



Australian Government

Australian Institute of
Health and Welfare

Aboriginal and Torres Strait Islander health services report **2011–12**

Online Services Report—key results





Australian Government

Australian Institute of
Health and Welfare

*Authoritative information and statistics
to promote better health and wellbeing*

Aboriginal and Torres Strait Islander health services report 2011–12

Online Services Report – key results

Australian Institute of Health and Welfare
Canberra

Cat. no. IHW 104

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

© Australian Institute of Health and Welfare 2013



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC-BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Media and Strategic Engagement Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Aboriginal and Torres Strait Islander health services report. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-74249-495-1

Suggested citation

Australian Institute of Health and Welfare 2013. Aboriginal and Torres Strait Islander health services report 2011–12: Online Services Report – key results. Cat. no. IHW 104. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Andrew Refshauge

Director

David Kalisch

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

Media and Strategic Engagement Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1032

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments.....	iv
Abbreviations.....	v
Summary	vii
1 Introduction.....	1
The National Policy Context: ‘Closing the Gap’	2
The role of primary health care in ‘Closing the Gap’	3
Scope of OSR collection	4
Data submission and quality	4
Structure of the report	5
2 Aboriginal and Torres Strait Islander primary health-care services	6
2.1 Primary health-care services in OSR	6
2.2 Services provided	28
2.3 Clients	40
3 Aboriginal and Torres Strait Islander substance use services.....	52
3.1 About substance use services	52
3.2 Services provided	59
3.3 Clients	68
4 Bringing Them Home and Link Up counselling services	79
4.1 About Bringing Them Home services	79
4.2 Services provided	91
4.3 Clients	92
Appendix A Australian Government funding categories for Aboriginal and Torres Strait Islander health services.....	95
Appendix B Statistical tables for Aboriginal and Torres Strait Islander primary health-care services.....	97
Appendix C Statistical tables for Aboriginal and Torres Strait Islander substance use services.....	125
Appendix D Statistical tables for Aboriginal and Torres Strait Islander Bringing Them Home and Link Up counselling services.....	138
Glossary.....	144
References	147
List of tables	149
List of figures	154

Acknowledgments

This report was prepared by Xiaomu Zhang of the Indigenous Community and Health Service Reporting Unit at the Australian Institute of Health and Welfare. The author specially thanks Corinna Schultz and Steve Whiting for their dedication working with services to address data quality issues. Fadwa Al-Yaman and Indrani Pieris-Caldwell are gratefully acknowledged for their guidance and invaluable comments throughout this project.

We would also like to acknowledge those from Aboriginal and Torres Strait Islander primary health care, substance use, and Bringing Them Home and Link Up counselling services that provided data for this report. The Online Services Report (OSR) database is the most comprehensive data collection available describing Australian Government-funded Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services. The contribution of each service to this achievement is greatly appreciated.

Funding to support the data collection and report production was provided by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) of the Australian Government Department of Health and Ageing.

Abbreviations

ACT	Australian Capital Territory
AHW	Aboriginal and Torres Strait Islander health worker
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
CDs	collection districts
COAG	Council of Australian Governments
DoHA	Department of Health and Ageing
FTE	full-time equivalent
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OSR	Online Services Report
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
SA	South Australia
SEWB	Social and emotional wellbeing
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization

Symbols

—	nil or rounded to zero
. .	not applicable
<i>n</i>	number of health organisations provided valid data
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Primary health care

- In 2011–12, Aboriginal and Torres Strait Islander primary health-care services, funded by the Australian Government, provided 2.6 million episodes of health care to about 445,000 clients. Compared with 2010–11, there was a 5% increase in episodes of care and a 3% increase in the number of clients reported. About 4 in 5 clients (79% or 350,000) were Indigenous.
- About 5,500 full-time equivalent (FTE) staff, including 3,500 FTE health staff and 2,000 FTE managerial, administrative, support and other staff, worked for, and were paid by, health services providers. This is similar to the previous year. These staff were assisted in the delivery of primary health care by 395 FTE visiting health professionals who were paid for by other organisations.
- Aboriginal or Torres Strait Islander people held more than half (57%) of the FTE positions paid by health services providers.

Substance use

- In 2011–12, Aboriginal and Torres Strait Islander substance use services (funded by the Australian Government) provided treatment and assistance for substance use issues to about 32,600 clients, an increase of 14% compared with 2010–11. More than 4 in 5 clients (83% or 27,000) were Indigenous.
- About 1,040 FTE staff from a variety of health (620 FTE) and managerial, administrative, support and other staff (420 FTE) worked for and, were paid by, health services providers. These staff were assisted in the delivery of substance use treatment by 58 FTE visiting health professionals who were paid for by other organisations.
- Aboriginal or Torres Strait Islander people held more than half (64%) of the FTE positions paid by health services providers.

Bringing Them Home and Link Up counselling

- In 2011–12, Bringing Them Home and Link Up counselling services (funded by the Australian Government) provided counselling to about 9,800 clients, a decrease of about 17% compared with 2010–11. Most (96% or 9,400) clients were Indigenous.
- A total of 129 counsellors (113 FTE) were employed by the counselling services. Most services providers (83%) had at least one Aboriginal or Torres Strait Islander counsellor.

Data quality

- Data with significant and non-rectifiable quality issues were not included in this report. It should also be noted that some data presented in this report – particularly around client numbers, episodes of care and client contacts – were estimates of actual figures and should be used and interpreted with caution.

1 Introduction

In 2011–12, the Australian Government provided direct grants funding to around 300 organisations to deliver comprehensive primary health care and other health services, including substance use, social and emotional wellbeing and mental health services to Aboriginal and Torres Strait Islander people, of which around 60% were Aboriginal and Torres Strait Islander community-controlled or managed. These organisations provide one or more of the following services: clinical care and health education, promotion, screening, immunisation and counselling, as well as specific programs such as hearing health, sexual health, substance use and mental health (DoHA 2013a). Most of these organisations contribute to the Online Services Report (OSR) data collection funded by the Australian Government.

Access to primary health care is critical for preventing ill health, effectively managing chronic disease and improving health outcomes to close the gap in life expectancy between Indigenous and non-Indigenous Australians. Aboriginal and Torres Strait Islander primary health-care services generally provide comprehensive primary health care. This includes access to doctors, nurses, allied health professionals, social and emotional wellbeing staff, and medical specialists. In addition, some receive funding to provide substance use services. Some primary health-care services providers do not provide comprehensive primary health care but focus on specific activities such as health promotion programs, maternal and child health care, and social and emotional wellbeing.

Tobacco, alcohol and substance misuse are major risk factors for chronic disease, and can have a significant effect on the safety, health and wellbeing of individuals, families and communities. Indigenous substance use services providers funded under the Substance Use Program are delivered in a broad range of settings including residential and non-residential treatment and rehabilitation services, primary health-care services, sobering-up shelters and transitional after-care programs.

Bringing Them Home and Link Up counsellors help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families to reunite with their families, culture and community, and to restore their social and emotional wellbeing. The Bringing Them Home Counsellor Program provides counselling and other related services to individuals and families. Link Up services support people in tracing, locating and reuniting with their families.

This report presents the main findings from the 2011–12 OSR data collection and replaced the previous Office for Aboriginal and Torres Strait Islander Health (OATSIH) Services Reporting data collection. In 2008–09, the OATSIH Services Reporting data collection replaced the Service Activity Reporting, Drug and Alcohol Services Reporting, and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The Australian Institute of Health and Welfare (AIHW) collected data from Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services providers that received Australian Government funding from 2008–09 to 2011–12.

The National Policy Context: ‘Closing the Gap’

The OSR needs to be considered within the broader policy environment of Aboriginal and Torres Strait Islander health as it supports accountability for, and quality improvement in, the Australian Government's investment in primary health care for Indigenous Australians. This section describes that policy environment and the role played by the OSR.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 (NSFATSIH) endorsed by all Australian governments in July 2003 sets out its key goal:

‘To ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice.’ (NATSIHC 2003).

In December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous Australians to close the gap in Indigenous disadvantage with aim to achieve six targets:

- closing the life expectancy gap within a generation
- halving the gap in mortality rates for Indigenous children under five within a decade
- ensuring all Indigenous 4-year olds in remote communities have access to early childhood education within 5 years
- halving the gap for Indigenous students in reading, writing and numeracy within a decade
- halving the gap for Indigenous people in Year 12 attainment or equivalent attainment rates by 2020
- halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

In November 2008, COAG agreed to sustained engagement and effort by all governments over the next decade and beyond to achieve the Close the Gap targets for Indigenous Australians. The National Indigenous Reform Agreement (NIRA) sets out the policy framework for Closing the Gap in Indigenous disadvantage. The COAG commitment also included targeted initiatives for Indigenous Australians of \$4.6 billion across early childhood development, health, housing, economic participation and remote service delivery through a number of associated National Partnership Agreements (COAG 2008).

The Australian Government has finalised the National Aboriginal and Torres Strait Islander Health Plan (the Health Plan). The Health Plan has been developed in collaboration with Aboriginal and Torres Strait Islander people and other key stakeholders and will replace the NSFATSIH due to expire in 2013. The Health Plan will support the Government's efforts to close the gap in life expectancy and child mortality between Aboriginal and Torres Strait Islander people and the broader population. The Health Plan will not only recognise the contribution of environmental, social, economic, family and community factors on health outcomes, but also the role of the health system in providing information to Aboriginal and Torres Strait Islander people on healthy lifestyles and treatment of disease to support them to proactively manage their health.

The role of primary health care in ‘Closing the Gap’

Although the causes of illness and injury lie in broad environmental and social factors, an effective primary health-care system has a role to play in improving health outcomes for Aboriginal and Torres Strait Islander people. Primary health care can assist with prevention through: population health programs; protecting good health through screening, early intervention, and treatment; and providing an immediate response to acute illness and injury. The Australian Government funds a range of Indigenous-specific primary health-care services, including: comprehensive primary health care, treatment for substance use, and social and emotional wellbeing services, which aim to improve access to health-care services for Aboriginal and Torres Strait Islander people.

Evidence from Australia, the United States and New Zealand indicates that primary health care can contribute to closing the gap in life expectancy between Indigenous and non-Indigenous populations (Griew et al. 2008). Primary health care therefore has a role to play in achieving two of the COAG health-related targets: closing the life expectancy gap within a generation and halving the child mortality gap within 10 years. However, although life expectancy estimates are important in measuring progress towards achievement of these targets, alone they do not tell us about how policies and programs could be changed in order to improve health outcomes for Aboriginal and Torres Strait Islander people. Data and information about primary health-care service delivery are critical to: supporting and enabling effective program management; facilitating policy and funding decisions; and reviewing information about demand and supply of services. The OSR provides the framework for this to occur.

Supporting improvements to policy and service delivery

Government policies and programs are better when informed by robust data provided by essential health services. Data and information from the OSR support:

- evidence-based policy development and planning;
- improved understanding of health service needs
- holding government accountable for implementation of its commitments
- accountability for service delivery
- assessing improvements in access, levels of activity, and quality of service delivery over time
- assessing achievement of results and outcomes
- supporting quality improvement, at the service level and nationally.

Data and information are pivotal in the ability of individual service providers to deliver and plan for effective primary health-care services. For services, the OSR data support:

- evidence-based practice
- continuous quality improvement of service delivery
- benchmarking against national data
- validation of work practices.

Services also have to opportunity to provide feedback on key service gaps and health service delivery challenges to policy makers.

Scope of OSR collection

The data for this report were obtained from primary health care, substance use and Bringing Them Home and Link Up counselling service providers that received funding from the Australian Government for the period 2011–12 and that responded to the OSR questionnaire. Many of these services also receive funds from other sources (for example, state or territory governments, or Medicare benefits). The data in the OSR collection relate to service staffing and health-care delivery from all funding sources.

In 2011–12, 290 out of 292 (99%) services that received funding from the Australian Government provided valid data to the OSR questionnaire. This includes Australian Government funded services and their auspiced services. In some cases, the Australian Government provides funding to an organisation (the auspicing service) that subsequently funds the provision of services by one or more independent or semi-independent bodies (the auspiced services). Of the 290 services, there were three types:

- Primary health-care services: 224 responded to the OSR questionnaire. Of these primary health-care services, 89 were also funded by the Australian Government to provide substance use or Bringing Them Home and Link Up counselling services.
- Substance use services: 67 responded to the OSR questionnaire, of which 24 services (36%) also received Australian Government funding for Indigenous-specific primary health care.
- Bringing Them Home and Link Up counselling services: 88 responded to the OSR questionnaire. Many services (75 or 85%) providing Bringing Them Home and Link Up counselling were part of existing primary health-care or substance use services.

Australian Government-funded services include both Aboriginal community-controlled health services and non-community-controlled health organisations.

This report uses the Remoteness Structure of the Australian Standard Geographical Classification (ASGC) (ABS 2006). All locations in Australia are classified to one of five remoteness areas based on the ABS Accessibility/Remoteness Index of Australia (ARIA). The remoteness areas used are *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. Each remoteness area is an aggregation of collection districts (CDs) that share common characteristics of remoteness in the context of Australia as a whole, based on physical road distance to the nearest urban centre. For more information, see the Glossary.

Data submission and quality

The data were collected using the OSR questionnaire, which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link Up counselling services.

The 2011–12 OSR collection was conducted online through the OCHREStreams reporting tool. The numbers of services providing data to OSR collection vary over the years due to changes in their funding arrangements and auspicing reporting arrangements. For many questions, all, or nearly all, services provided data, while some questions were only relevant to a certain number of services. Furthermore data that did not meet validation requirements were excluded from the analysis. This report shows the number of services that provided valid data for each question in table or in the relevant commentary of figure. It is important to consider this in the use and interpretation of data presented in the report.

The AIHW examined all completed questionnaires and identified two major types of data quality issues: inappropriate data provided for a question, and lack of coherence of data from two or more questions or previous years. The majority of questionnaires received had one or more of these data quality issues. Where needed, AIHW staff contacted services to follow-up and obtain additional or corrected data. After entering the data on the data repository system, staff conducted further data quality checks. Data with significant and non-rectifiable quality issues were not included in this report.

This report is intended to provide an overview of Australian Government funded primary health care services aimed at improving health outcomes for Aboriginal and Torres Strait Islander people. Data presented in this report are generally self-reported by health care services and some data, particularly around client numbers, episodes of care and client contacts, are estimates of actual figures and should be used and interpreted with caution.

Another point to note is that Aboriginal Health Workers counted in the OSR may not have accreditation, due to how the data are collected (that is, the questionnaire does not ask whether Aboriginal Health Workers are accredited).

Data presented in the commentary are rounded. In some cases, owing to this rounding, the components may not add to the total. The tables and figures in the report present the actual numbers of each data item.

Structure of the report

This report presents information on the activities of these services during 2011–12. It provides general information about the services and their operation. It looks at the services, programs and activities undertaken and provides information on the number of clients, episodes of care, and client contacts.

Chapter 2 presents the main findings for Aboriginal and Torres Strait Islander primary health-care services for the 2011–12 reporting period.

Chapter 3 presents the main findings for Aboriginal and Torres Strait Islander substance use services for the 2011–12 reporting period.

Chapter 4 presents the main findings for Bringing Them Home and Link Up counselling services for the 2011–12 reporting period.

2 Aboriginal and Torres Strait Islander primary health-care services

Primary health care is delivered in the community, outside of hospitals, by a range of providers such as general practitioners, nurses, psychologists, physiotherapists, community health workers and pharmacists. A strong primary health-care system is essential to ensure that everyone has access to the health care they need. Such a system will enable patients to better manage their health conditions in the community and prevent disease, which will result in reduced need for using hospital services.

Indigenous Australians can access primary health-care services through mainstream services such as GP services, and through Indigenous-specific services such as the Aboriginal and Torres Strait Islander primary health-care services.

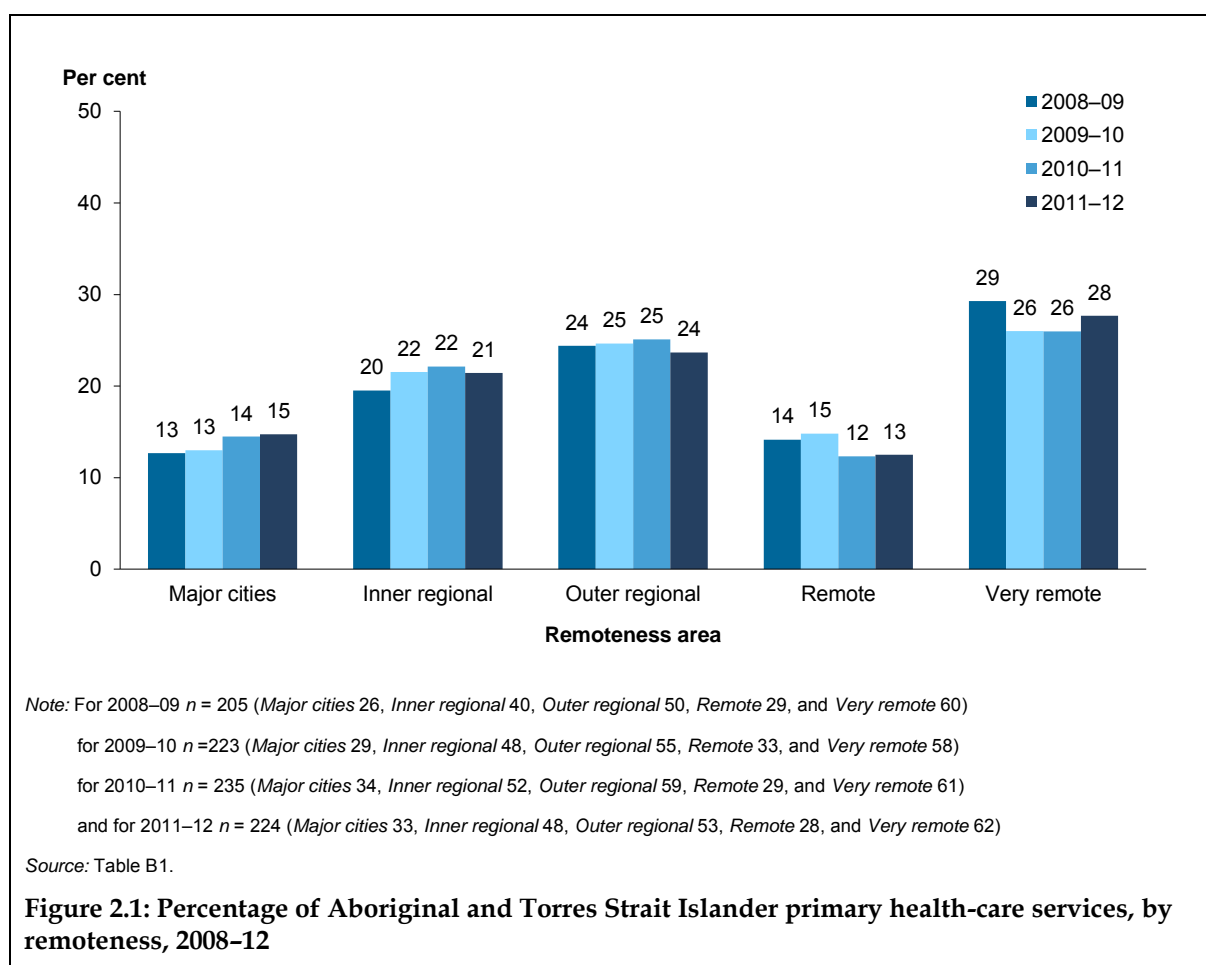
2.1 Primary health-care services in OSR

In 2011–12, the Australian Government funded 226 services to provide primary health care to Aboriginal and Torres Strait Islander people. Of these, 224 (99%) services provided valid data to the 2011–12 OSR questionnaire, which was 5% lower than the number that submitted valid data in 2010–11 (235 services) but similar to that in 2009–10 (223 services). In this report, these services are referred to as ‘Aboriginal and Torres Strait Islander primary health-care services’, or simply as ‘primary health-care services’.

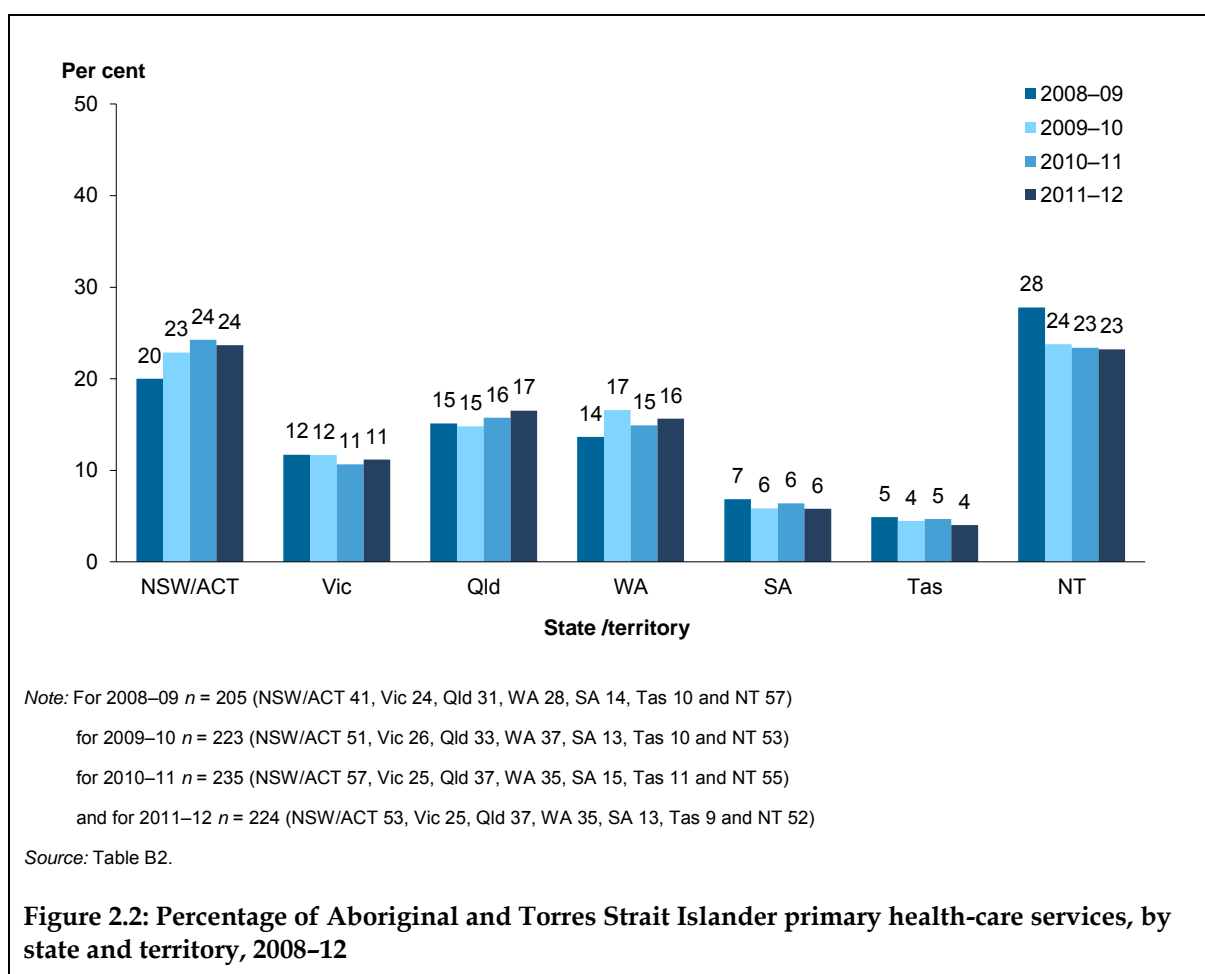
Location

Aboriginal and Torres Strait Islander primary health-care services were located in all states and territories, and across all geographical areas, from *Major cities* to *Very remote* areas.

About one-quarter of primary health-care services were located in *Very remote* (28% or 62 services), *Outer regional* (24% or 53), and *Inner regional* areas (21% or 48). The remaining services were located in *Remote* areas (13% or 28), and *Major cities* (15% or 33). This distribution is similar to the previous year (26%, 25%, 22%, 12% and 15%, respectively (Figure 2.1).



Nearly one-quarter (24%) of primary health-care services were located in New South Wales and the Australian Capital Territory combined (53 services), followed by the Northern Territory (23% or 52). The remaining services were located in Queensland (17% or 37), Western Australia (16% or 35), Victoria (11% or 25), South Australia (6% or 13) and Tasmania (4% or 9). The proportion of services in NSW and ACT increased from 2008–09 to 2011–12 (20% compared with 24%), and decreased in the Northern Territory (28% compared with 23%) (Figure 2.2).



Accreditation

Accreditation is an important part of quality improvement in primary health-care services. In 2011-12, about three-quarters (74%) of Aboriginal and Torres Strait Islander primary health-care services were accredited. There has been a gradual increase in the total number of services accredited since 2008-09 (Table 2.1). Of these, most accredited services (72% or 118) achieved accreditation by the Royal Australian College of General Practitioners (RACGP) against their standards. RACGP standards provide a framework for quality care and risk management, and practices meeting these standards make a commitment to safe, high-quality primary health-care delivery (RACGP 2011).

The Department of Health and Ageing currently has an Establishing Quality Health Standards Continuation (EQHS-C) target to increase the number of eligible Indigenous-specific health organisations with first-time RACGP accreditation and first-time organisational accreditation by 30 June 2015. At 30 June 2012, 77% (103 of 133) of eligible Indigenous-specific primary health care organisations achieved RACGP accreditation and 20% (40 of 198) of eligible primary health care, substance use and social and emotional well-being organisations achieved organisational accreditation. Note, the number of services achieving RACGP and organisational accreditation in Table 2.1 differ from those reported against the EQHS-C target. This is because the EQHS-C target measures accreditation of 'eligible' organisations, which are generally organisations that receive the majority of their

recurrent funding for health service delivery from OATSIH (DoHA unpublished data obtained through consultations with Industry Peak Bodies).

Table 2.1: Aboriginal and Torres Strait Islander primary health-care services, by accreditation type, 2008–12

Accreditation Type	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
RACGP ^(a) accreditation	84	81.6	96	71.6	123	73.7	118	71.5
Organisational standard accreditation	17	16.5	39	29.1	47	28.1	65	39.4
Other accreditation	13	12.6	18	13.4	30	18.0	24	14.5
<i>Total accredited</i>	<i>103</i>	<i>50.2</i>	<i>134</i>	<i>60.1</i>	<i>167</i>	<i>71.1</i>	<i>165</i>	<i>73.7</i>
<i>Not accredited</i>	<i>102</i>	<i>49.8</i>	<i>89</i>	<i>39.9</i>	<i>68</i>	<i>28.9</i>	<i>59</i>	<i>26.3</i>
Total services	205	..	223	..	235	..	224	..

(a) RACGP: Royal Australian College of General Practitioners.

Note: Some services had more than one type of accreditation.

Source: AIHW analyses of OSR data collection, 2008–12.

Governance

The Australian Government supports a variety of health service providers, including Aboriginal community-controlled health services and services run by state and territory governments.

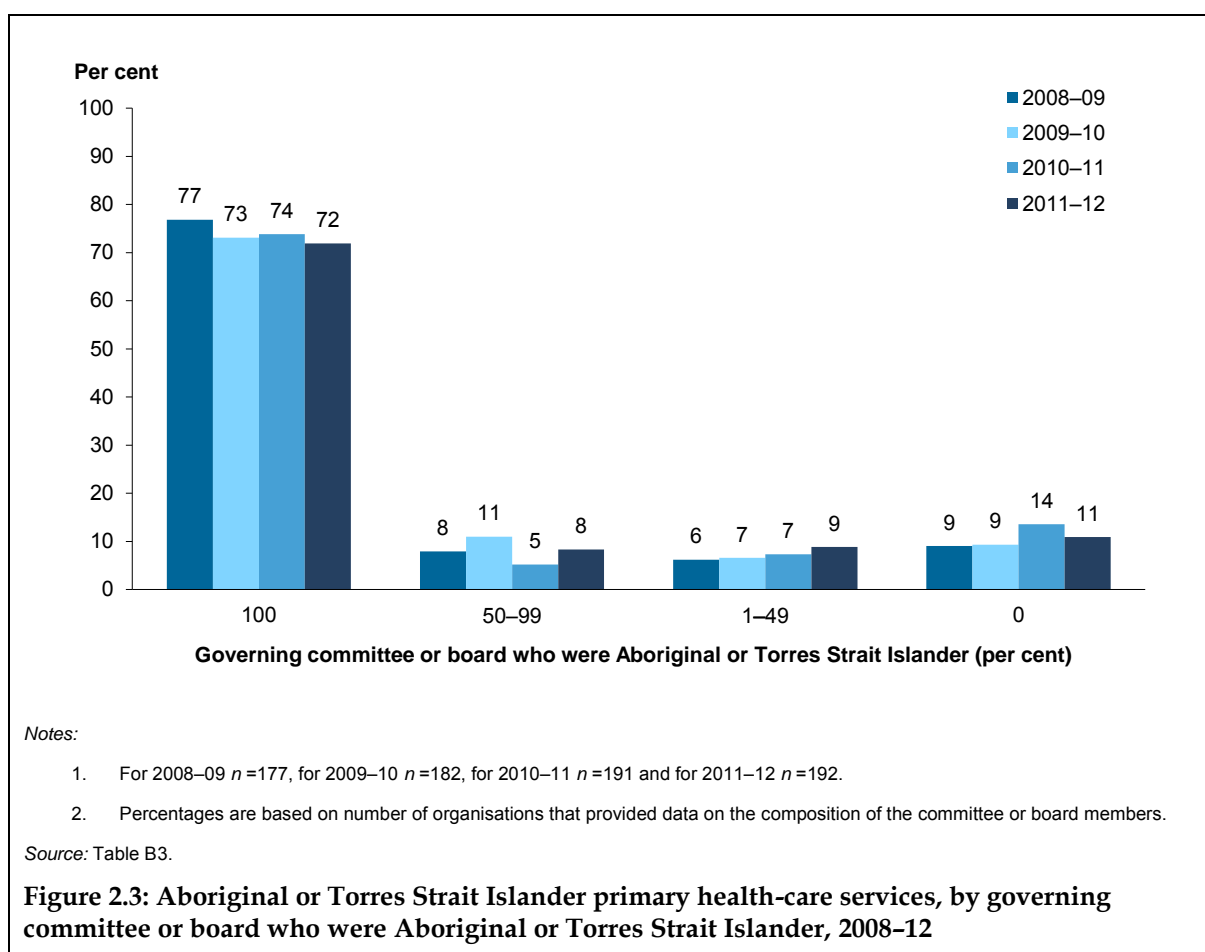
For the community-controlled health sector, governance is important because it can influence the success or failure of an organisation. In 2011–12, of the 224 services that submitted data, 190 (85%) services indicated that their board or governing committee met regularly. Most services (84%) presented income and expenditure statements to the committee or board at least twice a year. In nearly three quarters of services (73%), board or committee members received training to help them in their roles in 2011–12 (Table 2.2).

Table 2.2: Aboriginal and Torres Strait Islander primary health-care services, by governing committee or board activity, 2008–12

Governance	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Governing committee or board met regularly	173	84.4	181	81.2	192	81.7	190	84.8
Income and expenditure statements were presented to committee or board on at least two occasions	169	82.4	175	78.5	191	81.3	188	83.9
All of the governing committee or board members were Aboriginal and/or Torres Strait Islander	136	66.3	133	59.6	141	60.0	138	61.6
Governing committee or board received training	137	66.8	135	60.5	151	64.3	163	72.8
Total number of services	205	..	223	..	235	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

In 2011–12, 192 (86%) of the 224 Aboriginal and Torres Strait Islander primary health-care services that submitted data provided information on the makeup of their board or committee. Of these, nearly three-quarters (138 services or 72%) had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people. A small proportion (21 services or 11%) had a board or committee with no Aboriginal or Torres Strait Islander members. These proportions are similar to the previous year (74% and 14% respectively (Figure 2.3).



Staffing

Aboriginal and Torres Strait Islander primary health-care services meet their staffing needs through a variety of arrangements. Most staff work for, and are paid by, the individual health service. Other staff visit the service and are paid either by the health services provider or by another organisation.

Staff working at and paid by the service

In 2011-12, nearly all (99% or 221) Aboriginal and Torres Strait Islander primary health-care services provided information on the number of staff who worked for, and whose salaries were paid by, their service. As at 30 June 2012, these services employed about 5,543 full-time equivalent (FTE) staff across a variety of health (3,469 FTE), and managerial, administrative, support and other roles (2,074 FTE). This is similar to the previous year (5,539 FTE). The main types of health staff employed by services were Aboriginal and Torres Strait Islander health workers (AHWs), doctors, nurses and a variety of social and emotional wellbeing staff.

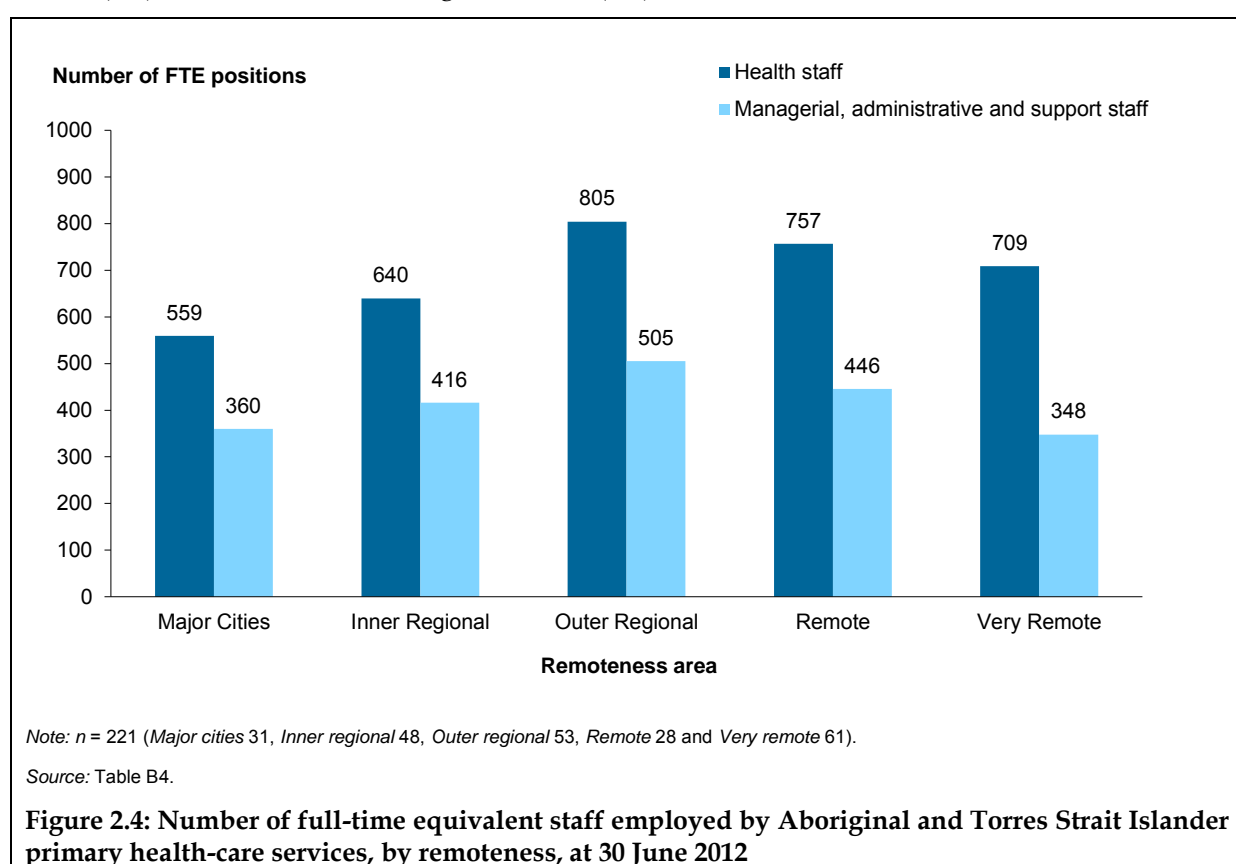
About 4 in 5 services employed one or more nurses (87%), with 783 FTE nurses employed across all services. A similar proportion (88%) had an AHW on staff, with 931 FTE AHWs employed. Nearly 7 in 10 services employed a doctor (69%), with 353 FTE doctors employed by services. One-quarter (24%) of services employed dental care staff (138 FTE) and 3% of services employed traditional healers (5 FTE).

Social and emotional wellbeing staff were an integral part of primary health-care delivery, with about half (48%) of services employing a total of 360 FTE social and emotional wellbeing staff – commonly counsellors, psychologists and social workers.

Many services provide transport for their clients. About two-thirds (65%) employed a total of 287 FTE drivers or field officers. In addition, most primary health-care services employed management and support staff. Nine in ten services (90%) employed a total of 1,378 FTE administrative and support staff. About 696 FTE of all administrative and support staff (51%) were employed as chief executive officers, managers and supervisors.

Distribution of staff

The distribution of managerial, administrative and support staff by remoteness was similar to that for health staff (Figure 2.4), with more health staff in each of the remoteness areas. The ratio of health to managerial, administrative and support staff was highest in *Very remote* areas (2.0) and lowest in *Inner regional* areas (1.5).



The distribution of health staff varied with remoteness. As at 30 June 2012, most services (88% or 195) employed an AHW. About one-quarter of these services were located in each of *Outer regional* (27%), *Very remote* (26%) and *Inner regional* (22%) areas. The rest were located in *Major cities* (12%) and *Remote* areas (13%). Of the 931 FTE AHWs employed, nearly 3 in 10 (28%) were located in *Outer regional* areas, 21% were located in *Inner regional* areas, 17% in both *Very remote* and *Remote* areas, and 16% in *Major cities* (Figure 2.5). Nearly one-quarter (23%) FTE AHWs were employed by services located in New South Wales and the Australian Capital Territory combined, 1 in 5 in Queensland (21%) and Western Australia (19%) each (Figure 2.6).

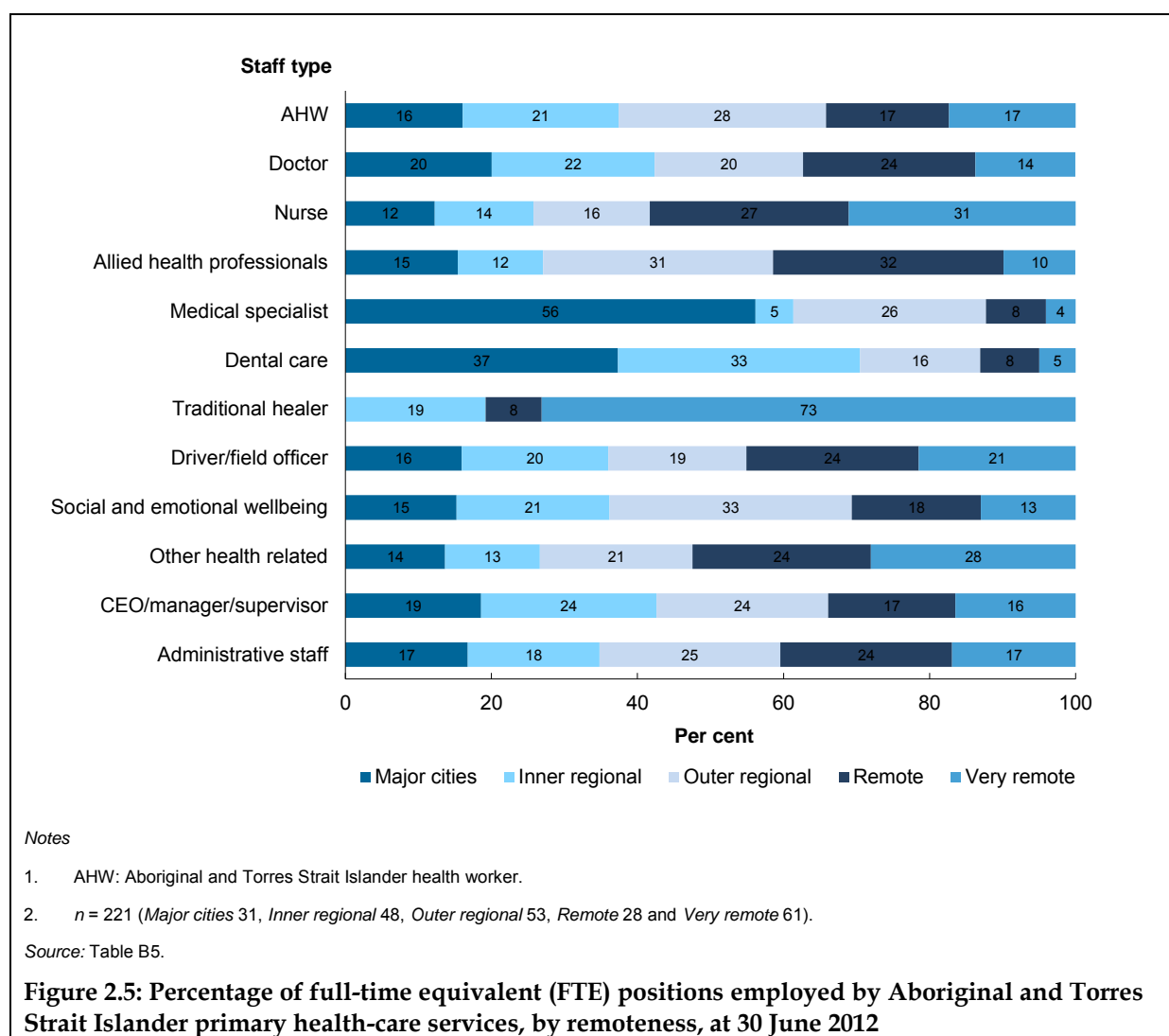
Most services (87% or 193) also employed a nurse. Of these services, 3 in 10 were located in *Very remote* areas (30%) and 1 in 5 in both *Outer regional* (23%) and *Inner regional* (22%) areas. A further 13% were located in *Remote* areas and 12% were in *Major cities*. Of the 783 FTE nurses employed, 58% were located in *Very remote* areas (31%) and *Remote* areas (27%) combined. A further 16% were located in *Outer regional* areas, 14% in *Inner regional* areas and 12% in *Major cities*. This reflects the greater role of nurses in primary health-care delivery in *Remote* and *Very remote* areas, as does the high proportion of client contacts made by nurses in these areas. One-third (33%) FTE nurses were employed by services located in the Northern Territory, and one-quarter (24%) in Western Australia.

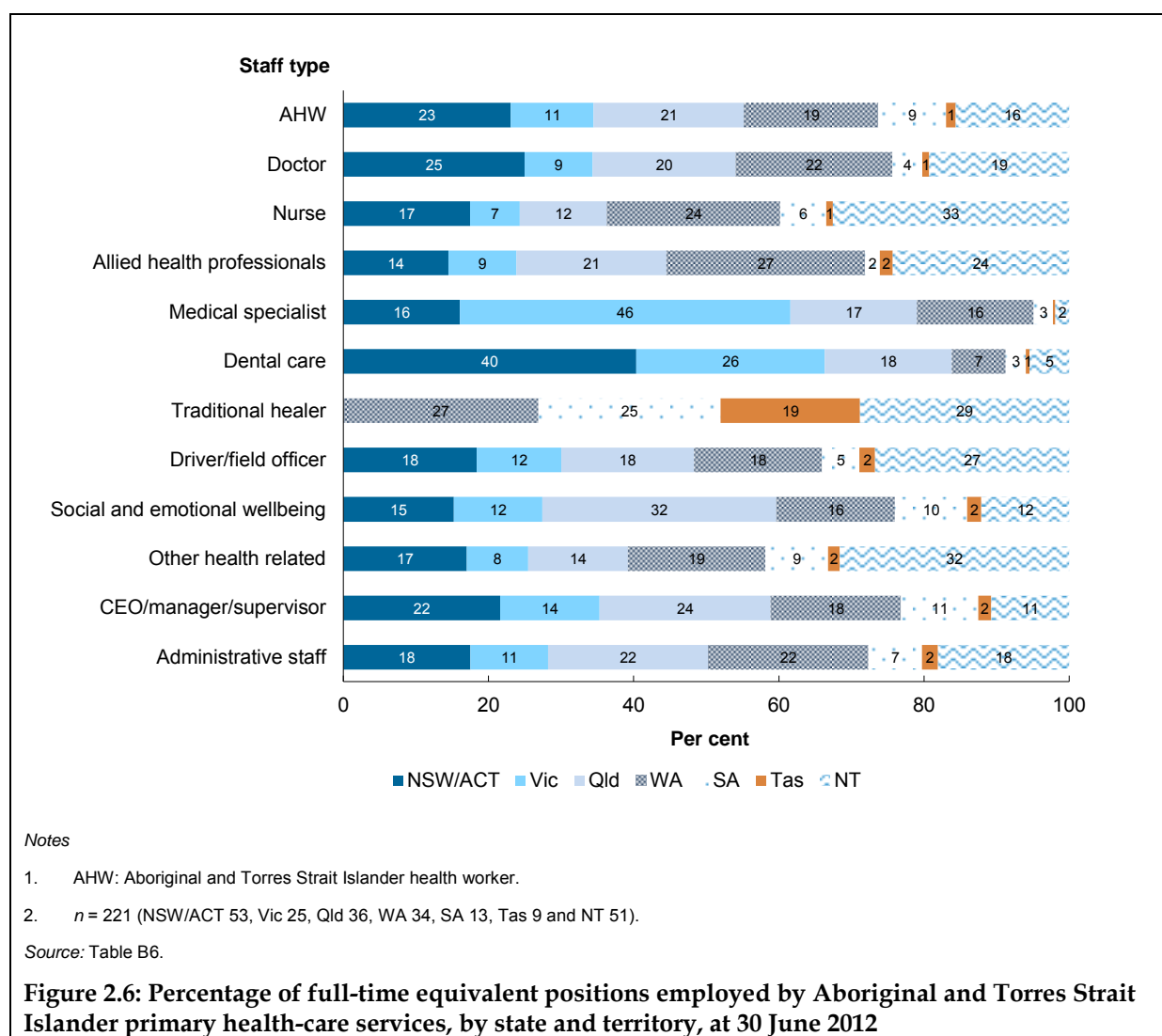
About 7 in 10 of services (69% or 153) employed a doctor. About half of these (51%) were located in *Outer regional* (22%) and *Very remote* areas (29%) combined. A further 21% were located in *Inner regional* areas, 16% in *Remote* areas and 12% in *Major cities*. Of the 353 FTE doctors employed, 24% were located in *Remote* areas, 22% in *Inner regional* areas, 20% in *Major cities*, 20% in *Outer regional* areas, and 14% in *Very remote* areas. Services located in New South Wales and the Australian Capital Territory employed one-quarter (25%) of the total FTE doctors, followed by Western Australia (22%), Queensland (20%) and the Northern Territory (19%).

There were 106 services (48%) that employed social and emotional wellbeing staff. About 3 in 10 services were located in each of *Outer regional* (32%) and *Inner regional* areas (26%). The rest were evenly distributed in *Major cities* (17%), *Very remote* (12%) and *Remote* areas (12%). Of the 360 FTE social and emotional wellbeing staff employed, 33% were located in *Outer regional* areas, 21% in *Inner regional* areas, 18% in *Remote* areas, 15% in *Major cities*, and 13% in *Very remote* areas. Nearly one-third (32%) of those FTE social and emotional wellbeing staff were employed by services located in Queensland.

Nearly 2 in 5 services (38%) employed an allied health professional. One-quarter of those services were located in *Outer regional* (27%) and *Inner regional* areas (25%) each. Out of the 167 FTE allied health professionals employed, one-third (33%) were located in *Remote* areas and another third (31%) in *Outer regional* areas. Around one-quarter of those FTE allied health professionals were employed by services located in Western Australia (27%), the Northern Territory (24%) and Queensland (21%) each.

A small number of services (3% or 7) employed a traditional healer. Approximately 70% of those traditional healers were employed in *Very remote* areas. Out of the 5 FTE traditional healers employed, three-quarters (73%) were located in *Very remote* areas. Nearly 3 in 10 of those services were located in the Northern Territory (29%), South Australia (29%) and Western Australia (29%) each.





The ratio of health staff to number of clients varied with remoteness. The number of AHW FTEs per 100,000 clients was highest in *Outer regional* (269) areas followed by *Inner regional* (213) and *Very remote* (203) areas but was similar in *Major cities* (174) and in *Remote areas* (162).

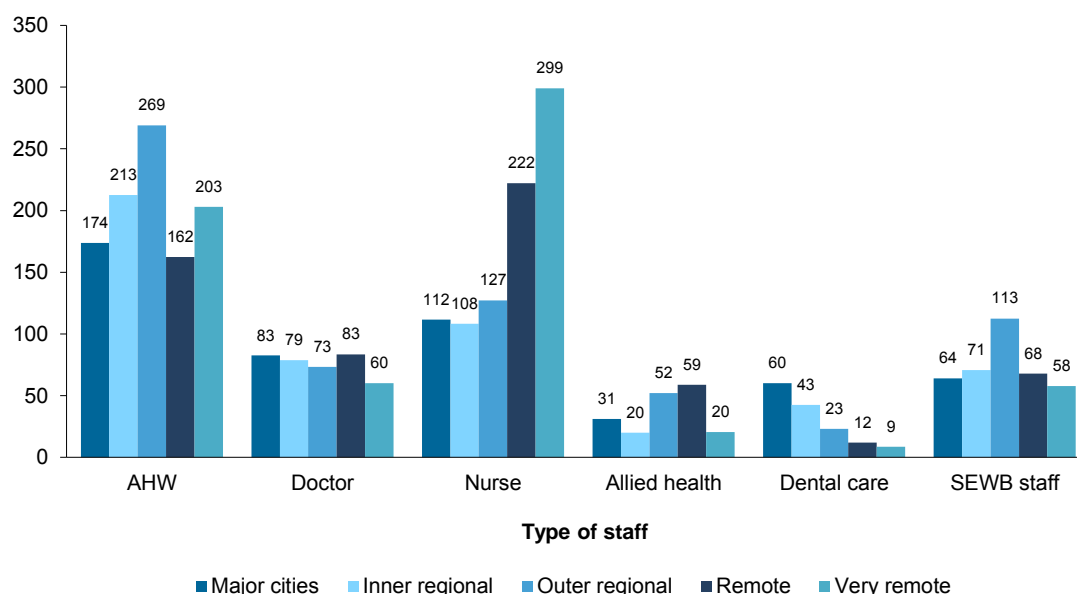
The ratio of nurses to clients was highest in *Very remote* (299 FTEs per 100,000 clients) areas followed by *Remote* (222). On average, 299 FTE nurses provided services for 100,000 clients in *Very remote* areas, which is higher than any other type of health staff available in these areas. Nationally, *Outer regional* areas had the lowest supply of nurses and midwives per 100,000 population (994.7) in 2011, while *Very remote* areas (1,335.5) followed by *Remote areas* (1,142.9) had the highest rates (AIHW 2012).

In all locations there were less than 100 doctors per every 100,000 clients seen. Doctor-client ratio was highest in *Major cities* and *Remote areas* (83 FTEs per 100,000 clients in each region) and lowest in *Very remote* locations (60 FTEs). Most recent national data on employed medical practitioners show that, in 2009, *Major cities* had the highest rate of doctors: 433.4 FTEs per 100,000 population. This was substantially higher than the rates in *Outer regional*

(247.2 FTEs per 100,000), *Inner regional* (269.9 FTEs) and *Remote/Very remote* (274.1 FTEs) areas (AIHW 2013a).

The availability of dental care staff was highest in *Major cities*, with a dental care staff–client ratio of 60 FTEs per 100,000 clients while it was lowest in *Very remote* (9) and *Remote* areas (12) (Figure 2.7). In 2011, the supply of dentists remains the lowest in *Remote/ Very remote* areas, where the rate of dentists was 26.4 per 100,000 people, while it was 64.1 per 100,000 in *Major cities* (AIHW 2013b).

Ratio of FTE staff per 100,000 clients



Notes

1. AHW: Aboriginal and Torres Strait Islander health worker. SEWB: social and emotional wellbeing.
2. $n = 210$ (*Major cities* 27, *Inner regional* 46, *Outer regional* 51, *Remote* 27 and *Very remote* 59).

Source: Table B7.

Figure 2.7: Ratio of selected employed full-time equivalent positions per 100,000 clients by remoteness, at 30 June 2012

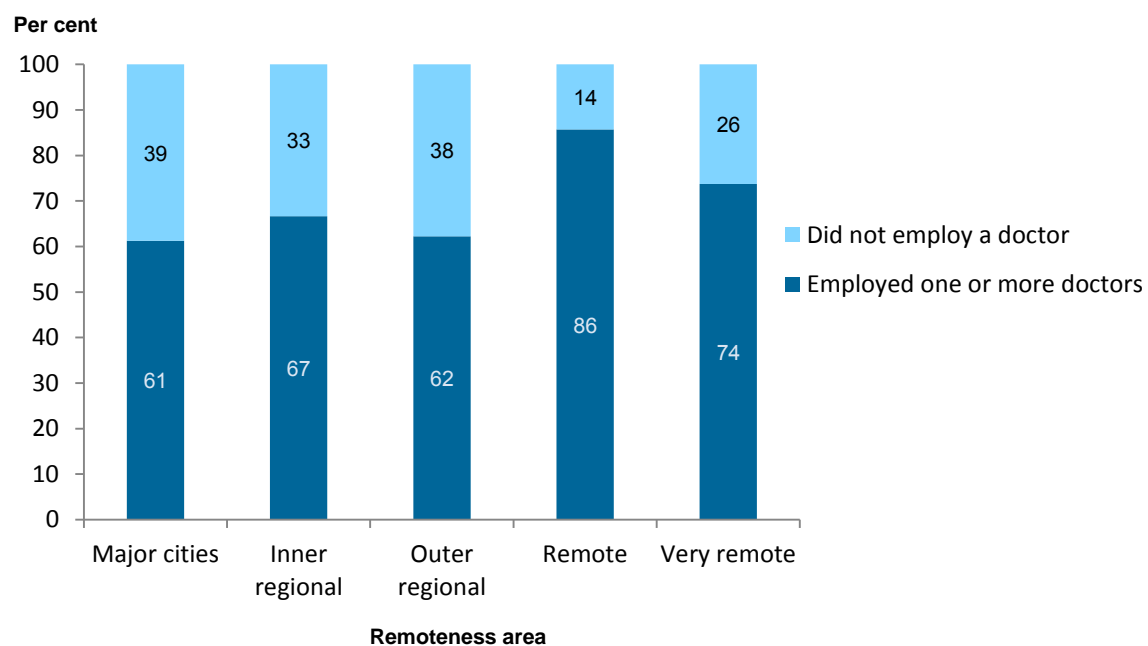
Recruitment of general practitioners

Overall 7 in 10 (69%) services employed one or more doctors in 2011–12. Most (86%) services located in *Remote* areas and nearly three-quarter (74%) of services located in *Very remote* areas employed one or more GPs (Figure 2.8).

In 2011–12, 70% of FTE GPs who worked in mainstream primary health-care services were in *Major cities* and only 0.5% were in *Very remote* areas. Compared with this, 20% of FTE GPs employed by Aboriginal and Torres Strait Islander primary health-care services were in *Major cities* and 14% were in *Very remote* areas (Figure 2.9).

