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Preface

This has been a momentous year for the relationship between Indigenous and non-Indigenous Australians.

The National Apology to members of the Stolen Generations in February generated great goodwill. In generations to come, 2008 will be remembered in the same light as the 1967 Referendum, the 1992 High Court Mabo decision and the Wik decision of 1996.

Each of these events offered an opportunity for non-Indigenous Australians to discover, or renew and strengthen, their understanding and appreciation of the world’s oldest living culture. These opportunities have not always been taken, but the Victorian Government is determined to build on this historic year by strengthening partnerships with Indigenous Victorians.

The Victorian Government, along with all Australian governments, has embraced this new opportunity to close the gap across a range of economic, social and life expectancy indicators.

The scale of the commitments and work are considerable, in the understanding that it will take a generation to close the considerable gaps in outcomes between Indigenous Victorians and the broader community.

The Ministerial Taskforce on Aboriginal Affairs is our way of driving change right across government.

I was delighted to Chair the Taskforce in 2007-08 and look forward to its continuing role to improve action in key areas.
This 2007-08 VIAF report details a number of achievements, particularly those benefiting young Indigenous Victorians including the release of Wannik, an education strategy for Koorie Students; the 10-year plan to reduce Indigenous family violence; new Koorie courts; the start of free kindergarten for three-year-old Aboriginal children; new Koorie maternity services and new in-home support programs for new parents.

For the year ahead we are already progressing on a number of fronts including consideration of a Native Title Framework to improve land justice for Indigenous Victorians, economic participation and development and Indigenous Public Sector employment reform.

This report, our annual reporting of activities in Indigenous Affairs, allows all Victorians to see what has been achieved, what we continue to work on, and what our future plans involve.

The Hon Rob Hulls MP
Deputy Premier
Chair, Ministerial Taskforce on Aboriginal Affairs
Foreword

The Victorian Indigenous Affairs Framework (VIAF) was developed in 2006 to address the gap in life expectancy and other inequalities between Indigenous and non-Indigenous Victorians.

I am pleased to present the Victorian Government’s Indigenous Affairs Report for the period July 2007-June 2008 which records progress in the key areas of maternal health and early childhood, education and employment, family violence and justice.

Each chapter records current performance and future plans in these strategic areas of action.

One highlight in 2007-08 was the continued rollout of Local Indigenous Networks (LINs) across the State. The LINs provide new opportunities for Indigenous people to have a say in their communities. Several hundred people are already involved, providing important voices to how we can – together – start closing the gap in life chances.

One of the most devastating impacts on Indigenous Victorian communities is family violence. The Indigenous Family Violence Taskforce estimates that one in three Indigenous people are victims, have a relative who is the victim, or witness an act of violence on a daily basis in Victorian communities.

In June this year the State Government released details of a 10-year plan to address family violence in Victoria’s Indigenous communities, which is the leading contributor to death, disability and illness in Indigenous women aged under 45.

The development of the Plan involved Indigenous people at local, regional and state levels working with a number of government agencies.

The Victorian Government’s approach to improving outcomes for Indigenous Victorians is to tackle many of the drivers of disadvantage as well as better respond to the outcomes of disadvantage.

This report does not represent a full inventory of government actions and initiatives in Indigenous Affairs. Across government there are many initiatives that operate outside the VIAF strategic objectives that are also directed at closing the gap.
Significant progress continues to be achieved in areas such as housing, where since June 1999 we have increased Indigenous-managed housing by almost 40 per cent and doubled the number of Aboriginal households in mainstream public housing. In 2007-08 we also doubled the acquisition budget for the Aboriginal Rental Housing Program.

Many people and many organisations are working with the Victorian Government to tackle the cycle of disadvantage that sees Indigenous Victorians, on average, die earlier than non-Indigenous Victorians. This gap is unacceptable to all of us.

I look forward to providing the Victorian community with further measures of progress against this vital strategy to improve opportunities and outcomes for Indigenous Victorians.

\[\text{The Hon Richard Wynne MP}\]

Minister for Aboriginal Affairs
Chapter 1
Profile of Victoria’s Indigenous community

The Victorian Government is committed to improving the life expectancy of Indigenous Victorians. In October 2006 it released the Victorian Indigenous Affairs Framework (VIAF) to underpin and define efforts across government and the community to close the disadvantage gap between Indigenous and non-Indigenous Victorians.

The framework identified three areas where sustainable, long-term improvements were required. These are:

1. Safe, healthy and supportive family environments with strong communities and cultural identity,
2. Positive child development and prevention of violence, crime and self-harm, and
3. Improved wealth creation and economic sustainability for individuals, families and communities.

Achieving this requires coordinated action across many areas of government activity. To ensure a coordinated effort, the Government established a Ministerial Taskforce on Aboriginal Affairs to direct the implementation of the VIAF.

This year’s annual report details the actions taken and progress made by the Victorian Government in the 2007-08 financial year.

In some areas data is limited, outdated or not yet available. Over time improved data collection will ensure that performances can be accurately measured and monitored.

It is important to note there are many other Victorian Government programs that make significant contributions to the quality of life of Indigenous Victorians that are not directly covered by the framework. Such areas include housing services, specific Indigenous programs and mainstream government programs that are sensitive to Indigenous needs.

Information on the contribution made by the programs operating outside the immediate objectives of the VIAF can be found in departmental annual reports and publications such as the Department of Human Services’ (DHS) Aboriginal Services Plan 2008-10. The DHS annual publication, Aboriginal Services Plan: Key Indicators, also reports on the progress of the comprehensive programs it administers.
A vibrant and strong culture

Indigenous culture and heritage remains a fundamental part of Victoria’s identity. By working with Indigenous communities we can provide more opportunities for all Victorians to recognise, respect and celebrate their contributions.

Indigenous Victoria

Indigenous Australia has the oldest living cultures in the world. The land that is now Victoria has an ancient and proud Indigenous history and complex ownership and land stewardship systems stretching back many thousands of years.

It is estimated there were between 20,000 and 60,000 people speaking more than 30 languages when Europeans first arrived in the land we now call Victoria.

Our Indigenous heritage is an important part of the identity of Indigenous Victorians and the collective identity of Victoria.

The 2006 Australian Census reports there are about 33,000 Indigenous Victorians living in the State and about 30 distinct Indigenous communities. These communities are based around location, language and cultural groups, and extended familial networks.

Almost half of Indigenous Victorians live outside Melbourne.

There are significant differences between the demographic profile of Victoria’s Indigenous population and other Victorians. Victoria’s broader population is ageing, but its Indigenous population is young. More than half of Indigenous Victorians are aged under 25, and more than a third are aged under 15.

By comparison around a third of non-Indigenous people are aged under 25.

This difference in age structure reflects several factors, including lower life expectancy and higher fertility rates.

Diagram 1 depicts the age structure of Indigenous and other Victorians.

