



**Australian Government**

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**Australian Institute of Health and Welfare**

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**Australian Institute of Family Studies**

# **Closing the gap** clearinghouse

## **What works to overcome Indigenous disadvantage**

**Key learnings and gaps in the evidence**

2011–12



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Any enquiries about or comments on this publication should be directed to:

Closing the Gap Clearinghouse

Phone: 1800 035 938

Email: [closingthegap@aihw.gov.au](mailto:closingthegap@aihw.gov.au)

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Appendices B-D are in a separate document available from the Closing the Gap Clearinghouse website: <<http://www.aihw.gov.au/closingthegap/>>.



## Acknowledgments

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## Abbreviations

AEDI	Australian Early Development Index
AMIHS	Aboriginal Maternal and Infant Health Service
AOM	acute otitis media
BBV	bloodborne virus
CHCI	Child Health Check Initiative
COAG	Council of Australian Governments
CSO	community service order
CtGC	Closing the Gap Clearinghouse
DEEWR	Department of Education, Employment and Workplace Relations
DoHA	Department of Health and Ageing
ECEC	early childhood education and care
EHSDI	Expanding Health Service Delivery Initiative
ENT	ear, nose and throat
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HALE	health adjusted life years
HIPPY	Home Interaction Program for Parents and Youngsters
IPD	invasive pneumococcal disease
LYAR	life years at risk
MDC	Midwives Data Collection
NTER	Northern Territory Emergency Response
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PBS	Pharmaceutical Benefits Scheme
PCV7	7-valent pneumococcal conjugate vaccine
QUMAX	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples Program
RAP	Resourceful Adolescent Program
STI	sexually transmitted infection
SUDI	sudden unexpected death in infancy



# 1. Summary of findings

The Closing the Gap Clearinghouse was established by the Council of Australian Governments (COAG) to bring together research and evaluation evidence on overcoming disadvantage for Indigenous Australians.

This report and its appendices summarise the findings of the Clearinghouse on what works in relation to the three COAG building blocks that were the focus of the Clearinghouse in Year 3: 'early childhood', 'health' and 'safe communities'. It also draws attention to demographic and other data from a number of Australian data sets, and identifies major gaps in the evidence.

The findings from research and evaluation were drawn from accumulated evidence in the Clearinghouse in the form of issues papers and resource sheets that synthesise the evidence on particular topics, and from the 264 publicly released items in the Research and Evaluation Register. More details about this evidence are provided in Section 3 of this report, and summaries of Research and Evaluation Register items classified by theme are provided in Appendices B, C and D. For a list of published and forthcoming Issues papers and Resource sheets see Table 2.1.

The building blocks addressed in previous years' reports were 'schooling', 'economic participation', 'healthy homes', and 'governance and leadership'. See the Closing the Gap Clearinghouse website for a summary of what works for all COAG building blocks <<http://www.aihw.gov.au/closingthegap/>>.

## What works

The Clearinghouse has continued to find that there are high level principles and practices that underpin successful programs for Indigenous Australians. These include the following:


- flexibility in design and delivery so that local needs and contexts can be taken into account
- community involvement and engagement in both the development and delivery of programs
- the importance of building trust and relationships
- a well trained and well resourced workforce, with an emphasis on retention of staff
- continuity and coordination of services.

More specific findings related to the three building blocks are outlined below.

## Early childhood

The Clearinghouse prepared two issues papers and published four resource sheets in the 'early childhood' building block. One published issues paper under the 'schooling' building block was also relevant to the 'early childhood' building block. These covered the topics of school readiness (Dockett et al. 2010), early childhood and education services (Sims 2011), early learning programs (Harrison et al. 2012), parenting support programs (Mildon & Polimeni 2012), access to services (Ware 2012), prevention and early intervention approaches (Bowes & Grace forthcoming), and improving the early life outcomes of Indigenous children (Ware forthcoming). In addition there were 24 publicly released items in the Research and Evaluation Register classified into the following four themes: parenting and supportive





communities, early learning and development, maternal and infant health and service coordination. These items were added to the Register between 2009 and June 2013.

There were a number of Indigenous-specific programs in early childhood education, as well as supported playgroups and school transition programs, that showed the most promise for promoting change in the early learning and development of Indigenous children, and in helping to prepare children for school (Bowes & Grace forthcoming; Dockett et al. 2010).

Early childhood education was more effective, particularly for vulnerable families, when it took into account the contexts in which families live. Services were more effective for Indigenous children and families when they were aware of and addressed cultural competence and cultural safety in their service delivery (Sims 2011; Bowes & Grace forthcoming).

Community involvement was found to be particularly important to the success of early childhood programs. This involvement was needed in the planning and development of programs, not just their implementation (Sims 2011; Harrison et al. 2012).

### **Promising programs**

The Home Interaction Program for Parents and Youngsters (HIPPY), a combined home and centre-based early childhood enrichment program that supports parents in their role as their child's first teacher adapted for Indigenous families, was a promising program (Bowes & Grace forthcoming; Liddell et al. 2011).

There was preliminary evidence that other mainstream parenting programs that had been adapted for Indigenous Australians (such as the Indigenous Triple P – Positive Parenting Program and Ngaripirliga'ajirri, adapted from Exploring Together) may be effective in increasing parental confidence and in reducing problem and risk behaviour among Indigenous children at home and school (Mildon & Polimeni 2012).


The evaluation of two playgroups – 'The Playgroup Program' and Orana supported playgroups – showed their value as soft entry points for other services and for building family support networks (Bowes & Grace forthcoming).

### **Gaps in the evidence**

There were relatively few comparative research studies in the 'early childhood' area, both mainstream and Indigenous, which made it difficult to draw definitive conclusions about what works. Many of the evaluations reviewed did not include comparison groups. There was also a focus on output measures such as client satisfaction, rather than on outcome measures, such as children's engagement or competency levels (Bowes & Grace forthcoming). The findings reported here were based on the evidence from the more rigorous studies.

In addition there were variations in locational and cultural contexts that impact on the success of programs, as well as how well they are adapted and implemented. Further research is needed into effective program adaptation and implementation (Bowes & Grace forthcoming).

Evaluations of mainstream (non Indigenous-specific) early childhood programs often have small Indigenous samples, so the level of engagement of Indigenous families in these programs and their effectiveness in relation to Indigenous families could not be reliably estimated.



There was very little Australian research identified that investigated the reasons for the low use of early learning programs (both mainstream and Indigenous-specific) by Indigenous families.

## Health

The Clearinghouse has prepared one issues paper, published six resource sheets and prepared two resource sheets under the 'health' building block. These covered the topics of reducing alcohol and other drug related harm (Gray & Wilkes 2010), anti-tobacco programs (Ivers 2011), healthy lifestyle programs (CtGC 2012), sexually transmitted infections (Strobel & Ward 2012), social and emotional wellbeing (CtGC 2013a) and suicide prevention (CtGC 2013b). In addition there were 79 publicly released items in the Research and Evaluation Register classified into the following five themes: health interventions and programs; health services; the burden of disease and injury; mortality and policy development. These items were added to the Register between June 2009 and June 2013.

The strongest evidence for what works in the health building block was around alcohol and other drug programs, where the following strategies were found to be successful:

- supply-reduction strategies – including 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
- demand-reduction strategies – including early intervention, provision of alternatives to drug and alcohol use and treatment and ongoing care to reduce relapse rates
- harm-reduction strategies – including provision of community patrols, sobering-up shelters, and needle and syringe exchange programs (Gray & Wilkes 2010).

## Promising programs

There were a number of programs in the health building block that had been evaluated with promising results, but which required further evaluations to confirm the findings.

- There was evidence that health professionals providing brief advice on how to quit smoking, when delivered with pharmacotherapy such as nicotine replacement, can improve quit rates (Ivers 2011).
- Community-initiated and managed healthy lifestyle programs in remote Indigenous communities have improved coronary heart disease risk factors related to diet. Programs have been implemented in a number of communities, but long-term effectiveness has been demonstrated in only one (CtGC 2012).
- Asthma education programs for parents and carers conducted by Indigenous health workers were found to reduce the number of school days missed due to wheezing.
- A longitudinal evaluation of the benefits of swimming pools in three remote Indigenous communities in the South Australia found that there was a reduction in skin infections among children who used the pools (Healthcare Evaluation and Planning 2009).
- Evaluation of the Quality Use of Medicines maximised for Aboriginal and Torres Strait Islander Peoples Program (QUMAX) found that it had increased access to the Pharmaceutical Benefits Scheme (PBS) for clients of urban and rural Aboriginal community-controlled health services and had improved clients' self-management of their health conditions (Urbis 2011).

The following were promising programs designed to improve mental health and wellbeing (CtGC 2013a; 2013b):

- Randomised controlled trials demonstrated that the Resourceful Adolescent Program (RAP) builds resilience, promotes the mental health of teenagers and is effective in preventing adolescent depression. RAP has been adapted for use with Indigenous communities and found to be culturally appropriate.
- A national evaluation of MindMatters (a mental health promotion program for secondary schools) found that it increases young people's attachment to school and their preparedness to seek help for their own issues. The evaluation included a Koori school and two schools with high proportions of Indigenous students, but further evaluation is required to determine whether MindMatters was effective in relation to Indigenous adolescents.
- In a randomised controlled trial involving 49 health centre clients with a chronic mental illness, motivational care planning was found to improve wellbeing and reduce alcohol and cannabis dependence.

### Gaps in the evidence

In line with the findings for the 'early childhood' building block, many evaluations of health programs did not use a comparison group, so it was difficult to draw definitive conclusions about the effectiveness of these programs. In a number of evaluations of anti-tobacco measures, for example, participants self-selected to participate in the evaluation and self-reported quit rates were used (Ivers 2011).

Some health programs were shown to be effective in the mainstream population, but had not been evaluated in relation to their effectiveness for Indigenous people. Examples included:

- programs to assist pregnant women to stop smoking
- hospital-based quit programs
- mental health programs such as KidsMatter, ReachOut, Kids Helpline and headspace (Ivers 2011; CtGC 2013a).

### Safe communities

The Clearinghouse has published one issues paper and five resource sheets prepared one resource sheet under the 'safe communities' building block. These covered the topics of interpersonal safety (Day et al. 2013), community patrols (CtGC 2013c), diversionary programs (CtGC forthcoming), mentoring programs (Ware 2013), community development approaches to the safety and wellbeing of children (Higgins 2010), and trauma informed services (Atkinson 2013). In addition there were 58 publicly released items in the Research and Evaluation Register classified into the following four themes: the protection and detention of children and young people; policing and the criminal justice system; restorative justice and diversion; and violence and conflict resolution. These items were added to the Register between June 2009 and June 2013.

While there were a large number of studies under this building block, much of the research was descriptive and there were only a small number of evaluations that demonstrated that programs worked. There was evidence that indicated that the following programs in the 'safe communities' building block were effective:

- Evaluation of the Deaths in Custody Program showed that it reduced Indigenous death rates in both prison and police custody between the mid-1990s and 2008. By the end of





this period the rate of Indigenous deaths in prison was lower than the rate of non-Indigenous deaths (Lyneham et al. 2010).

- Evaluations of the impact of alcohol restrictions in a number of remote Indigenous communities found that they had reduced the incidence and severity of family violence (Cripps et al. 2012).

### Promising programs

A number of evaluations provided evidence of promising programs, but further evaluations are required to confirm their effectiveness:

- An intensive family support service for children at risk of entering the child protection system in metropolitan and regional Queensland was found to be successful in preventing children from entering the system during the period of active intervention in almost all cases (Qld Department of Communities 2009a).
- Night patrols have the potential to increase community safety by preventing crime, reducing alcohol-related harm and empowering the local community. The most successful patrols were those that were supported by the community, the police and community services (CtGC 2013c).
- Indigenous courts were found to be successful in increasing the participation of the Indigenous community in criminal justice processes and in improving perceptions of their fairness and cultural-appropriateness. However, they did not appear to have an impact on re-offending, at least in the short term (Morgan & Louis 2010).

### Gaps in the evidence

There was a lack of published data that documented the outcomes of community safety programs which makes it difficult to articulate what constitutes effective practice in this area. More attention is needed to develop evaluation methods that assess the impact of program activities on medium and longer term outcomes (Day et al. 2013).

