

Summary of Research and Evaluation Register items

- Appendix B: Early childhood items.....2**
 - Parenting and supportive communities (9 items)2
 - Early learning and development (7 items)6
 - Maternal and infant health (6 items)9
 - Service coordination (2 items)11
- Appendix C: Health items13**
 - Health interventions/programs (21 items)13
 - Health services (18 items)21
 - Burden of disease and injury (20 items).....26
 - Mortality (12 items).....33
 - Policy development (8 items)35
- Appendix D: Safe communities items.....37**
 - Protection and custody of children and young people (22 items)37
 - Policing and the criminal justice system (16 items).....44
 - Restorative justice and diversion (11 items).....50
 - Violence and conflict resolution (9 items).....53
- References57**

Appendix B: Early childhood items

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. The Clearinghouse collects and assesses resources related to the seven COAG building blocks: 'early childhood', 'schooling', 'health', 'economic participation', 'healthy homes', 'safe communities' and 'governance and leadership'. Publications on what works to close the gap in Indigenous disadvantage, and three research collections: the Assessed Collection, the Research and Evaluation Register and the General Collection are available on the website at <http://www.aihw.gov.au/closingthegap/>.

The Research and Evaluation Register lists government research and evaluations that are relevant to overcoming Indigenous disadvantage. At the end of June 2012 the Research and Evaluation Register contained 701 items related to the seven COAG building blocks.

This appendix summarises the 24 publicly available items in the Clearinghouse Research and Evaluation Register that relate to the early childhood building block under the following four themes: 'parenting and supportive communities'; 'early learning and development'; 'maternal and infant health'; and 'service coordination'. Within each theme, evaluations are listed before other research items and evaluations that relate to a single project or program are grouped together. Items are listed in reverse date order (more recent items first).

Parenting and supportive communities (9 items)

Evaluations

Investing in our future: an evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY) (Liddell et al. 2011).

HIPPY 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.

The evaluation found positive impacts across a number of developmental domains and spheres of influence, including the child, the parent, the home learning environment and parents' social connectedness and inclusion. The cost-effectiveness of HIPPY was found to compare very favourably to that of international programs. It was not possible to make Australian comparisons due to lack of data about other Australian programs. The results of the impact evaluation were not reported separately for Indigenous children and families.

Five of the fourteen 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, or delivery at alternative safe places to overcome difficulties with home visits; the provision of transport; the employment of additional tutors and support staff; the involvement of extended family; and the modification of some materials to suit cultural context and parents' literacy levels. Attracting and retaining staff and building trusting relationships was seen as critical for successful implementation.

HIPPY was found to hold 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 child and family services for Indigenous Australians.

Brighter Futures Evaluation Summary Research Design. (NSW Department of Community Services 2009).

Brighter Futures is an early intervention program targeting vulnerable families with children at risk of abuse or neglect. The program aims to build the resilience of children and families and thereby reduce the likelihood of family problems escalating to crises within the child protection system. Services are provided to families for up to two years and include case management, home visiting, parenting programs and services to children.

The evaluation of the program aimed to assess its effectiveness in reducing the risk of harm to children and to assess the most effective ways to deliver the program. The evaluation planned to collect qualitative and quantitative data from Indigenous and non-Indigenous families in seven regions of NSW. The target Indigenous sample size was 100 families in metropolitan, rural and remote locations.

Brighter Futures Early Intervention evaluation: interim report 3 (Hilferty et al. 2010a).

This interim evaluation report provides an overview of the families who participated in the program, their experiences with the program and an analysis of the children's history of risk of harm prior to entering the program.

The interim evaluation found that Brighter Futures was successful in engaging a high proportion of Indigenous families, however they spent less time on the program, on average, than did non-Indigenous families.

Most families indicated that Brighter Futures had a positive impact on family functioning, including improving family cohesiveness and the mental health of mothers. Families experiencing domestic violence showed the most improvement in family functioning, conversely families dealing with multiple stressors (such as low income, poor housing and social isolation) tended to report no changes in family functioning.

Most primary caregivers attributed improvements in their child's social and emotional development to participation in childcare and playgroups. Primary caregivers lacking in social support relied heavily on their Brighter Futures caseworker to support them and to recognise any cognitive or developmental delays that their child may have.

Initial results indicated that there was a decrease in problematic child behaviours over time in families who participated in Brighter Futures.

The evaluation of Brighter Futures, NSW Community Services' early intervention program: final report (Hilferty et al. 2010b).

The overall finding of this final evaluation report was that Brighter Futures was well implemented and produced small/modest effects for many children, but it did not have a measurable impact for all the children referred into the program.

The evaluation found that Brighter Futures had difficulty in retaining families, especially Indigenous families. Of the Indigenous families who entered the program, just over one third (37.2%) achieved the goals in their case management plans. A substantial proportion of

Indigenous families refused the program or exited early and hence were unlikely to benefit from the program. 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.

For those Indigenous families who did achieve their goals there was a 77% decline in risk-of-harm reports resulting from carer issues (mainly alcohol and drug issues) compared with Indigenous families in the comparison group.

The low retention rate for Indigenous families suggests that there are barriers to their sustained engagement, however the evaluation did not explore this issue.

National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009 (Muir et al. 2009).

The Stronger Families and Communities Strategy aimed to help families and communities build better futures for their children through capacity building, strengthening family and community relationships and community development. The Strategy targeted both Indigenous and non-Indigenous families in urban and regional/remote communities. This evaluation of the Strategy used a combination of qualitative and quantitative methods, and included a three-year longitudinal survey of 2,202 families with children in ten treatment and five comparison communities.

The evaluation found that there was an increase in the number, type and capacity of services available to families in the treatment communities. In these communities there was also an improvement in the use of services by families in hard-to-reach groups and by families who had previously not used early childhood services. Parents living in the treatment communities reported higher levels of parenting self-efficacy and less hostile and harsh parenting practices than those in the comparison communities.

Lessons learnt about strengthening Indigenous families and communities: Stronger Families and Communities Strategy 2000-2004 (Scougall 2008).

The Stronger Families and Communities Strategy aimed to help families and communities build better futures for their children through capacity building, strengthening family and community relationships and community development.

The evaluation of the Strategy in relation to Indigenous families involved a review of project files, information gathered during project site visits, case studies and consultations with organisations.

The findings of the evaluation were as follows:

- There was a high level of community participation in some project activities.
- Projects that had a well-established auspice organisation with administrative capacity, relevant project expertise and an existing solid relationship with the Indigenous community had higher levels of participation.
- There was no evidence that Indigenous families became more resilient as a result of the Strategy.

A pilot exploration of a family home visiting program for families of Aboriginal and Torres Strait Islander children (Sivak et al. 2008).

An Indigenous-specific family home visiting program, which was delivered by nurses and Indigenous cultural consultants aimed to promote child health and development and maternal-child attachment. Home visits took place weekly for the first six weeks, fortnightly for the next six months and then monthly until the child's second birthday.

This preliminary evaluation of the program used a combination of qualitative and quantitative methods but did not use a comparison group. The reported findings were preliminary and related to the first twelve months of the first stage of a multi-stage evaluation process.

Participants in the evaluation were chosen by program staff, so were unlikely to represent the views of families who declined the program or withdrew from it. This report identifies the benefits experienced as a result of the program, as reported by those families who remained with the program. It does not identify barriers to engagement and retention. Because of these weaknesses, a more rigorous evaluation would be required to establish the effectiveness of the program.

Participants in the evaluation identified the following benefits from taking part in the program:

- practical assistance, information and referrals for health and issues such as housing
- feeling more socially involved
- feeling more supported in their parenting decisions and generally more confident in themselves and in their parenting
- greater awareness of infant health and development.

Koori Fathering Program: pilot phase evaluation report (Newell et al. 2006).

The Koori Fathering program was developed in response to requests by local Aboriginal organisations and individuals for an Indigenous-specific program to improve family functioning. It comprised a 15 week course for Aboriginal men aimed at assisting them to develop more positive relationships with their children and partners; improve their understanding of children's development and needs; understand and accept the responsibilities of fatherhood; improve their communication skills; understand the importance of showing affection; and learn and practise effective discipline strategies.

This evaluation mainly used qualitative data collected from program participants, but also collected some quantitative data, such as attendance numbers. Eight participants were interviewed prior to participating in the program and seven of them were interviewed after participating. The sample size was very small and men self-selected to participate in the evaluation, hence the results may not be generalisable.

The evaluation found that the Koori Fathering Program was well accepted by the participants, who stated that it had improved their knowledge, attitudes, skills, practices and confidence across a range of parenting issues. However because of issues with the methodology as identified above, a more rigorous evaluation would be required to establish the effectiveness of the program.

Other research

Footprints in Time: the Longitudinal Study of Indigenous Children: key summary report from Wave 1 (FaHCSIA 2009).

This research study analysed quantitative and qualitative data from the longitudinal survey of Indigenous children. The purpose of the survey was to identify what is working well in terms of the health and wellbeing of Indigenous children and areas in which they require assistance.

The study found that:

- the majority of children lived with at least four other people, with households ranging in size from two to 22 people. The majority of parents (82%) reported that they have enough money to live on each week
- two thirds of parents took their child to an Indigenous cultural event, ceremony or sorry business, to ensure that they would be strong in their culture
- children were less likely than their parents to speak (or to be learning) a traditional Indigenous language
- half of the parents smoked (or chewed tobacco) during their pregnancy. Most children (80%) had been breast fed at some point in their early years, with those living in remote areas being breastfed slightly longer than those in urban areas
- most parents did not have any concerns about their child's language and development. About three quarters (77%) of children were read to in the previous week. Almost all parents (93%) indicated that they often hugged their children for no particular reason.

Early learning and development (7 items)

Evaluations

Evaluation of the implementation of Foundations for Success – guidelines for an early learning program in Aboriginal and Torres Strait communities: final report (Perry 2011).

Foundations for Success were developed by the Queensland Department of Education, Training and Employment and provide guidelines for early learning educators working with Aboriginal and Torres Strait Islander communities.

This qualitative evaluation reported on the implementation of the guidelines in an early education program for three-and-a-half to four-and-a-half year old Indigenous children in six remote Indigenous communities. The evaluation reviewed documents related to the development of the guidelines and the extent to which they were supported by educators. Four visits were undertaken to each of the six communities and conversations with a total of 70 educators and eight family members were analysed. No assessment of children to ascertain the impact on developmental indicators of the implementation of the guidelines was undertaken.

While the levels of successful implementation of the guidelines in the six evaluation sites varied, respondents were of the view that early childhood education programs informed by Foundations for Success guidelines have the potential to be successful in Cape York and Torres Strait Islander communities.

Respondents identified a number of conditions that facilitated the successful implementation of the guidelines:

- 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 pre-Prep in general, and the Foundations for Success guidelines in particular, is necessary for the success of the program
- the availability of people who can access Indigenous knowledge relevant to the local community.

Making a Difference: the report on the evaluation of the Better Beginnings (0-3yrs) family literacy program 2007–2010 (Barratt-Pugh & Rohl 2010).

Better Beginnings is an early intervention family literacy program that was developed by the State Library of Western Australia. Its purpose is to provide positive language and literacy influences for children in their first three years of life. The program comprises:

- A toolkit for parents of young babies, containing a quality children's book, a colourful growth measurement chart with nursery rhymes printed on it, and information about the value of reading to children, some titles of popular children's books and information about local library resources.
- Parent/child workshops and baby story-time sessions, involving young children and their parents and featuring public library, health care and child development professionals.

This evaluation of the program used a combination of quantitative and qualitative methods but did not use a comparison group. The study population included both Indigenous and non-Indigenous mothers in urban and remote locations. Mothers participating in Better Beginnings were followed up for 2 years after completing the program.

The evaluation found that the program had the following benefits:

- increased maternal confidence in sharing books with their baby
- more mothers viewing sharing books as important
- more books in the home that were read to the child
- increased frequency of reading to the child
- increased frequency of the child asking for a book to be read.

As no comparison group was used in this evaluation it is difficult to assess the contribution of the program to the above improvements. Some of the findings may reflect developmental changes in the children (at the last survey, they were three years old).

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 Read to me – I love it! is yet available.

The Pathways to Prevention Project: the first five years 1999–2004 (Homel et al. 2006).

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.

This evaluation of the project, which was 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. 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.

Other research

Using television to improve learning opportunities for Indigenous children (Lonsdale 2010).