Diagram 1 - Age distribution of Victorian Indigenous and Non-Indigenous Population in 2006

Source: Australian Bureau of Statistics Census of Population and Housing Victoria 2006. Cat.no.4705.0
There are also significant differences in family structure with a proportionately higher number of single-parent families in Indigenous communities. Nearly 40 per cent of Indigenous families are sole parent families, compared with 15 per cent of non-Indigenous families.

The VIAF places a strong focus on improving the future of young Indigenous Victorians. New targets set by the Council of Australian Governments (COAG) also emphasise the importance of improving the position of young Indigenous Victorians.

Indigenous community leaders are highly active in many social areas, from health and wellbeing to advocacy, education and economic development. Victoria has more than 170 Indigenous, community-run organisations, many of which provide support and services to Indigenous communities.

In addition to service providers the Victorian Government has encouraged the development of Local Indigenous Networks (LINs). These networks enable the broad participation of Indigenous Victorians in priority setting and feedback on government and Indigenous-controlled services.

Achieving the improvements sought by the VIAF is contingent on partnerships between these organisations, the Victorian Government and the broader Victorian community.

Exploring the gaps

Indigenous Australians experience disadvantage whether they live in urban, regional or remote parts of Australia.

Indigenous Australians experience unacceptably lower rates of life expectancy in all States and Territories; in cities, regional centres and rural and remote areas.

All governments are committed to targets adopted by COAG, and report their progress in achieving these targets in the national report, Overcoming Indigenous Disadvantage. Victoria is committed to reporting against state and COAG indicators.

In areas such as health, education and employment, there are significant gaps between Indigenous and non-Indigenous Victorians. Bridging these gaps, particularly in relation to life expectancy, is central to the Victorian Government’s work with Indigenous communities.

The pattern of disadvantage for Indigenous Victorians is inter-related. Lack of educational attainment is linked to increased contact with the justice system. Leaving school early increases the likelihood of being a young parent, which in turn affects lifetime labour prospects and income.

Health and wellbeing

The most telling gap in health and wellbeing between Indigenous and non-Indigenous Victorians is life expectancy. The gap is the result of a lifetime of disadvantage.

This gap is expected to grow as innovations in health care and social interventions extend the age of non-Indigenous Victorians.

The lifetime of disadvantage for Indigenous people begins at birth - Indigenous babies are more likely to have very young parents and be of low birth weight.

It continues into early childhood where Indigenous children have lower rates of use of kindergartens, and greater probabilities of growing up in sole parent families.

The cycle continues with increased risk of child abuse and less than average educational outcomes.

Victorian Indigenous child abuse substantiations remain significantly higher than for non-Indigenous Victorians.

Long-term illness and chronic disease are also more prevalent among Indigenous Victorians. They are more than three times more likely to have diabetes than non-Indigenous Victorians.
Education

There are significant disparities in education outcomes between Indigenous and non-Indigenous Victorians.

The highest level of education achieved for many Indigenous Victorians is year 9 or below.¹ Less than a quarter of Indigenous Victorians have completed year 12 compared with almost half of other Victorians.²

Income and employment

Indigenous Victorians are over-represented in low-income Victorian households, and under-represented in high-income households. Most Indigenous households are on low incomes (the lowest and second lowest quintiles).³

Education has a clear impact on employment prospects for individuals. Modelling by the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra shows that if rates of education and employment remain unchanged, there is considerable disparity in how long an individual at age 15 can expect to be employed over their working life (15–64 years).

An Indigenous female aged 15-19 who does not complete year 12 is likely to spend most of her potential working life outside the workforce.

These figures explain why the Victorian Government places such emphasis on improving Indigenous student completion rates.

Table 1 - Average work years between age 15 and 64

<table>
<thead>
<tr>
<th></th>
<th>Expected years in employment (at age 15 years)</th>
<th>Expected years in unemployment (at age 15 years)</th>
<th>Expected years not in the labour force (at age 15 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indigenous</strong></td>
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<td></td>
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</tr>
<tr>
<td>Male &lt; year 12 education</td>
<td>20.5</td>
<td>5.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Male ≥ year 12 education</td>
<td>25.1</td>
<td>5.7</td>
<td>5.6</td>
</tr>
<tr>
<td>Female &lt; year 12 education</td>
<td>15.2</td>
<td>4.4</td>
<td>20.4</td>
</tr>
<tr>
<td>Female ≥ year 12 education</td>
<td>27.2</td>
<td>3.8</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>Non-Indigenous</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male &lt; year 12 education</td>
<td>34.7</td>
<td>4.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Male ≥ year 12 education</td>
<td>38.6</td>
<td>2.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Female &lt; year 12 education</td>
<td>29.7</td>
<td>2.1</td>
<td>16.2</td>
</tr>
<tr>
<td>Female ≥ year 12 education</td>
<td>26.2</td>
<td>2.8</td>
<td>19.0</td>
</tr>
</tbody>
</table>

There are also significant gaps between the labour market experience of Indigenous and other Victorians. The rate of unemployment for Indigenous Victorians is more than double that of the overall rate for Victorians.⁴

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³ Australian Bureau of Statistics National Aboriginal and Torres Strait Islander Health Survey 2004-05, Cat. no. 4715.0.55.005 (unpublished); ABS National Health Survey 2004-5; Summary of Results, Cat. no. 4362.0 (unpublished) reported in the Overcoming Indigenous Disadvantage Report 2007
⁴ ABS National Aboriginal and Torres Strait Islander Health Survey 2004-05, Cat. no. 4715.0.55.005 (unpublished); ABS National Health Survey 2004-05, Cat. no. 4362.0 (unpublished) reported in the Overcoming Indigenous Disadvantage Report 2007.
Incarceration and crime

Indigenous Victorians are far more likely to be placed in an adult prison than non-Indigenous Victorians. Indigenous youth aged 16 and younger are much more likely to be in juvenile detention than non-Indigenous youth.

Indigenous Victorians are more likely to be victims of crime, and three times more likely to be victims of homicide, than non-Indigenous Victorians.

These are some of the experiences that feed into the cycle of disadvantage experienced by Indigenous Victorians.

Closing the significant gaps experienced by Indigenous Victorians requires interventions at all stages in the lives of Indigenous people – from birth and perinatal care, early childhood development, education, health, training and employment.

The cycle of disadvantage

The impact of the cycle of disadvantage distinguishes Indigenous Victorians from non-Indigenous Victorians. Moreover within the community itself the impact is differentially experienced.

Many Indigenous Victorians are breaking out of the cycle of disadvantage. They are more likely to have had:
- parents of similar age to their non-Indigenous peers,
- access to kindergarten as a child,
- school attendance rates and educational outcome levels on par with their non-Indigenous peers, and
- smooth transitions into employment and then consistent working life.

The discussion in the previous sections highlighted the levels of disadvantage experienced in aspects of contemporary life, such as in education and the labour market.

It is important to note that each experience of disadvantage interrelates with other aspects. Poverty, contact with the justice system, disability, early life transitions from education and into early parenting all intersect with and compound each other. Disadvantage is also inter-generational with the risks of lifetime poverty, for example, being higher for young Indigenous people whose families experienced high levels of poverty.
Recent modelling work conducted by NATSEM for the Ministerial Taskforce on Aboriginal Affairs highlighted these intersections and inter-relationships.