Disproportionate distribution of doctors between cities and rural areas is a global problem. The main reasons identified for this in literature include: working hours, including after hours; family and personal factors such as availability of work for spouses, recreational options and schooling opportunities for children; and geographic factors such as proximate to capital city and climate (Hays et al. 2003; Humphreys et al. 2009; Humphreys et al. 2002; Jones et al. 2004). Poor access to professional development, professional isolation and

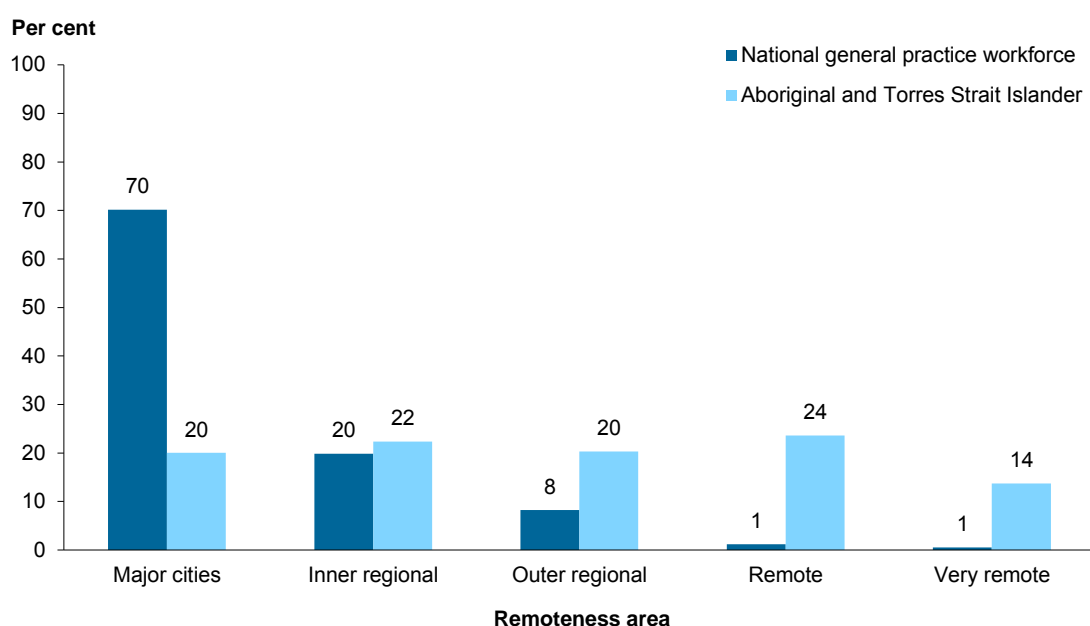
insufficient supervision were cited in a literature review of factors affecting recruitment and retention of allied health professionals into rural and remote areas (Campbell et al. 2011).



Note: n = 221 (Major cities 31, Inner regional 48, Outer regional 53, Remote 28 and Very remote 61).

Source: Table B8.

Figure 2.8: Aboriginal and Torres Strait Islander primary health-care services, by employment of doctors and remoteness, at 30 June 2012



Notes

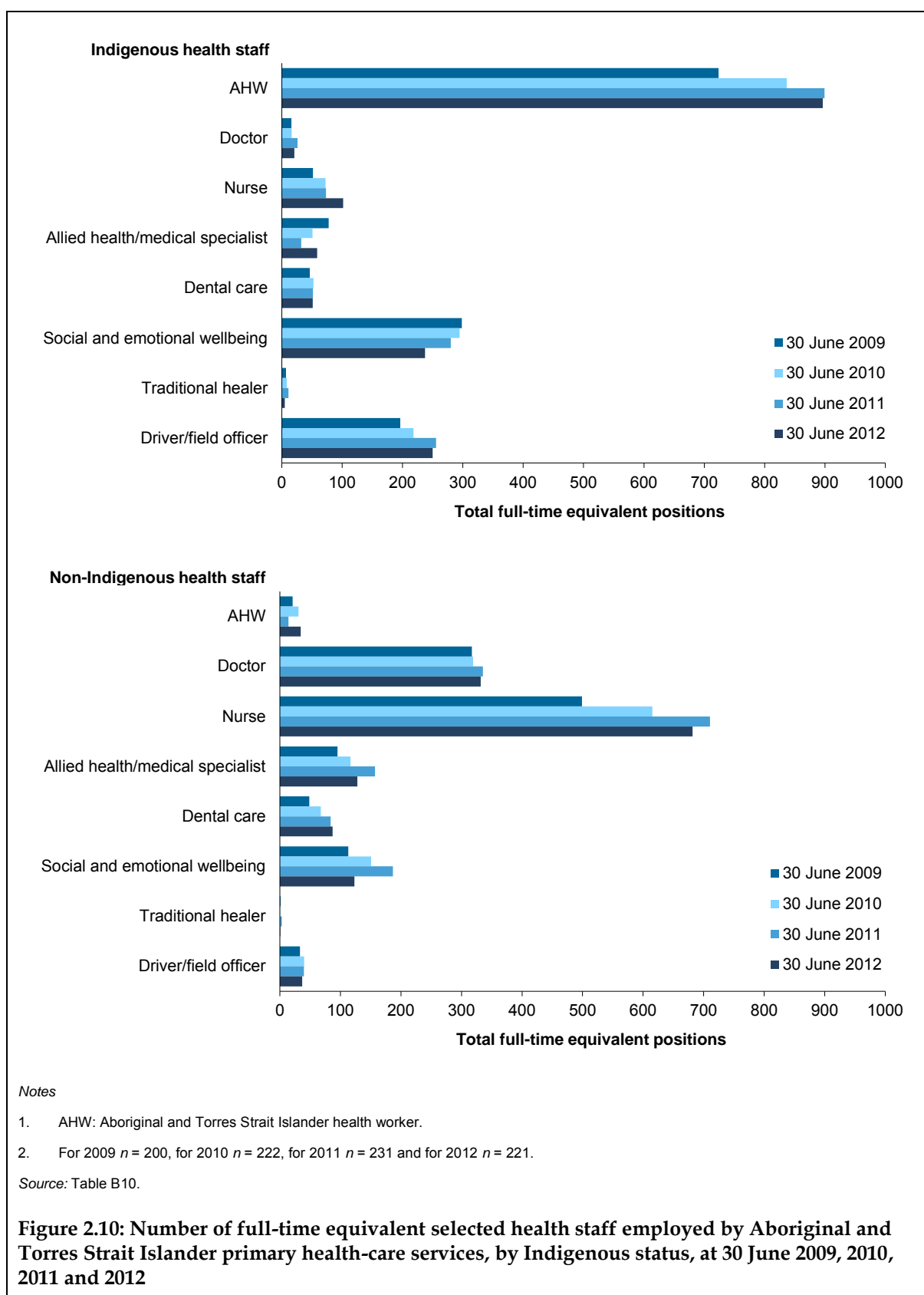
1. $n = 221$ (Major cities 31, Inner regional 48, Outer regional 53, Remote 28, and Very remote 61).
2. National data were from GP Workforce Statistics (DoHA 2013b).

Source: Table B9.

Figure 2.9: Percentage of full-time equivalent general practitioner positions employed in mainstream and Aboriginal and Torres Strait Islander primary health-care services by remoteness, at 30 June 2012

Indigenous status of staff

As at 30 June 2012, more than half (57% or 3,168 FTE) of the positions paid for by Aboriginal and Torres Strait Islander primary health-care services were occupied by Indigenous people, while 2,375 FTE staff (43%) were non-Indigenous. The proportion of Aboriginal and Torres Strait Islander staff is higher than in the previous year (54%). Almost all AHWs (96% or 896 FTE) in 2011–12 were Indigenous. There has been a steady increase in the number of AHW FTEs between 2008–09 and 2011–12 (from 724 to 896 FTEs). Most drivers and field officers were also Indigenous (in 2011–12, 87% or 250 FTEs). Two-thirds (66% or 237 FTE) of social and emotional wellbeing staff and 2 in 5 (37% or 51 FTE) of dental care staff were Indigenous, as were 31% (58 FTE) of allied health professionals and medical specialists, mostly in health promotion roles. A small proportion of doctors (6% or 21 FTE) were Indigenous. The majority (87%) of nurse staff is non-Indigenous and one in 10 (13% or 101 FTE) nurses was Indigenous. The number of non-Indigenous nurse FTEs has grown over time from 498.9 in 2008–09 to 681.8 in 2011–12. Again, these proportions are generally similar to, or higher than, the previous year (see Appendix B10 and Figure 2.10).



Staff working at, or visiting, and not paid by health services providers

A range of health-related activities and services at Aboriginal and Torres Strait Islander primary health-care services are provided by staff paid for by another organisation.

In 2011–12, 4 in 5 (79% or 177) services reported 395 FTE staff working at, or visiting, and paid for by other organisations. This is double the previous year (193 FTE). The main types of visiting health professionals were allied health professionals (92 FTE), nurses (84 FTE), doctors (46 FTE), Aboriginal and Torres Strait Islander health workers (43 FTE) and medical specialists (31 FTE). Those numbers are all higher than in the previous year (36 FTE, 28 FTE, 25 FTE, 10 FTE and 19 FTE, respectively). One in five 10 (21%) visiting staff were Indigenous. This is similar to the previous year (18%).

As the numbers of staff FTEs employed by services and vacant positions remained similar between 2010–11 and 2011–12, it is difficult to explain why there was such a large increase in the health staff paid for by other organisations. The AIHW followed-up with 177 services that had a large number of FTE health staff to verify reported increases in FTEs paid by other organisations. This investigation indicated that there was a large number of medical students and trainee AHWs undertaking internship at services as well as those visiting to support day-to-day work, run a variety of health programs, or provide training and education to local health professionals and communities. It can be assumed that these contributed to the overall increase in these numbers. A particularly large increase in staff paid by other organisations working or visiting health services was seen in very remote areas (see Figure 2.12) which may have been due to the engagement of trainee medical staff.

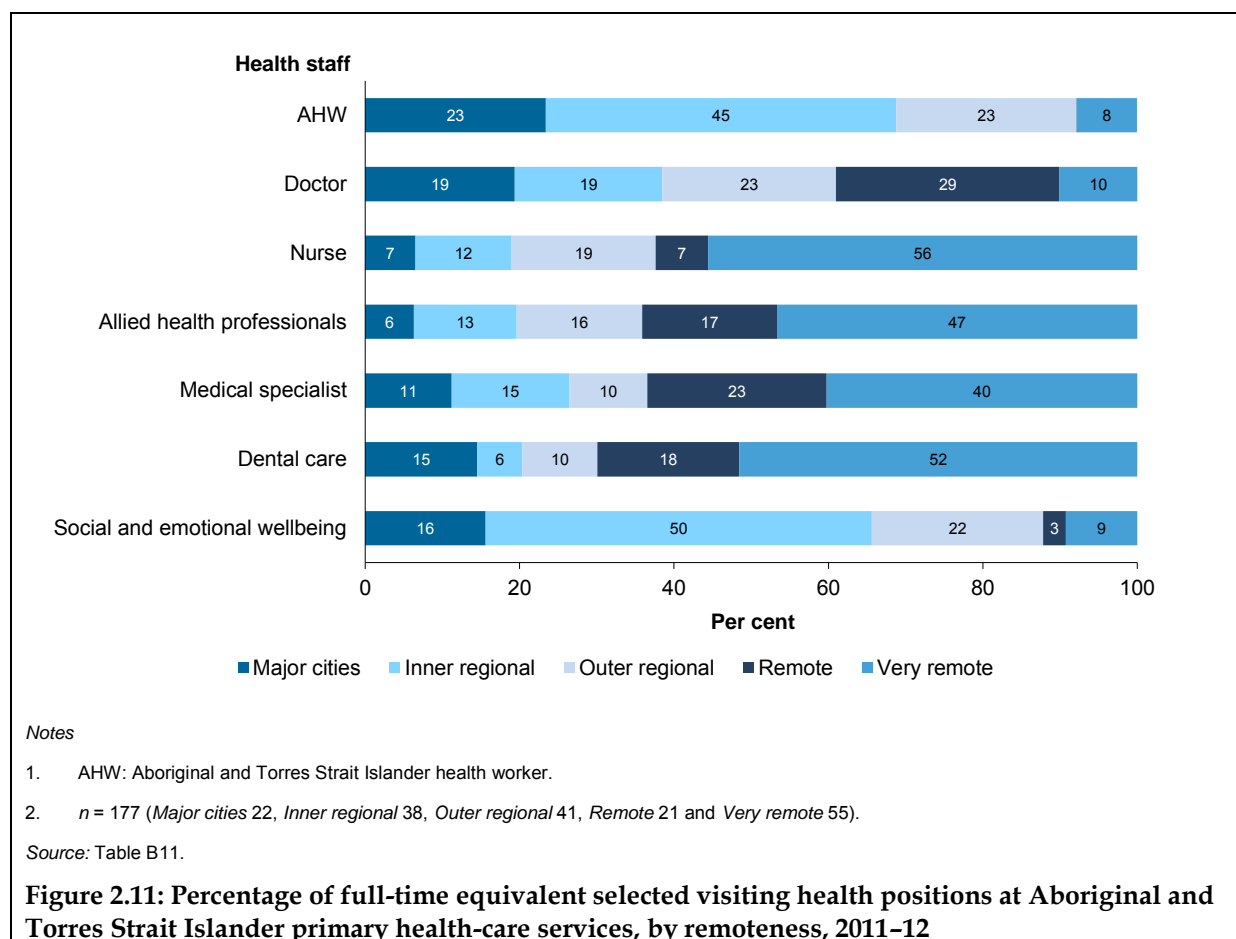
Most (81%) services were visited by an allied health professional (s) and 67% were visited by a medical specialist(s). A half (50%) of services had nurses, and 38% had social and emotional wellbeing staff, who visited the service. Three in ten services (30%) had a visiting doctor(s). These proportions are generally similar to the previous year (nurses 47%, social and emotional wellbeing staff 42% and doctors 27%). More than 1 in 10 (12%) services reported visiting Aboriginal and Torres Strait Islander health workers, which was higher than in the previous year (7%). It is important to note that, while many services reported visiting health staff, the frequency and duration of these staff visits varied among services. For example, a service might have a health professional visit one day per fortnight, and another service might have an arrangement for 2-day visits every 2 months.

Of the 143 services with visiting allied health professionals, 36% were located in *Very remote* areas, 20% were located in *Outer regional* areas and 19% were located in *Inner regional* areas. The distribution of services with visiting medical specialists was similar (37%, 17% and 20%, respectively). Of the 92 FTE visiting allied health professionals, 47% were located in *Very remote* areas, 17% in *Remote* areas, 16% in *Outer regional* areas, 13% in *Inner regional* areas and 6% in *Major cities*. Again, the distribution of the 31 FTE visiting medical specialists was similar to visiting allied health professionals (40%, 23%, 10%, 15% and 11%, respectively) (Figure 2.11).

Of the 89 services with visiting nurses, 42% were located in *Very remote* areas, 26% in *Outer regional* areas and 17% in *Inner regional* areas. Of the 84 FTE visiting nurses, 56% were located in *Very remote* areas, 19% in *Outer regional* areas, 12% in *Inner regional* areas, 7% in both *Major cities* and *Remote* areas.

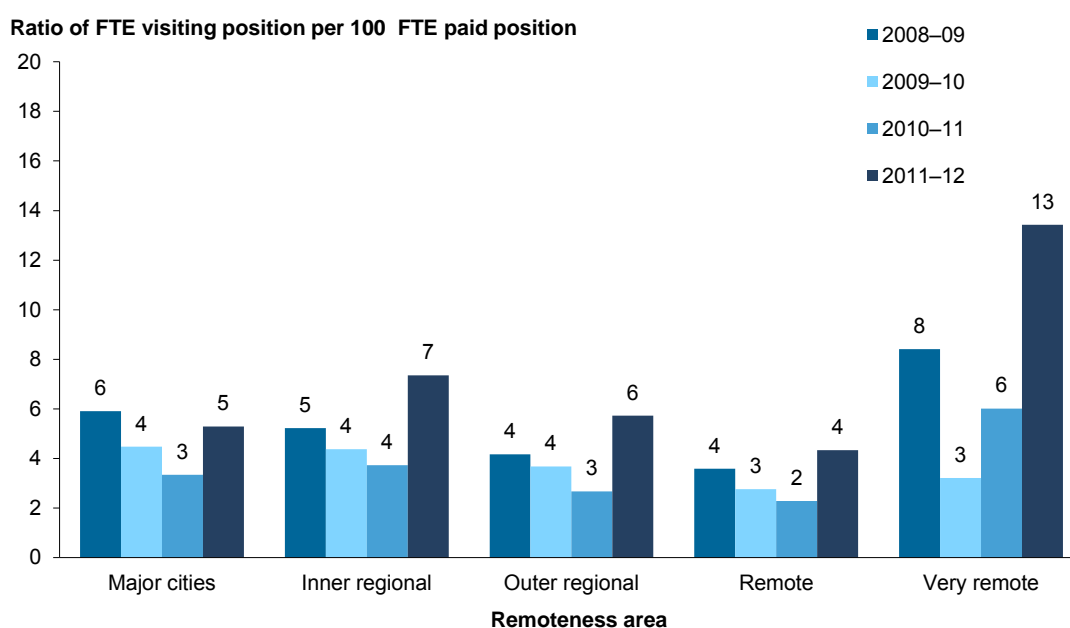
Of the 53 services with visiting doctors, 36% were located in *Very remote* areas, and 21% were located in *Outer regional* areas. Of the 46 FTE visiting doctors, 52% were dedicated to services in *Remote* (29%) and *Outer regional* (23%) areas.

Of the 67 services with visiting social and emotional wellbeing staff, 27% were located in *Outer regional*, 25% in *Very remote* and 24% in *Inner regional* areas. Of the 37 FTE visiting social and emotional wellbeing staff, 50% were located in *Inner regional* areas, 22% in *Outer regional* areas, 16% in *Major cities*, 9% in *Very remote* areas and 3% in *Remote* areas.



Compared with the previous reporting period, the number of visiting FTE positions increased in all regions in 2011-12. *Very remote* areas had the largest increase in visiting staff (from 61 to 142 FTE) followed by *Inner regional* areas (78 FTE), an increase from 37 FTEs in the previous year. Number of visiting positions also increased in *Outer regional* (75 FTE), *Remote* (52 FTE) areas and *Major cities* (49 FTE) compared with the previous period (37 FTE, 29 FTE and 29 FTE respectively).

The ratio between visiting positions and paid positions varied between remoteness areas. In *Very remote* areas, 13 FTE visiting staff were reported per 100 FTEs paid by health services. Seven visiting FTE staff were reported per 100 paid FTEs in *Inner regional* areas (Figure 2.12).



Note: For 2008-09 n=200 (Major cities 24, Inner regional 39, Outer regional 49, Remote 29 and Very remote 59)
 for 2009-10 n=222 (Major cities 28, Inner regional 48, Outer regional 55, Remote 33 and Very remote 58)
 for 2010-11 n=231 (Major cities 33, Inner regional 52, Outer regional 59, Remote 29 and Very remote 58)
 and for 2011-12 n=221 (Major cities 31, Inner regional 48, Outer regional 53, Remote 28 and Very remote 61).

Source: Table B12.

Figure 2.12: Ratio of full-time equivalent visiting position per 100 full-time equivalent paid positions, at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008-12

Staff vacancies

Nearly 3 in 5 (58% or 129) of all Aboriginal and Torres Strait Islander primary health-care services reported having one or more staff vacancies at 30 June 2012—a total of 339 FTE positions or 6% of all reported FTE positions (both occupied and vacant). The FTE positions vacant are fewer than in the previous year (395 FTE), however, over the four year period between 30 June 2009 and 30 June 2012, the number of vacant positions have increased by 22%.

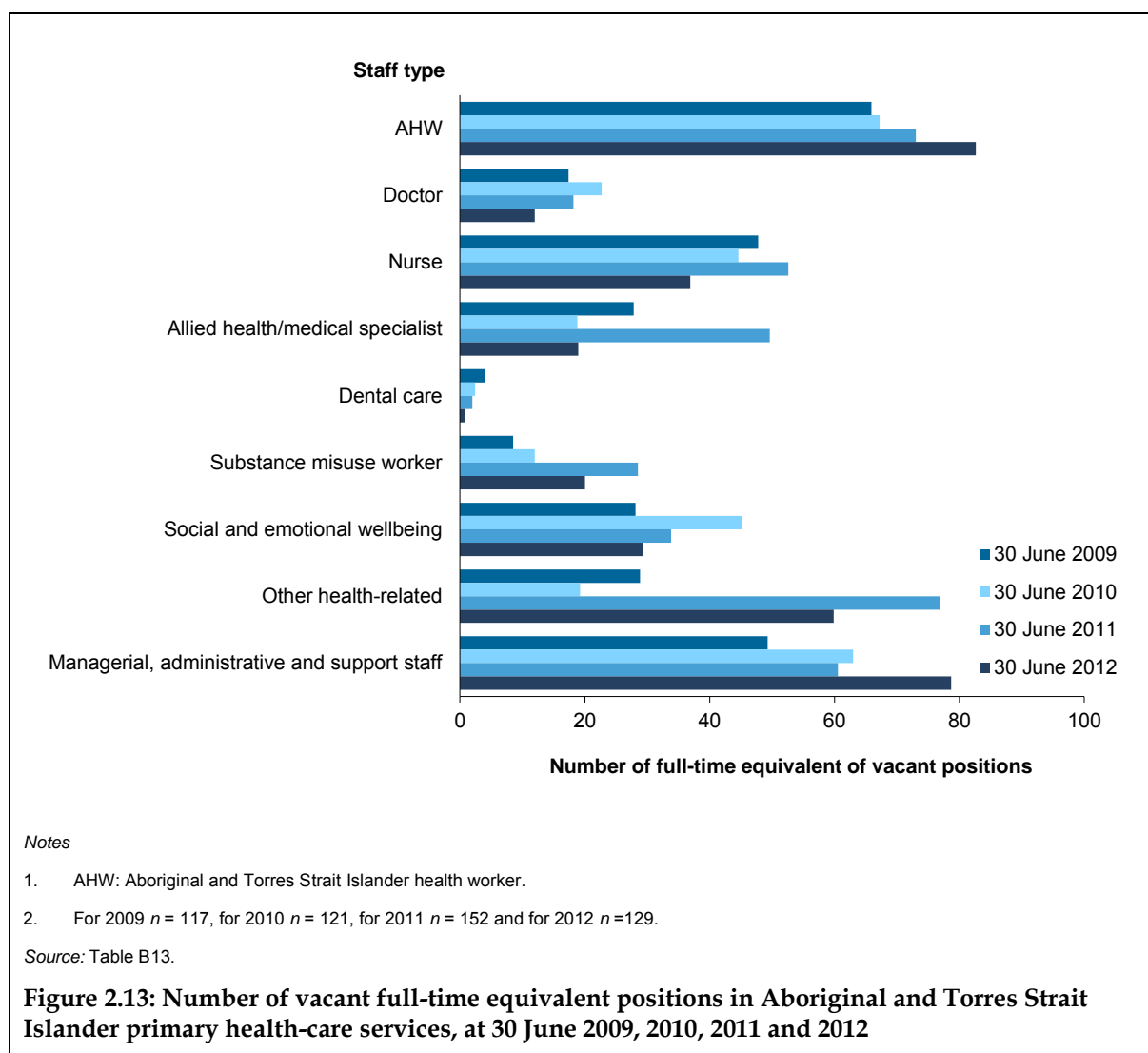
From 30 June 2009 to 30 June 2012, total employed positions increased by 28% and much of the growth was due to an increase in health positions which increased by 20% from 2,886 FTE to 3,469 FTE. Also, total vacant positions increased by 22% over the same period while the increase in vacant health positions was 14% (from 228 FTE to 261 FTE).

Since the growth in employed health positions (20% or 583 FTE increase) was faster than the growth in vacant health positions (14% or 33 FTE increase) between June 2009 and June 2012, the proportion of positions that were vacant in relation to total health positions decreased (from 7.3% to 7.0%) while the number of vacant positions increased.

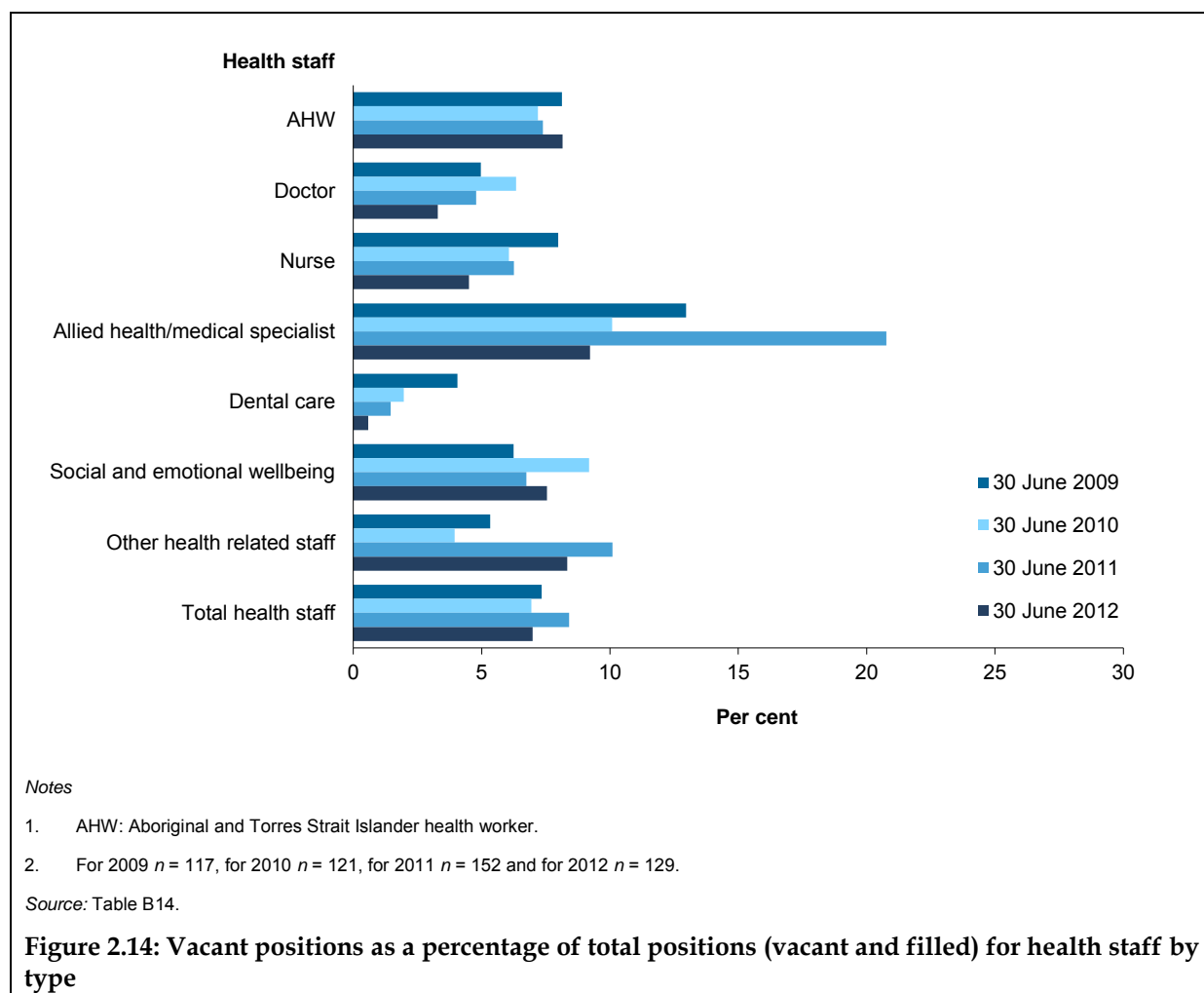
When looking at specific types of vacant positions as a proportion of total vacant positions, nearly a quarter of them were for AHWs (24%) and between June 2009 and June 2012 vacant AHW positions have grown by 25%. Other areas with a high proportion of vacant positions were managerial, administrative and support staff (23%), nurses (11%), social and emotional

wellbeing staff (9%) substance misuse worker (6%) and allied health and medical specialists (6%) (Figure 2.13). Vacancies for AHWs and managerial, administrative and support staff are higher than in the previous year (24% compared with 18% and 23% compared with 15% respectively). These are the areas where there have been increases in vacant positions over all reporting periods. Between June 2009 and June 2012, number of vacant positions has decreased for doctors, nurses, allied health/medical specialists and dental care.

Total employed administrative positions increased over time by 42% from 861 FTE to 1,222 FTE while the total vacant administrative positions increased by 60% from 49 FTE to 79 FTE.



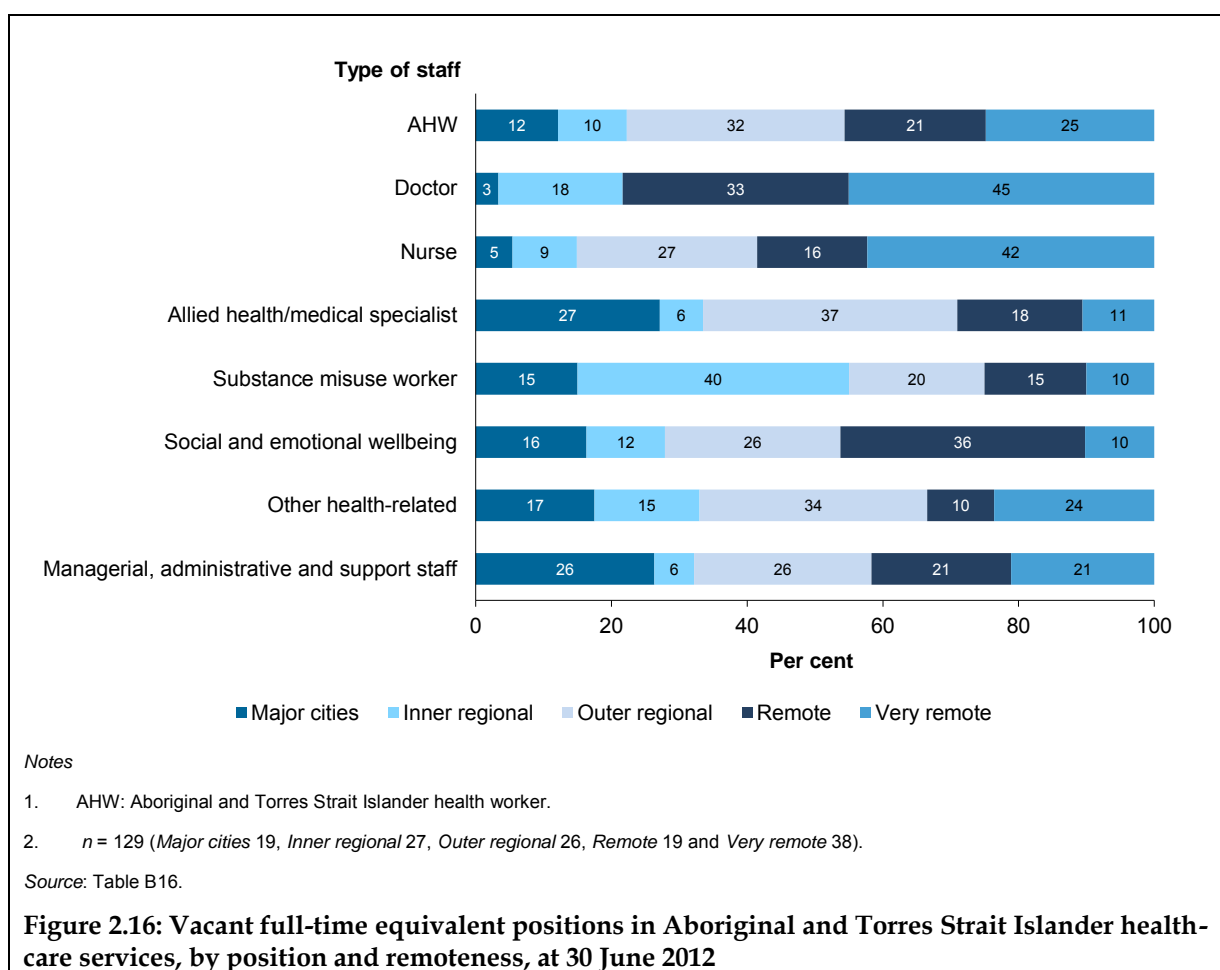
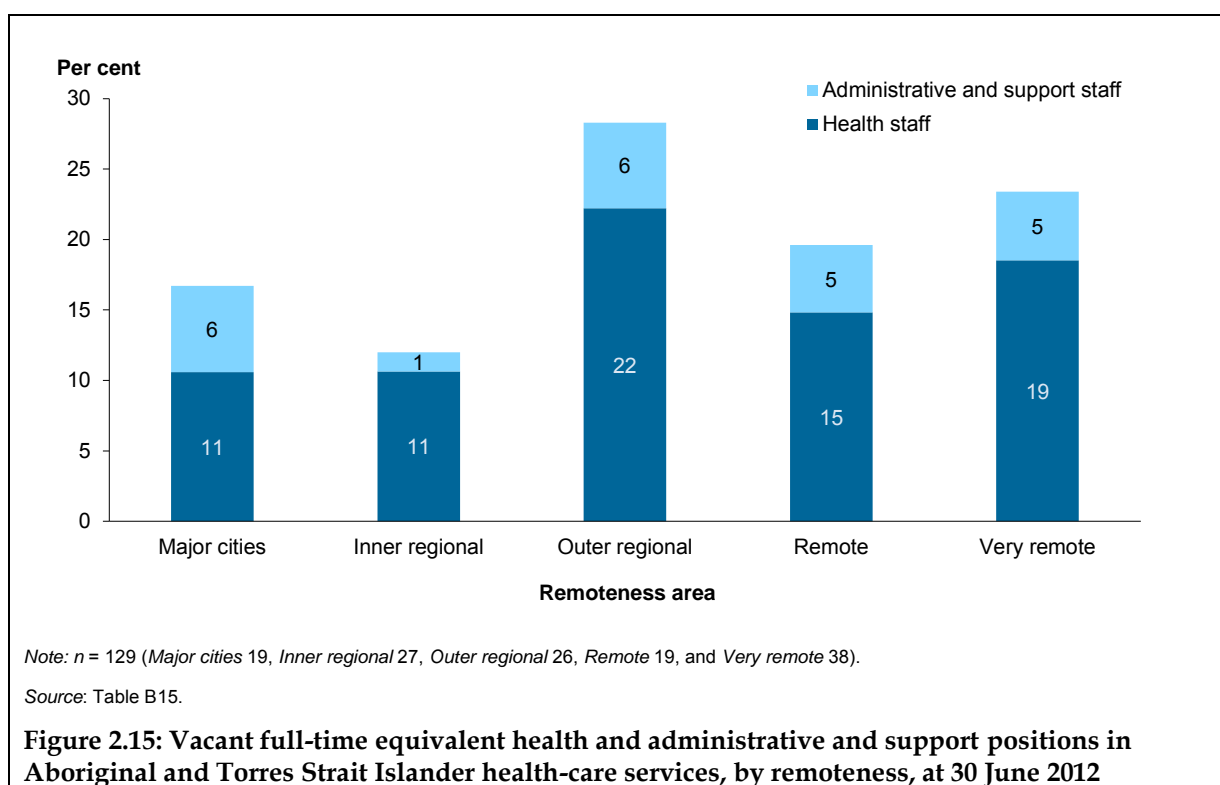
Overall, FTE health positions vacant relative to total FTE positions remained similar between 2008–09 (7.3%) and 2011–12 (7.0%). Vacant FTE positions decreased over the 4 years for doctors (from 5.0% to 3.3%), nurses (from 8.0% to 4.5%), allied health professionals and medical specialists (from 13.0% to 9.2%) and dental care staff (from 4.1% to 0.6%) (Figure 2.14).



Seven in 10 vacant positions were in services located in *Very remote* (23%), *Remote* (20%) and *Outer regional* areas (28%) combined, and a further 12% were in services located in *Inner regional* areas and 17% in *Major cities*. Compared with the previous year, a lower proportion of vacancies were in *Very remote* areas (23% compared with 28%), and a higher proportion were in *Major cities* (17% compared with 10%).

The distribution of vacant positions by remoteness varied depending on the staff type. Out of the 339 total vacant full-time equivalents, 22% were health positions in services located in *Outer regional* areas and 19% were health positions in *Very remote* areas (Figure 2.15).

The highest number of vacant AHWs positions (27 FTE), other health staff (20 FTE) and allied health/medical specialists (7 FTE) were in *Outer regional* areas. The highest number of vacant positions for doctors (5 FTE) and nurses (16 FTE) were in *Very remote* areas. For managerial, administrative and support staff, the highest number of vacant positions was in *Major cities* (21 FTE) and for substance misuse workers the highest number was in *Inner regional* areas (8 FTE). The highest number of vacant social and emotional wellbeing staff was in *Remote* areas (11 FTE) (Figure 2.16).



Vacancies also varied by state and territory. Services located in the Northern Territory reported 69 FTE (or 20%) vacant health positions and 21 FTE (or 6%) vacant administrative and support positions (Table 2.3).

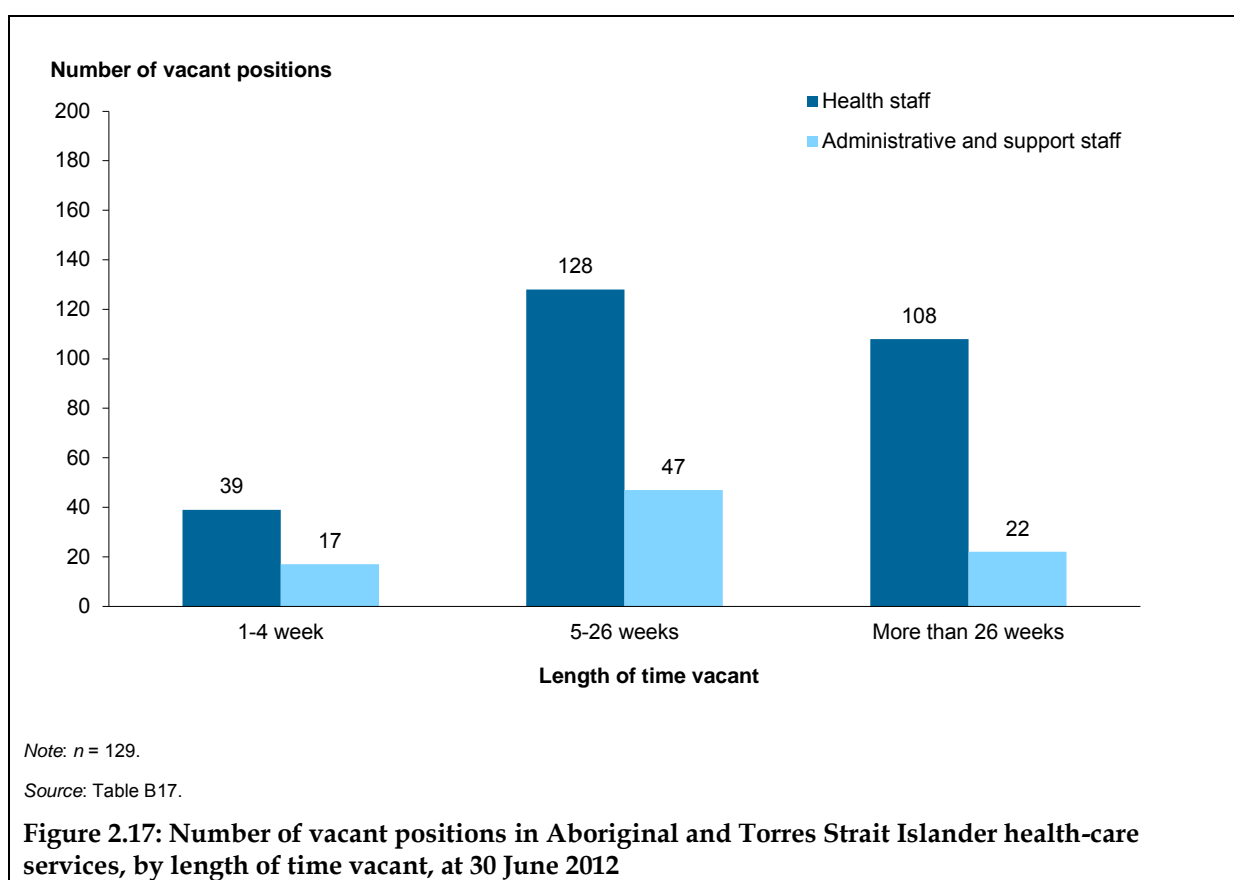
Table 2.3: Number of vacant full-time equivalent positions, by state and territory, at 30 June 2012

Type of position	State/territory						Total
	NSW and ACT	Vic and Tas	QLD	WA	SA	NT	
Number of vacant full-time equivalent							
Administrative and support staff	7	5	18	21	7	21	79
Health staff	57	16	41	62	15	69	261
Total	64	21	59	84	22	90	339
Percentage of vacant full-time equivalent							
Administrative and support staff	2.1	1.5	5.3	6.3	1.9	6.1	23.2
Health staff	16.8	4.7	12.0	18.4	4.5	20.3	76.8
Total	18.9	6.2	17.3	24.7	6.4	26.4	100.0

Note: n = 129.

Source: AIHW analyses of OSR data collection, 2008–12.

About half of vacant health positions (47% or 128) were vacant for 5–26 weeks. Two in five vacant health positions (39% or 108) were vacant for more than 26 weeks (Figure 2.17). Over half of administrative positions (55% or 47) were vacant for 5–26 weeks and 26% (or 22 positions) were vacant for more than 26 weeks.

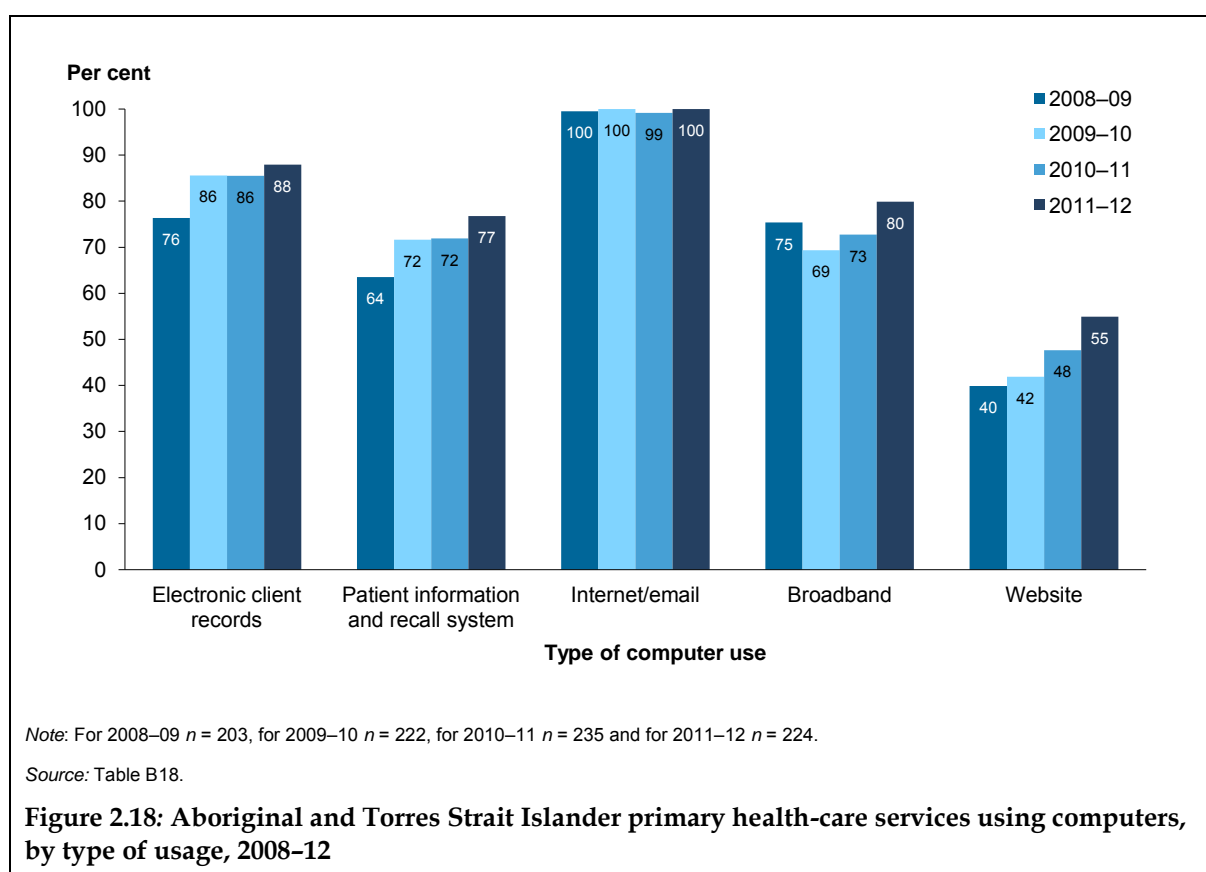


Information technology

Information technology is integral in supporting the work of primary health-care services. Electronic client records and patient information and recall systems play an important role in supporting the provision of clinical services. These systems are particularly important for patients with chronic disease. They allow practices to identify these patients and recall them as required to ensure comprehensive patient care. Email and the Internet are also useful communication tools.

All 224 Aboriginal and Torres Strait Islander primary health-care services reported using computers. Of these, 100% used email and the Internet, and 80% had a broadband Internet connection. More than half of services (55%) reported having a website, this is a gradual increase from 2008–09 (40%) (Figure 2.18).

Electronic client records were used by most services (88%), and more than two-thirds (77%) had electronic patient information and recall systems. These proportions are also higher than the previous year (86% and 72%, respectively).

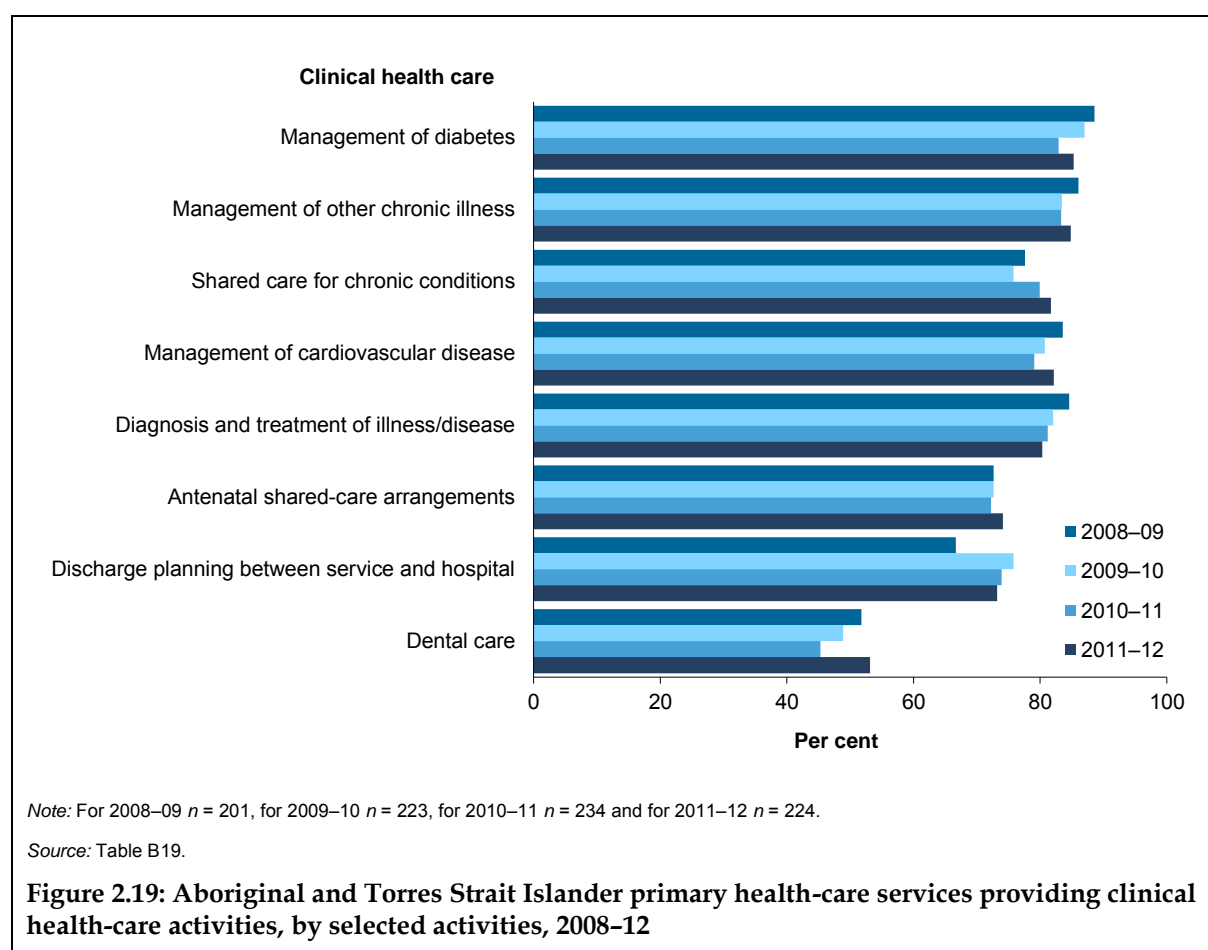


2.2 Services provided

Clinical health care

In 2011–12, 224 Aboriginal and Torres Strait Islander primary health-care services provided information on their clinical health-care activities. The ongoing management of chronic disease was a common service most services provided and included the management of diabetes (85%), other chronic illness (85%) and cardiovascular disease (82%). These proportions are slightly higher than the previous year (83%, 83% and 79%, respectively) (Figure 2.19).

About 4 in 5 services had shared-care arrangements with hospitals or relevant specialists for people with chronic conditions (82%), and provided diagnosis and treatment of illness and disease (80%). Nearly three-quarters (74%) had shared care arrangements with hospitals for women accessing antenatal care. These proportions are similar to the previous year (80%, 81% and 72%, respectively). Over half (53%) of services provided access to dental care. This proportion is higher than the previous year (45%).



Aboriginal and Torres Strait Islander people also access mainstream health services. For example, in 2010–11, MBS services claimed by Indigenous Australians for all MBS services were 14,275 per 1,000 people, whereas it was 13,804 for non-Indigenous people. In the same year, Indigenous Australians claimed MBS services for non-referred GP services at a rate of

6,376 per 1,000 people, compared with 5,462 per 1,000 by non-Indigenous Australians (AIHW 2013a).

Aboriginal and Torres Strait Islander people still access hospital services for health problems that can be treated at primary health-care settings. In 2011–12, 336,729 Indigenous Australians attended public hospital emergency departments and over 90,000 Indigenous Australians attended emergency departments for selected potentially avoidable conditions (SCRGSP 2013).

Population health programs

Health promotion is the process of enabling people to increase control over and to improve their health (WHO 1986). It can play an important role in bringing about behavioural change at both the individual and community level. In 2011–12, health promotion and education activities were offered by 94% of services.

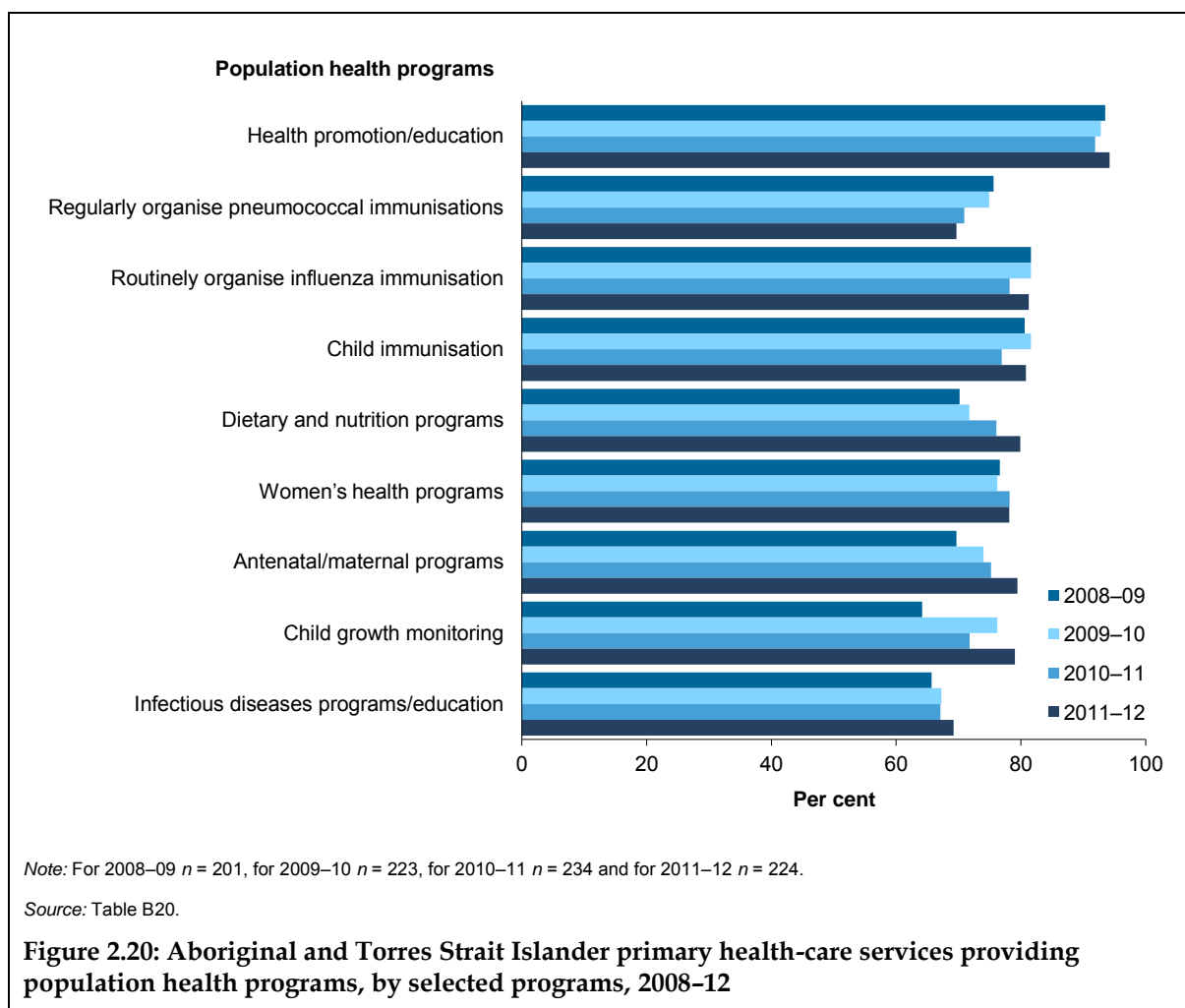
Immunisation is a proven tool for controlling, and even eradicating, disease (WHO 2011). Four-fifths of primary health-care services provided immunisation programs that focused on influenza immunisation (81%), child immunisation (81%) and pneumococcal immunisation (70%). Most services maintained immunisation and vaccination registers (81%). These proportions are similar to the previous year (78%, 77%, 70% and 81%, respectively).

Four in five services (80%) offered dietary and nutrition programs and 69% offered programs and education about infectious diseases (Figure 2.20). Again, these proportions are similar to the previous year (76% and 67%, respectively).