Information about program outcomes need to be better integrated with what is known about the mechanisms by which effective programs are delivered, as well as with knowledge about how they might be most effectively implemented in different communities (Day et al. 2013).


In relation to child protection, there was a lack of evidence about what works to reduce Indigenous over-representation in child protection systems. There was also a need for data and evaluations from jurisdictions other than Queensland.

Criminal justice data systems do not always collect information on Indigenous status, or do not collect it in a consistent way. This results in gaps in the evidence in relation to Indigenous involvement in criminal justice systems.

### What doesn't work

There were a number of common themes identified across these building blocks of what doesn't work.

- **Programs implemented in isolation:** When designing services, the program context needs to be taken into account, otherwise the program is unlikely to have an impact. Program context includes the structure and availability of existing services, local culture and belief systems and the physical, economic and social realities of the community.

- 
- **Short-term funding and high staff turnover:** Many programs are funded for short periods of time. Sufficient time is required to build relationships between service providers and Indigenous communities. Interacting with the same person is also important for maintaining engagement.
  - **Lack of cultural safety:** Services that do not provide a culturally safe environment are unlikely to engage Indigenous families. Employing local Indigenous staff is one means of providing a culturally safe service. Most importantly, staff need to respect and have an understanding of local Indigenous culture and knowledge. Appropriate images and language in program materials are also important for engaging Indigenous families
  - **Inflexible program delivery.** Flexibility is important in terms of the material delivered and the program structure. Regular, sequential programs may not be appropriate, as many families struggle to attend a program regularly. Lack of transport to the site of program delivery may also be a barrier for some families and provision of transport to and from the program may improve engagement.



## 2. Clearinghouse products and resources

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 Agreement on an Indigenous Clearinghouse. The Clearinghouse Board met for the first time in September 2009 and operations began in October 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. Summaries of what works to close the gap in Indigenous disadvantage in each area, and a range of other resources, are provided on the website. The Clearinghouse resources include Indigenous and non-Indigenous evaluations, as well as evaluations of programs from overseas that are relevant to the COAG building blocks.

### Publications

The Clearinghouse produces issues papers and resource sheets that synthesise the evidence on key topics. The summary list of current and forthcoming publications is provided in Table 2.1 below, with a more detailed list provided in Appendix A.

**Table 2.1: Summary list of publication topics by building block**

Type of paper	Summary list
<b>Early childhood</b>	
Issues papers	Improving early life outcomes (forthcoming)
	Closing the gap in early childhood years (forthcoming)
Resource sheets	Access to urban and regional services
	Parenting in the early years
	Early learning programs
	Early childhood and education services
<b>Schooling</b>	
Issues papers	School readiness
	School attendance and retention
Resource sheets	Engaging Indigenous students in health education
	Closing the school completion gap
	Teacher and school leader quality and sustainability
<b>Health</b>	
Issues paper	Social and economic determinants (forthcoming)
Resource sheets	Promoting social and emotional wellbeing
	Minimising suicide and suicidal behaviour
	Improving the accessibility of health services (forthcoming)

*(continued)*

**Table 2.1: (continued) Summary list of publication topics by building block**

Type of paper	Summary list
<b>Health</b>	
Resource sheets	Supporting healthy communities through, sports and recreation programs (forthcoming) Supporting healthy communities through, arts programs (forthcoming) Education programs about sexually transmitted infections and bloodborne viruses Healthy lifestyle programs Anti-tobacco programs Reducing alcohol and other drug-related harm
<b>Economic participation</b>	
Issues paper	Increasing Indigenous employment rates
Resource sheets	Enhancing employment of Indigenous ex-offenders Pathways for Indigenous school leavers
<b>Healthy homes</b>	
Resource sheets	Housing strategies that improve health outcomes (forthcoming) Constructing and maintaining houses
<b>Safe communities</b>	
Issues paper	Interpersonal violence
Resource sheets	Role of community patrols in improving safety Diverting Indigenous offenders (forthcoming) Mentoring for Indigenous youth at risk Community development approaches to safety and wellbeing of children Trauma-informed services and trauma-specific care
<b>Governance and leadership</b>	
Issues paper	Engaging with Indigenous Australia
Resource sheets	Engagement with Indigenous communities in key sectors Improving Indigenous community governance
<b>Cross cutting</b>	
	Effective practices for service delivery coordination

## Assessed collection

The Assessed collection includes research and evaluations that provide information on what works to overcome Indigenous disadvantage across the seven COAG building block topics that underpin the Closing the Gap targets. The Assessed collection includes:

- evaluations of programs and activities
- research examining the cost-benefit and/or cost-effectiveness of programs and activities
- research on adapting and/or implementing mainstream programs for Indigenous Australian and Indigenous non-Australian populations
- programs, strategies and practices for responding to traumatised individuals and communities.



There were 705 items in the Assessed collection at the end of June 2012. The COAG building block for 'health' contained the highest number of items (154), followed by the 'schooling' building block (140) (Table 2.2).

**Table 2.2: Number of Assessed collection items by building block, 30 June 2012**

Early childhood	Schooling	Health	Economic participation	Healthy homes	Safe communities	Governance and leadership	Total
127	140	154	97	51	133	81	<b>705</b>

*Note:* The sum of the Assessed Collection items by building block is greater than 705 as items can relate to more than one building block.

## Research and Evaluation Register

The Research and Evaluation Register is a compilation of government research and evaluations that are relevant to overcoming Indigenous disadvantage across the seven COAG building blocks. Government departments and research organisations nominate items for inclusion on the register.

At the end of June 2012 the Research and Evaluation Register contained 701 items. The 'health' building block had the largest number of items (371), followed by 'safe communities' (171) and 'schooling' (160) (Table 2.3). It should be noted that items can relate to more than one building block.

**Table 2.3: Number of Research and Evaluation Register items by building block, 30 June 2012**

Early childhood	Schooling	Health	Economic participation	Healthy homes	Safe communities	Governance and leadership	Total
126	160	371	148	120	171	80	<b>701</b>

*Note:* The sum of the Research and Evaluation Register items by building block is greater than 701 as items can relate to more than one building block.

## Publicly released items

Not all items listed in the Research and Evaluation Register are complete and/or have publicly available reports. Of the 701 items in the Research and Evaluation Register, 264 (38%) had publicly released reports. Table 2.4 shows that there were publicly available items across each of the seven building blocks, and 'health' (79) and 'safe communities' (58) made up more than half of them.

**Table 2.4: Research and Evaluation Register publicly released items, 30 June 2012**

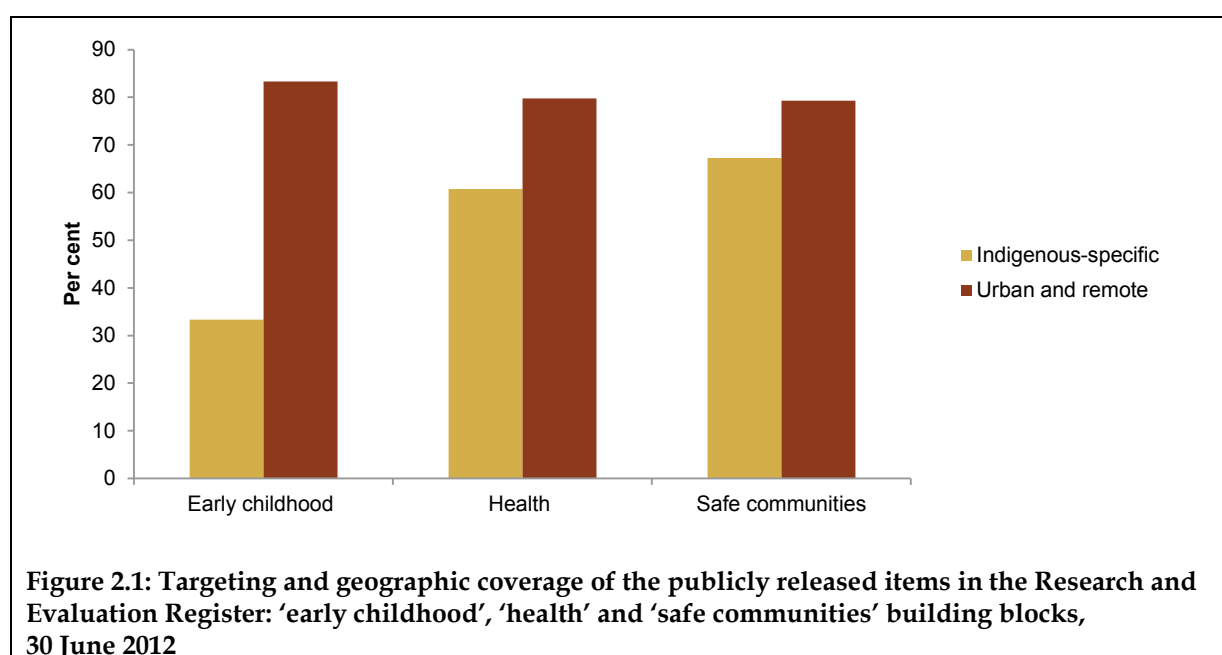
Building block	Number	Per cent
Early childhood	24	9
Schooling	26	10
Health	79	30
Economic participation	29	11
Healthy homes	19	7
Safe communities	58	22
Governance and leadership	18	7
Cross cutting	11	4
<b>Total</b>	<b>264</b>	<b>100</b>

## Early childhood, health and safe communities building blocks

Three building blocks were selected as the focus for the third year of Clearinghouse operation: 'early childhood', 'health' and 'safe communities'. Appendices B, C and D provide summaries of all the publicly released Research and Evaluation Register items in these three building blocks.

### Targeting and geographic coverage

One-third of publicly available items relating to the 'early childhood' building block were Indigenous-specific, whereas the corresponding proportions for the other two building blocks were about two-thirds (health 60%, safe communities 67%) (Figure 2.1). In relation to geographic coverage, large proportions of the publicly available items in the three building blocks related to both urban and remote areas (early childhood 83%, health 79% and safe communities 79%).



### Evaluation methodologies

The 161 publicly available items in the Research and Evaluation Register that related to the early childhood, health and safe communities building blocks employed a range of methodologies: qualitative, quantitative and mixed (a combination of both qualitative and quantitative methods). The different methods used have implications for the conclusions that can be made.

Studies using quantitative methods generally have larger sample sizes and are used to assess whether a program has improved specific quantifiable aspects of health and wellbeing. For example there may be fewer skin infections among children who used swimming pools or a reduction in hospital admissions due to violence following the introduction of alcohol restrictions. Studies using qualitative methods often have smaller participant groups which are therefore less likely to be representative of program participants. But such studies can provide more in depth contextual information, such as whether a program has been well implemented or what aspects of a program have contributed to its effectiveness.

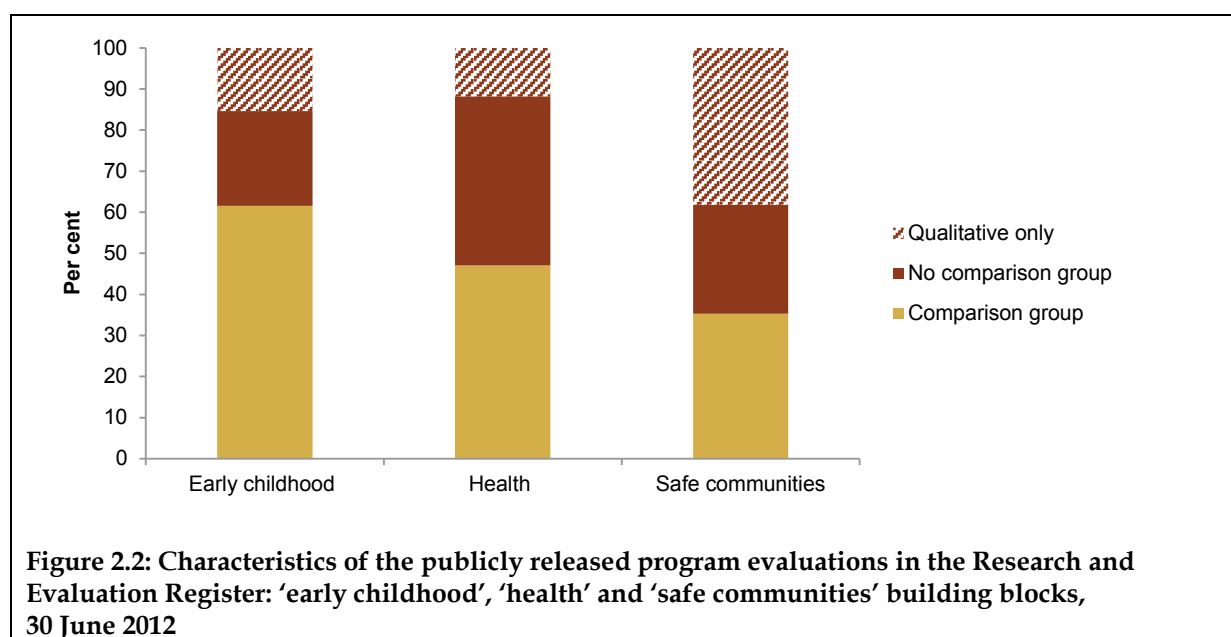
Those studies that use some form of a comparison group enable any changes that occur in the study group to be more reliably attributed to the program being evaluated. For example the decrease in hospitalisations due to violence being a result of an increased police presence, rather than due to alcohol restrictions.