One example is the relationship between schooling, contact with the justice system and lifetime earnings. NATSEM developed the following tables that illustrate the inter-relationships of these factors for Indigenous Victorian men who have finished year 12 or equivalent schooling compared with those who have not.

The tables show the marked differences in years employed and lifetime earnings for Indigenous men who have had contact with the justice system, compared with those who have not had contact and the impact of year 12 completion/non-completion.

The Government will continue to work on developing a clearer picture of these and other intersections as part of improving the accuracy of the evidence base. The quality of the evidence is vital for developing new initiatives and for evaluating existing services and programs.
Chapter 2
Overview of the Victorian Indigenous Affairs Framework

On average, Indigenous Victorians die considerably younger than non-Indigenous Victorians. This significant gap in life expectancy must be reduced.

An enduring commitment

The Victorian Government’s main goal in Indigenous affairs is to close the gap in life expectancy between Indigenous and non-Indigenous Victorians. This requires a sustained effort in partnership with the state’s Indigenous communities.

The Victorian Indigenous Affairs Framework (VIAF) focuses on improved child health and safety outcomes; legal justice; improved school participation, attainment and completion rates; and better employment outcomes.

Progress in these areas will help improve life expectancy and quality of life for Indigenous Victorians. The state will focus its effort and investment on these goals in the coming decade.

Policy background

In 2005, the Victorian Government released its social policy statement, A Fairer Victoria, aimed at overcoming disadvantage through specific interventions and new ways of working with Indigenous and non-Indigenous communities.

A Fairer Victoria included the strategy Building a New Partnership with Indigenous Victorians, which, in turn, underpinned development of the Victorian Indigenous Affairs Framework.

The national apology to Australia’s Indigenous ‘Stolen Generations’ this year, and the targets adopted by the Council of Australian Governments (COAG), have reinforced the policy direction set by the VIAF.

Victorian Indigenous Affairs Framework

The priorities and direction set by the Victorian framework mirror those of the nationally-endorsed Overcoming Indigenous Disadvantage framework, are linked to its headline indicators, and align with the targets adopted by COAG.

The Victorian framework specifies the following areas for action:
1. Improve maternal health and early childhood health and development.
2. Improve literacy and numeracy.
3. Improve year 12 completion or equivalent qualification and develop pathways to employment.
4. Prevent family violence and improve justice outcomes.
5. Improve economic development, settle native title claims and address land access issues.

Each area contains indicators that measure the Government’s progress in achieving the aims of the VIAF.

Diagram 4 depicts how the VIAF operates.

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5 The previous estimate was a 17 year gap. The Australian Bureau of Statistics is developing a new method to calculate Indigenous life tables.

6 The headline indicators are: life expectancy at birth; rates of disability and/or core activity restriction; years 10 and 12 retention and attainment; post-secondary education participation and attainment; labour force participation and unemployment; household and individual income; home ownership; suicide and self-harm; substantiated child protection notifications; deaths from homicide and hospitalisations for assault; victim rates for crime; imprisonment and juvenile detention rates.
Diagram 4 - Improving the Lives of Indigenous Victorians, Strategic Policy Framework

Victoria’s Indigenous Community

Goal
To improve life expectancy and quality of life for Indigenous Victorians

Victoria’s Indigenous Community

Government Leadership and Co-ordination

Victoria’s Indigenous Community

Priority Outcome 1 Safe, healthy and supportive family environments with strong communities and cultural identity
Priority Outcome 2 Positive child development and prevention of violence, crime and self harm
Priority Outcome 3 Improved wealth creation and economic sustainability for individuals, families and communities

Victoria’s Indigenous Community

OID Strategic Areas for Action

Early school engagement and performance (preschool to year 3)
Positive childhood and transition to adolescence
Substance abuse and misuse
Functional and resilient families and communities
Effective environmental health systems
Economic participation and development
Early childhood development and growth (prenatal to age 3)
Chapter 3

A commitment to partnership

Improved outcomes for Victoria’s Indigenous people require a sustained and co-ordinated effort across all levels of government and the community. Partnerships between government services, mainstream services, Indigenous controlled services and Indigenous participatory networks are vital in achieving improved social, economic and cultural outcomes for Indigenous Victorians.

Building a new partnership with Indigenous Victorians is a core strategy of A Fairer Victoria.

Government departments and Ministers alone cannot achieve what is sought for Indigenous Victorians.

The Government has introduced new arrangements and strategies that strengthen and empower the partnership between it and Victoria’s Indigenous community.

Ministerial Taskforce on Aboriginal Affairs

The actions specified in the VIAF run across multiple areas of government, and are driven and overseen by the Ministerial Taskforce on Aboriginal Affairs (MTAA). The Taskforce was established in 2006 and comprises:

- Deputy Premier (Chair),
- Minister for Aboriginal Affairs,
- Minister for Children and Early Childhood Development,
- Minister for Community Services,
- Minister for Education,
- Minister for Finance, and
- Minister for Skills and Workforce Participation.

The Taskforce:

- drives implementation of the VIAF across all areas of the Victorian Government,
- focuses government action on achieving VIAF goals,
- galvanises departments and agencies to meet the challenges posed by Growing Victoria Together, A Fairer Victoria, the New Representative and Community Engagement Arrangements and portfolio-specific plans to deal with Indigenous disadvantage.
Representation
and engagement

Premier’s Aboriginal Advisory Council and new representative arrangements

The 2006–07 Victorian Budget committed funding to develop new community engagement and representative arrangements. The result is a three-tier structure for Indigenous governance that will comprise 38 Local Indigenous Networks (LINs), eight Regional Indigenous Councils (RICs), and the Premier’s Aboriginal Advisory Council. Diagram 5 shows how this structure will work with the Victorian Government.

Introduction of these governance arrangements continued in 2007–08. Twenty-four LINs were in place by the end of the report year. All Local Indigenous Networks and Regional Indigenous Councils are expected to be in place by 2009–10. The Premier’s Aboriginal Advisory Council will include RIC and Indigenous peak body representation by 2009–10.

The LINs strengthen the capacity of Indigenous people to participate in mainstream planning processes managed by local government, local services and other local community organisations.

While the new representative arrangements for Indigenous Victorians are set up, an Interim Premier’s Aboriginal Advisory Council has been established.

Case Study One
Dandenong Local Indigenous Network

The Dandenong Local Indigenous Network, established in May 2008, has 47 members including staff and board members of the local Aboriginal cooperative, Indigenous state and local government employees, community elders, men and women of various ages, young parents and students. It meets each month.

The Network’s current priorities in Dandenong are to improve Indigenous school retention rates and education outcomes, secure funding for an established men’s group and women’s group, and a local Indigenous community hub. It has met with its Local Aboriginal Education Consultative Group (LAECG) to discuss local education priorities. The Dandenong LIN is also working to achieve greater Indigenous participation in the Revitalising Central Dandenong Project being undertaken by the Victorian Government (through VicUrban) and the City of Greater Dandenong.

