

- There was little cost-benefit and cost-effective analysis completed in all of the building blocks, with safe communities having the highest proportion (28%).
- Half of the items in health related to programs designed specifically for Indigenous Australians, followed by safe communities (42%).
- Health (57%) had the highest proportion of study participants who were Indigenous, followed by safe communities (49%).
- Most of the research in safe communities (89%), health (76%) and economic participation (69%) was conducted in Australia, compared with 59% in the early childhood and schooling building blocks combined.

Figure 1.3: Characteristics of the Assessed collection by building block (per cent)
In April 2007 the Council of Australian Governments (COAG) agreed to establish a clearinghouse for evidence on what works to close the gap on Indigenous disadvantage. The Closing the Gap Clearinghouse was jointly funded by all Australian governments for five years under the National Partnership on an Indigenous Clearinghouse. The Clearinghouse Board met for the first time in November 2009.

The Clearinghouse collects and assesses resources that cover the seven COAG building blocks: early childhood, schooling, health, economic participation, healthy homes, safe communities and governance and leadership. The Clearinghouse focuses on what works to overcome problems rather than outlining the nature or extent of them. It is unique, as the quality or rigour of the evidence from each item in the collection is assessed by experts, and summaries of what works to close the gap in Indigenous disadvantage are provided on the website. The Clearinghouse resources include Indigenous and non-Indigenous research, as well as research from overseas that is relevant to the COAG building blocks.

This paper analyses the Closing the Gap Clearinghouse resources to find evidence of what works to address Indigenous disadvantage, and to identify gaps and priorities for further research.

### About the Clearinghouse

#### Board

The board provides strategic directions and oversees the operations of the Clearinghouse. The Hon. Jenny Macklin MP, Minister for Indigenous Affairs, appointed the chair and academic advisers to the board.

#### Scientific Reference Group

The Scientific Reference Group provides technical advice to the Clearinghouse on operational matters. It comprises academic members with subject-matter expertise relevant to the COAG targets, and representatives from the Australian Institute of Health and Welfare (AIHW) and the Australian Institute of Family Studies (AIFS).

#### Panel of subject specialists

Subject specialists assist the Clearinghouse by examining the evidence in a selected range of programs, evaluations or activities. The Clearinghouse gratefully acknowledges their contribution.
Clearinghouse resources

In its first year of operation, the Clearinghouse focused on five of the COAG building blocks—early childhood, schooling, health, economic participation and safe communities—the remaining two, healthy homes and governance and leadership were reserved for future years.

Within those five building blocks, the COAG Working Group on Indigenous Reform set the following priority areas to guide the choice of items for the Assessed collection, as well as topics for issues papers and resource sheets:

- school readiness, including the health and learning aspects of early child development
- early literacy and numeracy
- school attendance and retention
- participation in the labour force, particularly by urban/regional/remote areas
- community safety
- Indigenous mortality risk factors, particularly how policies and programs could address these in a culturally appropriate way.

The evidence presented in this paper is based on the following Clearinghouse resources collected during its first year of operation:

- the **Assessed collection**, which included 298 research and evaluation items assessed by subject specialists
- two **issues papers**, which reviewed a large body of evidence on a specific topic
- six **resource sheets**, that summarised the evidence on more narrowly defined areas
- a list of items on the **Research and Evaluation Register** relevant to improving Indigenous outcomes across the seven COAG building blocks.

**Table 2.1: Overview of Clearinghouse products and resources**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
</table>
| Assessed collection | Material assessed by experts:  
  - evaluations of a program or activity  
  - research examining the cost benefit and/or cost effectiveness of programs and activities  
  - research on adopting/implementing non-Indigenous ‘mainstream’ programs for Indigenous Australian and non-Australian Indigenous populations  
  - programs, strategies and practices for responding to traumatised individuals and communities |
| Issues papers   | Review the overall breadth of the evidence on a particular topic, and what that evidence is saying                                             |
| Resource sheets | Address narrowly defined issues such as the applicability of specific policies and/or programs to Indigenous contexts                         |
| Research and Evaluation Register | An online, searchable database of research and evaluations (both completed and currently underway) relevant to overcoming Indigenous disadvantage |
2. Background

The Assessed collection

Subject specialists assessed each item in the Assessed collection using a standard assessment tool. The assessment focused on the quality or strength of the evidence, and the implications of the research for overcoming Indigenous disadvantage.

As shown in Table 2.2, of the 298 items in the collection at October 2010, the schooling building block had the largest number (113 or 38%), followed by health (54 or 18%), safe communities (53 or 18%) and economic participation (52 or 17%). A brief summary of each item added to the Assessed Collection in the first year of operation is provided in Appendix B, grouped under the various building blocks.

Table 2.2: Assessed collection items by building block, Nov. 2009–Oct. 2010

<table>
<thead>
<tr>
<th>Building block</th>
<th>Early childhood</th>
<th>Schooling</th>
<th>Health</th>
<th>Economic participation</th>
<th>Safe communities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>26</td>
<td>113</td>
<td>54</td>
<td>52</td>
<td>53</td>
<td>298</td>
</tr>
<tr>
<td>%</td>
<td>8.7</td>
<td>38.0</td>
<td>18.1</td>
<td>17.4</td>
<td>17.8</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The healthy homes and governance building blocks were not included in the table as the collection did not cover these in Year 1.

Resource sheets and issues papers

Two issues papers and six resource sheets were published for year one and are shown by building block in Table 2.3. As they focused on themes related to priority topics, the schooling building block had the highest number of publications prepared. Summary extracts of these publications are provided in Appendix A.

Table 2.3: Issues papers and resource sheets by building block

<table>
<thead>
<tr>
<th>Building block</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schooling</td>
<td>School attendance and retention of Indigenous Australian students (Issues paper no. 1)</td>
</tr>
<tr>
<td></td>
<td>School readiness: what does it mean for Indigenous children, families, schools and communities? (Issues paper no. 2)</td>
</tr>
<tr>
<td></td>
<td>Teacher and school leader quality and sustainability (Resource sheet no. 5)</td>
</tr>
<tr>
<td></td>
<td>Closing the school completion gap for Indigenous students (Resource sheet no. 6)</td>
</tr>
<tr>
<td>Health</td>
<td>Anti-tobacco programs for Aboriginal and Torres Strait Islander people (Resource sheet no. 4);</td>
</tr>
<tr>
<td>Economic participation</td>
<td>Pathways for Indigenous school leavers to undertake training or gain employment (Resource sheet no. 2)</td>
</tr>
<tr>
<td>Safe communities</td>
<td>Community development approaches to safety and wellbeing of Indigenous children (Resource sheet no. 1)</td>
</tr>
<tr>
<td></td>
<td>Reducing alcohol and other drug related harm (Resource sheet no. 3)</td>
</tr>
</tbody>
</table>
2. Background

Research and Evaluation Register

There were 385 items on the Research and Evaluation Register as at the end of September 2010. Table 2.4 shows the items by building block, although items may be counted in more than one building block. Health had the largest number of studies, followed by schooling and safe communities. The majority of items in the register were assigned only one building block (227).

Table 2.4: Research and Evaluation Register items by building block, Nov. 2009–Sept. 2010

<table>
<thead>
<tr>
<th>Building Block</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood</td>
<td>78</td>
</tr>
<tr>
<td>Schooling</td>
<td>98</td>
</tr>
<tr>
<td>Health</td>
<td>210</td>
</tr>
<tr>
<td>Economic participation</td>
<td>75</td>
</tr>
<tr>
<td>Healthy homes</td>
<td>91</td>
</tr>
<tr>
<td>Safe communities</td>
<td>93</td>
</tr>
<tr>
<td>Governance/leadership</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>385</strong></td>
</tr>
</tbody>
</table>

Note: Items could be assigned to multiple building blocks, so the item numbers add to more than the total.