There were 13 publicly available evaluations of 'early childhood' programs in the Research and Evaluation Register, about two-thirds of which (61%) used a comparison group. About a quarter of the evaluations (23%) used a mix of quantitative and qualitative methods but did not use a comparison group and about one in six of the evaluations (15%) used only qualitative methods.

There were 17 publicly available evaluations of 'health' programs or services in the Research and Evaluation Register, about half of which (47%) used a comparison group. Under half (41%) of the evaluations did not use a comparison group and comprised evaluations that used a mix of qualitative and quantitative methods or only quantitative methods. Just over one in ten of the evaluations (11%) used only qualitative methods.

There were 34 publicly available evaluations of 'safe communities' programs in the Research and Evaluation Register, about one-third of which (35%) used a comparison group. About a quarter of the evaluations (26%) did not use a comparison group and comprised evaluations that used a mix of qualitative and quantitative methods or only quantitative methods. Over one-third of the evaluations (38%) used only qualitative methods.

Figure 2.2 shows the characteristics of publicly available evaluations for the 'early childhood', 'health' and 'safe communities' building blocks.





### 3. In-depth analysis by building block

This section provides in depth analyses of evaluations in the three building blocks that were the focus of Year 3: 'early childhood', 'health' and 'safe communities'. The findings for each building block are drawn from analyses of evaluations on the Research and Evaluation Register as well as the synthesised evidence in relevant Clearinghouse publications.

#### Early childhood

##### Research and Evaluation Register items

There were 24 publicly released items in the Research and Evaluation Register that relate to the 'early childhood' building block. Summaries of these items, classified by theme, are provided in Appendix B.

The 'early childhood' items were classified into the following four themes: parenting and supportive communities; early learning and development; maternal and infant health; and service coordination. Parenting and supportive communities was the most common theme, with over one-third of items (38%) (Table 3.1). The next most common theme was early learning and development, with over a quarter of items (29%), followed by maternal and infant health (25%) and service coordination (8%).

**Table 3.1: Theme and type of study for the publicly released items in the Research and Evaluation Register: 'early childhood' building block, 30 June 2012**

Theme	Program evaluations	Research/Other	Total no.	Per cent
Parenting and supportive communities	8	1	9	38
Early learning and development	3	4	7	29
Maternal and infant health	1	5	6	25
Service coordination	1	1	2	8
<b>Total</b>	<b>13</b>	<b>11</b>	<b>24</b>	<b>100</b>

Source: Closing the Gap Clearinghouse Research and Evaluation Register.

##### Evaluation items

Thirteen of the 24 publicly available items relating to the 'early childhood' building block were program evaluations, with the methods used for these evaluations shown by theme in Table 3.2.

Of the eight evaluations relating to parenting and supportive communities, five (62%) used a comparison group. Note, however, that three of these five program evaluations related to a single program (Brighter Futures) – a report on the design of the evaluation, an interim evaluation report and a final evaluation report. Two of the remaining program evaluations (25%) used a combination of quantitative and qualitative methods but did not use a comparison group, and one evaluation (12%) used only qualitative methods.

Of the three evaluations relating to early learning and development, one used a comparison group, one used a combination of quantitative and qualitative methods but did not use a comparison group, and one used only qualitative methods. The evaluation relating to



maternal and child health used a comparison group, as did the evaluation relating to service coordination.

**Table 3.2: Methods used in early childhood program evaluations, 30 June 2012**

Theme	Mixed (quantitative and qualitative)		Qualitative only	Total
	Comparison group	No comparison group		
Parenting and supportive communities	5	2	1	8
Early learning and development	1	1	1	3
Maternal and infant health	1	0	0	1
Service coordination	1	0	0	1
<b>Total</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>13</b>

Summaries of the 13 publicly available evaluations, classified by theme, are provided below.

### Parenting and supportive communities


There were eight evaluations of programs that relate to parenting and supportive communities, however three of them related to a single program (Brighter Futures). Summaries of all eight program evaluations are provided in Appendix B. Key results and limitations were as follows:

- The Home Interaction Program for Parents and Youngsters (HIPPY) program is a combined home and centre-based early childhood enrichment program that supports parents in their role as their child's first teacher. A two-year longitudinal evaluation of the national rollout of the program used a matched comparison group derived from the Longitudinal Study of Australian Children. Fourteen HIPPY implementation sites across urban, regional and remote Australia were evaluated. Five of the sites included high proportions of Aboriginal parents and children and at these sites HIPPY was adapted to better meet the needs of Indigenous families. Adaptations included embedding HIPPY within a broad range of social supports; centre-based delivery of the program with the provision of transport (to overcome difficulties associated with home visits); the employment of additional tutors and support staff; and the involvement of extended family (Liddell et al. 2011).

The evaluation found that HIPPY holds promise as an appropriate and acceptable program with Indigenous Australians. It was found to work well in some locations but struggled to engage Indigenous families in others. HIPPY was most successful in locations where the local Indigenous community was closely involved in the planning and implementation of the program, and where there were ongoing strong relationships between the agency delivering HIPPY and other local child and family services for Indigenous Australians (Liddell et al. 2011).

Further information regarding the HIPPY evaluation is provided in Appendix B.

- Brighter Futures is an early-intervention program targeting vulnerable families with children at risk of abuse and/or neglect. Services are provided to families for up to two years and include case management, home visits, parenting programs and services to children. An evaluation of the program used a broad range of qualitative and quantitative data from Indigenous and non-Indigenous families in seven metropolitan, rural and remote regions of NSW. Information sources included data on families who participated in Brighter Futures, as well as comparison families; risk of harm reports



(notifications of suspected abuse or neglect made by members of the public, doctors, teachers, childcare workers and others who work with children); out-of-home care data; and a survey of participating families. A total of 5,869 families participated in Brighter Futures during the evaluation period, of whom 1,422 (24%) were Indigenous (Hilferty et al. 2010a). The evaluation found that Brighter Futures had difficulty in retaining families, especially Indigenous families. Of the 285 Indigenous families who entered Brighter Futures in 2007 or earlier (and hence would be expected to have completed the program by the time the evaluation took place), nearly two-thirds (62%) withdrew from the program or did not complete the program for a range of reasons. The low retention rate for Indigenous families suggests that there may have been barriers to their sustained engagement, however the evaluation did not explore this issue.

Just over one-third (37%) of Indigenous families achieved the goals in their case management plan. The evaluation found that families who were known to Community Services for longer periods of time before being referred to Brighter Futures were less likely to achieve their goals, suggesting that Brighter Futures should target families as soon as possible after becoming known to Community Services (Hilferty et al. 2010b).

There was a 77% decline in the number of risk of harm reports resulting from carer issues (mainly alcohol and drugs) for the 106 Indigenous families who achieved their goals compared with Indigenous families not on the program (Hilferty et al. 2010b).

### **Case study 3.1: Triple P – adapting programs to be culturally appropriate**

Triple P (Positive Parenting Program) is a well-respected parenting program used across Australia which was originally developed with western cultural and childrearing practices in mind. One team in Queensland developed a culturally tailored version of the program for Aboriginal and Torres Strait Islander families, known as Group Triple P, which has been implemented over a range of urban, regional and remote settlements across Australia.


Group Triple P is an early intervention program that aims to promote positive, caring family relationships and to help parents develop effective strategies for dealing with common behaviour problems and developmental issues. It is an eight-session program, conducted in groups of up to 12 parents. It uses active skills training to help parents acquire new knowledge and skills.

Changes were made to the language and images used in program resources, and the methods used to depict parenting strategies were developed (for example, a culturally tailored video, workbook and visual aids). The structure of group sessions was altered to allow more time to discuss the social and political context for parenting, develop trust, slow the pace of presentation, and share personal stories.

Two trial programs highlighted the importance of engaging families when they first make contact, helping families deal with competing demands, and offering flexible service delivery so families can resume contact when circumstances permit. The trials demonstrated high levels of satisfaction with the cultural appropriateness of the program.

*Source:* Turner 2007:6; Ware 2012.

- A preliminary evaluation of an Indigenous-specific family home visiting program (Sivak et al. 2008) related to the first twelve months of the first stage of a multi-stage evaluation process. The evaluation report did not name the program. The evaluation used a combination of qualitative and quantitative methods but did not use a comparison group, so the extent to which the reported results may be attributable to the program is unclear. Participants in the evaluation were chosen by program staff, so were unlikely to represent the range of views, such as those of families who declined to



participate in the program or withdrew from the program. The report identified what was working well for families who remained with the program, but did not identify barriers to engagement and retention. A more rigorous evaluation would be required to establish the effectiveness of the program, especially in light of the preference of Indigenous families for centre-based service delivery rather than home visits that was identified in the evaluation of HIPPY (Liddell et al. 2011).

- An evaluation of the Koori Fathering program (Newell et al. 2006) was based on a small sample of eight men who had self-selected to participate in the evaluation. The evaluation did not use a comparison group. The evaluation found that the program was well accepted by the participants, who stated that it improved their knowledge, attitudes, skills, practices and confidence across a range of parenting issues. A more rigorous evaluation would be required to establish the effectiveness of the program.
- Two evaluations of aspects of the Stronger Families and Communities Strategy (Muir et al. 2009; Scougall 2008) investigated the extent and quality of the implementation of funded projects and the impacts of the strategy. Both evaluations reported an improvement in the use of services by families in hard-to-reach groups including Indigenous families. However the results of a three year longitudinal survey of 2,202 families with children in ten communities where the strategy was implemented and five comparison communities did not show a clear benefit of the strategy for Indigenous families and children (Muir et al. 2009).

## **Early learning and development**

### **National data on child development**

The Australian Early Development Index (AEDI) assesses the following five areas of early childhood development from information collected through a teacher-completed checklist: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); communication skills and general knowledge (CCCH & TICHR 2009). Data for the AEDI were collected in 2009 and 2012.

In 2009, data for the AEDI were collected on 97% of Australian children in their first year of school. A report on the analysis of these data found that the majority of Australian Indigenous children were developmentally on track on all the AEDI domains, with the exception of the language and cognitive skills (school-based) domain. However, there were higher proportions who were developmentally vulnerable on each of the AEDI domains compared to non-Indigenous children:

- Nearly half (47%) were developmentally vulnerable on one or more of the AEDI domains. This was double the corresponding proportion for all Australian children (23%).
- Over a quarter (29%) were developmentally vulnerable on two or more of the AEDI domains. This was almost three times the proportion for all Australian children (11%) (CCCH & TICHR 2009).

By 2012, results had improved for both Indigenous and non-Indigenous children:

- About two in five Indigenous children (43%) were developmentally vulnerable on one or more of the AEDI domains, still double the corresponding proportion for all Australian children (22%).
- Just over a quarter (26%) of Indigenous children were developmentally vulnerable on two or more of the AEDI domains, still over twice the corresponding proportion for all Australian children (10%) (DEEWR 2013).





