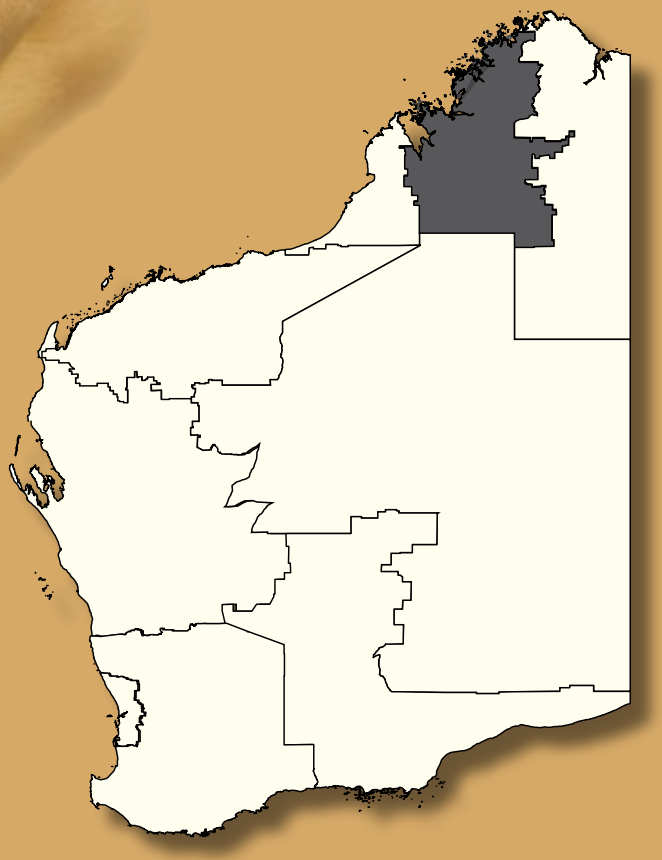
Strengthening the capacity of Aboriginal children, families and communities

Derby ICC region



Summary of findings from Volume Four of the Western Australian Aboriginal Child Health Survey

This regional profile summarises information from the fourth volume of the Western Australian Aboriginal Child Health Survey: *Strengthening the Capacity of Aboriginal Children, Families and Communities*. The purpose of this profile is to provide information specific to the Indigenous Coordination Centre (ICC) region of Derby. ICCs have recently replaced ATSIC Regional Councils now that ATSIC no longer exists. However, for statistical continuity, information in this profile is based on ATSIC geographical boundaries.

To protect the confidentiality of individuals and families, the information provided in this profile can only be given at the ICC region level. Unless otherwise stated, data in this publication refer to Aboriginal or Torres Strait Islander children, families and communities in the Derby ICC region.

About the survey

THE Telethon Institute for Child Health Research (the Institute) conducted the survey in conjunction with the Kulunga Research Network to obtain information about Aboriginal and Torres Strait Islander children aged from 0–17 years. The aim of the survey was to provide evidence to develop strategies that promote and maintain healthy development and the social, emotional, academic and vocational wellbeing of Aboriginal and Torres Strait Islander children. The survey was divided into three parts:

- household survey that visited 2,000 households and obtained information on 5,300 Aboriginal and Torres Strait Islander children aged 0–17 years, their carers and other relatives living in the homes
- youth self report survey for young people aged 12–17 years
- schools survey where information about students was obtained from school teachers and principals.

Consultation

ALL phases of the survey, including its development, design and implementation, were under the leadership of the Western Australian Aboriginal Child Health Survey Steering Committee. The Steering Committee comprises senior Aboriginal people from a cross-section of agencies and settings, and has the ongoing responsibility to maintain: the cultural integrity of the survey methods and processes; employment opportunities for Aboriginal people; data access issues and communication of the findings to both the general and Aboriginal communities; and appropriate and respectful relations within the study team, with participants and communities, with stakeholders and funding agencies and with the governments of the day.

In the analysis phase, a Family, Community and Housing Reference Group was convened to provide advice for this volume. This group included senior representatives from Aboriginal community organisations and state and Australian government departments with responsibilities for Aboriginal families, communities and housing. This group met regularly to review findings and provide feedback and guidance on the analysis. The reference group also provided advice on how the results could be communicated to key stakeholders and helped facilitate the process of translation of findings into positive impacts on policy and practice.

Accuracy of the estimates

ALL figures in this booklet are careful estimates because not every family in the region was included in the survey. As such these figures may be different from those that would have been obtained if everyone had been included in the survey. The data have been calculated at a 95% level of confidence. This means that there is a 95% chance that the full population figures would be within the range shown by the confidence interval. In a graph the extent of confidence in an estimate is presented by means of vertical confidence interval bars (I). The bars show that there is a 95% chance for the true value for a data item to lie somewhere between the upper and lower limits of the bar. Sometimes, where the populations might be very small, it may not be possible for accurate estimates to be made. In these cases, the graph will have very large confidence interval bars. The smaller the confidence interval bar the better the estimate.

When comparing two data items in a graph it may appear that there is a large difference between the two, but if the confidence interval bars for these items overlap it is possible they are the same. We can only be sure of a difference if there is no overlap of confidence interval bars. For example, in the graph on page 10 showing proportion of dwellings of poor housing quality, there appears to be a large difference between the Broome and Derby regions. However, because the confidence interval bars overlap it is possible that the true value could be the same for both. On the other hand, when looking at the large gap between the Derby and Perth regions, we can be confident that the true values are different because the bars do not overlap. In other words the difference between the two regions is statistically significant.

Figures in this booklet have been rounded. Therefore discrepancies may occur between the sums of the component items and totals.

Defining community

THERE are many ways to define the concept of 'community'. Community can be used to define a group of people with shared beliefs, a shared sense of cultural identity, common language or dialect, or can be based on family or extended family relationships. It is also likely that each Aboriginal person has a different perception of community based on their own experiences. Community can also refer to geographical locations.