Of the 385 items in the register at end September 2010, most were classified as research (67%) or evaluations (26%) (Table 2.5).

Table 2.5: Research and Evaluation Register items by type of study, Nov. 2009–Sept. 2010

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>259</td>
</tr>
<tr>
<td>Evaluation</td>
<td>98</td>
</tr>
<tr>
<td>Performance audit</td>
<td>5</td>
</tr>
<tr>
<td>Cost-benefit analysis</td>
<td>3</td>
</tr>
<tr>
<td>Review</td>
<td>16</td>
</tr>
<tr>
<td>Unspecified</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>385</strong></td>
</tr>
</tbody>
</table>

The Research and Evaluation Register includes information about the public availability of a project. Items shown as publicly released include those currently available or will be available in the future. Items shown not to be publicly released include those that will not be available to the public or have an undetermined release date. The departments that have contributed to the register have indicated that 35% of the completed commissioned work has been made publicly available, 35% is still in progress and 25% had been completed but the release was unknown.

The data on availability of items by building block show that health had the most items publicly available, followed by schooling and safe communities. There were also a large number of items in the health building block that had not been publicly released.
3. In-depth analyses by building block

Methodology used

Research that addressed the COAG-identified areas critical to overcoming Indigenous disadvantage was considered in order to identify key findings and major gaps. The resource sheets and issues papers produced by the Clearinghouse synthesised material in the Assessed collection and other evidence with summary extracts provided in Appendix A. A brief summary of each item added to the Assessed collection in the first year of operation is provided in Appendix B, grouped under the various building blocks. The main findings from these key products are briefly outlined in this section.

The Clearinghouse used an analytical framework (outlined in Figure 1.1) to assess the evidence from the Assessed collection and the Clearinghouse publications. The framework included the following elements:

- themes of the research and key learnings for policy makers—as identified through qualitative analysis of assessed items, with an emphasis on quantitative studies with a comparison group, as well as resource sheets and issues papers
- characteristics of the assessed research—including research type, type of publication, whether a cost analysis was undertaken, whether an evaluation component was included, whether the program activity was designed for Indigenous Australians, participant study population, country and location of the research
- the gaps in the evidence were identified from the analyses above and from the resource sheets and issues papers.

Early childhood and schooling

What works

These findings are drawn from synthesised evidence provided in the 2 issues papers and 2 resource sheets on topics related to early childhood and schooling.

School readiness and attendance

- Effective interagency partnerships, for example, positive professional links and regular communication between prior-to-school educators and school educators support children's transition to school.
- Education practitioners and policy makers need to be well versed in the importance of cultural factors in schooling and development of policies and programs that take account of Indigenous cultures and history should continue. Schools that employ and value Indigenous staff provide 'ready' links between school, families and communities, which can enhance the transition to school for Indigenous children.
- Positive involvement of families and engagement with other community members in Indigenous children's transition to school are important components of making a school 'ready'.
- High-quality early-childhood education helps prepare children for school (Dockett et al. 2010; Purdie & Buckley 2010).
School completion

Comprehensive programs that work at three levels are more likely to be effective:

• School cultures and leadership that acknowledges and supports Indigenous students and families, including:
  – a shared vision for the school community
  – high expectations of success for both staff and students
  – a learning environment that is responsive to individual needs
  – a drive for continuous improvement
  – involvement of the Indigenous community in planning and providing education.

• School-wide strategies that work to maintain student engagement and improve learning outcomes, including:
  – broad curriculum provision
  – quality vocational education and training (VET) options
  – school absenteeism and attendance programs
  – quality career education.

• Student-focused strategies are also needed. These should directly meet the needs of students at risk of low achievement or early leaving, including:
  – targeted skill development
  – mentoring
  – school engagement programs
  – welfare support (Helme and Lamb 2011).

Teachers and school leaders

Teachers and school leaders were most effective when they were:

• contextually literate (understand the broader environment)

• organisationally savvy (organise their schools to respond to this environment)

• leadership smart (act with others, focus on areas where they can make a difference, make changes based on evidence, make sure all changes are heading in the same direction, use a range of leadership styles and develop leadership in others).

Teachers and school leaders achieve positive educational outcomes when they act independently, are community-minded, supportive of differences and have a capacity for change.

Schools work better when they operate as flexible organisations that focus on developing networks, trust and resources (social capital) at three levels:

• within the school as a community of professional learners

• between schools

• between the school and its community (Mulford 2011).
Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies. Some of the key themes that emerged across the three priority topics in the schooling and early childhood building blocks are below:

- Successful programs or strategies were supported by the local community, delivered by highly skilled and committed teachers and recognised Indigenous culture.
- Projects characterised by a high degree of Indigenous involvement and control produced significant benefits for participants.
- Engaging parents in children’s learning was of critical importance.

Early literacy and numeracy

There were 26 quantitative studies, including 10 Australian studies that involved some form of comparison group on early literacy and numeracy.

- Reading programs had the most impact when they were started early.
- Some studies in the United States found that Reading-Recovery programs conducted in the first year of primary school can be effective for up to three years.
- The more intensive programs had the best outcomes.
- Parent/family involvement and participation in literacy and numeracy programs had positive outcomes for the child, including increased reading ability and literacy skills, improved language skills and higher self-esteem.
- Starting preschool at age four, reading-specialist support, digital media training and computer-administered instruction were shown to produce positive early literacy and numeracy outcomes.
- An Australian study with Indigenous children found that linking kindergartens with preschools; professional development and continuity of teachers; good relationships between Indigenous and non-Indigenous teachers; and community involvement were critical to the success of literacy and numeracy programs.
- Involving parents in children’s literacy and numeracy learning led to increased interest in their children’s education.

School readiness

There were 25 school-readiness items, including four Australian studies, that were quantitative studies involving some form of comparison group.

- Studies from the United States and the United Kingdom showed that quality public preschools had positive effects on school readiness.
- The American Head Start program had positive results with 3-year-olds.
- A prekindergarten year was important in improving school readiness.
- Parenting education programs for at-risk children were found to reduce behavioural problems.
- Training of preschool teachers had positive effects on the quality of teaching and children’s readiness.
Box 3.1: Case study: Cherbourg Primary School

Chris Sarra (2003) has documented how he reversed high absenteeism and low academic achievement in a short time at Cherbourg Primary School in Queensland using a range of leadership approaches. Practical steps were taken to address specific issues such as:

- engaging with community powerbrokers to help build a vision for the school
- children monitoring their own absences as a class, and then having to explain them to the whole assembly every Friday, with the class with the least absences winning free ice blocks from the tuckshop
- introducing a school motto (‘strong and smart’), uniform and song
- assigning students to keep different areas of the school tidy and litter-free, and altering the school maintenance contract so that local Indigenous people were engaged to work at the school
- making an Indigenous studies program integral to the curriculum in all years.

Sarra concludes that ‘the most important thing I did was to believe in the people already at Cherbourg, and to be prepared to value what they had to say, to the extent that it truly influenced the directions of the school’. (Sarra 2003)

School attendance and retention

There were 14 school attendance and retention items that were quantitative studies, including six Australian studies that involved some form of comparison group. Findings supported by evidence are outlined below:

- Programs that provided job-related and life skills training were more successful in engaging students.
- Program/strategies were more effective when they took into account students’ prior skills and provided remedial teaching if required.
- Online study was effective when supported by trained facilitators who provided personal and technical support.
- The issues paper and resource sheet concluded that the following aspects were important for school attendance and completion:
  - educational programs involving creative collaboration, which built bridges between public agencies and the community, often by engaging parents or community-based organisations (Purdie & Buckley 2010)
  - a school culture and leadership that supports Indigenous students, intensive school-wide strategies and student-focused strategies (Helme & Lamb 2011—see Box 3.2).
Characteristics of the research

- The Assessed collection for the early childhood and schooling building blocks contained 139 items.
- Just under half (47%) were quantitative studies with a comparison group, followed by other quantitative studies (33%) (Figure 3.1).
- Forty three per cent were journal publications and 34% were non-government publications. The rest were Australian Government or international government publications, and other types.
- Eighteen per cent included a cost-effectiveness or cost-benefit analysis.
- Eighty-five per cent were evaluations of programs/activities.