## Results of program evaluations

Evaluations of the following early learning and development programs were reviewed: the Better Beginnings family literacy program; the Foundations for Success guidelines; and the Pathways to Prevention project. Summaries of these three program evaluations are provided in Appendix B and key results and limitations are provided below:


- An evaluation of Better Beginnings (an early-intervention family literacy program) used a combination of quantitative and qualitative methods but did not use a comparison group. Mothers participating in Better Beginnings were followed up for two years after completing the program (Barratt-Pugh & Rohl 2010). The evaluation reported a number of benefits of the program, however, as there was no comparison group it is difficult to assess the contribution of the program to these improvements. There was no separate analysis of data for Indigenous participants, however the Better Beginnings program has been adapted for Indigenous families as the Read to Me—I love it! program. No evaluation of this program is yet available.
- An evaluation of the implementation of the Foundations for Success guidelines for early learning programs in Aboriginal and Torres Strait Islander communities was based on qualitative data collected in six remote communities. The evaluation reviewed the process undertaken to develop the guidelines and the extent to which they were supported by educators and assisted children to transition between early learning programs and school. The findings were based on an analysis of documents related to the development of the guidelines and conversations with a total of 70 educators and eight family members undertaken during four visits to each of the six communities (Perry 2011). No evaluation of the impact of the guidelines on early learning was undertaken.

The evaluation found that although the level of successful implementation of the guidelines in the six evaluation sites varied, respondents considered that early learning programs informed by the Foundations for Success guidelines have the potential to be successfully implemented in Cape York and Torres Strait Islander communities. The following conditions for successful implementation of the guidelines were identified by the respondents:

- the fidelity with which the program is implemented, as well as the knowledge, experience and skills of the teachers involved
  - honouring and celebration of both home language and standard Australian English
  - educational leadership that is committed to the philosophy of early learning in general, and to the Foundations for Success guidelines in particular, is necessary for the success of the program
  - successful implementation of Foundations for Success relies on the availability of people who can access Indigenous knowledge relevant to the local community.
- The Pathways to Prevention project was a community-based school readiness program for disadvantaged families. It comprised three elements: a pre-school intervention, a school-based intervention and a family and community-based intervention (Homel et al. 2006).

An evaluation of the project, based on data collected on a sample of 647 children (444 in the treatment/activity group and 203 in the comparison group) found that the preschool intervention improved children's communication skills and reduced their level of difficult behaviour, compared with the comparison group. The family intervention was successful in engaging vulnerable families and resulted in positive outcomes for parents,





care-givers and children (Homel et al. 2006). The suburb in which the project was implemented has a large Indigenous population, however the results for Indigenous children were not analysed separately.

An economic analysis of the project found that the cost was lower than that of other remedial behaviour programs (Homel et al. 2006).

## **Maternal and infant health**

### **Trends in maternal and infant health in the Northern Territory**

A longitudinal quantitative analysis of Northern Territory data in the Midwives Data Collection (MDC) reported the following trends:

- Between 1986 and 2005 the proportion of Indigenous mothers who attended their first antenatal visit during the first trimester increased significantly from 16.5% to 38.4%, and from 49.3% to 65.0% for non-Indigenous mothers.
- Between 1996 and 2005 smoking during pregnancy increased significantly among Indigenous mothers (from 43.4% in 1996-97 to 52.9% in 2004-05) but declined significantly among non-Indigenous mothers (from 25.1% in 1996-97 to 21.9% in 2004-05).
- The proportion of mothers diagnosed with gestational diabetes increased significantly between 1992 and 2006 for both Indigenous and non-Indigenous mothers (from 6.0% to 8.2% for Indigenous mothers and from 3.5% to 6.1% for non-Indigenous mothers).
- About one in seven Indigenous babies born between 2001 and 2005 (13.5%) had low birth weight (less than 2,500 grams), compared with about 1 in 16 non-Indigenous babies (6.2%). Between 1986 and 2005 the gap between the average birth weights of Indigenous and non-Indigenous babies decreased (from 269 grams in 1986-90 to 244 grams in 2001-05).
- Between 1986 and 2005 the Indigenous perinatal death rate fell from 39 to 23 deaths per 1,000 total births. Over the same period the non-Indigenous perinatal death rate declined from 14 to 11 deaths per 1,000 total births (Zhang et al. 2010).


### **Results of program evaluations**

An evaluation of the NSW Aboriginal Maternal and Infant Health Strategy – AMIHS (NSW Health 2005) used both quantitative and qualitative methods and a comparison group. The evaluation found that nearly four in five (79%) Aboriginal women who gave birth in the catchment areas of AMIHS services in 2003 received care from these services.

Over three-quarters (78%) of Aboriginal women who used AMIHS services in 2004 attended their first antenatal visit before 20 weeks gestation, as compared with about two thirds (65%) of Aboriginal women who gave birth in the catchment areas in the five years prior to the establishment of the AMIHS.

There was also a significant decrease in the proportion of Aboriginal babies born prematurely (before 37 weeks gestation). Just over one in 10 babies (11%) were born prematurely in 2004, as compared with one in five in the five years prior to the establishment of the AMIHS.

There were limitations to the methodology used in the evaluation. Data on the treatment and comparison groups were obtained from different sources and over different time periods: the treatment group were women treated by AMIHS services in 2003 and 2004, based on AMIHS administrative data. The comparison group were all Aboriginal women in



the catchment areas who gave birth over a five year period (1996 to 2000) prior to the establishment of the AMIHS, based on the Midwives Data Collection (MDC). Using average MDC results for the period 1996 to 2000 as the baseline means that any trends over this five year period were not taken into account. It is possible that observed changes may be a continuation of trends that existed before the establishment of the AMIHS. A more rigorous evaluation would be required to confirm the results obtained.

### **Service coordination**

A longitudinal evaluation of the coordination and provision of services under the Stronger Families and Communities Strategy (Flaxman et al. 2009) used both qualitative and quantitative data collected on three occasions from Indigenous and non-Indigenous families living in communities in which the strategy was implemented.

The evaluation found an increase in parental employment, self-reported health and perceived neighbourhood social cohesion. However, the results could have been due to other factors as the evaluation did not use a comparison group.

### **Early childhood publications**

Two issues papers and four resource sheets related to the 'early childhood' building block. One 'schooling' issue paper was also relevant to the 'early childhood' building block:


- School readiness: what does it mean for Indigenous children, families, schools and communities? (Dockett et al. 2010)
- Early childhood and education services for Indigenous children prior to starting school (Sims 2011)
- Early learning programs that promote children's developmental and educational outcomes (Harrison et al. 2012)
- Parenting in the early years: effectiveness of parenting support programs for Indigenous families (Mildon & Polimeni 2012)
- Improving access to urban and regional early childhood services (Ware 2012)
- Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia (Bowes & Grace forthcoming)
- Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level (Wise forthcoming).

The main findings from these publications on what works and gaps in the evidence are summarised below.

### **What works**

Indigenous-specific programs, supported playgroups and school transition programs seem to offer the most promise for promoting change in the early learning and development of Indigenous children through interventions external to the family. There is evidence that high-quality early childhood education helps prepare children for school (Dockett et al. 2010; Harrison et al. 2012).

There is preliminary evidence that non-Indigenous-specific parenting programs that have been adapted for Indigenous Australians (such as the Group Triple P – Positive Parenting Program and Ngaripirliga'ajirri, adapted from Exploring Together) may be effective in increasing parental confidence and in reducing problem and risk behaviour among Indigenous children at home and at school (Mildon & Polimeni 2012).



Early childhood education is more effective, particularly for vulnerable families, when it takes into account the contexts in which families live. Services are more effective for Indigenous children and families when they are aware of and address cultural competence and cultural safety in their service delivery (Sims 2011; Ware 2012).

The parenting, early childhood education and health literature all emphasise the importance of program implementation appropriate to the local cultural context as a key element of program success for Indigenous families (Bowes & Grace forthcoming; Harrison et al. 2012). For example, localised early childhood approaches such as the Families First program in the Northern Territory hold more promise of successful outcomes than programs that have not been adapted for local communities (Bowes & Grace forthcoming).

There are a relatively small number of comparative research studies in the area of early childhood, as well as variations in locational and cultural contexts, which makes it difficult to draw conclusions about the effectiveness of programs (Bowes & Grace forthcoming). A number of programs have been piloted, with promising results, but have not been rigorously evaluated.

Evaluations of mainstream (non-Indigenous-specific) early childhood programs often have small Indigenous samples, so it is not possible to assess whether they are appropriate and effective in relation to Indigenous families. There is limited Australian research on how to address the challenge of low use of early learning programs by Indigenous and disadvantaged families (Harrison et al. 2012).

The effectiveness of parenting education and home visiting programs for Indigenous Australian families, and the factors that relate to program success for these families, are not known (Mildon & Polemini 2012).

While there are some data available on enrolment, there are limited publicly available national data on the attendance rates of children in early learning programs in the years before entering formal schooling. Data on children in remote locations are particularly problematic (Harrison et al. 2012).

## Health

### Research and Evaluation Register items

There were 79 publicly released items in the Research and Evaluation Register that relate to the 'health' building block. Summaries of these items, classified by theme, are provided in Appendix C.

The health items were classified into the following five themes: health interventions and programs; health services; the burden of disease and injury; mortality; and policy development. The largest number of items relate to health interventions and programs (27%) including program evaluations and research to support program development (Table 3.3). A quarter of the reports (25%) provide the results of research into the burden of disease and injury, involving the analysis of administrative and survey data. Just over one in five reports (23%) relate to health services (the provision of health services, the cost of providing them and evaluations of health services). The types of health services considered included primary health care; hospital and specialist care; and residential, home and community care. Reports that provide the results of analysis of death data account for about one in six (15%) of the publicly available reports, and reports related to the development of policy (including Closing the Gap) account for about one in ten (10%) of the publicly available items.

**Table 3.3: Theme and type of study for the publicly released items in the Research and Evaluation Register: 'health' building block, 30 June 2012**

Theme	Evaluations	Research/Other	Total no.	Per cent
Health interventions/programs	7	14	21	27
Health services	10	8	18	23
Burden of disease and injury	0	20	20	25
Mortality	0	12	12	15
Policy development	0	8	8	10
<b>Total</b>	<b>17</b>	<b>62</b>	<b>79</b>	<b>100</b>

Source: Closing the Gap Clearinghouse Research and Evaluation Register.

## Evaluation items

Seventeen of the 79 publicly available items relating to the 'health' building block were evaluations of health programs or services, with the evaluation methods shown in Table 3.4. Of the seven evaluations relating to health interventions and programs, four (57%) used a comparison group, and two (28%) used either a mix of quantitative and qualitative methods or quantitative methods only, but did not use a comparison group. One of the seven evaluations (14%) used only qualitative methods.

Of the ten evaluations of health services, four (40%) used a comparison group and half used either a mix of quantitative and qualitative methods or quantitative methods only, but did not use a comparison group. One of the ten evaluations of health services (10%) used only qualitative methods.

**Table 3.4: Methods used in health evaluations, 30 June 2012**

Theme	Mixed (quantitative and qualitative)		Quantitative only		Qualitative only	Total
	Comparison group	No comparison group	Comparison group	No comparison group		
Health interventions/programs	3	1	1	1	1	7
Health services	0	3	4	2	1	10
<b>Total</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>17</b>

Summaries of the 17 publicly available evaluations, classified by theme, are provided below.


## Health interventions and programs

There were seven evaluations of health interventions and programs. Summaries of these evaluations are provided in Appendix C. Key results and limitations are provided below:

- An education program for the parents and carers of children with asthma was undertaken by Indigenous health workers in the Torres Strait. The program was not named in the evaluation report. The program aimed to reduce the number of unscheduled medical visits for asthma; improve asthma knowledge of parents and carers and their understanding of asthma action plans; reduce the number of school days missed due to wheezing; and improve quality of life measures (Valery et al. 2010).

A randomised controlled trial involving a sample of 88 children (35 in the treatment group and 53 in the comparison group) was used to evaluate the program. All children





received an asthma education session, but the intervention group received additional education sessions one month, three months and six months after the original session. Although there was no difference between the intervention and comparison groups for unscheduled medical visits, the children in the intervention group missed fewer school days due to wheezing and carers in the intervention group had improved knowledge of asthma medications and their child's asthma action plan (Valery et al. 2010).