Defining community for Australian Aboriginal people

Australian Aboriginal people live in a range of different types of communities, from traditionally oriented communities where the population is predominately Aboriginal, to more mainstream communities where Aboriginal people make up a smaller proportion of the population. In modern Aboriginal life, communities are dynamic places, with many networks and affiliations. Members have a range of obligations and responsibilities that reinforce their connection with the community. These can include, among other things, obligations to family and wider kin networks, supporting the community, affiliations to tribal and clan groups and using acquired skills to help the community.

While Aboriginal communities tend to be defined by cultural groups (e.g. Noongar) and shared beliefs and experiences, the view of community in the Western sense is based around shared interests, groups and lifestyle characteristics.

Defining community in the WAACHS

The design of the Western Australian Aboriginal Child Health Survey (WAACHS) did not allow for the reporting of data for individual communities. In lieu of a specific community level data source census collection districts (CD) were used as the smallest available geographic unit.

In the WAACHS, 'community' is defined on the basis of geography (i.e. physical location)—with the issue of distance to service centres being a central, binding theme. LORI (Level of Relative Isolation) forms the basis for WAACHS analysis at the community level. LORI is based on the ARIA++ remoteness index, which is grouped into five categories of isolation—None (e.g. Perth metropolitan area), Low (e.g. Albany), Moderate (e.g. Broome), High (e.g. Kalumburu) and Extreme (e.g. Yiyili).

For further information about LORI, see the main report *Strengthening the Capacity of Aboriginal Children, Families and Communities*.



Families and communities with Aboriginal children

ON Census night 2001, 58,496 Aboriginal people were counted in WA representing 3% of the total population. Over one third (36%) of this population were counted in the Perth ICC region and 12% were counted in the Narrogin ICC region. The remaining 52% were distributed relatively evenly across the other seven ICC regions. In contrast, 91% of the non-Aboriginal population were counted in the Perth and Narrogin ICC regions (77% and 13% respectively) with the remaining 9% counted in the more isolated areas of WA. As a further illustration of this, 43% (25,000) of Aboriginal people were counted in areas where the Level of Relative Isolation (LORI) was moderate, high or extreme on Census night compared with 6% (97,285) of the non-Aboriginal population.

In the Derby ICC region, 4,661 Aboriginal people were counted on Census night, representing 47% of the region's total population.

Aboriginal children made up just 3% of all children in the Perth metropolitan area and 6% of all children in areas of low relative isolation. However, these combined areas accounted for 60% (or about 16,000) of all Aboriginal children in Western Australia at Census night in 2001. While Aboriginal children represented 84% of children in areas of extreme isolation, their actual numbers were relatively few (1,127 at the time of the 2001 Census), and distributed across an enormous geographic area comprising numerous discrete remote communities.

WA population, by ICC region

ICC region (in order of increasing average isolation)	Area (sq. km) No.	Population				Proportion of population that are Aboriginal %
		Non-Aboriginal population No.	Aboriginal population No.	Not stated No.	Total population No.	
Perth	11 703	1 316 777	20 980	49 108	1 386 865	1.5
Narrogin	233 937	225 786	7 058	7 935	240 779	2.9
Kalgoorlie	303 375	45 597	3 553	3 337	52 487	6.8
Geraldton	356 015	54 951	5 665	2 382	62 998	9.0
Broome	55 796	12 440	4 179	1 192	17 811	23.5
South Hedland	208 737	30 009	4 826	2 728	37 563	12.9
Derby	163 551	3 834	4 661	1 348	9 843	47.4
Kununurra	236 246	6 831	4 713	1 453	12 997	36.3
Warburton	963 062	5 416	2 837	603	8 856	32.0
WA(a)	2 532 422	1 702 809	58 496	70 703	1 832 008	3.2

(a) Total includes Off-Shore Areas and Migratory.

Source: 2001 Census ICC community profiles.

Aboriginal children: Population by level of relative isolation

At the time of the survey over half (55%) of the Derby region's Aboriginal children were living in areas of moderate isolation, 22% were living in areas of high isolation and 23% were living in areas of extreme isolation (see table below). In WA Aboriginal children were living across all levels of isolation ranging from 34% in the Perth metropolitan area (LORI–None) to 10% in areas of extreme isolation.

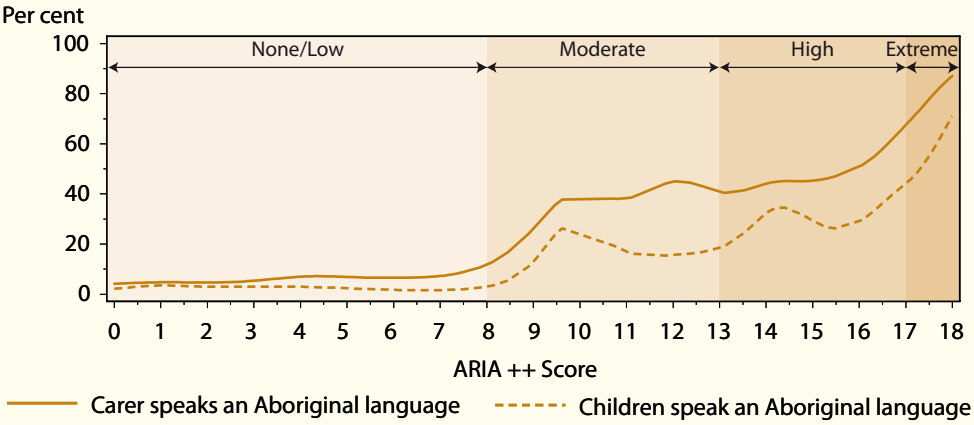
Aboriginal children: Population, by Level of Relative Isolation (LORI)

Region	Level of Relative Isolation (LORI)					
	None %	Low %	Moderate %	High %	Extreme %	Total %
WA	34	24	21	11	10	100
Derby			55	22	23	100

Language and cultural participation

As shown in the graph below, the proportion of primary carers (person spending most time with the child and considered to know most about the child) who could speak an Aboriginal language increased with increasing levels of relative isolation. In WA, 22% of primary carers could speak an Aboriginal language. Across levels of relative isolation the proportion ranged from 4% in the Perth metropolitan area to 80% in areas of extreme isolation. In the Derby region 56% spoke an Aboriginal language.