This report reviewed the literature on the importance of early childhood learning, the nature of Indigenous learning needs, and the role of educational television programs in improving learning outcomes for preschool-aged children. It is intended to provide an evidence base for a proposal to develop an educational television program aimed primarily at Indigenous children from three to six years.

2010 National Early Childhood Education and Care Workforce Census (Social Research Centre 2011).

This workforce census found that 139,187 staff were employed in the early childhood education and care (ECEC) sector during the reference week. Indigenous workers comprised 2.1% of the total ECEC workforce.

Over two thirds (69.8%) of paid contact staff had an ECEC-related qualification, of whom 14.0% had a 3 year Bachelor degree pass (or equivalent) or above. Just under one third (30.8%) of respondents were studying in an ECEC-related field. The percentages of Indigenous staff who had ECEC-related qualifications or were studying were not provided in the report.

This study provides a baseline for programs to grow and improve the qualifications of the Indigenous ECEC workforce. However its usefulness in this regard is limited because it does not provide information on the qualifications of the current Indigenous workforce.

A Snapshot of Early Childhood Development in Australia: Australian Early Development Index (AEDI) national report 2009 (Centre for Community Child Health and Telethon Institute for Child Health Research 2009).

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.

In 2009 data for the AEDI were collected on 97.5% of Australian children in their first year of school.

This snapshot of the 2009 data shows 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 (47.4%) were developmentally vulnerable on one or more of the AEDI domains. This was double the corresponding proportion for all Australian children (23.5%).
- Over one quarter (29.5%) were developmentally vulnerable on two or more of the AEDI domains. This was almost three times the corresponding proportion for all Australian children (11.8%).

This report can be used to provide a baseline for programs that aim to address areas of developmental vulnerability among Indigenous children.

2006 Australian Government Census of Child Care Services: summary booklet (Department of Education, Employment and Workplace Relations 2008).

This report provides information on Australian Government approved and funded child care services, including information on the children, staff and operational details of the services.

It provides a baseline for assessing the effectiveness of programs to increase the supply and quality of child care services.

Maternal and infant health (6 items)

Evaluation

NSW Aboriginal Maternal and Infant Health Strategy evaluation: final report 2005 (NSW Health 2005).

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 over three-quarters (79%) of 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 ten 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, and 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.

Other research

2010 Australian National Infant Feeding Survey: indicator results (Australian Institute of Health and Welfare 2011).

This quantitative survey used a sample of about 52,000 children aged up to 24 months, randomly selected from the Medicare enrolment database. Indigenous children comprised only 1.4% of the sample and Indigenous results were not reported separately, thereby limiting the usefulness of the report in providing a baseline for programs aimed at increasing breastfeeding among Indigenous mothers.

The study found that:

- breastfeeding was initiated for 96% of children aged 0–2 years
- nearly half (47%) of infants were predominantly breastfed to 3 months, dropping to 21% predominantly breastfed by 5 months
- higher rates of initiation, and higher intensity feeding for longer periods, were associated with mothers aged 35 and over; those with tertiary education; those on higher incomes; and with infants who did not regularly use a dummy. These same groups were also associated with lower and later rates of introduction of non-human milk and soft/semi-solid/solid foods.

Trends in the health of mothers and babies, Northern Territory: 1986-2005 (Zhang et al. 2010).

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).

Mothers and babies 2005: Northern Territory Midwives Collection 2005 (Zhang & Johnstone 2009).

Mothers and babies 2004: Northern Territory Midwives' Collection 2004 (Zhang et al. 2009b).

Mothers and babies 2003: Northern Territory Midwives' Collection (Zhang et al. 2009a).

The above three reports are based on quantitative analyses of administrative data in the Midwives' Data Collection.

All three reports found as follows:

- Women in the NT, particularly Indigenous women, had a higher total fertility rate than the national average.
- The mean age of Indigenous mothers who gave birth was more than five years younger than that of non-Indigenous mothers. About one quarter of Indigenous mothers were less than 20 years of age.
- Indigenous mothers were more likely to attend no antenatal visits or attend an inadequate number, and were also less likely to attend the first antenatal session within the first trimester of pregnancy.
- About half of Indigenous mothers reported smoking during pregnancy, which was over twice the proportion of non-Indigenous mothers.
- Proportionally there were twice as many low birth-weight babies born to Indigenous mothers than to non-Indigenous mothers.
- The perinatal death rate of Indigenous babies was about twice that of non-Indigenous babies.

Service coordination (2 items)

Evaluation

Indigenous families and children: coordination and provision of services: Stronger Families and Communities Strategy 2004–2009 (Flaxman et al. 2009).

The Stronger Families and Communities Strategy aimed to help families and communities build better futures for their children through capacity building, strengthening family and community relationships and community development. The Strategy targeted both Indigenous and non-Indigenous families in urban and regional/remote communities. This evaluation of the Strategy used a combination of qualitative and quantitative methods, and included a three-year longitudinal survey of 134 Indigenous and 1,690 non-Indigenous families with children in communities in which the Strategy had been implemented.

Key findings of the study were as follows:

- Paternal employment increased by almost 6% for Indigenous families. Indigenous mothers were also more likely to be employed, more likely to have entered the labour force and less likely to be unemployed.
- Indigenous parents' self-reported general health improved slightly and the gap between the general health of Indigenous and non-Indigenous parents decreased.
- The self-reported mental health of both Indigenous and non-Indigenous families improved and the gap between the mental health of Indigenous and non-Indigenous parents decreased.
- There was a significant increase in perceived neighbourhood social cohesion reported by both Indigenous and non-Indigenous families. Both Indigenous and non-Indigenous families became more positive about their neighbourhood as a place in which to bring up children.

However, the above results could have been due to factors other than the Strategy, as the evaluation did not analyse results from a comparison group of families living in areas where the Strategy had not been implemented.

Other research

Because children and families matter: delivering on the National Reform Agenda (Helyar et al. 2009).

This report maps the core components and strengths of the following key reform agendas that are relevant to children, young people and families:

- Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020
- Investing in the Early Years: A National Early Childhood Development Strategy
- Belonging, Being and Becoming: The early years learning framework for Australia
- Australian Government Compact with Young Australians: National Partnership on Youth Attainment and Transitions
- The National Plan to Reduce Violence against Women: Immediate Government Actions
- The Road Home: A National Approach to Reducing Homelessness.

The report finds that as a result of the reform agenda there is greater integration across government portfolios and levels of government, which is likely to result in more inclusive and cohesive communities, thereby improving the health and wellbeing of children, young people and families.

Appendix C: Health items

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. The Clearinghouse collects and assesses resources related to the seven COAG building blocks: 'early childhood', 'schooling', 'health', 'economic participation', 'healthy homes', 'safe communities' and 'governance and leadership'. Publications on what works to close the gap in Indigenous disadvantage, and three research collections: the Assessed Collection, the Research and Evaluation Register and the General Collection are available on the website at <http://www.aihw.gov.au/closingthegap/>.

The Research and Evaluation Register lists government research and evaluations that are relevant to overcoming Indigenous disadvantage. At the end of June 2012 the Research and Evaluation Register contained 701 items related to the seven COAG building blocks.

This appendix summarises the 79 publicly available items in the Clearinghouse Research and Evaluation Register that relate to the health building block under the following five themes: 'health interventions/programs'; 'health services'; 'burden of disease and injury'; 'mortality'; and 'policy development'. Within each theme, evaluations are listed before other research items and evaluations that relate to a single project or program are grouped together. Items are listed in reverse date order (more recent items first).

Health interventions/programs (21 items)

Evaluations

Evaluation of the Child Health Check Initiative and the Expanding Health Service Delivery Initiative: final report (Allen & Clarke 2011).

This longitudinal evaluation of the implementation of child health checks as part of the Northern Territory Emergency Response and the capacity of health services to respond to children's health care needs used a combination of qualitative and quantitative methods.

Child Health Check Initiative (CHCI)

The evaluation found that the CHCI achieved an overall coverage rate of between 57% and 65% of the total eligible population. Coverage was higher in small communities and among children aged 2-9 years and lower in large communities and among children aged 14-15 years.

Approximately 70% of children who had a child health check received at least one referral to follow-up care, however the NT health system did not have the capacity, processes, infrastructure or workforce to provide follow-up health services. 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 19.6% for primary health care, 34.2% for ear, nose and throat (ENT) specialist services, 39.8% for dental services, 42.0% for paediatric services, 45.4% for tympanometry and audiometry services, and 57.4% for other specialist services.

Funding provided through the CHCI enabled the development of new service delivery models for hearing/ ENT and dental services. Improved case management practices in hearing/ENT services resulted in more precise tracking of children through the system, reducing the risk of children falling through the gaps. A new dental service delivery model

helped overcome workforce shortages during the roll out of follow-up services. These new models have the potential to provide more efficient service delivery, providing these services continue to be funded and are developed within the context of a comprehensive primary health care approach.

Expanding Health Service Delivery Initiative (EHSDI)

The EHSDI was based on engaging with existing processes in the NT and through building effective partnerships between the Australian Government, the Northern Territory Government and Aboriginal community-controlled sectors.

This formative evaluation of EHSDI was intended to help shape the program by engaging with the development of the initiative – its implementation, inputs, and procedures. The findings provide information that can support ongoing improvements to the EHSDI.

The evaluation found that the benchmark methodology used by the EHSDI to determine which proposed Health Service Delivery Areas were priorities for additional funding had contributed to a more equitable distribution of resources at the regional level.

Progress of the Northern Territory Emergency Response Child Health Check Initiative: final report on results from the Child Health Check and follow-up data collections (AIHW & DoHA 2009).

This evaluation of the implementation of child health checks as part of the Northern Territory Emergency Response (NTER) undertook a longitudinal analysis of quantitative data.

The evaluation found that:

- Of 16,259 children aged 0–15 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 the AIHW received data. A further 4,000 checks were provided under the Medicare Benefits Schedule, but data on these children were not included in the report.
- During the health checks, about 97% of children had at least one health condition or risk factor identified and 99% of these 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 in the target population after the first child health check, however, indicated that these conditions continued to be highly prevalent among these children.

Review of the Alcohol and Other Drug Service Components of the Northern Territory Emergency Response – final report (Origin Consulting & Bowchung Consulting 2010).

The purpose of the alcohol and other drug service components of the Northern Territory Emergency Response (NTER) were to:

- ensure that services were in place to support individuals and communities affected by the new alcohol legislation
- create new opportunities to reduce harmful drinking levels among individuals and communities affected by the legislation.

Qualitative and quantitative data used by the review were obtained from services receiving funding, consultations with community organisations, a review of documentation and meetings with Indigenous community representatives.

The key findings of the review were as follows:

- Changes in the availability of alcohol had not led to an immediate increase in need for inpatient detoxification, as habituated drinkers 'dried out' in their community and did not seek medical care.
- The additional funding made available for residential rehabilitation was effectively used by well-managed organisations. Several agencies which 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.

An education intervention for childhood asthma by Aboriginal and Torres Strait Islander health workers: a randomized controlled trial (Valery et al. 2010).

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

A randomised controlled trial based on 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 1 month, 3 months and 6 months after the original session, while the comparison group received no further education sessions.

Although there was no difference between the intervention group and the comparison group 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 of their child's asthma action plan.

Evaluation of the sustainability and benefits of swimming pools in the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands) in South Australia (Healthcare Planning and Evaluation Pty Ltd 2009).

This longitudinal evaluation of the health and other benefits of swimming pools in remote Indigenous communities used a combination of quantitative and qualitative methods.

It found that:

- during the period of the study, use of the swimming pools did not result in improvements to ear health

- swimming pools had a positive impact on children's skin with a significant reduction in skin infections noted across all communities
- although a 'No School, No Pool' policy operated consistently across the three communities, there was no evidence that this improved attendance rates at school.

Effectiveness of 7-valent pneumococcal conjugate vaccine against radiologically diagnosed pneumonia in Indigenous infants in Australia (O'Grady et al. 2010).

This 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.

Healthy Ways Project (2001–2005): evaluation report (Verity 2006).

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.

Other research

Reducing youth suicide in Queensland: final report (CCYPCG 2011f).

This study analysed Queensland data from all government agencies involved in the delivery of services to children and young people who completed suicide between 2004 and 2007, as well as data held in the Child Death Register between 2004 and 2011.

