‘The Aboriginal boy is shown as a superhero with the boomerang painted to show he is flying to great heights with his traditions.’

Artwork by a young non-Aboriginal male, aged 15 years, attending Bairnsdale Secondary College.
Section 1
This fourth report in the State of Victoria’s Children series focuses on Victorian Aboriginal children, young people and their families. The report includes approximately 130 indicators of the safety, health, development, learning and wellbeing of Aboriginal children and young people and incorporates supplementary research and evidence to enable a better understanding of some of the more complex issues and challenges for this priority population group.

1. Introduction

It is well established that Aboriginal children and young people experience substantial inequalities in health, educational and social outcomes compared to both non-Aboriginal children and Indigenous children in other developed nations (Freemantle, Officer et al. 2007). It is also well recognised that the inequalities experienced by Aboriginal children and young people occur both in rural and urban areas as well as in remote communities (Zubrick, Lawrence et al. 2004; Zubrick, Silburn et al. 2005).

Disadvantage is experienced across the spectrum beginning before birth and continuing throughout life with respect to health, educational attainment and contact with the youth justice and child protection systems, among others. This chronic disadvantage culminates in a lowered life expectancy for Aboriginal people. Although there have been some improvements in outcomes for Aboriginal people with respect to employment, home ownership, income and educational attainment (SCRGSP (Steering Committee for the Review of Government Service Provision) 2007) Aboriginal people continue to experience poorer outcomes than the general population.

The Victorian Government is committed to ensuring that children are given a higher priority across all government policies, programs and activities to safeguard and improve their safety, health, development, learning and wellbeing. Through systematic monitoring and reporting on outcomes for children across these domains, the State of Victoria’s Children reports present a comprehensive picture of how children and young people are faring. This picture will enable the Victorian Government to shape policy and programs in response to the evidence and to identify where further analysis and/or additional action may be required to drive improvements.

This 2009 report on how Aboriginal children and young people are faring aims to:

- draw on the best available evidence to describe the current status of Victorian Aboriginal children, young people and their families, using an agreed outcomes framework
- examine particular issues that are more pertinent to this population group
- identify areas of strength and concern for Aboriginal children and families
- provide a solid evidence base for future government planning
- highlight where there are still gaps in our knowledge.

This report is also a first step in returning these data to the Victorian Aboriginal community.
The Victorian Child and Adolescent Outcomes Framework

Over recent years, the Victorian Government has sought a stronger focus on improving outcomes for children and young people, with specific goals articulated in Growing Victoria Together (2005), A Fairer Victoria (2005) and Putting Children First...the next steps (2004). In concert with this, the Victorian Government set out to define outcomes for Victoria's children and build systems to measure these outcomes. Through rigorous review and consultation, an outcomes framework for Victoria's children was developed and was endorsed by the Victorian Government in 2005.

This framework (see figure 1.1), known as the Victorian Child and Adolescent Outcomes Framework, comprises 35 outcomes for Victoria's children that are known to be of most importance to their present and future lives. These outcomes relate to children from the prenatal period through to (and including) 17 years of age, and incorporate the essential overlapping domains of safety, health, development, learning and wellbeing. Reflecting an ecological approach, these outcomes relate not only to the child, but recognise that the context in which a child lives is fundamental and also measure the influence of the family, the community and society.

Figure 1.1: The Victorian Child and Adolescent Outcomes Framework

Through development of this framework, the Victorian Government also identified four priority population groups that will receive particular attention. Evidence suggests that these groups of children are not faring as well as others and that they may face more complex problems or are likely to require different approaches to improving their wellbeing. These four priority groups are: Aboriginal children; children with a disability; recent or high-need immigrant children; and children affected by chronic disadvantage, including those in out-of-home care.

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1 In response to the Premier's Children's Advisory Committee report, Joining the Dots.
As per previous reports in this series, the Victorian Child and Adolescent Outcomes Framework provides the primary basis for reporting on how Victoria’s Aboriginal children, young people and their families are faring, but on this occasion it is complemented by the principles of Dardee Boorai. Dardee Boorai: Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People is a statement of a shared commitment between the Aboriginal community and government. It affirms the strength and resilience of Victoria’s Aboriginal culture, communities and families. Dardee Boorai sets out shared values and principles and commits to improving outcomes for Victoria’s Aboriginal children and young people. This is supplemented with additional research and data analysis on issues that are particularly relevant to Victorian Aboriginal children and young people.

The Victorian Child and Adolescent Monitoring System

The Victorian Child and Adolescent Monitoring System (VCAMS) has been established to support government and community action by systematically monitoring how children are faring across the 35 outcome areas. The system is intended to facilitate more informed decision making across government through better access to validated outcome measures for children and families.

VCAMS comprises 150 evidence based indicators to enable reporting against the 35 outcomes and draws together data from over 40 different sources to populate these indicators. Much of the data for these indicators exists in administrative datasets across Victorian government; however, as the indicators were selected on the basis of what the evidence suggests should be measured, data were not readily available at a population level for a significant proportion of the VCAMS indicators. VCAMS therefore incorporates a rolling program of data collections, or surveys, to fill these data gaps and facilitate more comprehensive reporting against outcomes for Victoria’s children, young people and their families.