- A longitudinal evaluation of the health and other benefits of swimming pools in three remote Indigenous communities in South Australia used a combination of quantitative and qualitative methods and found that there was a reduction in skin infections among children who used the pools (Healthcare Planning and Evaluation Pty Ltd 2009). However the swimming pools did not result in improvements to ear health during the period of the study. Although a 'no school, no pool policy' operated consistently there was no evidence that this improved attendance rates (Healthcare Planning and Evaluation Pty Ltd 2009).
- A longitudinal evaluation of the implementation of child health checks as part of the Northern Territory Emergency Response (NTER) used quantitative methods and found that:
  - of 16,259 children aged 0 to 15 years in the prescribed areas of the NTER, about two-thirds (65%) had at least one valid child health check between 10 July 2007 and 30 June 2009 for which data were available. A further 4,000 checks were provided under the Medicare Benefits Schedule, but data on these children were not available
  - during the health checks, about 97% of children had at least one health condition or risk factor identified and 99% of those children received some form of management for their health conditions. The most common health conditions were oral health problems (43%), ear disease (30%) and skin problems (30%)
  - comparisons of the data over time showed that most health conditions had fairly high to reasonable recovery rates. The appearance of new cases of common conditions after the first child health check, however, indicated that these conditions continued to be highly prevalent among these children (AIHW & DoHA 2009).
- A second longitudinal evaluation of the implementation of child health checks as part of the NTER used a combination of qualitative and quantitative methods and found that between 57% and 65% of eligible children received a child health check. Coverage was found to be higher in small communities and among children aged 2–9 and lower in large communities and among children aged 14–15 (Allen & Clarke 2011).

Approximately 70% of children who had a child health check received at least one referral to follow-up care. The proportion of children who had been given a referral from a child health check, but had not been seen by the follow-up service, was 19% for primary health care, 34% for ear, nose and throat (ENT) specialist services, 39% for dental services, 42% for paediatric services, 45% for tympanometry and audiometry services, and 57% for other specialist services (Allen & Clarke 2011).

The evaluation found that funding provided through the Child Health Check Initiative enabled the development of new service delivery models for hearing/ENT and dental services. Improved case management practices in hearing and ENT services resulted in more precise tracking of children through the system, reducing the risk of children falling through the gaps (Allen & Clarke 2011).

- An evaluation of the alcohol and other drug service components of the NTER used both qualitative and quantitative methods and found that:

- changes in the availability of alcohol did not lead to an immediate increase in need for inpatient detoxification, as habituated drinkers 'dried out' in their community and did not seek medical care
- additional funding made available for residential rehabilitation was effectively used by well-managed organisations. Several agencies that were already at full physical capacity and could not expand used the funding to improve the quality of programs. In less well-managed organisations there were no sustained changes
- short-term funding with fixed deadlines restricted effectiveness and some agencies were reluctant to invest time in establishing a project.


The evaluation made a number of recommendations, including the following:

- That regular training on the recognition and management of withdrawal from alcohol be provided to all relevant staff on a regular basis, focusing on improving the management of patients in withdrawal regardless of the reason for admission.
- That a program of regular reviews of the quality of residential alcohol and other drug services be implemented, including the extent to which recommendations made by previous reviews had been implemented (Origin Consulting & Bowchung Consulting 2010).
- A quantitative evaluation of the effectiveness of 7-valent pneumococcal conjugate vaccine (PCV7) in preventing a first episode of pneumonia among Indigenous infants, as well as the effect of successive doses of the vaccine as these children progress to 18 months, found that the PCV7 was not effective in preventing pneumonia in Indigenous infants and children (O'Grady et al. 2010).
- The Healthy Ways project aimed to reduce smoking rates and promote good nutrition among Indigenous women of childbearing age in rural and remote South Australia. A qualitative evaluation of the project comprised a reflective narrative of what happened over the life of the project. The evaluation found that the project contributed to a range of activities, including play groups, mothers' groups, youth week and women's leadership training. No health-related data were collected, so no conclusions could be drawn regarding the effectiveness of the project in achieving its aims (Verity 2006).

## Health services

There were ten evaluations of health services. Summaries of these evaluations are provided in Appendix C. Key results and limitations are as follows:

- An analysis of NT cervical screening data collected over the period 1997 to 2004 found that the participation rate of Indigenous women in cervical screening increased from 34% in 1997-98 to 44% in 1999-2000 and then remained relatively unchanged until 2004. Participation rates for Indigenous women living in rural and remote regions were lower than those in urban regions. The research did not investigate the reasons behind the increased Indigenous screening rate. It concluded that the increased participation in cervical screening by Indigenous women may have contributed to the decrease in cervical cancer incidence and mortality in the Northern Territory (Binns & Condon 2006).
- The Aboriginal Environmental Health Officer training program in NSW was introduced to address the under-representation of Indigenous Australians in the environmental health workforce. The program provides university study and workplace support for Indigenous Australians to become environmental health officers.



An evaluation of the program found that the proportion of Indigenous people in the environmental health workforce in NSW Health increased from zero to 17% and that all Aboriginal environmental health officers currently working for NSW Health had received their training through the program. A total of 24 trainees had participated in the program and eight trainees had graduated to become fully qualified environmental health officers (NSW Health 2010).

- The aims of the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples Program (QUMAX) were to improve access by Indigenous people to medicines under the PBS and to improve medication compliance (Urbis 2011).


An evaluation of QUMAX used a combination of quantitative and qualitative methods. The key finding was that QUMAX had increased access to the PBS for clients of urban and rural Aboriginal community-controlled health services by 14%. This compared with a 3% increase for all Australians over the same period (Urbis 2011).

Doctors, pharmacists and clients surveyed and interviewed for the evaluation reported that QUMAX had:

- led to an increase in the regularity and quality of contact between health services and their clients
  - increased patients' understanding and self-management of their health conditions
  - led to an improvement in patients' health, such as lowered HbA1c, reduced blood pressure, blood glucose and cholesterol (Urbis 2011).
- An evaluation of the funding and regulation of primary health care services found that Indigenous community-controlled health services are funded from more sources and in more complex ways than most other health care organisations of equivalent size. This makes it more difficult for them to provide a coordinated primary health care service and the amount of time and effort required to prepare reports is out of proportion with the funding levels (Lowitja Institute 2013).
  - An audit of the performance of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in managing the Primary Health Care Funding Program found that OATSIH was evolving into an effective and efficient organisation, but had yet to achieve its potential at the more strategic and policy direction level. OATSIH was enabling improved access to primary health care, however data limitations meant that this improvement could not be quantified. The methods by which OATSIH determined health priorities and funding decisions were too process-oriented and OATSIH was limited in its capacity to measure outcomes (OEA 2009a).
  - An evaluation of the implementation of the Healthy for Life program (the aim of which is to improve the capacity of Indigenous primary health care services to deliver high quality care), mainly used qualitative methods, but also analysed quantitative data on program outputs. It focused on evaluating the extent to which Healthy for Life was implemented as originally planned; what had and had not worked; the level of satisfaction with the program; the extent of short-term achievements; and progress towards longer-term outcomes (Urbis 2009a).

The evaluation found that participant and stakeholder satisfaction with Healthy for Life was generally high and progress had been made towards the achievement of short-term outcomes. There was clear evidence that the program had resulted in improved access to health services by people with chronic disease, and by mothers, babies and children. As well, more adult and child health checks were being conducted. The evaluation found





that it was too early to say to what extent these activities were leading to improved health outcomes (Urbis 2009a).

- An evaluation of the use of volunteer dentists to address issues with recruiting and retaining dentists in the Wuchopperen community controlled health service in Cairns used both qualitative and quantitative methods. The evaluation found that of the 70 weeks of dental care provided by the service during the evaluation, 55 were provided entirely by dental volunteers. In the period under evaluation, 2,537 episodes of care took place, including to 396 new patients. Interviews conducted with members of the Wuchopperen steering committee, directors and managers, the volunteer dentists and patients indicated a high level of satisfaction with the volunteer service (Jackson Pulver et al. 2009).
- A qualitative evaluation of the need for and access to needle and syringe services by Indigenous injecting drug users found that there are no comprehensive data on the number of Indigenous injecting drug users or the number who accessed needle and syringe services. However, available evidence suggested that injecting drug use may be more common in the Indigenous than in the non-Indigenous population, and that there were substantial numbers of Indigenous injecting drug users who did not access needle and syringe services (Urbis 2008a).

The evaluation found that there were few Indigenous-specific health services that provided a needle and syringe program and it was not known whether mainstream services were meeting the needs of their Indigenous clients. The study found that Indigenous injecting drug users valued mobile and outreach services where these were available. Vending machines facilitated access to needles and syringes, both in city and country areas, because of their availability at any hour and because they avoided the need for users to interact with possibly unsympathetic workers (Urbis 2008a).

- A quantitative evaluation of the performance of health services in diagnosing and treating cancer in Indigenous people in the Northern Territory found that Indigenous people were less likely to be diagnosed with breast and colorectal cancers or localised disease and more likely to be diagnosed with lung and cervical cancers than were non-Indigenous people (Condon et al. 2006).

Indigenous patients were less likely to use private medical services, less likely to be recommended for curative treatment and, when curative treatment was recommended, less likely to choose and complete treatment and to travel interstate when referred (Condon et al. 2006).


The risk of cancer death was found to be higher for Indigenous people than for non-Indigenous people (Condon et al. 2006).

- An audit of residential aged care for Indigenous Australians, using both quantitative and qualitative methods, found that documentation to guide the operation of the program was very limited and no guidelines were developed until 13 years after the commencement of the program. There were no Indigenous-specific standards for ensuring the provision of appropriate aged care, although the accreditation standards included an indicator related to cultural and spiritual life, which included consideration of Indigenous clients' culture (OEA 2009b).

## Health publications

Information in this section was synthesised from the following six health-related resource sheets:



- 
- Reducing alcohol and other drug related harm (Gray & Wilkes 2010)
  - Anti-tobacco programs for Aboriginal and Torres Strait Islander people (Ivers 2011)
  - Healthy lifestyle programs for physical activity and nutrition (CtGC 2012)
  - Education programs for Indigenous Australians about sexually transmitted infections and bloodborne viruses (Strobel & Ward 2012)
  - Strategies to minimise the incidence of suicide and suicidal behaviour (CtGC 2013a)
  - Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (CtGC 2013b).

## **What works**

### **Tobacco, alcohol and other drug programs**

- Effective supply-reduction strategies in relation to alcohol and other drugs 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 drug and alcohol use; and treatment 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 (Gray & Wilkes 2010).
- Health professionals providing brief advice on how to quit smoking, when delivered with pharmacotherapy such as nicotine replacement, can improve quitting rates (Ivers 2011).

### **Healthy lifestyle programs**

- Comprehensive community-initiated and managed healthy lifestyle programs in remote Indigenous communities have been found to be effective in improving coronary heart disease risk factors related to diet (CtGC 2012).

### **Programs to promote mental health and wellbeing and prevent suicides**

- International studies have shown that cultural affiliation and engagement by Indigenous young people (especially speaking their native language) increase their resilience and wellbeing and markedly decrease the number of youth suicides (CtGC 2013a).
- In Australia, the cultural healing programs Family Wellbeing, We Al-li and Marumali are effective in helping individuals to work through their own issues and exert greater control over their own health and wellbeing. Community-based and directed programs that focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing can be effective in preventing suicides (CtGC 2013a; 2013 b).



### **Case study 3.2: The Family Wellbeing Program – a promising cultural healing program**

The Family Wellbeing program was developed by Adelaide-based Indigenous Australians and has been implemented in several states and the Northern Territory. It is a cultural healing program that aims to enhance the capacity of participants to deal with the day-to-day stresses of life and to help others. It uses a group format. The survival experiences of the facilitators and participants are the main learning resource. Participants attend one 3 hour session each week and the program consists of four stages, each lasting 10 weeks (Tsey et al. 2009). It has been nationally accredited and provides participants with formal qualifications in counselling (Tsey & Every 2000).

A synthesis of seven formative evaluations of the program, which involved a total of 148 adult and 70 student participants, concluded that it increased the capacity of participants to exert greater control over their health and wellbeing (Tsey et al. 2010). There was no evidence presented of positive changes occurring at the broader, community level – that is, beyond the participants. The Family Wellbeing Program has been integrated into health and human service provision in northern Australia, including into community health promotion, school curricula, welfare reform wellbeing centres and primary health care programs (Tsey et al. 2009; CtGC 2013a).