Figure 3.1: Characteristics of the research for early childhood and schooling building blocks (per cent)

- About 17% of programs/activities addressed in these studies were designed specifically for Indigenous Australians, 10% were adapted for them, 58% were not adapted but could be, and 11% were not adapted but would be more difficult to adapt (Figure 3.2).
- In 28% of items, Indigenous Australians were study participants and 22% of items studied non-Indigenous Australians. A further 35% had non-Indigenous participants from the United States, Canada or New Zealand and 7% had indigenous participants from these countries.
3. In-depth analyses by building block

- Forty-eight per cent were Australian studies and 44% were United States studies. A small number were New Zealand and Canadian studies.

- Australian studies were fairly evenly conducted throughout major cities, regional, rural and remote locations.

**Figure 3.2: Characteristics of programs/activities for early childhood and schooling building blocks (per cent)**

- School readiness and early literacy and numeracy items were mostly quantitative with a comparison group (48% and 55% respectively), while school attendance and retention items used mostly other quantitative methods (40%) (Table 3.1).

- More than half of all items within each research theme were either quantitative with a comparison group or other quantitative.
Table 3.1: Early childhood and schooling items by priority topic and research themes and type of research

<table>
<thead>
<tr>
<th>Priority topic</th>
<th>Quantitative comparison group</th>
<th>Other quantitative</th>
<th>Qualitative¹</th>
<th>Literature reviews²</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>School readiness</td>
<td>25</td>
<td>48.1</td>
<td>15</td>
<td>28.8</td>
<td>6</td>
</tr>
<tr>
<td>Early literacy and numeracy</td>
<td>26</td>
<td>55.3</td>
<td>15</td>
<td>31.9</td>
<td>4</td>
</tr>
<tr>
<td>School attendance and retention</td>
<td>14</td>
<td>35.0</td>
<td>16</td>
<td>40.0</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65</td>
<td>46.8</td>
<td>46</td>
<td>33.1</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Themes of the research</th>
<th>Quantitative comparison group</th>
<th>Other quantitative</th>
<th>Qualitative¹</th>
<th>Literature reviews²</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs targeting disadvantaged or at-risk populations</td>
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<td>69.0</td>
<td>10</td>
<td>25.8</td>
<td>1</td>
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<tr>
<td>Parental/family involvement</td>
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<td>Teacher/professional development</td>
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<td>55.8</td>
<td>4</td>
<td>30.8</td>
<td>1</td>
</tr>
<tr>
<td>Community/cultural involvement</td>
<td>3</td>
<td>33.3</td>
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<td>33.3</td>
<td>2</td>
</tr>
<tr>
<td>School-based/VET programs</td>
<td>2</td>
<td>22.2</td>
<td>5</td>
<td>55.6</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>23.1</td>
<td>8</td>
<td>30.8</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65</td>
<td>46.8</td>
<td>46</td>
<td>33.1</td>
<td>16</td>
</tr>
</tbody>
</table>

¹This value is understated as some qualitative research is included in quantitative research.
²Literature reviews include systematic, meta-analysis and other reviews.

- Looking at indigenous status and the country of the study population, the research showed that non-indigenous studies in the United States, Canada or New Zealand had the largest proportion (58%) of studies that were quantitative with a comparison group (Table 3.2).

Table 3.2: Early childhood and schooling items by type of research and Indigenous status and country of study

<table>
<thead>
<tr>
<th></th>
<th>Australian (Indigenous)</th>
<th>Australian (non-indigenous)</th>
<th>US/Canada/NZ (indigenous)</th>
<th>US/Canada/NZ (non-indigenous)</th>
<th>Other international</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Quantitative comparison group</td>
<td>14</td>
<td>26.4</td>
<td>13</td>
<td>31.7</td>
<td>5</td>
</tr>
<tr>
<td>Other quantitative</td>
<td>18</td>
<td>34.0</td>
<td>17</td>
<td>41.5</td>
<td>3</td>
</tr>
<tr>
<td>Qualitative</td>
<td>13</td>
<td>24.5</td>
<td>7</td>
<td>17.1</td>
<td>3</td>
</tr>
<tr>
<td>Literature review</td>
<td>8</td>
<td>15.1</td>
<td>4</td>
<td>9.8</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>53</td>
<td>100.0</td>
<td>41</td>
<td>100.0</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: Items may be counted in multiple categories.
Gaps in the evidence

The early childhood and schooling building blocks had 139 items in the Assessed collection. Most of them (85%) had an evaluation component, with 18% of evaluations having a cost analysis included. It was difficult to find enough items on the three priority topics in this building block that were a focus of the Clearinghouse in the first year.

Compared with the other building blocks, early childhood and schooling had a lower proportion of Australian research, this was partly related to the larger number of items in this building block. Less than one in five of the programs/strategies evaluated were designed specifically for Indigenous Australians.

The schooling and early childhood building blocks had 65 studies (47%) that were quantitative studies involving some form of comparison group, a relatively high proportion compared with some of the other building blocks. There were, however, only 21 Australian studies in this category.

In relation to priority topics, there were 26 items on early literacy and numeracy that were quantitative studies involving some form of comparison group, but only 11 Australian studies. For school readiness there were 25 items that were quantitative studies involving some form of comparison group but only four Australian studies. As Dockett et al. (2010) noted of the evidence on school readiness:

• We don't know whether United States' and other international interventions will work in Australia.
• There was no solid evidence of benefits, particularly cost benefits, of many early childhood interventions in Australia.

The priority topic, school attendance and retention, had only 14 assessed items that were quantitative studies involving some form of comparison group, and it was difficult to draw conclusions about the effectiveness of various interventions and the key success factors from them. As noted by Purdie and Buckley (2010) in the resource sheet on school attendance and retention, there were few high-quality evaluations done in the area and the evidence for Indigenous students was not strong.

The resource sheet on school completion by Helme and Lamb (2011) noted the following gaps in the evidence:

• There was insufficient evidence demonstrating the effectiveness of many programs that are designed to improve the outcomes for Indigenous young people.
• Much of the work undertaken has been short term and piecemeal, or has not been evaluated robustly enough.
• There are insufficient longitudinal data that track the progress of Indigenous individuals and accurately measure the effects of different approaches. Furthermore, Indigenous samples within longitudinal studies are small, which makes it difficult to generalise on the basis of such limited information.
• Little information is available on the conditions needed for programs to work—on resources, quality of implementation, and the sorts of arrangements on which interventions or strategies work.
• As much of the research describes outcomes for Indigenous students as a whole, there is insufficient evidence on outcomes for particular types or subgroups of Indigenous students.
Health

What works

These findings were drawn from synthesised evidence provided in the resource sheet on anti-tobacco programs (Ivers 2011). In tobacco control, the evidence showed the following programs were effective:

- health professionals providing brief advice on how to quit, when delivered with pharmacotherapy such as nicotine replacement
- training health professionals to deliver cessation advice
- quit groups
- well-delivered multicomponent anti-tobacco programs.

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies.

- A number of interventions achieved small but measurable reductions in modifiable risk factors for chronic disease, such as weight and blood pressure, among Indigenous people.
- Systematic treatment of Indigenous people with chronic disease was found to reduce death rates.
- A Northern Territory program to reduce kidney disease risk factors was found to be cost effective.
- A community-based antenatal program was found to increase the number of women’s antenatal visits and reduce the number of preterm births and perinatal mortality.