Primary carers and children: Proportion who spoke an Aboriginal language by level of isolation (ARIA++)



Primary carers were also asked whether any of their children could speak an Aboriginal language. An Aboriginal language was spoken by 13% of children in WA and 23% in the Derby region. As with primary carers, the ability to speak in an Aboriginal language was strongly associated with isolation, ranging from 2% in the Perth metropolitan area to 60% in areas of extreme relative isolation. However, while the trends for primary carers and children were similar, in areas of moderate, high or extreme isolation, fewer children than carers were speaking an Aboriginal language indicating a possible generational change in language maintenance.

Household composition

Two original parent families and sole parent families each made up 38% of the 11,400 households with Aboriginal children in WA while 16% were two parent step/blended families and 8% were 'other' household types (e.g. aunts/uncles, grandparents). In the Derby region the proportion of sole parent families (19%) was significantly lower than for the whole state. For the other household types, Derby was similar to the rest of the state with two original parent families (44%), two parent step/blended families (26%) and 'other' family types (11%).

Access to services and facilities

Primary carers were asked about their satisfaction with access to about 30 different services and facilities. These included health and medical services, transport and communication services, shops, banking and entertainment facilities, community services, recreation facilities and some specifically for discrete remote communities. In most cases, satisfaction with access to these services and facilities was significantly below the level of satisfaction reported by carers of non-Aboriginal children in the 1993 Western Australian Child Health Survey (WA CHS).

Access to schools, shops, playing fields, a GP and a community or child health clinic were services with the highest levels of carer reported satisfaction. For the remaining services, facilities and amenities the level of satisfaction was below 60%. In the Derby region at least 60% of carers were satisfied with schools, outdoor playing fields for organised sport, a community or child health clinic, shops, access to work, playing fields and a church. For the remaining services and facilities fewer than 60% of carers were satisfied with their access. The highest levels of dissatisfaction were for street lighting and access to public telephones, movie theatres, police station, a place for teenagers to get together, community centres, activities for children outside school and halls for live theatre or performance.

Neighbourhood problems

Primary carers were asked whether they had been 'bothered' by any of 18 problems in their neighbourhood or community. Drug abuse, alcohol abuse, family violence and families splitting up were problems reported more often in areas of moderate isolation, while break-ins, car stealing, noisy and/or reckless driving and youth gangs were more commonly reported in the Perth metropolitan area. Concerns about people leaving the area were most commonly expressed in areas of extreme isolation. About one in four (26%) primary carers in WA and 32% in the Derby region reported that they were bothered by 11–18 problems in their neighbourhood.

Socioeconomic wellbeing of families with Aboriginal children

THE wellbeing of Aboriginal families in terms of their standard of living and quality of life is greatly influenced by the economic resources available to the family. To identify the socioeconomic wellbeing of families three measures were used. These measures were: the education level of the primary carer; the primary carer's work history; and family financial strain. For the purposes of this analysis families were considered to be disadvantaged if the primary carer had a low level of education (Year 9 or less), had never worked in a paid job or if the family was experiencing financial strain.

Education

Higher education levels of primary carers have been shown to be strongly associated with better school attendance and academic performance of the students in their care. At the time of the survey, 43% of WA's primary carers had completed Year 10, 25% had completed Years 11 or 12, and 6% had 13 years or more education. A small proportion (3%) had never attended school, while 22% had not been educated beyond Year 9. In the Derby region, the proportion of carers who had not attended school (10%) was much higher than in WA overall. However, for the other education levels, the Derby region was similar to the rest of the state with 35% of primary carers having had completed Year 10, 31% having completed Years 11 or 12, 7% completed 13 years or more education while 19% had an education level of Year 9 or less.

Primary carers with low levels of education were those whose highest education level was Year 9 or less or who had never attended school. In WA, one in four (25%) Aboriginal carers had a low level of education compared with one in five (29%) in the Derby region. However, this difference was not significant.

Factors independently associated with low education among primary carers included:

Level of Relative Isolation—Compared with primary carers in areas where the level of relative isolation was none (Perth metropolitan area) the likelihood of a low level education increased with increasing isolation, ranging from one and a half times more likely in areas of low isolation to three and a half times more likely in areas of extreme isolation.

Age of primary carer—Primary carers aged 50 years and over were about eight times more likely than those aged 30–39 years have low education levels, while those aged 40–49 years and 19 years or under were twice as likely.

Household composition—Primary carers in households where there was no original parent (i.e. aunts/uncles, grandparents or non family members) were two and a half times more likely to have a low level of education.

Other factors associated with low levels of education—work history, whether carer spoke an Aboriginal language, whether the primary carer was limited in activities of daily living because of a health condition, whether the primary carer still smoked cigarettes, whether the primary carer had been arrested or charged with an offence and whether the primary carer had someone to yarn to about problems.

Ever worked in a paid job

Having previous work experience provides carers with the potential to pass on to their children the value and benefits of having a paid job regardless of whether they are currently in the work force. Primary carers were asked if they had ever worked in a job where they got paid and about their current labour force status.

At the time of the survey, 86% of primary carers in WA had at some time been in paid work, 38% were currently employed and 48% were not in the labour force. In the Derby region a significantly higher 94% of primary carers had been in paid work However, it should be noted that a high proportion of the paid work in the Derby region was for a CDEP scheme. Of the 450 carers in the Derby region who had a job, 58% were working for a CDEP scheme.