*Source:* Tsey & Every 2000; Tsey et al. 2009; CtGC 2013a.

- A motivational care planning program improved wellbeing and reduced alcohol and cannabis dependence among Indigenous people with a chronic mental illness in remote, northern Australian communities compared with treatment as usual (CtGC 2013a).
- Several mainstream programs that have been adapted to be culturally appropriate for Indigenous Australians have been shown to be effective:
  - the Triple P – Positive Parenting Program, a behavioural family intervention based on social learning principles, improves parent-child interactions and child behaviour
  - the Resourceful Adolescent Program, which builds resilience and promotes the mental health of teenagers, is effective in preventing adolescent depression
  - MindMatters, a mental health promotion program for secondary schools, increases young people's attachment to school and their preparedness to seek help for their own issues.

## **Gaps in the evidence**


### **Tobacco, alcohol and other drug programs**

Evaluations of Indigenous-specific programs lack rigour for a number of reasons, including lack of a control group; participants self-selecting to be in the evaluation; and self-reported quit rates being used.

Some programs that are effective in the mainstream population have not been evaluated regarding their effectiveness for Indigenous people. Examples include programs to assist pregnant women to stop smoking and hospital-based quit programs (Ivers 2011).

### **Healthy lifestyle programs**

It is not known whether healthy lifestyle programs that are effective for the mainstream population are also effective when implemented with Indigenous people. For example,



lifestyle programs that have been shown to reduce the incidence of diabetes among pre-diabetic adults, have not been implemented and evaluated in relation to Indigenous people specifically (CtGC 2012).

Although there is anecdotal evidence, no data have been collected on the impact of sports promotion programs on participation in sport by Indigenous children and adults (CtGC 2012).

### **Sexual health education programs**

There is limited evidence on the effectiveness of a range of sexual health education programs for Indigenous Australians, including peer-led sexual health education; targeted social marketing campaigns; the use of text messages and other forms of electronic media as sexual health education tools; and school-based sexual health education (Strobel & Ward 2012).

### **Programs to promote mental health and wellbeing and prevent suicides**

It is not known whether Indigenous language retention is an important factor in preventing youth suicides and promoting mental health in Australia (CtGC 2013a; 2013 b).

It is not known whether KidsMatter, the primary school-based mental health promotion program, is culturally appropriate for Indigenous families and whether it improves the mental health of Indigenous children (CtGC 2013a).

Some effective mainstream programs have been adapted for Indigenous communities, including Mental Health First Aid and community 'gatekeeper' training, however it is not known whether these adapted programs are effective in preventing Indigenous suicides. It is also unclear whether Indigenous people use mainstream programs, such as ReachOut! and Kids Helpline, and whether telephone crisis lines are effective in reducing suicide and suicidal behaviour among Indigenous Australians (CtGC 2013b).

It is not known whether effective mainstream services such as headspace (which provides holistic mental health services for young people), and long-term follow-up care of people who have attempted suicide or have been discharged from acute mental health care, are effective for Indigenous people (CtGC 2013b).

Finally, it is not known whether programs that have been shown to be effective in other countries, such as training primary care practitioners to better recognise and treat depression (which reduced suicides in Gotland, Sweden), and Signs of Suicide (which lowered rates of attempted suicides in five high schools in the United States), can be adapted to be effective for Indigenous Australians (CtGC 2013b).

## **Safe communities**

### **Research and evaluation register items**

There were 58 publicly available items in the 'safe communities' building block. Summaries of these items, classified by theme, are provided in Appendix D.

The 58 publicly released items were classified into the following four themes: the protection and detention of children and young people; policing and the criminal justice system; restorative justice and diversion; and violence and conflict resolution. The protection and detention of children and young people was the most common theme with 22 items (38%)



(Table 3.5). These 22 items comprise 13 program evaluations, eight research studies and a discussion paper.

Over a quarter (28%) relate to policing and to the criminal justice system. They were equally divided between program evaluations and other items. The other items comprise seven research papers and a policy document. Diversion and restorative justice programs were the subject of 11 of the 58 items (19%), with ten items being program evaluations.

Violence and conflict-resolution programs were the subject of nine of the 58 items (15%), with one-third of them (three items) being program evaluations and two-thirds (six items) being research papers.

**Table 3.5: Theme and type of study for the publicly released items in the Research and Evaluation Register: 'safe communities' building block, 30 June 2012**

Theme	Program evaluations	Research/Other	Total no.	Percent
Protection and detention of children and young people	13	9	22	37.9
Policing and the criminal justice system	8	8	16	27.6
Restorative justice and diversion	10	1	11	19.0
Violence and conflict resolution	3	6	9	15.5
<b>Total</b>	<b>34</b>	<b>24</b>	<b>58</b>	<b>100.0</b>

Source: Closing the Gap Clearinghouse Research and Evaluation Register.

## Evaluation items

Thirty four of the 58 publicly available items relating to the 'safe communities' building block were program evaluations. Table 3.6 shows the characteristics of these evaluations for each of the four themes in the 'safe communities' building block.

Of the 13 evaluations relating to the protection and detention of children and young people, four (30%) used a comparison group, five (38%) used either a mix of quantitative and qualitative methods or quantitative methods only but did not use a comparison group, and four (30%) used only qualitative methods. Of the eight evaluations of policing and the criminal justice system, two used a comparison group, two did not use a comparison group and four used qualitative methods only.

Of the ten evaluations of restorative justice and diversion programs, six used a comparison group, one did not use a comparison group and three used qualitative methods only. Of the three evaluations of violence and conflict resolution programs, one used a mix of quantitative and qualitative methods but did not use a comparison group and two used qualitative methods only.



**Table 3.6: Methods used in 'safe communities' program evaluations, 30 June 2012**

Theme	Mixed (quantitative and qualitative)		Quantitative only		Qualitative only	Total
	Comparison group	No comparison group	Comparison group	No comparison group		
Protection and detention of children and young people	2	4	2	1	4	13
Policing and the criminal justice system	0	2	2	0	4	8
Restorative justice and diversion	5	1	1	0	3	10
Violence and conflict resolution	0	1	0	0	2	3
<b>Total</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>1</b>	<b>13</b>	<b>34</b>

Summaries of the 34 publicly available evaluations, classified by theme, are provided below.


## Protection and detention of children and young people

### Data on child safety, out-of-home care and detention

- Research into the over-representation of Indigenous children in the Australian child welfare system found that Indigenous children were:
  - three times more likely than non-Indigenous children to be reported to child protection authorities and four times more likely than non-Indigenous children for abuse or neglect to be substantiated
  - six times more likely than non-Indigenous children to be subject to a child protection guardianship or custody order and seven times more likely to be in out-of-home care (Tilbury 2009).
- Research that analysed quantitative data from South Australia in relation to almost 4,000 children, including 446 Indigenous children, found that Indigenous children were three times more likely to be the subject of a child protection notification. They were also more likely to:
  - be the subject of notification on multiple occasions, with the first notification being at a younger age
  - be the subject of more serious notifications of abuse and to be notified for emotional abuse and neglect
  - go on to experience an alternative care placement, adolescent-at-risk intake, emergency financial assistance or young offender order (Hirte et al. 2008).
- Indigenous young people are detained at a much higher rate than non-Indigenous young people. There have been decreases in the rates of detention, however the decrease for Indigenous young people has been less than that for non-Indigenous young people (Taylor 2009).

### Results of program evaluations


- An evaluation of the Queensland child protection system used both qualitative and quantitative methods. Findings were as follows:

- 
- Rates of Indigenous children subject to a notification had increased slightly between 2008–09 and 2009–10 (from 67.2 to 69.2 per 1,000 children). In comparison, non-Indigenous notification rates decreased from 16.7 to 14.7 per 1,000 children.
  - Commission Community Visitors identified that almost a quarter (23%) of Indigenous children had no contact with their parents and almost a half (46%) had no contact with their traditional language or tribal group. Indigenous children were more likely to report wanting additional contact with family (20%) compared to non-Indigenous children (15%). Almost all Indigenous children (98%) reported that they were satisfied with the support provided by caregivers to participate in cultural activities and to maintain cultural links.
  - Indigenous children were less likely to feel ready to transition from care than non-Indigenous children (CCYPCG 2011c).
  - An implementation evaluation of the Indigenous Child Placement Principle over the period 2000–07 in Queensland found that some progress had been made in increasing compliance with the principle. However, available policies, procedures and information systems did not provide sufficient guidance and support for day-to-day decision-making by frontline staff (CCYPCG 2008).

A subsequent evaluation relating to the 2010–11 financial year found that:

- The recommendations in the 2008 audit had either been implemented or were in the process of being implemented. Compliance with each requirement was quite good. However, when viewed together, complete compliance with all requirements was achieved in only 15% of the sample.
- Those Indigenous children and young people who were placed with Indigenous carers experienced the same, or better, outcomes across every measure of family and community contact and had greater opportunities to participate in cultural activities and events than those who were placed with non-Indigenous carers (CCYPCG 2011d).
- A survey of children and young people in foster care in Queensland found that:
  - A significantly higher percentage of Indigenous young people reported being in touch with their community in 2010 than in 2007 (71% in 2010 as compared with 63% in 2007). The proportion of Indigenous young people who were in touch with their community was significantly higher when the carer was also Indigenous (77% for those with Indigenous carers, as compared with 59% for those with non-Indigenous carers).
  - Young Indigenous people's comments also highlighted a wide variation in the level of community involvement that they desired. Some specifically commented that they wanted to learn more about their culture and language and to be more involved. In contrast, some stated that they are not interested in learning about, or being involved in, their community. Others acknowledged their Indigenous heritage but noted that they chose not to identify as Indigenous (CCYPCG 2010b).
- An evaluation of Referral for Active Intervention (RAI), an intensive family support service for children at risk of entering the statutory child protection system in metropolitan and regional Queensland used a combination of qualitative and quantitative methods, but did not include a comparison group.

About a quarter (24%) of the 1,297 children referred to RAI were Indigenous. In almost all cases the referred children did not enter the child protection system during the



period of active intervention. The evaluation found that services were more likely to improve engagement and outcomes with Indigenous families when they:

- employed Indigenous staff who were linked to the local community
  - actively supported the building of cultural competence in existing staff through cultural awareness training
  - actively developed knowledge of local issues and had a long-term presence in the community
  - adopted culturally competent practices in all areas of the service including management and administration
  - provided outreach services to the community (Queensland Department of Communities 2009a).
- The performance of child safety services in Queensland was independently reviewed when 65 children and young people (17 of whom were Indigenous) known to those services died. The report concluded that the actions or inactions of the services were not linked to the deaths.

The evaluation report made a number of recommendations to better focus actions and further strengthen the responsiveness of child safety services through training, professional development and policy reform (Queensland CDCRC 2011).

An investigation into the death of an Indigenous child found that the quality of information sharing between the Department of Communities (Child Safety Services) and Queensland Health regarding the services that each agency provided to the child and family was not comprehensive or adequate to ensure quality of service provision and decision-making by either agency (CCYPCG 2011a).

### Detention

- A 2009 survey of youth detained in a metropolitan and a regional detention centre in Queensland was based on information provided by 110 young people, 66 of whom were Indigenous. The evaluation used a mix of both qualitative and quantitative methods.

The survey found that although 85% of Indigenous young people reported feeling safe in detention, this was lower than the 96% of non-Indigenous young people who reported feeling safe. Around half (46%) of Indigenous young people did not feel confident that they would be taken seriously by detention centre staff if they raised concerns about their safety or wellbeing.

Indigenous young people are more likely to view practical support (such as help to find an apprenticeship or job) as more helpful to their transition out of detention than therapeutic support (Evans & Fraser 2009).

A subsequent survey undertaken in 2011 found few statistically significant differences between the responses of Indigenous and non-Indigenous young people in detention. The survey report concluded that Queensland's youth detention centres catered to the needs and circumstances of Indigenous young people to a similar extent as they did to those of non-Indigenous detainees.