Child and maternal health services

Maternal health has an impact on the health of a developing fetus and can have long-term consequences into childhood and adult life.

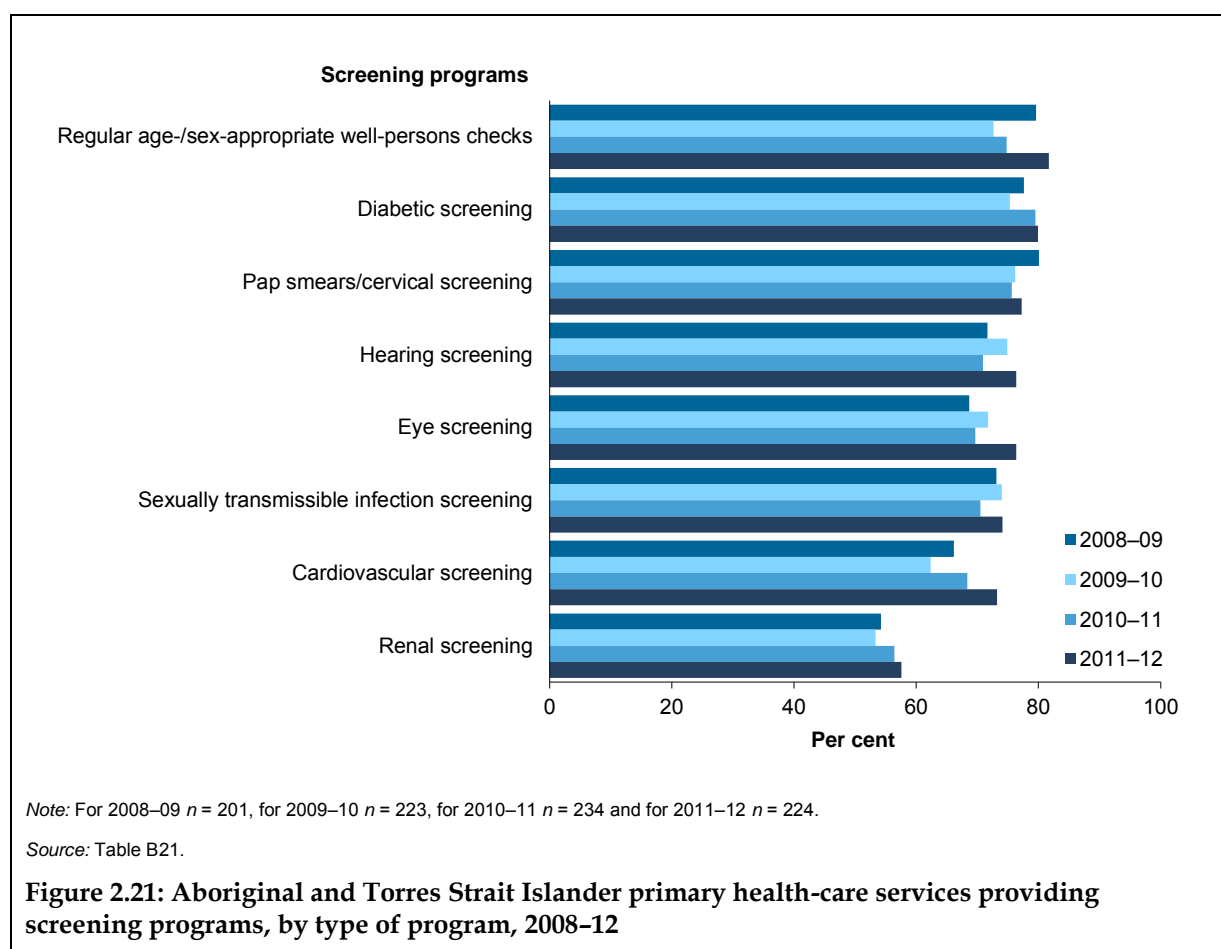
In 2011–12, 78% of services provided women's health programs, 80% antenatal and maternal health programs and 79% child growth monitoring. Proportions are generally similar to, or higher than, the previous year (78%, 75% and 72%, respectively).



Screening programs and health checks

Screening programs to identify the presence or risk of a disease aim to reduce the burden of the disease in the community, including the incidence of the disease, morbidity from the disease or mortality (SSAPHDPC 2008).

Primary health-care organisations provided a range of organised screening programs. In 2011-12, most widely offered population screening programs were regular age- or sex-appropriate well-person checks (82%) and diabetic screening (80%). Pap smears and cervical screening were provided by 77% of services. More than three-quarters of services provided eye screening (76%) and hearing screening (76%). These proportions are higher than in the previous year (70% and 71%, respectively) (Figure 2.21).



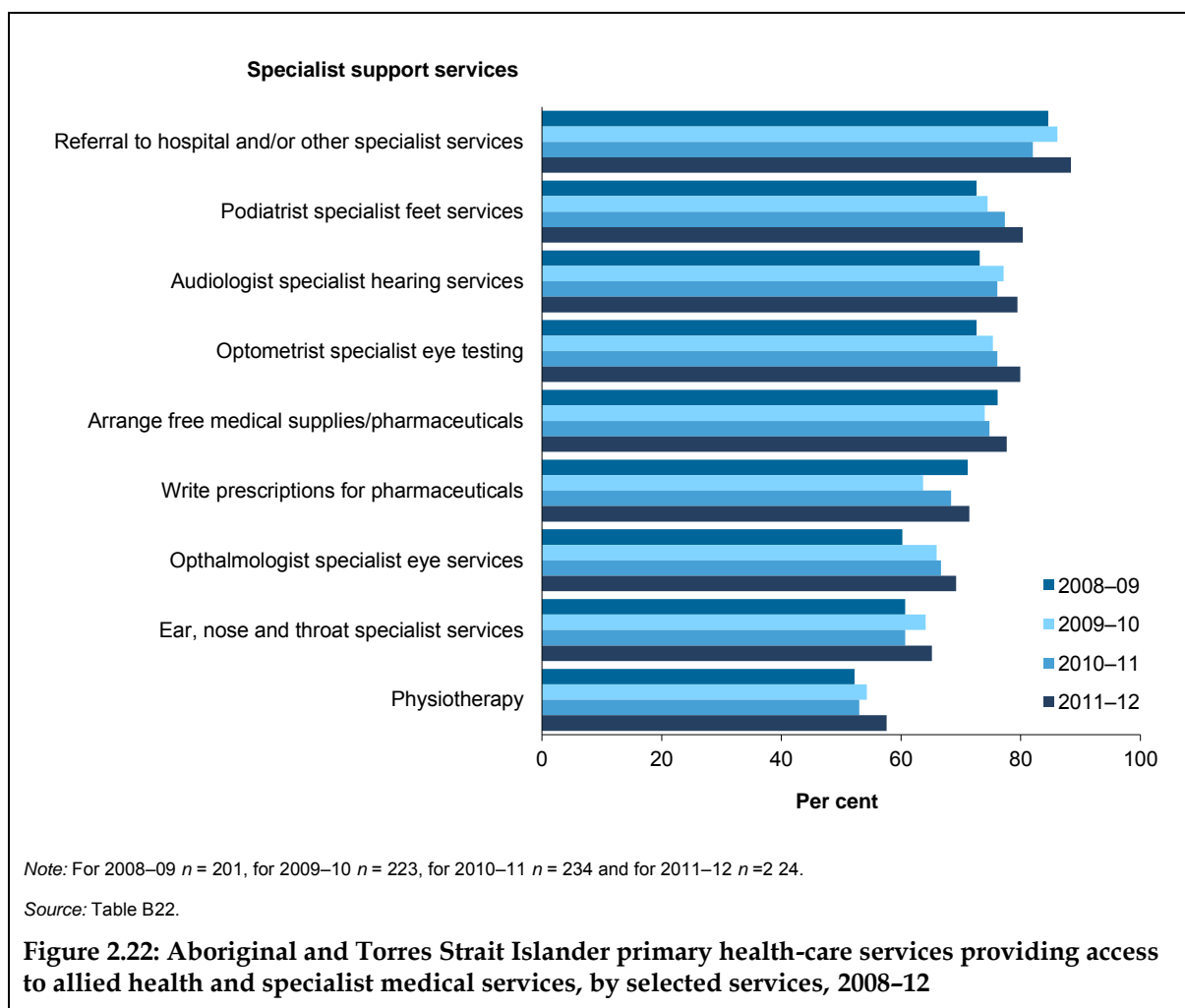
Access to allied health and specialist services

Facilitating access to allied health and specialist medical services is one way individual services can improve the range of services available to clients. All Aboriginal and Torres Strait Islander primary health-care services provided information about access to their allied health and specialist services. In 2011–12, most (93% or 208) services provided access to one or more allied health and specialist medical services – mainly provided by visiting health professionals – with varying frequency and duration of visits among different services.

The most common allied health services available were audiologist, optometrist and podiatrist (all 80%). These proportions are slightly higher than the previous year (76%, 76% and 77%, respectively).

Physiotherapy services were available at just over half of all primary health-care services (58%), which is a higher proportion than the previous year (53%).

The most common specialist services available were ear, nose and throat services (65%) and ophthalmologist services (69%). These proportions are higher to the previous year (61% and 67%, respectively). Most provided referral to hospital and/or other specialist services (88%). About 7 in 10 (71%) provided prescriptions for pharmaceuticals and 78% arranged the provision of free medical and pharmaceutical supplies (Figure 2.22).



Health-related community services

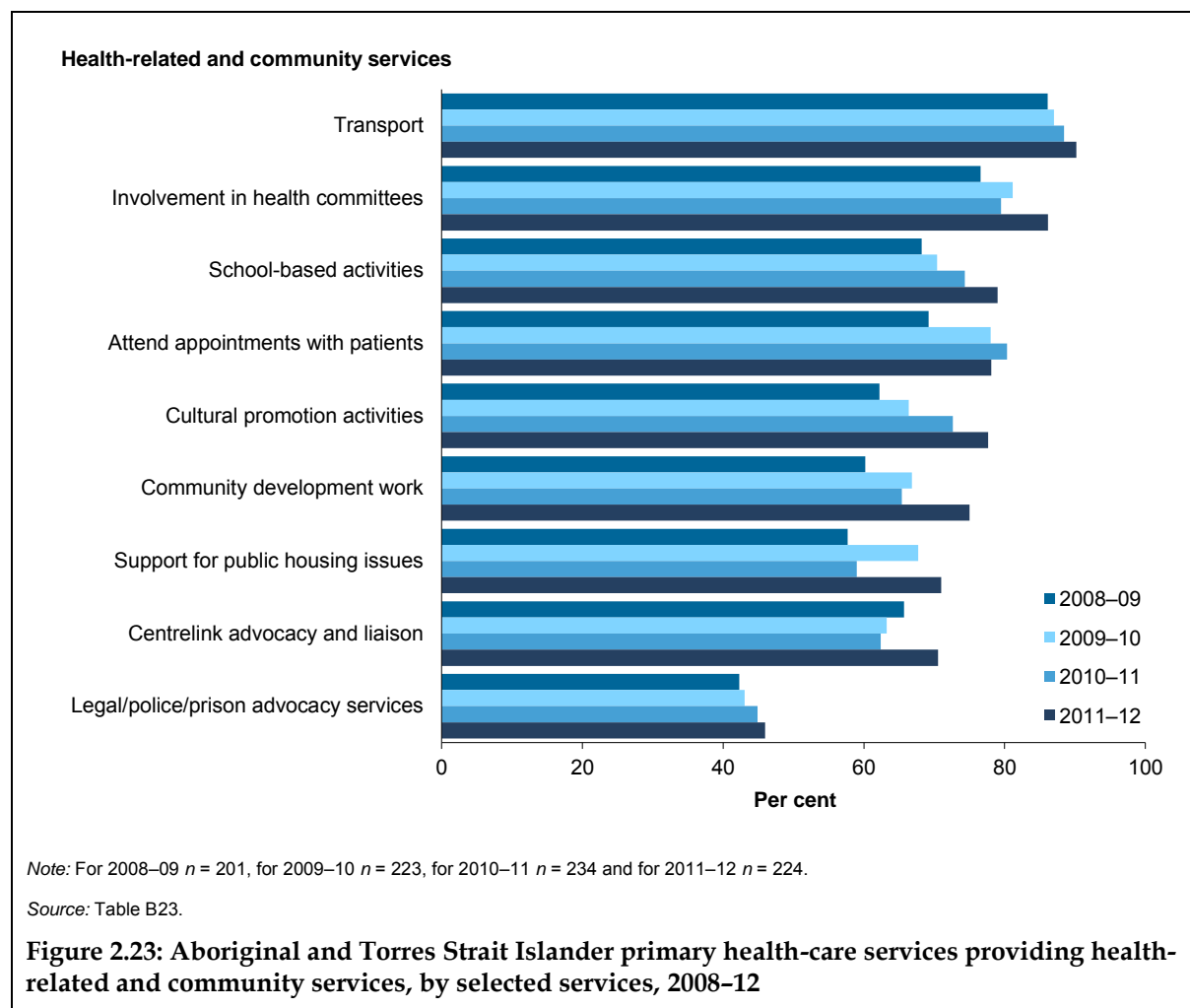
In keeping with the recognition that health is not just about physical wellbeing, but also incorporates the social, emotional and cultural wellbeing of the whole community, Aboriginal and Torres Strait Islander primary health-care services also provide health-related community support services. These may cover a range of services including: community development work; school-based activities; advocacy (for example, around legal, public housing, Centrelink and disability issues); cultural promotion activities; and transport.

In 2011–12, all services provided information on their health-related community services. About 4 in 5 services ran school-based activities (79%) and cultural promotion activities (78%). Three-quarters were involved in community development work (75%). These proportions are higher than in the previous year (74%, 73% and 65%, respectively).

Advocacy and liaison were other community service functions performed by many services. About 7 in 10 services provided advocacy and liaison for clients in dealing with Centrelink (71%) and support for public housing issues (71%), and nearly half of services (46%) provided advocacy services for their clients in dealing with the justice system.

Many services provided logistical assistance and support to clients attending medical appointments. Most services (90%) provided transport to medical appointments, while about

2 in 5 services (39%) provided medical evacuation services. Eight in ten services (78%) had staff available to attend medical appointments with patients (Figure 2.23).



Substance use treatment and assistance

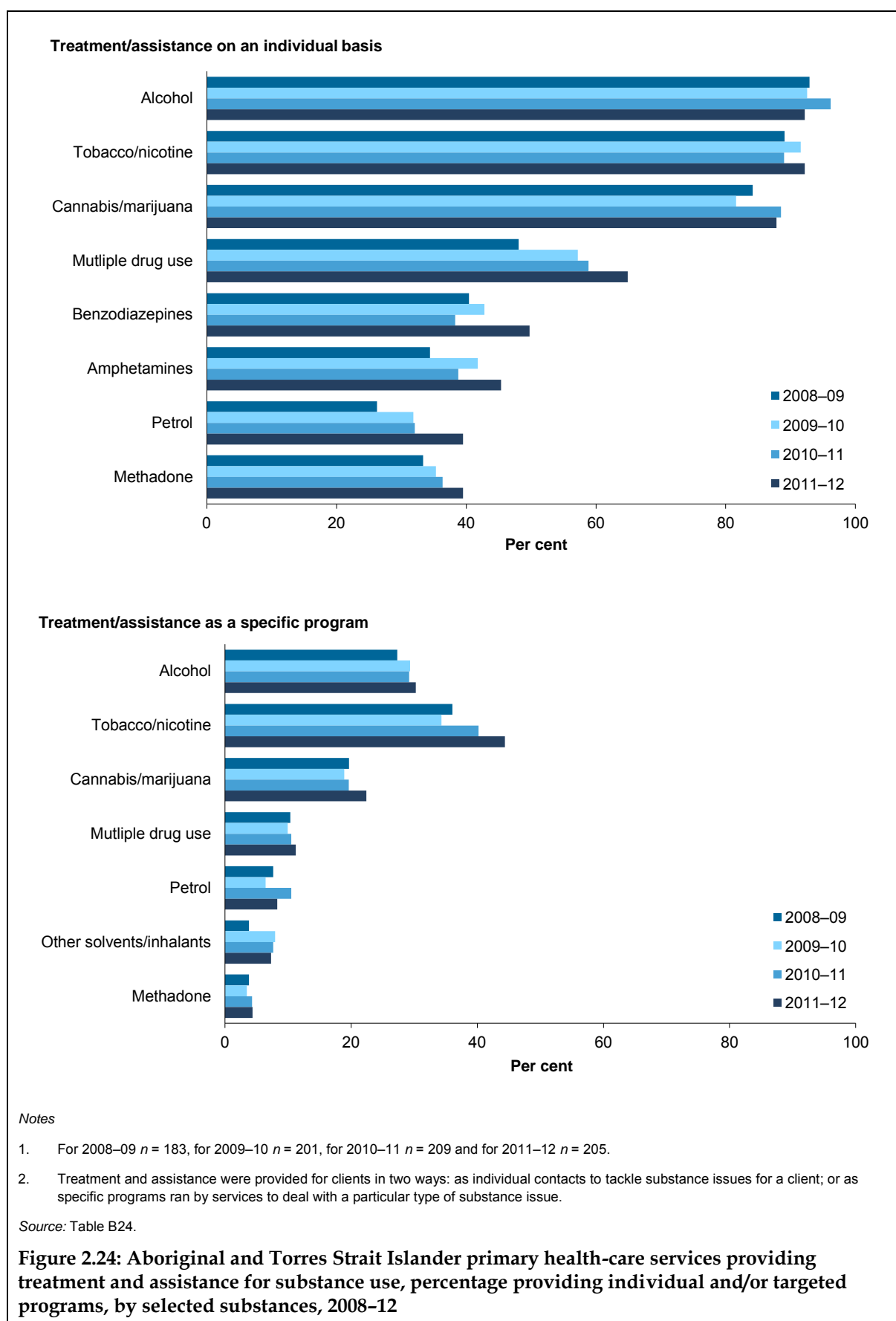
In 2011-12, most (92% or 205) Aboriginal and Torres Strait Islander primary health-care services reported providing treatment or assistance to clients for a range of substance use issues. This was mainly provided to individual clients, although some services did run programs specifically for different types of substances.

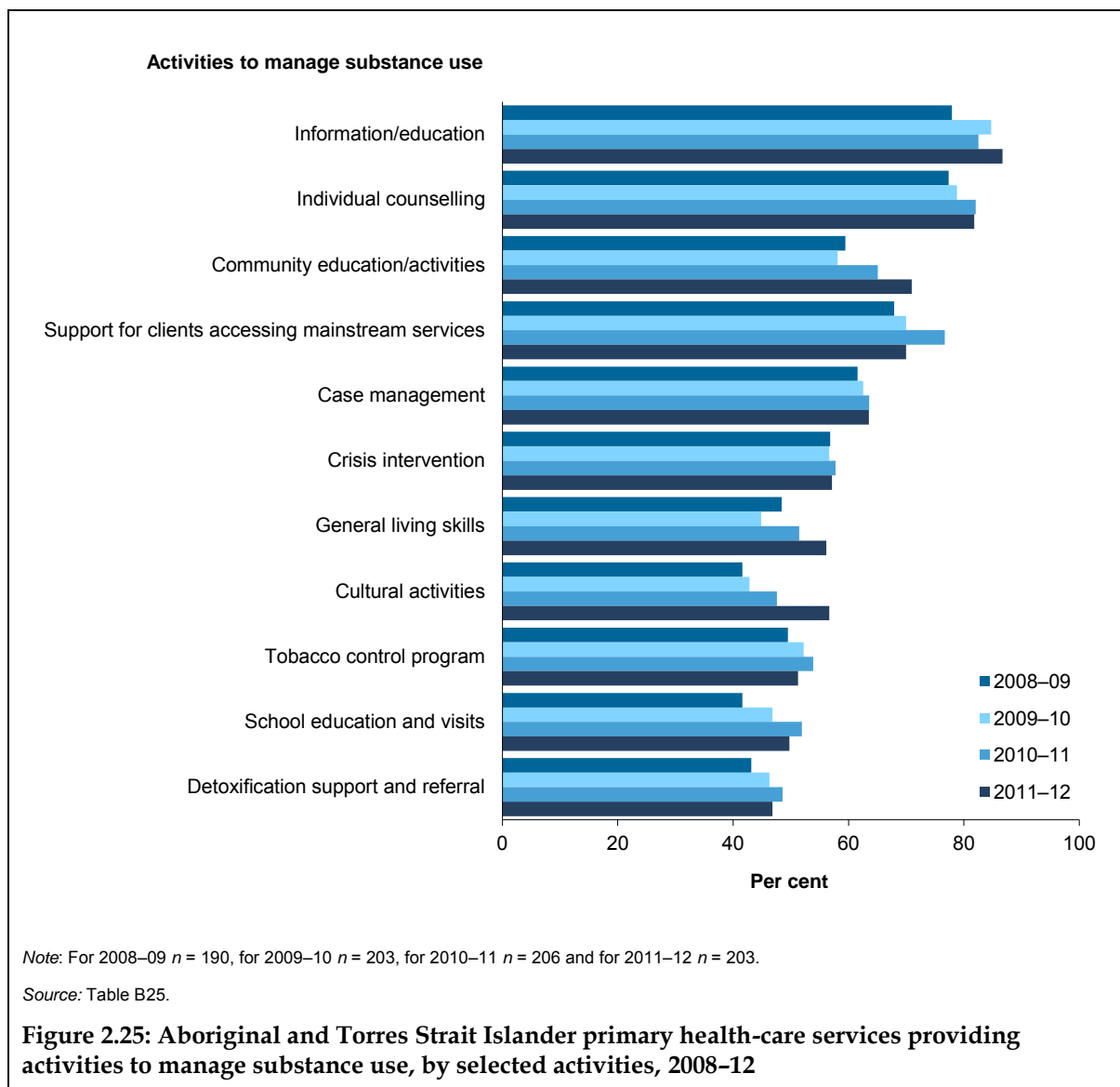
Alcohol, and tobacco and nicotine were the most common substances for which treatment or assistance was provided. Most services that offered treatment or assistance for substance use issues to individual clients did so for alcohol (92% or 189), tobacco and nicotine (92% or 189), and cannabis and marijuana (88% or 180). These proportions are similar to the previous year. From 2008-09 to 2011-12, there was an increase in services that provided treatment or assistance for a few types of substances such as multiple drug use (from 48% to 65%), benzodiazepines (from 40% to 50%) and petrol (from 26% to 40%) (Figure 2.24).

Over 2 in 5 services (44% or 91) that provided treatment for substance use issues also provided specific programs for tobacco and nicotine combined. Programs for alcohol alone were provided by almost 3 in 10 services (30% or 62), while 1 in 5 services (22% or 46) provided programs for cannabis and marijuana. Proportions are generally similar to the

previous year, although the proportion of services providing programs for tobacco and nicotine combined is higher (44% compared with 40%).

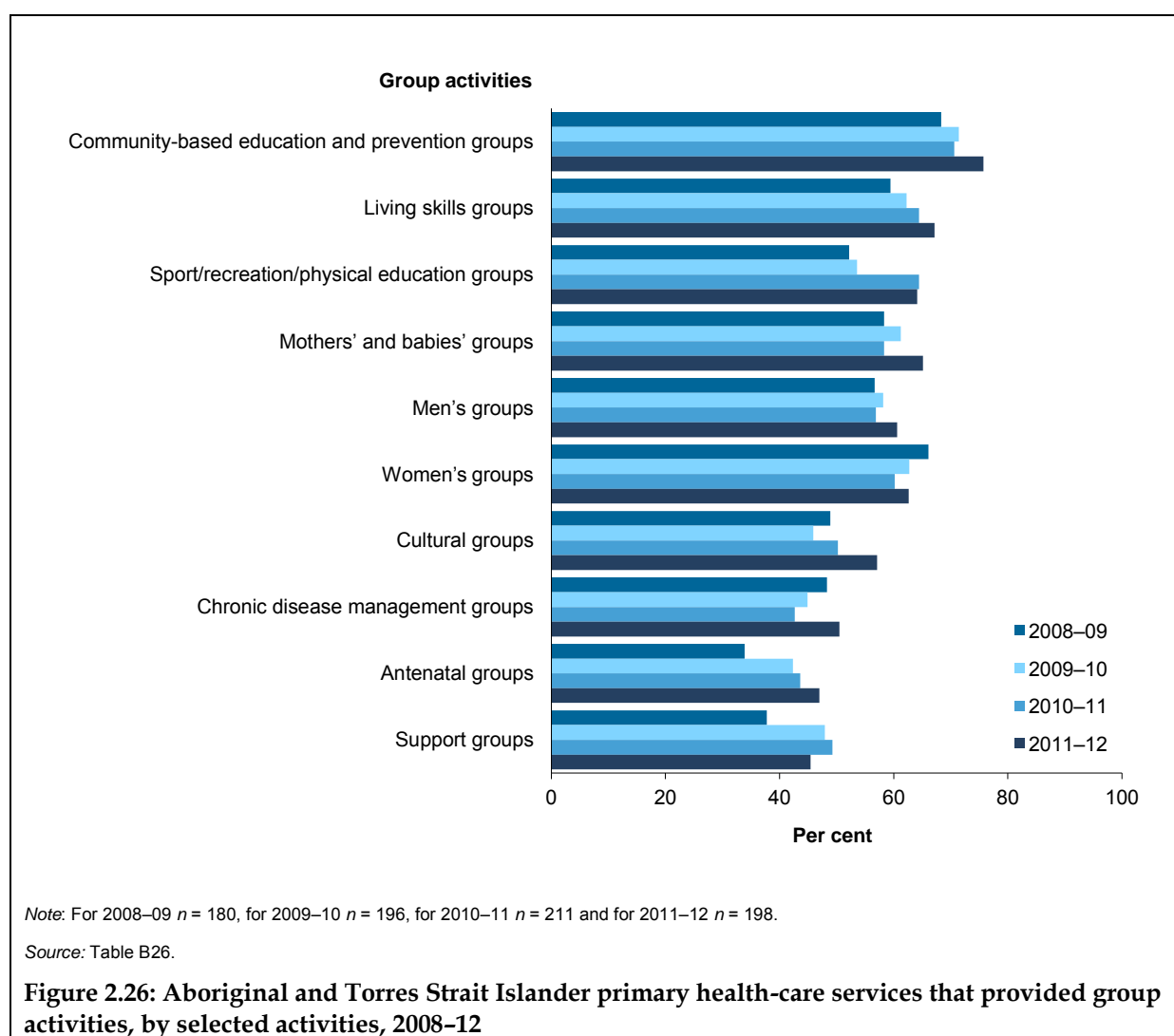
In 2011–12, most Aboriginal and Torres Strait Islander primary health-care services (91% or 203) provided one or more activities to tackle substance use issues. The most common activities were providing information and education about substance use (87% or 176), and individual counselling (82% or 166). Seven in ten services provided community education and activities (71%) and support for clients accessing mainstream services (70%), while more than 3 in 5 provided case management of clients (64%). The proportion of services providing activities is generally similar to previous years, although the proportions providing information and education (87% compared with 83%), community education and activities (71% compared with 65%), general living skills (56% compared with 51%) and cultural activities (57% compared with 48%) are all higher than the previous year (Figure 2.25).





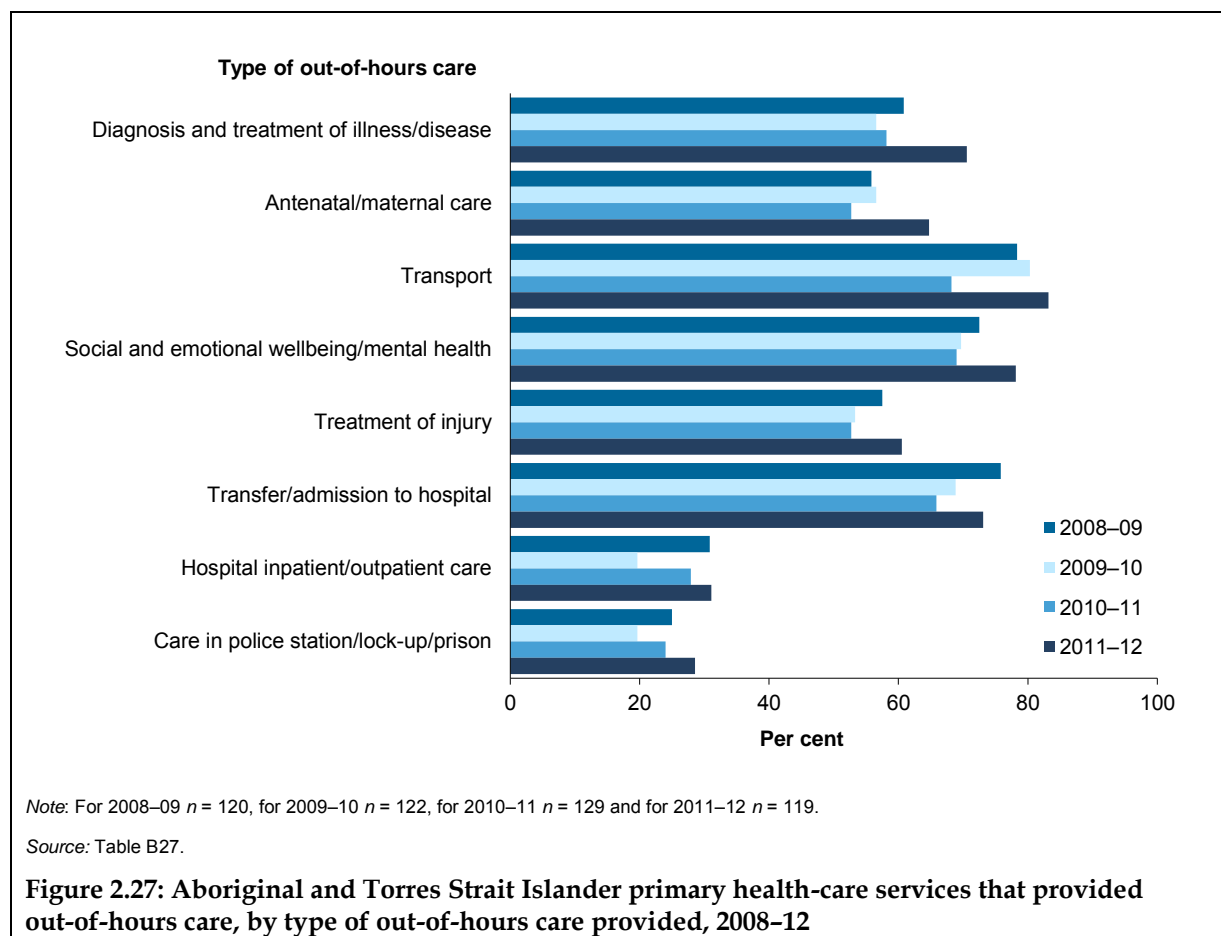
Group activities

Group activities are another way in which primary health-care services can promote and support good health. They build relationships and networks and provide opportunities for information sharing and education within a supportive environment. Group activities range from general support groups, such as living skills groups, to groups aimed at particular populations, such as antenatal groups, mothers' and babies' groups, and men's and women's groups. Most Aboriginal and Torres Strait Islander primary health-care services (88% or 198 services) ran group activities during 2011–12. Of these, three-quarters (76%) ran community-based education and prevention groups, and about two-thirds ran living skills groups (67%), mothers' and babies' groups (65%) and sport, recreation and physical education groups (64%) (Figure 2.26). The proportion of services providing particular activities is generally similar to the previous year, but there was an increase in the proportion providing community-based education and prevention groups (76% compared with 71%), mothers' and babies' groups (65% compared with 58%), cultural groups (57% compared with 50%), and chronic disease management groups (51% compared with 43%).



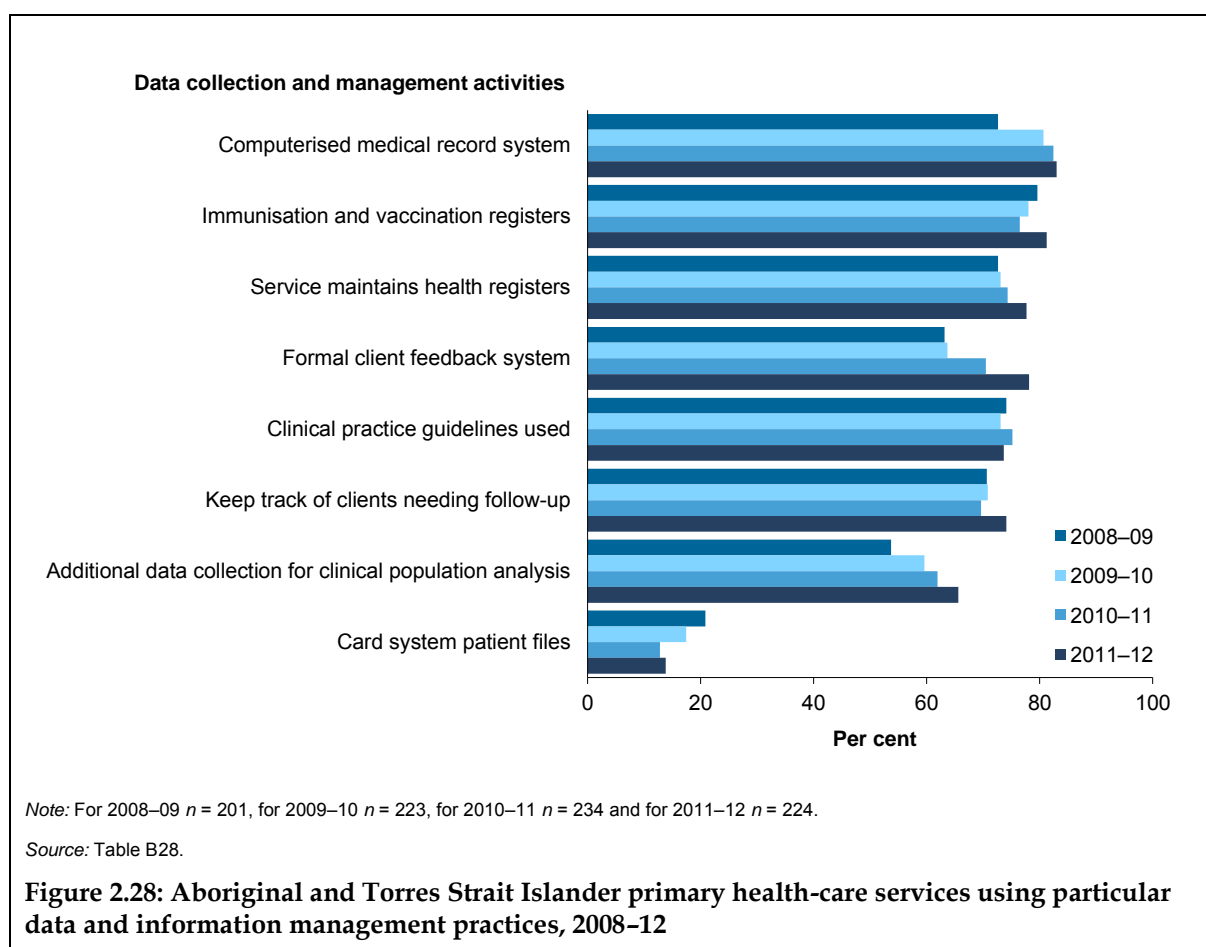
Care outside opening hours

In 2011–12, just over half of these services (53%) provided care to clients outside usual opening hours. Of those providing out-of-hours care, 4 in 5 services provided transport (83%) and care for social and emotional wellbeing and mental health issues (78%). Those proportions are higher than the previous year (68% and 69%, respectively). About 7 in 10 provided transfer or admission to hospital (73%), and diagnosis and treatment of illness and disease (71%). Those proportions also increased from the previous year (66% and 58%, respectively). Three in five services providing out-of-hours care did so for antenatal/maternal care (65%) and treatment of injury (61%) (Figure 2.27).



Data collection and management

Services had a variety of data collection and management practices and clinic operational practices. Most services (83%) used a computerised medical record system. Nearly 4 in 5 (78%) services maintained health registers – a higher proportion to the previous year (74%). Nearly two-thirds (66%) conducted additional data collection for clinical population analysis – a gradual increase from 2008–09 (54%). Three-quarters of services operated a formal client feedback system (78%), used clinical practice guidelines (74%) and kept track of clients requiring follow-up (74%) (Figure 2.28).



2.3 Clients

This section looks at the total number of clients of Aboriginal and Torres Strait Islander primary health-care services, as well as data that reflects health-care provision, namely episodes of care and client contacts.

Client numbers

Some services have difficulty in providing accurate client numbers and therefore these figures are considered an estimate. It should also be noted that some individuals may be clients at more than one service – especially in non-remote areas – and that the aggregated count is likely to be an overestimate of the total clients of all services. In 2011–12, most (94% or 211) Aboriginal and Torres Strait Islander primary health-care services reported on their individual client numbers. These services saw about 445,000 clients. This is 3% higher than in the previous year (430,000).

One-quarter of all clients visited services in New South Wales and the Australian Capital Territory combined (25%) and Queensland (25%). About 1 in 5 visited services in Western Australia (20%) and the Northern Territory (17%). The remainder visited services in Victoria and Tasmania combined (8%) and South Australia (5%) (Table 2.4). These proportions are generally similar to the figures for previous year: New South Wales and the Australian Capital Territory combined (28%), Queensland (20%), Western Australia (18%), the Northern Territory (19%), Victoria and Tasmania combined (9%) and South Australia (6%). About 4 in 5 (79% or 350,000) clients were Indigenous. This is similar to the previous year (77%).

Table 2.4: Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, state and territory, 2011–12

Indigenous status	NSW/ACT	Vic/Tas	Qld	WA	SA	NT	Total (number)	Total (per cent)
Aboriginal or Torres Strait Islander clients	84,989	23,584	86,361	74,383	17,204	63,814	350,335	78.7
Non-Indigenous clients	24,401	7,262	22,732	14,086	2,797	11,885	83,163	18.7
Unknown Indigenous status of clients	2,590	4,231	1,942	1,831	381	946	11,921	2.7
Total clients (number)	111,980	35,077	111,035	90,300	20,382	76,645	445,419	100.0
Total clients (per cent)	25.1	7.9	24.9	20.3	4.6	17.2	100.0	
Indigenous clients as a proportion of total Indigenous population	48.4	40.0	51.7	94.8	54.8	90.6	60.2	

Notes

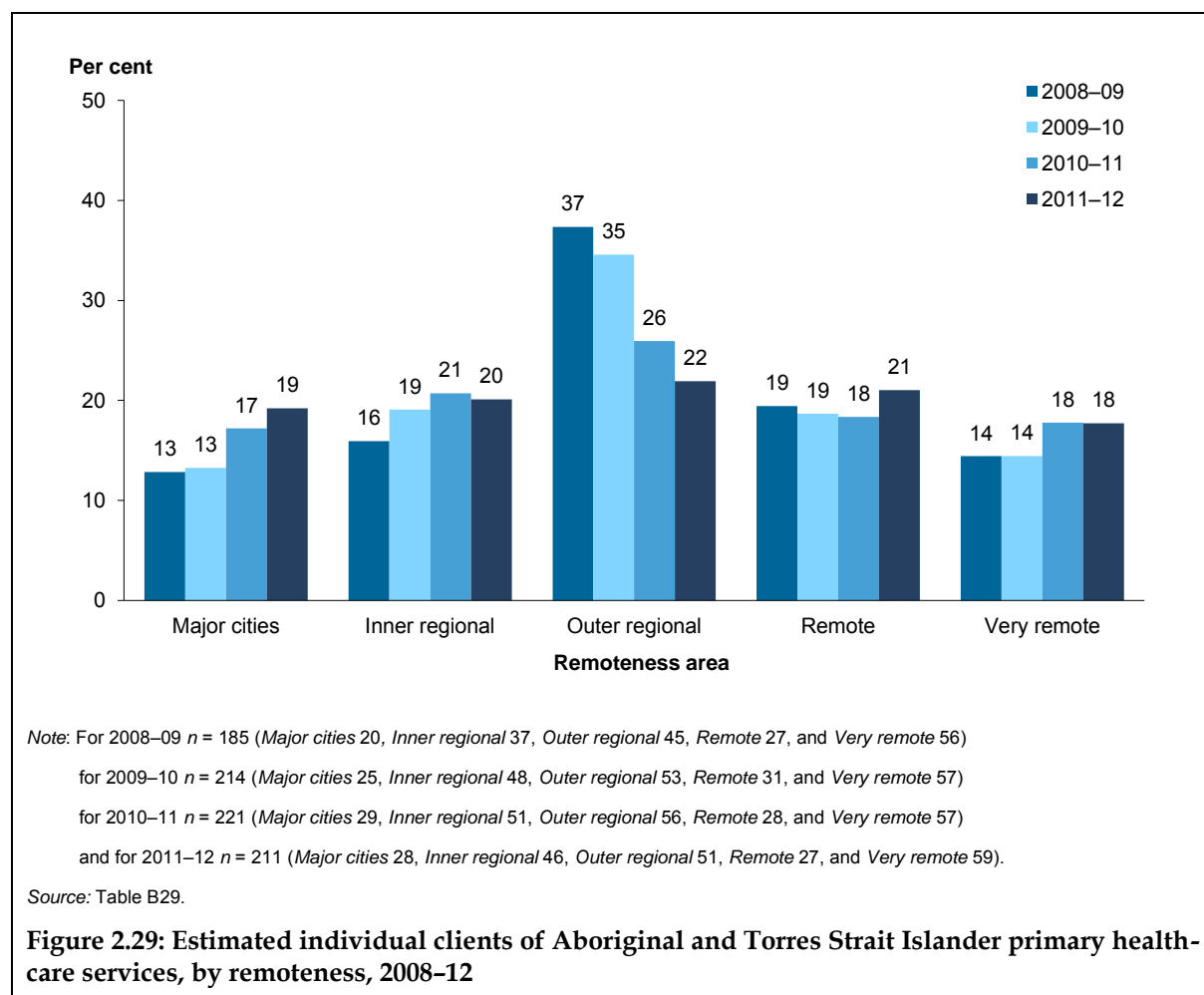
1. $n = 211$.
2. The number of clients refers to individual clients and does not include clients who attended groups only.
3. Data for the Australian Capital Territory has been combined with data for New South Wales and data for Tasmania with data for Victoria, due to the small number of services in the ACT and Tas.

Source: AIHW analyses of OSR data collection, 2008–12.

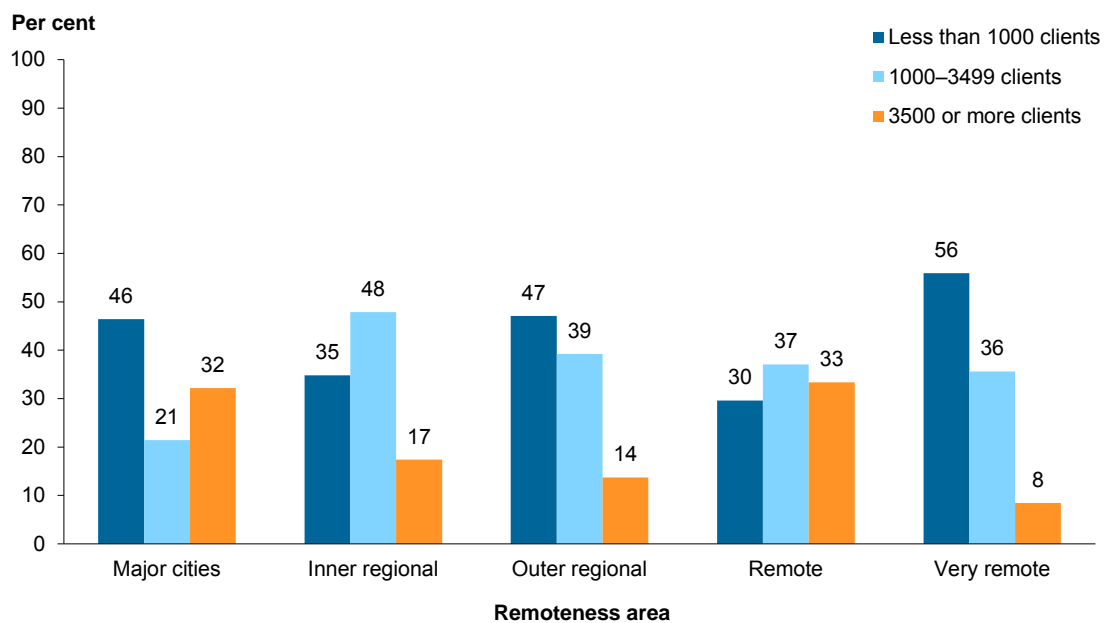
Client numbers varied by remoteness. Services located in *Outer regional* areas saw 22% of all clients, while services in *Major cities* saw 19%. This was despite the Aboriginal and Torres Strait Islander population in *Outer regional* areas being relatively smaller than that of *Major cities*, and similar to that of *Inner regional* areas (Aboriginal and Torres Strait Islander Social

Justice Commissioner 2009). The distribution reflects the larger number of primary health-care services located in *Outer regional* Australia (53 compared with 33 in *Major cities*). The proportion of clients seen by services in *Outer regional* areas gradually decreased from 2008–09 to 2011–12 (from 37% to 22%) and services in *Major cities*, *Inner regional* and *Very remote* areas had a higher proportion of clients (from 13% to 19%, 16% to 20%, and 14% to 18%, respectively) (Figure 2.29).

The proportion of clients who were Indigenous varied little with remoteness. However, services in *Inner regional* areas had a lower proportion of Aboriginal and Torres Strait Islander clients than other geographical areas (70% of their total client base, compared with 79% overall).



The number of clients visiting each Aboriginal and Torres Strait Islander primary health-care service varied by remoteness. In 2011–12, in *Very remote* areas, 56% of services had less than 1,000 clients and only 8% of services had more than 3,500 clients. One-third (33%) of services located in *Remote* areas had more than 3,500 clients and 30% had less than 1,000 clients (Figure 2.30).

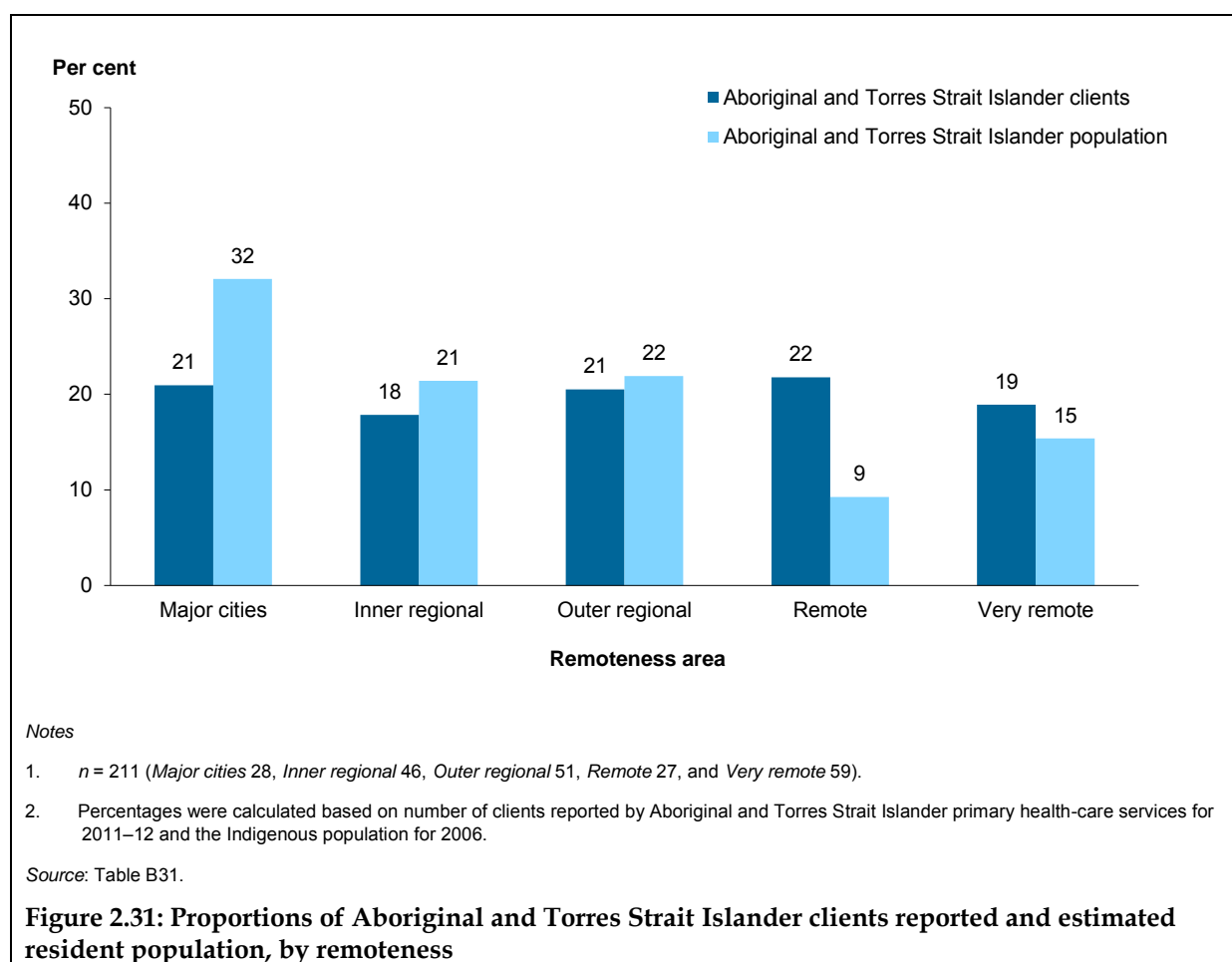


Note: n = 211 (Major cities 28, Inner regional 46, Outer regional 51, Remote 27, and Very remote 59).

Source: Table B30.

Figure 2.30: Aboriginal and Torres Strait Islander primary health-care service, by number of clients reported and remoteness, 2011–12

Overall Indigenous Australians represent an estimated 3% of the total Australian population in 2011 (ABS 2012). In 2006, 32% of Indigenous Australians lived in *Major cities*, 9% lived in *Remote* and 15% lived in *Very remote* areas (note: 2011 Census estimates are not yet available by remoteness). The distributions of Aboriginal and Torres Strait Islander clients by the location of service show that 21% of clients were in *Major cities*, 22% in *Remote* and 19% in *Very remote* areas (Figure 2.31).



Episodes of care

An episode of care represents the contact between an individual client and one or more staff members of a service for the purposes of health care (for example, for sickness, injury, counselling or health education). It provides one measure of the work done by health-care services. Some services find it difficult to provide accurate data on episodes of care, so the figures in this report are considered estimates. In 2011–12, most (94% or 211) Aboriginal and Torres Strait Islander primary health-care services reported on their episodes of health care. These services provided an estimated 2.6 million episodes of primary health care. This is 5% higher than the number recorded in the previous year (2.5 million).

More than half of all episodes of care were provided to female clients (59% or 1.5 million), and 41% (or 1.1 million) to male clients. Most (86% or 2.3 million) episodes of care were provided to Aboriginal and Torres Strait Islander clients and a smaller proportion (13% or 339,000) to non-Indigenous clients. These are similar to the previous year (84% and 12%, respectively). The Indigenous status of clients who received the remaining episodes of care was unknown (1%).

On average, 1 client received 6 episodes of care in 2011–12. Aboriginal and Torres Strait Islander clients received more episodes of care, on average, than non-Indigenous clients (6 compared with 4). Client of unknown Indigenous status received, on average, 3 episodes of care (Table 2.5).