Box 3.2: Case study: Smokecheck

The Smokecheck program was established in New South Wales in 2005, and involves using a culturally appropriate, evidence-based training package (including DVD, desktop tool and brochures) to train health professionals—including Aboriginal health workers, nurses, doctors and other community workers—to deliver a brief intervention to help smokers quit. Since August 2007, over 800 people have been trained through the program. Evaluation of the program showed that participants had much greater confidence in their ability to deliver cessation advice (Smokecheck 2009).
The following key success factors were found to contribute to successful health interventions for Indigenous people:

- strong and ongoing support by key community leaders, possibly through a project steering committee and/or strong community ownership and control
- an integrated multidisciplinary team approach where local health and liaison workers implemented the project, with technical and professional support by experts
- screening for early risk factors, including opportunistic screening as a key strategy.

In developing programs or strategies it would be useful to consider:

- including a cost-effectiveness or cost-benefit analysis at different stages of intervention (i.e. primary, secondary and tertiary)
- using screening results to inform medical treatment and pathology testing, with rapid feedback of the results to individuals and their health team
- health monitoring as a part of the project, including recall systems that may be used to ensure that regular health checks are carried out
- the implementation of a care plan that is easily accessible by members of the care team
- providing communities with skills and resources to implement, monitor and evaluate programs and, as a result, enabling them to adapt programs when needed.

**Characteristics of the research**

- There were 54 items in the Assessed collection for the health building block.
- The majority were quantitative studies with a comparison group (43%), followed by other quantitative studies (35%) (Figure 3.4).
- Eighty-seven per cent were journal publications. There was a small number of Australian Government and non-government publications.
- Twenty-four per cent included a cost-effectiveness or cost-benefit analysis.
- Eighty per cent were evaluations of programs/activities.
• Half (50%) of the programs/activities addressed in these studies were designed specifically for Indigenous Australians, 11% were adapted for them, 32% were not adapted but could be, and 4% were not adapted but would be more difficult to adapt (Figure 3.5).

• Indigenous Australians made up 57% of study participants and non-Indigenous Australians 17%. A further 17% had indigenous participants from the United States, Canada or New Zealand and 7% had non-Indigenous participants from these countries.

• More than three-quarters of the items were Australian studies, followed by United States studies (13%). Of the studies conducted in Australia, 25% were in metropolitan areas, 13% in regional areas and 38% in remote areas.
• Health had a relatively high proportion (43%) of studies that used quantitative methods with a comparison group (Table 3.3).

• Over 80% of lifestyle and chronic disease and maternal and child health items were quantitative studies with a comparison group, or other quantitative studies.

• All mental health items used qualitative methods.

Table 3.3: Health items by research themes and type of research

<table>
<thead>
<tr>
<th>Research Themes</th>
<th>Quantitative comparison group</th>
<th>Other quantitative</th>
<th>Qualitative</th>
<th>Literature reviews</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
<td>No.  %</td>
</tr>
<tr>
<td>Lifestyle and chronic disease</td>
<td>18  51.4</td>
<td>10  28.6</td>
<td>5  14.3</td>
<td>2  5.7</td>
<td>35  100.0</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>5  33.3</td>
<td>8  53.3</td>
<td>1  6.7</td>
<td>1  6.7</td>
<td>15  100.0</td>
</tr>
<tr>
<td>Mental health</td>
<td>0  0.0</td>
<td>0  0.0</td>
<td>2  100.0</td>
<td>0  0.0</td>
<td>2  100.0</td>
</tr>
<tr>
<td>Other</td>
<td>0  0.0</td>
<td>1  50.0</td>
<td>0  0.0</td>
<td>1  50.0</td>
<td>2  100.0</td>
</tr>
<tr>
<td>Total</td>
<td>23  42.6</td>
<td>19  35.2</td>
<td>8  14.8</td>
<td>4  7.4</td>
<td>54  100.0</td>
</tr>
</tbody>
</table>

1This value is understated as some qualitative research is included in quantitative research.

2Literature reviews include systematic, meta-analysis and other reviews.
• A high proportion of studies with Australian Indigenous participants were quantitative with a comparison group (Table 3.4).

### Table 3.4: Health items by type of research and Indigenous status and country of study participants

<table>
<thead>
<tr>
<th></th>
<th>Australian (Indigenous)</th>
<th>Australian (non-Indigenous)</th>
<th>US/Canada/NZ (Indigenous)</th>
<th>US/Canada/NZ (non-Indigenous)</th>
<th>Other international</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>%</td>
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</tr>
<tr>
<td>Quantitative comparison group</td>
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</tr>
<tr>
<td>Other quantitative</td>
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<td>6</td>
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<td>5</td>
</tr>
<tr>
<td>Qualitative</td>
<td>7</td>
<td>17.1</td>
<td>2</td>
<td>16.7</td>
<td>1</td>
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<tr>
<td>Literature review</td>
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<td>4.9</td>
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<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>100.0</td>
<td>12</td>
<td>100.0</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Items may be counted in multiple categories.

### Gaps in the evidence

The health building block had 54 items in the Assessed collection. Most of these items (80%) had an evaluation component and 24% included a cost analysis. It was easier to find health items that fit the criteria for the Assessed collection than for other building blocks.

Health had a relatively high proportion of both Australian and Indigenous research. Eighty-one per cent of the studies were Australian, with 25% of these in metropolitan areas, 13% in regional areas and 38% in remote areas. More than half (57%) had Indigenous Australians as study participants. Half of the programs/strategies evaluated were designed specifically for Indigenous Australians, and a further 11% were adapted for them.

Compared with the other building blocks, health also had a relatively high proportion of quantitative studies (43%) that involved some form of comparison group, including 17 Australian studies. There were, however, only a few studies that used randomised control groups.

The resource sheet *Anti-tobacco programs for Aboriginal and Torres Strait Islander people*, brought together the evidence on this topic and provided useful information on what works and what is not known. It found there was good evidence that a range of interventions worked for the general Australian community, but there was a lack of research showing their effectiveness for Indigenous people.
Box 3.3: Anti-tobacco programs: what we don’t know

There is good evidence that the following interventions work for the general Australian community. However, there is a lack of research showing their effectiveness for Aboriginal and Torres Strait Islander people or communities in:

- brief interventions such as advice from health care
- varenicline (a nicotine receptor partial agonist)
- bupropion (an antidepressant)
- interventions for pregnant women
- specialist tobacco workers
- quitlines
- hospital cessation programs
- media campaigns
- price increases and taxation.

Some interventions evaluated in other populations have not demonstrated an effect in reducing the harm resulting from tobacco; for example, school-based anti-tobacco programs and sports sponsorship programs.

Broader initiatives such as raising standards of living, and improving educational and employment opportunities, are also critical to reducing the harm resulting from tobacco use. (Ivers 2011)

Economic participation

What works

These findings were drawn from synthesised evidence provided in the resource sheet Pathways for Indigenous school leavers to undertake training or gain employment (Hunter 2010).

- Enhancing the potential productivity of the Indigenous workforce by facilitating training and education is the policy most likely to be effective. Accordingly, it is important to first overcome barriers to Indigenous participation in education and training. The recognition of the diverse and distinct cultural and social life experiences of Indigenous school-leavers is crucial.

- There are good theoretical reasons to expect that Indigenous input is imperative for all activities aimed at increasing Indigenous participation in programs and hence enhancing their effect. This principle holds for schools, university/vocational education and training (VET) sectors and labour market
programs. The evidence on outcomes is consistent with the benefits of Indigenous participation in program design, but the existing evaluations are largely descriptive.

- Among labour market programs, wage subsidy programs are consistently identified as having the best outcomes for Indigenous jobseekers.

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies.