VCAMS surveys for the general population include the Victorian Child Health and Wellbeing Survey (VCHWS) and the Victorian Adolescent Health and Wellbeing Survey (VAHWS—branded as HOWRU? for implementation). These are also complemented by surveys tailored to better meet the needs of the four priority populations for whom data is commonly lacking, for whom more complex issues need to be addressed and for whom different methodologies may be required.

Measuring how Victorian Aboriginal children and young people are faring

This is the first time that VCAMS has been used to report comprehensively on a priority population group. The use of administrative and survey data will enhance our understanding of outcomes for Victorian Aboriginal children and young people, but it does not come without its challenges. Where possible, the usual administrative data sources have been used for the relevant indicators and are supplemented by existing and new survey collections. However, there are significant variations in data quality and recording of Aboriginal status across these data sources.

Recognising the dearth of outcomes information for Aboriginal children and young people, the Victorian Government committed significant funding to undertake a survey of their health and wellbeing. The Council of Australian Governments (COAG) had also provided funding to the Australian Bureau of Statistics (ABS) to obtain reliable national data on children under 15 years for the first time through their National Aboriginal and Torres Strait Islander Social Survey (NATSISS). Rather than two major surveys potentially in the field at the same time, the Victorian Government entered into a partnership with the ABS to significantly expand the Victorian sample in their 2008 NATSISS, to provide far more powerful estimates of the health and wellbeing of Aboriginal children and their families. Results from this survey add considerably to the evidence base for Aboriginal children, young people and families in Victoria and these results therefore form a significant component of this report.

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3 The Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People.


5 Data quality is an issue that will be discussed further in the separate technical report that accompanies this 2009 report.
In addition, the VAHWS survey (conducted across Victorian secondary schools in 2009) included a significant number of young Aboriginal people who also completed a specific module that elicited information of relevance to young Aboriginal people. Therefore this survey is also one of the primary data sources to measure outcomes for young Aboriginal people in Victoria.

As well as reporting against the VCAMS indicators, these new data collections enable us to cover issues of special relevance and importance to Aboriginal children and families. In particular, NATSISS and VAHWS have provided information on cultural identity, participation and education, racism and discrimination, and more detailed information on the health and wellbeing of Victorian Aboriginal children and young people.

**Data sources**

**Administrative data**
This report draws on a wide range of administrative data from across Victorian government and funded services. This includes data held by the Department of Education and Early Childhood Development (DEECD); the Department of Health; the Department of Human Services (DHS); the Department of Planning and Community Development; the Department of Justice; and Victoria Police.

**Census and population data**
Data from the 2006 Census of Population and Housing (ABS) are incorporated throughout this report. ABS population estimates and projections (as referenced) also provide context and underpin a significant component of the analyses in this report.

**Surveys**
The following surveys provide key data for this report:

- Victorian Child Health and Wellbeing Survey (VCHWS) (DEECD, 2006 and 2009)
- Victorian Adolescent Health and Wellbeing Survey (HOWRU?) (DEECD, 2009)
- SchoolEntrant Health Questionnaire (SEHQ) (DEECD, 2008)
- On Track survey (DEECD, 2009)
- Australian Early Development Index (Centre for Community Child Health, 2009)
- National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (ABS, 2008)
- General Social Survey (GSS) (ABS, 2006)
- National Health Survey (NHS) (ABS, 2007-08).

An overview of these surveys is presented in Appendix 10.1, with more detailed information on sampling, reliability and analytical techniques provided in the technical report that accompanies this document.

**Commissioned analyses and expert papers**
This report draws on a range of analyses and expert papers that were commissioned from academics for the three previous reports in this series, including analysis of the Victorian data from the 2006 Healthy Neighbourhoods and Schools Survey (Williams 2007).

Specific data analysis relating to injury and poisoning was carried out by the Victorian Injury Surveillance Unit at Monash University Accident Research Centre.

For this report on Aboriginal children and young people, specific research and analyses were commissioned from senior academics and consultants with extensive knowledge of the Aboriginal community to provide more detailed information on issues for this population:

- Dr Peter Lewis, Victorian Aboriginal Child Care Agency (VACCA)
- Dr Naomi Priest and Dr Yin Paradies, School of Population Health, University of Melbourne
- Dr Kylie Cripps, Onemda, VicHealth Koori Health Unit, University of Melbourne
- Mr Scott Winch, Onemda, VicHealth Koori Health Unit, University of Melbourne
- Ms Juliet Frizzell, Juliet Frizzell Consulting.
Technical notes and technical report

For the general population, data sources have been specified and agreed across Victorian government for almost all of the 150 VCAMS indicators. However, with a specific focus on Aboriginal children and young people, alternative sources were required for some outcome areas.

Survey data has provided a wealth of knowledge on outcomes for this report, but a number of the surveys used were not conducted for VCAMS and therefore were not designed to report directly against the VCAMS indicators. Thus there have been some minor changes in scope for some of the VCAMS indicators as dictated by the best available data sources for Aboriginal children and young people. Further, additional information has been incorporated that may not directly relate to an indicator but provides valuable context for issues and outcome areas that require more in-depth exploration.