Factors independently associated with ever having been in paid work included:

Level of Relative Isolation—The likelihood of ever having been in a paid job increased with increasing isolation. Relative to primary carers in the Perth metropolitan area, primary carers in areas of moderate, high and extreme relative isolation were between two and three times more likely to have ever worked in a paid job. However, it should be noted that much of the paid work in the more remote areas was for a CDEP scheme.

Age of primary carer—Carers under the age of 30 years were less likely to have ever been in paid work than carers in the 30–39 years age group. Carers aged 19 years and under were five times less likely, carers aged 20–24 years were two and a half times less likely and carers aged 25–29 years were one and a half times less likely to have ever been in paid work.

Household composition—Primary carers in households with no original parents were two and a half times more likely to have ever been in a paid job than primary carers in two original parent households.

Other factors associated with ever having worked in a paid job—carer education, limitations in activities of daily living due to a medical condition, housing tenure, number of life stress events experienced, level of household occupancy, and the importance of spiritual beliefs.

Family financial strain

Primary carers were asked to describe their family's money situation using five possible responses: spending more money than we get; have just enough money to get through to next pay day; have some money left over but spend it; can save a bit now and again; and can save a lot. For the survey, families were considered to be experiencing financial strain if they were spending more money than they got or had just enough money to get through to next pay. In WA, 54% of families experienced financial strain. In the Derby ICC region financial strain was experienced by a much lower 37% of families.

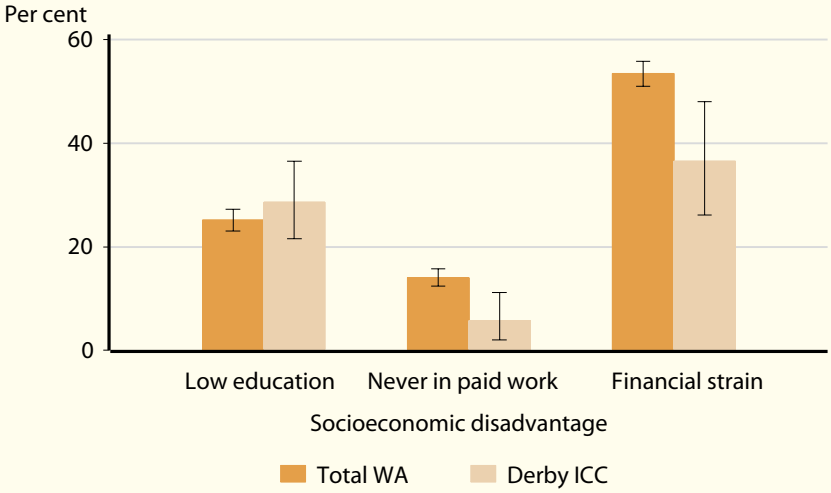
Factors independently associated with family financial strain included:

Level of Relative Isolation—Financial strain was more likely in the Perth metropolitan area than in areas of extreme isolation.

Household composition—Financial strain was more likely in sole parent households than in two original parent households.

Other factors associated with family financial strain—number of children in family, number of life stress events experienced, whether the primary carer still smoked cigarettes, whether the primary carer received a Parenting Payment, level of family functioning, money shortages caused by overuse of alcohol, whether primary carer had someone to yarn to about problems, housing tenure and employer type.

Primary carers: Indicators of socioeconomic disadvantage



As shown in the graph above, family financial strain and never having been in paid work was lower in the Derby region than for WA as a whole. There was no real difference in relation to low levels of education.

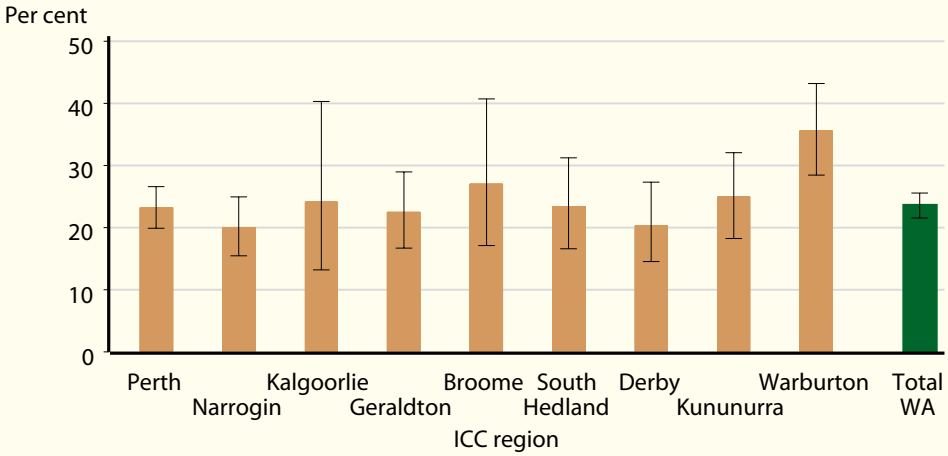
Multiple indicators of disadvantage

A small proportion (3%) of primary carers indicated that they and their families experienced all three of the indicators of disadvantage examined here (primary carer low education levels, primary carer never having worked in a paid job, and family financial strain) while one third (33%) experienced none. In comparison, 3% of families in the Derby region experienced all three indicators of disadvantage while a significantly higher proportion (47%) experienced none.

Family functioning

GOOD family functioning has been shown to be associated with positive child outcomes. Based on the responses of the primary carers, a family functioning measure was developed that used four categories (quartiles) to assess family functioning (i.e. very good, good, fair, poor). In WA, 6,620 (22%) children and 2,960 (24%) primary carers were regarded as being in families that functioned poorly. In the Derby region, 430 (21%) children and 170 (20%) primary carers were in families that were functioning poorly. As shown in the graph below, poor family functioning in the Derby ICC region was significantly lower than in Warburton region but similar to WA overall and to all other regions.

Primary carers: Poor family functioning, by ICC region



Among the factors found to independently associated with poor family functioning the most significant were financial strain and children's dietary quality:

Financial strain—Poor family functioning was two and a half times more likely in families that were spending more money than they got than in families that could save a lot. In WA and the Derby region, the proportion of families spending more money than they got was similar (10% and 6% respectively).