- There was evidence from evaluations of international labour market training programs that labour market programs have a small positive effect on employment rates.
- Mandatory job-search training and wage subsidies in the United Kingdom increased the probability of employment for young men.
- Among international studies there was some evidence that intensive case management support was effective.
- One Australian study showed that labour market training programs had a small positive effect, with wage subsidies the most effective.
- Wage subsidy programs were found to have the best outcomes for Indigenous job seekers. Such subsidies helped Indigenous job seekers find long-term jobs either through Job Network or by their own efforts, and were shown to increase earnings.
- For Indigenous Australians, completion rates for training programs decreased as the length of training increased.
- Some of the studies that were quantitative studies without a comparison group supported these findings for Indigenous Australians.
- Intensive assistance, which involves receiving a range of assistance such as counselling, training, work experience, financial assistance and referrals to jobs, increased employment.

Box 3.4: Longitudinal Survey of Indigenous Jobseekers

The Longitudinal Survey of Indigenous Jobseekers tracked the experiences, over an 18-month period to September 1997, of 1,580 Indigenous job seekers who were registered with the Commonwealth Employment Service. Arguably, low response rates and the short timeframe of the survey period make it difficult to generalise from the results of that survey—but the various reports to the Department of Education, Employment and Workplace Relations are still the most credible analysis of dynamics of Indigenous labour market participation and job search to date. This research highlighted the importance of education in achieving and maintaining employment.

None of the studies on the Community Development Employment Projects Program were quantitative or involved some form of comparison group. They found:

- there were benefits from undertaking training to fill skilled vacancies in rural and remote regions but it is important to address the barriers that prevent people from completing training
- the importance of flexibility and the need to create an environment conducive to work, cultural and family commitments to improve job outcomes
- intensive support including case management, mentoring, employment training and work placements was shown to be effective.

**Characteristics of the research**

- There were 52 items in the Assessed collection for the economic participation building block.
- More than half were other quantitative studies, followed by quantitative studies with a comparison group (23%), qualitative studies (15%) and literature reviews (6%) (Figure 3.5).
- Over two-thirds were non-government publications, followed by journal publications (27%) and Australian Government publications (10%).
- Twelve per cent included a cost-effectiveness or cost-benefit analysis.
- Three-quarters were evaluations of programs/activities.

**Figure 3.5: Characteristics of the research for economic participation building block (per cent)**
3. In-depth analyses by building block

- Just under 30% of programs/activities addressed in these studies were designed specifically for Indigenous Australians, while 46% were not adapted for them but could be. Twenty-one per cent were not adapted but would be more difficult to adapt (Figure 3.6).

- Indigenous Australians made up 40% of study participants and non-Indigenous Australians made up 29%. A further 15% had non-Indigenous participants from the United States, Canada or New Zealand and 7% had Indigenous participants from these countries.

- Sixty-nine per cent of items were Australian studies, followed by United States studies (17%).

- Of those studies conducted in Australia, 31% were in metropolitan areas, 24% in regional areas and 21% in remote areas.

Figure 3.6: Characteristics of programs/activities for economic participation building block (per cent)

- In relation to type of research, more than half of all studies in each theme of the research used other quantitative methods (Table 3.5).

- Sixty per cent of International labour market programs were quantitative with a comparison group.

- Over a quarter of Australian labour market items and housing and employment outcomes items used qualitative methods.
### Table 3.5: Economic participation items by research themes and type of research

<table>
<thead>
<tr>
<th>Research Themes</th>
<th>Quantitative comparison group</th>
<th>Other quantitative</th>
<th>Qualitative¹</th>
<th>Literature reviews²</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
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<td>International labour market programs</td>
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<td>Characteristics for successful employment</td>
<td>2</td>
<td>15.4</td>
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<td>0.0</td>
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<td>Housing and employment outcomes</td>
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<td>0.0</td>
<td>2</td>
<td>50.0</td>
<td>1</td>
</tr>
<tr>
<td>VET</td>
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<td>0.0</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
<td>23.1</td>
<td>29</td>
<td>55.8</td>
<td>8</td>
</tr>
</tbody>
</table>

¹This value is understated as some qualitative research is included in quantitative research.
²Literature reviews include systematic, meta-analysis and other reviews.

- Two-thirds (64%) of the non-indigenous research from the United States, Canada and New Zealand was quantitative with comparison group (Table 3.6).

### Table 3.6: Economic participation items by type of research and Indigenous status and country of study participants

<table>
<thead>
<tr>
<th></th>
<th>Australian (Indigenous)</th>
<th>Australian (non-Indigenous)</th>
<th>US/Canada/NZ (Indigenous)</th>
<th>US/Canada/NZ (non-Indigenous)</th>
<th>Other international</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Quantitative comparison group</td>
<td>3</td>
<td>10.0</td>
<td>2</td>
<td>9.1</td>
<td>1</td>
</tr>
<tr>
<td>Other quantitative</td>
<td>21</td>
<td>70.0</td>
<td>14</td>
<td>65.6</td>
<td>1</td>
</tr>
<tr>
<td>Qualitative</td>
<td>4</td>
<td>13.3</td>
<td>5</td>
<td>22.7</td>
<td>2</td>
</tr>
<tr>
<td>Literature review</td>
<td>2</td>
<td>6.7</td>
<td>1</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100.0</td>
<td>22</td>
<td>100.0</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Items may be counted in multiple categories.

### Gaps in the evidence

The economic participation building block had 52 items in the Assessed collection. Three-quarters of these had an evaluation component, with 12% of evaluations having a cost analysis included. More than 60% were impact/outcome evaluations.

Most of the studies (83%) were Australian, and 41% had Indigenous Australians as study participants and 29% non-Indigenous Australians. Just under 30% of the programs/strategies evaluated were designed specifically for Indigenous Australians. Compared with the other building blocks, economic participation
had a low proportion of studies in the collection that showed what works (56%) and a low proportion of quantitative studies that involved some form of comparison group (23%).

A low proportion of the Australian studies were quantitative with some form of comparison group, while a higher proportion conducted overseas used this methodology. As noted by Hunter (2010) (Box 3.5) in relation to pathways for Indigenous school-leavers, much of the work in this area was descriptive and did not allow us to confidently identify outcomes of programs.

The strength of the evidence on international labour market training programs was significantly better but there was insufficient research on how well these would translate into the Australian Indigenous context.

**Box 3.5: Pathways for Indigenous school leavers to undertake training or gain employment: what we don’t know**

The main issue for identifying effective pathways is that there are many assertions about what works, but the evidence is not sufficiently informative. Most claims are based on descriptions of outcomes, rather than structured analysis that allows us to confidently identify activities that do not work. Evaluations of pathways require longitudinal data that are available for scrutiny to ensure that the evidence is credible and uses best-practice methodology. The international literature emphasises the greater use of social experiments that control for confounding factors, as such factors can make it difficult to issue definitive statements about ‘what works’. (Hunter 2010)

**Safe communities**

**What works**

These findings were drawn from synthesised evidence provided in the resource sheets on the safety and wellbeing of Indigenous children (Higgins 2010) and reducing alcohol and other drug related harms (Gray & Wilkes 2010).

**Safety and wellbeing of Indigenous children**

Principles and practices showing ‘promise’ for preventing and responding to maltreatment of Aboriginal and Torres Strait Islander children include:

- actions that take into account the historical context and prioritise cultural safety
- control of services and responsibility for outcomes resting with Indigenous-managed agencies that provide holistic services, and which are appropriately resourced and supported
- providing support for all families when they need it, as well as targeting services for vulnerable families that address the risk factors for child maltreatment, including parental risk factors such as substance misuse, family violence, mental illness and poor parenting skills
- empowering families to make decisions to protect children or create safe arrangements for their care
- community-level strategies based on social inclusion and situational crime prevention principles.
Reducing alcohol and other drug related harm

- The National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan provides a comprehensive framework for the provision of alcohol and other drugs (AOD)-specific interventions—including supply, demand and harm-reduction strategies.