Issues raised by the youth group include increasing access to out-of-school and social activities and establishing a local homework centre that could also provide tutoring support. The youth group also recently received a grant for sports uniforms which will enable young Indigenous people in Dandenong to participate in local and regional sporting events.
Core principles

Government-community partnership principles underpin the government’s work with Indigenous people and communities. These include:

- a holistic community-centred approach, locally and regionally driven that includes a ground up process for planning and priority setting,
- developing partnerships within and across Indigenous services, communities and government that foster prevention initiatives,
- establishing an agreed framework for joint planning across government agencies and sectors to promote community wellbeing,
- creating funding frameworks which are accountable but flexible in accommodating local need,
- engaging in a process of community participation that actively engages and supports community leaders and stakeholders at the local level,
- investing in the development of culturally appropriate and evidence-based prevention resources that can be implemented on an Indigenous population-wide basis,
- supporting all prevention responses through evaluation, and
- ensuring ongoing training and development of Indigenous personnel.

These principles are applied in partnerships with the community and underpin the government’s approach to reducing and eradicating the problems that result in accumulated disadvantage.

Partnership in action

Departmental Secretaries’ local community partnership projects

Victorian departmental secretaries lead specific local activities to improve outcomes for children and young people in areas identified by the Ministerial Taskforce. Partnership Projects are located in Mildura, Casey, Whittlesea and Lakes Entrance. The locations selected have large Indigenous populations and concentrated disadvantage indicators.

Departmental partnerships

A number of partnerships between departments and Indigenous communities were formed prior to the creation of the VIAF. Considerable community and public-sector effort has gone into developing and implementing these partnerships and related plans. Some of the major partnerships are described below.
Aboriginal Justice Agreement

The Aboriginal Justice Agreement, launched in 2000, is a formal agreement between the Government and the Indigenous community. It deals with the ongoing issue of Indigenous over-representation in all levels of the criminal justice system.

It aims to improve access to justice-related services and promote greater awareness in the Indigenous community of civil, legal and political rights.

Yalca: A Partnership in Education and Training for the New Millennium (Koorie Education Policy)

The Victorian Aboriginal Education Association has a 20-year relationship with the Victorian Department of Education (now the Department of Education and Early Childhood Development). All education strategies and programs developed for and by Indigenous people are expected to support the partnership’s aims.

Wannik (Learning Together, Journey to Our Future)

In February 2008, the Minister for Education launched Victoria’s education strategy for Indigenous students, Wannik (Learning Together, Journey to Our Future).

Wannik was developed in partnership between the Education Department and the Victorian Aboriginal Education Association.

Fundamental to Wannik is the fostering of a new culture of high expectations for Koorie students, and systemic reform across government schools to deliver the best possible education to meet these expectations.

Wurreker Strategy (Skills Victoria)


This strategy was developed following regional and metropolitan meetings involving Indigenous communities and businesses and state and federal government departments and agencies. The strategy complements similar Victorian Government initiatives in areas such as land and culture, community wellbeing and justice.

Indigenous Partnership Framework 2007-2010 (Department of Sustainability and Environment)

The Department of Sustainability and Environment’s Indigenous Partnership Framework weaves Indigenous perspectives into all aspects of the department’s business.

Acknowledging the intrinsic connection that Victoria’s Indigenous people have to their country, the department uses the framework as a guiding policy for action.

The Aboriginal Services Plan 2008-2010 (Department of Human Services)

The Aboriginal Services Plan 2008-2010 outlines commitments by the Department of Human Services to improve outcomes for Indigenous people. Developed in consultation with representatives of Indigenous communities and community organisations, it builds on the successes of the 2004 plan and targets Department of Human Services efforts in agreed priority areas.
Next Steps

New partnerships are also being developed.

Because Mental Health Matters: Victorian Mental Health Reform strategy

The whole-of-government Because Mental Health Matters: Victorian Mental Health Reform strategy, to be released in early 2009, incorporates a specific focus on improving the mental health of Aboriginal people, their families and community. The strategy gives priority to developing culturally responsive services that focus on prevention, early intervention and recovery - delivered in ways that allow for local solutions and build on the strength, expertise and resilience that exists in Aboriginal organisations and communities.

The Mental Health and Drugs Division of the Department of Human Services worked closely with the Victorian Aboriginal Controlled Health Organisation (VACCHO) and other key Aboriginal organisations and individuals throughout the development of the strategy to identify strategic directions and areas for priority action. As part of this partnership, VACCHO was contracted to lead a comprehensive consultation process involving key stakeholder groups and individuals in the Indigenous community. The Department of Human Services will continue to work collaboratively with VACCHO and other key Indigenous organisations to implement relevant priority actions identified in the mental health reform strategy.

Koori Alcohol Action Plan

As per 1.3 of the 2008-2013 Victorian Alcohol Action Plan (VAAP): Restore the Balance, the Department of Human Services in partnership with VACCHO and their comprehensive consultation process, will develop a whole-of-government Koori Alcohol Action Plan (KAAP). This strategy aims to achieve long term change to prevent and reduce the long term harms associated with alcohol use in Koori communities through a range of prevention, early intervention and treatment responses. The broad range of the KAAP is to build Indigenous community capacity through partnerships, improve the evidence base for action through research, outcomes measurement and evaluation, and to utilise coordinated action across Government.
Chapter 4

Area for action 1: Improve maternal health and early childhood health and development

We are working in partnership with the Indigenous community to give mothers and their babies the best start to life.

Action area 1 objectives:

1.1 Reduce reported smoking and alcohol use among pregnant Indigenous women.
1.2 Reduce the Indigenous perinatal mortality rate.
1.3 Decrease the percentage of Indigenous babies with birth weight below 2500 grams.

To improve life expectancy and quality of life for Indigenous Victorians, mothers and babies must be provided with the best possible start to life. The early years are critical to the long-term health and development of all children and their future life chances. Improving outcomes for Indigenous mothers and babies to match those experienced by other Victorians is one of the government’s highest priorities.

Snapshot

Reduce reported smoking in pregnancy by Indigenous mothers.

- Current status 40.5 per cent (Indigenous women giving birth who smoke).7

Reduce the Indigenous perinatal mortality rate.

- Current status 20.4 deaths per 1000 births.8

Decrease the percentage of Indigenous babies with birth weight below 2500 grams.

- Current status 13.2 per cent low birth weight babies.9

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7 Victorian Admitted Episodes Dataset, 2007/08
8 Perinatal Data Collection Unit (PDCU), Department of Human Services. The Consultative Council on Obstetric and Paediatric Mortality and Morbidity rate is a smoothed average annually over the seven-year period 2000–2006. Measure is the number of perinatal deaths (stillbirths and neonatal deaths) divided by total of births x 1000 (excluding terminations of pregnancy for psychosocial reasons).
9 PDCU, Department of Human Services. Rate is a smoothed average over three years of births under 2500 grams (excluding all terminations of pregnancy). Rate calculated using 2005, 2006 and 2007 calendar years.
Perinatal mortality

Perinatal mortality measures the rate of stillbirths (foetal deaths of more than 20 weeks gestation or 400 grams) and neonatal deaths (deaths of live-born infants within 28 days of birth).