The researchers reported that:

- 65 children and young people committed suicide in Queensland between 2004 and 2007. Of these, 43 were aged between 15 and 17 years and 22 children were aged between 10 and 14 years old
- the average rate of Aboriginal and Torres Strait Islander children aged 10 to 14 years who completed suicide was more than 17 times higher compared to other Queensland children (a rate of 64.9 suicides per 100,000 for Aboriginal and Torres Strait Islanders aged 10 to 14 years compared to 3.7 per 100,000 for other Queensland children aged 10 to 14 years)
- the average rate of completed suicides for Aboriginal and Torres Strait Islander young people aged 15 to 17 years was more than 2.5 times that of other Queensland young people in the same age range (a rate of 65.2 suicides per 100,000 for Aboriginal and Torres Strait Islanders compared to 23.5 per 100,000 for other Queensland young people of these ages).

The study states that risk factors associated with youth suicide require further investigation.

Preventing infant deaths among Aboriginal and teenage women in South Australia (Middleton 2009).

This study reviewed the Australian and international literature in relation to preventing infant deaths. It identified health-related and social factors relevant to Aboriginal and Torres

Strait Islander women and teenage women that have the potential to be modified in order to reduce infant mortality or to reduce or to prevent other adverse birth and infant outcomes. The factors identified were: alcohol use, antenatal care, birth spacing, breastfeeding, diabetes, family violence, home visits, hypertension in pregnancy, infection, nutrition, obesity, poverty, social and emotional wellbeing, SIDS/SUDI, smoking, social support and substance use.

Potentially effective strategies for improving perinatal and infant outcomes ranged from brief, targeted primary care interventions to more comprehensive antenatal and postnatal programs. An evaluation of the Mums and Babies program from Townsville reported a statistically significant decrease in perinatal mortality as a result of the program. An evaluation of an Inuit program reported a perinatal mortality rate similar to the rest of Canada.

There appears to be a clear benefit from increasing levels of maternal education. The lowest level of maternal education was associated with 1.5 to 2 times the risk of infant death or adverse perinatal outcomes, compared to all other levels of maternal education.

Comprehensive early childhood and youth development programs showed reductions in teen pregnancies (particularly rapid repeat births) as well as positive employment and education outcomes for young parents.

Developmental research to inform the National Action to Reduce Smoking Rates social marketing campaign (Ipsos & Winangali Pty Ltd 2010b).

This qualitative research study used information collected in 37 focus groups moderated by local Indigenous people and 30 in depth interviews with Aboriginal health workers, allied health professionals, nurses and doctors. The study found that the primary barrier that prevented Indigenous people from quitting smoking or not taking up the habit was the social normalisation of smoking, which was considered to foster social cohesion and exchange. Many Indigenous people appeared to take up smoking or were hesitant to quit because of a fear of social isolation.

Other barriers included physiological and psychological addiction, stress/boredom, incorrect beliefs about smoking and its effects on the body and lack of willpower to quit smoking.

The study identified the following strategies as having the potential to be effective:

- campaigns that focus on the impact of passive smoking on family, especially on children
- programs that increase self-efficacy and provide emotional support for smokers
- higher cost of cigarettes and associated guilt about prioritising tobacco over family needs
- information on the adverse effects of smoking on fitness levels and sports performance.

Developmental research to inform the Local Indigenous Community Campaigns to Promote Better Health (Ipsos-Eureka Social Research Institute & Winangali 2010a).

This qualitative research study examined Indigenous people's understanding of risk factors and knowledge of how health services can help prevent or better manage chronic diseases.

It is based on information collected in 37 focus groups moderated by local Indigenous people and 30 in depth interviews with Aboriginal health workers, allied health professionals, nurses and doctors.

The study found that to be effective, social marketing campaigns needed to address the following barriers:

- general awareness and attitudes, including fatalistic beliefs about the inevitability of experiencing chronic disease; low levels of awareness of links between risk factors and disease; and low self-efficacy in relation to preventing lifestyle diseases
- specific attitudes in relation to exercise, including low self-esteem, perception that many forms of exercise are culturally inappropriate and the actual or perceived cost of some forms of exercise, such as organised sports or gym membership
- specific attitudes in relation to diet, including the actual or perceived cost of healthy food, its poor availability in remote areas and lack of interest in, or knowledge of, healthy cooking
- socio-cultural factors, including peer pressure, family and community practices and negative health behaviours as shared activities associated with social cohesion.

Indigenous smoking scoping study (Urbis 2008b).

This was a literature review of the effectiveness of smoking prevention and cessation initiatives which have been targeted at or which may be applicable to Indigenous people. The review found that the most successful cessation programs for those who are motivated to quit are likely to involve nicotine replacement therapy combined with culturally appropriate counselling or quit-support programs.

The social determinants of being an Indigenous non-smoker (Thomas et al. 2008).

This research study reported on the results of an analysis of data from the 2002 National Aboriginal and Torres Strait Islander Social Survey, which had a sample size of 9,400.

The study found that about half (51.2%) of the Aboriginal and Torres Strait Islander population aged 15 and over smoked, 33.4% had never smoked, and 15.4% were ex-smokers. Factors associated with being a non-smoker were:

- high income: increasing household income was associated with increasing likelihood of being a non-smoker
- not having a criminal record: Indigenous people who had been arrested in the last five years were much more likely to smoke
- remaining with their natural family: Indigenous people who had been removed from their natural family were much more likely to smoke.

Smoking in the Northern Territory (DHCS 2006).

This review of the results of surveys of smoking prevalence in the Northern Territory undertaken between 1986 and 2005 reported that for the Indigenous population aged 18 and over:

- In 2004-05, more than half (55.9%) of NT Indigenous adults were current smokers. This was 1.8 times the NT non-Indigenous prevalence, and 2.6 times the national prevalence.
- Within the Indigenous population, two-thirds of males were current smokers (64.9%) as were almost half of the females (47.8%).
- The proportion of smokers among NT Indigenous people varied with age group, with the highest prevalence among male smokers being in the 35 to 44 years age group (74.6%), while for females the 25 to 34 years age group had the highest prevalence (55%).

- Smoking prevalence varied with remoteness and was different for males and females. Smoking was more common among Indigenous males living in remote (69.2%) than non-remote areas (42.2%). For women the pattern was the opposite, with much higher smoking rates in non-remote (69.4%) than remote areas (43.8%).

Priorities as at October 2010 to support the Eat Well be Active Healthy Weight Strategy for South Australia 2006–2010 (Government of South Australia 2010).

This report sets out priority initiatives under the Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010. The priority initiatives identified relate to community education, school and workplace programs, policy and legislation, training the health workforce, researching the issue and evaluating programs. The report does not include Indigenous-specific strategies.

Effective assessment of social isolation: final report (Sansoni et al. 2010).

This report is a review of the literature on instruments used to assess social isolation, for the purpose of evaluating programs.

The report found that instruments that are currently used to measure social isolation are not appropriate for use with Aboriginal and Torres Strait Islander people, especially those living in remote communities, for the following reasons:

- People living in remote Indigenous communities may not have a concept of loneliness, as dependence on the family is the norm.
- Questions that contain ideas about having a circle of friends may not be relevant in a community where everyone is related.

The report suggests that further research is required to explore notions of social support/ social connectedness/ social isolation in both urban and remote Indigenous communities.

Acquired Brain Injury Research Project: final report (PriceWaterhouseCoopers 2010).

This research investigates opportunities to improve health and support services for people who have acquired a severe or profound brain injury.

The research is based on a literature review, quantitative data collected by government agencies, a client and carer survey developed for the project, as well as qualitative data collected in workshops and interviews.

The research found a lack of co-ordination between health and social support services for people with an acquired brain injury. This means that managing the effective return of these people to the community and providing them with ongoing support is challenging. This is particularly the case for people with co-existing mental health and alcohol and other drug issues.

The report recommends trialling new service models, such as case management and brokerage services, and flexible and individual service responses. Whether or not these responses are appropriate for Indigenous people who have acquired a brain injury is not considered.

Defining the interaction between respiratory viruses and bacteria as an important cause of acute tympanic membrane perforation in Indigenous infants (Leach 2010).

This research reports the results of a retrospective analysis of nasopharyngeal swabs collected monthly from children under 18 months of age who had middle ear infection (acute otitis media - AOM), as well as from children without AOM. The research was undertaken in remote Australia between 2008 and 2010.

The purpose of the research was to determine if respiratory viruses were associated with AOM. The study found an association between nasopharyngeal bacterial loads exacerbated by respiratory viruses and middle ear infection among Indigenous children living in remote areas.

Indigenous ear health: developmental research to inform Indigenous social marketing campaigns: final report (CIRCA 2010).

This qualitative research was commissioned to inform a national ear health education project targeting Indigenous people and was conducted in 14 locations across Australia, including urban, regional and remote areas. Twenty eight group discussions were held with mothers or other female primary caregivers, six group discussions were held with fathers and 28 in-depth interviews with grandparents and Elders. Consultations were also held with health workers and state/territory hearing policy officers.

The research found that while there was a high level of awareness in communities about the need to improve children's health, knowledge of the causes of ear problems, and how to prevent them was limited.

The report recommended that ear health promotion messages be delivered face-to-face by health workers. Locally relevant audio and visual resources were also considered to be important.

Vaccine preventable diseases and vaccination coverage in Aboriginal and Torres Strait Islander people, Australia 2003 to 2006 (Menzies et al. 2008).

This report on vaccine-preventable diseases and vaccination rates among Indigenous people was based on analysis of routinely collected data on disease notifications, hospitalisations, deaths and childhood and adult vaccination coverage.

Key findings of the research were as follows:

- For universally funded childhood vaccination programs, coverage was similar in Indigenous and non-Indigenous children by 24 months of age. However, delayed vaccination was more common among Indigenous children, with 6%–8% fewer children fully vaccinated at 12 months of age.
- For Indigenous-specific childhood and adult vaccination programs, coverage was substantially lower than for universal programs, particularly for hepatitis A and pneumococcal vaccine for children, and for influenza and pneumococcal vaccine for adults.
- More timely vaccination, particularly within the first six months of life, is required to further reduce the incidence of whooping cough and *Haemophilus influenzae* type b (Hib) particularly in the Indigenous population.

The NHMRC Road Map II: a strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research (NHMRC 2010).

A review of the NHMRC Road Map I, which included a targeted consultation with peak national Aboriginal and Torres Strait Islander representative bodies resulted in the identification of the following seven action areas for Road Map II:

- to increase participation by Aboriginal and Torres Strait Islander researchers in NHMRC programs and in health and medical research generally
- to link the NHMRC's activities in Aboriginal and Torres Strait Islander health with the activities of other stakeholders
- to contribute to the Australian Government's Closing the Gap health initiatives
- to support researchers in biomedical, clinical, health services and public health research to work collaboratively
- to support research endeavours that generate accessible and effective clinical and public health medicine in partnership with the Aboriginal community-controlled health sector.

The strategic framework will be used by the NHMRC's Research Committee to identify Aboriginal and Torres Strait Islander research topics requiring priority funding.

Health services (18 items)

Evaluations

The Overburden project: funding and regulation of primary health care for Aboriginal and Torres Strait Islander people (Lowitja Institute 2013).

This evaluation 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. The report does not provide information on how these conclusions were reached.

Evaluation of Primary Health Care Funding to Aboriginal and Torres Strait Islander health services (OEA 2009a).

The purpose of this audit was to evaluate the performance of the Office of Aboriginal and Torres Strait Islander Health (OATSIH) in managing the Primary Health Care Funding Program. The audit 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 levels. OATSIH was enabling improved access to primary health care, however data limitations meant that the improvement in access could not be quantified. The methods by which OATSIH determined health priorities and funding decisions was too process-oriented and OATSIH was limited in its capacity to measure outcomes.

Evaluation of the Quality Use of Medicines Maximized for Aboriginal and Torres Strait Islander Peoples (QUMAX) Program (Urbis 2011).

The aims of QUMAX were to improve access by Indigenous people to medicines under the Pharmaceutical Benefits Scheme (PBS) and to improve medication compliance.

This evaluation used a combination of quantitative and qualitative methods. The key finding of the evaluation was that QUMAX had increased access to the PBS for clients of Aboriginal community controlled health services by 14%. This compared with a 3% increase for all Australians.

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

- 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 or cholesterol.

Review of the NSW Health Aboriginal Environmental Health Officer training program: summary report (NSW Health 2010).

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.

This 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.