Data from NATSISS has been weighted to the population; therefore numbers and subtotals presented in the NATSISS tables approximate the actual number of Aboriginal people in the total population, not just those who participated in the survey.

All of the information has been grouped by outcomes from the Victorian Child and Adolescent Framework, complemented by the Dardee Boorai principles, and this structure presents a solid anchor for indicator data and related measures.

This 2009 report has, for the first time, an accompanying technical report. This document has been produced to provide more in-depth information about the data sources, particularly the new surveys, which form a significant component of this report.

The technical report aims to:

- provide more detailed information about the data collections
- discuss data quality
- outline analytical techniques
- provide the exact Relative Standard Errors (RSEs) for survey data estimates
- discuss conceptual issues relating to population and indicator scope.

While survey data with RSEs above particular cut-off points have been highlighted within this report to inform users of the reliability of particular data items, users are advised to refer to the technical report for the exact RSEs.

Report’s structure

As previously noted, the Victorian Child and Adolescent Outcomes Framework provides the primary basis for reporting on how Victoria’s Aboriginal children, young people and their families are faring. However, given the specific focus of this report, it also draws strongly on the major Aboriginal policies at a state and national level as a frame of reference. In particular, Dardee Boorai, with its sole focus on Aboriginal children and young people, will provide an anchor point for discussing issues that are important to the Victorian Aboriginal community.

The report begins with an Introduction (section 1) that provides background information and describes data sources and report structure.

Section 2 provides information on the current national and state initiatives that relate to Aboriginal children, young people and their families.

Section 3 presents a brief history of Aboriginal people in Victoria and issues that impact on this community. This section has not been included in previous reports, but is essential to set the scene for the focus of this particular report. This section provides a valuable lens through which the findings of the report should be considered.

6 There remains a small number of indicators that as yet have no reliable data source at the population level, such as teenage pregnancy rates.
Following on from this are the five major data sections:

- Section 4 presents a demographic profile of Aboriginal children and families in Victoria, setting the scene for Aboriginal Victorians today.
- Section 5 focuses on connectedness to culture, community and equity issues, as culture and cultural identification are how sense is made of the communities we live in and are important factors in promoting resilience in the community.
- Section 6 focuses on the home and environment; how the place in which we live can contribute to the health and wellbeing of children, young people and families.
- Section 7 focuses on Aboriginal families—as they are central to the wellbeing of Aboriginal children, young people and the community. Families are important to maintain cultural identity and a sense of connectedness to both culture and kinship.
- Section 8 focuses on Aboriginal children and young people and the principle that they are given every opportunity to achieve their full potential in life.

Section 9 presents a summary of overall findings, key messages and conclusions and begins to look at next steps to use this data to explore relevant issues in more depth.

**Scope and terminology**

This report is concerned with children aged 0 to 17 years, in line with the definition of ‘child’ that is adopted in the Child Wellbeing and Safety Act 2005 and the UN Convention on the Rights of the Child. However, there are instances where outcomes for people over 18 years of age are reported, most notably in the family context and also for issues in relation to post-school pathways.

While some relevant issues have been discussed using a metropolitan and rural/regional split in this report, its primary scope is to provide an overview of the health and wellbeing outcomes of children, young people and their families at a state level and, given the breadth of issues covered, detailed local analysis is not possible.

Analyses by age and sex have been presented where relevant.

Some issues have been explored in more depth than others throughout this report. These issues have been selected on the basis of evidence that highlights their importance for Aboriginal children, young people and their families. More in-depth analysis of the majority of issues was not possible within the scope of the report. However, issues that warrant further investigation may be identified.

For ease of interpretation, throughout this report the following terminology has been adhered to unless otherwise stated:

- The word ‘Aboriginal’ is used to include all people in Victoria of Aboriginal and/or Torres Strait Islander descent. The word ‘Indigenous’ is only used when referring to existing documents or policies such as the Victorian Indigenous Affairs Framework.
- ‘Children’ generally refers to those aged 0 to 17 years (inclusive). However, due to the variety of data sources utilised in this report, age ranges regularly vary. All age ranges are clearly labelled and readers are strongly encouraged to ensure that they refer to and note the appropriate table and figure titles.
- ‘Young people’ refers to those aged 12 to 17 years (inclusive).
- ‘Families’ refers to couple and one-parent families with one or more children aged 0 to 17 years (inclusive).
- ‘Parents/guardians’ refers to the parent or guardian of a child aged 0 to 17. In the context of NATSISS data this survey did not include questions that enabled the exact nature of the relationship to be determined, therefore the notion of ‘assumed parent or guardian’ was derived on the basis of living arrangements and other questions. However, for ease of interpretation, the term parents/guardians is used throughout the report. This issue is discussed in more detail in the technical report.

It should also be noted that ABS data, particularly NATSISS data, have been tailored, for the purposes of this report, to reflect key issues for children and young people aged 0 to 17 years, their parents and families. As such, it is unlikely that the data presented here will align exactly with ABS publications.