Perinatal mortality rates are important measures of the health of mothers and babies and of general health and wellbeing in the community. As well, they are indicators of the quality of antenatal care, the effectiveness of obstetric services and the quality of infant care in hospitals and the community.

Causes of perinatal mortality include preterm birth, foetal growth restriction, congenital malformations, specific obstetric complications, antepartum haemorrhage and maternal complications. Many perinatal deaths are unexplained. Particular risk factors for babies of Indigenous mothers include under-utilisation of antenatal services, younger mothers (under 20 years), low self esteem and stress, and socio-economic factors affecting Indigenous women and families.

Measure of Current Performance

Victorian Indigenous perinatal mortality rates (2000–2006) equate to 20.4 deaths per 1000 births, compared with a non-Indigenous rate of 9.7 per 1000 births.

Birth weight

Low birth weight babies are at greater risk of dying during their first year of life (Australian Institute of Health and Welfare, 2004). Low birth weight is also associated with high morbidity, requiring hospitalisation, possible death in the first 28 days of life, physical and neurological defects and psycho-social problems. Smoking in pregnancy is a key risk factor for low birth weight. Young mothers (under 20 years) are also more likely to have low birth weight babies, particularly where they were low birth weight babies themselves. In 2006, 18 per cent of Indigenous women giving birth were aged less than 20 years, compared with three per cent of non-Indigenous mothers.

12 For more information see: Aboriginal Services Plan Key Indicators 2006/07, Department of Human Services, 2007.
13 PDCU, Department of Human Services, The Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM), 2007
Measure of Current Performance

Babies born to Indigenous women are more than twice as likely to be of low birth weight as babies born to non-Indigenous women (13.2 per cent and 6.6 per cent respectively)\(^\text{15}\).

Alcohol and smoking

Smoking in pregnancy is a major contributing factor to low birth weight, as well as being associated with premature birth, stillbirth, some birth defects and sudden infant death syndrome\(^\text{16}\).

The positive news is that cessation of smoking before becoming pregnant or early in pregnancy results in foetal growth and perinatal morbidity rates almost identical to babies born to non-smokers\(^\text{17}\). Reducing smoking prevalence is one of the few interventions shown to reduce low birth weight and pre-term births.\(^\text{18}\)

Research suggests the risk of a low birth weight baby is reduced if a woman quits smoking in her pregnancy (within the first three months), the risk is not reduced by cutting down.\(^\text{19}\) Quitting any time during pregnancy will improve the health outcomes of mother and baby.

The desire to become pregnant and pregnancy itself can motivate women to stop smoking. As part of its work developing a quit-smoking program for young Indigenous women, Townsville Aboriginal and Islanders Health Services surveyed a group of pregnant and postnatal women to assess smoking habits, attitudes to smoking, nicotine dependence and readiness for change. Of the 66 women surveyed, 32 per cent were not contemplating giving up, 58 per cent were considering giving up, and 15 per cent were trying to give up. The survey showed that Indigenous pregnant women may be more prepared and more motivated to quit.

Few programs aimed at encouraging Indigenous women to stop smoking have been implemented or evaluated. Greater effort in this area is required.

Existing data is not complete enough to make meaningful statements about alcohol consumption by pregnant Indigenous women. Although research links excess alcohol use with perinatal health generally in Victoria, there is no current evidence linking excess alcohol use in pregnancy to the high rate of Indigenous perinatal deaths. Further work to clarify any link is required.

Measure of Current Performance

Victorian data indicates that in 2007-08 40.5 per cent of Indigenous mothers smoked at the time of birth compared to 7.9 per cent of non-Indigenous women\(^\text{20}\).

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15 PDCU, Department of Human Services. Rate is a smoothed average over three years of births under 2500 grams (excluding all terminations of pregnancy). Rate calculated using 2004, 2005 and 2006 calendar years. The non-Indigenous rate uses 2005 data only.


20 Victorian Admitted Episodes Data, 2007–2008
Other challenges

The rate of low birth weight babies in a particular community is also a good indicator of the general health of that community. Overcrowded living conditions, lower socio-economic status and mothers’ stress levels are factors also linked to low birth weight.21

Of 57 women using the Koori maternity program at the Victorian Aboriginal Health Service in 2004–05, just over half (55 per cent) were assessed as having significant housing problems (overcrowding, unsuitable housing or homelessness at some point during pregnancy). In addition, 82 per cent of these women were assessed as having significant social issues including drug use, family violence, involvement with child protection, lack of support, social isolation and mental health issues.22

Targets agreed by the Council of Australian Governments on Closing the Gap point to the need for a better start to life and support to young Indigenous people, including those who become parents at an early age.

Improving the availability of culturally appropriate information about sexual and reproductive health and choices to young Indigenous Victorians is a priority for government and Indigenous communities in Victoria.

Other priorities include improving the availability of Indigenous maternity services and providing mentoring and community support for young Indigenous parents. The impact of successive generations of Indigenous people who were taken from their parents under past policies cannot be underestimated in responding to these priorities.

What we are doing

Access to maternal and early childhood health services is continually improving.

Koori Maternity Strategy

The Koori Maternity Strategy seeks to decrease perinatal morbidity and mortality through:

- increasing access to antenatal care including antenatal care earlier in pregnancy
- increasing access to culturally appropriate care in pregnancy through to the postnatal period
- increasing women’s knowledge about, participation in and satisfaction with their care
- increasing breastfeeding rates, reducing smoking and drug and alcohol use and encouraging healthy behaviour
- increasing confidence among Indigenous women and their families during pregnancy and childbirth, and in their parenting abilities


22 Koori maternity service annual report to Department of Human Services (2004-5) from Victorian Aboriginal Health Service
- improving parenting skills in a way that respects cultural identity
- promoting partnerships between Indigenous communities and other services including mainstream health services, maternal and child health services and family support services.

**The Koori Maternity Service (KMS) program** is provided through 11 Aboriginal Community Controlled Health Services. There are two models for this program, which helps women through to the postnatal period. The most comprehensive model employs a midwife and an Indigenous maternity health worker to provide a range of advocacy and health promotion services, including outreach. Other services employ an Indigenous maternity health worker to work with their clinical staff and/or the local hospital.

In line with other maternity service providers around the state, the KMS program is being used by an increasing number of women.

**KMS program report highlights**

The principal themes of the 2007–08 reports include:
- reduction in the incidence of low birth weight babies - 85 per cent of babies at six sites had a birth weight greater than 2500 grams
- positive relationships with birth hospitals accessed by KMS participants
- ongoing strategies to maintain and strengthen relationships with clinicians in mainstream services
- increased awareness in communities, particularly among young women, of the KMS program.