- There is an extensive national and international evidence base for effective intervention and, although it is limited, the evidence from Indigenous studies is congruent with these broader findings.

- Effective supply-reduction strategies include price controls, restrictions on trading hours, reducing alcohol outlet density, dry community declarations, substitution of Opal fuel for unleaded petrol, and culturally sensitive enforcement of existing laws.

- Effective demand reduction strategies include early intervention, provision of alternatives to AOD use, various treatment modalities and ongoing care to reduce relapse rates.

- Effective harm reduction strategies include provision of community patrols, sobering-up shelters and needle and syringe exchange programs.

- Factors which facilitate the effective provision of AOD services to Indigenous Australians include Indigenous community control, adequate resourcing and support, and planned, comprehensive intervention.

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies.

Substance use

The findings on substance use from mainly Australian studies in the Assessed collection were consistent with the findings of the resource sheet on reducing AOD-related harm:

- Reducing supply was effective in reducing demand and AOD-related harm.

- The most successful interventions to reduce drug-related harms were needle syringe programs, supervised injecting rooms and outreach activities.

- Appropriate legislation that prohibited or restricted the sale of alcohol or regular unleaded petrol resulted in harm reduction.

- Intensive case management as part of a drug diversion program was likely to assist in reducing recidivism.

- Court diversion programs are most effective in rural and remote areas when alcohol use is the primary concern.

- An international study found that community-based programs were likely to be more effective when they had strong leadership and community engagement.
3. In-depth analyses by building block

Family functioning

There was also some evidence of success in a small number of family-functioning interventions:

- A structured behaviour modification program for primary school-aged children and their parents in a Northern Territory community improved child behaviour.
- A program providing intensive support services to Indigenous young people in metropolitan South Australia found a marked positive change in the young persons’ offending behaviour.
- A United States study found that culturally sensitive evidence-based programs implemented by respected elders resulted in improvements in child behaviour.

Box 3.6: Indigenous Group Triple P (Positive Parenting Program)

This is a version of the Group Triple P behavioural family intervention, which has a strong evidence base to support its effectiveness. The group program has been tailored for Australian Indigenous families presenting with concerns about their parenting, or about their child’s behaviour or development. Indigenous health and child-health workers conducted the parenting group training and support in community settings. The randomised control trial evaluation showed that the Indigenous parents attending Group Triple P reported significantly lower rates of problematic child behaviour, relied less on dysfunctional parenting practices (such as an authoritarian disciplinary style) and displayed less anger and irritability than those on a waiting list.

See: www16.triplep.net/?pid=2027#list3_item5

Characteristics of the research

- There were 53 items in the Assessed collection for the safe communities building block.
- Safe communities items were a fairly even distribution of quantitative studies with a comparison group (28%), other quantitative studies (26%), qualitative studies (26%) and literature reviews (20%) (Figure 3.7).
- More than half of the items were non-government publications (51%), followed by Australian Government publications (26%) and journal publications (19%).
- Twelve per cent included a cost-effectiveness or cost-benefit analysis.
- Three-quarters of the items were evaluations of programs/activities.
• Just under 30% of programs/activities addressed in these studies were designed for Indigenous Australians, while 46% were not adapted for them but could be. Twenty-one per cent were not adapted but would be more difficult to adapt (Figure 3.8).

• Indigenous Australians made up 40% of study participants and non-Indigenous Australians made up 29%. A further 15% had non-indigenous participants from the United States, Canada or New Zealand and 7% had indigenous participants from these countries.

• Eighty-five per cent of items were Australian. A small number were United States or Canadian.

• Of those studies conducted in Australia, 31% were in metropolitan areas, 24% in regional areas and 21% in remote areas.
In relation to type of research, just under 30% of all items were quantitative with a comparison group, while one-third used other quantitative methods and one-third were qualitative (Table 3.7).

Over 30% of items in all themes, except substance use, used other quantitative methods.
### Table 3.7: Safe communities items by research themes and type of research

<table>
<thead>
<tr>
<th></th>
<th>Quantitative comparison group</th>
<th>Other quantitative</th>
<th>Qualitative</th>
<th>Literature reviews</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>%</td>
<td>No.</td>
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<td>Substance use</td>
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<td>Family functioning</td>
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<td>30.8</td>
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<td>30.8</td>
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<tr>
<td>Criminal justice and rehabilitation</td>
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<td>Other</td>
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<td>42.9</td>
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<tr>
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<td>15</td>
<td>28.3</td>
<td>14</td>
<td>26.4</td>
<td>14</td>
</tr>
</tbody>
</table>

*This value is understated as some qualitative research is included in quantitative research.

*Literature reviews include systematic, meta-analysis and other reviews.

- One-third of the Indigenous Australian studies and the indigenous United States, Canada or New Zealand studies were quantitative with a comparison group (Table 3.8).

### Table 3.8: Safe communities items by type of research and Indigenous status and country of study participants

<table>
<thead>
<tr>
<th></th>
<th>Australian (Indigenous)</th>
<th>Australian (non-Indigenous)</th>
<th>US/Canada/NZ (indigenous)</th>
<th>US/Canada/NZ (non-indigenous)</th>
<th>Other international</th>
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</thead>
<tbody>
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<td>%</td>
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<td>%</td>
<td>No.</td>
</tr>
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<td>Qualitative</td>
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<td>30.0</td>
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<td>2</td>
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<tr>
<td>Literature review</td>
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<td>4</td>
<td>16.7</td>
<td>3</td>
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<tr>
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<td>40</td>
<td>100.0</td>
<td>24</td>
<td>100.0</td>
<td>9</td>
</tr>
</tbody>
</table>

*Note: Items may be counted in multiple categories.

### Gaps in the evidence

The safe communities building block had 53 items in the Assessed collection. More than 80% of these had an evaluation component, and 28% of evaluations included a cost analysis. Most of the studies (90%) were Australian, and a relatively high proportion (40%) of the programs/strategies evaluated were designed specifically for Indigenous Australians.

Compared with the other building blocks, safe communities had a relatively low proportion of quantitative studies with some form of comparison group (28%), and many of these evaluations were limited by data quality issues such as small samples and lack of statistical analysis. Most of these were Australian studies on substance use. There was also a paucity of good evidence on the themes of family functioning, family violence, or criminal justice and rehabilitation.
The resource sheets identified a lack of evaluation evidence on:

- Indigenous-specific interventions, which can guide the enhancement of alcohol and other drug treatment interventions (Gray & Wilkes 2010)

- whether economic strategies to improve the financial wellbeing of families reduce the incidence of child abuse or, in particular, neglect, in Indigenous communities (Higgins 2010)

- whether voluntary child-health screening is useful in identifying child sexual abuse, or that alcohol bans or pornography restrictions alone are useful responses to child abuse (Higgins 2010).
Appendix A
Summary extracts from issues papers and resource sheets

School attendance and retention of Indigenous Australian students (Purdie & Buckley): Issues paper No. 1

The paper concluded that the current evidence about attendance and retention strategies that work for Indigenous Australians is not strong. The main findings in relation to the evidence base were:

- large-scale research is needed
  - the current evidence base is small and mainly relates to contextualised investigations. It is difficult to extrapolate sound policy and generalised practice from these findings, particularly when findings are based on small samples that are from diverse communities. However, it is difficult to conduct large-scale research due to funding, time constraints and quality limitations in evaluation methods used
- programs and strategies should have an inbuilt monitoring and evaluation component including:
  - guidelines for researchers to evaluate the merit of the initiatives
  - the inclusion of mixed methods with a combination of qualitative and quantitative approaches for assessment
  - longitudinal analyses to enable the tracking of progress and confirmation that programs are sustaining positive outcomes
  - testing of programs for transferability in different contexts
- improved data collection procedures are required
  - for example, the Ministerial Council for Education, Early Childhood Development and Youth Affairs annual National report on schooling in Australia does not disaggregate attendance data by remoteness area nor list any source of such disaggregated data in the statistical annex.

