'Respect for Aboriginal people and the Murray River. The hands represent myself and my brother and my sister.'

Artwork by an Aboriginal girl, aged 10 years, attending Robinvale Consolidated School.
Section 9: Conclusions and next steps

This report provides the most comprehensive picture of Aboriginal children, young people and their families in Victoria today. This is the first time that such a breadth of evidence on the health and wellbeing outcomes of Aboriginal children and young people in Victoria has been consolidated and presented in this manner. While the main findings are summarised at the beginning of each section, this final section draws together the broad findings that are likely to have the strongest implications for planning and policy development, and identifies where there are still gaps in our knowledge. This section also sets out the preliminary next steps following the release of this report, to further utilise the findings and explore the key issues in more depth.

Key findings

In general, Victorian Aboriginal and non-Aboriginal children, young people and parents/guardians share many of the same strengths and face similar challenges. Aboriginal families support healthy growth and development through having antenatal check-ups, high rates of breastfeeding, immunisation of children and engaging in informal learning activities such as reading to children and assisting with homework. Aboriginal and non-Aboriginal children, young people and families alike are able to get support in a time of crisis and have someone to turn to for advice. Having opportunities to have a say in the local area and community are equally challenging for Aboriginal and non-Aboriginal Victorians.

Aboriginal children and young people in Victoria lead the non-Aboriginal population in some areas. A greater proportion of Aboriginal young people are doing the recommended daily physical activity, and face-to-face contact with family and friends on a daily basis is high. Further, a considerable number of Aboriginal children, young people and parents/guardians identify, participate and engage with their culture, essential to the development of strong and resilient Aboriginal children and young people.

There are areas of clear strength within the Aboriginal community; however, the risk of poorer short and long-term outcomes is often a result of the multiple stressors and disadvantage experienced by many Aboriginal children, young people and families. The ongoing and devastating effects of colonisation, including the high rate of removal from family, across generations in Victoria may go a long way towards our understanding of some of the higher rates of family stressors such as substance use, psychological distress and social wellbeing, and the experience of violence within some Aboriginal families.
Conclusions and next steps

Links to culture

New data presented in this report highlights the strong links to culture for many Aboriginal children, young people and their families in Victoria. Significant proportions of Aboriginal children participated in cultural events and activities, along with their parents/guardians and 60 per cent of Aboriginal young people reported that they felt proud to be an Aboriginal person at school.

However, the data also points to opportunities to further strengthen links to culture and culturally appropriate services, with cultural participation and identification lower in Victoria than nationally. Evidence shows that cultural connectedness is crucial to the development of strong and resilient Aboriginal children and families.

Aboriginal families

Aboriginal families support healthy child development, such as promoting participation in Aboriginal cultural activities and events, breastfeeding infants, undertaking informal learning activities and increased attendance at universal early childhood services.

This report presents irrefutable evidence that, even in metropolitan communities, Aboriginal families are faced with significant challenges. One example of this is the experience of life stressors, where approximately 80 per cent of Victorian Aboriginal persons have experienced one or more of these life stressors in the last 12 months, considerably higher than the figure for Aboriginal people nationally and non-Aboriginal people in Victoria.

This data, in concert with information showing many Aboriginal people in Victoria do not have family or friends outside the household in whom they can confide highlights the importance of considering the impact of life stressors on the Aboriginal community, families, children and young people.

Consideration of the effects of racism and discrimination is important for Aboriginal families. Many Aboriginal people are considerably less likely to place a high level of trust in people generally, in police or even in doctors or hospitals when compared to non-Aboriginal people. Furthermore, over a quarter of Aboriginal people have felt discriminated against in the last 12 months.

On the whole, evidence suggests that far more effort is required to support and strengthen Aboriginal families in Victoria, as higher proportions (when compared to both Aboriginal families across Australia and to non-Aboriginal families in Victoria) are exposed to issues of substance use, violence, crime, psychological distress, life stressors, and have experienced racism and discrimination.

Children and young people

Health and wellbeing

There are positive signs with many Aboriginal children in Victoria being immunised and breastfed, more young Aboriginal than young non-Aboriginal people meeting the recommended daily exercise, and rates of eye and ear problems lower than those experienced by Aboriginal children nationally.

However, there are other areas of concern. Some issues, such as ear and hearing problems, are still double those of non-Aboriginal children. Rates of low birth weight and perinatal mortality remain far higher for Aboriginal babies. Oral health remains an area of significant concern for Aboriginal children, with dental caries being one of the leading causes of hospital admissions, in addition to a significantly lower proportion of young Aboriginal people indicating that they are able to access dental health services when needed. Also, rates of positive psychological development are lower among young Aboriginal people.
While rates are comparable for some risky health behaviours among Aboriginal and non-Aboriginal adolescents, there are some areas of particular concern, such as early sexual activity (data suggests that approximately one in five young Aboriginal people aged 13 and 14 have engaged in sexual intercourse and that this is two or more times higher than young non-Aboriginal people of this age group).