Performance audit of residential aged care for Indigenous Australians (OEA 2009b).

This audit used both quantitative and qualitative methods and 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 had an outcome related to cultural and spiritual life, which included consideration of Indigenous clients' culture.

Word of mouth: evaluation of the 'Filling the Gap' Indigenous Dental Program (Jackson Pulver et al. 2009).

This 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.

Evaluation of the Healthy for Life program: final report (Urbis 2009a).

This 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.

A review of enablers and barriers of Indigenous drug users accessing needle and syringe programs: a report for the COAG Multilateral Group on Needle and Syringe Programs (Urbis 2008a).

This qualitative evaluation of the need for and access to needle and syringe services by Indigenous injecting drug users found that there was 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.

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.

Participation in cervical screening by Indigenous women in the Northern Territory: a longitudinal study (Binns & Condon 2006).

This quantitative evaluation of cervical screening services with respect to the participation of Indigenous women in the program over the period 1997 to 2004 found that the participation rate had increased from 34% in 1997-98 to 44% in 1999-2000 and then remained relatively unchanged. Participation rates for Indigenous women living in rural/remote regions were lower than for those in urban regions.

The evaluation 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.

Cancer diagnosis and treatment in the Northern Territory: assessing health service performance for Indigenous Australians (Condon et al. 2006).

This quantitative evaluation of cancer diagnosis and treatment in the NT found that Indigenous people were less likely to be diagnosed with breast and colorectal cancers, more likely to be diagnosed with lung and cervical cancers and less likely to be diagnosed with localized disease than were non-Indigenous people.

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.

The risk of cancer death was found to be higher for Indigenous people than for non-Indigenous people.

Other research

Barriers and enablers to the use of evidence based practice by speech pathologists working for Ageing Disability and Home Care (ADHC) (NSW) (Togher et al. 2011).

This research project involved surveying speech pathologists regarding their attitudes to evidence-based practice, delivering regional workshops across NSW to provide them with tools and training in evidence-based practice, and re-surveying them.

Speech pathologists' awareness of and confidence in using evidence-based practice increased. They identified the need for further training and systems support to enable them to allocate time to spend on evidence-based practice activities and for increased access to an online library.

Measuring outcomes in community care: an exploratory study (Owen et al. 2010).

This report was an exploratory study of outcome measurement in community care. It drew together the findings of reviews and interviews with providers, clients and carers.

The findings suggest that it is possible to build and support a system that could routinely capture a manageable set of key indicators. These indicators could not only measure how many services of different types are provided and assist with the planning and delivery of individual care, but could also assess how well the service was performing.

Older men and Home and Community Care services: barriers to access and effective models of care (Macdonald et al. 2009).

This study, which used a combination of quantitative and qualitative methods, investigated the access to home and community care of older men who were physically frail or had a disability, specifically their attitudes to services and barriers to access and effective models of care.

The study found that for the current generation of older men, accessing services could be threatening and accepting help can feel like a loss of independence.

Many service providers had adapted the way they offered services to older men, using personal contact, having respectful direct interactions and framing services as independence.

The study recommended that services measure the gender balance of their clients and if the proportion of males was less than 35% then specific strategies be developed to engage older men.

Re-ablement of older people in North Coast NSW (Cartwright et al. 2009).

Re-ablement helps people to re-learn skills necessary for daily living, which have been lost as a result of deteriorating health. This report considers the inclusion of re-ablement as part of home and community care (HACC) services.

Focus groups were held following a trial of two re-ablement programs. Participants in the focus groups considered that barriers to this approach were the philosophical change required by staff and the geographical spread of clients requiring care.

The report concludes that re-enablement is an appropriate approach for the provision of HACC services for both Indigenous and non-Indigenous clients.

Attracting and keeping nursing professionals in an environment of chronic labour shortage: a study of mobility among nurses and midwives in the Northern Territory of Australia (Garnett et al. 2008).

This study analysed quantitative data from nurse registrations, the census and payroll systems and qualitative data collected through 111 interviews and two focus groups with nurses and midwives. It investigated the extent and cost of the turnover of nursing professionals in the Northern Territory. The findings were as follows:

- In 2005–06 there was a 35% turnover of nursing professionals and over the five-year period 2002 to 2006 there was an 80% turnover.
- The turnover of nursing professionals affects budgets, diverts senior staff from other tasks and may have impacted on health system performance.
- The cost of staff turnover was estimated to average \$10,734 per turnover, with the total annual cost of the nursing workforce turnover estimated to be \$6,884,519.
- The main reasons nurses and midwives gave for leaving the NT were family reasons, burnout, career progression outside the NT, workload and lack of management support, remoteness, cost of living and the slow rate of innovation in work practices.

Validation of patient demographic data: Northern Territory hospitals, 2008 (Tew et al. 2008).

This quantitative study found high levels of agreement between hospital administrative data and interview data for all demographic variables, including Indigenous status (97%), year of birth (94%) and date of birth (90%). A comparison between the 1997 and 2008 levels of observed agreement for demographic variables showed improvements for most variables, including the three referred to above.

Medicare and PBS usage in the Northern Territory (DHCS 2007a).

This quantitative analysis of the usage of Medicare and the pharmaceutical benefits scheme (PBS) in the Northern Territory found that:

- the NT population had a substantially lower per capita usage of Medicare and PBS than the Australian average across all age groups
- in remote NT communities, a large proportion of the cost of providing primary care services could not be recovered from the Medicare system, because the cost of providing services was higher than standard Medicare billing rates and services were generally provided by health workers and nurses who did not qualify for re-imburement under Medicare
- the shortfall between actual and expected Medicare payments had been partly offset by additional funding from Australian Government programs, such as co-ordinated care trials, the Primary Health Care Access Program and additional PBS payments.

Cost estimates of primary health care activities for remote Aboriginal communities in the Northern Territory (Zhao et al. 2006).

This study estimated the cost of providing primary health care to remote Aboriginal communities in the Northern Territory for metabolic syndrome-related diseases (hypertension, diabetes, ischaemic heart disease and renal disease); chronic lung disease; well child checks for children under five years of age; and antenatal care.

The average cost for a face-to-face medical consultation was \$168 (2003-04). Other estimates were \$87 for a telephone medical consultation, \$113 for a remote area nurse consultation and \$107 for an Aboriginal health worker consultation.

The study did not estimate the cost of providing primary health care to Indigenous Australians in non-remote areas or to non-Indigenous Australians in remote areas.

Burden of disease and injury (20 items)

Other research

The epidemiology and clinical spectrum of melioidosis: 540 cases from the 20 Year Darwin Prospective Study (Currie et al. 2010).

Melioidosis is an occupationally and recreationally acquired bacterial infection in northern Australia. Risk factors pre-disposing to melioidosis include diabetes, hazardous alcohol use and chronic renal disease.

This study, which analysed data on 540 cases of melioidosis, found that additional risk factors were chronic lung disease, malignancies, rheumatic heart disease, cardiac failure and older age (50 years or older).

The study found that melioidosis is unlikely to kill a healthy person, provided that infection is diagnosed and treated early.

Trachoma surveillance report 2009 (Adams et al. 2010).

This report stated that trachoma was the most common cause of infectious blindness worldwide. It is caused by a bacterium and results in scarring, in-turned eyelashes and, if left untreated, blindness. Trachoma occurs predominantly among people living in crowded unhygienic conditions.

The World Health Organization has recommended the implementation of a four-component SAFE strategy: surgery (to remove in-turned eyelashes), antibiotic use, facial cleanliness and environmental hygiene.

The report presented the results of an analysis of data collected from screening in remote Indigenous communities in the Northern Territory, South Australia and Western Australia. Key findings of the report were as follows:

- The prevalence of trachoma had not changed over the past four years.
- There was a large pool of children in remote communities who have active trachoma but were not being diagnosed and treated.
- There was a smaller, but still substantial, number of adults who have undiagnosed and untreated in-turned eyelashes.
- There was some evidence that the SAFE program was having some effect in reducing trachoma prevalence in Western Australia.

Review of current arrangements for the collection, recording, transfer and reporting of national trachoma data: final report (HealthConsult Pty Ltd 2010).

This review of current arrangements for the collection, recording, transfer and reporting of national trachoma data used both qualitative and quantitative methods. The review found that the current system was unlikely to produce accurate estimates of the prevalence of

trachoma among children, because of low coverage rates, mobility of children and the lack of screening in Queensland and New South Wales. A more comprehensive approach to screening was recommended.

The review also recommended that:

- the screening of adults for in-turned eyelashes be conducted in conjunction with the annual adult influenza vaccination program
- the monitoring of antibiotic resistance be improved
- data collection processes and systems be improved
- the training of staff be improved.

National Indigenous eye health survey: minim barrng (tracking eyes): full report (Arnold et al. 2009).

This study reports the results of the national Indigenous eye health survey, which aimed to determine the prevalence and causes of vision impairment among Indigenous Australians, to evaluate the use of health care services and to provide an evidence base to plan eye health programs. The findings of the survey were as follows:

- There was a high occurrence of avoidable vision loss and blindness among Indigenous Australians, due to cataracts, complications of diabetes, glaucoma and trachoma. Almost all vision loss was preventable or treatable but 35% of Indigenous adults had never had an eye examination.
- The rate of blindness among Indigenous adults (1.9%) was 6.2 times the rate for all Australians and the rate of vision loss was 2.8 times the rate for all Australians.
- Vision loss and blindness were less common among Indigenous children than the Australian average (vision loss was 0.22 times the Australian average and blindness was 0.64 times the Australian average). However the active rate of trachoma among Indigenous children was 3.8%.

Living longer with a greater health burden - changes in the burden of disease and injury in the Northern Territory Indigenous population between 1994–1998 and 1999–2003 (Zhao et al. 2010).

This quantitative research study estimated changes in the burden of disease experienced by the Northern Territory population between 1994-98 and 1999-2003.

For both the Indigenous and the non-Indigenous populations, premature deaths decreased while the burden of disability increased.

The overall burden of disease for Indigenous people increased, with the decreased deaths being more than offset by the increased prevalence and severity of non-fatal conditions.

A cluster of vulvar cancer and vulvar intraepithelial neoplasia in young Australian Indigenous women (Condon et al. 2009).

This research study investigated a cluster of vulvar cancer and pre-cancers among Indigenous women living in a region of the Northern Territory. The age-adjusted incidence of vulvar cancer in the region was found to be over 50 times higher than the average Australian rate of the disease. The study did not investigate the causes of this high incidence of vulvar cancer.

In our own backyard: urban health inequities and Aboriginal experiences of neighbourhood life, social capital and racism (Gallaher et al. 2009).

This research on the impact of racism on Indigenous people living in an urban area analysed data from interviews with 153 Indigenous people. The study used both qualitative and quantitative methods and the findings were as follows:

- The majority of people in the study had experienced racist treatment in a range of formal settings, particularly within the justice and educational settings.
- In general racism was less often experienced in informal settings than formal settings, but was still very common.
- Almost two-thirds of people in the study experienced racism often or very often in at least one formal or informal setting. Only 7% reported never or hardly ever experiencing racism.
- Feeling angry/annoyed/frustrated was the most common response to racist treatment. Physiological reactions were experienced at least sometimes by over two-thirds of people.
- In response to racist treatment, over a quarter of people reported feeling ashamed/humiliated/anxious/fearful or powerless/hopeless/depressed often or very often.
- Experiencing regular racism, particularly in informal settings, was associated with poor mental health.

Determinants of Psychological Distress (PD) in South Australia: final report (Gill et al. 2009).

This quantitative research provided an analysis of the determinants of psychological distress (PD) and psychological wellness and mental health in the South Australian population based on data from the South Australian Monitoring and Surveillance System (SAMSS) and other sources.

The study found that the prevalence of psychological distress among Indigenous people was 14.3%, as compared with 9.9% among non-Indigenous people. The sample size of Indigenous people was too small to allow further analysis by Indigenous status. The following findings relate to the whole population:

- Several socioeconomic factors were identified as being associated with PD. People with low household income or education levels or who were unemployed, unable to work, or living in rented accommodation experienced a significantly higher prevalence of PD.
- Variables associated with social capital, such as neighbourhood and home safety, control over life decisions and neighbourhood trust, were also associated with significant differences in the prevalence of PD.
- Serious life events, such as loss of a job, death of somebody close, marriage/relationship breakdown, serious illness or injury, financial stress or multiple major life events in the past 12 months, were associated with significantly higher prevalence of PD.
- Health-related factors were found to be associated with higher levels of PD. Those with self-reported, doctor-diagnosed chronic conditions (arthritis, asthma, cardiovascular disease, diabetes and osteoporosis) and mental health problems and those utilising health services reported significantly higher levels of PD.