The paper noted that issues of non-enrolment must also be recognised as important rather than just non-attendance. It is estimated that about 20,000 children of compulsory school age are not enrolled in school, and many of them are thought to be Indigenous. Ongoing efforts are required to identify and work with families and communities to engage with the education system.

School readiness: what does it mean for Indigenous children, families, schools and communities? (Dockett et al. 2010): Issues paper No. 2

What we know

- School readiness is a multidimensional construct, recognising the interplay of children’s individual characteristics and the contexts in which they live, and have lived, as they grow and develop.
- School readiness incorporates three major components:
  - children’s readiness for school
  - schools’ readiness for children
  - the capacity of families and communities to provide the necessary opportunities, conditions and supports to optimise children’s development and learning.
What works

• Schools that employ and value Indigenous staff provide ‘ready’ links between school, families and communities that can enhance the transition to school for Indigenous children.

• Positive professional links and regular communication between prior-to-school educators and school educators support children’s transition to school.

• Positive involvement of families and engagement with other community members in Indigenous children’s transition to school are important components of making a school ‘ready’.

• High-quality early childhood education helps prepare children for school.

What doesn’t work

• ‘Lack of readiness’ is not a problem of children being insufficiently skilled to learn at school, but instead it is where there is a mismatch between the attributes of individual children and families, and the ability and resources of the school and/or system to engage and respond appropriately.

• Assessment of Indigenous children via tests based in non-Indigenous culture can reinforce ‘gaps’ in knowledge and skills, rather than building positive images of Indigenous children as learners.

• Approaches to readiness and transition to school that focus only on developing Indigenous children’s skills, and not on broader factors such as schools, families and communities, do not necessarily lead to improved school success.

What we don’t know

• There is insufficient information on what Indigenous parents and communities understand by readiness for school.

• There is no national agreement on what is important in terms of readiness for school, how to measure it and what the indicators of readiness might be.

• Whether United States and other international interventions aimed at enhancing school readiness will work in Australia.

• We do not have solid evidence of benefits, particularly cost benefits, of many early childhood interventions in Australia.

Community development approaches to safety and wellbeing of Indigenous children (Higgins 2010): Resource sheet No. 1

This paper examined child abuse and neglect in Indigenous communities from a societal perspective by applying a community development framework to understand effective strategies for reducing risks and enhancing children’s safety and wellbeing.

What works

There was evidence that the following principles and practices show ‘promise’ for preventing and responding to maltreatment of Aboriginal and Torres Strait Islander children:
Appendix A
Summary extracts from issues papers and resource sheets

• actions that take into account the historical context and prioritise cultural safety
• control of services and responsibility for outcomes resting with Indigenous-managed agencies that provide holistic services, and which are appropriately resourced and supported
• providing support for all families when they need it, as well as targeting services for vulnerable families that address the risk factors for child maltreatment, including parental risk factors such as substance misuse, family violence, mental illness, and poor parenting skills
• empowering families to make decisions to protect children or create safe arrangements for their care
• community-level strategies based on social inclusion and situational crime prevention principles.

What doesn’t work

• Current data trends regarding child protection service activity (i.e. escalating demand for services, represented by increases in notifications, substantiations, and children placed in out-of-home care) show the limitations of adversarial risk-management-driven/forensic systems that do not support families in need.
• Evidence is lacking to show that voluntary child health screening is useful in identifying child sexual abuse, or that alcohol bans or pornography restrictions alone are useful responses.

What we don’t know

Currently, we don’t have evaluation data to know whether:
• economic strategies to improve the financial wellbeing of families (e.g. employment, income support, income quarantining, voluntary income management, housing and so forth) actually reduce the incidence of child abuse or, in particular, neglect, in Indigenous communities
• ‘promising practices’, if coordinated and comprehensively rolled out, lead to reductions in actual rates of child abuse and neglect at the community level.

Pathways for Indigenous school leavers to undertake training or gain employment (Hunter 2010): Resource sheet No. 2

• This sheet discussed the concept of pathways that indicate many possible journeys to some destination or outcome. It focused on the pathways that can enhance (or obstruct) the attainment of productive employment outcomes for Indigenous school-leavers.

What works

• Enhancing the potential productivity of the Indigenous workforce by facilitating training and education is the policy most likely to be effective. Accordingly, it is important to first overcome barriers to Indigenous participation in education and training. The recognition of the diverse and distinct cultural and social life experiences of Indigenous school-leavers is crucial.
• There are good theoretical reasons to expect that Indigenous input is imperative for all activities aimed at increasing Indigenous participation in programs and hence enhancing their effect. This principle holds for schools, university/VET sectors and labour market programs. The evidence on outcomes is
consistent with the benefits of Indigenous participation in program design, but the existing evaluations are largely descriptive.

- Among labour market programs, wage subsidy programs are consistently identified as having the best outcomes for Indigenous job seekers.

**What doesn’t work**

- Moving people to cities with better labour markets is not an option because it fails to address the inadequate productivity of a migrating population. School-leavers from remote areas do not currently have the skill-sets that allow them to compete in urban labour markets.

- Imposing solutions on Indigenous school-leavers is unlikely to be successful as the targets of the policy are more likely to passively (or perhaps actively) resist the implementation of such programs.

**What we don’t know**

- The main issue for identifying effective pathways is that there are many assertions about what works, but the evidence is not as informative as many would like us to believe. Most claims are based on descriptions of outcomes, rather than structured analysis which allow us to confidently identify activities that do not work.

- Evaluations of pathways require longitudinal data that are widely available for scrutiny to ensure that the evidence is credible and uses best-practice methodology. The international literature emphasises the greater use of social experiments that control for confounding factors. It is important that these factors are taken into account if we want to issue definitive statements about ‘what works’.

**Reducing alcohol and other drug related harm (Gray & Wilkes 2010): Resource sheet No. 3**

The harmful use of AOD (that is, any use that has a negative impact on the health, social and emotional wellbeing of users and others) is a significant public health problem for the Australian community as a whole and incurs significant economic costs. In this paper, we focus on one aspect of this wider problem and provide an overview of:

- harmful AOD use within Indigenous communities
- its relationship to the health gap between Indigenous and non-Indigenous Australians
- strategies that are known to be effective in reducing harm
- the necessary conditions for such effectiveness.

**What we know**

- Rates of risky AOD consumption and related harms among Indigenous Australians are generally twice those in the non-Indigenous population.

- High levels of AOD-related harm among Indigenous Australians are a consequence of, and contribute to, the health and social gap between them and non-Indigenous Australians.
• Reduction of harmful AOD-use must include broad strategies to address the underlying social factors that predispose towards, or protect against, harmful use, and strategies specifically targeting harmful use itself.

• AOD-specific strategies should aim to prevent or minimise the uptake of harmful use, provide safe care for those who are intoxicated and treatment for those who are dependent, support those whose harmful AOD use has left them disabled or cognitively impaired, and whose lives are affected by others’ harmful AOD use.

What works

• The National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan provides a comprehensive framework for providing AOD-specific interventions—including supply, demand and harm-reduction strategies.

• There is an extensive national and international evidence base for effective intervention and, although it is limited, the evidence from Indigenous studies is congruent with these broader findings.

• Effective supply-reduction strategies include price controls, restrictions on trading hours, reducing alcohol outlet density, dry community declarations, substitution of Opal fuel for unleaded petrol, and culturally sensitive enforcement of existing laws.

• Effective demand-reduction strategies include early intervention, provision of alternatives to AOD use, various treatment modalities and ongoing care to reduce relapse rates.