Table 2.5: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status and sex, 2011–12

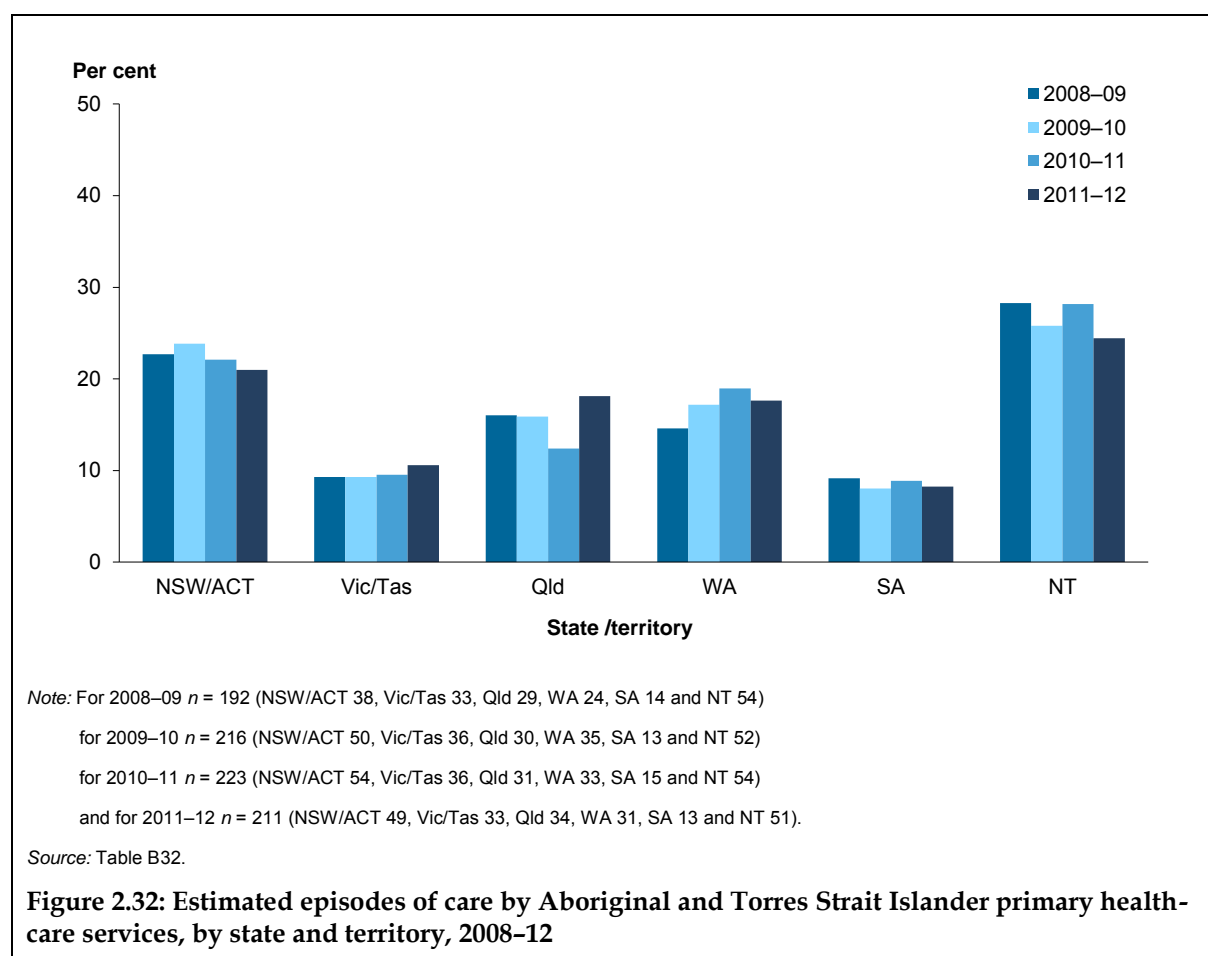
Indigenous status	Male	Female	Total (Number)	Total (per cent)	Episodes of care per client
Aboriginal and Torres Strait Islander	906,766	1,345,133	2,251,899	86.0	6.4
Non-Indigenous	155,768	182,992	338,760	12.9	4.1
Unknown Indigenous status	13,138	16,182	29,320	1.1	2.5
Total	1,075,672	1,544,307	2,619,979	100.0	5.9

Notes

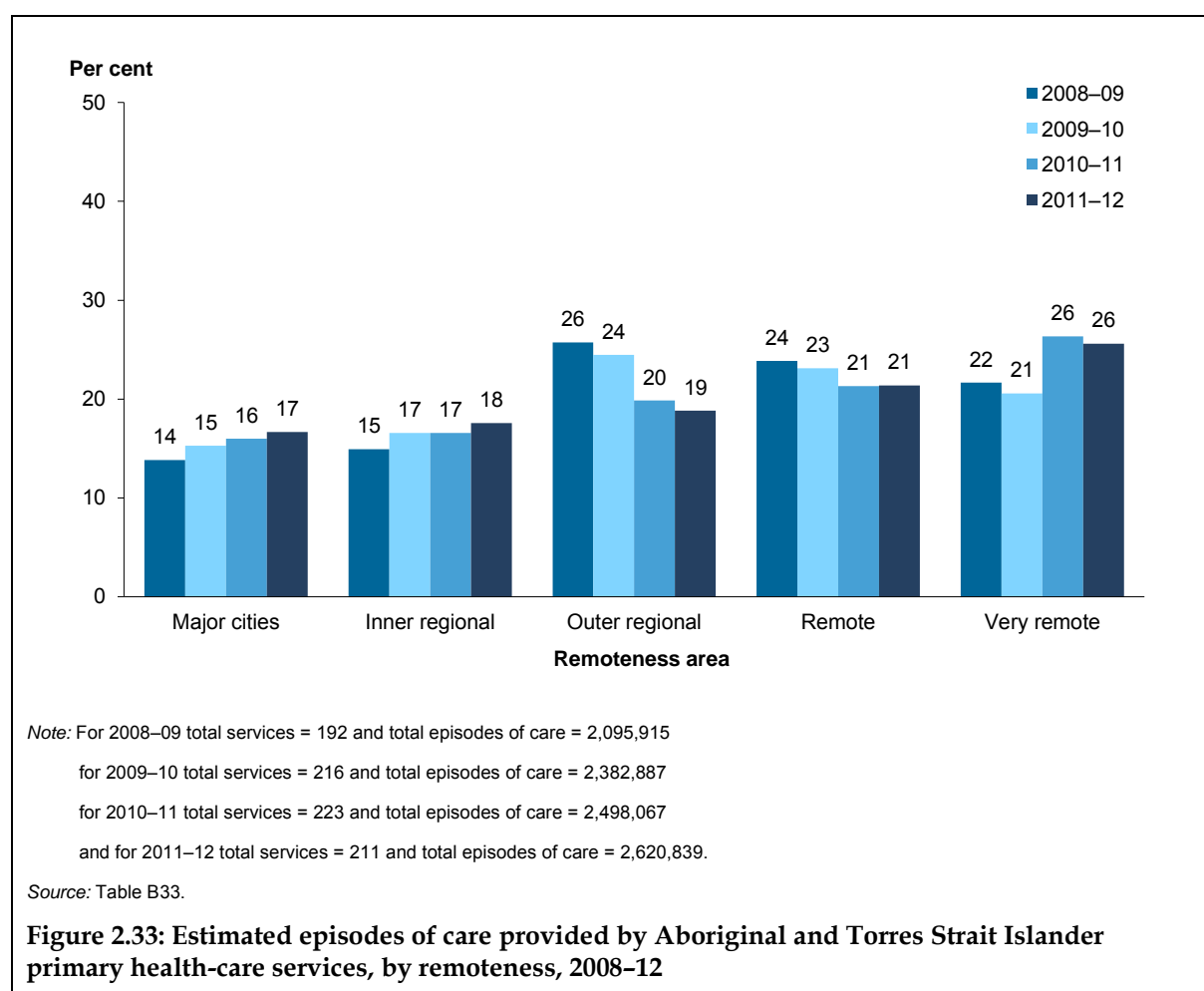
1. $n = 211$.
2. A very small number of episodes of care with sex not recorded were excluded.

Source: AIHW analyses of OSR data collection, 2008–12.

In 2011–12, clients in the Northern Territory and New South Wales (including the Australian Capital Territory), received nearly half of all episodes of care (24% and 21%, respectively). This is consistent with the number of services located in these jurisdictions, the relatively large population of Indigenous people in New South Wales, and the high proportion of Indigenous people in the Northern Territory (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009). Together, clients in Queensland and Western Australia accounted for about one-third of all episodes of care (18% and 18%, respectively) (Figure 2.32).

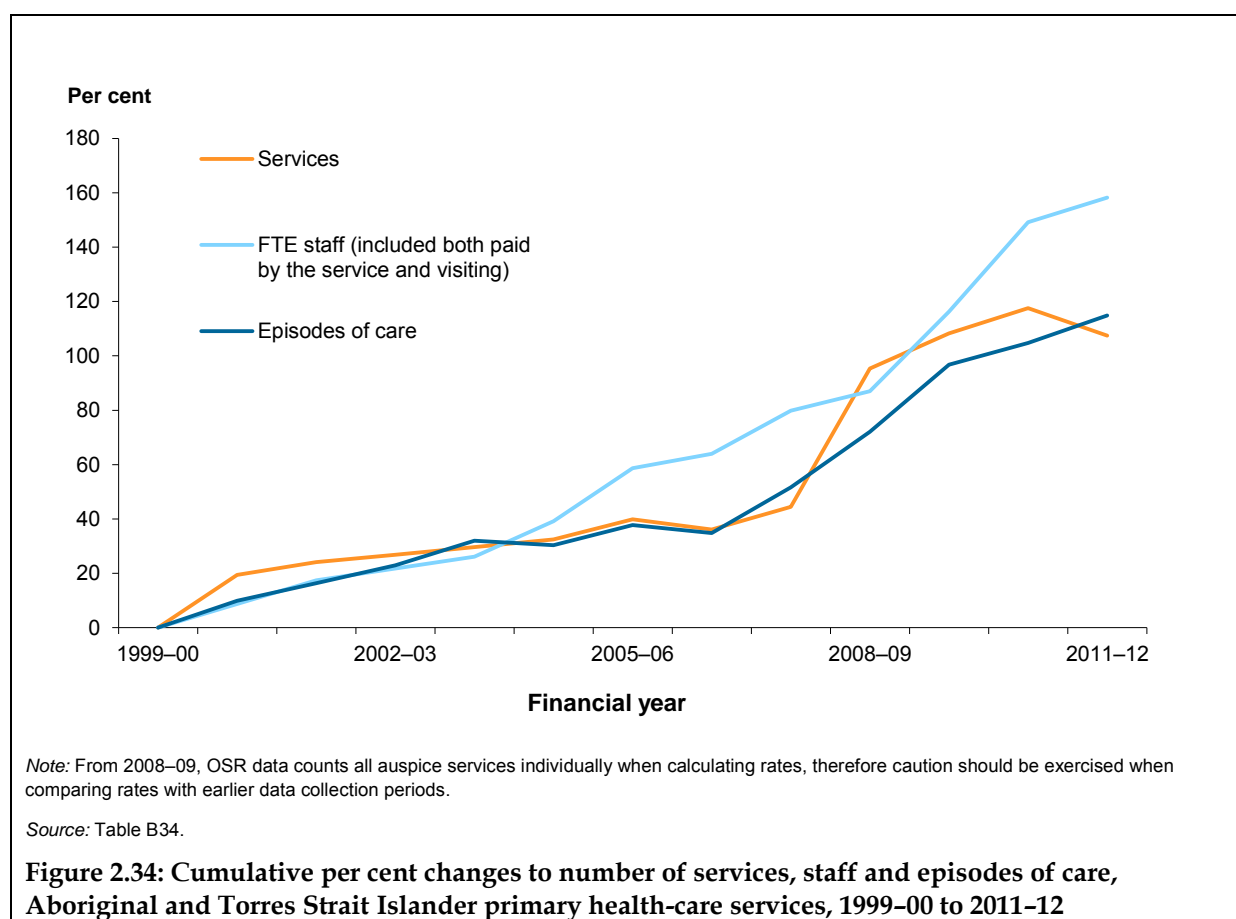


Nearly half of all episodes of health care were provided to clients by services located in *Remote* (21% or 560,000) and *Very remote* (26% or 671,000) areas combined. A further 1 in 5 episodes of care were provided in *Outer regional* areas (19% or 493,000). *Inner regional* areas and *Major cities* provided 18% and 17% of all episodes of care, respectively. The distribution of episodes of care reflects the regional distribution of services, the size and gender of the client base of each service, and Aboriginal and Torres Strait Islander client composition, and the frequency with which the clients of each service seek treatment there. The distribution by area is generally similar to the previous year; however, there is an increase in *Very remote* areas (from 22% to 26%) and a decrease in *Outer regional* areas (from 26% to 19%) over the 4-year period (Figure 2.33).



Change in number of primary health-care services, staff and episodes of care

The number of Aboriginal and Torres Strait Islander primary health-care services has increased from 108 services in 1999-00 to 224 services in 2011-12. Full-time equivalent staff (including both paid and visiting) increased by 158% during the same period and episodes of care increased by 115% from 1.2 million in 1999-00 to 2.6 million in 2011-12 (Figure 2.34).



Client contacts

Client contacts are the number of individual client contacts made by each type of worker involved in the provision of health care. It includes contacts made by visiting health professionals and those involving transport. If more than one worker (for example, a nurse and a driver) see a client, then one episode of care may result in more than one contact.

Total contacts

A health-care contact occurs when a health professional sees an individual client or provides advice over the phone. A transport contact occurs when a client is given transport by the service to see either a health professional working for the service, or another health professional. A field officer or driver usually provides this transport. As some services were unable to provide accurate or complete client contact data, these figures are likely to underestimate the number of client contacts, particularly for visiting health staff.

In 2011-12, most (97% or 217) Aboriginal and Torres Strait Islander primary health-care services reported on their client contacts. These services reported about 4 million client contacts—9% higher than the number reported in the previous year (about 3.7 million). Of these, 88% or 3.5 million were health-care contacts and about 12% or 504,000 were transport contacts. More than half of these were provided to female clients (57%), and more than one-third (43%) to male clients.

Health-care contacts

In 2011–12, 217 (97%) Aboriginal and Torres Strait Islander primary health-care services reported about 3.5 million health-care client contacts. This is 3% higher than in the previous year (3.4 million).

Nurses (33% or 1.2 million contacts), doctors (31% or 1.1 million) and AHWs (19% or 662,000) made the majority of health-care client contacts. A smaller proportion of contacts were attributable to allied health professionals and medical specialists (5% or 183,000) and social and emotional wellbeing staff (4% or 132,000). These figures are similar to those reported in 2010–11: nurses (34% or 1.1 million contacts), doctors (30% or 1.0 million) and AHWs (17% or 596,000), health professionals (5% or 180,000) and social and emotional wellbeing staff (5% or 181,000).

Health-care contacts by remoteness areas

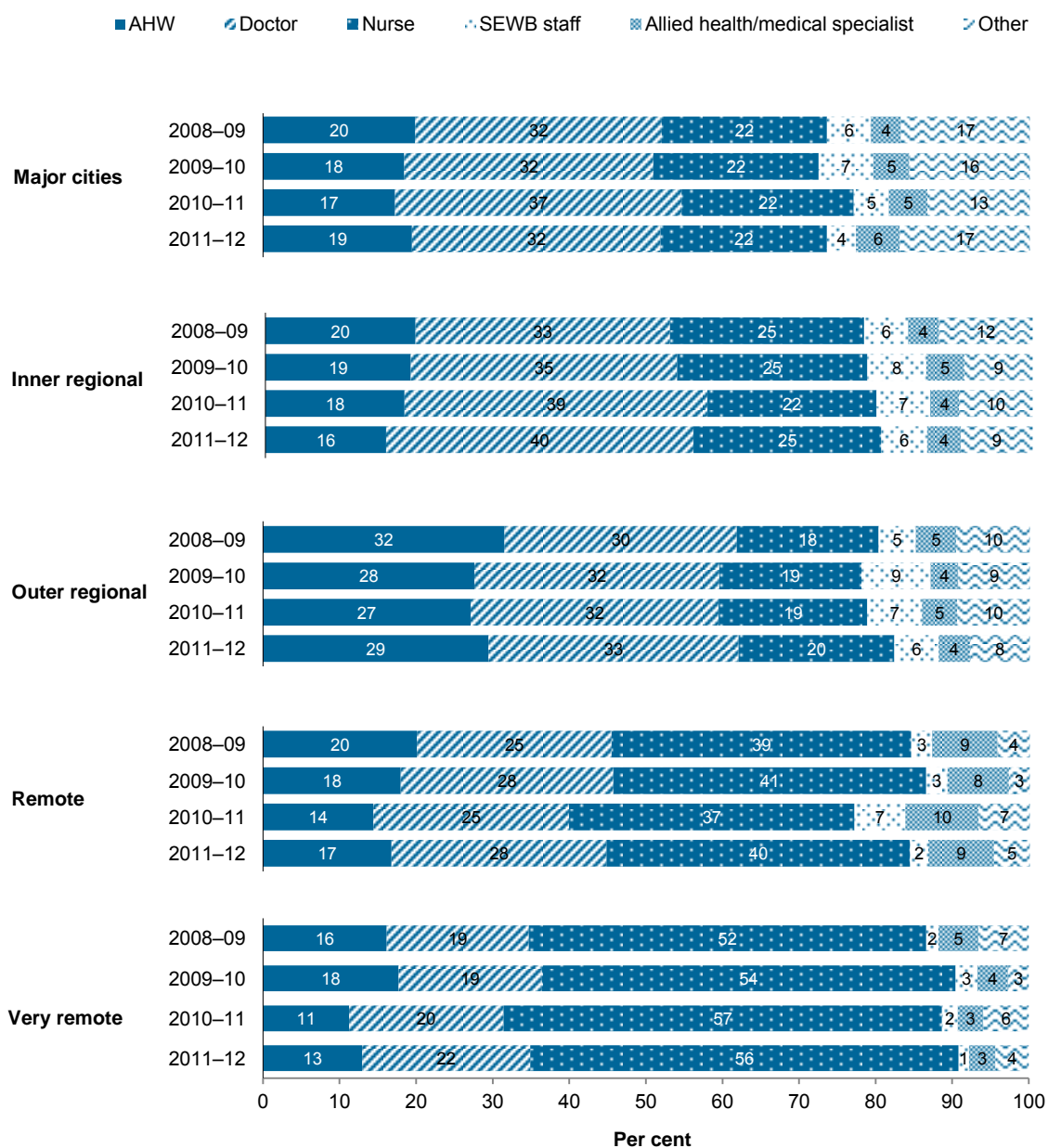
In 2011–12, staff in services in *Very remote* (23% or 814,000) and *Remote* (20% or 707,000) areas combined made nearly half of all health-care client contacts. A further 1 in 5 were made by staff in *Outer regional* areas (21% or 725,000). Health staff of services located in *Inner regional* areas (19% or 673,000) and *Major cities* (17% or 608,000) made the remaining contacts. These proportions are similar to the previous year, although health staff located in *Inner regional* areas made a higher proportion of contacts (19% compared with 15% in the previous year).

The proportion of health-care client contacts by different health professionals varied by area. Doctors made nearly one-third of all client contacts in *Major cities* (32%), *Inner regional* (40%) and *Outer regional* areas (33%), whereas nurses made about 1 in 5 contacts in these areas (22%, 25% and 20%, respectively). In contrast, nurses made a higher proportion of contacts in *Remote* and *Very remote* areas (40% and 56%, respectively). Doctors accounted for a lower proportion of client contacts in these areas (28% and 22%, respectively). This may reflect the staffing composition of primary health-care services in *Remote* and *Very remote* areas, where the core staffs of many services were nurses, with doctors visiting the services periodically to provide consultations (Figure 2.35).

AHWs provided nearly 3 in 10 health-care client contacts in *Outer Regional* areas (29%), about 1 in 5 contacts in *Major cities* (19%), *Inner regional* (16%) and *Remote* areas (17%). The distribution of contacts by different types of health workers is similar to the previous year (27%, 17%, 18% and 14%, respectively).

Transport contacts

In 2011–12, most (97% or 217) Aboriginal and Torres Strait Islander primary health-care services reported 504,000 transport contacts. One-third of these was provided by drivers or field officers in services located in *Very remote* areas (33% or 167,000), and about 1 in 5 of these was in *Remote* (19% or 97,000), *Inner regional* (18% or 91,000) and *Outer regional* areas (17% or 83,000). Staff located in *Major cities* (13% or 65,000) provided the remaining transport contacts.



Notes

1. AHW: Aboriginal and Torres Strait Islander health worker; SEWB: social and emotional wellbeing.
2. For 2008-09 $n = 190$, for 2009-10 $n = 217$, for 2010-11 $n = 225$ and for 2011-12 $n = 217$.
3. Transport contacts were excluded.

Source: Table B35.

Figure 2.35: Health-care client contacts by Aboriginal and Torres Strait Islander primary health-care services, by type of health professional and remoteness, 2008-12

Social and emotional wellbeing of clients

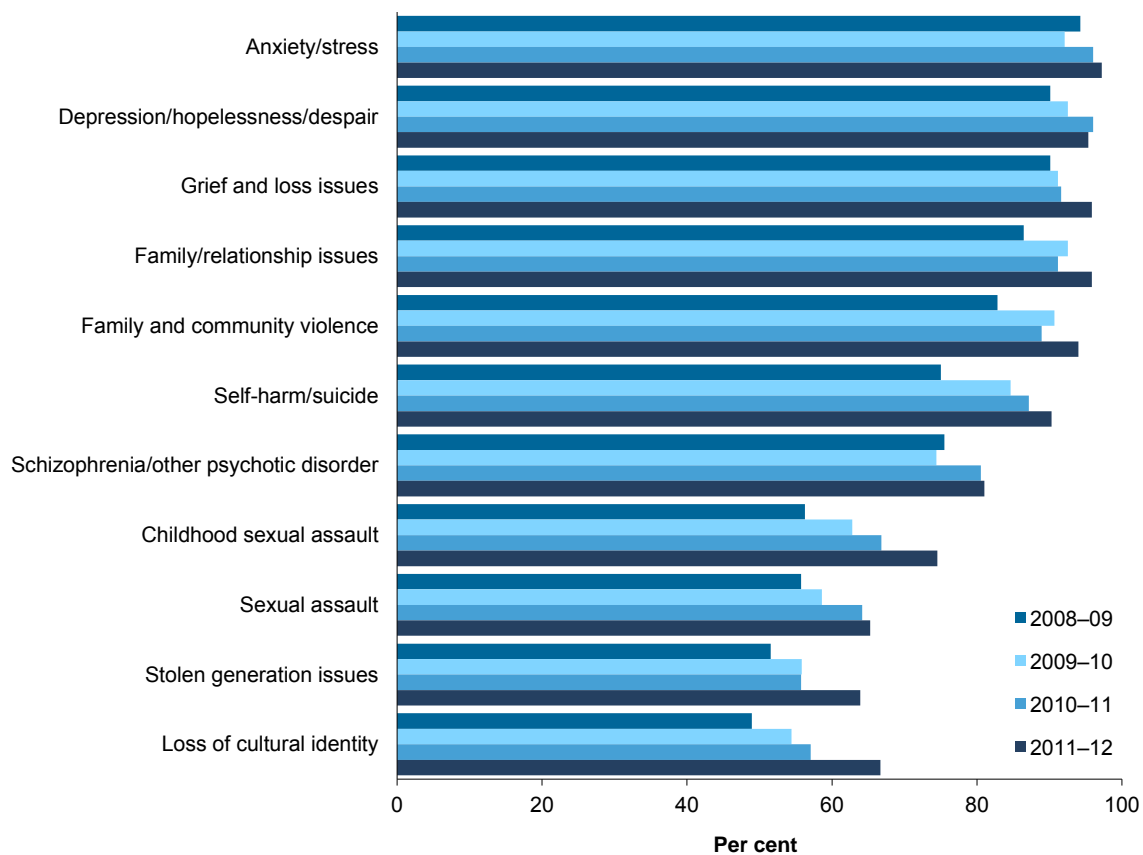
Aboriginal and Torres Strait Islander primary health-care services aim to take a holistic approach to health, in recognition that an individual's social and emotional wellbeing is integral to their health. Social and emotional wellbeing is a broad concept that can be difficult to define. It incorporates mental health, but in an Indigenous context may also include issues around cultural, spiritual and social wellbeing. It encompasses not just individual wellbeing but also family and community wellbeing. The social and emotional wellbeing of Aboriginal and Torres Strait Islanders has been identified as a priority area of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NATSIHC 2004).

In 2011–12, there were about 139,000 client contacts with social and emotional wellbeing staff (132,400) or psychiatrists (6,400) within Aboriginal and Torres Strait Islander primary health-care services. This is lower than the previous year (187,000). These do not include contacts with other staff, such as doctors or AHWs, who are not designated as social and emotional wellbeing staff. Given this, client contact numbers are likely to underestimate total access within these services to social and emotional wellbeing and mental health services that are culturally appropriate for Aboriginal and Torres Strait Islander people.

In 2011–12, almost all services (96% or 216) reported that one or more of their clients experienced social and emotional wellbeing issues. The most common issues reported by these services were: anxiety and stress (97%); grief and loss issues (96%); family and relationship issues (96%); depression, hopelessness and despair (95%); family and community violence (94%); self-harm and suicide (90%); and schizophrenia and other psychotic disorders (81%) (Figure 2.36).

Most services (97% or 217) made one or more mental health or social and emotional wellbeing activities available to their clients. The most common activities, provided by over 4 in 5 services, were family support and education (87%), short-term counselling (84%) and home visits (80%). Those proportions are higher than the previous year (79%, 77% and 79%, respectively). Ongoing counselling programs (65%) and harm reduction and suicide prevention (62%) were run in 3 in 5 services, which are also higher than the previous year (59% and 54%, respectively). A small proportion of services (3% or 7) did not offer any mental health or social and emotional wellbeing activities to their clients. (Figure 2.37).

Social and emotional wellbeing health issues

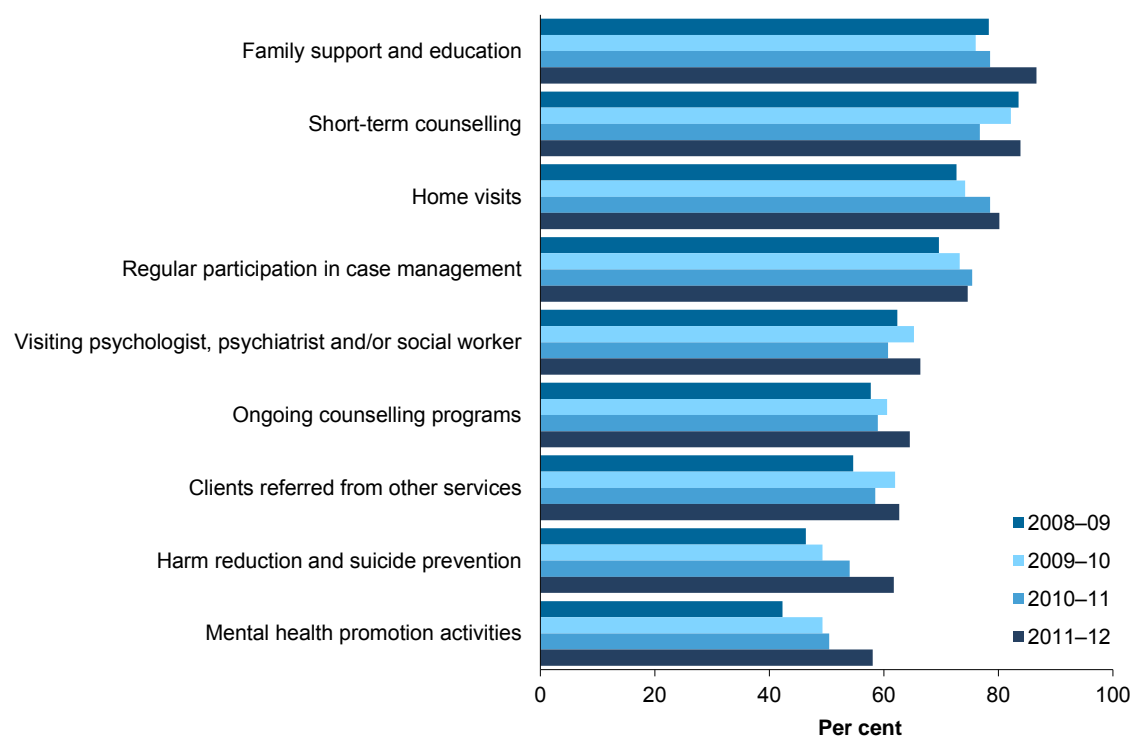


Note: For 2008-09 $n = 192$, for 2009-10 $n = 215$, for 2010-11 $n = 226$ and for 2011-12 $n = 216$.

Source: Table B36.

Figure 2.36: Aboriginal and Torres Strait Islander primary health-care services where one or more clients experienced social and emotional wellbeing issues, by selected issues, 2008-12

Mental health and social and emotional wellbeing activities



Note: For 2008-09 $n = 194$, for 2009-10 $n = 213$, for 2010-11 $n = 224$ and for 2011-12 $n = 217$.

Source: Table B37.

Figure 2.37: Aboriginal and Torres Strait Islander primary health-care services providing mental health and social and emotional wellbeing activities, by selected activities, 2008-12

3 Aboriginal and Torres Strait Islander substance use services

3.1 About substance use services

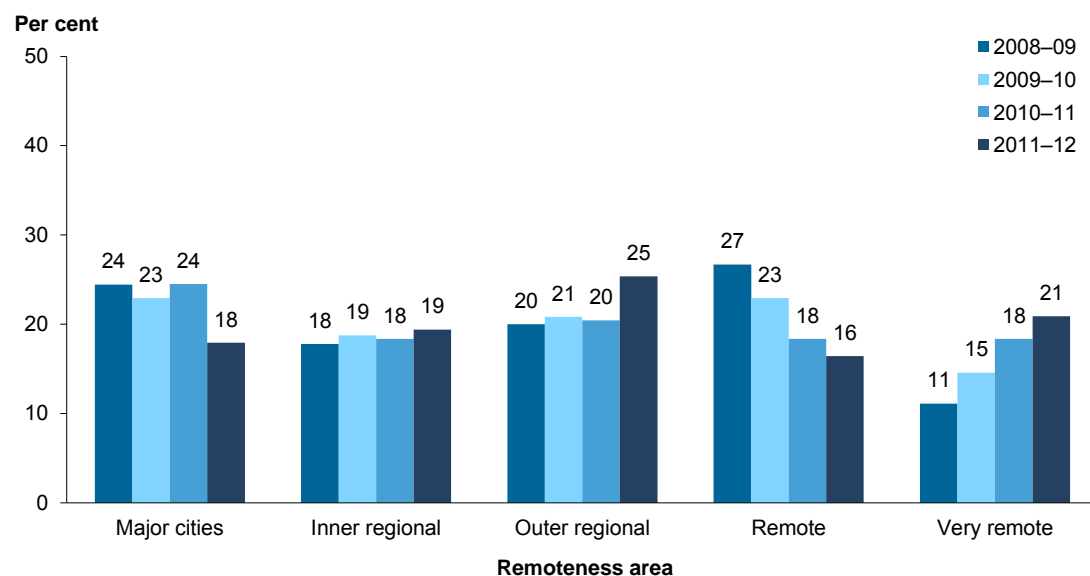
Substance use can cause harm to individuals, their families and communities. It contributes significantly to the gap between Indigenous and non-Indigenous Australians in life expectancy and other health outcomes. The Australian Government aims to reduce alcohol and other drug problems in Indigenous communities. Improved access to treatment is one of the priority areas of the National Drug Strategy (MCDS 2004).

In 2011–12, all 67 (100%) Aboriginal and Torres Strait Islander substance use services that received funding from the Australian Government responded to the OSR questionnaire. About two-thirds (64% or 43) of those services were funded to provide substance use services only in 2011–12. The rest 36% (24) of services were funded to provide both primary health care and substance use services. In this report, these services are referred to as ‘Aboriginal and Torres Strait Islander substance use services’, or simply as ‘substance use services’.

Location

The 67 substance use services that responded to the OSR questionnaire were located across all geographical areas, from cities to remote areas in all states and territories – except the Australian Capital Territory. One-quarter of these services were located in *Outer regional* areas (25% or 17), while about one-fifth were located in *Very remote* areas (21% or 14), *Inner regional* areas (19% or 13), *Major cities* (18% or 12) and *Remote* (16% or 11) areas. Proportions of services located in *Outer regional* and *Very remote* areas were higher than in the previous year (20% and 18%, respectively) (Figure 3.1).

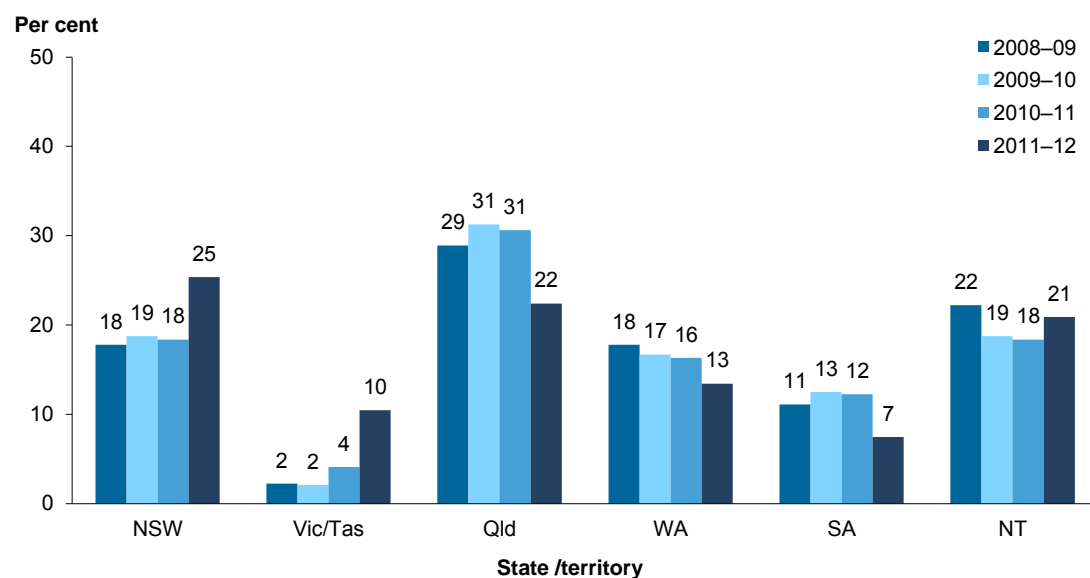
One-quarter (25% or 17) of substance use services were located in New South Wales. Around 1 in 5 services were located in Queensland (22% or 15) and the Northern Territory (21% or 14). Nine services (13%) were located in Western Australia. Seven services were located in Victoria and Tasmania combined and 5 services were located in South Australia. Numbers and proportions of services in 2011–12 were higher than in the previous year in NSW (9 or 18%), and 2 services (or 4%) each in Victoria and Tasmania (Figure 3.2).



Note: For 2008-09 $n = 45$ (Major cities 11, Inner regional 8, Outer regional 9, Remote 12 and Very remote 5); for 2009-10 $n = 48$ (Major cities 11, Inner regional 9, Outer regional 10, Remote 11 and Very remote 7); for 2010-11 $n = 49$ (Major cities 12, Inner regional 9, Outer regional 10, Remote 9 and Very remote 9); and for 2011-12 $n = 67$ (Major cities 11, Inner regional 8, Outer regional 9, Remote 12 and Very remote 5).

Source: Table C1.

Figure 3.1: Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008-12



Note: For 2008-09 $n = 45$ (NSW 8, Vic/Tas 1, Qld 13, WA 8, SA 5, and NT 10); for 2009-10 $n = 48$ (NSW 9, Vic/Tas 1, Qld 15, WA 8, SA 6, and NT 9); for 2010-11 $n = 49$ (NSW 9, Vic/Tas 2, Qld 15, WA 8, SA 6, and NT 9); for 2011-12 $n = 67$ (NSW 17, Vic/Tas 7, Qld 15, WA 9, SA 5, and NT 14).

Source: Table C2.

Figure 3.2: Aboriginal and Torres Strait Islander substance use services, by state and territory, 2008-12

Accreditation

In 2011–12, more than half (54%) the substance use services were accredited. Two-thirds of these services (67%) achieved accreditation against organisational standards. In 2011–12, data from services funded for both primary health care and substance use services were included. Most of these services were accredited. Therefore numbers and proportions of accredited services were higher than in the previous year (Table 3.1).

Table 3.1: Aboriginal and Torres Strait Islander substance use services, by accreditation type, 2008–12

Accreditation type	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
RACGP accreditation	–	–	–	–	n.p.	n.p.	14	38.9
Organisational standard accreditation	5	62.5	11	73.3	13	76.5	24	66.7
Other accreditation	n.p.	n.p.	5	33.3	n.p.	n.p.	8	22.2
<i>Total accredited</i>	<i>8</i>	<i>17.8</i>	<i>15</i>	<i>31.3</i>	<i>17</i>	<i>34.7</i>	<i>36</i>	<i>53.7</i>
<i>Not accredited</i>	<i>37</i>	<i>82.2</i>	<i>33</i>	<i>68.8</i>	<i>32</i>	<i>65.3</i>	<i>31</i>	<i>46.3</i>
Total services	45	..	48	..	49	..	67	..

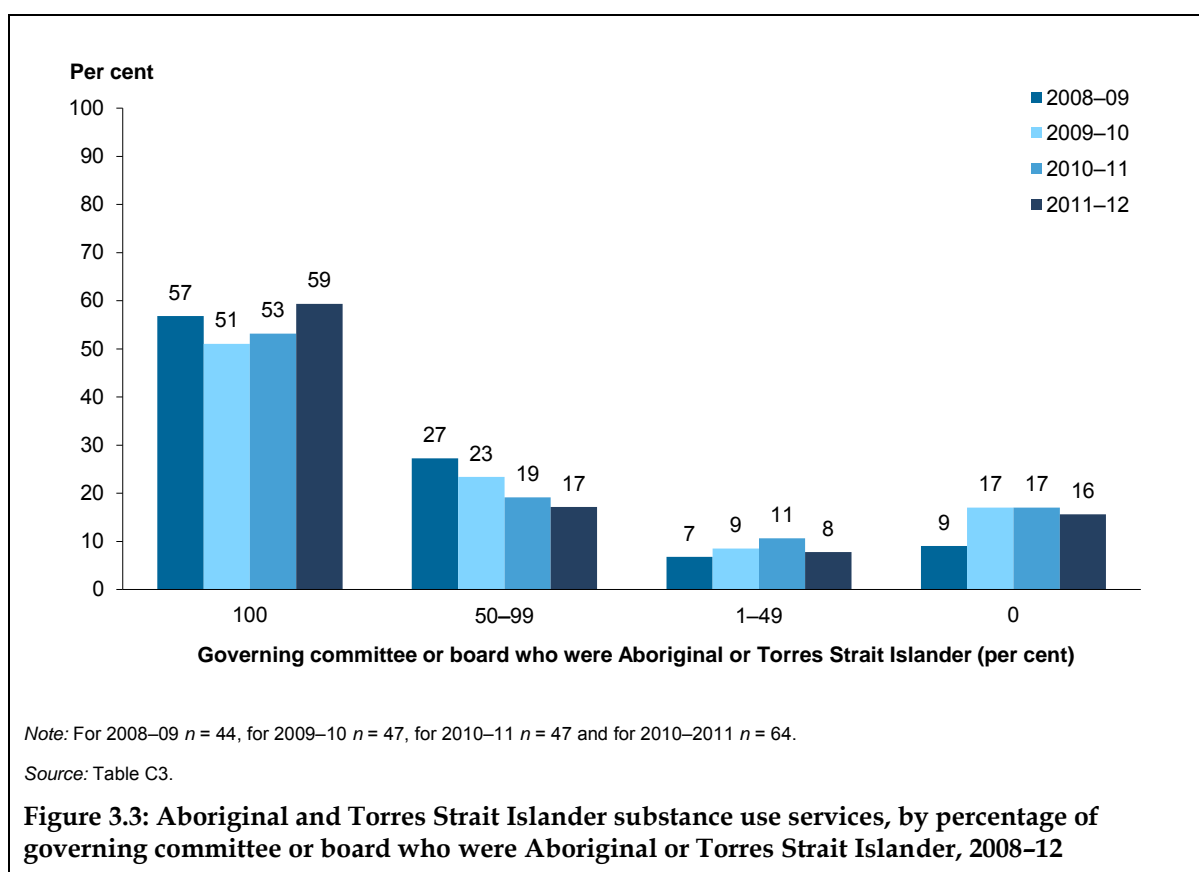
Note: Some services had more than one type of accreditation.

Source: AIHW analyses of OSR data collection, 2008–12.

Governance

In 2011–12, nearly all (96% or 64) Aboriginal and Torres Strait Islander substance use services provided information on the make-up of their board or committee. About 3 in 5 (59%) services had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people. About 16% had a board or committee with no Aboriginal or Torres Strait Islander members. This is similar to the previous year (17%) (Figure 3.3).

The governing committee or board of most services (93%) held regular meetings during 2011–12. Most services (96% or 64) provided information on their income and expenditure, and committee members' training. All of these services presented income and expenditure statements to the committee or board at least twice a year. The board or committee members had training for their roles in 80% of services.



Staffing

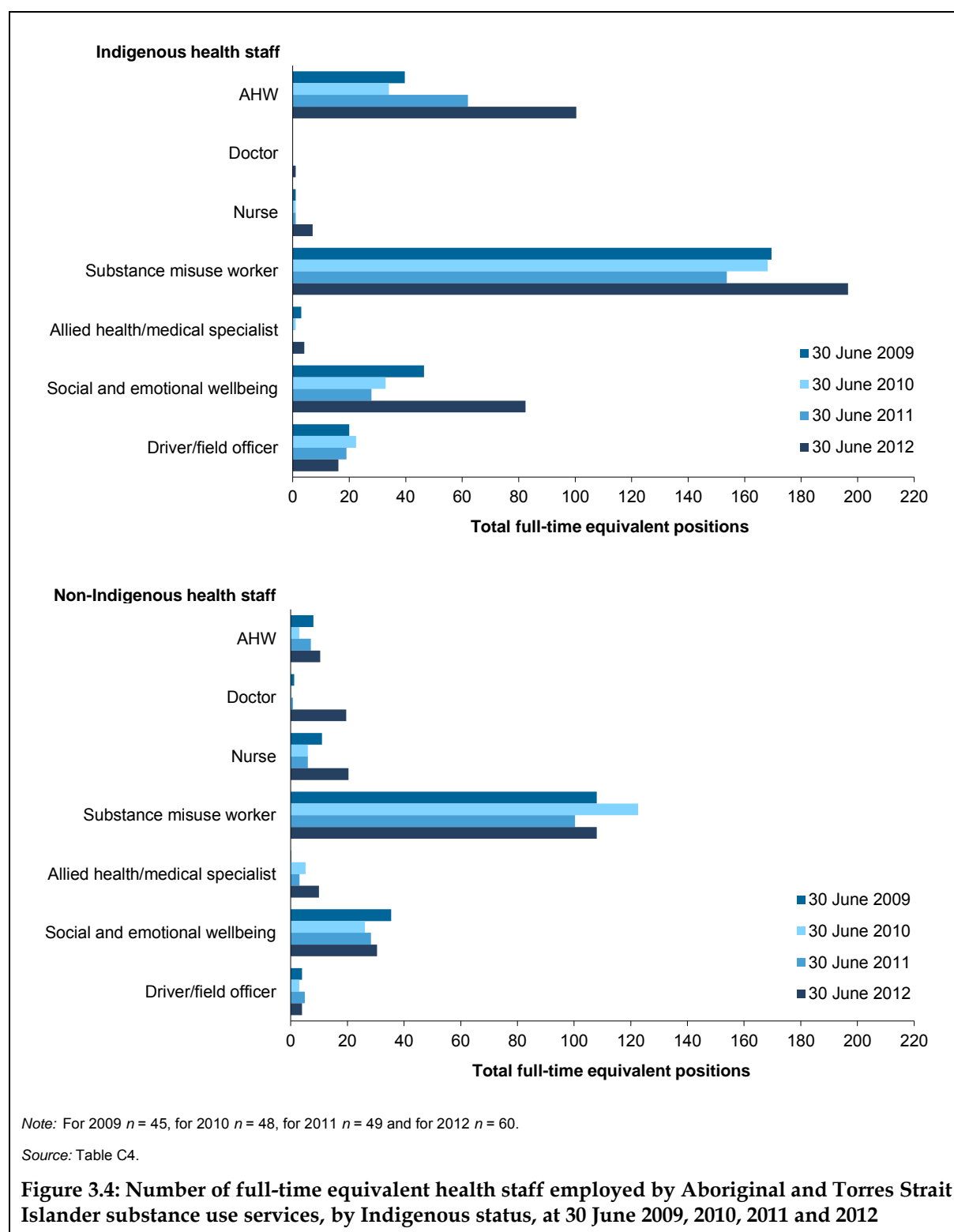
Staff working at and paid by the service

In 2011-12, most (90% or 60) Aboriginal and Torres Strait Islander substance use services provided information on the number of staff who worked in, and whose salaries were paid by, their service. As at 30 June 2012, these services employed 1,041 FTE staff across a variety of health (617 FTE) and managerial, administrative and support roles (424 FTE). This is 18% higher than in the previous year (880 FTE).

The main type of health staff employed was substance misuse workers. Most services (82%) employed one or more substance misuse workers, with 305 FTE workers employed among all services. About 2 in 5 services (35%) had one or more social and emotional wellbeing staff, with 113 FTE staff employed. One-third (33%) of services employed one or more AHWs, with 111 FTE workers employed among these services, and 1 in 5 services (23%) employed one or more drivers or field officers, with 20 FTE staff employed. One in ten (12%) services employed one or more doctors (21 FTE) and 23% of services employed one or more nurses (27 FTE). Almost all (92%) services employed administrative, managerial and support staff (424 FTE).

Of the 1,041 FTE staff, 671 (64%) were Indigenous and 370 (36%) were non-Indigenous. These proportions are similar to the previous year (61% and 37%, respectively, with 2% Indigenous status not recorded). About 6 in 10 (65% or 197 FTE) substance misuse workers and nearly three-quarters of the social and emotional wellbeing staff (73% or 82 FTE) were Indigenous. Most (80% or 16 FTE) drivers or field officers were Indigenous. The proportions of substance misuse workers, and social and emotional wellbeing staff who were Indigenous are higher

than in the previous year (65% compared with 59% and 73% compared with 49%, respectively) (Figure 3.4).



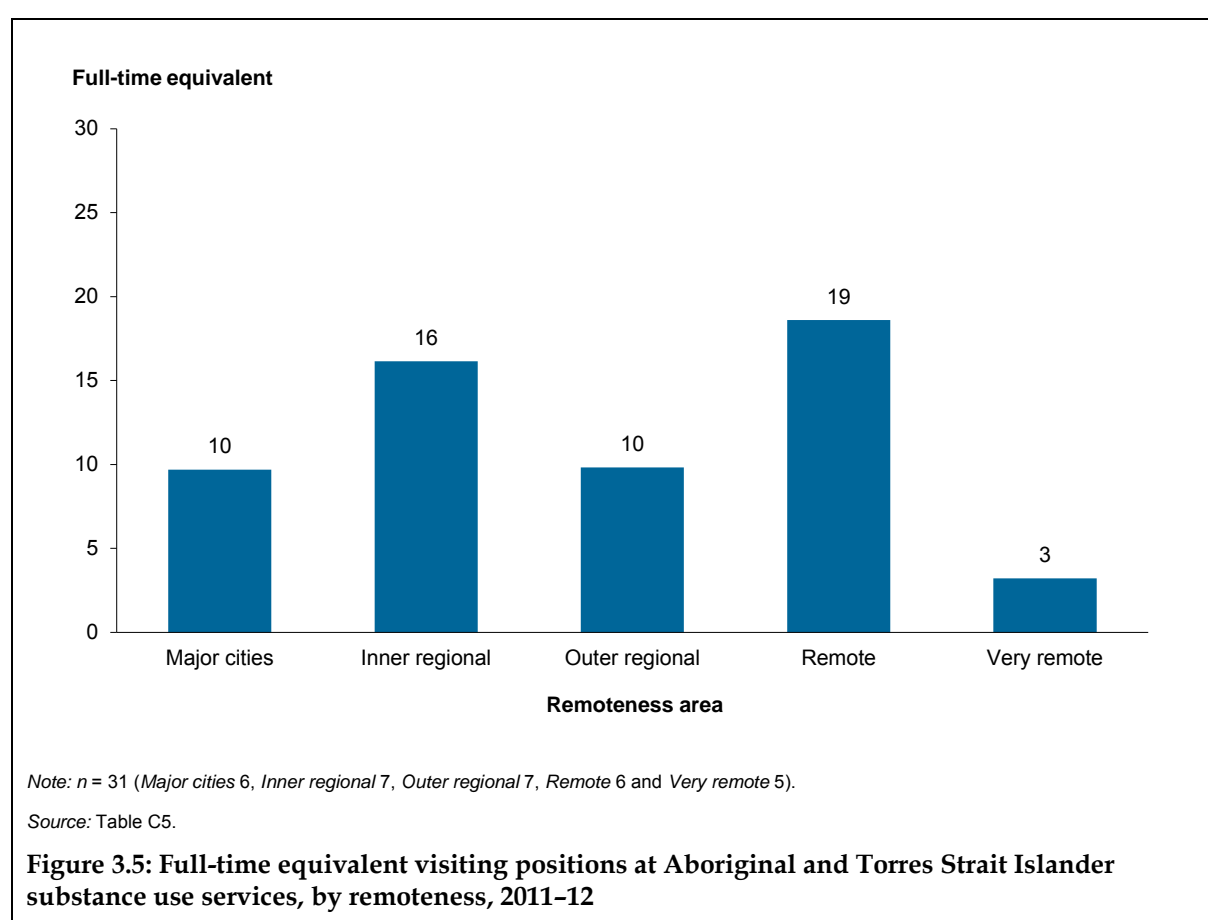
Visiting staff

Visiting health professionals are an important way in which Aboriginal and Torres Strait Islander substance use services can provide a range of treatments and assistance. In 2011–12,

nearly half (46% or 31) of services reported 58 FTE visiting health professionals who provided assistance, but were paid for by another organisation. This is 12% higher than in the previous year (51 FTE). The number of visiting health professionals in 2011–12 in *Outer regional*, *Remote* and *Very remote* areas was 10, 19 and 3 FTE, respectively (Figure 3.5).

Visiting health professionals were mainly AHW (20 FTE), substance misuse workers (9 FTE), and social and emotional wellbeing staff (6 FTE), compared with 7 FTE, 8 FTE and 11 FTE, respectively, in 2010–11. Half the visiting health professionals were Indigenous (50%). This is lower than the previous year (67%).

About 2 in 5 (39% or 12) services with visiting health professionals had visiting substance misuse workers, one-third had visiting social and emotional wellbeing staff (35% or 11), AHWs (32% or 10) and allied health professionals and medical specialists (32% or 10). Nearly 1 in 5 services had visiting doctors (19% or 6) and 13% (4) had visiting nurses. It is important to note that the frequency and duration of visits by these staff varied greatly among services.



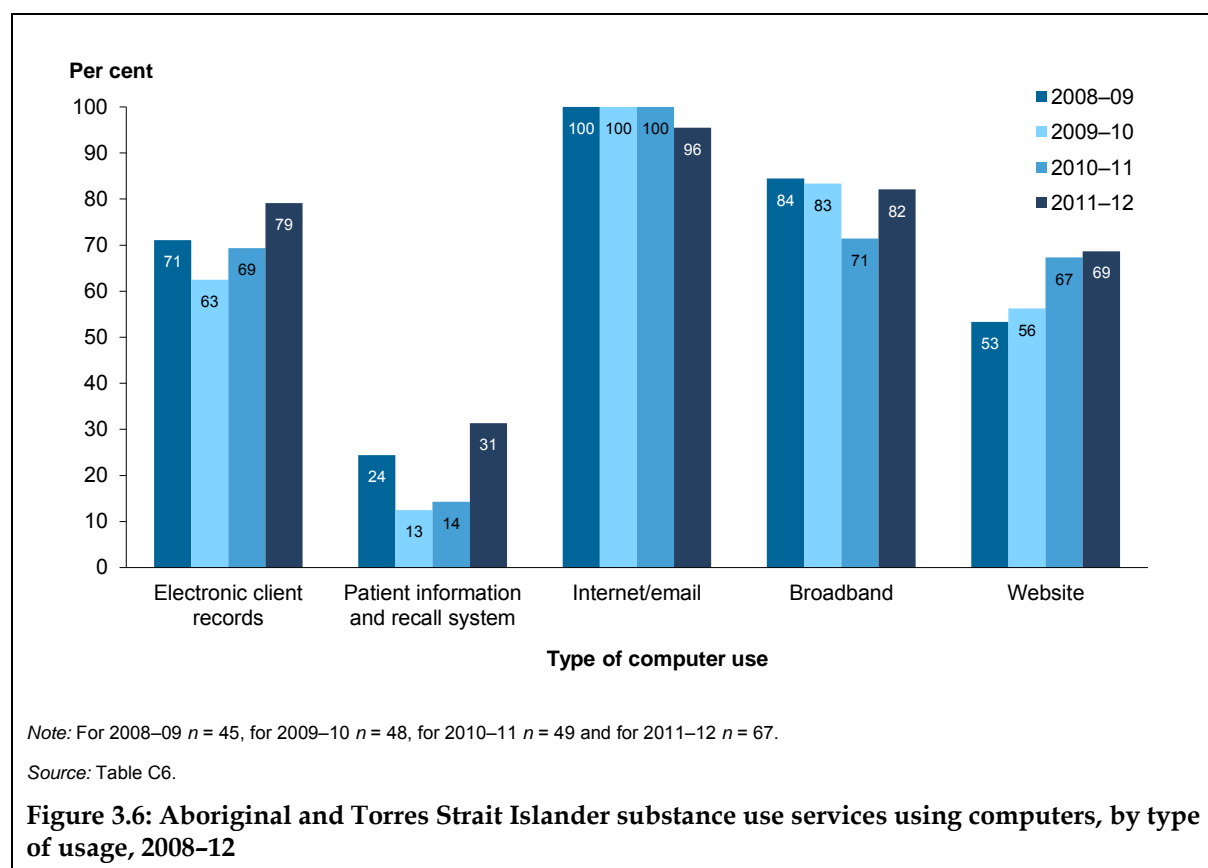
Staff vacancies

Two in five (42%) Aboriginal and Torres Strait Islander substance use services reported having one or more staff vacancies at 30 June 2012—a total of 51 FTE positions. The total number of vacancies was 42% higher (51 compared with 36 FTE positions) than the previous year. Most vacant FTE positions were reported by services located in *Outer regional* (30% or 16 FTE) and *Remote* (35% or 18 FTE) areas. Substance use services reported higher vacancies than the previous year for substance misuse workers (21 FTE compared with 9 FTE), and social and emotional wellbeing staff (13 FTE compared with 5 FTE).

Most (77%) positions were vacant for 26 weeks or less. This is lower than in the previous year (86%). About one-quarter (23% or 12) of positions were vacant for 27 weeks or more. This is higher than in the previous year (14% or 5).

Information technology

In 2011–12, all substance use services used computers, email and the Internet, and most (82%) had a broadband Internet connection. Two-thirds of all services (69%) reported having a website. Nearly 4 in 5 services (79%) used electronic client records, but the proportion with patient information and recall systems in place was much lower (31%) (Figure 3.6).



3.2 Services provided

This section provides information on service delivery. It covers: substance use issues treated; the types of programs provided; treatment approaches used; and other health-related assistance and activities provided.

Note that there was an increase in the number of services reporting on substance use from 49 in 2010-11 to 67 in 2011-12, and this will affect comparisons across years.

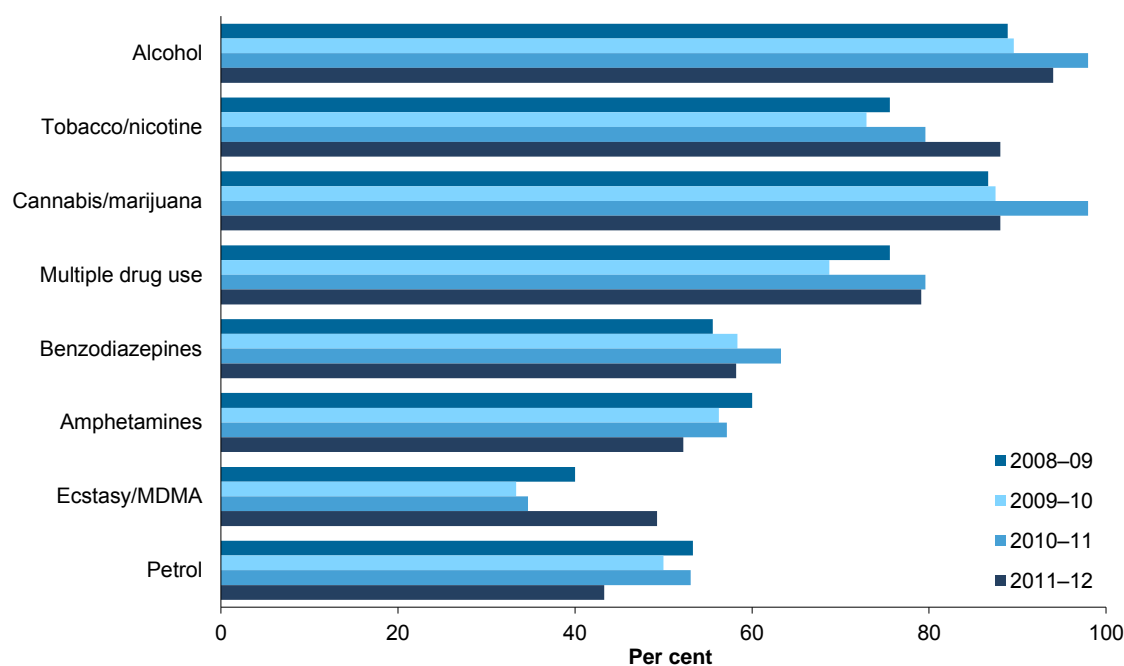
Substance use issues treated

In 2011-12, substance use services reported providing treatment and assistance for a range of substance use issues experienced by their clients. This treatment or assistance was provided to individual clients through programs for specific substance use issues.