One of the few statistically significant differences was that Indigenous young people were less likely to report speaking to a lawyer and being able to remember their lawyer's name – possibly suggesting a higher degree of disengagement from their legal proceedings. The report considered that this could be due to a shortage of quality legal representation in regional and remote communities and a lack of appropriate bail support, diversionary and rehabilitation programs (CCYPCG 2011g).

- A research study investigated the performance of the juvenile remand system in Queensland in relation to Indigenous and non-Indigenous young offenders by analysing both qualitative and quantitative administrative data and by interviewing stakeholders in government and non-government agencies involved in the juvenile justice system. The study found that once prior criminal history had been taken into account, the rates of remand of Indigenous and non-Indigenous young people in Queensland were not significantly different.

The most frequently mentioned suggestion for decreasing custodial remand rates involved the provision of more supervised accommodation and enhanced bail support services for young people.

Many stakeholders also suggested that increasing diversionary options would decrease the rates of custodial remand. Police indicated that if the young person refused to be interviewed then they were unable to use diversionary options and that many Indigenous young people refused to be interviewed (Mazerolle & Sanderson 2008).

### Other research

- A review of Australian crime prevention programs for Indigenous young people with cognitive disabilities used a qualitative methodology and found that the tools that are currently used to assess cognitive functioning and mental health may be inappropriate for Indigenous young people. The study recommended the development of culturally appropriate assessment tools and the training of Aboriginal Health Workers in their use.

The study identified the following examples of promising practice in crime prevention for Indigenous young people with cognitive disabilities:

- the Kari Clinic's collaboration with the NSW government to screen all children entering out-of-home care with Kari
- the NSW Youth Justice Conferencing Checklist for additional support, which could be adapted for use by youth workers and Indigenous services
- the Tirkandi Inaburra culturally-based residential program for Aboriginal boys
- Cultural Support Plans as used by the Victorian juvenile justice system (AHRC 2008).

- A process evaluation of a pornography awareness campaign in Northern Territory Indigenous communities found that the development and implementation of the campaign was consistent with good-practice principles. The evaluation was not able to assess whether the campaign had achieved its objective of empowering Indigenous men to be responsible for ensuring that children were kept safe (Bryant & Willis 2009). Further evaluation would be required to determine whether this campaign contributed to increasing the safety of children.
- An evaluation of the Central Australian Petrol Sniffing Strategy Unit, which used qualitative methods, found that the unit delivered significant activity in relation to aspects of the Petrol Sniffing Strategy, primarily concerned with diversionary activity for young people. A major finding of the review was that the work of the unit could be better aligned with parallel activity being delivered through a range of sectors, including the NT Government's Volatile Substance Strategy, the non-government sector working on the ground with communities, and other parts of government delivering activities under the strategy (Urbis 2009b).





## Policing and the criminal justice system

### Policing

- A review of policing in remote Indigenous communities in the Northern Territory used qualitative methods and found that:
  - an adequate visible police presence was required to stabilise safety issues in communities
  - police who proactively work in and with communities as part of their routine activities have significantly reduced workloads.

The evaluation recommended extending the hub-and-spoke model of policing, whereby most remote communities with a population of at least 100 had access to either a permanent police presence or to police who were within an hour's drive and able to stay in the community for extended periods each week (Allen Consulting Group 2010).

- Key findings of an evaluation of the policing component of the Northern Territory Emergency Response were as follows:
  - Increased policing resources, including the establishment of a police presence in some communities for the first time, and the enforcement of broad-ranging alcohol restrictions, had contributed to increases in recorded offence rates in Northern Territory Emergency Response (NTER) communities.
  - Community members were, overall, supportive of the increased policing resources and expanded night patrol services.
  - Although recorded crime had increased, survey results suggested that people in communities, particularly women, were feeling safer than they did before the NTER. Having a police presence in communities that received a Themis police station had given people the option of reporting offending behaviour in a way they were unable to previously, and it appeared that community members were feeling safer and more willing to report.
  - There were insufficient data available to determine whether pornography restrictions had been effective in reducing access to, or use of, pornographic materials in prescribed areas.
  - The Substance Abuse Intelligence Desk and the Dog Operations Units appeared to be making a valuable contribution to law enforcement in relation to alcohol and substance misuse in remote Indigenous communities (FaHCSIA 2011).
- An audit of the implementation of the NSW Police Aboriginal Strategic Direction provided case studies of successful policing in Aboriginal communities and identified the need to:
  - increase the recruitment of Aboriginal police
  - improve the management and development of Aboriginal community liaison officers
  - share success stories
  - develop partnerships with Aboriginal communities to fight crime (NSW Ombudsman 2005).

The audit provided a number of case studies of successful policing, including the following case study on early intervention in relation to domestic violence that involved a partnership between police and Aboriginal support workers (NSW Ombudsman 2005).



### **Case study 3.3: Partnerships for dealing with domestic violence in Manning Great Lakes**

This project is built on a partnership between police and other community agencies to intervene as early as possible to support victims. The premise is that well supported and informed victims of domestic violence are more likely to proceed with a matter until it gets to court, give evidence at court and ultimately say no to living with domestic violence.

Aboriginal support workers have been employed specifically to address the high rate of domestic violence in the Aboriginal community. At the time of the audit in mid-2004, the project had funding to employ three domestic violence support workers, two of whom were Aboriginal women, as well as a domestic violence liaison officer. The project team responds to domestic violence victims upon direct referral from police at the time of the crisis. The team is supported by police personnel, equipment and communication systems. The project worker only makes contact with a victim after police have made a request. The worker attends the scene to ensure the victim is not isolated from services, support and information at the time of the crisis and identifies any health or safety risks – facilitating care where appropriate. She also ensures that information provided by the police has been understood and appropriately acted on. The support also extends to providing a crisis service, which includes psycho-social assessment, counselling, consultation, information and referral.

At the time of the audit, the project team had 542 clients. Of these, 93 were Aboriginal or Torres Strait Islander, representing 17 per cent of the total number. For the period May 2003 to March 2004, 236 clients had been supported through the court process.


The project has realised other benefits, including:

- reduction in the number of withdrawals by victims and an increase in the number of guilty pleas by offenders because victims were proceeding with matters at the first opportunity
- more accurate warnings on the system about persons of interest because the intelligence was coming directly from the victim
- early detection of breaches
- improved rapport between police and the Aboriginal community, with the community now more likely to approach police for support of Aboriginal victims of domestic violence
- employment and career development opportunities for Aboriginal women in social welfare.

*Source: NSW Ombudsman 2005*

- Research into responses to domestic and family violence in Queensland Indigenous communities found that the local context strongly influenced whether or not domestic violence incidents were reported to police. If basic support services were not in place, then the use of a domestic violence order was often not an option. A significant barrier to reporting is also the fear of having children removed.

Indigenous offenders who were convicted for breaching a domestic violence order were twice as likely to be jailed as non-Indigenous offenders, however imprisonment was not changing their behaviour (Cunneen 2009).



## The criminal justice system

- A quantitative research study into the incidence and characteristics of crime in Australia found that in 2007-08:
  - Indigenous prisoners comprised 24% of the total prisoner population, compared with 14% in 1992
  - nearly three-quarters (73%) of Indigenous prisoners had a history of prior imprisonment, compared with half of non-Indigenous prisoners
  - the rate of Indigenous people subject to community correction orders was 12 times the non-Indigenous rate
  - the detention rate of Indigenous juveniles was over 26 times the rate for non-Indigenous juveniles (AIC 2010).
- Research into the bail and remand experiences of Indigenous Queenslanders found that even after demographic and offending history factors were taken into account, Indigenous defendants were still more likely to be refused bail and held in remand than their non-Indigenous counterparts. However, the authors noted that other factors which could not be controlled may account for these differences.

The length of time Indigenous and non-Indigenous persons were held on remand was found to reflect the nature of their offending and not their Indigenous status.

The authors stated that best-practice bail support programs which provided an holistic approach were likely to be effective in encouraging Indigenous people to meet bail conditions and hence result in savings for the Queensland Government (Sanderson et al. 2011).

- A research study into rehabilitation programs for Indigenous offenders in Queensland found that the representation of both male and female Indigenous offenders in vocational education and training programs was lower than their representation in the total prisoner population, however, numbers were increasing.


An increasing proportion of male Indigenous offenders were completing programs to assist them to transition from custody to the community, however very few female Indigenous offenders participated in these programs. Indigenous offenders were enrolling in programs to prepare them for post-release employment, however a lower proportion completed them than non-Indigenous offenders (Queensland Corrective Services 2010).

More Indigenous offenders participated in Indigenous-specific sexual offending programs than in mainstream programs, however irrespective of which type of program they participated in, Indigenous completion rates are high (over 70%) (Queensland Corrective Services 2010).

## Deaths in custody

Deaths in custody comprise deaths occurring in prison and juvenile detention, as well as police custody and related operations, such as sieges and motor vehicle pursuits (Lyneham et al. 2010).

Evaluations of the Deaths in Custody Program based on data collected in 2007 and 2008 (Curnow & Larsen 2009; Lyneham et al. 2010) found that although Indigenous people continued to be substantially over-represented in custody compared to non-Indigenous people, death rates in both prison and police custody declined significantly between the mid-1990s and 2008. In 2008 the rate of Indigenous deaths in prison was found to be lower



than the rate of non-Indigenous deaths – 1.3 per 1,000 of the Indigenous prison population, compared with 2.2 per 1,000 of the non-Indigenous prison population (Lyneham et al. 2010). There was one Indigenous death resulting from a motor vehicle pursuit in each of 2007 and 2008, representing the lowest recorded number in a decade (Lyneham et al. 2010).

No Indigenous person died as a result of being shot by police between 2002 and 2008 (Lyneham et al. 2010).

### **Restorative justice and diversion**

Restorative justice brings the offender, victim, and community members together to discuss and address the outcomes of a crime (Latimer et al. 2001). Diversion refers to alternatives to the formal processes, procedures and sanctions of the criminal justice system and includes cautioning by police, victim-offender or family conferencing, referral to counselling, treatment or rehabilitation, bail support programs and Indigenous courts. Diversion can occur at any point from pre-arrest to post release and may be administered by police or the courts (CtGC forthcoming). Crime prevention and early intervention initiatives such as mentoring are not considered here, however, are the subject of a Clearinghouse publication (Ware 2013).

### **Diversion**

- A quantitative research study into the diversion of young offenders in Queensland found that Indigenous young people were more likely than non-Indigenous young people to appear in court for their first offence. The offending profiles of many Indigenous young people were such that diversionary programs designed for first-time and non-serious offenders were not viable options.

The study found no evidence that diversion from court for Indigenous offenders decreased recidivism rates (Allard et al. 2010). However a subsequent Queensland study (Little et al. 2011) found that Indigenous young people who were cautioned by police had less frequent and less serious recidivist behaviour than those who appeared in court for their first offence.

This study was consistent with the earlier study in finding that Indigenous youth were less likely than non-Indigenous youth to be diverted to cautioning for their first contact with the youth justice system. It also found that Indigenous offenders were half as likely to be diverted to conferencing for subsequent contacts (Little et al. 2011).

The study identified a number of strategies for improving Indigenous participation in existing diversionary schemes, although noting that these strategies have not been rigorously evaluated regarding their effectiveness (Little et al. 2011).

- A review of 35 drug-related diversionary programs across Australia found that Indigenous people were less likely to be referred to them than non-Indigenous people. Some of the programs excluded people with a history of violent offences, alcohol dependence or prior incarceration and it was not economically or practically feasible to run the programs in remote areas.

The study recommended that the principle of diversion and the aims of drug diversion programs needed to be articulated more clearly to Indigenous participants, who may have had negative experiences with the criminal justice system and have language barriers. It also recommended that Aboriginal Legal Service solicitors and client service officers should have a detailed knowledge of available drug-related diversionary programs (Joudo 2008).



- An evaluation of a Queensland Indigenous alcohol diversion program found that the program resulted in a statistically significant decrease in depression among Indigenous offenders. Average levels of anxiety and stress also decreased and a number of participants decreased their consumption of alcohol.

Completing the program was found to delay the time taken for people to re-offend, although the program may not have reduced recidivism in the longer term.

The take-up of the program was less than expected and just over a quarter (27%) of participants successfully completed the program. The evaluation did not find that the program represented a cost saving for government, mainly because of the low take-up and completion rates (Success Works 2010).