**The In Home Support for Aboriginal Families program**

The In Home Support for Aboriginal Families program is being implemented in five sites across Victoria with a sixth site to be established in 2008–09. The program was developed to strengthen parenting across the domains of health, development, learning, wellbeing and safety of children aged 0-3 years via group activities and intensive parenting support in the home environment.

The first of three home-based learning programs is currently being established in Mildura and will assist Aboriginal families to provide improved home learning environments for young children, aged 3–5 years, and empower parents as the primary educators of their children in the home in order to maximise the chances of successful kindergarten and early school experiences.

Having established relationships with families through the In Home Support program, it is proposed that the home-based learning program will be implemented as an extension to the In Home Support program, effectively establishing one team that works with families of children 0–5 years across all domains mentioned above.

This will provide a seamless continuum of service for young children aged 0–5 years by joining up Koori Maternity Services (antenatal-postnatal), Maternal and Child Health Services, In Home Support (0-3 years), Home Based Learning program (3–5 years) and kindergarten to support children’s transition points and into school.
Best Start

This program, run jointly by the Department of Human Services and the Department of Education and Early Childhood Development, aims to improve the health, development, learning and wellbeing of Victorian children, from pregnancy through to eight years of age. Best Start focuses on strengthening the capacity of parents, families and local communities, and of services, to better provide for the needs of young children and their families, particularly vulnerable children and families. There are 30 Best Start sites, six of which are Aboriginal Best Start sites.

All partnerships are required to give some priority to engaging with Indigenous communities and organisations in their area.

Maternal and Child Health (MCH) service

The MCH service exists for all children from birth to school age and their families. It also supports vulnerable families through additional visits under flexible funding models, or through the enhanced MCH service. There has been an increase in the number of Indigenous children accessing MCH services in the past three years, partly through outreach visits to Aboriginal Community Controlled Organisations. MCH nurses play an important role in linking Indigenous children with Koori Early Childhood Education Program workers and/or local early childhood activities including kindergartens.

Koori oral health

Community dental services give priority access to eligible Indigenous clients. Work is progressing on dental and oral health through the Victorian Advisory Council on Koori Health Oral Health Subcommittee. The subcommittee aims to improve Indigenous oral health by improving access to dental health services and oral health promotions. Action includes increasing awareness that Indigenous people are entitled to priority access to public dental services and targeted oral health promotion.

Next steps

The Victorian Government and Indigenous communities seek to improve services based on evidence of what works.

The Koori Maternity Services program is estimated to reach 50 per cent of Victoria’s Indigenous population. To be more effective KMS needs to cover a greater proportion of the population.

Detailed actions include:

1. Health promoting initiatives

   a) Smoking cessation support

     Indigenous pregnant women participating in the Koori Maternity Service will be offered quit-smoking support throughout their pregnancy and post partum. The first phase of the quit-smoking program will be trialled in a small number of services.

23 Department of Human Services 2008
In addition, the Indigenous In Home Support program can provide a range of health prevention and promotion activities, including quit-smoking programs. The In Home Support program can provide support from pregnancy through to age two.

The Chronic Disease Prevention Unit of the Department of Human Services is developing a Victorian Tobacco Control Strategy 2008-2013. Reducing the incidence of smoking among Indigenous Victorians will be a focus of the strategy.

The Victorian Tobacco Control Strategy 2008-2013 was launched by the Minister for Health in December 2008. Developed by the Chronic Disease Prevention Unit (DHS), the strategy sets a target to reduce smoking prevalence in the Aboriginal population by at least 20 per cent by 2013.

The Government has provided $400,000 to VACCHO for an Aboriginal pregnancy research project as part of a second target under the strategy, which is to halve smoking rates in Victorian pregnant women by 2013.

b) Early identification and treatment of infections in pregnancy

Dental disease

Poor oral health is associated with adverse perinatal outcomes. Dental Health Services Victoria is developing a Koori Dental Health Plan. Priority actions are to:
- support Aboriginal community-controlled health organisations to work with community dental clinics to improve the oral health of Indigenous communities
- support local planners and service providers to develop oral health promotion strategies in partnership with Indigenous communities
- link with existing prenatal programs to provide better oral health education to pregnant women.

Improving the sexual health of Indigenous Victorians

Government services are working with Indigenous groups and health service providers to improve testing, treatment and prevention programs in Indigenous communities, including workforce training and support. Moves to encourage doctors to report Indigenous status when notifying a communicable disease have been initiated. This will improve the data available on infection rates in the Indigenous community.

Case Study Two

Best Start: Welcome Baby to Country ceremony

The Welcome Baby to Country project is a contemporary concept based on the Aboriginal tradition of ‘Tandurrum’, which was a ceremony performed by the traditional owners to recognise and welcome other visiting Aboriginal people and families upon entering their traditional lands and country.

In this specific context, the Welcome Baby to Country ceremony facilitated a positive and inspiring engagement of traditional owners and the broader Aboriginal community to celebrate the birth of Indigenous babies in the Wimmera/Mallee region, focus attention on children’s needs and achievements and acknowledge the role of parents, carers and families in their growth and development.

The Welcome Baby to Country project was a joint initiative between Barengi Gadjin Land Council, the Delkaia Aboriginal Best Start project and Horsham Rural City Council. The project was also successful in increasing the engagement of relevant support services with Indigenous parents, carers and families and in providing an opportunity to supply information, resources and assistance to Indigenous parents and families on children’s needs and health and wellbeing issues.

This initiative won the 2008 Minister for Children and Early Childhood Development Early Years Award.
c) Other prevention/health promotion activity
Good nutrition is important for pregnant women. However, there is a lack of data on effective methods in improving nutrition, particularly among pregnant Indigenous women.

The Government is funding six communities to implement the ‘Go for your life’ Health Promoting Communities: Being Active and Eating Well projects in an effort to improve nutrition.

2. Increasing evidence and improving evaluation
Developing evidence-based actions are a challenge due to a lack of data and research in many areas – particularly Victorian-based research. Plans to address this problem include:

a) Aboriginal child health, development and wellbeing survey
The Victorian survey, to be conducted in 2008-09, will enable comparisons with the general population from the Victorian Child Health and Wellbeing survey. It will be modelled on a successful Western Australian survey and will include face-to-face interviews with the families of about 3000 children aged 0-18. The survey will focus on defining and describing the health, development and wellbeing of Indigenous children and young people, and will include questions relating to pregnancy and birth. It will provide a unique opportunity to get robust data on Indigenous women’s smoking, drinking and drug-taking behaviours.

b) Indigenous ‘Healthy Mothers, Healthy Families’ survey
Authors of three Victorian Surveys of Recent Mothers (1990, 1994 and 2000) from the Murdoch Children’s Research Institute have recently received National Health and Medical Research Council funding to conduct a fourth survey of recent mothers (in Victoria and South Australia).

The Victorian Government has contributed funding towards the survey and requested over-sampling of Indigenous mothers. A separate survey will target all women who give birth to an Indigenous baby in 2008 (Indigenous mother and/or the father). Although this survey focuses on women’s satisfaction with maternity care, it will also include information on risk-taking behaviours during pregnancy and family violence.