Children's dietary quality—Carers were asked about the diet of the children in their care, including whether they ate fruit and vegetables and type of beverages consumed. Four indicators of dietary quality were used to measure whether the principles of a healthy diet were being met. Children who met fewer than two dietary indicators were four times more likely to live in families with poor family functioning than children who met all four of the dietary quality indicators. If only 2 dietary indicators were met, poor family functioning was two and a half times more likely.

One in five (19%) children met all four indicators of dietary quality, 36% met three indicators, 33% met two, 11% met one and 1% met none of the indicators. Similarly in the Derby ICC region, 24% of children met all four indicators, 30% met three, 34% met two 11% met one and fewer than 1% met none of the indicators.

Other factors associated with poor family functioning—Poor family functioning was more likely if overuse of alcohol caused problems in the household and if the primary carer or their partner had been arrested or charged with an offence.

It was also more likely if families spent part of the year living in another residence, if parenting quality was poor and if at least one child had needed to stay overnight with others because of a family crisis or behaviour problems.

Where at least one child in the family did not have normal vision in both eyes, or where at least one child was at high risk of clinically significant emotional or behavioural difficulties, the likelihood of poor family function was increased.

The likelihood of poor family functioning was also increased if primary carers were not involved in Aboriginal organisations, if they considered religion/spirituality not at all important, if they did not participate in Aboriginal events because they weren't interested, or if they did not consider Aboriginal ceremonial business as important.

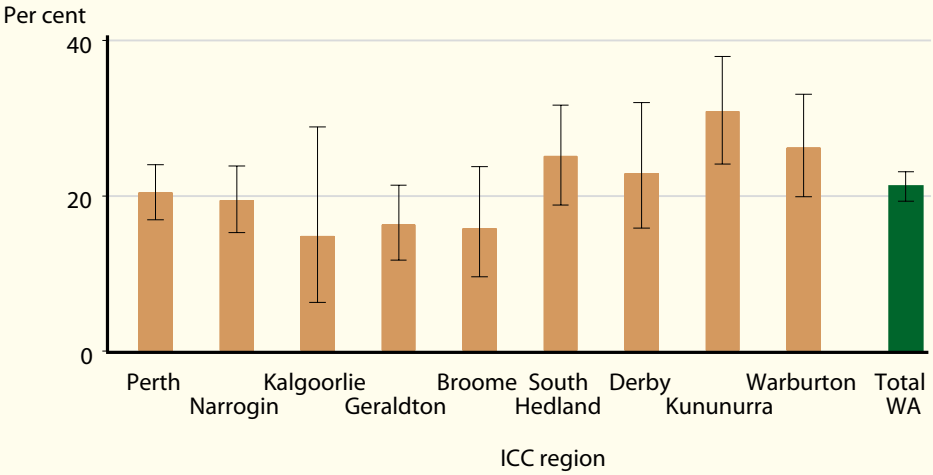
Life stress events

LIFE stress events, e.g. death, incarceration, violence and severe hardship, have been shown to have an association with children being at high risk of emotional or behavioural difficulties.

On average, primary carers of Aboriginal children experienced four life stress events in the 12 months before the survey, almost four times the average number of life stress events reported by carers of non-Aboriginal children.

In the Derby region, 23% of families experienced 7–14 life stress events in the 12 months before the survey, similar to the state average of 21%. The graph shows that the proportion experiencing 7–14 life stress events in Derby was not significantly different from the other regions.

Primary carers: Proportion experiencing 7–14 life stress events in the 12 months prior to the survey, by ICC region



Two major factors were independently associated with families experiencing 7–14 life stress events:

Financial strain—Families that were in financial situations where they were unable to save any money were 3–4 times more likely to experience 7–14 life stress events than families who could save a lot.

Neighbourhood problems—Carers who reported being bothered by 11–18 neighbourhood problems were over 4 times more likely to be living in families that experienced 7–14 life stress events relative to carers who reported 0–1 neighbourhood problems.

Other factors associated with 7–14 life stress events—Overuse of alcohol causing problems in the household, whether the primary carer or their partner had been arrested or charged with an offence, if a family member had been the victim of a crime in the past three years, and if at least one child in the family needed to stay overnight with others due to a family crisis or behavioural problems in the past twelve months, were all associated with a greater risk of experiencing 7–14 life stress events.

The likelihood of 7–14 life stress events was also increased if the carer had at least one child at high risk of clinically significant emotional or behavioural difficulties, and if the primary carer had a medical condition that limited them in their activities of daily living.

Cultural factors associated with a greater likelihood of life stress included whether an Aboriginal language was spoken by the primary carer, whether the primary carer had attended an Aboriginal funeral during the year and whether the carer had participated in an Aboriginal organisation.

High life stress was less likely when the primary carer considered that Aboriginal ceremonial business was not important.

Housing

Access to adequate housing is a basic human right and is fundamental to child health and family wellbeing. The survey examined the characteristics of housing available to families with Aboriginal children and found associations with a range of shelter and non-shelter benefits.

At the time of the survey, Aboriginal children were living in 11,400 homes throughout the state. Seven in ten (71%) of these homes were rented, 16% were being paid off, 7% were owned outright and the remaining 6% were other forms of housing. In comparison, the 2001 Census highlights that 24% of all WA homes were rented, 34% were being paid off, 38% were fully owned and 4% were other forms of housing. This large difference in home ownership rates represents a major impediment to family wealth creation, financial stability, and human capital expansion for Aboriginal households.

Of the 8,030 rented homes in WA with Aboriginal children, over half (55%) were rented from Homeswest, 20% were private rental houses, 16% were community housing and 9% had other rental arrangements.