- Health-related risk factors such as high body mass index, current smoking, high cholesterol, high risk alcohol consumption, lack of physical activity and low levels of fruit or vegetable consumption were significantly associated with higher levels of PD.
- Respondents with PD were more likely to have low positive relations, low environmental mastery, low life satisfaction and low overall wellbeing.

Avoidable hospitalisation in Aboriginal and non-Aboriginal people in the Northern Territory (Li et al. 2009).

This quantitative study analysed Northern Territory public hospital data for the periods 1998-99 and 2005-06 and found that:

- Indigenous people experienced higher levels of avoidable hospitalisations than non-Indigenous people and the gap had widened over the period 1998-99 to 2005-06
- diabetes complications accounted for most of the increase in avoidable hospitalisations for Indigenous people, however other conditions including convulsions and epilepsy; cellulitis; ear, nose and throat infections; and angina also contributed to the increase. The greatest increase occurred among those aged over 45.

Burden of disease and injury in the Northern Territory, 1999-2003 (Zhao et al. 2009).

This quantitative research study used an analysis of administrative data (disease surveillance and hospital morbidity), survey data and the results of epidemiological research to estimate the burden of disease experienced by the Northern Territory population over the period 1999-2003. The findings of the study included the following:

- The disease burden experienced by the Indigenous population was 3.57 times the national average.
- The health adjusted life years score (the number of years that an individual lives before suffering either a disability or death) was approximately 20 years less for NT Indigenous people than the Australian average.
- Premature death contributed approximately 80% to the health adjusted life year gap between NT Indigenous people and the Australian average.

Data limitations mean that the results of this study should be considered to be indicative rather than precise.

Life years at risk: a population health measure from a prevention perspective (Zhao & Malyon 2009).

This research paper proposes a life years at risk (LYAR) measure for use by policy makers to evaluate the effectiveness of health programs. LYAR has two components: disability adjusted life years and avoided life years at risk.

The disability-adjusted life years score measures the overall disease burden of a population, expressed as the number of years lost due to ill-health, disability or early death. The avoided life years at risk score measures the expected number of healthy years experienced by the population as a result of the health program.

The paper contends that the use of LYAR enables health programs to be more comprehensively evaluated, as it includes both prevented and observed instances of disease. The paper gave three examples to illustrate the calculation and application of LYAR.

Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community (Rowley et al. 2008).

This research paper reported on all-cause mortality and mortality and hospitalisations for cardiovascular disease (CVD) for a remote decentralised Indigenous community in the Northern Territory.

All-cause mortality was significantly lower than the NT Indigenous average. CVD mortality was also lower although the difference was not statistically significant. The rate of hospitalisation with CVD as the primary cause was 13/1,000 person years, as compared with 33/1,000 person years for the NT Indigenous population.

Invasive pneumococcal disease in Indigenous people in north Queensland: an update, 2005–2007 (Hanna et al. 2008).

This report provided the results of an analysis of trends in the incidence of invasive pneumococcal disease (IPD) among Indigenous people in north Queensland following the introduction of the 7-valent pneumococcal conjugate vaccine (7vPCV). The findings of the study were as follows:

- From 1999–2001 to 2005–2007, there was a 60% decline in IPD, with the virtual elimination of 7vPCV serotype IPD in young (< 5 years) Indigenous children. There was no evidence of an increase in non-7vPCV serotype IPD in these children.
- Vaccinating Indigenous children with 7vPCV protected Indigenous adults in north Queensland through an indirect 'herd immunity' effect. However, this benefit was offset by an increase in non-7vPCV IPD in Indigenous adults.

Aboriginal and Torres Strait Islander Health Performance Framework report 2008 (AHMAC 2008).

The health performance framework was developed under the auspice of the Australian Health Ministers' Advisory Council to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health. This report, which is based on the results of analyses of all available health-related administrative and survey data, found that there had been improvements in some important aspects of the health of Aboriginal and Torres Strait Islanders, while some areas remained unchanged and others worsened.

Improvements include the following:

- All-cause mortality decreased by 15% for females and 9% for males over the period 1991 to 2006.
- Infant and perinatal mortality declined by about a half, resulting in a significant closing of the gap.
- Deaths caused by circulatory disease declined at a faster rate for the Indigenous population than for the non-Indigenous population.
- Hospitalisations for pneumonia for children aged 0 to 4 declined at a faster rate for Indigenous children than for other Australians.
- Immunisation coverage for Indigenous children had increased and immunisation rates were close to those of other children.

Issues for which there is continuing concern include the following:

- Around half of Indigenous adults smoked and this rate had not changed in a decade.

- In 2004 about half (47%) of Indigenous people aged 15 and over in non-remote areas reported being sedentary, an increase from about one third (37%) from 2001.
- Rates of overweight and obesity among Indigenous people aged 15 or over in non-remote areas had increased from 51% to 60% in the last decade.
- Rates of ear disease and hearing problems among Indigenous children were three times those of non-Indigenous children.
- A study in Western Australia found that about one quarter (24%) of Indigenous children aged 4 to 17 were at high risk of clinically significant emotional or behavioural difficulties, as compared with 15% of all children.

Cancer incidence and mortality Northern Territory 1991–2005 (Zhang et al. 2008).

This paper presented summary statistics from the Northern Territory Cancer Registry for the period 1991 to 2005. Key findings were as follows:

- The all-cancer incidence rate among Indigenous people increased between 1991 and 2005, but the all-cancer death rate remained approximately constant.
- Lung cancer was the leading type of cancer among Indigenous men and breast cancer was the leading type of cancer among Indigenous women.
- The incidence of breast cancer among Indigenous women between 1991 and 2005 increased by 110% and in 2005 was more than half the rate for non-Indigenous women.
- The death rate of Indigenous women due to cervical cancer decreased by 92% between 1991 and 2003.

Estimating chronic disease prevalence among the remote Aboriginal population of the Northern Territory using multiple data sources (Zhao et al. 2008).

This research study analysed quantitative data from the chronic disease register for remote NT Aboriginal communities and data from the NT hospital morbidity database. The study estimated the prevalence of five chronic diseases (hypertension, diabetes, ischaemic heart disease- IHD, renal disease and chronic obstructive pulmonary disease - COPD) and their co-occurrence among the remote Indigenous population of the Northern Territory. It found that for Indigenous people aged 50 years or more who lived in remote communities:

- over half had hypertension
- over half had renal disease
- 40% had diabetes
- 30% had COPD
- 20% had IHD.

The most common co-occurrences for the five chronic diseases were between hypertension, diabetes, IHD and renal disease.

Northern Territory Cancer Incidence and Mortality by Region, 1991–2003 (Condon et al. 2007).

This paper provided a regional analysis of the data in the preceding paper by Zhang et al. (2008). The major regional differences in relation to Indigenous people were that there were lower levels of:

- smoking-related cancers among people living in central Australia (particular among those living outside Alice Springs)

- colon and rectal cancer among people living outside Darwin and Alice Springs.

From infancy to young adulthood: health status in the Northern Territory 2006
(Li et al. 2007).

This report analysed all available quantitative health-related data from the Australian Bureau of Statistics, administrative data collections and health-related surveys to provide an overview of the health and wellbeing of babies, children and young people in the Northern Territory. Key findings were as follows:

- The proportion of low birthweight Indigenous babies fell steadily over the period 1986 to 2002. In 2002 14% of Indigenous babies and 5.8% of non-Indigenous babies had low birthweight.
- Over the period 1999 to 2004 there was a reduction in the proportion of malnourished children in remote communities.
- Within three years of the introduction of a new vaccine to prevent pneumococcal disease in high risk children in 2001, the disease was absent in high risk children aged 12 to 23 months.
- Indigenous infant mortality declined by 50% in the past 20 years, to a rate of 16.0 deaths per 1,000 live births from 2001 to 2003.

Growing up in the Territory: Parent Survey (Carson et al. 2006).

This study reported the results of a telephone survey of the parents of 1,996 children, including 221 Indigenous children. The sample of Indigenous parents was representative of Indigenous households who had a telephone, but not representative of all Indigenous households in the Northern Territory. Key findings in relation to Indigenous children were as follows:

- Over one third (39.3%) of Indigenous infants had at least one parent or carer who smoked. The proportion of babies reported to have been of low birth weight was 11.4%. Although almost all mothers (91.3%) breast-fed their baby after birth, at six months only about half (55.0%) of babies were breast fed.
- While 12.7% of children had trouble with emotions, concentration, behaviour or getting on with people, only 8.7% of children had been treated for these conditions.
- Almost a quarter (23.3%) of children had some form of injury in the 12 months preceding the survey and approximately one quarter (25.2%) were overweight or obese.

Aborigines and uranium: monitoring the health hazards (Tatz et al. 2006).

This discussion paper reported that the incidence of cancer among the Aboriginal population in the Kakadu region was 90% higher than would be expected and proposed a model for the ongoing monitoring of the health of the population and environmental health.

Mortality (12 items)

Other research

Deaths of children and young people Queensland 2010–11: summary report (CCYCPG 2011b).

This quantitative study into the deaths of children and young people was based on an analysis of data drawn from the Queensland Death Register for the 12-month period 1 July 2010 to 30 June 2011.

The majority of the deaths of Indigenous children and young people (accounting for over two thirds of all deaths of children and young people over the period) were of infants under one year. Indigenous infants were found to have died suddenly and unexpectedly at 3.3 times the rate of non-Indigenous infants.

The suicide rate of Indigenous children and young people was also very high. Indigenous children and young people completed suicide at 7.5 times the rate of non-Indigenous children and young people. Suicide was the leading cause of death for Indigenous 15 to 17 year olds.

Trends in Child Deaths in New South Wales 1996–2005 (NSW Child Death Review Team 2008b).

This quantitative analysis of data in the Child Death Register relating to the deaths of infants and children in New South Wales between 1996 and 2005 found that:

- the largest difference in mortality rates between Indigenous and non-Indigenous infants and children was for sudden unexpected deaths in infancy. Indigenous infants were six times more likely to die suddenly and unexpectedly than non-Indigenous infants
- it was not possible to identify trends in Indigenous deaths from various causes, as the numbers of deaths were small.

Annual report 2007 (NSW Child Death Review Team 2008a).

Annual report 2008 (NSW Child Death Review Team 2009a).

Annual report 2009 Volume 1: External causes of death (NSW CCYP 2010).

The above three annual reports provide the results of quantitative analyses of data from the Child Death Register relating to the deaths of children and young people in New South Wales in 2007, 2008 and 2009.

The total number of deaths of Indigenous infants and children decreased over the three-year period, from 56 in 2007 to 55 in 2008 and 32 in 2009. This decrease was largely due to a decrease in the number of infant deaths: from 43 in 2007, to 35 in 2008, and to 14 in 2009.

A preliminary investigation of neonatal SUDI in NSW 1996–2008: opportunities for prevention (NSW Child Death Review Team 2009b).

This report provides the results of a quantitative analysis of data from the Child Death Register on sudden unexpected deaths in infancy (SUDI) in New South Wales between 1996 and 2008.

There were 3,727 neonatal deaths (deaths of infants less than 28 days old) in NSW between 1996 and 2008. Of these deaths, 123 were sudden and unexpected and 21 were sudden and unexpected deaths of Indigenous infants.

Almost all (91%) of the 123 infants who died had at least one SUDI risk factor (sleeping on the side or front, being in an environment of tobacco smoke or co-sleeping), however no analysis by Indigenous status was provided.

Trends in chronic disease mortality in the Northern Territory Aboriginal population, 1997–2004: using underlying and multiple causes of death (Fearnley et al. 2009).

This quantitative research study analysed death registration data from 1997 to 2004 to investigate trends in chronic disease mortality in the Northern Territory Indigenous population. Both underlying and multiple causes of death caused by the following five chronic diseases were considered: ischaemic heart disease, chronic obstructive pulmonary disease, renal failure, diabetes and stroke.

These five chronic diseases were found to have contributed to almost half (49.3%) of all Indigenous deaths in the Northern Territory, however mortality rates appeared to be declining for diabetes, chronic obstructive pulmonary disease and stroke.