Findings are expected to be useful in terms of recommending future improvements in maternity care.
c) The Koori maternity data exploration project

This project will, for the first time, assess data availability and, where possible, measure birth/pregnancy outcomes for Indigenous women who received Koori Maternity Services compared with other Indigenous women who did not receive Koori Maternity Services. Due for completion in 2008, it will recommend a minimum data set for the Koori Maternity Service program, to which more robust data can be added over time.

3. Addressing broader social determinants

Low birth weight is an indicator of general health conditions within a community. Achieving improvements in low birth weights requires a sustained approach in addressing the social, psychological, environmental and economic determinants of health.

The Victorian Advisory Council on Koori Health is developing a Victorian Aboriginal Health Plan to tackle the many impediments to good health.

Educational attainment is associated with birth weight and low birth weight is more common in teenage mothers. Ensuring young Indigenous mothers continue in education will be an important part of a sustained strategy to tackle the gap in perinatal health.

4. What more needs to be done to achieve the targets?

Investing in health services alone will not achieve the desired maternal and perinatal outcomes sought by the VIAF. Evidence suggests that the most significant improvements occur when initiatives are developed by Indigenous communities; so action needs to occur at a service and community level. It is important to continue to build evidence and base future initiatives on what has been shown to work.

Case Study Three
Community led Health Initiative

One of these projects is at the Wathaurong Aboriginal Community Controlled Health Organisation in North Geelong. Further, the Victorian Aboriginal Community Controlled Health Organisation has been funded by the Department of Human Services and the Department of Planning and Community Development to develop a nutrition and physical activity action plan for Indigenous Victorians.

The plan will include a focus on developing culturally relevant programs for healthy eating and physical activity in the Indigenous community; including addressing poor nutrition during pregnancy and childhood. Funding to implement these programs state-wide will be required.
Action area 1 objective:
1.4 Increase the Indigenous four-year-old kindergarten participation rate.

Current situation
The early years of life are critical to a child’s future life outcomes. Poverty, family conflict, untreated illness, neglect and abuse can all delay or disrupt learning, social and emotional development and cause significant adverse outcomes in current and later life. Indigenous children are more likely to experience such stresses than other Victorian children.

Indigenous families are much more likely to experience such stresses as a result of dispossession, dislocation and discrimination, unemployment and exclusion.


While the performance of Indigenous students remains behind that of non-Indigenous students, their performance has generally improved since 2001. There was a significant improvement in year 3 reading, writing and numeracy between 2001 and 2004.

Barriers to Indigenous children accessing kindergarten are symptoms of broader socioeconomic conditions for Indigenous families such as poverty, poor health, inadequate housing and family violence.

There are significant opportunities to intervene to improve the educational opportunities of young Indigenous children, through helping parents provide better home learning environments, providing kindergarten programs for children, and by helping Indigenous families and communities take up these opportunities.

Strategies are needed to increase the participation of Indigenous children in kindergarten programs to help smooth their transition to school and promote later school engagement and success.

In July 2007, the Victorian Government funded free kindergarten for four-year-old children who hold or whose parents or guardian hold an appropriate concession card. This initiative was extended in January 2008 to include three-year-old Indigenous children. This is the first time Victoria has targeted funded kindergarten programs for disadvantaged three-year-olds.

Early childhood research acknowledges the positive impact that early-childhood strategies in health and education can have on future life outcomes. Quality early-childhood education programs result in better educational outcomes and improve children’s cognitive and non-cognitive skills. Children who have attended an early childhood education program are more likely to make a successful transition to school. Disadvantaged children benefit more than children from non-disadvantaged families, particularly when they attend centres that cater for a mix of
backgrounds and engage parents (Centre for Community Child Health 2000).

By engaging parents in the school and their children’s early learning, children’s social and emotional preparation for school is enhanced (Corter et al. 2006).

The home learning environment is of critical importance in children’s cognitive development. It is estimated to be about twice as influential as education and care provision outside the home. A positive family learning environment can promote social and intellectual development in children, regardless of socio-economic status, parental education or place of residence. The active involvement of parents in their children’s learning and development is directly related to improved cognitive and language outcomes for the child.

**What we are doing**

In April 2007, 83 per cent of Indigenous children at kindergarten attended non-Indigenous kindergarten services, and 17 per cent (87 children) attended five Indigenous kindergartens and two Multifunctional Aboriginal Children’s Services. Another four multifunctional Aboriginal Children’s Services operate in Victoria, but they do not have a funded kindergarten program.

Koorie Early Childhood field officers and preschool assistants play an active role in encouraging and supporting the access and participation of Indigenous children and their families in local kindergartens. These officers and assistants are part of the Koorie Early Childhood Education Program.

The Government has provided resources for implementing its three-year-old kindergarten strategy. In 2008 the 11 part-time Koorie Early Childhood Field Officer positions were increased to full-time positions. Field officers support and educate kindergarten staff in the delivery of culturally relevant programs and promote the importance of kindergarten among Indigenous families and communities.

The measure of current performance

Data collected in 2008 from funded kindergarten programs indicates that 525 Indigenous four-year-old children are currently attending a funded kindergarten program in 243 funded locations. This is up from 504 Indigenous children attending a funded kindergarten program in 246 locations in 2007.

- strengthen the capacity of kindergartens to provide culturally inclusive programs
- engage Indigenous parents as active participants in their child’s kindergarten program.

A range of universal and targeted services support improved developmental and educational outcomes for young Indigenous children.

The Maternal and Child Health (MCH) service is a highly valued universal service that helps and supports young children and their families. It is delivered by the Victorian and local governments.

In 2005–2006, participation rates for Indigenous children at each of the 10 age and stage visits to the MCH service were collected for the first time. Recent data suggests moderate increases in Indigenous participation in these visits in the first 12 months. These are illustrated in Table 4.

New parents of Indigenous children are also supported by the Enhanced Maternal and Child Health program. This MCH service includes a home visiting service, and targets vulnerable and high-need families, including Indigenous children and families.

The Victorian Aboriginal Health Service also provides a Maternal and Child Health Service as part of its Women’s and Children unit.
Next steps

Initiatives enhancing education and development outcomes for Indigenous pre-school children will be expanded in 2008–09.

The 2007–08 state budget made kindergarten free for three-year-old Indigenous children on concession cards, expanded the Koori Early Childhood Education program and provided enriched home-based learning to involve parents more in their child’s learning.

These and other initiatives are in the early stages of implementation.

Given the dispersed nature of the Indigenous population in Victoria, most Indigenous children attend mainstream kindergartens. To increase their kindergarten participation rate an assertive inclusion program is required, as well as culturally sensitive programs amongst other things.

In 2008, 106 Indigenous three-year-olds attended kindergarten. This is expected to increase to 450 in 2011–12.

Funding to expand the Koori Early Childhood Education Program provides a real opportunity to address gaps in service demand and to increase employment opportunities for Indigenous people.

Experience in recent years indicates that new initiatives with Indigenous communities work best when the local community expresses an interest in a project, demonstrates a readiness to start it, and has the resources to build on the project.