Of the 670 homes with Aboriginal children in the Derby region, 72% were rented, 13% were owned outright and 7% were being paid off. A further 8% were other forms of housing. Almost two thirds (63%) of the Derby region's 480 rented homes were community housing, 22% were rented from Homeswest, 8% were private rentals and 3% were Aboriginal Housing Authority housing. The remaining 4% had other rental arrangements

Home ownership

Home ownership here refers to homes that, at the time of the survey, were owned outright or being paid off. In WA 23% of houses were either owned outright being paid off compared with 20% in the Derby region.

The level of home ownership decreased with increasing relative isolation. For instance, in the Perth region, where the average level of relative isolation was lowest, around one third (33%) of homes were owned outright or being bought. This decreased to only 6% in the Warburton region which had the highest average level of relative isolation.

Nine factors were found to be independently associated with home ownership.

Level of Relative Isolation—The strongest association was found with LORI, where homes in the Perth metropolitan area were more likely to be owned than in other areas. The odds ratio ranged from two times less likely in areas of low isolation to five times less likely in areas of high isolation and twenty times less likely in areas of extreme isolation.

Other factors associated with home ownership—Eight other carer, family and household factors were found to be associated with home ownership. These included Aboriginal status of the primary carer, primary carer age, primary carer's education level, employment status of primary carer, household composition, housing quality, financial strain and overuse of alcohol causing problems in the household.

Housing quality

An index of housing quality was derived from a set of eight indicators based on the healthy living practices outlined in the National Framework for Indigenous Housing. These indicators are listed in the table on the following page. It shows the proportion of houses in the Derby region and WA that did not meet the indicator.

One in three houses (35%) in WA did not meet Indicator 6 'Reducing negative contact between people and animals' and 30% did not meet Indicator 8 'Controlling the temperature of the living environment'. Problems for Indicators 2 'Washing clothes and bedding' and 4 'Improving nutrition–ability to store, prepare and cook food' (2% and 4% respectively) were less common.

In the Derby region, 47% of homes did not meet Indicator 6 'Reducing negative contact between people and animals, vermin or insects' and 28% did not meet indicator 5 'Reducing crowding and the potential for spreading infectious diseases'. One in four homes (25%) in the Derby region did not meet indicator 1 'Washing people, particularly children under 5 years'.

Houses: Proportion not meeting indicators of housing quality—Derby ICC and WA

Indicators of housing quality from National Framework for Indigenous Housing		Indicator not met	
		Derby	WA
		%	%
1	Washing people, particularly children under 5 years	25*	8*
2	Washing clothes and bedding	4	2
3	Removing waste safely from living area	24	11
4	Improving nutrition – ability to store, prepare and cook food	7	4
5	Reducing crowding and the potential for spreading infectious diseases	28*	15*
6	Reducing negative contact between people and animals, vermin or insects	47	35
7	Reducing the negative impact of dust	17	23
8	Controlling the temperature of the living environment(a)	17*	30*

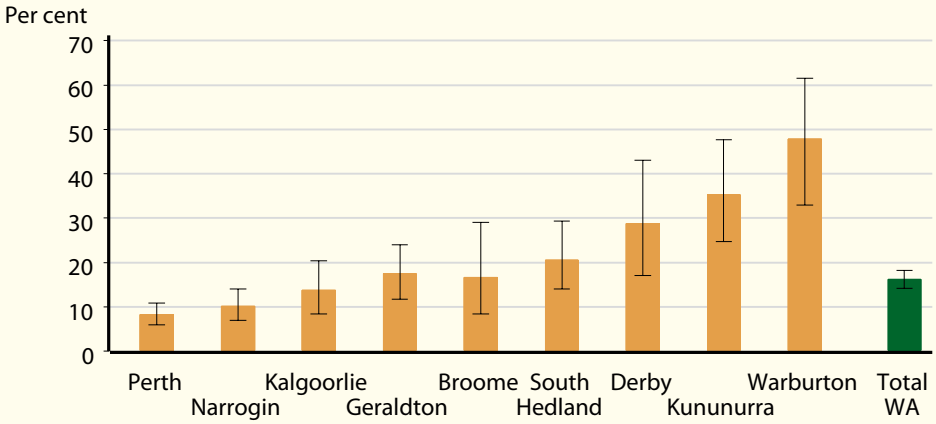
* Indicates that the difference between the Derby region and WA is statistically significant

Poor housing quality

Poor housing quality is defined as a dwelling that has failed to meet three or more indicators of housing quality. As shown in the graph below, poor quality housing is more prevalent in the more isolated ICC regions, ranging from 8% in the Perth region to 48% in the Warburton region.

In the Derby region, 29% of dwellings were identified as being of poor housing quality. However while poor housing quality was significantly more prevalent in the Derby region than in the Perth and Narrogin regions (8% and 10% respectively), it was not significantly different from the overall state estimate of 16%.

Houses: Proportion with three or more indicators of poor quality housing, by ICC regions



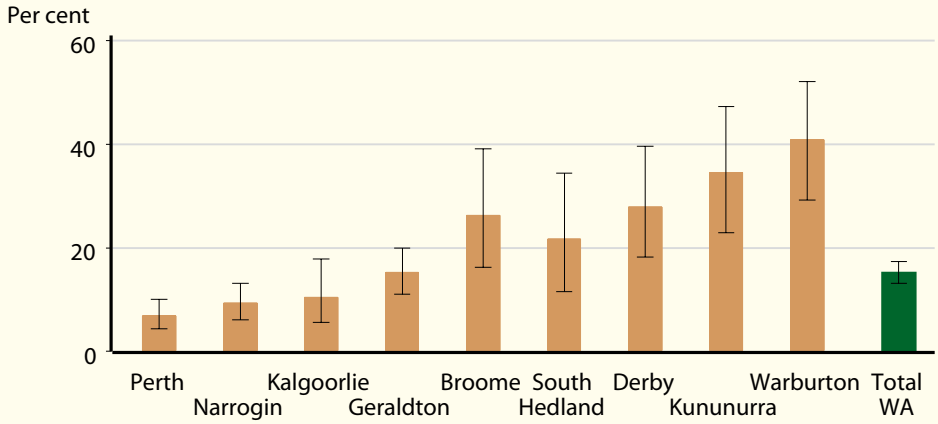
Factors independently associated with poor housing quality included:

Level of Relative Isolation, whether overuse of alcohol caused problems in the household, number of life stress events experienced, socioeconomic disadvantage, home ownership, limited housing choices and level of family functioning.