Northern Territory Indigenous life expectancy improvements, 1967–2004 (Wilson et al. 2007).

This research report analysed death registration and population data to calculate life expectancy at birth for the Indigenous population of the NT over the period 1967 to 2004.

The research found that Indigenous life expectancy at birth had increased from 52 years for males and 54 years for females in 1967 to 60 years for males and 68 years for females in 2004. For Indigenous females the gap in life expectancy had narrowed.

Mortality in the Northern Territory 1981–2004 (DHCS 2007b).

This report confirmed the findings of the immediately preceding report in relation to life expectancy improvements for Indigenous females. Over the period 2001 to 2004 cardiovascular disease was found to have been the leading cause of death for both Indigenous males and females in the Northern Territory

Causes of inequality in life expectancy between Indigenous and non-Indigenous people in the Northern Territory, 1981–2000: a decomposition analysis (Zhao & Dempsey 2006).

Quantitative analysis of Northern Territory death data over four 5-year periods from 1981 to 2000 found that the gap between the life expectancies of Indigenous and non-Indigenous people had not narrowed over time, but there was a marked shift in the causes of the gap. The contribution of communicable diseases, maternal, perinatal and nutritional conditions halved between 1981 and 2000, while the contribution of non-communicable lifestyle-related diseases such as cardiovascular disease and diabetes increased considerably.

Long-term trends in Indigenous deaths from chronic diseases in the Northern Territory: a foot on the brake, a foot on the accelerator (Thomas et al. 2006).

This quantitative analysis of death registration data compared the mortality from six chronic diseases (ischaemic heart disease, chronic obstructive pulmonary disease, cerebrovascular disease, diabetes mellitus, renal failure and rheumatic heart disease) between the Northern Territory Indigenous population and the total Australian population.

The research found that mortality rates from ischaemic heart disease and diabetes mellitus in the Northern Territory Indigenous population had increased since 1977, but there was evidence of a slower rise (or even a fall) in death rates since the 1990s. These small improvements may have resulted from improved medical care.

Despite this improvement the ratio of the mortality rate of the NT Indigenous population to the total Australian population from these chronic diseases increased over the period.

Suicide in the Northern Territory, 1981-2002 (Measey et al. 2006).

This quantitative analysis of death registration data examined trends in suicide in the Northern Territory between 1981 and 2002 and the demographics of people who completed suicide in the Top End region over the period 2000 to 2002.

Over the period 1981 to 2002 the male Indigenous suicide rate increased by 800%. Indigenous males aged under 45 were most at risk. In the Top End, a history of diagnosed mental illness was present in almost half (49%) of suicide cases and misuse of alcohol or other drugs around the time of death was associated with nearly three quarters (72%) of cases.

Policy development (8 items)

Other research

Young carers: social policy impacts of the caring responsibilities of children and young adults: final report (Cass et al. 2011).

This research study analysed Census data, undertook interviews with young carers and people receiving care from a young person, conducted focus groups with policy makers and service providers and audited policies and services relevant to young people who provide care. It also analysed international frameworks for supporting young carers and their families. The study identified a range of education, training and employment arrangements to assist young people who have informal caring responsibilities.

In Australia, various government-funded support programs and services exist specifically for young carers and there is also a range of programs available for carers of all ages. The majority of services focus on providing support and addressing negative outcomes for young carers, rather than preventing them from occurring. The research found that there was a need to place greater emphasis on early intervention to assist young carers to complete their education and training and to enter and maintain employment.

The participation of Indigenous people in national Indigenous health policy processes (Lock 2008).

This thesis analysed the responses of 44 people to a survey seeking information about network groups to investigate the nature of Indigenous participation in national Indigenous health policy processes. It found that Indigenous people were prominent in informal networks of influential people and that a small number of elite knowledge brokers linked these informal networks to national health committees.

Achieving Aboriginal and Torres Strait Islander health equality within a generation – a human rights based approach (ATSISJC 2005).

Close The Gap: National Indigenous Health Equality Targets (Aboriginal and Torres Strait Islander Social Justice Commissioner 2008a).

Close the Gap Campaign for Aboriginal and Torres Strait Islander health equality by 2030: a community guide (Australian Human Rights Commission 2008).

Close the Gap Indigenous Health Equality Summit: statement of intent (Australian Government 2008).

The above four papers comprise preparatory work for the Closing the Gap policy statement; a paper advocating for health equality for Indigenous Australians; outcomes from the national health equality summit which included draft Close the Gap targets; a community guide and a Close the Gap statement of intent.

Risks from climate change to Indigenous communities in the tropical north of Australia (Green et al. 2009).

This scoping study assessed the potential impacts of climate change on Indigenous communities in northern Australia. The study found that while the magnitudes of impacts are uncertain, climate change will result in:

- altered plant growth resulting from increased carbon dioxide levels
- increasing temperatures that will affect human and natural systems
- rising sea levels that pose a threat to low-lying settlements and estuarine ecosystems
- ocean acidification that will endanger coral reefs and affect marine food chains.

National climate change adaptation research plan: human health (NCCARF 2009).

This research plan identified the following health risks from climate change: heat, extreme weather events, vector-borne diseases, food safety and quality, air and water quality, mental and community health and health care services and infrastructure. It posed a number of research questions, including how climate change might affect Indigenous culture and living conditions and how to increase community resilience in the face of changes in climatic and environmental conditions.

Appendix D: Safe communities items

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. The Clearinghouse collects and assesses resources related to the seven COAG building blocks: 'early childhood', 'schooling', 'health', 'economic participation', 'healthy homes', 'safe communities' and 'governance and leadership'. Publications on what works to close the gap in Indigenous disadvantage, and three research collections: the Assessed Collection, the Research and Evaluation Register and the General Collection are available on the website at <http://www.aihw.gov.au/closingthegap/>.

The Research and Evaluation Register lists government research and evaluations that are relevant to overcoming Indigenous disadvantage. At the end of June 2012 the Research and Evaluation Register contained 701 items related to the seven COAG building blocks.

This appendix summarises the 58 publicly available items in the Clearinghouse Research and Evaluation Register that relate to safe communities building block under the following four themes: 'protection and detention of children and young people'; 'policing and the criminal justice system'; 'restorative justice and diversion'; and 'violence and conflict resolution'. Within each theme, evaluations are listed before other research items and evaluations that relate to a single project or program are grouped together. Items are listed in reverse date order (more recent items first).

Protection and detention of children and young people (22 items)

Evaluations

Views of young people in detention centres, Queensland, 2011 (CCYPCG 2011g).

This evaluation of Queensland's youth detention centres was based on the results of a 2010 survey of 109 young people in Queensland's two youth detention centres. It used quantitative methods and identified very few statistically significant differences between the responses of Indigenous and non-Indigenous young people in detention. This suggested that Queensland's youth detention centres catered to the needs and circumstances of Aboriginal and Torres Strait Islander young people to a similar extent as they did to the needs and circumstances of non-Indigenous detainees.

One of the few 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. This may 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.

The views and experiences of Aboriginal and Torres Strait Islander young people in Queensland's youth detention centres (Evans & Fraser 2009).

This evaluation of Queensland's youth detention centres was undertaken in 2009 in a metropolitan and a regional youth detention centre and 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 evaluation found that 85% of Indigenous young people reported feeling safe in detention, compared to 96% of their non-Indigenous counterparts. 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 were more likely to view practical support (such as help to find an apprenticeship or job) as being more helpful to their transition out of detention than therapeutic support.

Queensland Child Death Case Review Committee summary report 2010-11 (Queensland CDCRC 2011).

The Child Death Case Review Committee (CDCRC) is an independent body which evaluates the performance of child safety services in Queensland in relation to the deaths of children known to child safety services.

The deaths of 65 children and young people were reviewed by the committee in 2010-11. Seventeen of those who died were Aboriginal.

The committee concluded that the actions or inactions of child safety services were not linked to the deaths of any of the 65 children and young people. The CDCRC 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.

An investigation into the adequacy of the actions of certain government agencies in relation to service provision to a subject child: summary report (CCYCPG 2011a).

The full report of this investigation is not publicly available, so the information provided below is based on the summary report.

The investigation into the death of the subject child found that the quality of information-sharing between the Department of Communities (Child Safety Services) and Queensland Health about interventions and services provided to the subject child and family was not adequate to ensure quality of service provision and decision making by either agency.

Indigenous Child Placement Principle: audit report 2010/11 (CCYCPG 2011d).

This audit had three components:

1. an audit of the mechanisms implemented by the Queensland Department of Communities to support compliance with the Indigenous Child Placement Principle
2. an audit of the extent of compliance with the Principle
3. an investigation of the outcomes achieved for Indigenous children and young people in out-of-home care.

The audit was undertaken by the Queensland Commission for Children and Young People in 2011 and found as follows:

- The recommendations of 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.

Indigenous Child Placement Principle: audit report 2008 (CCYCPG 2008).

This audit was undertaken by the Queensland Commission for Children and Young People in 2008. It found that some progress had been made in increasing compliance with the Indigenous Child Placement Principle, however available policies, procedures and information systems did not provide sufficient guidance and support for day-to-day decision-making by frontline staff.

Highlights: Child Guardian report: Child Protection System 2009–10 (CCYCPG 2011c).

This evaluation of the Queensland child protection system was based on information contained in almost 22,000 community visitor reports, the results of a survey of 1,950 children and young people in out-of-home care, an analysis of 82 child death case reviews and an analysis of administrative data. The findings were as follows:

- Rates of Indigenous children subject to a notification had increased slightly (from 67.2 per 1000 children in 2008–09 to 69.2 per 1000 children in 2009–10). In comparison, non-Indigenous notification rates decreased from 16.7 per 1000 children in 2008–09 to 14.7 per 1000 children in 2009–10.
- Commission Community Visitors identified that almost one quarter (23.8%) of Indigenous children had no contact with their parents and almost one half (46.4%) had no contact with their traditional language or tribal group. Indigenous children were more likely to report wanting additional contact with family (20.8%) compared to non-Indigenous children (15.2%). Almost all Indigenous children (98.5%) reported that they were satisfied with the support provided by care givers 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.

Views of children and young people in foster care, Queensland, 2010 (CCYCPG 2010b).

This evaluation of the foster care system in Queensland analysed the responses of 2,727 children and young people to a survey administered by the Queensland Commission for Children and Young People in 2010. Results from the 2010 survey were also compared with those to a similar survey conducted in 2007. The findings were as follows:

- A significantly higher percentage of Indigenous young people reported being in touch with their community in 2010 than in 2007 (71.2% 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 (77.8% for those with Indigenous carers, as compared with 59.8% 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.

Pornography awareness: a process of engagement with Northern Territory Indigenous communities (Bryant & Willis 2009).

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.

Further evaluation would be required to determine whether this campaign contributed to increasing the safety of children.

Midway evaluation of the Referral for Active Intervention (RAI) initiative from service commencement to June 2008 (Queensland Department of Communities 2009a).

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.

Parental substance misuse and children's entry into alternative care in South Australia (Jeffreys et al. 2009).

This study reviewed the case files of a random sample of 99 children in alternative care (75 where parental substance abuse was known to be an issue and 24 comparison children) in order to assess the performance of the South Australian child protection system against good practice principles identified in the literature.

Over one third (37%) of the 99 children were Indigenous, and all Indigenous children were from families where parental substance use had been identified. Indigenous families were significantly more likely to misuse alcohol, whereas the use of amphetamines tended to be higher in non-Indigenous families.

The study found that 58% of the 99 families received tailored and targeted interventions that addressed the family situation, were adequately monitored and changed according to family need. A child-centred approach was evident in 80% of cases.

Review of the Central Australian Petrol Sniffing Strategy Unit (CAPSSU) (Urbis 2009b).

This evaluation was based on information collected in consultations with government and non-government stakeholders, as well as an analysis of files. The review 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.

Preventing crime and promoting rights for Indigenous young people with cognitive disabilities and mental health issues (ATSISJC 2008b).

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.

Other research

Research into legislation relating to petrol sniffing: executive summary (Shaw G 2010).

This report presents research findings on the level of satisfaction stakeholders have with current state and territory legislation related to petrol sniffing. Key findings were as follows:

- Stakeholders considered that legislative frameworks were fundamental tools in the response to volatile substance misuse and the majority were satisfied with the legislative tools currently at their disposal.
- There were no major adverse impacts from inconsistencies in existing legislation between states/territories that could be addressed by the introduction of nationally consistent legislation relating to volatile substance misuse.
- Stakeholders considered that supply-reduction strategies, and access to good quality treatment and diversionary programs were of primary importance in reducing the misuse of volatile substances.