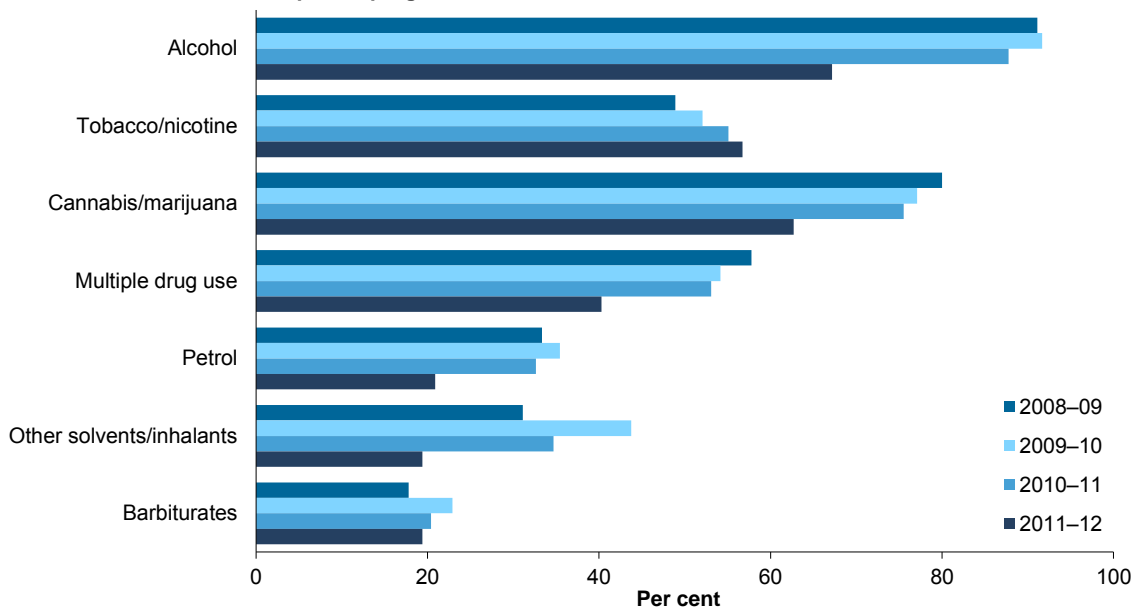
The most common substances for which treatment or assistance was provided were: alcohol; tobacco and nicotine; cannabis and marijuana; and multiple drug use. Most services provided treatment or assistance to individual clients for alcohol (94%), tobacco and nicotine (88%), and cannabis and marijuana (88%). Four-fifths of services provided treatment or assistance for multiple drug use (79%). Compared with the previous year, lower proportions of services provided individual treatment for cannabis and marijuana (88% compared with 98%) and petrol (43% compared with 53%), while higher proportions of services provided individual treatment for tobacco and nicotine (88% compared with 80%).

Two-thirds of (67%) services provided programs specifically for treatment and help with alcohol, and nearly two-thirds (63%) provided programs to deal with cannabis and marijuana use. Nearly 3 in 5 (57%) services provided programs that focused on management of tobacco and nicotine use. These proportions are generally lower than in the previous year, although there is a slight increase in the proportion of services providing programs specifically for tobacco and nicotine use (57% compared with 55%) (Figure 3.7).

Treatment/assistance on an individual basis



Treatment/assistance as a specific program



Notes

1. For 2008-09 $n = 45$, for 2009-10 $n = 48$, for 2010-11 $n = 49$ and for 2011-12 $n = 67$.
2. Treatment and assistance were provided for clients in two ways: as individual contacts to deal with substance issues for a client; or as specific programs ran by services to tackle a particular type of substance issue.

Source: Table C7.

Figure 3.7: Aboriginal and Torres Strait Islander substance use services providing individual and targeted programs, by selected substances, 2008-12

Programs provided

In 2011–12, several programs to manage substance use were run by Aboriginal and Torres Strait Islander substance use services. They provided treatment and assistance through: residential treatment and rehabilitation programs; sobering-up and residential respite and short-term care; non-residential counselling and rehabilitation programs; or through a combination of these. A residential service offers temporary live-in accommodation for clients requiring formal substance use treatment and rehabilitation. Sobering-up and residential respite and short-term care services provide overnight (sobering-up) and short-term (1–7 days) care in residential settings; however, clients do not receive formal rehabilitation. A non-residential service offers treatment, rehabilitation and education without the option of residing in-house. This also includes follow-up services, after discharge from residential services.

In 2011–12:

- Residential treatment and rehabilitation programs were provided by 40% of service providers together in conjunction with other programs or by its own. This is lower than in the previous year (61%).
- Non-residential programs were provided by 81% of service providers. This is a little higher than the previous year (78%). Half of services (51%) provided non-residential services only. This is higher than the previous year (31%).
- Sobering-up and residential respite and short-term care services were provided by 18% of service providers. This is lower than in the previous year (35%). These services were often provided in conjunction with other types of assistance (Table 3.2).

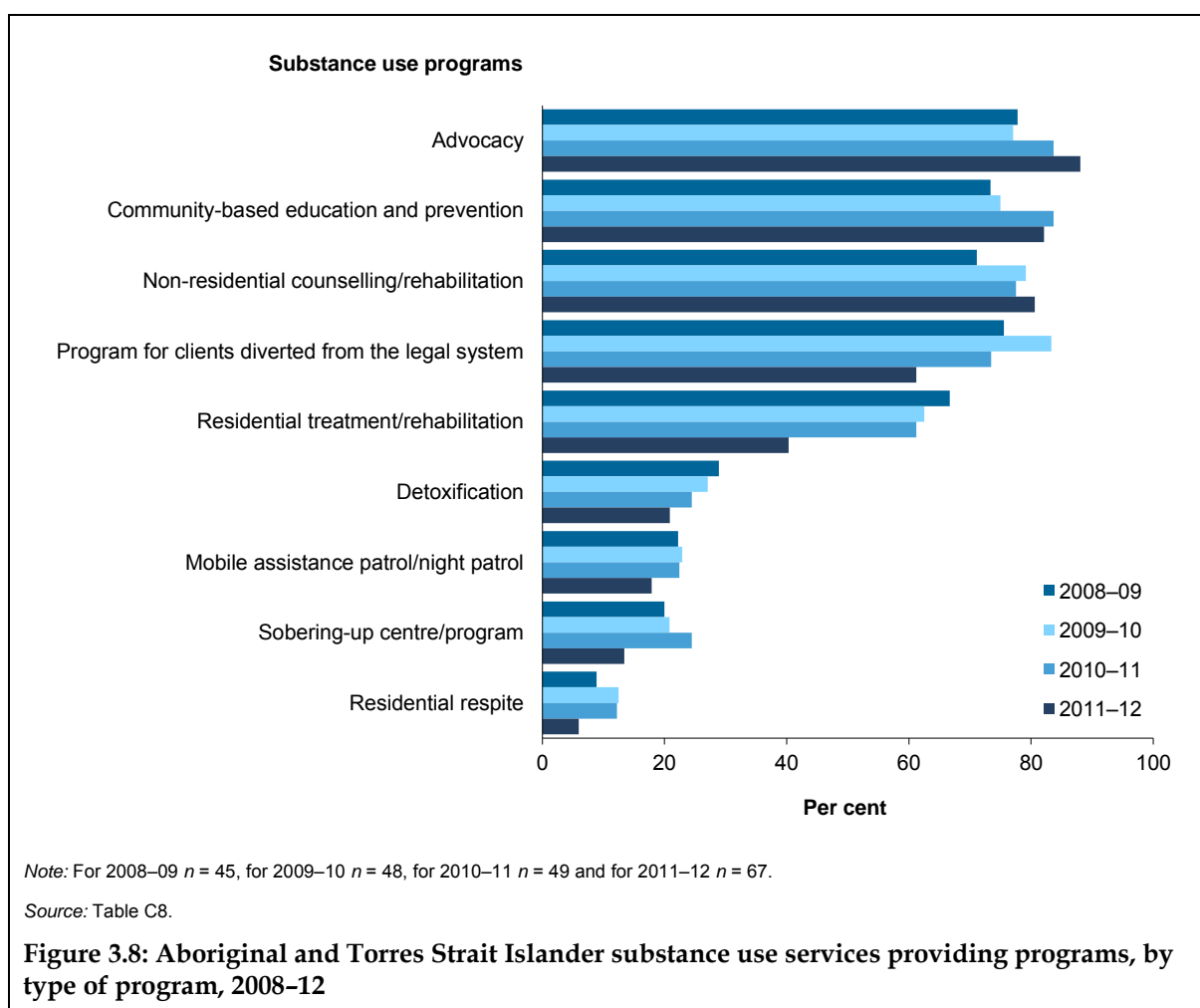
Note that the number of services reporting substance use data increased from 49 in 2010–11 to 67 in 2011–12, which may affect comparisons across years. Overall client numbers also increased between 2010–11 and 2011–12 (see section 3.3 Clients).

Table 3.2: Aboriginal and Torres Strait Islander substance use services, by type of programs provided, 2008–12

Substance use services provided	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
<i>More than one type of service</i>								
Residential and residential respite/sobering-up care	–	–	n.p.	n.p.	n.p.	n.p.	–	–
Residential and non-residential care	11	24.4	11	22.9	11	22.4	11	16.4
Residential respite/sobering-up and non-residential care	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All three types of care	9	20.0	11	22.9	11	22.4	8	11.9
<i>One type of service only</i>								
Residential care only	10	22.2	7	14.6	5	10.2	8	11.9
Residential respite/sobering-up/short-term care only	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Non-residential care only	11	24.4	15	31.3	15	30.6	34	50.8
Not included above	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total services	45	100.0	48	100.0	49	100.0	67	100.0

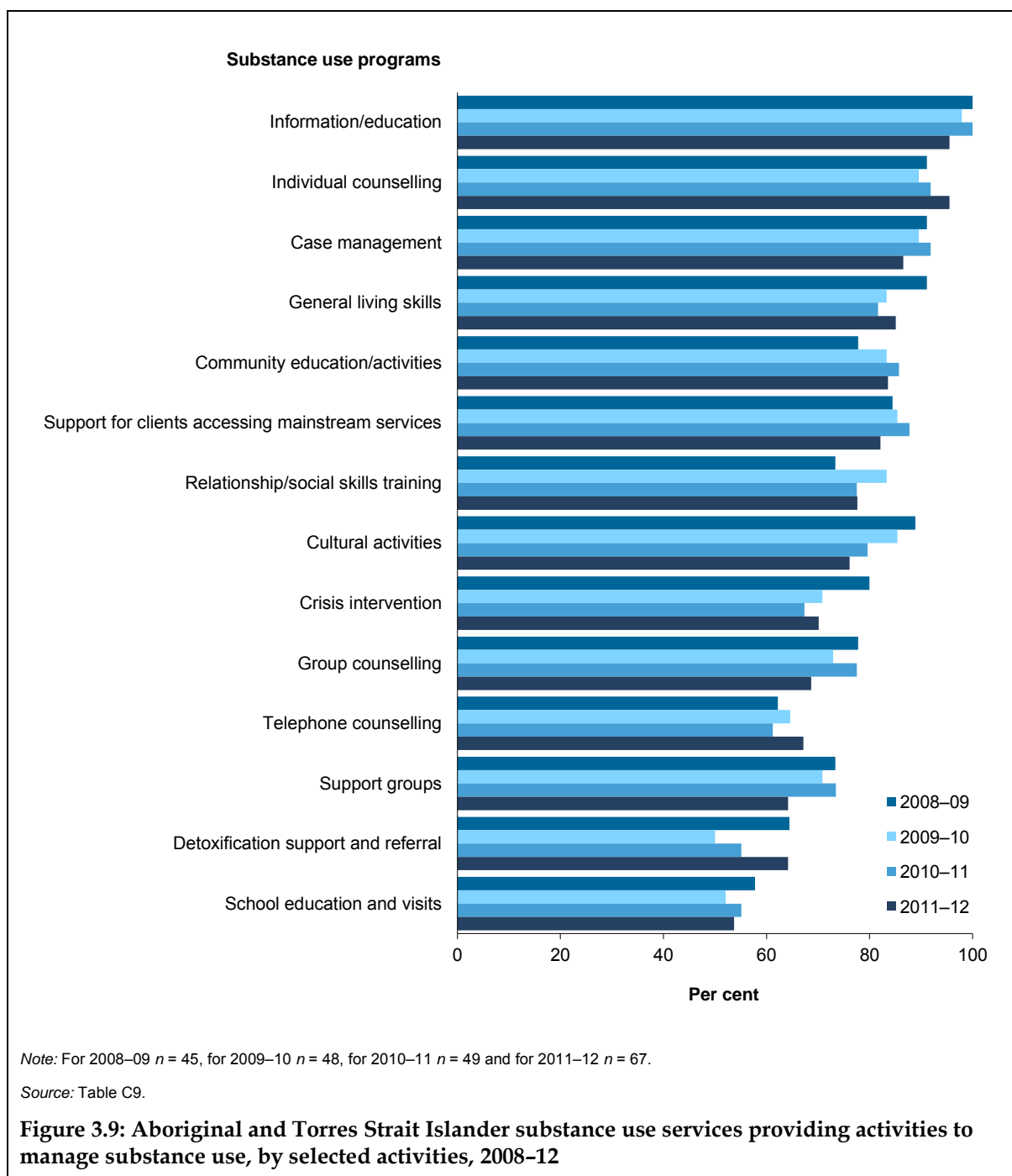
Source: AIHW analyses of OSR data collection, 2008–12.

The proportion of services providing particular programs was mostly similar to the previous year, although there was a decrease in the proportion of services providing programs for clients diverted from the justice system (61% compared with 74%) and residential treatment and rehabilitation (40% compared with 61%) (Figure 3.8).



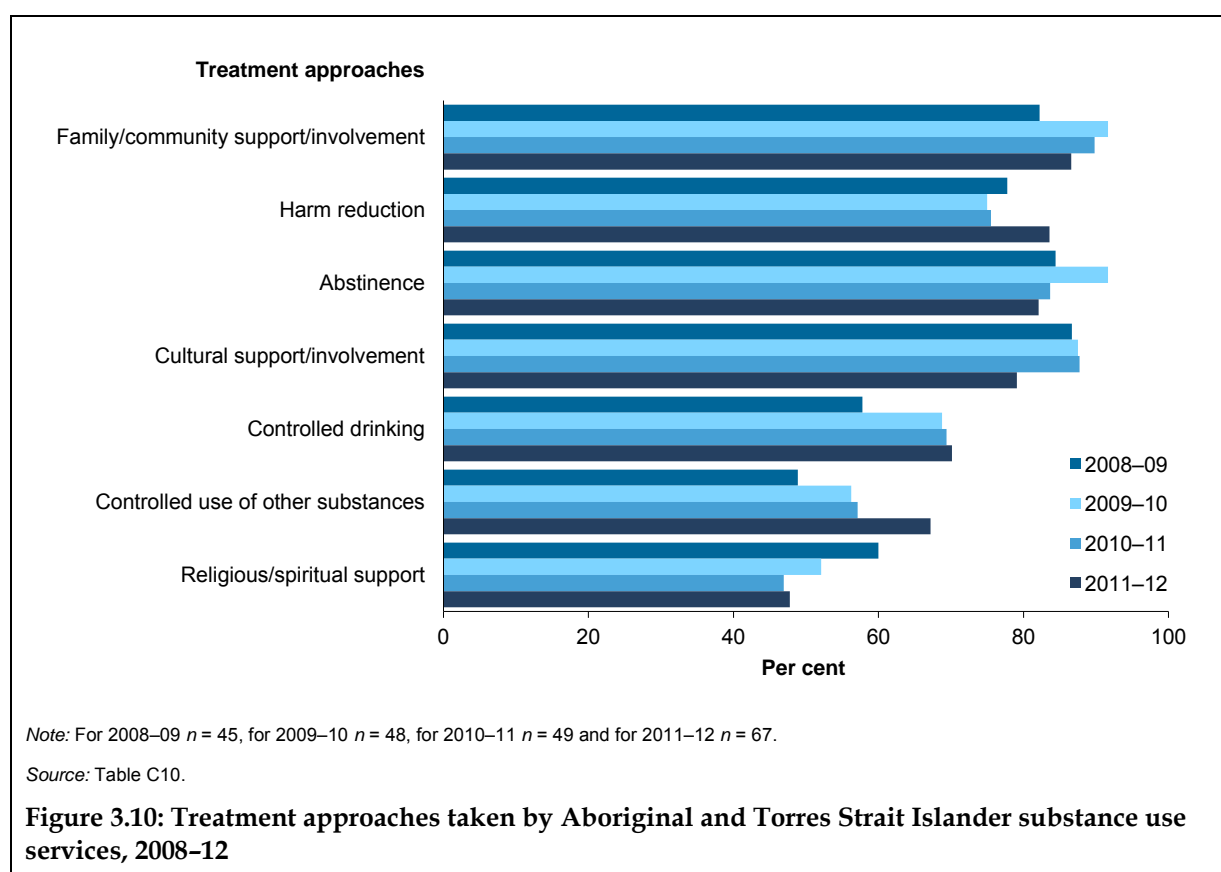
Other types of assistance and activities

Substance use services provided a range of assistance and activities for their clients. In 2011-12, most services provided information and education about substance use (96%), community education and activities (84%), and about half provided school-based education visits (54%). Most services (87%) provided case management of clients with substance use issues, offered cultural activities (76%) and general living skills programs (85%). Services also offered counselling delivered in a variety of ways. Most services (96%) offered individual counselling, about 7 in 10 (69%) offered group counselling and 67% offered telephone counselling (Figure 3.9).



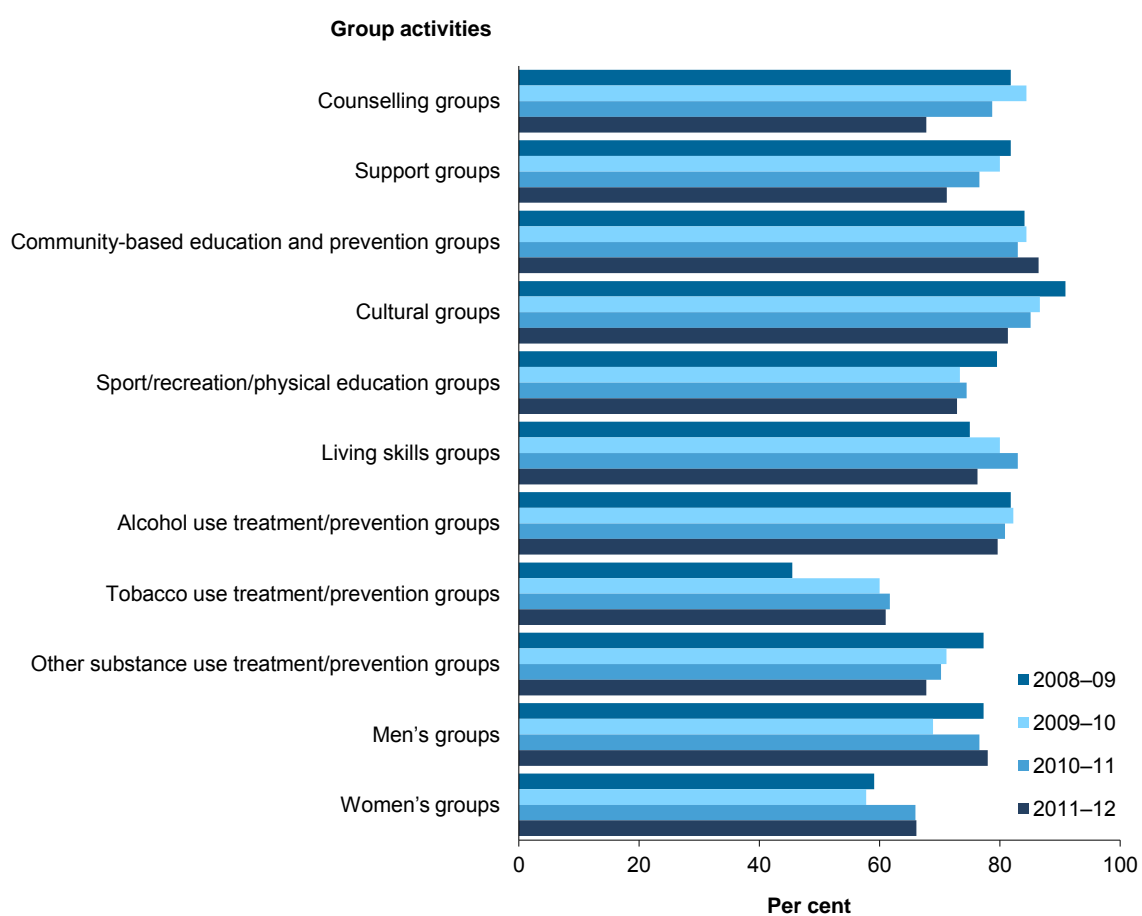
Treatment approaches

In 2011–12, substance use services used a variety of treatment approaches. Most services (79%) used approaches that involved traditional cultural elements such as bush camps, traditional healing, arts and crafts, and mentor programs with elders – the proportion is lower than in the previous year (88%). Other common treatment approaches included abstinence (82%), and family and community support and involvement (87%). Four out of five (84%) services used harm reduction, which is higher than in the previous year (76%). Controlled use of other substances as a treatment approach has increased in 2011–12, possibly due to increased detoxification support and referrals provided by services which also increased in this period (Figure 3.10).



Group activities

Various group activities are used to help treat and prevent substance use. They are also used to support communities and families affected by substance use. In 2011–12, 88% (59) substance use services provided group activities. Community-based education and prevention groups (86%) were the most common group activity. About 4 in 5 services offered cultural groups (81%), alcohol use treatment and prevention groups (80%), men's groups (78%) and living skills groups (76%). About 7 in 10 services offered sport and physical education groups (73%), and support groups (71%). Proportions are generally similar to the previous year, although the proportion of services offering counselling groups and support groups declined (from 79% to 68% and from 77% to 71%, respectively) (Figure 3.11).



Note: For 2008-09 $n = 44$, for 2009-10 $n = 45$, for 2010-11 $n = 47$ and for 2011-12 $n = 59$.

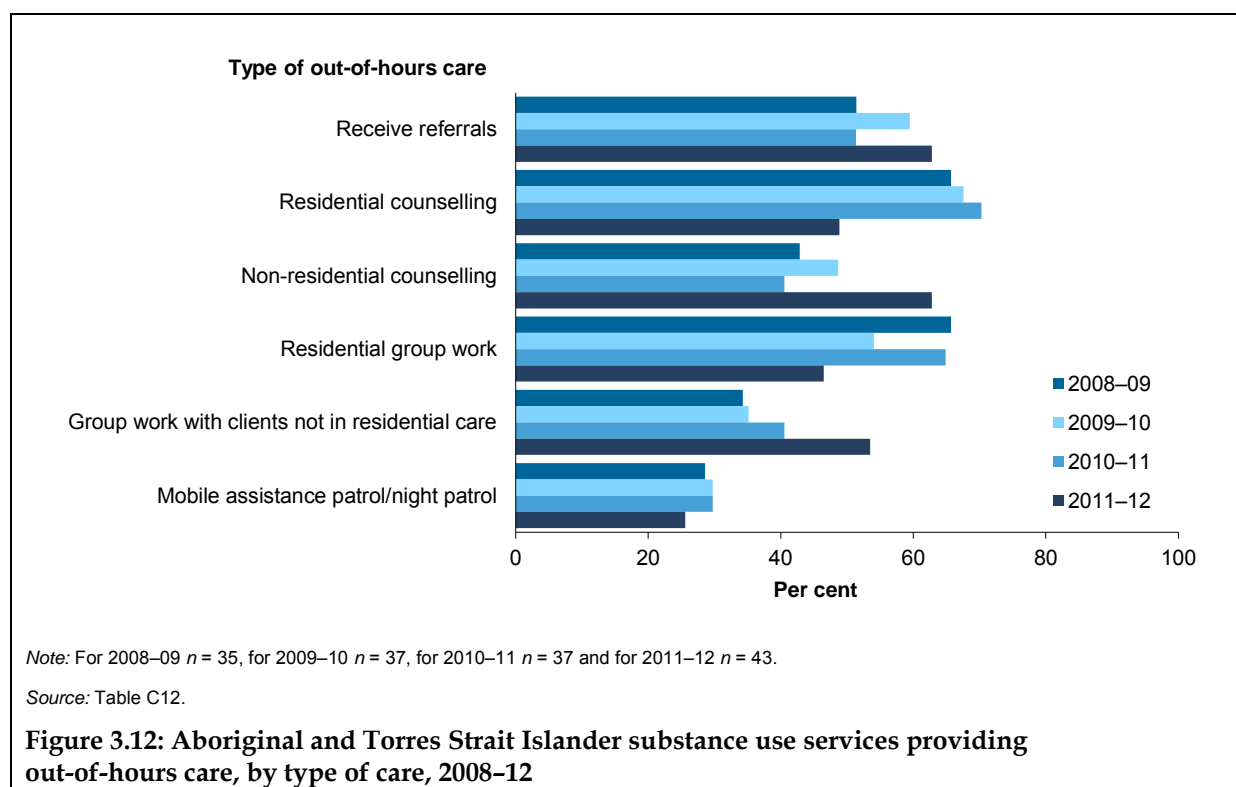
Source: Table C11.

Figure 3.11: Aboriginal and Torres Strait Islander substance use services providing group activities, by selected activities, 2008-12

Care outside opening hours

In 2011–12, about two-thirds of Aboriginal and Torres Strait Islander substance use services (64%) provided care to clients outside of usual opening hours – a lower proportion than the previous year (76%). Three in five services received referrals outside usual opening hours (63%), and provided non-residential counselling outside usual opening hours (63%).

Compared with the previous year, higher proportions of services did non-residential work such like non-residential counselling (63% compared with 41%), and group work with clients not in residential care (53% compared with 41%), while lower proportions provided residential counselling (49% compared with 70%), and residential group work (47% compared with 65%) (Figure 3.12). These reflect a higher proportion of services mainly providing non-residential care data in 2011–12.



3.3 Clients

Health organisations provide two types of data that give information on service provision to clients. The first is the number of individual clients. A client is defined as a person who receives care from a service during the year. Each person is counted only once, regardless of how many times they receive treatment or assistance. The second is the number of episodes of care. These relate to the contact between a client and a service by one or more staff members to provide treatment or assistance. An individual client may have more than one episode of care within a year.

Client numbers

In 2011–12, most (93% or 62) Aboriginal and Torres Strait Islander substance use services reported their client numbers. About 32,600 clients were reported; of these, about 19,500 (60%) were male and 13,000 (40%) were female. The number of clients recorded is 14% higher than in the previous year. Over 4 in 5 (83%) clients were Indigenous, and about 1 in 5 (17%) were non-Indigenous (Table 3.3). The proportion of Aboriginal or Torres Strait Islander clients is higher than in the previous year (76%).

Table 3.3: Estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status and sex, 2011–12

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	15,758	11,206	26,964	82.8
Non-Indigenous	3,781	1,820	5,601	17.2
Total clients	19,539	13,026	32,565	100

Notes

1. $n = 62$.
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

Source: AIHW analyses of OSR data collection, 2008–12.

One-third of clients sought treatment or assistance at substance use services located in Western Australia (36%), while over one-quarter sought treatments at services located in Queensland (27%). About 1 in 5 clients sought treatment at services located in the Northern Territory (21%). The remainder sought treatment or assistance in New South Wales (7%), Victoria and Tasmania combined (6%) and South Australia (4%). Almost all clients in the Northern Territory (97%) and Western Australia (95%) were Indigenous, compared with about 3 in 5 (59%) clients in Queensland (Table 3.4).

Table 3.4: Estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status, state and territory, 2011–12

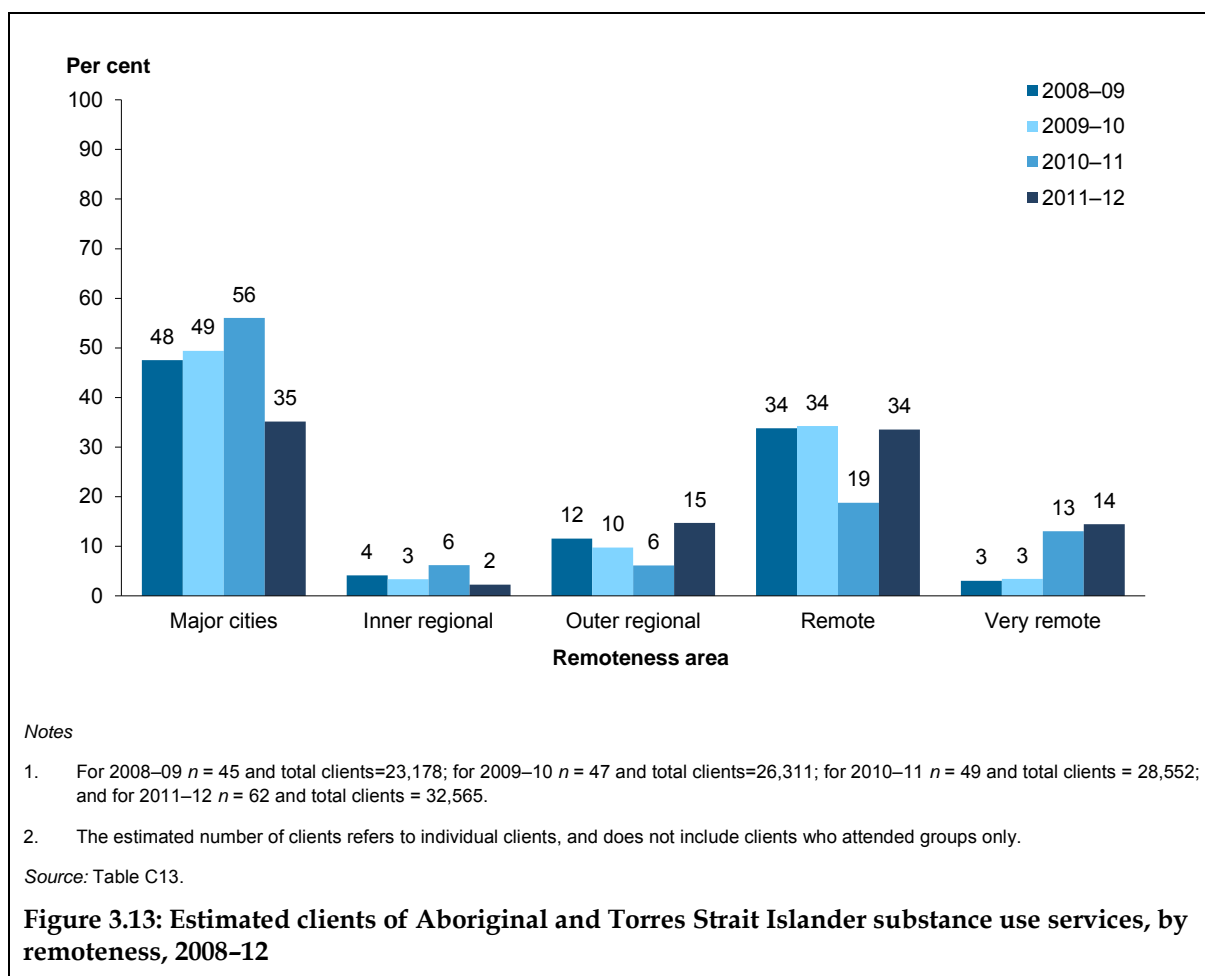
Indigenous status	NSW	Vic/Tas	Qld	WA	SA	NT	Total
Aboriginal and Torres Strait Islander	1,566	1,504	5,257	11,106	1,038	6,493	26,964
Non-Indigenous	749	283	3,660	579	155	175	5,601
Total clients (number)	2,315	1,787	8,917	11,685	1,193	6,668	32,565
Total clients (per cent)	7.1	5.5	27.4	35.9	3.7	20.5	100.0
Total number of services	15	7	14	9	5	12	62

Note: The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

Source: AIHW analyses of OSR data collection, 2008–12.

More than one-third (35%) of clients received treatment at services located in *Major cities*, which was lower than in previous year (56%). Another third (34%) received treatment at services located in *Remote* areas. The remainder received treatment at services located in *Outer regional* (15%), *Very remote* (14%) and *Inner regional* (2%) areas. The proportion of clients receiving treatment in *Remote* areas increased from the previous year (19%) and is similar to in 2009–10 (34%), and the proportion receiving treatment in *Outer regional* areas is also higher than in the previous year (6%) (Figure 3.13).

Although the distribution of substance use services is fairly similar across all regions, as shown in Figure 3.1, this is not reflected in the proportion of clients treated (Figure 3.13). This may be due to the relatively low FTE numbers of substance misuse/drug and alcohol workers employed by *Inner regional* services, as well as the relatively low levels of funding available to these services. For example, in 2011–12, the number of FTE substance misuse/drug and alcohol workers in Inner regional services was 22, which was 7.29% of the total FTEs available to all services and the proportion of funding available to these services was 10.1% of the total funding (see table C19).



Residential clients

In 2011-12, the 27 substance use services providing residential treatment and rehabilitation programs reported about 2,700 clients (Table 3.5). This is 21% lower than in the previous year (3,400). About 4 in 5 (79% or 2,200) clients were Indigenous. Among these clients, about 7 in 10 were male (72%), and 3 in 10 were female (28%).

Over half (53%) of Aboriginal and Torres Strait Islander clients were aged between 19 and 35, and one-third (35%) were aged 36 or over. Just over 1 in 10 (12%) were aged 18 or under.

Table 3.5: Estimated clients of Aboriginal and Torres Strait Islander substance use services providing residential treatment, by Indigenous status and sex, 2011-12

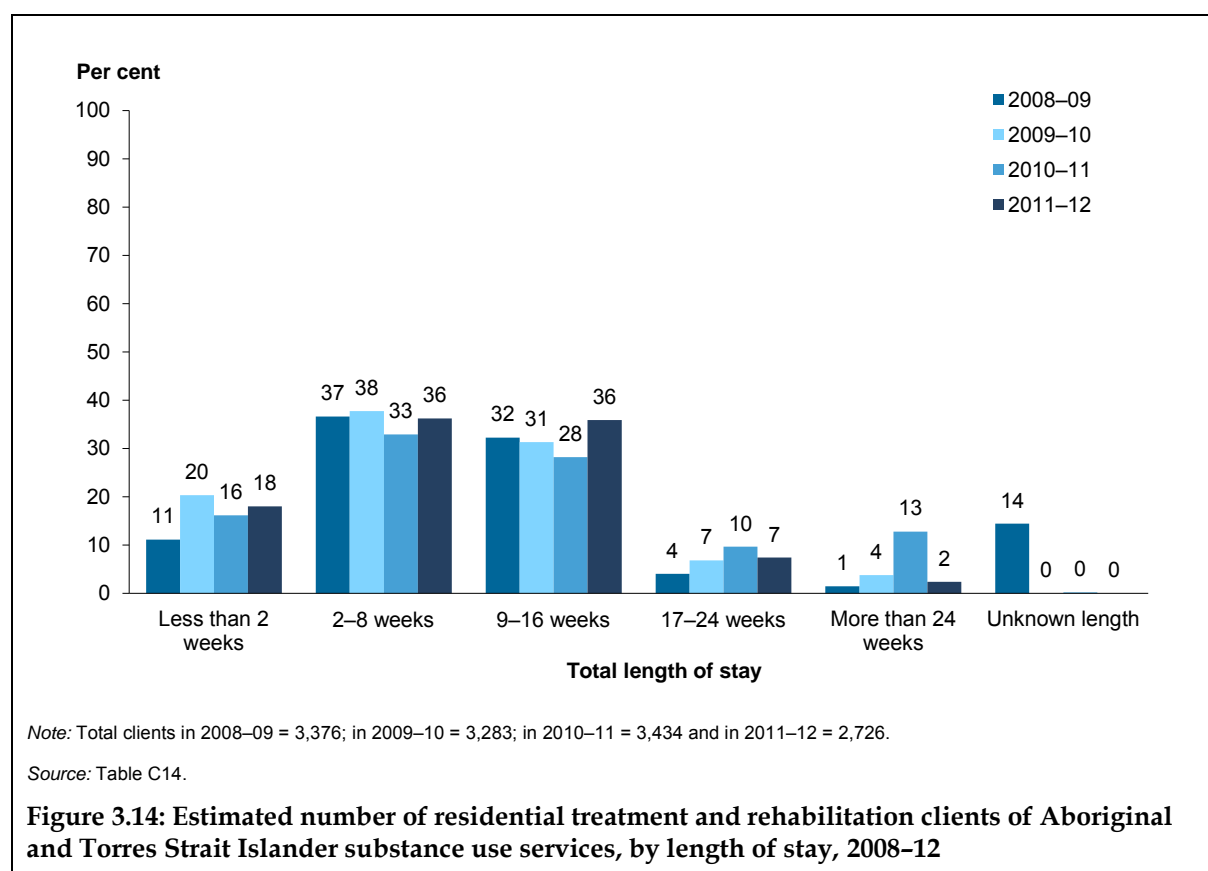
Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	1,560	592	2,152	78.9
Non-Indigenous	473	101	574	21.1
Total	2,033	693	2,726	100.0

Note: $n = 27$.

Source: AIHW analyses of OSR data collection, 2008-12.

The length of stay for clients in residential treatment and rehabilitation varied. One-third of clients (36%) had a length of stay ranging from 2 to 8 weeks, and another third (36%) had a length of stay ranging from 9 to 16 weeks. Very short or long stays in residential treatment

and rehabilitation were less common, with a smaller proportion of clients having a stay of less than 2 weeks (18%) or longer than 17 weeks (10%) (Figure 3.14).



Sobering-up, residential respite and short-term care clients

Sobering-up, residential respite or short-term care clients are in residential care overnight to sober up, or stay 1–7 days for respite and do not receive formal rehabilitation. Sobering-up clients include mobile assistance patrol clients, night patrol clients and ‘walk-in’ clients who stay overnight.

In 2011–12, the 13 substance use services providing these types of services reported about 7,200 clients. This is an increase of 2,055 clients from the previous year. Almost all (98%) clients were Indigenous – a similar proportion to the previous year (99%). Three in five (62%) clients were male, and 38% were female (Table 3.6).

Table 3.6: Estimated clients of Aboriginal and Torres Strait Islander substance use services providing sobering-up, residential respite and short-term care, by Indigenous status and sex, 2011–12

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	4,346	2,711	7,057	98.3
Non-Indigenous	93	27	120	1.7
Total	4,439	2,738	7,177	100.0

Note: n = 13.

Source: AIHW analyses of OSR data collection, 2008–12.

Non-residential, follow-up and after-care clients

Non-residential, follow-up and after-care clients are those who receive non-residential care. Typically, services deliver this type of care as counselling, assessment, treatment, education, support and home visits. It also includes follow-up care from residential services (after discharge), or mobile assistance patrol and night patrol services.

In 2011–12, 52 substance use services reported an estimated 17,600 non-residential, follow-up and after-care clients. This is 13% lower than in the previous year (about 20,100). Nearly three-quarters (72%) of these were Indigenous, and one-third (28%) were non-Indigenous – similar proportions to the previous year (63% and 30%, respectively).

More than half (59%) of Aboriginal and Torres Strait Islander clients were male and 2 in 5 (41%) were female (Table 3.7). Nearly half (44%) of all Aboriginal and Torres Strait Islander clients were aged between 19 and 35, and a similar proportion (45%) were aged 36 or over. Clients aged 18 or under made up a smaller proportion (11%) of Indigenous clients.

Table 3.7: Estimated clients of Aboriginal and Torres Strait Islander substance use services providing non-residential, follow-up and after-care, by Indigenous status and sex, 2011–12

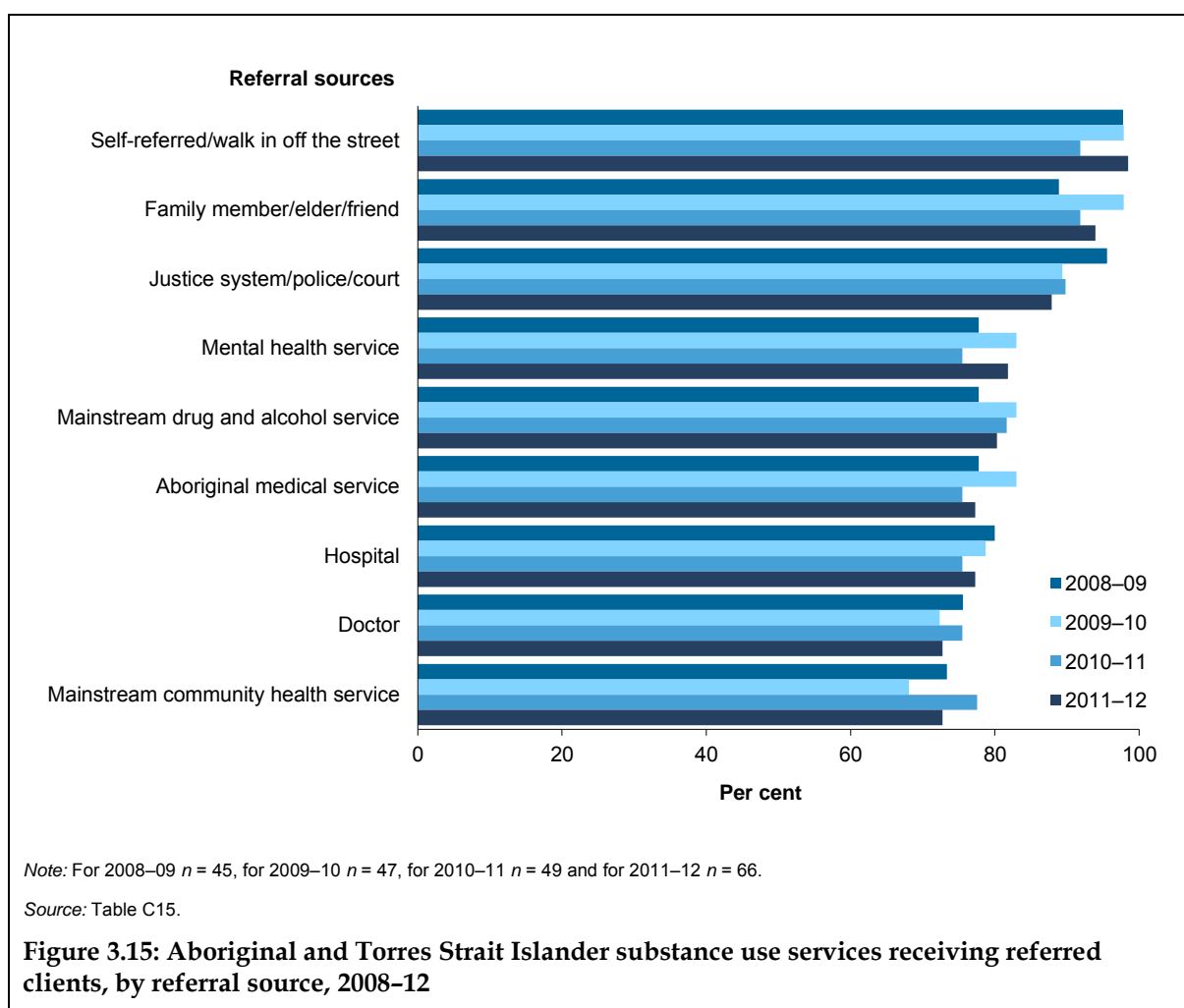
Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	7,503	5,114	12,617	71.7
Non-Indigenous	3,267	1,701	4,968	28.3
Total	10,770	6,815	17,585	100.0

Note: *n* = 52.

Source: AIHW analyses of OSR data collection, 2008–12.

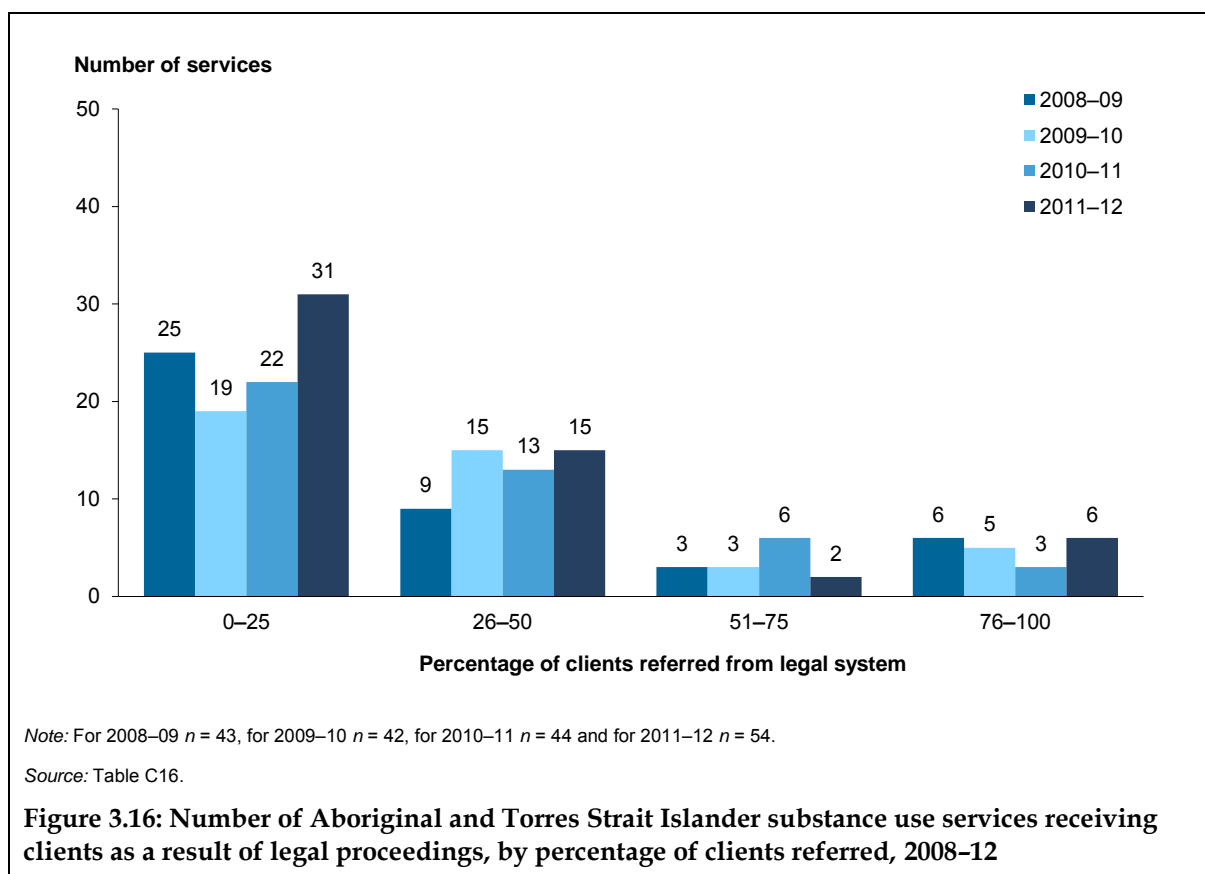
Client referral sources

Clients of Aboriginal and Torres Strait Islander substance use services are referred from a variety of sources. In 2011–12, almost all services had clients who walked in or referred themselves (98%), or were referred by a family member, elder or friend (94%). About 9 in 10 services had clients who were referred by the justice system, police or court (88%) and 80% had clients referred by mainstream drug and alcohol services. Four in five (82%) services had clients referred by mental health services. This is an increase from the previous year (76%) (Figure 3.15).



Clients referred from the justice system

Many clients of Aboriginal and Torres Strait Islander substance use services are referred to treatment and rehabilitation as a result of legal proceedings. In 2011-12, 4 in 5 (81% or 54) substance use services reported receiving a proportion of their clients as referrals from the justice system—lower than in the previous year (90%). Of these 54 services (85% or 46) reported that up to half their clients were referred from the justice system. This is higher than in the previous year (80%). The remaining 8 services reported that more than half their clients were referred from the justice system, with 6 of them (11%) receiving more than three-quarters of their clients as a result of legal proceedings (Figure 3.16).



Episodes of care

Residential episodes of care

A residential treatment and rehabilitation episode of care refers to one treatment period, from the time of admission into treatment through to discharge. If a client receives treatment from the service on two separate occasions, then this is described as two episodes of care.

In 2011-12, all 27 substance use services providing residential treatment and rehabilitation programs reported on their episodes of care. These services reported about 2,800 episodes of care (Table 3.8). This is 22% lower than in the previous year (3,600).

Aboriginal or Torres Strait Islander clients received more than three-quarters (79%) of all episodes of care, while non-Indigenous clients received 21% – similar proportions to the previous year (85% and 15%). About three-quarters of residential treatment and rehabilitation services (74% or 20) had a waiting list in 2011-12. Nearly two-thirds (65% or 13) of these services had 10 or more people waiting to receive treatment or assistance for substance use. This is similar to the previous year (52% or 11).

Table 3.8: Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for residential treatment, by Indigenous status and sex, 2011–12

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	1,610	609	2,219	78.5
Non-Indigenous	498	111	609	21.5
Total	2,108	720	2,828	100.0

Note: n = 27.

Source: AIHW analyses of OSR data collection, 2008–12.

Sobering-up, residential respite and short-term care episodes

An episode of sobering-up, residential respite or short-term care starts at admission into a sobering-up, residential respite or short-term care program and ends at discharge. Each time a client comes to stay is a separate episode of care.

In 2011–12, 13 substance use services reported about 10,200 episodes of care for sobering-up, residential respite and short-term care. This is 30% lower than the number reported in the previous year (about 14,600). On average, each client had about 1.4 episodes of care.

Aboriginal and Torres Strait Islander clients received almost all (98%) episodes of care, as was the case in the previous year. Of these, 63% were for male clients and 37% were for female clients (Table 3.9).

Table 3.9: Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for sobering-up, residential respite and short-term care, by Indigenous status and sex, 2011–12

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	6,385	3,694	10,079	98.4
Non-Indigenous	138	30	168	1.6
Total	6,523	3,724	10,247	100.0

Note: n = 13.

Source: AIHW analyses of OSR data collection, 2008–12.

Non-residential, follow-up and after-care episodes

An episode of non-residential, follow-up and after-care refers to each occasion an individual client has contact with a substance use service to access non-residential care, such as: substance use counselling; assessment; treatment; education; support; or follow-up from residential services.

In 2011–12, 76% or 51 substance use services providing non-residential, follow-up and after-care programs reported on their episodes of care. These services reported about 61,000 episodes of non-residential, follow-up and after-care. This is 20% lower than the number reported in the previous year (about 76,000), but higher than in 2009–10 (about 56,000). On average, each client had about three episodes of care in 2011–12. Aboriginal and Torres Strait Islander clients received almost three-quarters (74%) of all episodes of care, a similar proportion to the previous year (69%), and non-Indigenous clients received one-quarter (26%) (Table 3.10).

More than half (53%) of all episodes of care to Aboriginal and Torres Strait Islander clients were provided to male clients, and just under half provided to female clients (47%).

About 2 in 5 episodes of care to Aboriginal and Torres Strait Islander clients were provided to clients aged 36 or over (44%), and to those aged from 19 to 35 (46%). About 1 in 10 (10%) were provided to clients aged 18 or under.

Table 3.10: Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for non-residential, follow-up and after-care, by Indigenous status and sex, 2011–12

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	23,877	21,233	45,110	74.1
Non-Indigenous	8,987	6,819	15,806	25.9
Total	32,864	28,052	60,916	100.0

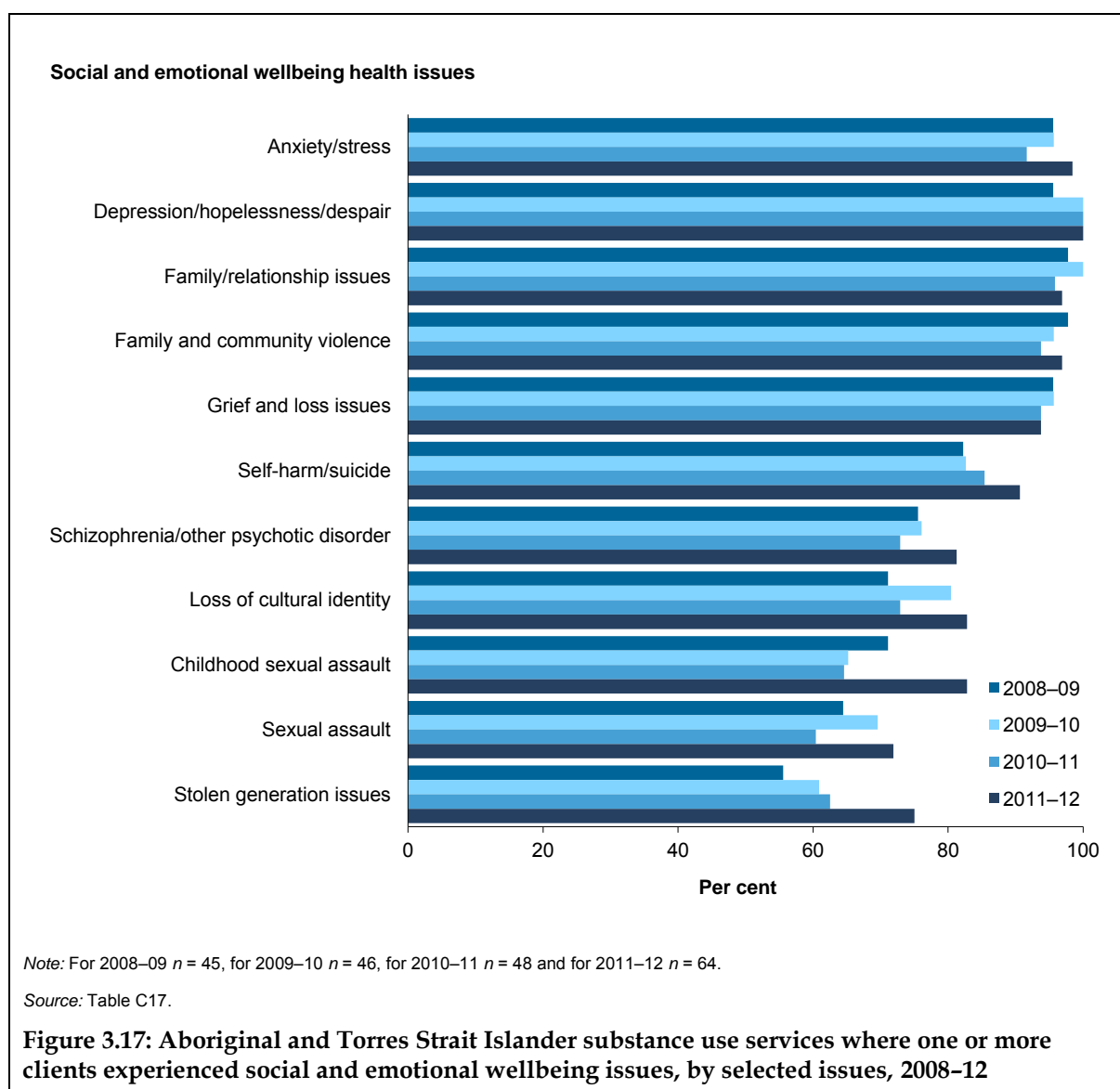
Notes

1. $n = 51$.
2. The estimated number of episodes of care excludes a small number of clients for whom Indigenous status and sex were not recorded.

Source: AIHW analyses of OSR data collection, 2008–12.