High household occupancy

Dwellings with high levels of household occupancy are defined as dwellings where the number of people sleeping there exceeds the number of bedrooms by four or more. For example a three bedroom home has high household occupancy if seven or more people sleep there. In WA, 15% of dwellings housing Aboriginal children had high household occupancy compared with a significantly higher 28% in the Derby region. The only regions with lower household occupancy than Derby region were the less isolated regions of Perth, Narrogin and Kalgoorlie.

Dwellings: High household occupancy, by ICC region



Factors found to be independently associated with high levels of household occupancy included:

Household composition—Relative to two original parent households, sole parent households were about one and a half times ***less*** likely to have high levels of household occupancy, while two parent step/blended households were over one and a half times more likely to have high occupancy levels.

Level of Relative Isolation—Compared with the Perth metropolitan area, high household occupancy was more likely in areas of moderate, high and extreme isolation.

Housing quality—Dwellings with three or more indicators of poor housing quality were almost four times more likely to have high occupancy levels than dwellings with no indicators of poor housing quality. Where the dwellings had one or two indicators of poor housing quality, there was an increased risk of high occupancy levels.

Other factors associated with high household occupancy—the number of neighbourhood problems, whether a family member had been a victim of crime, whether overuse of alcohol caused problems in the household, number of life stress events experienced, whether the carer spoke an Aboriginal language and housing tenure.

Interpreting Tables

The table on pages 13 and 14 presents a summary of selected factors associated with the outcomes discussed in this profile, the strength of their association (odds ratio), and their prevalence in both WA and the Derby ICC region. These factors are grouped under the eight outcomes discussed so far: primary carer education; whether the primary carer had ever worked in a paid job; financial strain; poor family functioning; life stress events; home ownership; poor housing quality; and high household occupancy.

The odds ratio column shows the strength of an association between the issue (e.g. education) and the relevant factor (e.g. work history) and relates here to WA as a whole. For example, primary carers who had worked in a paid job were three times more likely to have an education level of Year 10 or more than (relative to) primary carers who had never worked. The adjacent columns tell us that 86% of primary carers in WA and 94% in the Derby region had worked in a paid job.

If the odds ratio is a negative number it means that the association is less likely. For example, primary carers who still smoked cigarettes were 1.5 times less likely to have an education level of Year 10 or more than (relative to) primary carers who had never smoked. The adjacent columns tell us that 50% of primary carers in WA and 45% in the Derby region still smoked.

* indicates that the difference in the prevalence of the factor between WA and the Derby region is significant.

Discussion

THE WAACHS is the most comprehensive study ever conducted describing the many factors that contribute to the wellbeing of families and communities with Aboriginal children. The survey findings focus on how key health and wellbeing outcomes of Aboriginal families are associated with different aspects of the communities in which they live, and provide powerful insights into how the capabilities of Aboriginal people, families and communities can be improved.

The findings highlight that Aboriginal children live in a wide range of community settings and form part of an extremely diverse set of family types. For example, households in the more isolated parts of the state tended to have a higher proportion of two original parent family types than those in the metropolitan area.

Compared with the general population, carers of Aboriginal children have lower levels of education. Lower education levels were found to be associated with poor outcomes in many of the measures of the wellbeing of children and families. About one-quarter of primary carers of Aboriginal children in WA either did not attend school or left prior to the completion of Year 10 compared with 29% in the Derby region.

The survey highlighted a range of factors associated with poor functioning families. The most significant of these were family financial strain and the quality of children's diet.

Families of Aboriginal children experience extraordinary levels of stress—death, incarceration, violence and severe hardship. Over one in five (22 per cent) Aboriginal children aged 0–17 years were living in families where 7–14 major life stress events had occurred in the 12 months prior to the survey. Family financial strain and the number of neighbourhood problems reported by the primary carer were the two main factors associated with high stress in families.

The findings highlight that the majority of households with Aboriginal children were renting, many were overcrowded and /or had some deficiencies in the living environment.

Neighbourhood problems were generally most pronounced in areas of moderate isolation. Results in the Derby region as a whole (a region where moderate relative isolation accounts for half the population of Aboriginal children of the Derby region) indicate that carers most commonly reported problems with kids not going to school, alcohol abuse and reckless driving. As a general rule, the proportion of primary carers reporting being happy with access to community services and facilities was significantly below the level of satisfaction reported by carers of non-Aboriginal children.

Five key principles have evolved from the survey findings to form the basis of the 23 recommended actions to improve outcomes for Aboriginal children, families and communities. These principles are:

- Consult and include Aboriginal people in the leadership, direction, development, implementation and accountability of strategies to improve Indigenous outcomes
- Adjust programme content and delivery to take proper account of the capability profile of the Aboriginal population
- Develop programmes and funding that reflect the Aboriginal population distribution in Western Australia
- Adjust programmes for the regional and cultural diversity of the Aboriginal population
- Test strategy and programme content for its capacity to improve the developmental opportunities to build the capabilities of children and families.

"Aboriginal communities and governments must work in partnership and share responsibility for achieving outcomes and for building the capacity of people in communities to manage their own affairs." (Ken Wyatt AM).