The over-representation of Indigenous children in the Australian child welfare system (Tilbury 2009).

This research, which analysed administrative child welfare data for the five year period 2001-02 to 2005-06, found that:

- Indigenous children were three times more likely than non-Indigenous children to be reported to child protection authorities.
- Indigenous children were four times more likely than non-Indigenous children to be substantiated for abuse or neglect. Neglect substantiations comprised 36% of all substantiations for Indigenous children and emotional abuse substantiations comprised 37%.
- Indigenous children were 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.
- Indigenous young people (aged 10 to 17 years) were 14 times more likely to be on youth justice supervision orders and 23 times more likely to be in a detention facility than non-Indigenous young people.

Contact with the South Australian child protection system: a statistical analysis of longitudinal child protection data (Hirte et al. 2008).

This research analysed child protection administrative data in relation to almost 4,000 children, including 446 Indigenous children. It found that Indigenous children were more likely to:

- be the subject of a child protection notification, investigation and substantiation
- 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 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.

Problem Sexual Behaviour in Children: A review of the literature (O'Brien 2008).

This review of the Australian literature found that demand for the very limited number of programs on offer to children with problem sexual behaviour indicated that this behaviour occurs across the country, not only in Indigenous communities.

The research found that problem sexual behaviour among children was more prevalent where conditions of disadvantage also prevailed. Experiences of childhood trauma; compromised educational outcomes; adverse socio-economic conditions, homelessness or an unstable home life; intellectual impairment; and exposure to drug or alcohol misuse increased the risk of childhood problem behaviour.

Keeping country kids safe: final report (CCYPCG 2011e).

This research analysed Child Death Register data for the period 2004 to 2008 and also consulted with members of rural communities to identify high-risk activities for country children.

Based on the data analysis and the 321 responses received from rural community members (mainly farmers) the following high risk activities were identified: driving cars, riding quad bikes and playing in pools and dams.

Juveniles in detention in Australia, 1981–2007 (Taylor 2009).

This research study analysed administrative data on juvenile detention from state and territory juvenile custodial authorities for the period 1981 to 2007. The report found that Indigenous young people were detained at much higher rates than non-Indigenous young people. As at 30 June 2007, juvenile detention rates were 403 per 100,000 for the Indigenous population, as compared with 14.4 per 100,000 for the non-Indigenous population.

Over more recent years there had been decreases in the rates of detention for both Indigenous and non-Indigenous young people. However the decrease for Indigenous young people had been less than that for non-Indigenous young people. For example, between 1994 and 2002 the rate of detention of Indigenous young people decreased by 32%, whereas the decrease for non-Indigenous young people was 44%.

Removing 17 year olds from Queensland's adult prisons and including them in the youth justice system (CCYPCG 2010a).

This discussion paper reported that Queensland is the only Australian state or territory where 17-year-olds are sent to adult prisons and dealt with via the adult criminal justice system. Three-quarters of 17-year-old Queenslanders who were in adult prisons were on remand and either unconvicted or unsentenced.

A far higher proportion of Indigenous youth entered the criminal justice system compared with their non-Indigenous counterparts (who tended to receive police warnings). Including 17-year-old Indigenous youth in the youth justice system (as opposed to the adult criminal justice system) would provide them with greater opportunities for rehabilitation through community-based orders and programs (such as youth justice conferencing), which would more effectively address their social welfare needs than adult prisons.

This paper recommended that bail be made available for all 17-year-olds awaiting the outcomes of their matters before the courts, unless they posed a serious risk to others or to themselves, and that all 17-year-olds with criminal charges have full access to legal representation.

Understanding remand in the juvenile justice system in Queensland (Mazerolle & Sanderson 2008).

This research paper investigated the juvenile remand system in Queensland by analysing administrative data on young offenders relating to the four year period 2002-03 to 2006-07, reviewing case files and by consulting with stakeholders. The study compared the characteristics and outcomes of Indigenous and non-Indigenous young offenders.

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

Many stakeholders 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.

Using racial disproportionality and disparity indicators to measure child welfare outcomes (Tilbury & Thoburn 2009).

This literature review suggests that data on the over-representation of Indigenous children in child welfare can be used to assess the effectiveness of services in protecting children and helping their families.

Policing and the criminal justice system (16 items)

Evaluations

Northern Territory Emergency Response evaluation report 2011 (FaHCSIA 2011).

Key findings of this evaluation, which used a broad range of administrative and survey data, in conjunction with consultations with community members and other stakeholders, 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.
- Survey results suggested that NTER community members were, overall, supportive of the increased policing resources and expanded night patrol services.
- While recorded crime had increased, survey results suggested that people in communities, particularly women, were feeling safer than they did before the NTER. Sizeable proportions of both community members and service providers reported that their communities had become safer. 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 (SAID) and Dog Operations Units (DOU) appeared to be making a valuable contribution to law enforcement responses to alcohol and substance misuse in remote Indigenous communities.

Independent Review of Policing in Remote Indigenous Communities in the Northern Territory: policing further into remote communities (Allen Consulting Group 2010).

This review of policing in remote Indigenous communities in the Northern Territory was based on an analysis of information obtained in consultations with members of Aboriginal communities, service providers and government stakeholders. In total there were over 50 stakeholder meetings and visits to 31 remote Aboriginal communities. The review found that:

- an adequate visible police presence is required to stabilise safety issues in communities

- making provision for routine police activities to include proactive work in and with communities reduces police 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.

Deaths in custody in Australia: National Deaths in Custody Program 2008 (Lyneham et al. 2010).

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.

This evaluation analysed data on the number, characteristics and circumstances of deaths during and prior to 2008. The study found that:

- Indigenous deaths in both prison and police custody had been decreasing for a decade; while non-Indigenous deaths had generally been declining, but had been on the rise since 2006. There was a lower proportion of Indigenous deaths in prison than would be expected, based on the percentage of Indigenous people imprisoned.
- One-quarter of all motor vehicle pursuit deaths recorded since 1990 had involved Indigenous persons and the median age of Indigenous persons who died in motor vehicle pursuits since 1990 was six years younger (17 years) than for non-Indigenous persons (23 years). Also both the average top speed reached in police pursuits of motor vehicles and the average length of time of pursuits had been steadily declining since 1990. In both 2007 and 2008, there was one Indigenous death resulting from a motor vehicle pursuit, representing the lowest recorded number in a decade.
- No Indigenous persons had died from being shot by police since 2002.

Deaths in custody in Australia: National Deaths in Custody Program 2007 (Curnow & Larsen 2009).

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.

This evaluation analysed data on the number, characteristics and circumstances of deaths in custody during and prior to 2007. The study found that:

- Although Indigenous people continued to be substantially over-represented in prison compared to non-Indigenous people, the rates of deaths in prison were similar and had declined significantly since the mid-1990s.
- Since 1990 one-quarter of deaths resulting from police pursuits involved Indigenous persons. Just under half of all motor vehicle pursuit deaths were associated with car thefts.

Alternative and improved responses to domestic and family violence in Queensland Indigenous communities (Cunneen 2009).

This evaluation analysed administrative data and interviewed members of Indigenous communities eight locations throughout Queensland. Key findings were as follows:

- The local context strongly influences whether or not domestic violence incidents are reported to police. If basic support services are not in place, then the use of a domestic violence order is often not an option. A significant barrier to reporting is the fear of having children removed.
- Indigenous offenders who are convicted for breaching a domestic violence order are twice as likely to be jailed as non-Indigenous offenders. However imprisonment is not changing the behaviour of Indigenous offenders.

Review of the Community Service Order scheme: final report (Tasmania Department of Justice 2008a).

This evaluation of the implementation of community orders in Tasmania comprised a review of relevant documentation and consultations with stakeholders. Key findings were as follows:

- The assessment of offenders for community service orders (CSOs) was limited, did not consider risk of reoffending and may have led to missed information about risk and suitability for a CSO.
- The current organisational arrangements for delivering CSOs in the north and north west of Tasmania contributed to professional isolation and a view that managing CSOs was 'easy', deskilling and resulted in poor motivation.
- CSOs were seen as 'risky' and there were concerns over the current supervision of CSO offenders while on project sites and a lack of consistency in deducting hours for work done.
- There was a perception that individual/pensioner sites were inappropriate, that a number of them were unsuitable and that there was difficulty in securing appropriate bulk sites.
- Support for CSO supervisors was limited and there was a perception that CSO supervisors were poorly equipped to deal with the client group, were at times unable to set appropriate boundaries with offenders and were not consistent in reporting inappropriate behaviour.
- Responses to the breaching of CSOs was inconsistent and untimely, with some offenders being allowed more 'strikes'.
- There was limited focus on considering educational and other programs as part of a CSO.

Review of Tasmania Community Corrections: final report (Tasmania Department of Justice 2008b).

This evaluation comprised a review of relevant documentation and consultations with stakeholders and found that:

- Indigenous offenders who were high risk, who were the most difficult to engage and who had complex criminogenic needs required more intensive supervision

- training should be provided to equip all staff to be able to manage offenders effectively and might include responding in culturally appropriate ways (with Indigenous offenders and those from culturally and linguistically diverse backgrounds).

Working with local communities: audit of the implementation of the NSW Police Aboriginal Strategic Direction (2003–2006) (NSW Ombudsman 2005).

This audit report highlighted a number of stories of successful policing in Aboriginal communities in NSW and identified the need to develop, implement and monitor the implementation of plans to address the following issues:

- increasing the recruitment of Aboriginal police
- improving the management and development of Aboriginal community liaison officers
- the sharing of success stories
- developing partnerships with Aboriginal communities to fight crime.

Other research

Exploring Indigenous and non-Indigenous sentencing in Queensland (Bond et al. 2011).

This research study analysed Court data on the sentencing of Indigenous and non-Indigenous offenders in Queensland and conducted interviews, focus groups and surveys with key stakeholders from government and non-government agencies involved in the sentencing process. It found that when social and case-related factors (such as prior criminal history and offence seriousness) were taken into account, there were few significant differences in sentencing outcomes between Indigenous and non-Indigenous offenders. Indigenous offenders came to the courts with different types of offences, and had different criminal and social histories, and these differences largely explained the different sentencing outcomes between Indigenous and non-Indigenous offenders.

Exploring bail and remand experiences for Indigenous Queenslanders (Sanderson et al. 2011).

This research study analysed police and Court administrative data relating to bail and remand for Indigenous and non-Indigenous people appearing before the Court and also undertook consultations with key stakeholders. The findings of the study were as follows:

- Even after demographic and offending history factors were taken into account, Indigenous offenders were still more likely to be held in remand than their non-Indigenous counterparts. The authors noted that other factors which could not be controlled for in the analysis 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 the individual's 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 offenders to meet bail conditions and were likely to produce significant savings for the Queensland Government.

Australian crime: facts and figures 2009 (AIC 2010).

This quantitative research study reported on the incidence and characteristics of crime in Australia during 2009. The findings were as follows:

- Indigenous prisoners comprised 24% of the total prisoner population in 2008, compared with 14% in 1992. Nearly three quarters (73%) of Indigenous prisoners had a history of prior imprisonment, as compared to half of non-Indigenous prisoners.
- In 2007-08 the rate of Indigenous people subject to community correction orders was 12 times the non-Indigenous rate.
- In 2008 the detention rate of Indigenous juveniles was over 26 times the rate for non-Indigenous juveniles.

Rehabilitative needs and treatment of Indigenous offenders in Queensland (Queensland Corrective Services 2010).

This research study analysed data on the prison population in Queensland, administrative data related to rehabilitation programs and also undertook consultations with prisoners and other key stakeholders.

The study found that most Indigenous offenders reported that participating in an offender program was a positive experience that provided them with opportunities for self-improvement, to develop communication skills and access employment. Many also commented that participation enabled them to reflect on problems in their life such as relationships and offending. However, their motivation for participating in treatment and rehabilitation programs did not reflect these rehabilitative goals. Instead, offenders reported that they participated in programs to comply with court orders, demonstrate good behaviour and occupy time.