Social and emotional wellbeing of clients

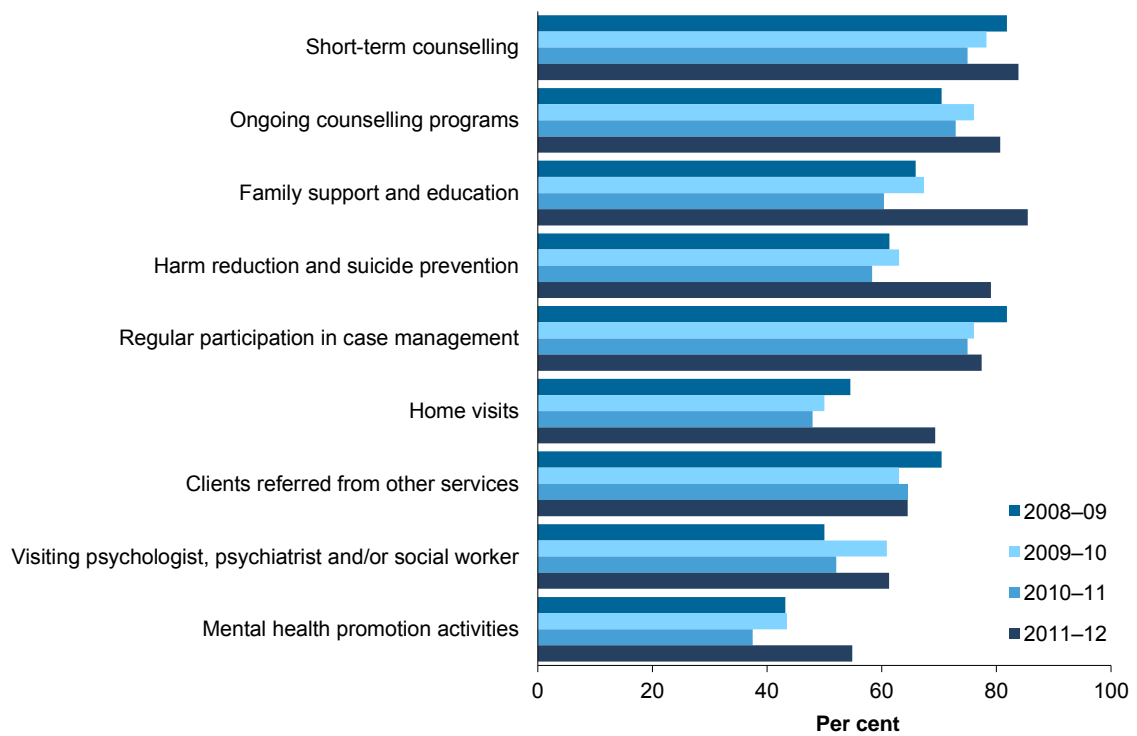
In 2011–12, nearly all (96%) substance use services reported that negative social and emotional wellbeing issues were experienced by one or more of their clients. Of these, all reported that one or more of their clients experienced depression, hopelessness and despair (100%), and nearly all reported that clients experienced anxiety and stress (98%), family and relationship issues (97%), family and community violence (97%) and grief and loss issues (94%). About 9 in 10 (91%) reported self-harm or suicide as issues, and 4 in 5 (81%) reported that one or more clients experienced schizophrenia or another psychotic disorder (Figure 3.17). The proportions of services reporting their clients experienced self-harm or suicide (91% compared with 85%), schizophrenia or another psychotic disorder (81% compared with 73%), loss of cultural identity (83% compared with 73%), childhood sexual assault (83% compared with 65%) and stolen generation issues (75% compared with 63%) are higher compared with the previous year.



Most services (93%) had one or more mental health or social and emotional wellbeing activities available to their clients in 2011-12. Around 4 in 5 services provided family support and education (85%), short-term counselling (84%), ongoing counselling programs (81%), harm reduction and suicide prevention activities (79%), and participated regularly in case management with other agencies (77%).

More than 3 in 5 services provided home visits (69%), received clients with mental health issues referred from other organisations (65%), and had a visiting psychologist, psychiatrist or social worker (61%) which are generally higher than or similar to the previous year (48%, 65% and 52%, respectively) (Figure 3.18).

Mental health and social and emotional wellbeing activities



Note: For 2008–09 $n = 44$, for 2009–10 $n = 46$, for 2010–11 $n = 48$ and for 2011–12 $n = 62$.

Source: Table C18.

Figure 3.18: Aboriginal and Torres Strait Islander substance use services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–12

4 Bringing Them Home and Link Up counselling services

4.1 About Bringing Them Home services

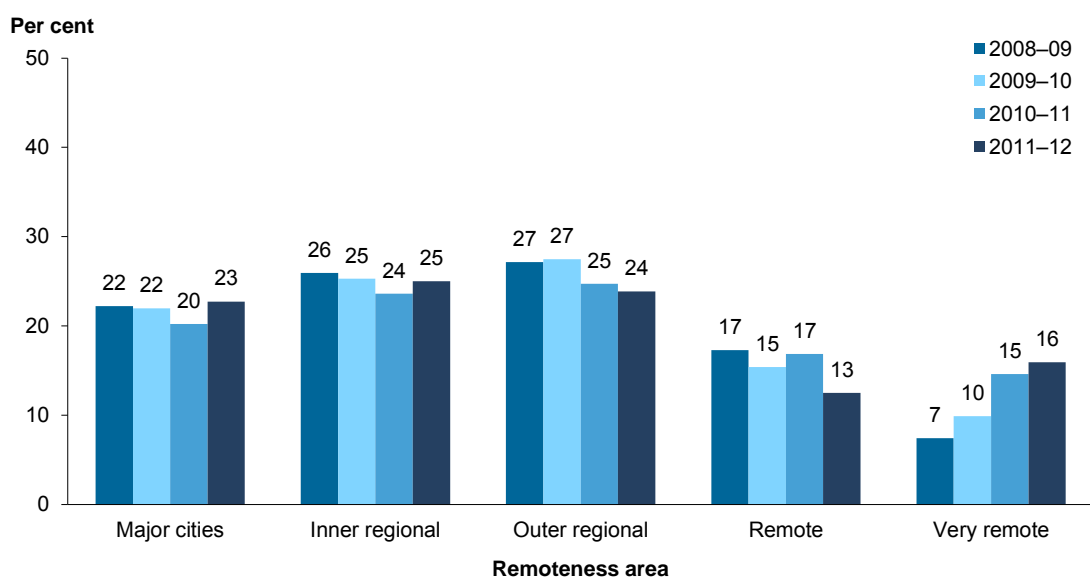
Bringing Them Home and Link Up counselling services were developed in response to the Bringing Them Home report of the 1997 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. Bringing Them Home and Link Up counsellors help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families to reunite with their families, culture and community, and to restore their social and emotional wellbeing. The Bringing Them Home Counsellor Program provides counselling and other related services to individuals, families and communities. Link Up services support people in tracing, locating and reuniting with their families.

In 2011–12, 88 out of 90 (98%) services that received funding from the Australian Government to provide Bringing Them Home and Link Up counselling services provided valid data to the OSR questionnaire. The number of reporting service is similar to the previous year (89).

Location

In 2011–12, Bringing Them Home and Link Up counselling services were located in all states and territories, and across all geographical areas. About half of these services were located in *Outer regional* (24% or 21) and *Inner regional* areas (25% or 22) combined. The remaining services were located in *Major cities* (23% or 20), *Remote* areas (13% or 11) and *Very remote* areas (16% or 14) (Figure 4.1).

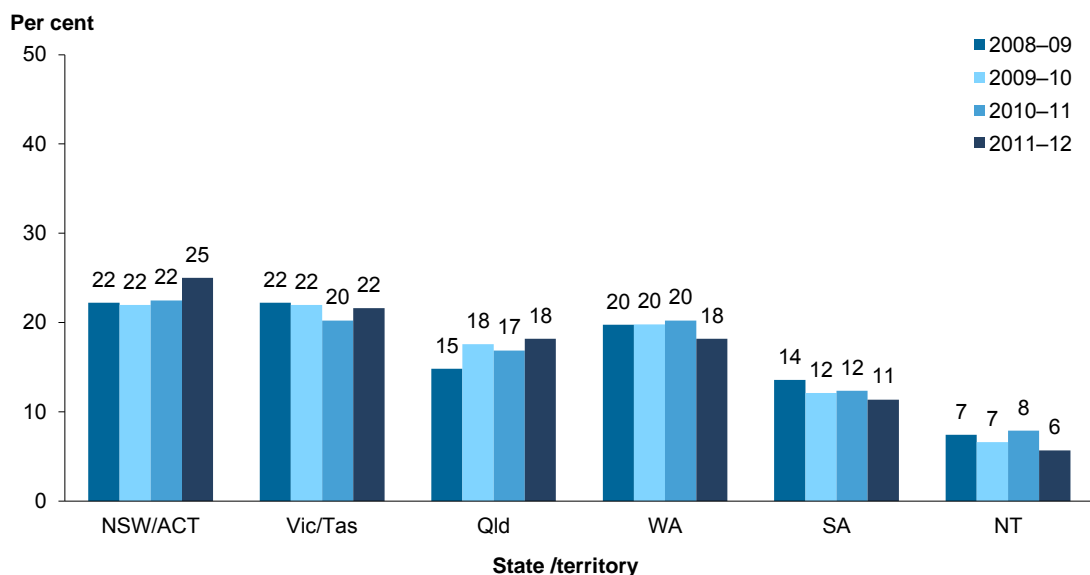
One-quarter of services were located in New South Wales and the Australian Capital Territory (25% or 22). About 1 in 5 services were located in Victoria and Tasmania combined (22% or 19), Queensland (18% or 16) and Western Australia (18% or 16). The remaining services were located in South Australia (11% or 10) and the Northern Territory (6% or 5) (Figure 4.2).



Note: For 2008–09 $n = 81$ (Major cities 18, Inner regional 21, Outer regional 22, Remote 14 and Very remote 6); for 2009–10 $n = 91$ (Major cities 20, Inner regional 23, Outer regional 25, Remote 14 and Very remote 9); for 2010–11 $n = 89$ (Major cities 18, Inner regional 21, Outer regional 22, Remote 15 and Very remote 13); and for 2011–12 $n = 88$ (Major cities 20, Inner regional 22, Outer regional 21, Remote 11 and Very remote 14).

Source: Table D1.

Figure 4.1: Bringing Them Home and Link Up counselling services, by remoteness, 2008–12



Note: For 2008–09 $n = 81$ (NSW/ACT 18, Vic/Tas 18, Qld 12, WA 16, SA 11 and NT 6); for 2009–10 $n = 91$ (NSW /ACT 20, Vic/Tas 20, Qld 16, WA 18, SA 11 and NT 6); for 2010–11 $n = 89$ (NSW/ACT 20, Vic/Tas 18, Qld 15, WA 18, SA 11 and NT 7); and for 2011–12 $n = 88$ (NSW/ACT 22, Vic/Tas 19, Qld 16, WA 16, SA 10 and NT 5).

Source: Table D2.

Figure 4.2: Bringing Them Home and Link Up counselling services, by state and territory, 2008–12

Accreditation

In 2011–12, almost 9 in 10 (86%) Bringing Them Home and Link Up counselling services were accredited. This is higher than in the previous year (77%) (Table 4.1). Of these, most accredited services (86% or 65) achieved accreditation by the Royal Australian College of General Practitioners (RACGP).

Table 4.1: Bringing Them Home and Link Up counselling services, by accreditation type, 2008–12

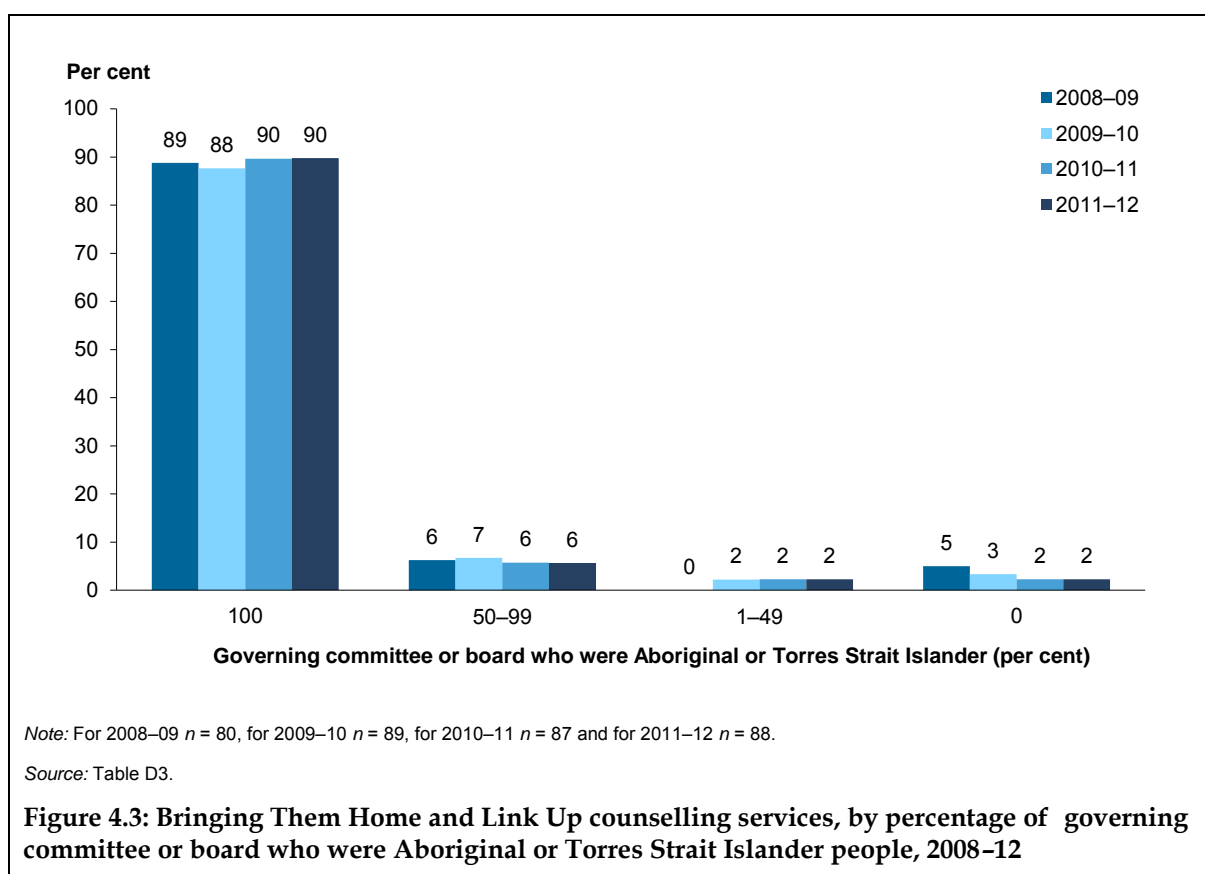
Accreditation type	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
RACGP accreditation	47	88.7	58	89.2	63	91.3	65	85.5
Organisational standard accreditation	6	11.3	8	12.3	12	17.4	23	30.3
Other accreditation	8	15.1	11	16.9	10	14.5	12	15.8
<i>Total accredited</i>	<i>53</i>	<i>65.4</i>	<i>65</i>	<i>71.4</i>	<i>69</i>	<i>77.5</i>	<i>76</i>	<i>86.4</i>
<i>Not accredited</i>	<i>28</i>	<i>34.6</i>	<i>26</i>	<i>28.6</i>	<i>20</i>	<i>22.5</i>	<i>12</i>	<i>13.6</i>
Total services	81	..	91	..	89	..	88	..

Note: Some services had more than one type of accreditation.

Source: AIHW analyses of OSR data collection, 2008–12.

Governance

In 2011–12, all 88 Bringing Them Home and Link Up counselling services provided information on the make-up of their board or committee. Of these, 90% had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people (Figure 4.3). This is the same as the previous year (90%). Most services had regular meetings of the governing committee or board during 2011–12 and presented income and expenditure statements to the committee or board at least twice a year (99% and 99%, respectively). The board or committee members received training to help them in their roles in about 9 in 10 services (90%) in the same reporting period.



Staffing

Number of counsellors

At 30 June 2012, 91% (80) Bringing Them Home and Link Up counselling services employed a total of 129 counsellors, or 113 FTE counsellor positions. This is about 9% lower than in the previous year (142 counsellors or 124 FTE positions). Counsellors were employed in every state and territory, with the largest number of FTE counsellors employed in both Western Australia and Queensland (21% or 22 FTE each), followed by New South Wales and the Australian Capital Territory combined (20% or 22 FTE) and Victoria and Tasmania combined (19% or 22 FTE). The number of FTE positions is lower in the Northern Territory compared with the previous year (9% or 10 compared with 14% or 17) (Figure 4.4).

Sixty-one per cent (54) Bringing Them Home and Link Up counselling services employed one counsellor, 18% (16) employed two counsellors and 11% (10) had 3 or more counsellors. The remaining 8 services (9%) had vacant positions (Figure 4.5).



Note: For 2009 total FTE = 111 and $n = 77$ (NSW/ACT 17, Vic/Tas 18, Qld 11, WA 14, SA 11 and NT 6)

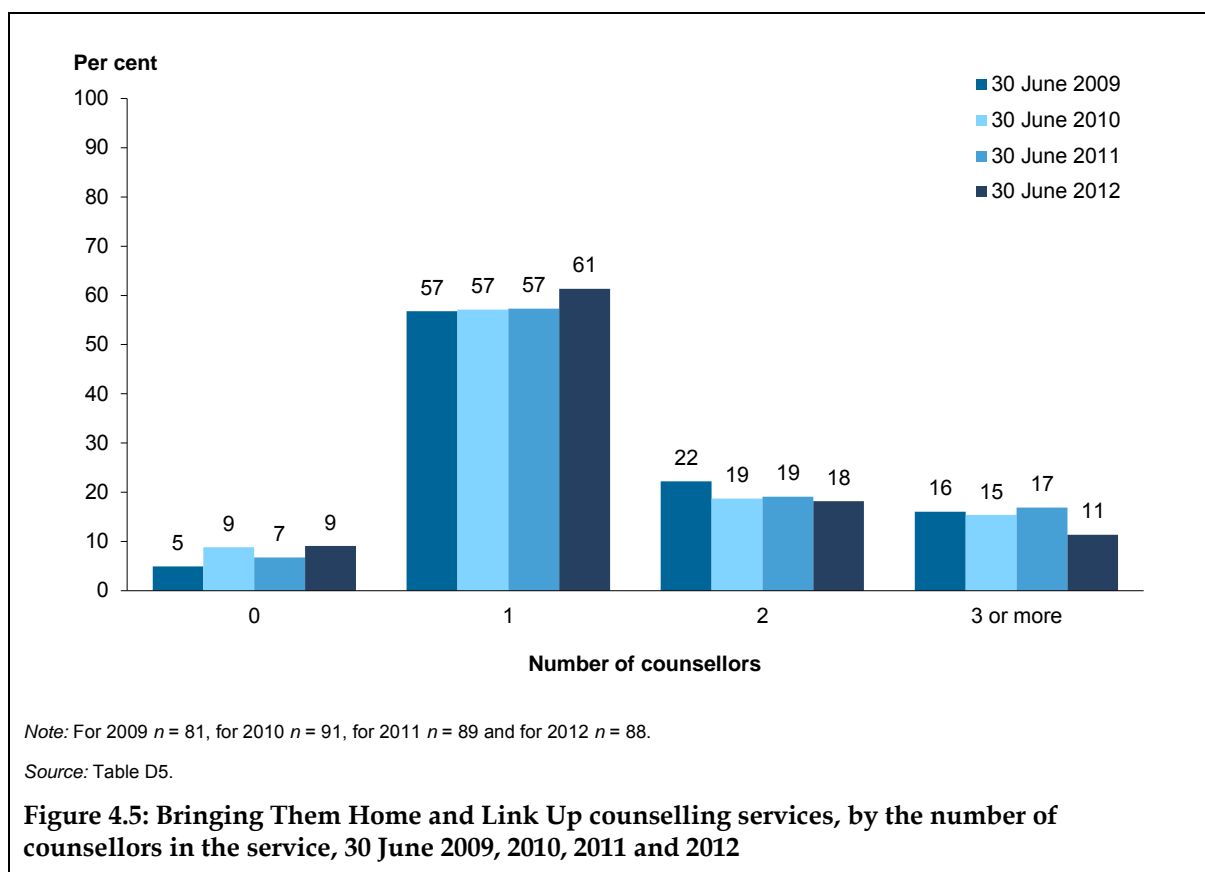
for 2010 total FTE = 116 and $n = 83$ (NSW/ACT 20, Vic/Tas 18, Qld 13, WA 16, SA 10 and NT 6)

for 2011 total FTE = 124 and $n = 83$ (NSW/ACT 19, Vic/Tas 18, Qld 14, WA 15, SA 10 and NT 7)

and for 2012 total FTE = 106 and $n = 80$ (NSW/ACT 20, Vic/Tas 18, Qld 15, WA 14, SA 10 and NT 3).

Source: Table D4.

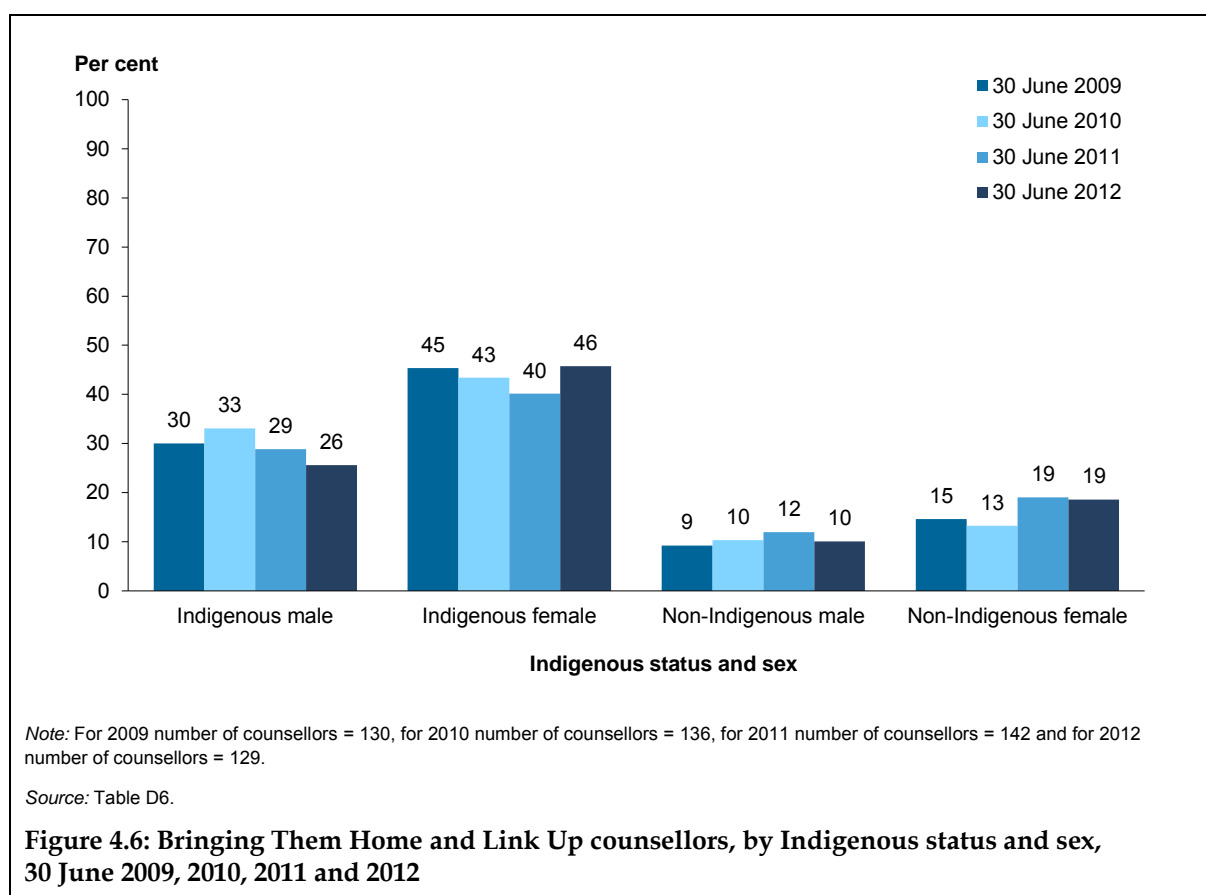
Figure 4.4: Number of full-time equivalent Bringing Them Home and Link Up counsellor positions, by state and territory, 30 June 2009, 2010, 2011 and 2012



Indigenous status of counsellors

More than 4 in 5 (83% or 66) Bringing Them Home and Link Up counselling services with counsellors had at least one counsellor of Aboriginal and Torres Strait Islander descent. A small proportion of these services had non-Indigenous counsellors only (17% or 14). These proportions are the same as the previous year (83% and 17%).

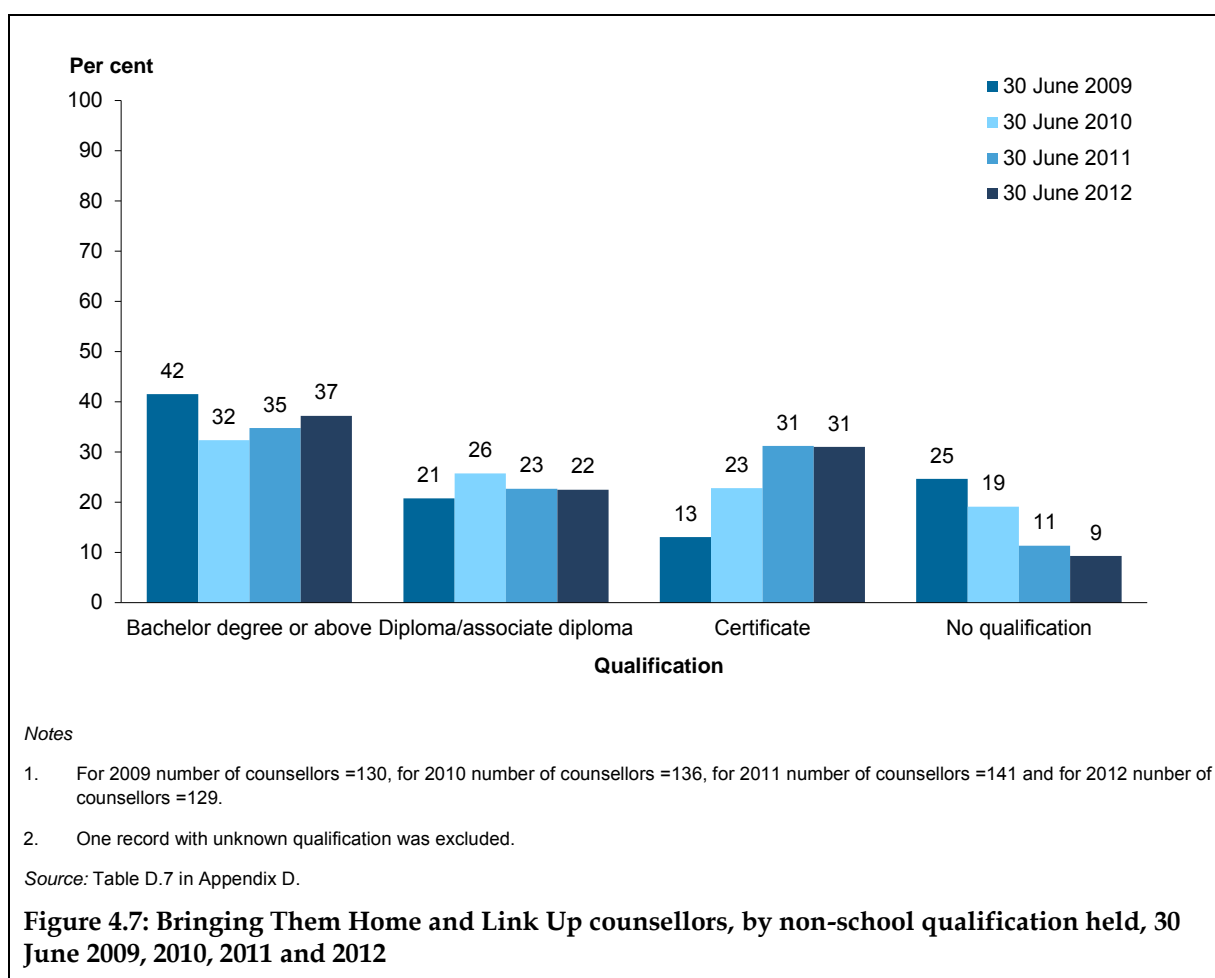
Of the 129 counsellors employed at 30 June 2012, 72% were Indigenous – 46% were Indigenous females and 26% were Indigenous males, compared with 40% and 29%, respectively, in the previous year (Figure 4.6).



Qualifications and training undertaken

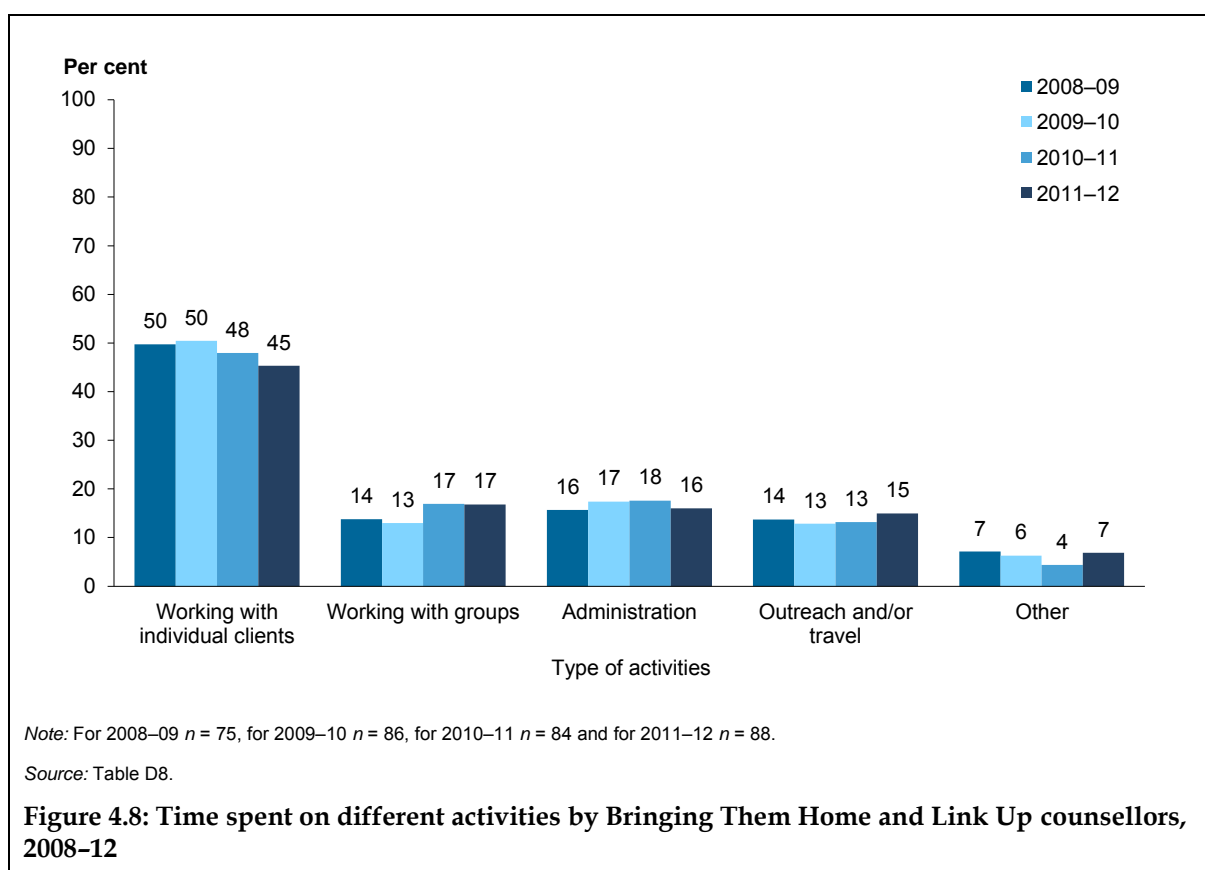
Nine in ten counsellors (91%) held a non-school qualification, similar to the previous year (89%). Almost 2 in 5 (37%) counsellors held a Bachelor degree or above, which is similar to the previous year (35%). More than 1 in 5 counsellors (22%) held a diploma-level qualification, similar to the previous year (23%). Three in ten (31%) had a certificate-level qualification (Figure 4.7). Common fields of study in which qualifications were held included psychology, mental health, social work, counselling and Indigenous community studies.

In 2011–12, 44% or 39 Bringing Them Home and Link Up counselling services reported on formal training their counsellors attended. Some common training areas were mental health, narrative therapy and community care.



Time spent on different activities

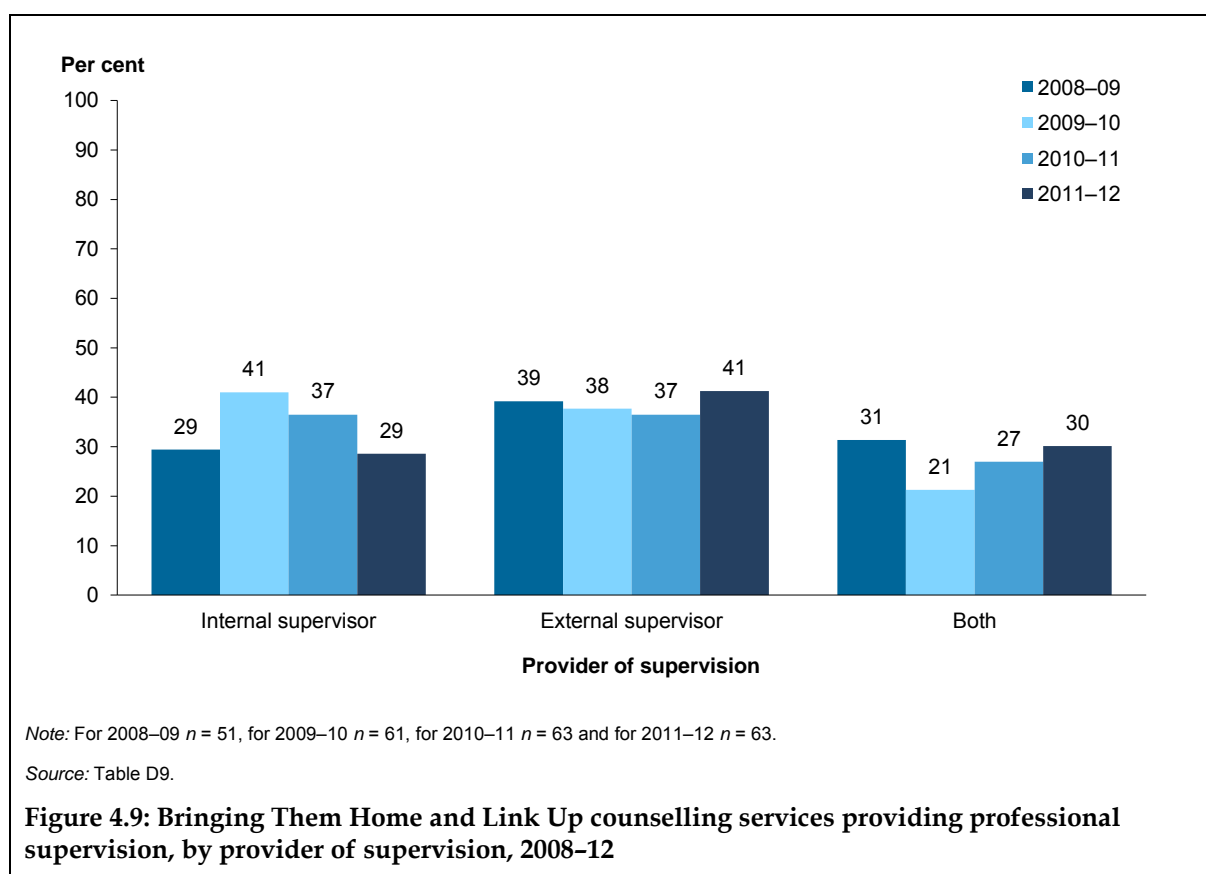
All Bringing Them Home and Link Up counselling services reported on how their counsellors spent their time. In 2011–12, counsellors spent on average almost half their time (45%) working directly with clients. Counsellors also spent time on working with groups (17%), administration (16%), outreach and/or travel (15%) and other tasks (7%). This is similar to how time was spent in the previous year (48%, 17%, 16%, 15% and 7%, respectively) (Figure 4.8).



Supervision for counsellors

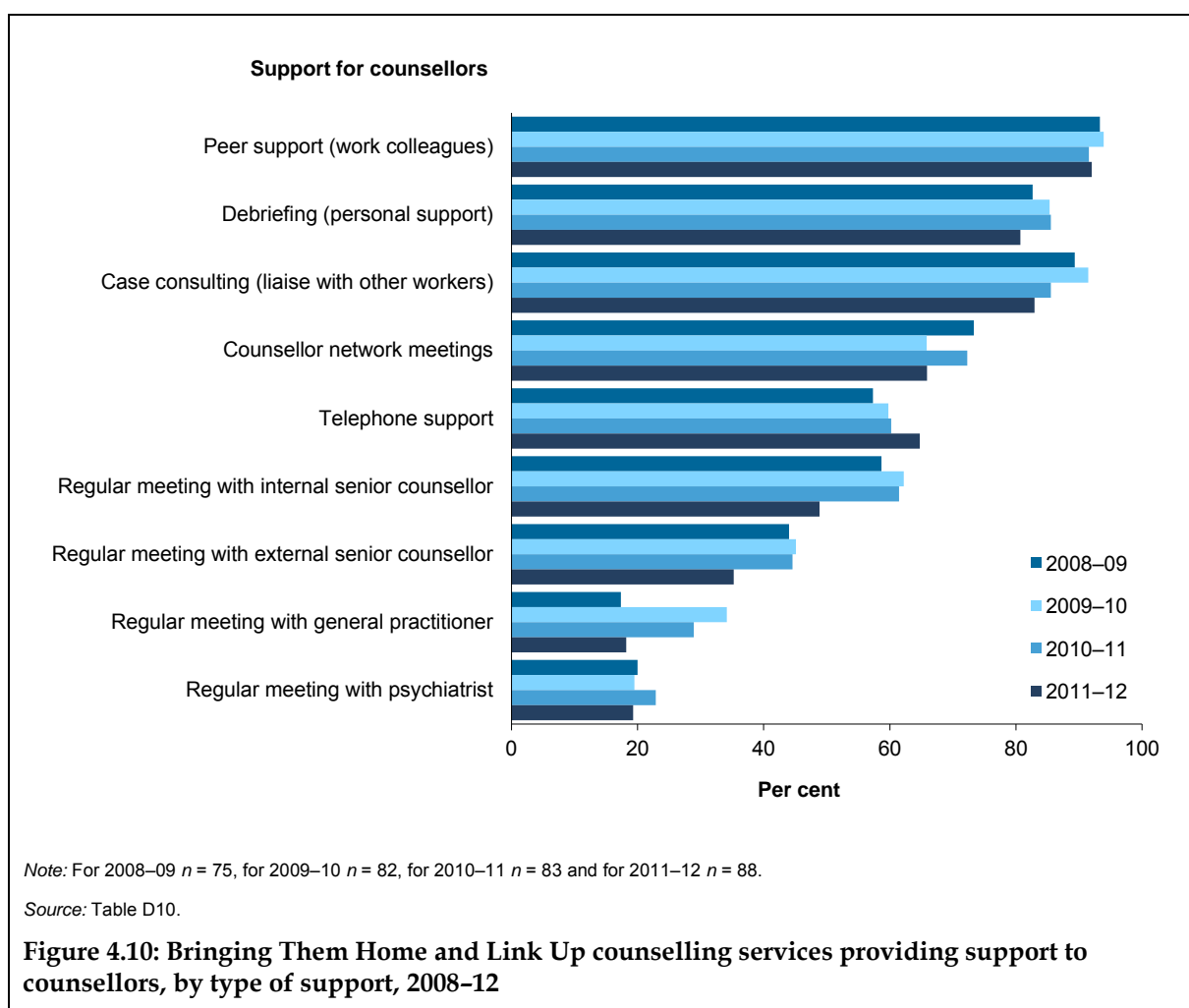
Clinical supervision is the formal provision by approved supervisors of relationship-based education and training that is work-focused and manages, supports, develops and evaluates the work of colleagues. The main methods used are corrective feedback on the supervisee's performance, teaching and collaborative goal setting (NSWIRCST 2008).

In 2011–12, 72% or 63 services reported that their counselling staff received supervision from a qualified professional. Among services where counsellors received supervision, almost 3 in 10 reported that their counselling staff received supervision from a person who worked at the service. This is lower than in the previous year (29% compared with 37%). Two in five said staff received supervision from a person who did not work at their service. This is higher than in the previous year (41% compared with 37%). The remaining services had staff who received supervision from someone at the service and someone external to the service. This is higher than in the previous year (30% compared with 27%) (Figure 4.9).



Types of support for counsellors

In 2011-12, all 88 services reported on the types of support available to their counsellors. For these services, common types of support available to counsellors were peer support (92%), consulting with other workers about their cases (83%) and debriefing (81%). About two-thirds of services had counsellor network meetings (66%) and telephone support available (65%). Compared with the previous year, lower proportions of services had regular meetings with an internal senior counsellor (49% compared with 61%), an external senior counsellor (35% compared with 45%) and a clinical supervisor (general practitioner) mentor (18% compared with 29%), and a higher proportion had telephone support (65% compared with 60%) (Figure 4.10).

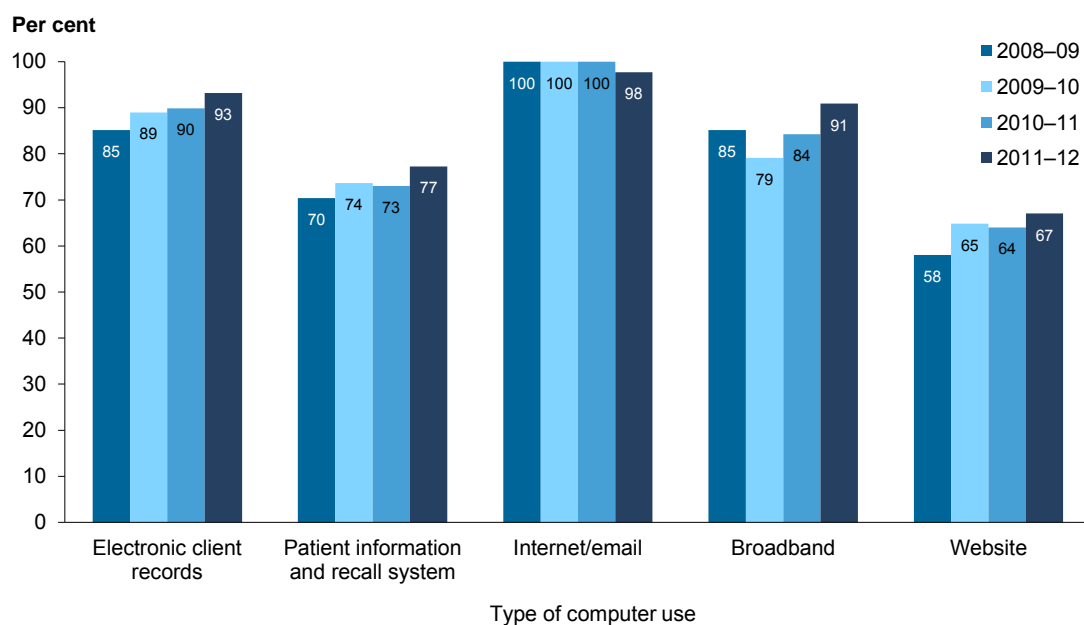


Vacant positions

In 2011–12, almost one-quarter (24% or 21) of these services reported 22 vacant FTE counsellor positions as at 30 June 2012. This is lower than in the previous year (29% of services with 27 FTE vacant positions). One-third of these positions (33%) were vacant for more than 26 weeks. This is lower than in the previous year (38%).

Information technology

In 2011–12, all Bringing Them Home and Link Up counselling services reported using computers, email and the Internet, with most (98%) having a broadband Internet connection. Two-thirds of services (67%) reported having a website. Most services (93%) used electronic client records, and three-quarters (77%) had patient information and recall systems, which are both higher than in the previous year (90% and 73%, respectively) (Figure 4.11).



Note: For 2008-09 $n = 81$, for 2009-10 $n = 91$, for 2010-11 $n = 89$ and for 2011-12 $n = 88$.

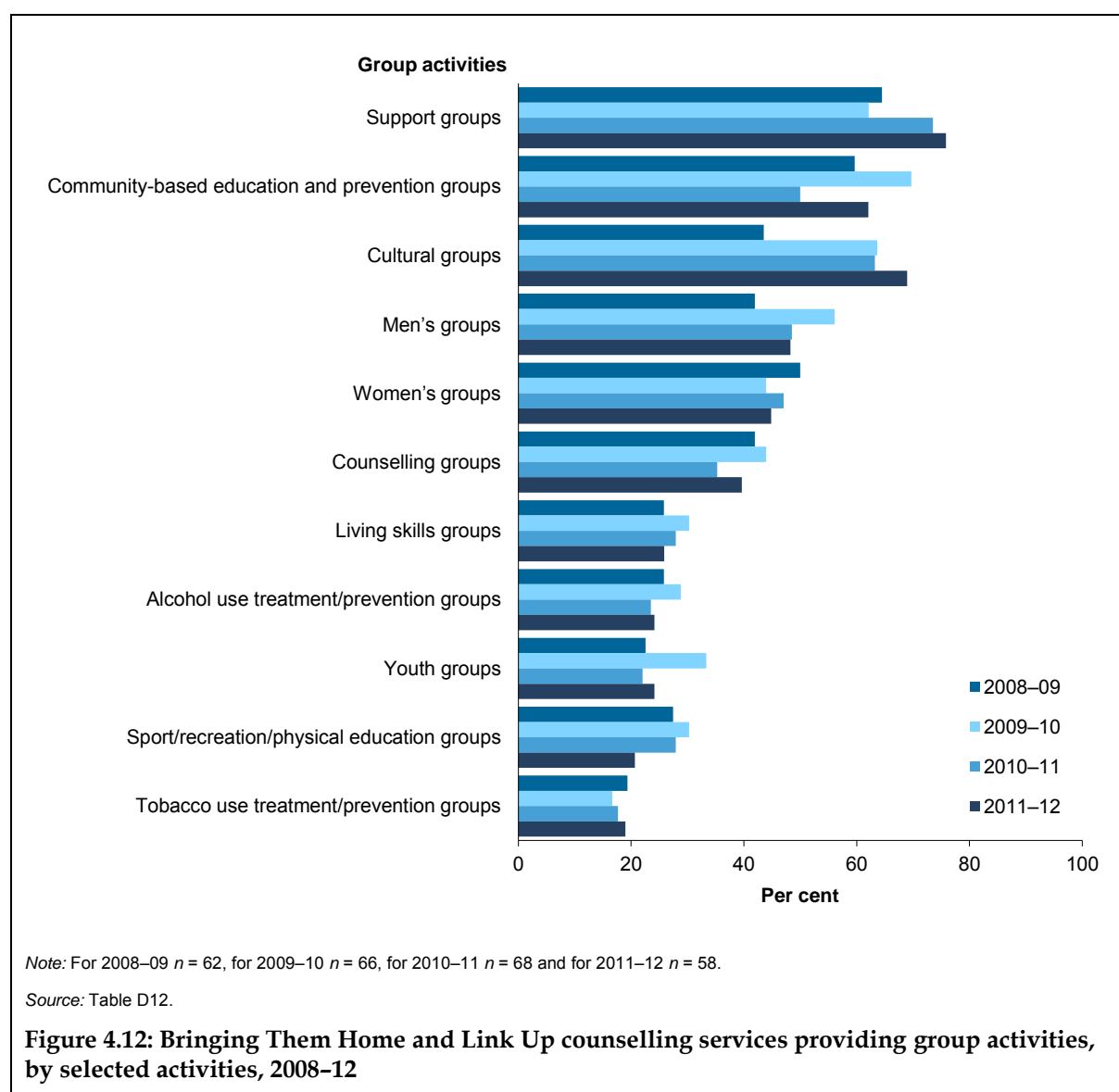
Source: Table D11.

Figure 4.11: Bringing Them Home and Link Up counselling services using computers, by type of usage, 2008-12

4.2 Services provided

Group activities

In 2011–12, about two-thirds (66% or 58) of services provided group activities – a lower proportion to the previous year (76%). Of these, 3 in 5 (62%) services provided community-based education and prevention groups, and two-thirds ran cultural groups (69%) and three-quarters ran support groups for clients (76%). Some services provided group activities for specific population groups – 48% ran a men’s group, 45% a women’s group, and 24% a youth group. Compared with the previous year, there are increases in the proportion of services providing community-based education and prevention groups (62% compared with 50%), cultural groups (69% compared with 63%) and counselling groups (40% compared with 35%) (Figure 4.12).



4.3 Clients

Client numbers

In 2011–12, most (92% or 81) Bringing Them Home and Link Up counselling services reported on their client numbers. These services reported about 9,800 clients in total. This is a decrease of about 17% compared with 2010–11 (11,800 clients) and similar to in 2009–10 (10,700 clients). This decrease may in part reflect a decrease in the number of counsellors. Most (96%) clients were Indigenous and a small proportion (4%) were non-Indigenous. About 3 in 5 Aboriginal and Torres Strait Islander clients (63%) were female, and 37% were male.

About 20% of all clients were first-generation clients (those who were moved from their families and communities) and 18% were second-generation clients (those whose parents are first-generation members). The proportion of first-generation clients is lower than in the previous year (31%). Third- and subsequent generation clients – those whose grandparents are first-generation members or who are directly descended from people who were moved from their families and communities – accounted for 16%. Proportions of second-, third- and subsequent generation clients were higher than in the previous year (13% and 13%, respectively). More than 2 in 5 clients (42%) were other Aboriginal and Torres Strait Islander clients, a higher proportion than in the previous year (34%) (Table 4.2).

Almost 3 in 10 clients received counselling at services located in *Major cities* (29%) areas. This is higher than the previous year (22%). About 1 in 10 clients received counselling at services in *Very remote* areas (13%). This was much lower than the previous year (28%).

The geographical distribution of clients of different generations varied. About one-third of first-generation clients received counselling at services located in *Major cities* areas (35%), and one-quarter at services located in *Outer regional* areas (25%). Together more than two-thirds of second-generation clients sought counselling in services located in *Major cities* (24%), *Remote* areas (21%), and *Very remote* area (23%). One in 3 (37%) of third- and subsequent generation clients sought counselling at services located in *Remote* areas, and 3 in 10 (29%) at services located in *Inner regional* areas.

Table 4.2: Estimated clients of Bringing Them Home and Link Up counselling services, by Indigenous status, sex and generation, 2011–12

Indigenous status and generation	Male	Female	Total (number)	Total (per cent)
First-generation clients	618	1,328	1,946	19.8
Second-generation clients	587	1,133	1,720	17.5
Third- and subsequent generation clients	606	972	1,578	16.1
Other Aboriginal and Torres Strait Islander clients	1,638	2,507	4,145	42.2
Non-Indigenous clients	175	257	432	4.4
Total clients	3,624	6,197	9,821	100

Notes

1. $n = 81$.
2. First-generation clients are those who were moved from their families and communities. Second-generation clients are those clients whose parent(s) are first-generation members. Third- and subsequent generation clients are grandchildren or direct descendants of those who are first-generation members.

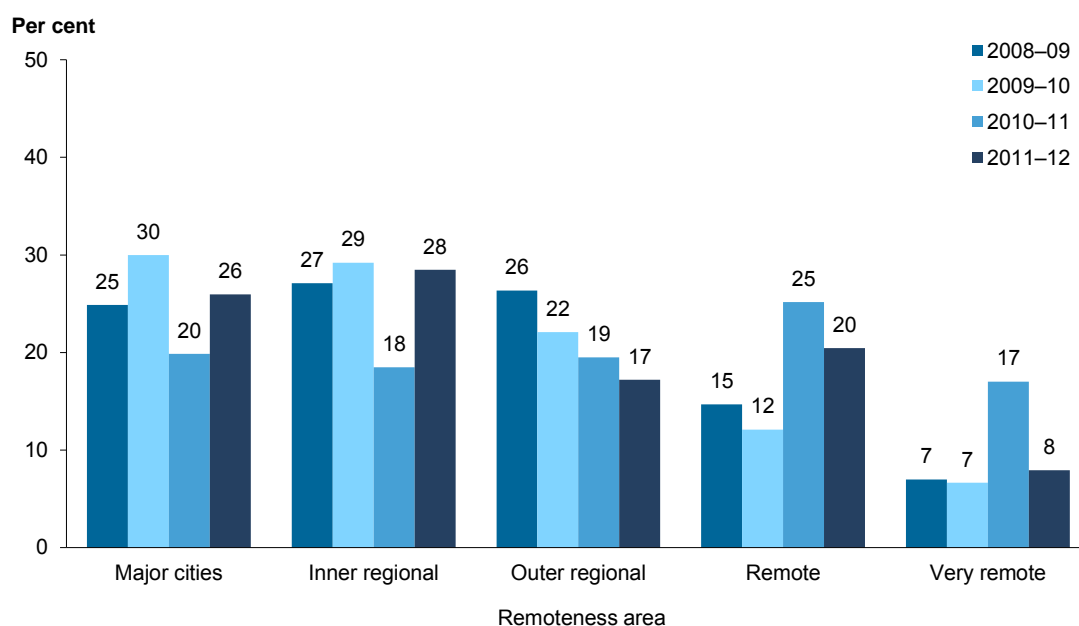
Source: AIHW analyses of OSR data collection, 2008–12.

Client contacts

A client contact occurs on each occasion a client with an individual file contacts a counsellor to receive care or information, in person or by phone. Accurate information on client contacts can be hard to collect and, for this reason, it is possible that some services have underestimated their client contact figures.

In 2011–12, most (94% or 83) Bringing Them Home and Link Up counselling services reported on their client contacts. These services reported an estimated 48,600 client contacts. Of these contacts, 39% (19,000) were with male clients and 60% (29,200) were with female clients. There was a small number of clients with no sex recorded (1%). The number of contacts was 9% higher than in the previous year (44,400). Nearly all (96%) contacts were with Aboriginal and Torres Strait Islander clients.

More than half of client contacts were recorded in *Major cities* (26% or 12,600) and *Inner regional areas* (28% or 13,800). The proportion of client contacts recorded in *Major cities* and *Inner regional areas* were both higher than in the previous year (20% and 18%, respectively). The lowest number of client contacts recorded was for *Very remote areas* (8% or 3,800), which was also lower than in the previous year (17% or 7,600). The proportion of client contacts recorded in *Outer regional areas* (17%) and *Remote areas* (20%) were also lower than in the previous year (19% and 25%, respectively) (Figure 4.13).