- An evaluation of Tasmania's Court Mandated Drug Diversion Program found that it had made a significant contribution to improving the state's drug treatment capacity by increasing access to a range of accredited and non-accredited treatment programs. Offenders who completed a treatment program (although small in number) were found to be less likely to reappear in court on a further matter than those who did not complete a program. Although a lot of data were missing, this result indicated that the program may have reduced the level of re-offending (Success Works 2008).
- An evaluation of a Queensland program to divert young people who had sexually offended from the formal youth justice system found that the program was based on a restorative justice framework that was consistent with international best practice. Because of the small sample size of 19 cases, the impact of the program could not be accurately estimated. None of the 19 young people identified as Indigenous (Queensland Department of Communities 2009b).
- An audit of the Prevention, Diversion, Rehabilitation and Restorative Justice Program used a qualitative methodology and found that the program lacked the performance information necessary to evaluate achievement and manage the program effectively (OEA 2008).

### Indigenous courts

Local Indigenous justice groups are operational in many parts of Australia giving Elders and other respected persons a role in the justice system, either through formal mechanisms like Indigenous courts or in broader planning and support (ATSISJC 2009).

- The Queensland Murri Court operates within a Magistrates Court framework, but provides additional opportunities for greater involvement by Indigenous Elders and respected persons, the offender's family and community justice groups in the sentencing of Indigenous offenders. It is designed to be more informal, less intimidating and where possible, deliver sentences that focus on rehabilitation. An independent evaluation of the Murri Court by the Australian Institute of Criminology (Morgan & Louis 2010) found that:
  - Court appearance rates were higher for the Murri Court than for similar offenders appearing in the mainstream Magistrates Court or the Children's Court.
  - There was no significant difference between those offenders sentenced in a Murri Court and those sentenced in a mainstream Magistrate or Children's Courts with respect to the time taken to reoffend. There was also little evidence of change in the seriousness of offending or the frequency of offending. This suggests that appearing for sentence in the Murri Court had no impact on re-offending among Indigenous offenders, at least in the short term.

- The Murri Court was found to be successful in:
  - o increasing the level of participation of the Indigenous community in criminal justice processes
  - o improving perceptions of the fairness and cultural-appropriateness of Magistrates and Children's Courts in dealing with Indigenous offenders
  - o increasing the level of collaboration between the different stakeholders involved in the operation of the Murri Court, which has reportedly had a flow-on effect into other criminal justice processes (Morgan & Louis 2010).
- The Children's Koori Court of Victoria is a sentencing court premised on the notion that the sentencing hearing process (including services to which offenders may be linked) can influence the future behaviour of Indigenous children and young people who appear before the court. An independent evaluation of the Court undertaken by La Trobe University (Borowski 2010) found that:
  - the Children's Koori Court had a very low failure-to-appear rate and the court order breach rate was also very low
  - the recidivism rate for young people appearing before the court was high (around 57%), but given defendants' levels of disadvantage and prior offending histories as well as the variable effectiveness of community services to which they were referred by the court, this recidivism rate was as expected
  - the court's decision-making processes were culturally responsive and inclusive
  - the court was successful in increasing Indigenous ownership of the administration of the law (Borowski 2010).
- A preliminary evaluation of the Port Lincoln Aboriginal Conference pilot project over a short period (seven conferences over nine months) found that the project had operated as intended and provided magistrates with better information for sentencing (OCSAR 2008).

## **Violence and conflict resolution**

The items considered in this section include case studies in Indigenous dispute resolution; the impact of night patrols and alcohol restrictions on community violence; and family violence interventions.

- Case studies in Indigenous dispute resolution and conflict management have demonstrated how dispute management can become a normal part of the everyday life of Indigenous communities. Critical factors for effective practice in dispute resolution include the availability of effective practitioners in the Indigenous context; careful preparation; working with the parties to design processes which meet their procedural, substantive and emotional needs; and the parties' ownership of the processes. However, the effectiveness of conflict resolution in permanently resolving conflicts and in increasing the capacity of communities to resolve any new conflicts as they arise has not been established (FCA & AIATSIS 2009).
- Between July 2008 and June 2009, night patrols in the Northern Territory assisted 75,220 people on a range of community safety matters (ANAO 2011). In evaluations of night patrols, community members reported that the presence of a patrol, in combination with a safe house, had reduced and prevented family violence (Cripps & Davis 2012; CtGC 2013c).

- An evaluation of the impact of alcohol restrictions in a number of remote Indigenous communities found that they had reduced the incidence and severity of family violence. The extent to which the reduction in family violence was sustained varied between communities, possibly being dependent on the extent to which the community was consulted and the extent to which it supported the restrictions (Cripps & Davis 2012).
- The implementation review of the Family Responsibilities Commission, a component of the Cape York Welfare Reform Trial, found that there has been a reduction in violence in two of the four trial communities, which may be associated with the work of the Commission (Gilbert 2012).
- A review of Safe At Home (Tasmania's integrated response to family violence) found that the program was consistent with international criteria for good practice.

The review recommended case management as an appropriate strategy for high risk Aboriginal offenders. The review report noted that a culturally appropriate framework for the delivery of rehabilitation programs for Aboriginal family violence offenders has been developed but has not yet been implemented due to lack of funding (Success Works 2009).


## **Safe communities publications**

Information in this section was synthesised from the following issues paper and resource sheets:

- Community development approaches to safety and wellbeing of Indigenous children (Higgins 2010)
- Programs to improve interpersonal safety in Indigenous communities: evidence and issues (Day et al. 2013)
- The role of community patrols in improving safety in Indigenous communities (CtGC 2013c)
- Diverting Indigenous offenders from the criminal justice system (CtGC forthcoming)
- Mentoring programs for Indigenous youth at risk (Ware 2013)
- Trauma-informed services and trauma-specific care for Indigenous Australian children (Atkinson 2013).

## **What works**

- Restricting the supply of alcohol in a remote Aboriginal community resulted in decreased domestic and public violence and antisocial behaviour. Community members reported that an increased police presence was effective in stopping alcohol being brought into communities and in reducing family violence. Evidence also exists for court diversion programs and workforce development in relation to substance use (Day et al. 2013).
- Night patrols have the potential to increase community safety by preventing crime, reducing alcohol-related harm and empowering the local community. The most successful patrols are those that were supported by the community, the police and community services (CtGC 2013c).
- Mentoring can improve behavioural, academic and vocational outcomes for at-risk youth, and to a more limited extent reduce their contact with the juvenile justice system (Ware 2013).

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- Drug diversion schemes may reduce reoffending rates for both entrenched offenders and for those who have no previous recorded offences. Practices that may contribute to improved completion rates by Indigenous offenders are:
    - culturally competent intake workers to assess Indigenous clients
    - collaboration with Aboriginal and other agencies that are involved with the client
    - formalised case management in cooperation with Aboriginal workers
    - a focus on cultural requirements of the defendants and their families
    - knowledge of and support for diversion programs by police, magistrates, solicitors and service providers.
  - Indigenous courts have increased the level of participation by the Indigenous community in criminal justice processes; improved perceptions of fairness and cultural-appropriateness; and increased levels of collaboration.

However there is no evidence that Indigenous courts have had an impact on re-offending, at least in the short term.

### **Gaps in the evidence**

- Although many programs have been implemented in an attempt to improve community safety, the extent to which they lead to measurable improvements has yet to be demonstrated. In particular, very little is known about the outcomes of holistic, whole-of-community, or place-based programs. It is also unclear whether, or under what conditions, programs that have been effective in one community can be successfully implemented in another (Day et al. 2013).
- Crime-related data are important for monitoring levels of crime. However, there is a lack of information about violent offending in Indigenous communities at both the national and local levels. For example, the coverage and quality of Indigenous identification in police data is variable across the states and territories (CtGC forthcoming).





# Appendix A: Clearinghouse publications

**Table A1: List of Clearinghouse publications by building block**

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## Early childhood

### Issues papers

Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia (Bowes & Grace forthcoming)

Improving the early life outcomes of Indigenous children: Implementing early childhood development at the local level (Wise forthcoming)

### Resource sheets

Improving access to urban and regional early childhood services (Ware 2012)

Parenting in the early years: effectiveness of parenting support programs for Indigenous families (Mildon & Polimeni 2012)

Early learning programs that promote children's developmental and educational outcomes by Harrison et al. 2012)

Early childhood and education services for Indigenous children prior to starting school (Sims 2011)

What works to prevent ear disease in Indigenous children (forthcoming)

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## Schooling

### Issues papers

School readiness: what does it mean for Indigenous children, families, schools and communities? (Dockett et al. 2010)

School attendance and retention of Indigenous Australian students (Purdie & Bucklely 2010)

### Resource sheets

Engaging Indigenous students through school-based health education (McCuaig & Nelson 2012)

Closing the school completion gap for Indigenous students (Helme & Lamb 2011)

Teacher and school leader quality and sustainability (Mulford 2011)

Effective traineeships and apprenticeships (forthcoming)

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## Health

### Issues papers

What works? A review of actions addressing the social and economic determinants of Indigenous health (Osborne & Baume forthcoming)

Building the evidence base for effective strategies to strengthen and promote Aboriginal and Torres Strait Islander mental health and wellbeing (forthcoming)

### Resource sheets

Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (CtGC 2013a)

Strategies to minimise the incidence of suicide and suicidal behaviour (CtGC 2013b)

Improving the accessibility of health services to Indigenous people in urban and regional settings (Ware forthcoming b)

Supporting healthy communities through arts programs (Ware forthcoming c)

Supporting healthy communities through sports and recreation programs (Ware forthcoming d)

Education programs for Indigenous Australians about sexually transmitted infections and bloodborne viruses (Strobel & Ward 2012)

Healthy lifestyle programs for physical activity and nutrition (CtGC 2012)

Anti-tobacco programs for Aboriginal and Torres Strait Islander people (Ivers 2011)

Reducing alcohol and other drug related harm (Gray & Wilkes 2010)

Programs to improve the mental health of Indigenous Australians who are homeless (forthcoming)

Programs to improve the mental health of Indigenous Australians who are incarcerated (forthcoming)

*(Continued)*



**Table A1: Clearinghouse publications by building block (continued)**

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**Economic participation**

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**Issues papers**

Increasing Indigenous employment rates (Gray et al. 2012)

Exploring economic participation – overcoming economic disadvantage for Indigenous Australians through education and training (forthcoming)

**Resource sheets**

Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions (Graffam & Shinkfield 2012)

Pathways for Indigenous school leavers to undertake training or gain employment (Hunter 2010)

Employment for Indigenous people with a disability (forthcoming)

Best practice in Indigenous economic development (forthcoming)

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**Healthy homes**

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**Resource sheets**

Housing strategies that improve Indigenous health outcomes (Ware forthcoming a)

Constructing and maintaining houses (Pholeros & Phibbs 2012)

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**Safe communities**

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**Issues paper**

Programs to improve interpersonal safety in Indigenous communities: evidence and issues (Day et al. 2013)

**Resource sheets**

The role of community patrols in improving safety in Indigenous communities (CtGC 2013c)

Diverting Indigenous offenders from the criminal justice system (CtGC forthcoming)

Mentoring programs for Indigenous youth at risk (Ware 2013)

Community development approaches to safety and wellbeing of Indigenous children (Higgins 2010)

Effective family violence programs (forthcoming)

Restorative justice and Indigenous juvenile detention: tailoring alternatives to optimise outcomes (forthcoming)

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**Governance and leadership**

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**Issues paper**

Engaging with Indigenous Australia—exploring effective engagement with Aboriginal and Torres Strait Islander communities (Hunt 2013a)

**Resource sheets**

Engagement with Indigenous communities in key sectors (Hunt 2013b)

Improving Indigenous community governance through strengthening Indigenous and government organisational capacity (Tsey et al. 2012)

Effective community managed programs (forthcoming)

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**Cross cutting**

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**Issues paper**

Cultural appropriateness and cultural competency (forthcoming)

**Resource sheets**

Trauma-informed services and trauma-specific care for Indigenous Australian children (Atkinson 2013)


Effective practices for service delivery coordination in Indigenous communities (Stewart et al. 2011)

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