For further information about the Western Australian Aboriginal Child Health Survey or to purchase a copy of the report *Strengthening the Capacity of Aboriginal Children, Families and Communities* ($88.00 (GST included) plus postage & handling)

Call our information line on (08) 9489 7777, or

email: waachs@ichr.uwa.edu.au

A PDF version of the main publication can also be downloaded from our website:

www.ichr.uwa.edu.au/waachs

Factors associated with strengthening the capacity of Aboriginal children, families and communities and their prevalence

	Odds Ratio	WA	Derby
		%	%
Primary carer education Year 10 or more			
Ever in paid work	3.2	86*	94*
Spending more money than we get—relative to can save a lot	–2.1	10	6
Living in families with no original parent—relative to two original parent families	–2.7	8	11
Carer spoke Aboriginal language—relative to did not speak language	–1.9	22*	56*
Still smoked cigarettes—relative to never smoked	–1.5	50	45
Primary carer ever arrested or charged with an offence	–1.5	37*	25*
No-one to yarn to about problems	–2.1	12	19
Primary carer ever worked in a paid job			
Carer age 19 years and under—relative to 30–39 years old carers	–5.3	5	6
Carer education level 13 years or more—relative to Year 10	4	6	7
Carer education level 9 years or less—relative to Year 10	–2.1	22	19
Renting—relative to carers who were paying off their home	–2.9	73	76
High household occupancy	1.8	15*	28*
Living in families with no original parent—relative to two original parent families	2.5	8	11
Financial strain			
Experiencing 7–14 life stress events—relative to 0–2 life stress events	1.9	21	23
Still smoked cigarettes—relative to never smoked	1.3	50	45
Receives Parenting Payment	1.3	57	46
Poor family functioning—relative to very good family functioning	1.5	24	20
Money shortage due to alcohol overuse—relative to alcohol not a problem	2.1	4	4
No one to yarn to about problems	1.4	12	19
Renting—relative to carers who were paying off their home	1.5	73	76
Employed by CDEP scheme—relative to working for a non-CDEP employer	1.7	10*	32*
Poor family functioning			
Spending more money than we get—relative to can save a lot	2.5	10	6
Overuse of alcohol causes problems in the household	1.9	14	18
Carer education level 13 years or more—relative to Year 10	1.8	6	7
Primary carer not involved in Aboriginal organisations	1.4	61	57
Primary carer ever arrested or charged with an offence	1.4	37*	25*
Primary carer's partner ever arrested or charged with an offence	1.6	32	40
Religion/spiritual beliefs very important—relative to not at all important	–2.6	37	42
Indicators of dietary quality met (0–1 relative to all 4)	3.5	12	12
At least one child stayed away because of family crisis or behaviour problems	1.4	13	16
Poor quality parenting	2	27	28
Child at high risk of clinically significant emotional or behavioural difficulties	1.7	6	5
Ceremonial business not important—relative to very important	1.7	20	23

Factors associated with strengthening the capacity of Aboriginal children, families and communities and their prevalence *(continued)*

	Odds Ratio	WA	Derby
Experiencing 7–14 life stress events		%	%
Carer spoke an Aboriginal language—relative to did not speak language	1.8	22*	56*
Attended an Aboriginal funeral	1.6	68*	92*
Participated in an Aboriginal organisation	1.4	39	43
Spending more money than we get—relative to can save a lot	3.6	10	6
Limited in activities of daily living because of a medical condition—relative to no medical condition	1.4	15*	9*
Overuse of alcohol causes problems in the household	1.7	14	18
Primary carer ever arrested or charged with an offence	1.8	37*	25*
Primary carer's partner ever arrested or charged with an offence	1.7	32	40
Renting—relative to carers who owned their home outright	–1.6	73	76
Family member a victim of crime in last three years	1.5	27	20
Neighbourhood problems (11–18 relative to 0–1)	4	26	32
Child at high risk of clinically significant emotional or behavioural difficulties	1.9	6	5
At least one child stayed away because of family crisis or behaviour problems	1.4	13	16
Home ownership			
Household carer is not Aboriginal	2	18*	3*
Poor housing quality	–3.2	16	29
Household carer education level 13 years or more—relative to Year 10	2.5	6	7
Household carer education level Years 11/12—relative to Year 10	1.6	24	27
Household carer employed—relative to not employed	1.7	38*	56*
No financial strain	1.6	46	61
Two original parent family—relative to sole parent family	3	38	44
Household carer aged 40 years and over—relative to aged carer 30–39 years	1.5	26	15
Overuse of alcohol not a problem in household	1.9	85	80
Poor housing quality			
Index of Relative Socio-economic Disadvantage (bottom 5% relative to top 50%)	4.2	24	41
Overuse of alcohol causes problems in the household	2	13	18
Home owned—relative to home being paid off	3.8	7	13
Home rented—relative to home being paid off	2.6	71	72
No choice when moved to current house	1.8	51	62
Experiencing 7–14 life stress events—relative to 0–2 life stress events	2.2	20	21
High household occupancy			
Neighbourhood problems (11–18 relative to 0–2)	–1.7	25	34
Family member a victim of crime in last 3 years	–2.4	28	20
Overuse of alcohol causes problems in the household	1.6	13	18
Experiencing 7–14 life stress events—relative to 0–2 life stress events	1.8	20	21
Renting difficulties	–3.7	7	8
Two parent step/blended family—relative to two original parent family	1.6	16	26
Household carer does not speak an Aboriginal language	–2.6	44*	12*
Poor housing quality	3.8	16	29
Home rented—relative to home owned outright	–1.7	71	72

The Western Australian Aboriginal Child Health Survey was made possible by funding from:

Australian Government

Department of Health and Ageing (Coordinated through the Office for Aboriginal and Torres Strait Islander Health)

Department of Education, Science and Training

Office for Indigenous Policy Coordination

Attorney-General's Department

Department of Family and Community Services and Indigenous Affairs

Department of **the Premier and Cabinet**
Department of **Education and Training**
Department of **Health**
Department for **Community Development**
Disability Services Commission
Department of **Justice**
Department of **Housing and Works**
Western Australia Police
West Australian Drug Strategy

Healthway

RIO TINTO

lotterywest supported