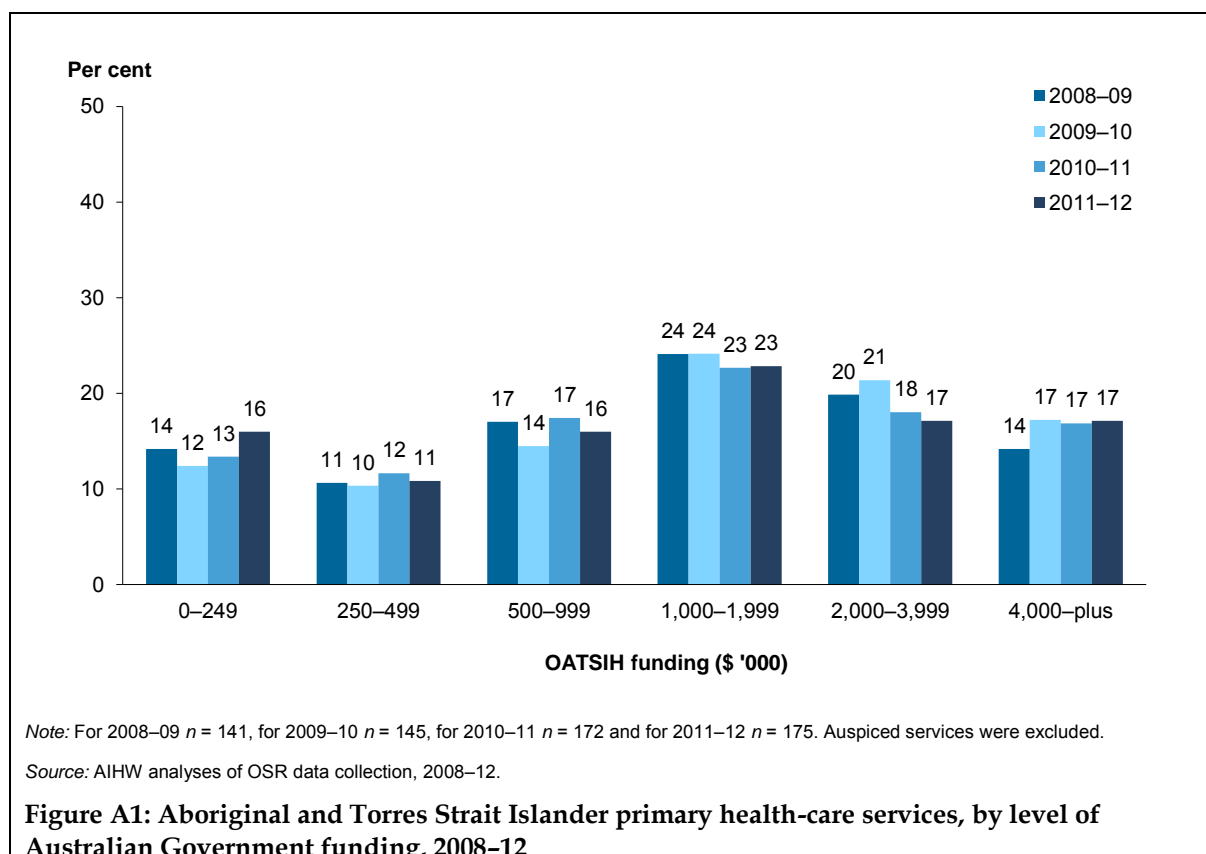


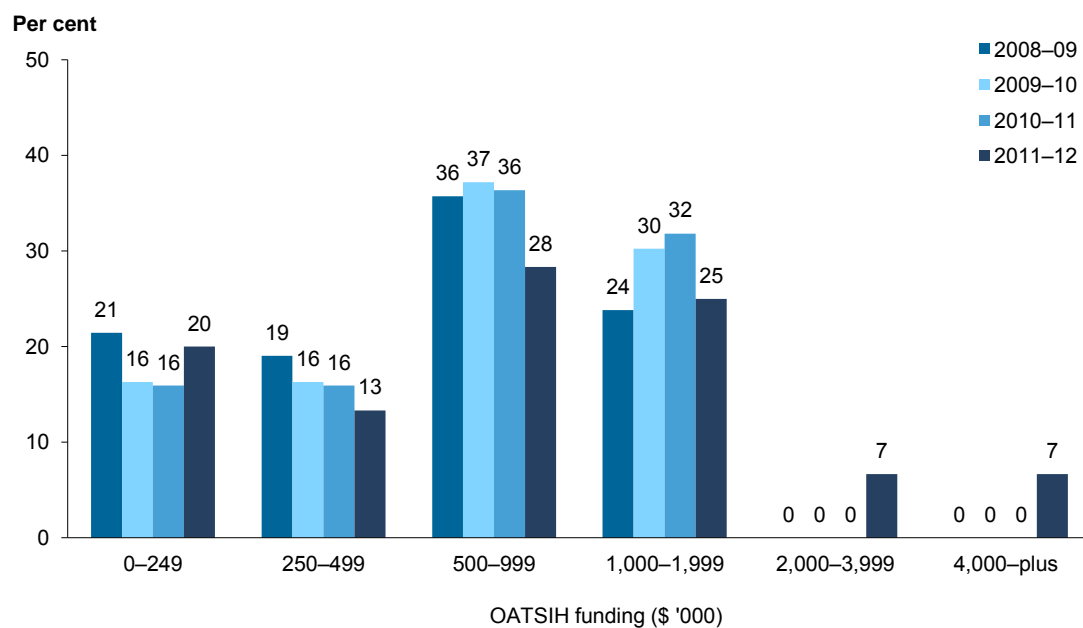
Note: For 2008-09 $n = 72$ (Major cities 16, Inner regional 20, Outer regional 19, Remote 11 and Very remote 6)
 for 2009-10 $n = 84$ (Major cities 18, Inner regional 22, Outer regional 23, Remote 13 and Very remote 8)
 for 2010-11 $n = 83$ (Major cities 18, Inner regional 21, Outer regional 20, Remote 12 and Very remote 12)
 and for 2011-12 $n = 83$ (Major cities 20, Inner regional 21, Outer regional 20, Remote 10 and Very remote 12).

Source: Table D13.

Figure 4.13: Client contacts of Bringing Them Home and Link Up counselling services, by remoteness area, 2008-12

Appendix A Australian Government funding categories for Aboriginal and Torres Strait Islander health services

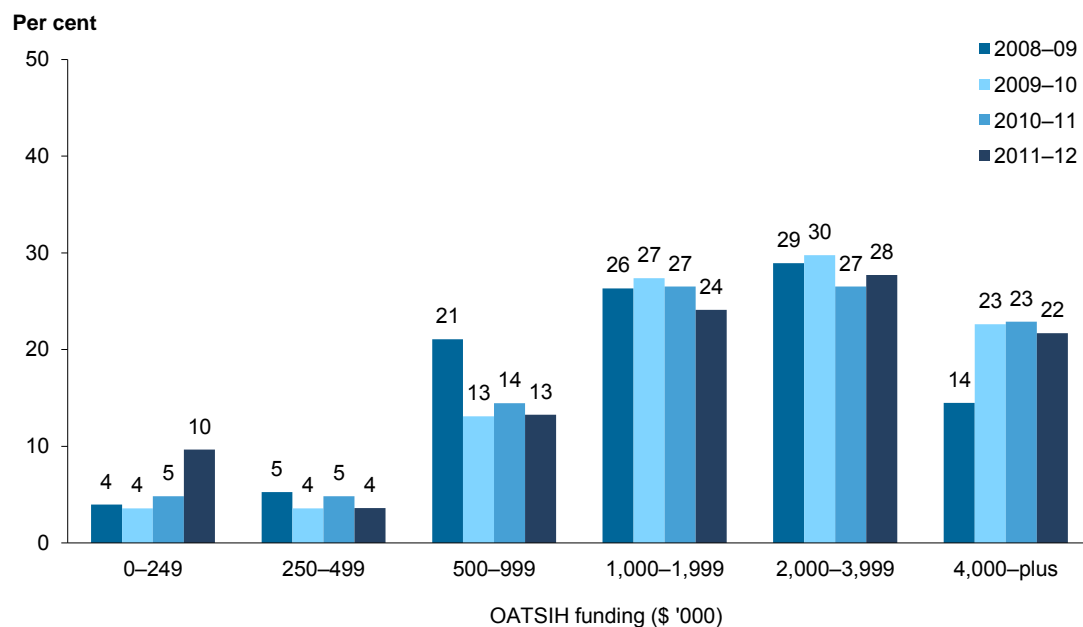




Note: For 2008-09 $n = 42$, for 2009-10 $n = 43$, for 2010-11 $n = 44$ and for 2011-12 $n = 60$. Auspiced services were excluded.

Source: AIHW analyses of OSR data collection, 2008-12.

Figure A2: Aboriginal and Torres Strait Islander substance use services, by level of Australian Government funding, 2008-12



Note: For 2008-09 $n = 76$, for 2009-10 $n = 84$, for 2010-11 $n = 83$ and for 2011-12 $n = 83$. Auspiced services were excluded.

Source: AIHW analyses of OSR data collection, 2008-12.

Figure A3: Bringing Them Home and Link Up counselling services, by level of Australian Government funding, 2008-12

Appendix B Statistical tables for Aboriginal and Torres Strait Islander primary health-care services

Table B1: Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12

Remoteness area	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	26	12.7	29	13.0	34	14.5	33	14.7
Inner regional	40	19.5	48	21.5	52	22.1	48	21.4
Outer regional	50	24.4	55	24.7	59	25.1	53	23.7
Remote	29	14.2	33	14.8	29	12.3	28	12.5
Very remote	60	29.3	58	26.0	61	26.0	62	27.7
Total	205	100.0	223	100.0	235	100.0	224	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table B2: Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12

State/territory	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW/ACT	41	20.0	51	22.9	57	24.3	53	23.7
Vic	24	11.7	26	11.7	25	10.6	25	11.2
Qld	31	15.1	33	14.8	37	15.7	37	16.5
WA	28	13.7	37	16.6	35	14.9	35	15.6
SA	14	6.8	13	5.8	15	6.4	13	5.8
Tas	10	4.9	10	4.5	11	4.7	9	4.0
NT	57	27.8	53	23.8	55	23.4	52	23.2
Total	205	100.0	223	100.0	235	100.0	224	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table B3: Aboriginal or Torres Strait Islander primary health-care services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12

Percentage of governing committee or board who were Aboriginal or Torres Strait Islander	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
100	136	76.8	133	73.1	141	73.8	138	71.9
50–99	14	7.9	20	11.0	10	5.2	16	8.3
1–49	11	6.2	12	6.6	14	7.3	17	8.9
0	16	9.0	17	9.3	26	13.6	21	10.9
Total	177	100.0	182	100.0	191	100.0	192	100.0

Note: Percentages were calculated based only on the number of services with a governing committee or board.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B4: Number of full-time equivalent staff employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Health staff	559	640	805	757	709	3,469
Managerial, administrative and support staff	360	416	505	446	348	2,074
Total	919	1,056	1,310	1,203	1,056	5,543

Note: $n = 221$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B5: Number and percentage of full-time equivalent positions employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of full-time equivalent positions						
AHW	149.4	198.6	264.6	157.0	161.2	930.8
Doctor	70.7	78.7	71.7	83.1	48.4	352.5
Nurse	95.6	106.1	124.8	213.6	243.1	783.1
Allied health professionals	26.7	20.4	54.8	55.0	17.1	174.0
Medical specialist	6.9	0.6	3.3	1.0	0.5	12.3
Dental care	51.4	45.6	22.7	11.2	6.8	137.7
Traditional healer	0.0	1.0	0.0	0.4	3.8	5.2
Driver/field officer	45.6	57.6	54.2	67.7	61.6	286.7
Social and emotional wellbeing	54.8	75.5	119.6	63.6	46.7	360.2
Other health-related	58.1	55.5	89.1	104.3	119.5	426.4
CEO/manager/supervisor	129.1	167.4	163.7	121.3	114.6	696.2
Administrative staff	230.8	248.5	341.4	324.4	233.2	1,378.3
Total	919.2	1,055.5	1,309.7	1,202.5	1,056.4	5,543.4
Percentage of full-time equivalent positions						
AHW	16.1	21.3	28.4	16.9	17.3	100.0
Doctor	20.0	22.3	20.3	23.6	13.7	100.0
Nurse	12.2	13.5	15.9	27.3	31.0	100.0
Allied health professionals	15.4	11.7	31.5	31.6	9.8	100.0
Medical specialist	56.2	5.2	26.4	8.2	4.1	100.0
Dental care	37.3	33.1	16.5	8.1	5.0	100.0
Traditional healer	0.0	19.2	0.0	7.7	73.1	100.0
Driver/field officer	15.9	20.1	18.9	23.6	21.5	100.0
Social and emotional wellbeing	15.2	21.0	33.2	17.7	13.0	100.0
Other health-related	13.6	13.0	20.9	24.5	28.0	100.0
CEO/manager/supervisor	18.6	24.1	23.5	17.4	16.5	100.0
Administrative staff	16.8	18.0	24.8	23.5	16.9	100.0
Total	16.6	19.0	23.6	21.7	19.1	100.0

Note: n = 221.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B6: Number and percentage of full-time equivalent positions employed by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, at 30 June 2012

Staff type	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Number of full-time equivalent positions								
AHW	214.8	106.3	192.6	172.6	86.8	12.4	145.2	930.8
Doctor	88.0	33.2	69.4	76.3	14.5	3.4	67.9	352.5
Nurse	136.6	53.8	93.9	187.3	49.6	7.1	254.9	783.1
Allied health professionals	25.2	16.3	36.0	47.7	3.5	3.1	42.3	174.0
Medical specialist	2.0	5.6	2.2	2.0	0.3	0.0	0.2	12.3
Dental care	55.6	35.8	24.1	10.3	3.9	0.7	7.5	137.7
Traditional healer	0.0	0.0	0.0	1.4	1.3	1.0	1.5	5.2
Driver/field officer	52.7	33.3	52.5	50.5	14.8	6.2	76.6	286.7
Social and emotional wellbeing	54.9	44.0	116.1	58.9	35.9	7.0	43.5	360.2
Other health-related	72.5	36.1	58.5	80.9	36.9	6.8	134.7	426.4
CEO/manager/supervisor	150.6	95.4	164.0	125.1	74.1	12.4	74.6	696.2
Administrative staff	241.3	147.8	303.5	304.9	101.5	30.4	249.0	1,378.3
Total	1,094.2	607.5	1,112.7	1,117.6	423.0	90.5	1,097.8	5,543.4
Percentage of full-time equivalent positions								
AHW	23.1	11.4	20.7	18.5	9.3	1.3	15.6	100.0
Doctor	25.0	9.4	19.7	21.6	4.1	1.0	19.3	100.0
Nurse	17.5	6.9	12.0	23.9	6.3	0.9	32.5	100.0
Allied health professionals	14.5	9.4	20.7	27.4	2.0	1.8	24.3	100.0
Medical specialist	16.1	45.5	17.5	16.1	2.7	0.3	1.9	100.0
Dental care	40.4	26.0	17.5	7.4	2.8	0.5	5.4	100.0
Traditional healer	0.0	0.0	0.0	26.9	25.1	19.2	28.8	100.0
Driver/field officer	18.4	11.6	18.3	17.6	5.2	2.2	26.7	100.0
Social and emotional wellbeing	15.2	12.2	32.2	16.4	10.0	1.9	12.1	100.0
Other health-related	17.0	8.5	13.7	19.0	8.7	1.6	31.6	100.0
CEO/manager/supervisor	21.6	13.7	23.6	18.0	10.6	1.8	10.7	100.0
Administrative staff	17.5	10.7	22.0	22.1	7.4	2.2	18.1	100.0
Total	19.7	11.0	20.1	20.2	7.6	1.6	19.8	100.0

Note: n = 221.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B7: Ratio of employed full-time equivalent positions per 100,000 clients by remoteness, at 30 June 2012

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
AHW	174	213	269	162	203	205
Doctor	83	79	73	83	60	76
Nurse	112	108	127	222	299	171
Allied health professionals	31	20	52	59	20	37
Medical specialist	8	1	3	1	1	3
Dental care	60	43	23	12	9	29
Traditional healer	0	1	0	0	5	1
Driver/field officer	53	56	56	69	76	62
Social and emotional wellbeing	64	71	113	68	58	76
Other health related	68	61	91	111	135	93
CEO/manager/supervisor	146	182	168	123	140	152
Administrative staff	248	243	349	337	289	295
Total	1,047	1,077	1,325	1,249	1,294	1,200

Note: n = 210.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B8: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by employment of doctors and remoteness, at 30 June 2012

Employment of doctors	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Employed one or more doctors	61.3	66.7	62.3	85.7	73.8	61.3
Did not employ a doctor	38.7	33.3	37.7	14.3	26.2	38.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

Note: n = 221.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B9: Number and percentage of full-time equivalent general practitioner positions employed in mainstream and Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012

Type of health services	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of full-time equivalent positions						
National general practice workforce	12,350.0	3,499.0	1,455.0	210.0	94.0	17,608.0
Aboriginal and Torres Strait Islander	70.7	78.7	71.7	83.1	48.4	352.5
Percentage of full-time equivalent positions						
National general practice workforce	70.1	19.9	8.3	1.2	0.5	100.0
Aboriginal and Torres Strait Islander	20.0	22.3	20.3	23.6	13.7	100.0

Note: For OSR data n = 221.

Source: OSR data collection 2011–12 and AIHW analyses of GP Workforce Statistics (DoHA 2013b).

Table B10: Number of full-time equivalent selected health staff employed by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012

Staff type	30 June 2009	30 June 2010	30 June 2011	30 June 2012
Indigenous health staff				
AHW	723.9	836.6	899.4	896.5
Doctor	15.8	16.1	26.0	20.7
Nurse	51.3	72.2	72.9	101.3
Allied health/medical specialist	77.4	50.7	32.0	58.4
Dental care	46.0	52.3	51.3	50.9
Social and emotional wellbeing	298.1	294.5	279.9	237.1
Traditional healer	6.6	8.1	10.8	4.7
Driver/field officer	196.1	218.1	255.6	250.0
Non-Indigenous health staff				
AHW	21.1	30.7	14.0	34.3
Doctor	317.0	319.3	335.4	331.8
Nurse	498.9	615.3	710.7	681.8
Allied health/medical specialist	95.0	116.6	157.2	128.0
Dental care	48.5	67.5	83.9	86.8
Social and emotional wellbeing	113.1	150.8	186.7	123.1
Traditional healer	1.0	0.0	3.1	0.5
Driver/field officer	32.9	40.1	39.4	36.7

Notes

1. For 2009 $n = 200$, for 2010 $n = 222$, for 2011 $n = 231$ and for 2012 $n = 221$.
 2. Data of positions without Indigenous status recorded were excluded from analysis.
- Source: AIHW analyses of OSR data collection, 2008–12.

Table B11: Number and percentage of full-time equivalent visiting health positions at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2011–12

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of full-time equivalent positions						
AHW	10.0	19.4	10.0	0.0	3.3	42.8
Doctor	9.0	8.9	10.5	13.5	4.7	46.5
Nurse	5.5	10.5	15.7	5.7	46.7	84.0
Allied health professionals	5.8	12.3	15.1	16.2	43.2	92.5
Medical specialist	3.4	4.7	3.1	7.1	12.3	30.5
Dental care	3.1	1.3	2.1	4.0	11.1	21.5
Social and emotional wellbeing	5.8	18.7	8.3	1.1	3.4	37.3
Other health-related	5.6	2.0	8.4	4.4	15.3	35.6
Administrative staff	0.4	0.0	1.9	0.2	1.9	4.3
Total	48.6	77.6	74.9	52.1	141.8	395.0
Percentage of full-time equivalent positions						
AHW	23.4	45.4	23.4	0.0	7.8	100.0
Doctor	19.4	19.1	22.5	29.0	10.1	100.0
Nurse	6.5	12.5	18.7	6.8	55.6	100.0
Allied health professionals	6.3	13.3	16.3	17.5	46.7	100.0
Medical specialist	11.2	15.3	10.1	23.2	40.2	100.0
Dental care	14.5	5.9	9.7	18.4	51.5	100.0
Social and emotional wellbeing	15.6	50.1	22.2	2.9	9.2	100.0
Other health-related	15.7	5.5	23.6	12.4	42.9	100.0
Administrative staff	9.5	0.0	43.1	4.6	42.9	100.0
Total	12.3	19.7	19.0	13.2	35.9	100.0

Note: n = 177.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B12: Ratio of full-time equivalent visiting position per 100 full-time equivalent paid positions, at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12

Staff type	2008–09	2009–10	2010–11	2011–12
Major cities	5.9	4.5	3.3	5.3
Inner regional	5.2	4.4	3.7	7.4
Outer regional	4.2	3.7	2.7	5.7
Remote	3.6	2.8	2.3	4.3
Very remote	8.4	3.2	6.0	13.4
Total	5.2	3.6	3.5	7.1

Note: For 2008–09 $n=200$, for 2009–10 $n=222$, for 2010–11 $n=231$ and for 2011–12 $n=221$.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B13: Number and percentage of vacant full-time equivalent positions in Aboriginal and Torres Strait Islander primary health-care services, at 30 June 2009, 2010, 2011 and 2012

Staff type	30 June 2009		30 June 2010		30 June 2011		30 June 2012	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
AHW	65.9	23.7	67.2	22.8	73.0	18.5	82.6	24.4
Doctor	17.4	6.3	22.7	7.7	18.2	4.6	12.0	3.5
Nurse	47.8	17.2	44.6	15.1	52.6	13.3	36.9	10.9
Allied health/medical specialist	27.8	10.0	18.8	6.4	49.6	12.6	18.9	5.6
Dental care	4.0	1.4	2.4	0.8	2.0	0.5	0.8	0.2
Substance misuse worker	8.5	3.1	12.0	4.1	28.5	7.2	20.0	5.9
Social and emotional wellbeing	28.1	10.1	45.2	15.3	33.8	8.6	29.4	8.7
Other health-related	28.9	10.4	19.3	6.5	76.9	19.5	59.9	17.6
Managerial, administrative and support staff	49.3	17.8	63.0	21.4	60.6	15.3	78.7	23.2
Total	277.6	100.0	295.1	100.0	395.1	100.0	339.2	100.0

Note: For 2009 $n = 117$, for 2010 $n = 121$, for 2011 $n = 152$ and for 2012 $n = 129$.

Source: AIHW analyses of OSR data collection, 2011–12.

Table B14: Vacant positions as a percentage of total positions (vacant and filled) for health staff by type

Staff type	30 June 2009	30 June 2010	30 June 2011	30 June 2012
AHW	8.1	7.2	7.4	8.2
Doctor	5.0	6.3	4.8	3.3
Nurse	8.0	6.1	6.2	4.5
Allied health/medical specialist	13.0	10.1	20.8	9.2
Dental care	4.1	2.0	1.5	0.6
Social and emotional wellbeing	6.2	9.2	6.7	7.5
Other health related staff	5.3	3.9	10.1	8.3
Total health staff	7.3	6.9	8.4	7.0

Notes

1. For 2009 $n = 117$, for 2010 $n = 121$, for 2011 $n = 152$ and for 2012 $n = 129$.
2. Percentages were calculated using number of funded FTE vacancies divided by total funded FTE positions (both occupied and vacant).

Source: AIHW analyses of OSR data collection, 2008–12.

Table B15: Vacant full-time equivalent health and administrative and support positions in Aboriginal and Torres Strait Islander health-care services, by remoteness, at 30 June 2012

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of full-time equivalent positions						
Health staff	35.9	36.1	75.4	50.3	62.8	260.5
Administrative and support staff	20.7	4.6	20.6	16.2	16.6	78.7
Total	56.7	40.7	96.0	66.5	79.4	339.2
Percentage of full-time equivalent positions						
Health staff	10.6	10.6	22.2	14.8	18.5	76.8
Administrative and support staff	6.1	1.4	6.1	4.8	4.9	23.2
Total	16.7	12.0	28.3	19.6	23.4	100.0

Note: $n = 129$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B16: Vacant full-time equivalent positions in Aboriginal and Torres Strait Islander health-care services, by position and remoteness, at 30 June 2012

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of full-time equivalent positions						
AHW	10	8	27	17	21	83
Doctor	0	2	0	4	5	12
Nurse	2	4	10	6	16	37
Allied health/medical specialist	5	1	7	4	2	19
Substance misuse worker	3	8	4	3	2	20
Social and emotional wellbeing	5	3	8	11	3	29
Other health-related	11	9	20	6	14	61
Managerial, administrative and support staff	21	5	21	16	17	79
Percentage of full-time equivalent positions						
AHW	12.1	10.2	32.1	20.8	24.8	100.0
Doctor	3.3	18.3	0.0	33.3	45.0	100.0
Nurse	5.4	9.5	26.6	16.3	42.3	100.0
Allied health/medical specialist	27.1	6.3	37.5	18.5	10.6	100.0
Substance misuse worker	15.0	40.0	20.0	15.0	10.0	100.0
Social and emotional wellbeing	16.3	11.6	25.9	36.1	10.2	100.0
Other health-related	17.5	15.5	33.6	9.9	23.6	100.0
Managerial, administrative and support staff	26.3	5.9	26.1	20.6	21.1	100.0

Note: n = 129.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B17: Number of vacant positions in Aboriginal and Torres Strait Islander health-care services, by length of time vacant, at 30 June 2012

Staff type	1–4 week	5–26 week	More than 26 weeks	Total
Health staff	39	128	108	275
Administrative and support staff	17	47	22	86
Total	56	175	130	361

Note: n = 129.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B18: Aboriginal and Torres Strait Islander primary health-care services using computers, by type of usage, 2008–12

Type of computer use	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Electronic client records	155	76.4	190	85.6	201	85.5	197	87.9
Patient information and recall system	129	63.5	159	71.6	169	71.9	172	76.8
Internet/email	202	99.5	222	100.0	233	99.1	224	100.0
Broadband	153	75.4	154	69.4	171	72.8	179	79.9
Website	81	39.9	93	41.9	112	47.7	123	54.9
Total	203	..	222	..	235	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B19: Aboriginal and Torres Strait Islander primary health-care services providing clinical health-care activities, by selected activities, 2008–12

Clinical health-care activity	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Management of diabetes	178	88.6	194	87.0	194	82.9	191	85.3
Management of other chronic illness	173	86.1	186	83.4	195	83.3	190	84.8
Shared care for chronic conditions	156	77.6	169	75.8	187	79.9	183	81.7
Management of cardiovascular disease	168	83.6	180	80.7	185	79.1	184	82.1
Diagnosis and treatment of illness/disease	170	84.6	183	82.1	190	81.2	180	80.4
Antenatal shared-care arrangements	146	72.6	162	72.6	169	72.2	166	74.1
Discharge planning between service and hospital	134	66.7	169	75.8	173	73.9	164	73.2
Dental care	104	51.7	109	48.9	106	45.3	119	53.1
Outreach clinic services	111	55.2	124	55.6	123	52.6	136	60.7
Hospital inpatient visit and support	93	46.3	119	53.4	118	50.4	114	50.9
24-hour emergency care	62	30.8	62	27.8	55	23.5	63	28.1
Interpreting services	40	19.9	52	23.3	58	24.8	64	28.6
Bush tucker nutrition programs	30	14.9	35	15.7	48	20.5	50	22.3
Clinic services to men in custody	38	18.9	40	17.9	42	17.9	44	19.6
Bush medicine	20	10.0	22	9.9	29	12.4	39	17.4
Traditional healing	36	17.9	33	14.8	46	19.7	34	15.2
Clinic services to women in custody	30	14.9	29	13.0	33	14.1	35	15.6
Clinic services youth in custody/remand	21	10.4	22	9.9	21	9.0	26	11.6
Dialysis services on site	8	4.0	14	6.3	11	4.7	8	3.6
Other traditional health care	8	4.0	15	6.7	9	3.8	7	3.1
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B20: Aboriginal and Torres Strait Islander primary health-care services providing population health programs, by selected programs, 2008–12

Population health program	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Health promotion/education	188	93.5	207	92.8	215	91.9	211	94.2
Regularly organise pneumococcal immunisations	152	75.6	167	74.9	166	70.9	156	69.6
Routinely organise influenza immunisation	164	81.6	182	81.6	183	78.2	182	81.3
Child immunisation	162	80.6	182	81.6	180	76.9	181	80.8
Dietary and nutrition programs	141	70.1	160	71.7	178	76.1	179	79.9
Women's health programs	154	76.6	170	76.2	183	78.2	175	78.1
Antenatal/maternal programs	140	69.7	165	74.0	176	75.2	178	79.5
Child growth monitoring	129	64.2	170	76.2	168	71.8	177	79.0
Infectious diseases programs/education	132	65.7	150	67.3	157	67.1	155	69.2
Outreach health promotion	116	57.7	140	62.8	156	66.7	155	69.2
Physical activity programs	118	58.7	128	57.4	157	67.1	151	67.4
Men's health programs	131	65.2	141	63.2	155	66.2	150	67.0
Sexually transmissible infection contact tracing	123	61.2	148	66.4	148	63.2	146	65.2
Tobacco control programs	100	49.8	113	50.7	126	53.8	132	58.9
Healthy weight programs	106	52.7	116	52.0	123	52.6	130	58.0
Mental health programs – adults (18+)	97	48.3	102	45.7	129	55.1	120	53.6
Injury/accident prevention	91	45.3	110	49.3	108	46.2	119	53.1
Drug and alcohol programs	95	47.3	104	46.6	115	49.1	118	52.7
Mental health programs – children (aged 17 and under)	59	29.4	76	34.1	81	34.6	98	43.8
Advice and advocacy in relation to environmental health issues	84	41.8	102	45.7	100	42.7	96	42.9
Work with community food stores	59	29.4	76	34.1	78	33.3	83	37.1
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B21: Aboriginal and Torres Strait Islander primary health-care services providing screening programs, by type of program, 2008–12

Screening program	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Regular age-/sex-appropriate well-persons checks	160	79.6	162	72.7	175	74.8	183	81.7
Diabetic screening	156	77.6	168	75.3	186	79.5	179	79.9
Pap smears/cervical screening	161	80.1	170	76.2	177	75.6	173	77.2
Hearing screening	144	71.6	167	74.9	166	70.9	171	76.3
Eye screening	138	68.7	160	71.8	163	69.7	171	76.3
Sexually transmissible infection screening	147	73.1	165	74.0	165	70.5	166	74.1
Cardiovascular screening	133	66.2	139	62.3	160	68.4	164	73.2
Renal screening	109	54.2	119	53.4	132	56.4	129	57.6
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B22: Aboriginal and Torres Strait Islander primary health-care services providing access to allied health and specialist medical services, by selected services, 2008–12

Access to specialist support service	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Referral to hospital and/or other specialist services	170	84.6	192	86.1	192	82.1	198	88.4
Podiatrist specialist feet services	146	72.6	166	74.4	181	77.4	180	80.4
Audiologist specialist hearing services	147	73.1	172	77.1	178	76.1	178	79.5
Optometrist specialist eye testing	146	72.6	168	75.3	178	76.1	179	79.9
Arrange for free provision of medical supplies /pharmaceuticals	153	76.1	165	74.0	175	74.8	174	77.7
Write prescriptions for pharmaceuticals	143	71.1	142	63.7	160	68.4	160	71.4
Ophthalmologist specialist eye services	121	60.2	147	65.9	156	66.7	155	69.2
Ear, nose and throat specialist services	122	60.7	143	64.1	142	60.7	146	65.2
Audiometrist specialist hearing services	111	55.2	126	56.5	130	55.6	148	66.1
Physiotherapy	105	52.2	121	54.3	124	53.0	129	57.6
Links with Royal Flying Doctor Service	68	33.8	63	28.3	68	29.1	88	39.3
Dental radiology provided by your service	45	22.4	48	21.5	58	24.8	69	30.8
Clinical radiology provided by your service	21	10.4	28	12.6	27	11.5	30	13.4
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B23: Aboriginal and Torres Strait Islander primary health-care services providing health-related and community services, by selected services, 2008–12

Health-related or community service	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Transport	173	86.1	194	87.0	207	88.5	202	90.2
Involvement in health committees	154	76.6	181	81.2	186	79.5	193	86.2
School-based activities	137	68.2	157	70.4	174	74.4	177	79.0
Attend appointments with patients	139	69.2	174	78.0	188	80.3	175	78.1
Cultural promotion activities	125	62.2	148	66.4	170	72.6	174	77.7
Community development work	121	60.2	149	66.8	153	65.4	168	75.0
Support for public housing issues	116	57.7	151	67.7	138	59.0	159	71.0
Centrelink advocacy and liaison	132	65.7	141	63.2	146	62.4	158	70.5
Parenting programs	97	48.3	115	51.6	140	59.8	153	68.3
Services for people with disabilities	114	56.7	128	57.4	134	57.3	150	67.0
Participation in regional planning forums	115	57.2	129	57.9	138	59.0	150	67.0
Homelessness support	73	36.3	97	43.5	115	49.1	123	54.9
Aged care	114	56.7	116	52.0	111	47.4	119	53.1
Palliative care	93	46.3	105	47.1	107	45.7	118	52.7
Funeral assistance and arrangements	104	51.7	102	45.7	111	47.4	110	49.1
Legal/police/prison advocacy services	85	42.3	96	43.1	105	44.9	103	46.0
Representation on external boards	81	40.3	86	38.6	92	39.3	100	44.6
Medical evacuation services	75	37.3	84	37.7	80	34.2	87	38.8
Welfare services and food provision	68	33.8	79	35.4	86	36.8	85	37.9
Youth camps	47	23.4	52	23.3	66	28.2	76	33.9
Breakfast programs	26	12.9	36	16.1	40	17.1	45	20.1
Deceased transportation	42	20.9	32	14.4	33	14.1	40	17.9
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B24: Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for substance use, percentage providing individual and/or targeted programs, by selected substances, 2008–12

Substance use issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
On an individual basis								
Alcohol	170	92.9	186	92.5	201	96.2	189	92.2
Tobacco/nicotine	163	89.1	184	91.5	186	89.0	189	92.2
Cannabis/marijuana	154	84.2	164	81.6	185	88.5	180	87.8
Multiple drug use	88	48.1	115	57.2	123	58.9	133	64.9
Benzodiazepines	74	40.4	86	42.8	80	38.3	102	49.8
Amphetamines	63	34.4	84	41.8	81	38.8	93	45.4
Petrol	48	26.2	64	31.8	67	32.1	81	39.5
Methadone	61	33.3	71	35.3	76	36.4	81	39.5
Heroin	56	30.6	59	29.4	65	31.1	74	36.1
Other solvents/inhalants	43	23.5	67	33.3	67	32.1	70	34.1
Ecstasy/MDMA ^(a)	46	25.1	55	27.4	51	24.4	66	32.2
Morphine	46	25.1	61	30.3	51	24.4	65	31.7
Barbiturates	44	24.0	54	26.9	46	22.0	62	30.2
Cocaine	35	19.1	42	20.9	34	16.3	47	22.9
Lysergic acid diethylamide	20	10.9	31	15.4	23	11.0	40	19.5
Kava	13	7.1	9	4.5	12	5.7	13	6.3
Steroids/anabolic agents	15	8.2	16	8.0	15	7.2	21	10.2
Other drugs	11	6.0	11	5.5	9	4.3	22	10.7
As a specific program								
Alcohol	50	27.3	59	29.4	61	29.2	62	30.2
Tobacco/nicotine	66	36.1	69	34.3	84	40.2	91	44.4
Cannabis/marijuana	36	19.7	38	18.9	41	19.6	46	22.4
Multiple drug use	19	10.4	20	10.0	22	10.5	23	11.2
Petrol	14	7.7	13	6.5	22	10.5	17	8.3
Other solvents/inhalants	7	3.8	16	8.0	16	7.7	15	7.3
Methadone	7	3.8	7	3.5	9	4.3	9	4.4
Benzodiazepines	5	2.7	9	4.5	7	3.3	9	4.4
Ecstasy/MDMA	4	2.2	4	2.0	5	2.4	9	4.4
Heroin	8	4.4	8	4.0	6	2.9	8	3.9
Amphetamines	12	6.6	10	5.0	7	3.3	8	3.9
Lysergic acid diethylamide	3	1.6	3	1.5	5	2.4	6	2.9
Morphine	5	2.7	5	2.5	5	2.4	4	2.0
Barbiturates	4	2.2	6	3.0	5	2.4	6	2.9

(Continued)

Table B24 (continued): Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for substance use, percentage providing individual and/or targeted programs, by selected substances, 2008–12

Substance use issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Cocaine	3	1.6	3	1.5	5	2.4	4	2.0
Kava	3	1.6	1	0.5	3	1.4	1	0.5
Steroids/anabolic agents	2	1.1	2	1.0	2	1.0	1	0.5
Other drugs	1	0.5	2	1.0	2	1.0	5	2.4
Total number of services provided valid data	183	..	201	..	209	..	205	..

(a) MDMA: methylenedioxymethamphetamine.

Note: Percentages were calculated based on the total number of services providing treatment and assistance for substance use.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B25: Aboriginal and Torres Strait Islander primary health-care services providing activities to manage substance use, by selected activities, 2008–12

Activity to manage substance use	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Information/education	148	77.9	172	84.7	170	82.5	176	86.7
Individual counselling	147	77.4	160	78.8	169	82.0	166	81.8
Community education/activities	113	59.5	118	58.1	134	65.0	144	70.9
Support for clients accessing mainstream services	129	67.9	142	70.0	158	76.7	142	70.0
Case management	117	61.6	127	62.6	131	63.6	129	63.5
Crisis intervention	108	56.8	115	56.7	119	57.8	116	57.1
General living skills	92	48.4	91	44.8	106	51.5	114	56.2
Cultural activities	79	41.6	87	42.9	98	47.6	115	56.7
Tobacco control program	94	49.5	106	52.2	111	53.9	104	51.2
School education and visits	79	41.6	95	46.8	107	51.9	101	49.8
Detoxification support and referral	82	43.2	94	46.3	100	48.5	95	46.8
Relationship/social skills training	72	37.9	83	40.9	76	36.9	93	45.8
Telephone counselling	75	39.5	75	36.9	73	35.4	84	41.4
Management of Hepatitis C	80	42.1	80	39.4	70	34.0	78	38.4
Welfare/emergency relief	65	34.2	67	33.0	65	31.6	67	33.0
Referral	88	46.3	97	47.8	103	50.0	56	27.6
Support groups	44	23.2	50	24.6	61	29.6	63	31.0
Group counselling	43	22.6	43	21.2	53	25.7	49	24.1
Medicated detoxification	36	18.9	41	20.2	40	19.4	45	22.2
Non-medicated detoxification	29	15.3	35	17.2	34	16.5	35	17.2
Needle exchange	24	12.6	33	16.3	29	14.1	30	14.8
Methadone management	28	14.7	27	13.3	27	13.1	24	11.8
Mobile assistance program/night patrol	11	5.8	13	6.4	8	3.9	14	6.9
Other	16	8.4	16	7.9	15	7.3	4	2.0
Total number of services provided valid data	190	..	203	..	206	..	203	..

Note: Percentages were calculated based on the total number of services that provided activities to manage substance use.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B26: Aboriginal and Torres Strait Islander primary health-care services providing group activities, 2008–12

Type of group activities	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Community-based education and prevention groups	123	68.3	140	71.4	149	70.6	150	75.8
Living skills groups	107	59.4	122	62.2	136	64.5	133	67.2
Sport/recreation/physical education groups	94	52.2	105	53.6	136	64.5	127	64.1
Mothers' and babies' groups	105	58.3	120	61.2	123	58.3	129	65.2
Men's groups	102	56.7	114	58.2	120	56.9	120	60.6
Women's groups	119	66.1	123	62.8	127	60.2	124	62.6
Cultural groups	88	48.9	90	45.9	106	50.2	113	57.1
Chronic disease management groups	87	48.3	88	44.9	90	42.7	100	50.5
Antenatal groups	61	33.9	83	42.3	92	43.6	93	47.0
Support groups	68	37.8	94	48.0	104	49.3	90	45.5
Youth groups	80	44.4	88	44.9	86	40.8	82	41.4
Tobacco use treatment/prevention groups	51	28.3	69	35.2	71	33.6	57	28.8
Counselling groups	48	26.7	65	33.2	63	29.9	52	26.3
Alcohol use treatment/prevention groups	41	22.8	48	24.5	55	26.1	40	20.2
Other substance use treatment/prevention groups	22	12.2	26	13.3	36	17.1	26	13.1
Other	23	12.8	23	11.7	27	12.8	19	9.6
Total number of services provided valid data	180	..	196	..	211	..	198	..

Note: Percentages were calculated based on the number of services that provided group activities.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B27: Aboriginal and Torres Strait Islander primary health-care services that provided out-of-hours care, by type of out-of-hours care provided, 2008–12

Type of out-of-hours care	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Diagnosis and treatment of illness/disease	73	60.8	69	56.6	75	58.1	84	70.6
Antenatal/maternal care	67	55.8	69	56.6	68	52.7	77	64.7
Transport	94	78.3	98	80.3	88	68.2	99	83.2
Social and emotional wellbeing/mental health	87	72.5	85	69.7	89	69.0	93	78.2
Treatment of injury	69	57.5	65	53.3	68	52.7	72	60.5
Transfer/admission to hospital	91	75.8	84	68.9	85	65.9	87	73.1
Hospital inpatient/outpatient care	37	30.8	24	19.7	36	27.9	37	31.1
Care in police station/lock-up/prison	30	25.0	24	19.7	31	24.0	34	28.6
Other	29	24.2	26	21.3	25	19.4	19	16.0
Total number of services provided valid data	120	..	122	..	129	..	119	..

Note: Percentages were calculated based on the total number of services that provided out-of-hours care.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B28: Aboriginal and Torres Strait Islander primary health-care services using particular data and information management practices, 2008–12

Data collection and management activities	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Computerised medical record system	146	72.6	180	80.7	193	82.5	186	83.0
Immunisation and vaccination registers	160	79.6	174	78.0	179	76.5	182	81.3
Service maintains health registers	146	72.6	163	73.1	174	74.4	174	77.7
Formal client feedback system	127	63.2	142	63.7	165	70.5	175	78.1
Clinical practice guidelines used	149	74.1	163	73.1	176	75.2	165	73.7
Keep track of clients needing follow-up	142	70.6	158	70.9	163	69.7	166	74.1
Additional data collection for clinical population analysis	108	53.7	133	59.6	145	62.0	147	65.6
Card system patient files	42	20.9	39	17.5	30	12.8	31	13.8
Total number of services provided valid data	201	..	223	..	234	..	224	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table B29: Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12

Remoteness area	2008–09	2009–10	2010–11	2011–12
Number of clients				
Major cities	47,580	57,047	73,988	85,611
Inner regional	59,012	82,145	89,209	89,632
Outer regional	138,333	148,934	111,644	97,573
Remote	71,916	80,400	79,051	93,649
Very remote	53,381	62,165	76,554	78,954
Total	370,222	430,691	430,446	445,419
Percentage of clients				
Major cities	12.9	13.3	17.2	19.2
Inner regional	15.9	19.1	20.7	20.1
Outer regional	37.4	34.6	25.9	21.9
Remote	19.4	18.7	18.4	21.0
Very remote	14.4	14.4	17.8	17.7
Total	100.0	100.0	100.0	100.0

Notes

1. For 2008–09 $n = 185$, for 2009–10 $n = 214$, for 2010–11 $n = 221$ and for 2011–12 $n = 211$.
2. The data of clients refers to individual clients and does not include clients who attended groups only.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B30: Aboriginal and Torres Strait Islander primary health-care service, by number of clients reported and remoteness, 2011–12

Remoteness area	Less than 1000 clients	1000–3499 clients	More than 3500 clients	Total
Number of services				
Major cities	13	6	9	28
Inner regional	16	22	8	46
Outer regional	24	20	7	51
Remote	8	10	9	27
Very remote	33	21	5	59
Total	94	79	38	211
Percentage of services				
Major cities	46.4	21.4	32.1	100.0
Inner regional	34.8	47.8	17.4	100.0
Outer regional	47.1	39.2	13.7	100.0
Remote	29.6	37.0	33.3	100.0
Very remote	55.9	35.6	8.5	100.0
Total	44.6	37.4	18.0	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table B31: Number and proportions of Aboriginal and Torres Strait Islander clients reported and estimated resident population, by remoteness

Remoteness area	Indigenous clients 2011–12		2006 Indigenous population by remoteness	
	Number	Per cent	Number	Per cent
Major cities	73,422	21.0	165,804	32.1
Inner regional	62,478	17.8	110,643	21.4
Outer regional	71,828	20.5	113,280	21.9
Remote	76,343	21.8	47,852	9.3
Very remote	66,264	18.9	79,464	15.4
Total	350,335	100.0	517,043	100.0

Notes

1. For OSR data $n = 211$.
2. Percentages were calculated based on number of clients reported by Aboriginal and Torres Strait Islander primary health-care services for 2011–12 and the Indigenous population 2006.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B32: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12

State/territory	2008–09	2009–10	2010–11	2011–12
Number of episodes of care				
NSW/ACT	475,363	568,080	551,485	550,027
Vic/Tas	194,872	220,937	238,202	277,183
Qld	335,664	378,805	309,689	474,638
WA	305,712	408,819	473,132	462,098
SA	191,269	191,615	221,809	216,162
NT	593,035	614,631	703,750	640,731
Total	2,095,915	2,382,887	2,498,067	2,620,839
Percentage of episodes of care				
NSW/ACT	22.7	23.8	22.1	21.0
Vic/Tas	9.3	9.3	9.5	10.6
Qld	16.0	15.9	12.4	18.1
WA	14.6	17.2	18.9	17.6
SA	9.1	8.0	8.9	8.3
NT	28.3	25.8	28.2	24.5
Total	100.0	100.0	100.0	100.0

Note: For 2008–09 $n = 192$, for 2009–10 $n = 216$, for 2010–11 $n = 223$ and for 2011–12 $n = 211$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B33: Estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12

Remoteness area	2008–09	2009–10	2010–11	2011–12
Number of episodes of care				
Major cities	289,955	363,823	399,003	436,483
Inner regional	312,960	395,027	413,332	460,072
Outer regional	539,318	583,324	495,653	493,340
Remote	499,835	550,907	532,361	560,008
Very remote	453,847	489,806	657,718	670,936
Total	2,095,915	2,382,887	2,498,067	2,620,839
Percentage of episodes of care				
Major cities	13.8	15.3	16.0	16.7
Inner regional	14.9	16.6	16.6	17.6
Outer regional	25.7	24.5	19.8	18.8
Remote	23.9	23.1	21.3	21.4
Very remote	21.7	20.6	26.3	25.6
Total	100.0	100.0	100.0	100.0

Note: For 2008–09 $n = 192$, for 2009–10 $n = 216$, for 2010–11 $n = 223$ and for 2011–12 $n = 211$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B34: Cumulative per cent changes to number of services, staff and episodes of care, Aboriginal and Torres Strait Islander primary health-care services, 1999–00 to 2011–12

	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06
Services	0	19	24	27	30	32	40
FTE staff (including both paid by the service and visiting)	0	9	17	22	26	39	59
Episodes of care	0	10	16	23	32	30	38
	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	
Services	36	44	95	108	118	107	
FTE staff (including both paid by the service and visiting)	64	80	87	116	149	158	
Episodes of care	35	52	72	97	105	115	

Note: From 2008–09 OSR data counts all auspice services individually when calculating rates; therefore caution should be exercised when comparing rates with earlier data collection periods.

Sources: AIHW analyses of OSR data collection, 2008–12 and AIHW 2013.

Table B35: Health-care client contacts by Aboriginal and Torres Strait Islander primary health-care services, by type of health professional and remoteness, 2008–12

Staff type	2008–09	2009–10	2010–11	2011–12
Percentage of client contacts in <i>Major cities</i>				
Aboriginal and Torres Strait Islander health worker	19.9	18.5	17.2	19.5
Doctor	32.1	32.5	37.4	32.4
Nurse	21.5	21.6	22.5	21.7
Social and emotional wellbeing staff	5.7	7.1	4.6	3.8
Allied health professional/medical specialist	3.9	4.7	5.1	5.7
Other	16.8	15.7	13.3	17.0
Total	100.0	100.0	100.0	100.0
Percentage of client contacts in <i>Inner regional areas</i>				
Aboriginal and Torres Strait Islander health worker	19.6	19.0	18.2	15.8
Doctor	33.2	34.7	39.5	40.0
Nurse	25.3	24.8	22.0	24.5
Social and emotional wellbeing staff	5.8	7.7	7.0	6.0
Allied health professional/medical specialist	4.0	5.0	3.7	4.4
Other	12.2	8.9	9.6	9.3
Total	100.0	100.0	100.0	100.0
Percentage of client contacts in <i>Outer regional areas</i>				
Aboriginal and Torres Strait Islander health worker	31.5	27.6	27.1	29.4
Doctor	30.3	31.9	32.3	32.6
Nurse	18.5	18.5	19.4	20.3
Social and emotional wellbeing staff	4.9	9.0	7.1	5.7
Allied health professional/medical specialist	5.3	3.6	4.6	4.1
Other	9.7	9.4	9.5	7.9
Total	100.0	100.0	100.0	100.0
Percentage of client contacts in <i>Remote areas</i>				
Aboriginal and Torres Strait Islander health worker	20.1	18.0	14.4	16.8
Doctor	25.3	27.7	25.5	28.0
Nurse	39.1	40.8	37.2	39.6
Social and emotional wellbeing staff	2.7	2.8	6.6	2.3
Allied health professional/medical specialist	8.5	8.0	9.6	8.6
Other	4.2	2.8	6.7	4.7
Total	100.0	100.0	100.0	100.0

(Continued)

Table B35 (continued): Health-care client contacts by Aboriginal and Torres Strait Islander primary health-care services, by type of health professional and remoteness, 2008–12

Staff type	2008–09	2009–10	2010–11	2011–12
Percentage of client contacts in <i>Very remote</i> areas				
Aboriginal and Torres Strait Islander health worker	16.2	17.7	11.2	13.0
Doctor	18.5	18.7	20.2	21.9
Nurse	51.9	54.0	57.3	56.0
Social and emotional wellbeing staff	1.6	2.9	2.0	1.3
Allied health professional/medical specialist	5.3	4.0	3.4	3.5
Other	6.6	2.7	6.0	4.4
Total	100.0	100.0	100.0	100.0

Notes

1. For 2008–09 $n = 190$, for 2009–10 $n = 217$, for 2010–11 $n = 225$ and for 2011–12 $n = 217$.
2. Percentages were calculated based on the number of services that provided client contact data only.
3. Transport contacts were excluded.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B36: Aboriginal and Torres Strait Islander primary health-care services with clients experiencing social and emotional wellbeing health issues, by issues experienced, 2008–12

Social and emotional wellbeing health issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Anxiety/stress	181	94.3	198	92.1	217	96.0	210	97.2
Depression/hopelessness /despair	173	90.1	199	92.6	217	96.0	206	95.4
Grief and loss issues	173	90.1	196	91.2	207	91.6	207	95.8
Family/relationship issues	166	86.5	199	92.6	206	91.2	207	95.8
Family and community violence	159	82.8	195	90.7	201	88.9	203	94.0
Self-harm/suicide	144	75.0	182	84.7	197	87.2	195	90.3
Schizophrenia/other psychotic disorder	145	75.5	160	74.4	182	80.5	175	81.0
Childhood sexual assault	108	56.3	135	62.8	151	66.8	161	74.5
Sexual assault	107	55.7	126	58.6	145	64.2	141	65.3
Stolen generation issues	99	51.6	120	55.8	126	55.8	138	63.9
Loss of cultural identity	94	49.0	117	54.4	129	57.1	144	66.7
Issues with sexuality	73	38.0	98	45.6	106	46.9	125	57.9
Removal from homelands/traditional country	79	41.1	98	45.6	104	46.0	121	56.0
Other	23	12.0	26	12.1	29	12.8	16	7.4
Total number of services provided valid data	192	..	215	..	226	..	216	..

Note: Percentages were calculated based on the number of services where clients experienced social and emotional wellbeing issues.

Source: AIHW analyses of OSR data collection, 2008–12.

Table B37: Aboriginal and Torres Strait Islander primary health-care services providing social and emotional wellbeing activities, by activities provided, 2008–12

Mental health and social and emotional wellbeing activity	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Family support and education	152	78.4	162	76.1	176	78.6	188	86.6
Short-term counselling	162	83.5	175	82.2	172	76.8	182	83.9
Home visits	141	72.7	158	74.2	176	78.6	174	80.2
Regular participation in case management	135	69.6	156	73.2	169	75.4	162	74.7
Visiting psychologist, psychiatrist and/or social worker	121	62.4	139	65.3	136	60.7	144	66.4
Ongoing counselling programs	112	57.7	129	60.6	132	58.9	140	64.5
Clients referred from other services	106	54.6	132	62.0	131	58.5	136	62.7
Harm reduction and suicide prevention	90	46.4	105	49.3	121	54.0	134	61.8
Mental health promotion activities	82	42.3	105	49.3	113	50.4	126	58.1
Referral	116	59.8	134	62.9	154	68.8	82	37.8
Outreach services to psychiatric institutions	54	27.8	59	27.7	69	30.8	63	29.0
Other	36	18.6	27	12.7	35	15.6	15	6.9
Total number of services provided valid data	194	..	213	..	224	..	217	..

Note: Percentages were calculated based on the number of services providing mental health and social and emotional wellbeing activities.

Source: AIHW analyses of OSR data collection, 2008–12.

Appendix C Statistical tables for Aboriginal and Torres Strait Islander substance use services

Table C1: Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12

Remoteness area	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	11	24.4	11	22.9	12	24.5	12	17.9
Inner regional	8	17.8	9	18.8	9	18.4	13	19.4
Outer regional	9	20.0	10	20.8	10	20.4	17	25.4
Remote	12	26.7	11	22.9	9	18.4	11	16.4
Very remote	5	11.1	7	14.6	9	18.4	14	20.9
Total	45	100.0	48	100.0	49	100.0	67	100.0

Note: More services have been included in analysis for 2011–12 due to changing ways of data been collected.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C2: Aboriginal and Torres Strait Islander substance use services, by state and territory, 2008–12

State/territory	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW	8	17.8	9	18.8	9	18.4	17	25.4
Vic/Tas	1	2.2	1	2.1	2	4.1	7	10.5
Qld	13	28.9	15	31.3	15	30.6	15	22.4
WA	8	17.8	8	16.7	8	16.3	9	13.4
SA	5	11.1	6	12.5	6	12.2	5	7.5
NT	10	22.2	9	18.8	9	18.4	14	20.9
Total	45	100.0	48	100.0	49	100.0	67	100.0

Note: More services have been included in analysis for 2011–12 due to changing ways of data been collected.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C3: Aboriginal and Torres Strait Islander substance use services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12

Percentage of governing committee or board who were Aboriginal or Torres Strait Islander	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
100	25	56.8	24	51.1	25	53.2	38	59.4
50–99	12	27.3	11	23.4	9	19.2	11	17.2
1–49	3	6.8	4	8.5	5	10.6	5	7.8
0	4	9.1	8	17.0	8	17.0	10	15.6
Total	44	100.0	47	100.0	47	100.0	64	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table C4: Number of full-time equivalent positions employed by Aboriginal and Torres Strait Islander substance use services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012

Staff type	30 June 2009	30 June 2010	30 June 2011	30 June 2012
Indigenous health staff				
AHW	39.7	34.0	62.0	100.4
Doctor	0.0	0.0	0.0	1.0
Nurse	1.0	1.0	1.0	7.0
Substance misuse worker	169.5	168.2	153.7	196.6
Allied health/medical specialist	3.0	1.0	0.0	4.1
Social and emotional wellbeing	46.5	32.9	27.9	82.4
Driver/field officer	20.0	22.4	19.0	16.2
Other health-related	18.6	5.0	48.8	5.0
Managerial, administrative and support staff	205.5	206.8	225.3	258.2
Total	503.9	471.3	537.7	670.8
Non-Indigenous health staff				
AHW	8.0	3.0	7.1	10.4
Doctor	1.2	0.2	0.8	19.6
Nurse	11.0	6.0	6.0	20.4
Substance misuse worker	108.0	122.6	100.3	108.0
Allied health/medical specialist	0.1	5.2	3.1	9.9
Social and emotional wellbeing	35.5	26.2	28.3	30.5
Driver/field officer	4.0	3.0	5.0	4.0
Other health-related	4.0	3.5	12.9	1.4
Managerial, administrative and support staff	172.6	165.4	164.9	165.6
Total	344.4	335.1	328.4	369.8

Note: For 2008–09 $n = 45$, for 2009–10 $n = 48$, for 2010–11 $n = 49$ and for 2011–12 $n = 60$.