Specific findings included the following:

- Similar proportions of enrolled Indigenous (86%) and non-Indigenous (89%) participants completed sexual offending programs, either Indigenous-specific or mainstream.
- The proportions of enrolled male Indigenous and non-Indigenous participants who completed a substance-misuse program were similar and remained relatively stable. Among female offenders, the proportion of enrolled Indigenous participants who completed the program declined over time (from 88% to 50%), while the proportion of enrolled non-Indigenous participants who completed the program increased (from 53% to 83%).
- Indigenous offenders were under-represented in literacy and numeracy courses.
- The number of Indigenous offenders participating in vocational education and training increased over time, but was still below their representation in the prisoner population.
- Indigenous offenders were appropriately represented in stage one of the preparation for post-release employment program, however a smaller proportion progressed to stages two and three than non-Indigenous offenders.
- The proportion of enrolled Indigenous offenders who completed the transitions program to assist offenders moving from custody to community increased, however very few female offenders participated in the program.

Indicators used internationally to measure Indigenous justice outcomes (Willis 2010).

This literature review concluded that indicators to measure criminal justice outcomes need to have the following characteristics:

- They need to be developed with affected communities, capturing human dimensions and the experiences of individuals using the justice system.

- They need to take into account differences between urban and remote communities on dimensions such as access to justice and community safety services, the impacts of disadvantage, governance arrangements and the challenges of maintaining service delivery to highly mobile populations.
- They need to measure the quality of justice services, to ensure that Indigenous people receive services of equivalent quality as those received by non-Indigenous people.
- They need to include measures of victims' confidence in reporting crimes to police.
- They need to include measures of the perceptions of Indigenous people regarding their access to the criminal justice system and whether police, court officials and corrections personnel are doing a good job.

Possible indicators could include:

- the number of community justice groups and whether they are active
- indicators of social and emotional wellbeing.

Indigenous community action to reduce harms associated with heavy cannabis use in remote communities in the Cape York region (Dowie et al. 2009).

An earlier qualitative study had ascertained the concerns of key people about cannabis use in the Cape York region. This project, which is currently being implemented, is a collaboration between the Queensland Police Service, the Australian Federal Police and the Australian Customs and Border Protection Service for the purpose of reducing the supply of cannabis. Results have yet to be published.

Profile of women in prison 2008: final report (Western Australian Department of Corrective Services 2009).

This research study analysed data on the characteristics of the female prison population of Western Australia and also conducted interviews with 64 prisoners in eight prisons regarding their life before prison, their experience in prison and their expectations after release.

The study found that:

- Aboriginal women were much more likely than non-Aboriginal women to have been in prison before and to have had frequent, but shorter, periods of previous incarceration. The most common offences for Aboriginal women were acts intended to cause injury, while for non-Aboriginal women the most common offences were drug offences.
- Most women had a substance abuse issue; Aboriginal women tended to report problematic use of alcohol, while for non-Aboriginal women amphetamines were the most common issue.
- Over half of the Aboriginal women prisoners had experienced abuse both as a child and as an adult.

Aboriginal Strategic Direction 2007–2011 (NSW Police Force 2007).

The Strategic Directions document identified the following seven objectives:

1. Improve communication and understanding between police and Aboriginal people.
2. Improve community safety and reduce fear of crime.
3. Seek innovation in the provision of Aboriginal cultural awareness and Aboriginal recruitment and retention.

4. Divert Aboriginal youth from crime and anti-social behaviour.
5. Establish an integrated approach to managing Aboriginal family violence.
6. Develop a strategic response to Aboriginal substance abuse.
7. Reduce offending and over-representation of Aboriginal people in the criminal justice system.

Restorative justice and diversion (11 items)

Evaluations

Diverting young Indigenous people from the Queensland youth justice system: the use and impact of police diversionary practices and alternatives for reducing Indigenous over-representation (Little et al. 2011).

This evaluation analysed longitudinal administrative data on a cohort of 8,236 young people who have had contact with the police and also interviewed police and other stakeholders.

The study 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. However the evaluation also found that Indigenous youth were less likely than non-Indigenous youth to be diverted to cautioning for their first contact with the youth justice system and half as likely to be diverted to conferencing for subsequent contacts.

The report identified a number of strategies for improving Indigenous participation in existing diversionary schemes, while noting that these strategies have not been rigorously evaluated regarding their effectiveness.

Police diversion of young offenders and Indigenous over-representation (Allard et al. 2010).

This study analysed the longitudinal dataset described above. It found that Indigenous young people in Queensland 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.

There was no evidence that diversion from Court for Indigenous offenders decreases recidivism rates.

Evaluating the Children's Koori Court of Victoria: some key findings (Borowski 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 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.

Evaluation of the Queensland Murri Court: final report (Morgan & Louis 2010).

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 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:
 - increasing the level of participation of the Indigenous community in criminal justice processes
 - improving perceptions of the fairness and cultural-appropriateness of Magistrates and Children's Courts in dealing with Indigenous offenders
 - 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.

Queensland Indigenous alcohol diversion program: final summative evaluation report (Success Works 2010).

This evaluation of a Queensland Indigenous alcohol diversion program was based on an analysis of administrative and screening data and interviews with participants in the program and other stakeholders.

The study found that the alcohol diversion program had 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 (SuccessWorks 2010).

Summary of the final evaluation report: Mater Family and Youth Counselling Service (MF&YCS) in Brisbane (Queensland Department of Communities 2009b).

This 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.

Port Lincoln Aboriginal Conference Pilot: review report (OCSAR 2008).

This was a preliminary evaluation of conferencing over a short period (7 conferences over 9 months). It used a qualitative methodology and found that the conferencing pilot had operated as intended and provided magistrates with better information for sentencing.

Audit of the Prevention, Diversion, Rehabilitation and Restorative Justice Program (OEA 2008).

This process evaluation 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.

Responding to substance abuse and offending in Indigenous communities: review of diversion programs (Joudo 2008).

This 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).

Tasmania's court mandated drug diversion program: evaluation report (Success Works 2008).

This evaluation was based on an analysis of Court administrative data, offender assessment data, interviews with magistrates and other stakeholders and case studies of offenders who undertook the drug diversion program.

The study found that the program made a significant contribution to improving Tasmania's drug treatment capacity.

Offenders who completed the program successfully (although small in number) were less likely to reappear in court on a further matter than offenders who did not complete the program. While a lot of data were missing, this result indicated that the program did have some impact on the level of reoffending.

Other research

Social justice report 2009 (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009).

This literature review recommended consideration in Australia of 'justice reinvestment' (a localised criminal justice policy that diverts a portion of the funds spent on imprisonment to those local communities that have the highest concentrations of offenders). Justice reinvestment retains imprisonment for dangerous offenders, but actively shifts the culture away from imprisonment to provide community-wide services that aim to reduce offending.

Justice re-investment has been implemented in eleven of the United States and in the United Kingdom. It has been evaluated and found to be cost-effective in Texas and Nevada.

Local Indigenous justice groups are operating in many parts of Australia, giving elders and other important people in the Indigenous community a role in the justice system, either through formal mechanisms like Indigenous court models or through involvement in broader planning and support. The report recommended that these groups would be ideal points of first contact in engaging communities on how justice reinvestment could be implemented.

Violence and conflict resolution (9 items)

Evaluations

Performance audit: Northern Territory Night Patrols (ANAO 2011).

This qualitative evaluation found that in one year of operation (July 2008 to June 2009) night patrols assisted 75,220 people on a range of community safety matters.

The audit recommended that additional training and support be provided to patrollers, including ongoing mentoring, consistent resourcing, and adequate employment provisions.

Solid work you mob are doing: case studies in Indigenous dispute resolution and conflict management in Australia (FCA & AIATSIS 2009).

This review of eight case studies in Indigenous dispute resolution found that dispute management can become a normalised part of the everyday life and culture of Indigenous communities, strengthening existing local practices, kinship structures and religious traditions, and providing a positive way to manage community business.

Critical factors for effective practice in dispute resolution include using 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.

The evaluation report also advocated for the establishment of dispute-management infrastructure at the local, state/territory and national levels to support effective practice. This infrastructure could include regional panels of expert Indigenous and non-Indigenous dispute management practitioners to provide consistency in standards and training approaches.

Review of the integrated response to family violence: final report (Success Works 2009).

This 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.

Other research

Place-based initiatives and Indigenous justice (Gilbert 2012).

This literature review found that place-based initiatives have the potential to reduce disadvantage in Indigenous communities. The paper provided a number of case studies to support this conclusion, including:

- Meeting Challenges, Making Choices, which introduced alcohol restrictions in Indigenous communities, implemented legislative reform to support community governance and community justice groups, implemented negotiation tables and made business grants.
- The Cape York Welfare Reform Trial which was associated with a reduction in violence in two of the four Trial communities.
- The Lake Tyers Community Renewal Project, which improved housing, infrastructure and facilities.
- The Victorian Neighbourhood Renewal Program, which was associated with a narrowing of the gap in some social indicators between neighbourhood renewal areas and the rest of Victoria.

Communities working to reduce Indigenous family violence (Cripps & Davis 2012).

This literature review included the following case studies of effective violence prevention initiatives:

- In an evaluation of Night Patrols, community members reported that the presence of a patrol, in combination with a safe house had reduced and prevented family violence.
- An evaluation of the Canadian Community Holistic Circle Healing process found that the process significantly decreased the recidivism rates of sex offenders.
- Evaluations of alcohol restrictions found that they resulted in decreases in the incidence and severity of family violence.

Key issues in domestic violence (Morgan & Chadwick 2009).

This literature review identified the following strategies for preventing domestic violence and reducing repeat victimisation:

- Improve co-ordination across all levels of government and non-government, including between domestic violence and child protection services.
- Increase availability and awareness of services for victims and perpetrators and improve referral mechanisms.
- Improve linkages between criminal justice processes, support services and violence prevention programs.

- Implement early intervention and education programs targeting young people, including school-based programs.
- Implement programs to identify and assist families at risk of domestic violence and who are less likely to access support services.
- Address alcohol and other drug use among both perpetrators and victims of domestic violence.
- Increase the involvement of men and boys in the development of community education campaigns to change male attitudes and behaviours.

Risk factors in Indigenous violent victimisation (Bryant & Willis 2008).

This study analysed administrative data related to criminal justice, hospital records and survey data.

It found that Indigenous people overall experience violence at much higher rates than non-Indigenous people. In some communities Indigenous people face violence as a basic fact of life – as offender, victim, witness or all of these at different times. Indigenous women in particular face a much higher risk of violent victimisation than do non-Indigenous women. In some communities, women can suffer ongoing and sometimes severe, violence and abuse throughout their lives.

The study suggested that Indigenous violence needs to be understood in a context that recognises the effects of stressors imposed on Indigenous people from outside, such as colonisation; cultural dispossession; loss of traditional gender roles and family structures; the impact of government policies such as the large-scale removal of children; and racism. Violence may also result from stressors within Indigenous communities, such as the abuse of alcohol; conflict within or between family or skin groups; the behaviour of powerful individuals; and community attitudes towards violence and abuse. The compounding effects of all of these risk factors, together with the impacts of remoteness, can lead to an escalating breakdown of culture, social structures and community functioning.

Domesticating violence: homicide amongst remote-dwelling Australian Aboriginal people (Martin 2008).

This anthropological study found that the high levels of violence in one remote Indigenous community were not entirely explicable in terms of factors such as ongoing social exclusion, disadvantage and racism. Conflict and violence were intrinsic features of the ‘order of things’.

Violence was part of a repertoire of direct action within the society, which placed emphasis on the right and obligation of people to address wrongs done to them and their kin. Retaliation was an instance of the principle of reciprocity.

A failure to take cross-cultural factors (as discussed above) into account can lead to false assumptions and to the implementation of ineffective violence prevention programs.

Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia (Taylor & Putt 2007).

This research was based on information gathered at two seminars, an online survey of support workers and interviews, focus groups and surveys of key stakeholders.

The study found that between one in ten and one in three sexual violence incidents perpetrated against Indigenous women and those of culturally and linguistically diverse backgrounds in Australia are brought to the attention of the police.

Reasons for low reporting rates by Indigenous women include:

- family constraints (family denial that sexual violence exists; reluctance to report a partner; and fear of being ostracised for bringing shame on the family)
- community constraints (fear of retaliatory violence; fear of being shunned by the community; and shame about wanting to report the violence because of the community's silence on the issue)
- criminal justice system constraints (fear of children being removed; fear of not being believed by the police and uncertainty about their response; belief that excessive time will be taken to convict and that the punishment will be inadequate).

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