Table 2 Participation rates MCH service 2005–2006 and 2006–2007

<table>
<thead>
<tr>
<th>Key age and stage visit</th>
<th>Statewide rate</th>
<th>Indigenous rate 2005-06</th>
<th>Indigenous rate 2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visit</td>
<td>96%</td>
<td>77.6%</td>
<td>85.1%</td>
</tr>
<tr>
<td>2 weeks</td>
<td>93.1%</td>
<td>69.8%</td>
<td>77%</td>
</tr>
<tr>
<td>4 weeks</td>
<td>91.3%</td>
<td>65%</td>
<td>74.2%</td>
</tr>
<tr>
<td>8 weeks</td>
<td>91.7%</td>
<td>65.3%</td>
<td>74.2%</td>
</tr>
<tr>
<td>4 mths</td>
<td>89.4%</td>
<td>63.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>8 mths</td>
<td>82.4%</td>
<td>56.5%</td>
<td>57.2%</td>
</tr>
<tr>
<td>12 mths</td>
<td>78.3%</td>
<td>49.8%</td>
<td>53.4%</td>
</tr>
<tr>
<td>18 mths</td>
<td>68%</td>
<td>45%</td>
<td>43%</td>
</tr>
<tr>
<td>2 yrs</td>
<td>64.7%</td>
<td>43.1%</td>
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<tr>
<td>3.5 yrs</td>
<td>58%</td>
<td>47.2%</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

Source: DEECD
Action area 1 objective:

1.5 Reduce the rate of Indigenous child protection substantiations.

Current situation

Snapshot

In 2007–08 the rate of Indigenous child protection substantiations in Victoria was 55.0 per 1000 compared with 5.5 per 1000 for other children.24

The rate of child protection substantiations is an important measure of the overall safety and wellbeing of children.

Indigenous communities and the government share concern for the safety and wellbeing of many Indigenous children and are determined to reduce child abuse.

Abuse and neglect of children is linked to pervasive socio-economic disadvantage in Victoria’s Indigenous population. In tackling the cycle of poverty and disempowerment, consideration must be given to treating the effects of trans-generational trauma.

The report Bringing Them Home25 listed some of the underlying causes of the over-representation of Indigenous children in the child welfare system as:

- the legacy of past policies of the forced removal of children from their families
- inter-generational effects of previous separations from family and culture
- poor socio-economic status.

Reducing the rate of Indigenous child protection substantiations will only be achieved if the problem is dealt with in the context of other Indigenous service needs, such as housing, education and employment services.

Victoria has a high rate of substantiations of child abuse among Indigenous children compared with that for non-Indigenous children. It also has a very high rate of Indigenous substantiations compared with other jurisdictions.26

Diagram 7 - Rate of child protection substantiations, 2000/01-2007/08

Diagram showing the rate of child protection substantiations from 2000/01 to 2007/08 for Indigenous and non-Indigenous children.

Source: Children, Youth and Families Division, Department of Human Services, 2008

24 Children, Youth and Families Division, Department of Human Services, 2008.

25 Bringing Them Home (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Human Rights and Equal Opportunity Commission 1997)

26 The Australian Institute of Health and Welfare cautions against comparing substantiations across jurisdictions as legislation, policy and practice variations impact on rates of substantiation.
Part 2

What we are doing

A range of universal, specialist and targeted assistance is available to help families care for children. Given the disproportionate number of Indigenous children brought to the attention of child protection services it is important to help families access these important support services.

Universal early childhood services and schools

All parents need support to advance their children’s health, learning and wellbeing. Increasingly, Indigenous families are being supported with services that are more inclusive, useful and flexible. This includes:

- Koori Maternity Services. Approximately 50 per cent of all Victorian Indigenous women giving birth are supported before and immediately after birth by Koori Maternity Services. Some mothers with higher needs receive additional support over the first three years through the In Home Support service.
- Most Indigenous families are in touch with, and supported by, Maternal and Child Health nurses in the first two to three years of childhood.
- Aboriginal Best Start partnerships have been established in some areas with a high Indigenous population to improve outcomes for Indigenous children.

Child Protection

The Victorian Government invests significant effort in improving the effectiveness and responsiveness of Child Protection and related services. The protocol between the Department of Human Service’s Child Protection, the Victorian Aboriginal Child Care Agency and the Mildura Aboriginal Corporation has been operational since 2002.

Aboriginal Community Controlled Organisations in each region have appointed community conveners as part of the Aboriginal and Torres Strait Islander Family Decision-Making Program. This program enables extended family and respected elders to participate in decision-making and case planning about the safety, stability, care and development of Aboriginal children within the Child Protection system.

Aboriginal Family Preservation and Restoration Programs are helping Aboriginal children return home by improving safety and parenting capacity within families.

27 Department of Human Services, 2008
### Integrated family services

The Children, Youth and Families Act (2005) outlines new directions and principles to:
- promote the safety, stability and development of vulnerable children and their families
- build child, family and community capacity and resilience.

New Child FIRST (Family Information, Referral and Support Teams) have been established across the state to provide a community-based referral point into family services including Aboriginal family services.

Child FIRST teams work closely with Aboriginal Community Controlled Organisations in their catchment to ensure service responses regarding Indigenous children and families are culturally competent. Family services alliances in each catchment play a key role in this regard.

Family services provide a range of services based on an initial assessment including home-based and centre-based interventions, crisis intervention, group work, counselling, mediation, youth focussed interventions and family decision making.

### Capacity building

The Children, Youth and Families Act 2005 requires community services (including out-of-home care and family services) to be registered and assessed against a number of performance standards. To assist Aboriginal Community Controlled Organisations to build their capacity and achieve registration, project officers have been employed. All Aboriginal Controlled Community Organisations delivering placement or family services have a current action plan in place.

### Cultural competency

All community service organisations will be required to demonstrate the provision of culturally competent services in order to achieve registration. The Department of Human Services has commissioned the development of an Aboriginal Cultural Competency Framework to assist organisations achieve this goal.

A feature of the framework will be the formation of partnerships between mainstream services and local Aboriginal communities and services. The framework will be distributed to the sector in December 2008 and associated training provided in early 2009.

### Next steps

The Children, Youth and Families Act 2005 (S.18) provides for the Secretary of the Department of Human Services to authorise the principal officer of an Aboriginal agency to perform specified powers or exercise specified powers with regards to a child on a protection order. This is a significant step towards greater self-determination for communities over Aboriginal children who are subject to a protection order. This work will require substantial policy development and capacity building within Aboriginal organisations. A working party has been formed to take this work forward.

Aboriginal organisations will focus on Capacity Building Action Plans. The plans span a five-year period with close monitoring and support to ensure organisations meet the requirements for registration.

Further monitoring, liaison and enhancement of the Aboriginal Child Specialist Advice and Support Service across the state will continue to occur in partnership with the Victorian Aboriginal Child Care Agency and Mildura Aboriginal Corporation.

Child FIRST teams will be fully implemented across the state when the final eight teams are established in early 2009.