Source: AIHW analyses of OSR data collection, 2011–12.

Table C5: Number of full-time equivalent visiting positions at Aboriginal and Torres Strait Islander substance use services, by remoteness, 2011–12

Staff type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
AHW	4.0	4.0	2.0	9.6	0.4	20.0
Doctor	0.1	2.6	0.5	1.3	0.0	4.5
Nurse	0.0	3.4	1.0	0.2	0.0	4.6
Substance misuse worker	1.1	1.2	3.0	3.5	0.7	9.5
Allied health/medical specialist	1.6	0.8	0.4	0.0	1.0	3.8
Social and emotional wellbeing	2.6	1.2	1.7	0.0	0.1	5.6
Other health-related	0.1	2.0	0.0	4.0	1.0	7.1
Managerial, administrative and support staff	0.2	1.0	1.3	0.0	0.0	2.5
Total	9.7	16.2	9.8	18.6	3.2	57.5

Note: $n = 31$.

Source: AIHW analyses of OSR data collection, 2011–12.

Table C6: Aboriginal and Torres Strait Islander substance use services using computers, by type of usage, 2008–12

Type of computer use	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Electronic client records	32	71.1	30	62.5	34	69.4	53	79.1
Patient information and recall system	11	24.4	6	12.5	7	14.3	21	31.3
Internet/email	45	100.0	48	100.0	49	100.0	64	95.5
Broadband	38	84.4	40	83.3	35	71.4	55	82.1
Website	24	53.3	27	56.3	33	67.3	46	68.7
Total	45	..	48	..	49	..	67	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C7: Aboriginal and Torres Strait Islander substance use services providing individual and targeted programs, by type of substance, 2008–12

Substance use issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
On an individual basis								
Alcohol	40	88.9	43	89.6	48	98.0	63	94.0
Tobacco/nicotine	34	75.6	35	72.9	39	79.6	59	88.1
Cannabis/marijuana	39	86.7	42	87.5	48	98.0	59	88.1
Multiple drug use	34	75.6	33	68.8	39	79.6	53	79.1
Benzodiazepines	25	55.6	28	58.3	31	63.3	39	58.2
Amphetamines	27	60.0	27	56.3	28	57.1	35	52.2
Ecstasy/MDMA ^(a)	18	40.0	16	33.3	17	34.7	33	49.3
Petrol	24	53.3	24	50.0	26	53.1	29	43.3
Other solvents/inhalants	26	57.8	27	56.3	24	49.0	33	49.3
Heroin	21	46.7	22	45.8	19	38.8	25	37.3
Methadone	18	40.0	16	33.3	17	34.7	28	41.8
Morphine	19	42.2	15	31.3	17	34.7	25	37.3
Barbiturates	19	42.2	12	25.0	13	26.5	20	29.9
Cocaine	15	33.3	10	20.8	14	28.6	21	31.3
Lysergic acid diethylamide	8	17.8	12	25.0	12	24.5	17	25.4
Other drugs	3	6.7	4	8.3	3	6.1	15	22.4
Steroids/anabolic agents	6	13.3	7	14.6	6	12.2	8	11.9
Kava	5	11.1	2	4.2	6	12.2	5	7.5
As a specific program								
Alcohol	41	91.1	44	91.7	43	87.8	45	67.2
Tobacco/nicotine	22	48.9	25	52.1	27	55.1	38	56.7
Cannabis/marijuana	36	80.0	37	77.1	37	75.5	42	62.7
Multiple drug use	26	57.8	26	54.2	26	53.1	27	40.3
Petrol	15	33.3	17	35.4	16	32.7	14	20.9
Other solvents/inhalants	14	31.1	21	43.8	17	34.7	13	19.4
Barbiturates	8	17.8	11	22.9	10	20.4	13	19.4
Cocaine	9	20.0	12	25.0	11	22.4	13	19.4
Amphetamines	16	35.6	22	45.8	15	30.6	18	26.9
Benzodiazepines	13	28.9	18	37.5	18	36.7	15	22.4
Ecstasy/MDMA	10	22.2	12	25.0	12	24.5	15	22.4
Lysergic acid diethylamide	7	15.6	11	22.9	12	24.5	12	17.9
Heroin	12	26.7	14	29.2	14	28.6	12	17.9
Morphine	9	20.0	8	16.7	8	16.3	11	16.4
Methadone	8	17.8	9	18.8	7	14.3	8	11.9
Kava	1	2.2	4	8.3	4	8.2	3	4.5

(Continued)

Table C7 (continued): Aboriginal and Torres Strait Islander substance use services providing individual and targeted programs, by type of substance, 2008–12

Substance use issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Steroids/anabolic agents	1	2.2	6	12.5	4	8.2	4	6.0
Other drugs	4	8.9	3	6.3	1	2.0	4	6.0
Total number of services provided valid data	45	..	48	..	49	..	67	..

(a) MDMA: methylenedioxymethamphetamine.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C8: Aboriginal and Torres Strait Islander substance use services providing programs, by type of program, 2008–12

Substance use programs provided	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Advocacy	35	77.8	37	77.1	41	83.7	59	88.1
Community-based education and prevention	33	73.3	36	75.0	41	83.7	55	82.1
Non-residential counselling/rehabilitation	32	71.1	38	79.2	38	77.6	54	80.6
Program for clients diverted from the legal system	34	75.6	40	83.3	36	73.5	41	61.2
Residential treatment/rehabilitation	30	66.7	30	62.5	30	61.2	27	40.3
Detoxification	13	28.9	13	27.1	12	24.5	14	20.9
Mobile assistance patrol/night patrol	10	22.2	11	22.9	11	22.4	12	17.9
Sobering-up centre/program	9	20.0	10	20.8	12	24.5	9	13.4
Residential respite	4	8.9	6	12.5	6	12.2	4	6.0
Other	12	26.7	14	29.2	12	24.5	11	16.4
Total number of services provided valid data	45	..	48	..	49	..	67	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C9: Aboriginal and Torres Strait Islander substance use services providing activities to manage substance use, by type of activities, 2008–12

Activity to manage substance use	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Information/education	45	100.0	47	97.9	49	100.0	64	95.5
Individual counselling	41	91.1	43	89.6	45	91.8	64	95.5
Case management	41	91.1	43	89.6	45	91.8	58	86.6
General living skills	41	91.1	40	83.3	40	81.6	57	85.1
Community education/activities	35	77.8	40	83.3	42	85.7	56	83.6
Support for clients accessing mainstream services	38	84.4	41	85.4	43	87.8	55	82.1
Relationship/social skills training	33	73.3	40	83.3	38	77.6	52	77.6
Cultural activities	40	88.9	41	85.4	39	79.6	51	76.1
Crisis intervention	36	80.0	34	70.8	33	67.3	47	70.1
Group counselling	35	77.8	35	72.9	38	77.6	46	68.7
Telephone counselling	28	62.2	31	64.6	30	61.2	45	67.2
Support groups	33	73.3	34	70.8	36	73.5	43	64.2
Detoxification support and referral	29	64.4	24	50.0	27	55.1	43	64.2
School education and visits	26	57.8	25	52.1	27	55.1	36	53.7
Tobacco control program	14	31.1	16	33.3	20	40.8	33	49.3
Welfare/emergency relief	25	55.6	23	47.9	21	42.9	30	44.8
Management of Hepatitis C	16	35.6	14	29.2	15	30.6	25	37.3
Referral	29	64.4	30	62.5	35	71.4	20	29.9
Non-medicated detoxification	15	33.3	13	27.1	16	32.7	20	29.9
Medicated detoxification	15	33.3	12	25.0	12	24.5	16	23.9
Mobile assistance program/night patrol	9	20.0	12	25.0	10	20.4	13	19.4
Methadone management	4	8.9	5	10.4	4	8.2	10	14.9
Needle exchange	4	8.9	2	4.2	2	4.1	4	6.0
Other	8	17.8	11	22.9	9	18.4	6	9.0
Total number of services provided valid data	45	..	48	..	49	..	67	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C10: Aboriginal and Torres Strait Islander substance use services, by treatment approach used, 2008–12

Treatment approach	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Family/community support/involvement	37	82.2	44	91.7	44	89.8	58	86.6
Harm reduction	35	77.8	36	75.0	37	75.5	56	83.6
Abstinence	38	84.4	44	91.7	41	83.7	55	82.1
Cultural support/involvement	39	86.7	42	87.5	43	87.8	53	79.1
Controlled drinking	26	57.8	33	68.8	34	69.4	47	70.1
Controlled use of other substances	22	48.9	27	56.3	28	57.1	45	67.2
Religious/spiritual support	27	60.0	25	52.1	23	46.9	32	47.8
Other	10	22.2	10	20.8	10	20.4	10	14.9
Total number of services provided valid data	45	..	48	..	49	..	67	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C11: Aboriginal and Torres Strait Islander substance use services, by group activities provided, 2008–12

Type of group activities	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Counselling groups	36	81.8	38	84.4	37	78.7	40	67.8
Support groups	36	81.8	36	80.0	36	76.6	42	71.2
Community-based education and prevention groups	37	84.1	38	84.4	39	83.0	51	86.4
Cultural groups	40	90.9	39	86.7	40	85.1	48	81.4
Sport/recreation/physical education groups	35	79.5	33	73.3	35	74.5	43	72.9
Living skills groups	33	75.0	36	80.0	39	83.0	45	76.3
Alcohol use treatment/prevention groups	36	81.8	37	82.2	38	80.9	47	79.7
Tobacco use treatment/prevention groups	20	45.5	27	60.0	29	61.7	36	61.0
Other substance use treatment/prevention groups	34	77.3	32	71.1	33	70.2	40	67.8
Men's groups	34	77.3	31	68.9	36	76.6	46	78.0
Women's groups	26	59.1	26	57.8	31	66.0	39	66.1
Youth groups	14	31.8	13	28.9	16	34.0	26	44.1
Chronic disease management groups	11	25.0	14	31.1	16	34.0	25	42.4
Mothers' and babies' groups	7	15.9	7	15.6	9	19.1	15	25.4
Antenatal groups	3	6.8	2	4.4	5	10.6	12	20.3
Other	15	34.1	13	28.9	13	27.7	10	16.9
Total number of services provided valid data	44	..	45	..	47	..	59	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C12: Aboriginal and Torres Strait Islander substance use services providing out-of-hours care, by type of care, 2008–12

Type of out-of-hours care	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Receive referrals	18	51.4	22	59.5	19	51.4	27	62.8
Residential counselling	23	65.7	25	67.6	26	70.3	21	48.8
Non-residential counselling	15	42.9	18	48.6	15	40.5	27	62.8
Residential group work	23	65.7	20	54.1	24	64.9	20	46.5
Group work with clients not in residential care	12	34.3	13	35.1	15	40.5	23	53.5
Mobile assistance patrol/night patrol	10	28.6	11	29.7	11	29.7	11	25.6
Other	13	37.1	15	40.5	17	45.9	12	27.9
Total number of services provided valid data	35	..	37	..	37	..	43	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C13: Estimated clients of Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12

Remoteness area	2008–09	2009–10	2010–11	2011–12
Number of clients				
Major cities	11,009	12,994	15,993	11,430
Inner regional	958	872	1,759	727
Outer regional	2,673	2,554	1,736	4,780
Remote	7,835	9,008	5,353	10,922
Very remote	703	883	3,711	4,706
Total	23,178	26,311	28,552	32,565
Percentage of clients				
Major cities	47.5	49.4	56.0	35.1
Inner regional	4.1	3.3	6.2	2.2
Outer regional	11.5	9.7	6.1	14.7
Remote	33.8	34.2	18.8	33.5
Very remote	3.0	3.4	13.0	14.5
Total	100.0	100.0	100.0	100.0

Notes

1. For 2008–09 $n = 45$, for 2009–10 $n = 47$, for 2010–11 $n = 49$ and for 2011–12 $n = 62$.
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C14: Estimated residential treatment and rehabilitation clients of Aboriginal and Torres Strait Islander substance use services, by length of stay, 2008–12

Total length of stay	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Less than 2 weeks	377	11.2	667	20.3	555	16.2	492	18.0
2–8 weeks	1,236	36.6	1,240	37.8	1,131	32.9	988	36.2
9–16 weeks	1,090	32.3	1,028	31.3	969	28.2	978	35.9
17–24 weeks	137	4.1	224	6.8	332	9.7	202	7.4
More than 24 weeks	49	1.5	124	3.8	440	12.8	66	2.4
Unknown length	487	14.4	0	0.0	7	0.2	0	0.0
Total	3,376	100.0	3,283	100.0	3,434	100.0	2,726	100.0

Notes

1. For 2008–09 $n = 30$, for 2009–10 $n = 28$, for 2010–11 $n = 30$ and for 2011–12 $n = 27$.
2. Data were based on services providing residential treatment and rehabilitation and valid information on total length of stay.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C15: Aboriginal and Torres Strait Islander substance use services receiving referred clients, by referral source, 2008–12

Client referral source	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Self-referred/walk in off the street	44	97.8	46	97.9	45	91.8	65	98.5
Family member/elder/friend	40	88.9	46	97.9	45	91.8	62	93.9
Justice system/police/court	43	95.6	42	89.4	44	89.8	58	87.9
Mental health service	35	77.8	39	83.0	37	75.5	54	81.8
Mainstream drug and alcohol service	35	77.8	39	83.0	40	81.6	53	80.3
Aboriginal medical service	35	77.8	39	83.0	37	75.5	51	77.3
Hospital	36	80.0	37	78.7	37	75.5	51	77.3
Doctor	34	75.6	34	72.3	37	75.5	48	72.7
Mainstream community health service	33	73.3	32	68.1	38	77.6	48	72.7
Other	18	40.0	21	44.7	19	38.8	9	13.6
Total number of services provided valid data	45	..	47	..	49	..	66	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C16: Aboriginal and Torres Strait Islander substance use services receiving clients as a result of legal proceedings, by percentage of clients referred, 2008–12

Percentage of clients referred from legal system	2008–09	2009–10	2010–11	2011–12
Number of services				
0--25	25	19	22	31
26--50	9	15	13	15
51--75	3	3	6	2
76--100	6	5	3	6
Total	43	42	44	54
Percentage of services				
0--25	58.1	45.2	50.0	57.4
26--50	20.9	35.7	29.5	27.8
51--75	7.0	7.1	13.6	3.7
76--100	14.0	11.9	6.8	11.1
Total	100.0	100.0	100.0	100.0

Notes

1. For 2008–09 $n = 43$, for 2009–10 $n = 42$, for 2010–11 $n = 44$ and for 2011–12 $n = 54$.
2. Percentages were calculated based on the number of services that received clients as a result of legal proceedings.

Source: AIHW analyses of OSR data collection, 2008–12.

Table C17: Aboriginal and Torres Strait Islander substance use services where one or more clients experienced social and emotional wellbeing issues, by type of social and emotional wellbeing issue, 2008–12

Social and emotional wellbeing health issue	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Anxiety/stress	43	95.6	44	95.7	44	91.7	63	98.4
Depression/hopelessness /despair	43	95.6	46	100.0	48	100.0	64	100.0
Family/relationship issues	44	97.8	46	100.0	46	95.8	62	96.9
Family and community violence	44	97.8	44	95.7	45	93.8	62	96.9
Grief and loss issues	43	95.6	44	95.7	45	93.8	60	93.8
Self-harm/suicide	37	82.2	38	82.6	41	85.4	58	90.6
Schizophrenia/other psychotic disorder	34	75.6	35	76.1	35	72.9	52	81.3
Loss of cultural identity	32	71.1	37	80.4	35	72.9	53	82.8
Childhood sexual assault	32	71.1	30	65.2	31	64.6	53	82.8
Sexual assault	29	64.4	32	69.6	29	60.4	46	71.9
Stolen generation issues	25	55.6	28	60.9	30	62.5	48	75.0
Removal from homelands/traditional country	26	57.8	26	56.5	27	56.3	41	64.1
Issues with sexuality	22	48.9	20	43.5	22	45.8	32	50.0
Other	4	8.9	6	13.0	2	4.2	5	7.8
Total number of services provided valid data	45	..	46	..	48	..	64	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C18: Aboriginal and Torres Strait Islander substance use services providing mental health and social and emotional wellbeing activities, by type of activity, 2008–12

Mental health or social and emotional wellbeing activity	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Short-term counselling	36	81.8	36	78.3	36	75.0	52	83.9
Ongoing counselling programs	31	70.5	35	76.1	35	72.9	50	80.6
Family support and education	29	65.9	31	67.4	29	60.4	53	85.5
Harm reduction and suicide prevention	27	61.4	29	63.0	28	58.3	49	79.0
Regular participation in case management	36	81.8	35	76.1	36	75.0	48	77.4
Home visits	24	54.5	23	50.0	23	47.9	43	69.4
Clients referred from other services	31	70.5	29	63.0	31	64.6	40	64.5
Visiting psychologist, psychiatrist and/or social worker	22	50.0	28	60.9	25	52.1	38	61.3
Mental health promotion activities	19	43.2	20	43.5	18	37.5	34	54.8
Outreach services to psychiatric institutions	12	27.3	22	47.8	13	27.1	24	38.7
Referral	26	59.1	24	52.2	25	52.1	15	24.2
Other	5	11.4	7	15.2	6	12.5	7	11.3
Total number of services provided valid data	44	..	46	..	48	..	62	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table C19: Number and percentage of FTEs for substance misuse/drug and alcohol workers by remoteness, 2011–12

	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
2009	90.0	32.4	22.0	7.9	62.0	22.3	94.0	33.9	9.5	3.4	277.5	100.0
2010	91.0	32.2	31.1	11.0	41.8	14.8	105.0	37.1	14.0	5.0	282.8	100.0
2011	88.0	33.7	25.2	9.7	43.5	16.7	50.0	19.1	54.5	20.9	261.2	100.0
2012	85.0	28.2	22.0	7.3	53.9	17.9	82.0	27.2	58.7	19.5	301.6	100.0

Notes

1. For 2008–09 $n=30$, for 2009–10 $n=28$, for 2010–11 $n=30$ and for 2011–12 $n=27$.
2. Data were based on services providing valid information on FTEs.

Source: AIHW analyses of OSR data collection, 2008–12.

Appendix D Statistical tables for Aboriginal and Torres Strait Islander Bringing Them Home and Link Up counselling services

Table D1: Bringing Them Home and Link Up counselling services, by remoteness, 2008–12

Remoteness area	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	18	22.2	20	22.0	18	20.2	20	22.7
Inner regional	21	25.9	23	25.3	21	23.6	22	25.0
Outer regional	22	27.2	25	27.5	22	24.7	21	23.9
Remote	14	17.3	14	15.4	15	16.9	11	12.5
Very remote	6	7.4	9	9.9	13	14.6	14	15.9
Total	81	100.0	91	100.0	89	100.0	88	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table D2: Bringing Them Home and Link Up counselling services, by state and territory, 2008–12

State/territory	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW/ACT	18	22.2	20	22.0	20	22.5	22	25.0
Vic/Tas	18	22.2	20	22.0	18	20.2	19	21.6
Qld	12	14.8	16	17.6	15	16.9	16	18.2
WA	16	19.8	18	19.8	18	20.2	16	18.2
SA	11	13.6	11	12.1	11	12.4	10	11.4
NT	6	7.4	6	6.6	7	7.9	5	5.7
Total	81	100.0	91	100.0	89	100.0	88	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table D3: Bringing Them Home and Link Up counselling services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander people, 2008–12

Percentage of governing committee or board who were Aboriginal and Torres Strait Islander	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
100	71	88.8	78	87.6	78	89.7	79	89.8
50–99	5	6.3	6	6.7	5	5.8	5	5.7
1–49	0	0.0	2	2.3	2	2.3	2	2.3
0	4	5.0	3	3.4	2	2.3	2	2.3
Total	80	100.0	89	100.0	87	100.0	88	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table D4: Number and percentage of full-time equivalent Bringing Them Home and Link Up counsellor positions, by state and territory, 30 June 2009, 2010, 2011 and 2012

State/territory	30 June 2009		30 June 2010		30 June 2011		30 June 2012	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW/ACT	21.1	19.1	24.6	21.2	22.8	18.5	22.4	19.9
Vic/Tas	22.6	20.4	20.7	17.9	20.9	16.9	21.7	19.3
Qld	15.0	13.6	20.1	17.4	22.0	17.8	22.0	20.8
WA	19.3	17.5	23.0	19.8	26.9	21.8	22.3	21.1
SA	14.2	12.9	11.5	9.9	14.0	11.3	8.8	8.3
NT	18.4	16.7	16.0	13.8	17.0	13.8	9.8	9.2
Total	110.5	100.0	115.8	100.0	123.6	100.0	106.0	100.0

Note: For 2009 $n = 77$, for 2010 $n = 83$, for 2011 $n = 83$ and for 2012 $n = 80$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table D5: Bringing Them Home and Link Up counselling services, by the number of counsellors in the service, 30 June 2009, 2010, 2011 and 2012

Number of counsellors	30 June 2009		30 June 2010		30 June 2011		30 June 2012	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
0	4	4.9	8	8.8	6	6.7	8	9.1
1	46	56.8	52	57.1	51	57.3	54	61.4
2	18	22.2	17	18.7	17	19.1	16	18.2
3 or more	13	16.1	14	15.4	15	16.9	10	11.4
Total number of services provided valid data	81	100.0	91	100.0	89	100.0	88	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table D6: Bringing Them Home and Link Up counsellors, by Indigenous status and sex, 30 June 2009, 2010, 2011 and 2012

Indigenous status and sex	30 June 2009		30 June 2010		30 June 2011		30 June 2012	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Indigenous male	39	30.0	45	33.1	41	28.9	33	25.6
Indigenous female	59	45.4	59	43.4	57	40.1	59	45.7
Non-Indigenous male	12	9.2	14	10.3	17	12.0	13	10.1
Non-Indigenous female	19	14.6	18	13.2	27	19.0	24	18.6
Total	129	100.0	136	100.0	142	100.0	129	100.0

Note: One record with unknown Indigenous status and sex was excluded.

Source: AIHW analyses of OSR data collection, 2008–12.

Table D7: Bringing Them Home and Link Up counsellors, by non-school qualification held, 30 June 2009, 2010, 2011 and 2012

Non-school qualification	30 June 2009		30 June 2010		30 June 2011		30 June 2012	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Bachelor degree or above	54	41.5	44	32.4	49	34.8	48	37.2
Diploma/associate diploma	27	20.8	35	25.7	32	22.7	29	22.5
Certificate	17	13.1	31	22.8	44	31.2	40	31.0
No qualification	32	24.6	26	19.1	16	11.4	12	9.3
Total	130	100.0	136	100.0	141	100.0	129	100.0

Note: One record with unknown qualification was excluded.

Source: AIHW analyses of OSR data collection, 2008–12.

Table D8: Time spent on different activities by Bringing Them Home and Link Up counsellors, 2008–12

Type of activities	2008–09	2009–10	2010–11	2011–12
Working with individual clients	49.7	50.4	48.0	45.3
Working with groups	13.8	13.0	16.9	16.8
Administration	15.7	17.4	17.6	16.0
Outreach and/or travel	13.7	12.9	13.2	15.0
Other	7.1	6.3	4.4	6.9
Total	100.0	100.0	100.0	100.0

Note: For 2008–09 $n = 75$, for 2009–10 $n = 86$, for 2010–11 $n = 84$ and for 2011–12 $n = 88$.

Source: AIHW analyses of OSR data collection, 2008–12.

Table D9: Bringing Them Home and Link Up counselling services providing professional supervision, by provider of supervision, 2008–12

Provider of supervision	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Internal supervisor	15	29.4	25	41.0	23	36.5	18	28.6
External supervisor	20	39.2	23	37.7	23	36.5	26	41.3
Both	16	31.4	13	21.3	17	27.0	19	30.2
Total number of services provided valid data	51	100.0	61	100.0	63	100.0	63	100.0

Source: AIHW analyses of OSR data collection, 2008–12.

Table D10: Bringing Them Home and Link Up counselling services providing support to counsellors, by type of support, 2008–12

Support available	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Peer support (work colleagues)	70	93.3	77	93.9	76	91.6	81	92.0
Debriefing (personal support)	62	82.7	70	85.4	71	85.5	71	80.7
Case consulting (liaise with other workers)	67	89.3	75	91.5	71	85.5	73	83.0
Counsellor network meetings	55	73.3	54	65.9	60	72.3	58	65.9
Telephone support	43	57.3	49	59.8	50	60.2	57	64.8
Regular meeting with internal senior counsellor	44	58.7	51	62.2	51	61.4	43	48.9
Regular meeting with external senior counsellor	33	44.0	37	45.1	37	44.6	31	35.2
Regular meeting with general practitioner	13	17.3	28	34.1	24	28.9	16	18.2
Regular meeting with psychiatrist	15	20.0	16	19.5	19	22.9	17	19.3
Other	12	16.0	12	14.6	10	12.0	5	5.7
Total number of services provided valid data	75	..	82	..	83	..	88	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table D11: Bringing Them Home and Link Up counselling services using computers, by type of usage, 2008–12

Type of computer use	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Electronic client records	69	85.2	81	89.0	80	89.9	82	93.2
Patient information and recall system	57	70.4	67	73.6	65	73.0	68	77.3
Internet/email	81	100.0	91	100.0	89	100.0	86	97.7
Broadband	69	85.2	72	79.1	75	84.3	80	90.9
Website	47	58.0	59	64.8	57	64.0	59	67.0
Total number of services provided valid data	81	..	91	..	89	..	88	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table D12: Bringing Them Home and Link Up counselling services providing group activities, by selected activities, 2008–12

Type of group activities	2008–09		2009–10		2010–11		2011–12	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Support groups	40	64.5	41	62.1	50	73.5	44	75.9
Community-based education and prevention groups	37	59.7	46	69.7	34	50.0	36	62.1
Cultural groups	27	43.5	42	63.6	43	63.2	40	69.0
Men's groups	26	41.9	37	56.1	33	48.5	28	48.3
Women's groups	31	50.0	29	43.9	32	47.1	26	44.8
Counselling groups	26	41.9	29	43.9	24	35.3	23	39.7
Living skills groups	16	25.8	20	30.3	19	27.9	15	25.9
Alcohol use treatment/prevention groups	16	25.8	19	28.8	16	23.5	14	24.1
Youth groups	14	22.6	22	33.3	15	22.1	14	24.1
Sport/recreation/physical education groups	17	27.4	20	30.3	19	27.9	12	20.7
Tobacco use treatment/prevention groups	12	19.4	11	16.7	12	17.6	11	19.0
Other substance use treatment/prevention groups	8	12.9	13	19.7	10	14.7	11	19.0
Chronic disease management groups	12	19.4	11	16.7	13	19.1	10	17.2
Antenatal groups	2	3.2	5	7.6	3	4.4	3	5.2
Mothers' and babies' groups	7	11.3	10	15.2	7	10.3	5	8.6
Other	23	37.1	22	33.3	16	23.5	11	19.0
Total number of services provided valid data	62	..	66	..	68	..	58	..

Source: AIHW analyses of OSR data collection, 2008–12.

Table D13: Client contacts of Bringing Them Home and Link Up counselling services, by remoteness area, 2008–12

Remoteness area	2008–09	2009–10	2010–11	2011–12
Number of client contacts				
Major cities	10,139	17,008	8,831	12,620
Inner regional	11,047	16,581	8,210	13,844
Outer regional	10,743	12,535	8,661	8,360
Remote	5,980	6,863	11,187	9,950
Very remote	2,841	3,769	7,559	3,848
Total	40,750	56,756	44,448	48,622
Percentage of client contacts				
Major cities	24.9	30.0	19.9	26.0
Inner regional	27.1	29.2	18.5	28.5
Outer regional	26.4	22.1	19.5	17.2
Remote	14.7	12.1	25.2	20.5
Very remote	7.0	6.6	17.0	7.9
Total	100.0	100.0	100.0	100.0

Note: For 2008–09 $n = 72$, for 2009–10 $n = 84$, for 2010–11 $n = 83$ and for 2011–12 $n = 83$.

Source: AIHW analyses of OSR data collection, 2008–12.

Glossary

Aboriginal community-controlled health services: Primary health-care services operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health care to the communities that control them through an elected board of management. They range from large services with several medical practitioners who provide a range of services, to small services that rely on nurses and/or Aboriginal health workers to provide most primary health-care services. For more information see <www.naccho.org.au>.

allied health professionals: Health professionals who are registered or licenced under a law of state or territory and provide a range of diagnostic, technical, therapeutic and direct patient care and support services, such as audiologists, optometrists, dieticians, physiologists, occupational therapists, pharmacists, podiatrists and speech pathologists.

auspiced service: An independent or semi-independent body that has been funded by an Australian Government-funded organisation for the provision of health services.

Bringing Them Home/Link Up counsellor: Counsellors who provide a support service for Aboriginal and Torres Strait Islander people who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited.

client contacts: A summation of the individual client contacts that were made by each type of worker involved in the provision of health care by the service.

episode of health care: Contact between an individual client and a service by one or more staff to provide health care.

first-generation clients: Clients who were moved from their families and communities.

full-time equivalent (FTE): An equivalent ratio that represents the number of hours a staff member works; that is, a service having two nurses, one working full-time and one working half-days, would indicate 1.5 FTE for both nursing positions combined.

group episode of care: When a person attends a group meeting run by a substance use service.

Indigenous: A person of Australian Aboriginal and/or Torres Strait Islander descent.

medical specialists: Medical practitioners who are registered as specialists under a law of state or territory or recognised as specialists or consultant physicians by a specialist recognition advisory committee, such as paediatricians, ophthalmologists, cardiologists, ear, nose and throat specialists, obstetricians and surgeons.

non-Indigenous: Those people other than Australian Aboriginal and/or Torres Strait Islander people.

non-residential service: Substance use services that offer substance use treatment/rehabilitation/education for clients predominately without the option of residing in-house.

non-residential/follow-up/after-care episode of care: Care provided to a client not in residential care, such as substance use counselling, assessment, treatment, education, support or follow-up from residential services.

outside opening hours: 8 pm–8 am weekdays, and after 1 pm on Saturdays, and all day Sundays and public holidays.

primary health-care service: Centres that provide comprehensive health-care services that include (but are not limited to) general practitioners, dentists, nurses, psychiatrists, psychologists and health workers.

program: A planned, regular activity organised by the service.

remoteness structure: One of seven geographical structures listed in the Australian Standard Geographic Classification (ASGC). Its purpose is to classify collection districts (CDs) that share common characteristics of remoteness into broad geographical regions called remoteness areas. Within a state or territory, each remoteness area represents an aggregation of CDs that share common characteristics of remoteness, determined in the context of Australia as a whole. It includes all CDs, so in aggregate covers the whole of Australia. Characteristics of remoteness are based on the Accessibility/Remoteness Index of Australia (ARIA).

ARIA measures the remoteness of a point based on the physical road distances to the nearest urban centre in each of five size classes. Therefore, not all remoteness areas are represented in each state or territory.

There are six remoteness areas in this structure:

- *Major cities* – CDs with an average ARIA index value of 0 to 0.2
- *Inner regional* areas – CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional* areas – CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote* areas – CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote* areas – CDs with an average ARIA index value greater than 10.53
- *Migratory* – composed of offshore, shipping and migratory CDs.

For more information, see ABS 2006.

residential service: Drug and alcohol services that offer temporary, live-in accommodation for clients requiring substance use treatment and rehabilitation.

residential treatment/rehabilitation episode of care: Commences at admission into residential treatment or rehabilitation and ends at discharge.

second-generation clients: Those clients whose parent(s) are first-generation members.

shared-care: Where care is shared between practitioners and/or services in a formalised arrangement with an agreed plan to manage the patient. Details surrounding this arrangement depend on the practitioner involved, patient need and the health-care context.

sobering-up/residential respite clients: Clients who are in residential care overnight to sober up, or those who stay in residential care for 1 to 7 days for respite, and who do not receive formal rehabilitation.

sobering-up/residential respite/short-term episode of care: Commences at admission into a sobering-up/residential respite/short-term care program and ends at discharge. One episode of care can last from 1 to 7 days.

social and emotional wellbeing staff: These include (but are not limited to) psychologists, counsellors, mental health workers, social workers and welfare workers.

third- and subsequent generation clients: Those clients whose grandparent(s) are first-generation members or who are directly descended from people who were moved from their families and communities in subsequent generations.

References

- Aboriginal and Torres Strait Islander Social Justice Commissioner 2009. Social justice report 2008. Appendix 2: A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia. Sydney: Australian Human Rights Commission.
- ABS (Australian Bureau of Statistics) 2006. Statistical geography volume 1 – Australian Standard Geographical Classification (ASGC). ABS cat. no. 1216.0. Canberra: ABS.
- ABS 2012. Australian Demographic Statistics, March 2012. ABS Cat. no. 3101.0 Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2012. Nursing and midwifery workforce 2011. National health workforce series no. 2. Cat. no. HWL 48. Canberra: AIHW.
- AIHW 2013a. Medical workforce 2011. National health workforce series no. 3. Cat. no. HWL 49. Canberra: AIHW.
- AIHW 2013b. Dental workforce 2011. National health workforce series no. 4. Cat. no. HWL 50. Canberra: AIHW.
- Campbell N, McAllister L & Eley D 2012. The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review. Rural and Remote Health vol. 12.
- Council of Australian Governments (COAG) 2008. National Indigenous Reform Agreement (Closing the Gap). Viewed 8 August 2013.
<http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/indigenous-reform/national-agreement_sept_12.pdf>
- DoHA 2012. Health Service Accreditation/Certification. Viewed on 26 August 2013.
<<http://www.health.gov.au/internet/main/publishing.nsf/Content/healthservicesaccreditation>>
- DoHA 2013a. OATSIH funded Aboriginal and Torres Strait Islander Health Services. Canberra: DoHA. Viewed 4 June 2013,
<<http://www.health.gov.au/internet/main/publishing.nsf/Content/Aboriginal+and+Torres+Strait+Islander+Health+Services-1lp>>.
- DoHA 2013b. GP workforce statistics. Canberra: DoHA. Viewed 12 June 2013,
<<http://www.health.gov.au/internet/main/publishing.nsf/Content/General+Practice+Statistics-1p>>.
- Griew R, Tilton E, Cox N & Thomas D 2008. The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians. Sydney: Robert Griew Consulting.
- Hays R, Wynd S, Veitch C & Crossland L 2003. Getting the balance right? GPs who chose to stay in rural practice. Australian Journal of Rural Health 11(4):193-8.
- Humphreys JS, Jones JMP, Jones JA and Mara PR (2002) Workforce retention in rural and remote Australia: determining the factors that influence length of practice. Medical Journal of Australia 176(10): 472-6.

- Humphreys J, Wakerman J, Pashen D & Buykx P 2009. Retention strategies and incentives for health workers in rural and remote areas: what works? Canberra: Australian National University.
- Jones JA, Humphreys JS and Adena MA 2004. Doctors' perspectives on the viability of rural practice Rural Remote Health 4(2):305.
- MCDS (Ministerial Council on Drug Strategy) 2004. The National Drug Strategy: Australia's integrated framework 2004–2009. Canberra: Commonwealth of Australia.
- NATSIHC (National Aboriginal and Torres Strait Islander Health Council) 2003. National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013: framework for action by governments. Canberra: NATSIHC.
- NSWIRCST (New South Wales Institute of Rural Clinical Services and Teaching) 2008. A report: clinical supervision for allied health professionals in rural NSW. Dubbo: NSWIRCST.
- RACGP (Royal Australian College of General Practitioners) 2011. Melbourne: RACGP. Viewed 13 April 2012, <www.racgp.org.au/standards>.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2013. Report on Government Services 2013. Viewed 8 August 2013. <<http://www.pc.gov.au/gsp/rogs/2013>>.
- SSAPHDPC (Screening Subcommittee of the Australian Population Health Development Principal Committee) of AHMAC (Australian Health Ministers' Advisory Council) 2008. Population Based Screening Framework. Canberra: AHMAC.
- WHO (World Health Organization) 1986. Ottawa Charter for Health Promotion. Geneva: WHO. Viewed 17 April 2012, <<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html>>.
- WHO 2011. Immunization service delivery. The Expanded Programme on Immunization: benefits of immunization. Geneva: WHO. Viewed 17 April 2012, <http://www.who.int/immunization_delivery/benefits_of_immunization/en/index.html>.

List of tables

Table 2.1:	Aboriginal and Torres Strait Islander primary health-care services, by accreditation type, 2008–12.....	9
Table 2.2:	Aboriginal and Torres Strait Islander primary health-care services, by governing committee or board activity, 2008–12.....	10
Table 2.3:	Number of vacant full-time equivalent positions, by state and territory, at 30 June 2012	26
Table 2.4:	Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, state and territory, 2011–12.....	40
Table 2.5:	Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status and sex, 2011–12	44
Table 3.1:	Aboriginal and Torres Strait Islander substance use services, by accreditation type, 2008–12.....	54
Table 3.2:	Aboriginal and Torres Strait Islander substance use services, by type of programs provided, 2008–12	62
Table 3.3:	Estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status and sex, 2011–12.....	68
Table 3.4:	Estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status, state and territory, 2011–12	69
Table 3.5:	Estimated clients of Aboriginal and Torres Strait Islander substance use services providing residential treatment, by Indigenous status and sex, 2011–12	70
Table 3.6:	Estimated clients of Aboriginal and Torres Strait Islander substance use services providing sobering-up, residential respite and short-term care, by Indigenous status and sex, 2011–12.....	71
Table 3.7:	Estimated clients of Aboriginal and Torres Strait Islander substance use services providing non-residential, follow-up and after-care, by Indigenous status and sex, 2011–12.....	72
Table 3.8:	Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for residential treatment, by Indigenous status and sex, 2011–12.....	75
Table 3.9:	Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for sobering-up, residential respite and short-term care, by Indigenous status and sex, 2011–12.....	75
Table 3.10:	Estimated episodes of care by Aboriginal and Torres Strait Islander substance use services for non-residential, follow-up and after-care, by Indigenous status and sex, 2011–12.....	76
Table 4.1:	Bringing Them Home and Link Up counselling services, by accreditation type, 2008–12	81
Table 4.2:	Estimated clients of Bringing Them Home and Link Up counselling services, by Indigenous status, sex and generation, 2011–12.....	93
Table B1:	Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12	97

Table B2:	Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12	97
Table B3:	Aboriginal or Torres Strait Islander primary health-care services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12	98
Table B4:	Number of full-time equivalent staff employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012	98
Table B5:	Number and percentage of full-time equivalent positions employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012	99
Table B6:	Number and percentage of full-time equivalent positions employed by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, at 30 June 2012	100
Table B7:	Ratio of employed full-time equivalent positions per 100,000 clients by remoteness, at 30 June 2012	101
Table B8:	Percentage of Aboriginal and Torres Strait Islander primary health-care services, by employment of doctors and remoteness, at 30 June 2012	101
Table B9:	Number and percentage of full-time equivalent general practitioner positions employed in mainstream and Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012	101
Table B10:	Number of full-time equivalent health staff employed by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012	102
Table B11:	Number and percentage of full-time equivalent visiting health positions at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2011–12	103
Table B12:	Ratio of full-time equivalent visiting position per 100 full-time equivalent paid positions, at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12	104
Table B13:	Number and percentage of vacant full-time equivalent positions in Aboriginal and Torres Strait Islander primary health-care services, at 30 June 2009, 2010, 2011 and 2012	104
Table B14:	Vacant positions as a percentage of total positions (vacant and filled) for health staff by type	105
Table B15:	Vacant full-time equivalent health and administrative and support positions in Aboriginal and Torres Strait Islander health-care services, by remoteness, at 30 June 2012	105
Table B16:	Vacant full-time equivalent positions in Aboriginal and Torres Strait Islander health-care services, by position and remoteness, at 30 June 2012	106
Table B17:	Number of vacant positions in Aboriginal and Torres Strait Islander health-care services, by length of time vacant, at 30 June 2012	107
Table B18:	Aboriginal and Torres Strait Islander primary health-care services using computers, by type of usage, 2008–12	107
Table B19:	Aboriginal and Torres Strait Islander primary health-care services providing clinical health-care activities, by selected activities, 2008–12	108

Table B20:	Aboriginal and Torres Strait Islander primary health-care services providing population health programs, by selected programs, 2008–12.....	109
Table B21:	Aboriginal and Torres Strait Islander primary health-care services providing screening programs, by type of program, 2008–12.....	110
Table B22:	Aboriginal and Torres Strait Islander primary health-care services providing access to allied health and specialist medical services, by selected services, 2008–12	111
Table B23:	Aboriginal and Torres Strait Islander primary health-care services providing health-related and community services, by selected services, 2008–12.....	112
Table B24:	Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for substance use, percentage providing individual and/or targeted programs, by selected substances, 2008–12.....	113
Table B25:	Aboriginal and Torres Strait Islander primary health-care services providing activities to manage substance use, by selected activities, 2008–12	115
Table B26:	Aboriginal and Torres Strait Islander primary health-care services providing group activities, 2008–12	116
Table B27:	Aboriginal and Torres Strait Islander primary health-care services that provided out-of-hours care, by type of out-of-hours care provided, 2008–12.....	117
Table B28:	Aboriginal and Torres Strait Islander primary health-care services using particular data and information management practices, 2008–12	117
Table B29:	Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12.....	118
Table B30:	Aboriginal and Torres Strait Islander primary health-care service, by number of clients reported and remoteness, 2011–12.....	118
Table B31:	Number and proportions of Aboriginal and Torres Strait Islander clients reported and estimated resident population, by remoteness	119
Table B32:	Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12	119
Table B33:	Estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12	120
Table B34:	Cumulative per cent changes to number of services, staff and episodes of care, Aboriginal and Torres Strait Islander primary health-care services, 1999–00 to 2011–12.....	120
Table B35:	Health-care client contacts by Aboriginal and Torres Strait Islander primary health-care services, by type of health professional and remoteness, 2008–12	121
Table B36:	Aboriginal and Torres Strait Islander primary health-care services with clients experiencing social and emotional wellbeing health issues, by issues experienced, 2008–12	123
Table B37:	Aboriginal and Torres Strait Islander primary health-care services providing social and emotional wellbeing activities, by activities provided, 2008–12	124
Table C1:	Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12	125
Table C2:	Aboriginal and Torres Strait Islander substance use services, by state and territory, 2008–12.....	125

Table C3:	Aboriginal and Torres Strait Islander substance use services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12	126
Table C4:	Number of full-time equivalent positions employed by Aboriginal and Torres Strait Islander substance use services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012.....	126
Table C5:	Number of full-time equivalent visiting positions at Aboriginal and Torres Strait Islander substance use services, by remoteness, 2011–12	127
Table C6:	Aboriginal and Torres Strait Islander substance use services using computers, by type of usage, 2008–12.....	127
Table C7:	Aboriginal and Torres Strait Islander substance use services providing individual and targeted programs, by type of substance, 2008–12.....	128
Table C8:	Aboriginal and Torres Strait Islander substance use services providing programs, by type of program, 2008–12	129
Table C9:	Aboriginal and Torres Strait Islander substance use services providing activities to manage substance use, by type of activities, 2008–12.....	130
Table C10:	Aboriginal and Torres Strait Islander substance use services, by treatment approach used, 2008–12	131
Table C11:	Aboriginal and Torres Strait Islander substance use services, by group activities provided, 2008–12	132
Table C12:	Aboriginal and Torres Strait Islander substance use services providing out-of-hours care, by type of care, 2008–12	133
Table C13:	Estimated clients of Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12	133
Table C14:	Estimated residential treatment and rehabilitation clients of Aboriginal and Torres Strait Islander substance use services, by length of stay, 2008–12	134
Table C15:	Aboriginal and Torres Strait Islander substance use services receiving referred clients, by referral source, 2008–12	134
Table C16:	Aboriginal and Torres Strait Islander substance use services receiving clients as a result of legal proceedings, by percentage of clients referred, 2008–12.....	135
Table C17:	Aboriginal and Torres Strait Islander substance use services where one or more clients experienced social and emotional wellbeing issues, by type of social and emotional wellbeing issue, 2008–12.....	136
Table C18:	Aboriginal and Torres Strait Islander substance use services providing mental health and social and emotional wellbeing activities, by type of activity, 2008–12	137
Table C19:	Number and percentage of FTEs for substance misuse/drug and alcohol workers by remoteness, 2011–12	137
Table D1:	Bringing Them Home and Link Up counselling services, by remoteness, 2008–12	138
Table D2:	Bringing Them Home and Link Up counselling services, by state and territory, 2008–12	138
Table D3:	Bringing Them Home and Link Up counselling services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander people, 2008–12	139

Table D4:	Number and percentage of full-time equivalent Bringing Them Home and Link Up counsellor positions, by state and territory, 30 June 2009, 2010, 2011 and 2012.....	139
Table D5:	Bringing Them Home and Link Up counselling services, by the number of counsellors in the service, 30 June 2009, 2010, 2011 and 2012.....	139
Table D6:	Bringing Them Home and Link Up counsellors, by Indigenous status and sex, 30 June 2009, 2010, 2011 and 2012.....	140
Table D7:	Bringing Them Home and Link Up counsellors, by non-school qualification held, 30 June 2009, 2010, 2011 and 2012.....	140
Table D8:	Time spent on different activities by Bringing Them Home and Link Up counsellors, 2008–12.....	140
Table D9:	Bringing Them Home and Link Up counselling services providing professional supervision, by provider of supervision, 2008–12.....	141
Table D10:	Bringing Them Home and Link Up counselling services providing support to counsellors, by type of support, 2008–12.....	141
Table D11:	Bringing Them Home and Link Up counselling services using computers, by type of usage, 2008–12.....	142
Table D12:	Bringing Them Home and Link Up counselling services providing group activities, by selected activities, 2008–12.....	142
Table D13:	Client contacts of Bringing Them Home and Link Up counselling services, by remoteness area, 2008–12.....	143

List of figures

Figure 2.1: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12.....	7
Figure 2.2: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12.....	8
Figure 2.3: Aboriginal or Torres Strait Islander primary health-care services, by governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12.....	11
Figure 2.4: Number of full-time equivalent staff employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012.....	12
Figure 2.5: Percentage of full-time equivalent (FTE) positions employed by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, at 30 June 2012.....	14
Figure 2.6: Percentage of full-time equivalent positions employed by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, at 30 June 2012.....	15
Figure 2.7: Ratio of selected employed full-time equivalent positions per 100,000 clients by remoteness, at 30 June 2012.....	16
Figure 2.8: Aboriginal and Torres Strait Islander primary health-care services, by employment of doctors and remoteness, at 30 June 2012.....	17
Figure 2.9: Percentage of full-time equivalent general practitioner positions employed in mainstream and Aboriginal and Torres Strait Islander primary health-care services by remoteness, at 30 June 2012.....	18
Figure 2.10: Number of full-time equivalent selected health staff employed by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012.....	19
Figure 2.11: Percentage of full-time equivalent selected visiting health positions at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2011–12.....	21
Figure 2.12: Ratio of full-time equivalent visiting position per 100 full-time equivalent paid positions, at Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12.....	22
Figure 2.13: Number of vacant full-time equivalent positions in Aboriginal and Torres Strait Islander primary health-care services, at 30 June 2009, 2010, 2011 and 2012.....	23
Figure 2.14: Vacant positions as a percentage of total positions (vacant and filled) for health staff by type.....	24
Figure 2.15: Vacant full-time equivalent health and administrative and support positions in Aboriginal and Torres Strait Islander health-care services, by remoteness, at 30 June 2012.....	25
Figure 2.16: Vacant full-time equivalent positions in Aboriginal and Torres Strait Islander health-care services, by position and remoteness, at 30 June 2012.....	25
Figure 2.17: Number of vacant positions in Aboriginal and Torres Strait Islander health-care services, by length of time vacant, at 30 June 2012.....	26
Figure 2.18: Aboriginal and Torres Strait Islander primary health-care services using computers, by type of usage, 2008–12.....	27
Figure 2.19: Aboriginal and Torres Strait Islander primary health-care services providing clinical health-care activities, by selected activities, 2008–12.....	28

Figure 2.20: Aboriginal and Torres Strait Islander primary health-care services providing population health programs, by selected programs, 2008–12.....	30
Figure 2.21: Aboriginal and Torres Strait Islander primary health-care services providing screening programs, by type of program, 2008–12.....	31
Figure 2.22: Aboriginal and Torres Strait Islander primary health-care services providing access to allied health and specialist medical services, by selected services, 2008–12.....	32
Figure 2.23: Aboriginal and Torres Strait Islander primary health-care services providing health-related and community services, by selected services, 2008–12.....	33
Figure 2.24: Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for substance use, percentage providing individual and/or targeted programs, by selected substances, 2008–12.....	35
Figure 2.25: Aboriginal and Torres Strait Islander primary health-care services providing activities to manage substance use, by selected activities, 2008–12.....	36
Figure 2.26: Aboriginal and Torres Strait Islander primary health-care services that provided group activities, by selected activities, 2008–12.....	37
Figure 2.27: Aboriginal and Torres Strait Islander primary health-care services that provided out-of-hours care, by type of out-of-hours care provided, 2008–12.....	38
Figure 2.28: Aboriginal and Torres Strait Islander primary health-care services using particular data and information management practices, 2008–12.....	39
Figure 2.29: Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12.....	41
Figure 2.30: Aboriginal and Torres Strait Islander primary health-care service, by number of clients reported and remoteness, 2011–12.....	42
Figure 2.31: Proportions of Aboriginal and Torres Strait Islander clients reported and estimated resident population, by remoteness.....	43
Figure 2.32: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–12.....	44
Figure 2.33: Estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–12.....	45
Figure 2.34: Cumulative per cent changes to number of services, staff and episodes of care, Aboriginal and Torres Strait Islander primary health-care services, 1999–00 to 2011–12.....	46
Figure 2.35: Health-care client contacts by Aboriginal and Torres Strait Islander primary health-care services, by type of health professional and remoteness, 2008–12.....	48
Figure 2.36: Aboriginal and Torres Strait Islander primary health-care services where one or more clients experienced social and emotional wellbeing issues, by selected issues, 2008–12.....	50
Figure 2.37: Aboriginal and Torres Strait Islander primary health-care services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–12.....	51
Figure 3.1: Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12.....	53
Figure 3.2: Aboriginal and Torres Strait Islander substance use services, by state and territory, 2008–12.....	53
Figure 3.3: Aboriginal and Torres Strait Islander substance use services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–12.....	55

Figure 3.4: Number of full-time equivalent health staff employed by Aboriginal and Torres Strait Islander substance use services, by Indigenous status, at 30 June 2009, 2010, 2011 and 2012	56
Figure 3.5: Full-time equivalent visiting positions at Aboriginal and Torres Strait Islander substance use services, by remoteness, 2011–12	57
Figure 3.6: Aboriginal and Torres Strait Islander substance use services using computers, by type of usage, 2008–12	58
Figure 3.7: Aboriginal and Torres Strait Islander substance use services providing individual and targeted programs, by selected substances, 2008–12	60
Figure 3.8: Aboriginal and Torres Strait Islander substance use services providing programs, by type of program, 2008–12	63
Figure 3.9: Aboriginal and Torres Strait Islander substance use services providing activities to manage substance use, by selected activities, 2008–12	64
Figure 3.10: Treatment approaches taken by Aboriginal and Torres Strait Islander substance use services, 2008–12	65
Figure 3.11: Aboriginal and Torres Strait Islander substance use services providing group activities, by selected activities, 2008–12	66
Figure 3.12: Aboriginal and Torres Strait Islander substance use services providing out-of-hours care, by type of care, 2008–12	67
Figure 3.13: Estimated clients of Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–12	70
Figure 3.14: Estimated number of residential treatment and rehabilitation clients of Aboriginal and Torres Strait Islander substance use services, by length of stay, 2008–12	71
Figure 3.15: Aboriginal and Torres Strait Islander substance use services receiving referred clients, by referral source, 2008–12	73
Figure 3.16: Number of Aboriginal and Torres Strait Islander substance use services receiving clients as a result of legal proceedings, by percentage of clients referred, 2008–12	74
Figure 3.17: Aboriginal and Torres Strait Islander substance use services where one or more clients experienced social and emotional wellbeing issues, by selected issues, 2008–12	77
Figure 3.18: Aboriginal and Torres Strait Islander substance use services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–12	78
Figure 4.1: Bringing Them Home and Link Up counselling services, by remoteness, 2008–12	80
Figure 4.2: Bringing Them Home and Link Up counselling services, by state and territory, 2008–12	80
Figure 4.3: Bringing Them Home and Link Up counselling services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander people, 2008–12	82
Figure 4.4: Number of full-time equivalent Bringing Them Home and Link Up counsellor positions, by state and territory, 30 June 2009, 2010, 2011 and 2012	83
Figure 4.5: Bringing Them Home and Link Up counselling services, by the number of counsellors in the service, 30 June 2009, 2010, 2011 and 2012	84
Figure 4.6: Bringing Them Home and Link Up counsellors, by Indigenous status and sex, 30 June 2009, 2010, 2011 and 2012	85
Figure 4.7: Bringing Them Home and Link Up counsellors, by non-school qualification held, 30 June 2009, 2010, 2011 and 2012	86

Figure 4.8: Time spent on different activities by Bringing Them Home and Link Up counsellors, 2008–12.....	87
Figure 4.9: Bringing Them Home and Link Up counselling services providing professional supervision, by provider of supervision, 2008–12	88
Figure 4.10: Bringing Them Home and Link Up counselling services providing support to counsellors, by type of support, 2008–12	89
Figure 4.11: Bringing Them Home and Link Up counselling services using computers, by type of usage, 2008–12.....	90
Figure 4.12: Bringing Them Home and Link Up counselling services providing group activities, by selected activities, 2008–12.....	91
Figure 4.13: Client contacts of Bringing Them Home and Link Up counselling services, by remoteness area, 2008–12.....	94
Figure A1: Aboriginal and Torres Strait Islander primary health-care services, by level of Australian Government funding, 2008–12	95
Figure A2: Aboriginal and Torres Strait Islander substance use services, by level of Australian Government funding, 2008–12	96
Figure A3: Bringing Them Home and Link Up counselling services, by level of Australian Government funding, 2008–12	96

This is the fourth national report on health services, Aboriginal community controlled and non-community controlled health organisations, funded by the Office for Aboriginal and Torres Strait Islander Health. In 2011–12:

- primary health care services provided 2.6 million episodes of care to about 445,000 Aboriginal and Torres Strait Islander clients, a 5% increase from 2010–11
- substance use services provided treatment and assistance to about 32,600 clients, a 14% increase from 2010–11
- Bringing Them Home and Link Up counselling services were accessed by about 9,800 clients, 96% of whom were Aboriginal and Torres Strait Islander clients.