• Effective harm-reduction strategies include provision of community patrols, sobering-up shelters and needle and syringe exchange programs.

• Factors that facilitate the effective provision of AOD services to Indigenous Australians include Indigenous community control, adequate resourcing and support, and planned, comprehensive intervention.

What doesn’t work

• Interventions designed for the non-Indigenous population that are imposed without local Indigenous community control and culturally appropriate adaptation.

• Local dry area bans (i.e. location-specific as opposed to community-wide) are not effective in reducing AOD use and simply shift it to other areas, often where there is greater risk of harm.

• Voluntary alcohol accords have limited effect.

• On their own, education and persuasion programs have limited impact. They need to be employed in conjunction with other interventions.

• Interventions that stigmatise AOD users are counterproductive.

• Interventions that focus on dependent users and ignore episodic ‘binge’ users have limited impact.

• Barriers to effective service provision include short-term, one-off funding, provision of services in isolation and failure to develop Indigenous capacity to provide services.
What we don’t know

- There is a paucity of regional and local level AOD-use prevalence data that can enable better targeting of intervention and service provision.
- There are too few high-quality outcome and process evaluations of Indigenous-specific interventions, which can guide the enhancement of AOD interventions.
- Despite gaps in our knowledge, there is ample evidence to show what can be done to reduce AOD-related harm. What is needed is the commitment to do it—with Indigenous people, and not for them.

Anti-tobacco programs for Aboriginal and Torres Strait Islander peoples (Ivers 2011): Resource sheet No. 4

This resource sheet discusses the harm resulting from tobacco use in Aboriginal and Torres Strait Islander communities and evidence-based approaches to reducing this harm. To be effective, strategies to address tobacco use need to acknowledge the historical context for its use and the many socioeconomic influences. Tobacco interventions that have been developed by and/or for Aboriginal and Torres Strait Islander communities and interventions that may be suitable for translation for use in such communities are considered. Best-practice should involve community involvement in design, delivery and evaluation of programs.

What we know

- Tobacco use is a major preventable contributor to the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians.

What works

- Health professionals providing brief advice on how to quit, when delivered with pharmacotherapy such as nicotine replacement.
- Training health professionals to deliver cessation advice.
- Quit groups.
- Well-delivered multicomponent anti-tobacco programs.

What we don’t know

- There is good evidence that the following interventions work for the general Australian community, but there is a lack of research showing their effectiveness for Aboriginal and Torres Strait Islander people or communities:
  - brief interventions such as advice from health care professionals
  - varenicline (a nicotine receptor and partial agonist)
  - bupropion (an anti-depressant)
  - interventions for pregnant women
  - specialist tobacco workers
  - quitlines
hospital cessation programs
- media campaigns
- price increases and taxation.

- Some interventions evaluated in other populations have not demonstrated an effect in reducing the harm resulting from tobacco, for example, school-based anti-tobacco programs and sports sponsorship programs.
- Broader initiatives, such as raising standards of living and improving educational and employment opportunities, are also critical to reduce the harm from tobacco use.

**Teacher and school leader quality and sustainability (Mulford 2011): Resource sheet No. 5**

**What we know**

There is a remarkable similarity between recent Australian and international research on teacher and school leader quality and sustainability, and the more broadly recommended policy and practice in Indigenous education that recognises the importance of:

- self determination
- increased and sustained individual and collective capacity building to provide knowledge, skills and attitudes that enable school communities to create their own futures
- education practices that are culturally relevant and context specific
- working together through partnerships, networks and shared leadership.

**What works**

Teachers and school leaders are most effective when they are:

- contextually literate (understand the broader environment)
- organisationally savvy (organise their schools to respond to this environment)
- leadership smart (act with others, focus on areas where they can make a difference, make changes based on evidence, make sure all changes are heading in the same direction, use a range of leadership styles and develop leadership in others).

Teachers and school leaders achieve positive education outcomes when they act independently, are community-minded, supportive of differences and have a capacity for change.

Schools work better when they operate as flexible organisations that focus on developing networks, trust and resources (social capital) at three levels:

- within the school as a community of professional learners
- between schools
- between the school and its community.
Improving teacher and school leader quality and sustainability is a developmental journey with targeted interventions appropriate to each stage of that journey.

What doesn’t work

• A stand-alone leadership development strategy (other initiatives like ensuring the cultural relevance of school-wide practices are equally important).

• Failing to understand context and its implications for the organisation and function of schools.

• Teachers and school leaders choosing to be dependent, focused on the individual, supportive of sameness and involved in constant, unfocused change.

• Narrowing what counts for good schooling to a few areas that are relatively easy to measure.

• External authorities imposing change and reporting requirements on schools.

• Leaders who are position-based, do not work through others, are inflexible or rigid in their approach, act in areas they cannot influence and adopt only one leadership style, especially if this doesn’t develop leadership in others.

What we don’t know

Currently, we don’t have evaluation data to know:

• how Indigenous school leadership best operates

• how to measure what we value, such as child and community social development (instead of just focusing on what can be easily measured)

• what valid, reliable, efficient, administered evidence-gathering instructions represent the ‘best’ choices for use by schools.

Closing the school completion gap for Indigenous students (Helme & Lamb 2011): Resource sheet No. 6

School completion rates for Aboriginal and Torres Strait Islander students are well below the rates for non-Indigenous students. The target of halving the gap by 2020 in Year 12 (or equivalent) attainment rates between Indigenous and non-Indigenous students is a major national challenge.

What we know

The main factors that influence completion rates for Indigenous students are access, attendance and achievement. The barriers to their access to school are:

• physical (for example, due to geographic isolation)

• cultural (for example, due to discrimination)

• economic (for example, due to the costs associated with attending school)

• informational (for example, due to the lower levels of literacy in Indigenous communities).
What works

Research in Australia and overseas points to strategies in three main areas that have shown to be effective in secondary schools for increasing engagement, achievement and school completion among Indigenous students:

- a school culture and leadership that acknowledges and supports Indigenous students and families, including:
  - a shared vision for the school community
  - high expectations of success for both staff and students
  - a learning environment that is responsive to individual needs
  - a drive for continuous improvement
  - involvement of the Indigenous community in planning and providing education

- school-wide strategies that work to maintain student engagement and improve learning outcomes, including:
  - broad curriculum provision
  - quality VET options
  - school absenteeism and attendance programs
  - quality career education

- student-focused strategies that directly meet the needs of students at risk of low achievement or early leaving, including:
  - targeted skill development
  - mentoring
  - school engagement programs
  - welfare support
  - intensive case management.

What doesn’t work

The following strategies have not been effective in increasing the engagement, academic achievement or school completion rates for Indigenous students:

- a ‘one size fits all’ approach that either treats Indigenous students the same as non-Indigenous students or assumes that all Indigenous young people are the same

- short-term, piecemeal interventions that are not funded adequately or implemented for long enough to make a significant impact

- interventions that are adopted without considering local needs and collaborating with Indigenous communities

- attempting to solve the problem of leaving school early without dealing with its underlying causes and providing sustained institutional support. An example is raising the school-leaving age without putting programs in place to retain students at school.
What we don’t know

• There is insufficient evidence demonstrating the effectiveness of many programs designed to improve the outcomes for Indigenous young people.

• Much of the work undertaken has been short term and piecemeal, or has not been robustly evaluated.

• There are insufficient longitudinal data that track the progress of Indigenous individuals and accurately measure the effects of different approaches. Furthermore, Indigenous samples within longitudinal studies are small, which makes it difficult to generalise on the basis of such limited information.

• Little information is available on the conditions needed for programs to work—on resources, quality of implementation and the sort of arrangements on which interventions or strategies work or not (facilitators and inhibitors).

• As much of the research describes outcomes for Indigenous students as a whole, there is insufficient evidence on outcomes for particular types or subgroups of Indigenous students.
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