Patterns of alcohol and drug use are similar for young Aboriginal and non-Aboriginal people, but smoking rates are considerably higher among young Aboriginal people. These higher rates of smoking mirror those observed among Aboriginal parents/guardians and, coupled with young Aboriginal people’s reported easier access to cigarettes (compared to young non-Aboriginal people), suggest that high rates of smoking are continuing through another generation of Aboriginal Victorians.

Development and learning
High proportions of Aboriginal parents/guardians report they regularly read to and undertake informal learning activities with their children, which evidence suggests can provide a solid basis for development in the early years. Despite this strong start, Aboriginal children are more than twice as likely to arrive at school developmentally vulnerable compared to non-Aboriginal children. However, it is important to also consider other factors, including disadvantage and life stressors, which may also influence a child arriving at school developmentally vulnerable.

Some recent improvements in literacy and numeracy have been identified among Aboriginal children and young people in Victoria; however, overall they continue to have lower rates of achievement when compared to non-Aboriginal children in Victoria from Prep right through to Year 9. Aboriginal children and young people also have lower rates of attendance and are more likely to have skipped or wagged school. At school, of those young people that were bullied, approximately 25 per cent of young Aboriginal people experienced bullying almost every day, compared to approximately 15 per cent of young non-Aboriginal people.

While young Aboriginal people have high aspirations for further education and parents expect them to get good marks, this currently does not translate into better educational outcomes, with young Aboriginal people aged 20 to 24 years only half as likely to have completed Year 12 or equivalent as their non-Aboriginal counterparts. It will be important to further interrogate this data to determine whether young Aboriginal people who have high aspirations are those who complete Year 12 or equivalent and engage in further education.

Safety and discrimination
One in five young Aboriginal people in Victoria have experienced physical violence, but only a third of these reported their most recent experience to the police. Data also shows that, for the most part, Aboriginal people have significantly lower levels of trust in their local police than non-Aboriginal people.

Aboriginal children and young people continue to be over-represented in the child protection system, though there have been improvements in some system indicators.109 It should be noted that over half of substantiated cases of abuse or neglect amongst Aboriginal children relate to children aged under 5 years, further emphasising the need to support and strengthen Aboriginal families in the early years.

Over the past five years there has been a decrease in the rate at which young Aboriginal people have been processed by police however, young Aboriginal people continue to be over-represented in the youth justice system with Aboriginal children and young people approximately three times more likely to be processed by police when compared to non-Aboriginal children and young people.

Homelessness is also a significant issue for Aboriginal families and can be adversely associated with many factors, including education, health and wellbeing.

109 Improvements have been seen in the percentage of substantiations within three months of a decision not to substantiate and in the re-substantiation rate.
Conclusions and next steps

What do we still not know?
There are still many gaps in our knowledge that need to be addressed; these are highlighted throughout the relevant sections of the report. Through application of the Victorian Child and Adolescent Outcomes Framework within this report, we see that we have little information on the prevalence of diabetes, overweight and obesity, suicide rates and disability in Aboriginal children and young people in Victoria. For families, we lack information on the prevalence of postnatal depression and family violence incidents involving children, and measuring healthy family functioning requires more consideration within a culturally appropriate context. We still do not fully understand why Aboriginal families are generally less likely to access universal services to the same extent as all Victorian families.

In some areas throughout the report, issues have been identified; however, currently, through a lack of data or data of low reliability, we cannot complete the picture of what this really means for Aboriginal children and young people. For example, we have no true prevalence data for skin cancers and current data cannot give an accurate picture of the prevalence of sexually transmissible infections amongst young people.

Some of these gaps in our knowledge could be addressed through better capture and improving the quality of our existing data collections; however, some may require the development of new monitoring mechanisms. Currently, data challenges mean that different data sources for Aboriginal children and their families are not directly comparable to data sources for non-Aboriginal children and their families, so assessing the true differences between the two groups can be difficult.

Next steps
This report provides the most comprehensive picture of what life is like for Aboriginal children, young people and their families in Victoria to date. This is just the beginning in using this data to make a difference in the lives of Victoria's Aboriginal children and young people. The report tells us that our current reform efforts are on track but there is still a long way to go.

Current Commonwealth and Victorian Government reform agendas are aligned with most of the issues that have been identified in this report. The report will help further inform these initiatives through providing valuable baseline data, assisting with setting priorities and refining goals and informing more specific or localised responses. This evidence may also help us further understand how some of these issues interact and further compound the disadvantages experienced by many Aboriginal people in Victoria and inform innovative holistic responses and drive more coordinated approaches.

It is also anticipated that this report will provide the basis for future research and monitoring activities and lead to further in-depth analysis using some of the new information resources such as NATSISS to better understand some of the drivers of and potential levers for change, particularly around the issues that are more prevalent in Victoria.

Improving outcomes for Aboriginal children and young people also requires the support of both government and community, so it is also important to take the data presented here back to the Victorian Aboriginal community to assess what are important issues for them to facilitate the planning of local responses.

This report has been used as the evidence-base for Balert Boorron: The Victorian Plan for Aboriginal Children and Young People (2010-2020), which will set out directions and priorities for improving outcomes for Aboriginal children and young people. As companion documents they will drive Victoria’s reform in this area over the next decade.