

Volume Four

**Strengthening the Capacity of Aboriginal
Children, Families and Communities**

CITATION

The following citation should be used when reproducing or quoting any part of this publication:

Silburn SR, Zubrick SR, De Maio JA, Shepherd C, Griffin JA, Mitrou FG, Dalby RB, Hayward C, Pearson G. *The Western Australian Aboriginal Child Health Survey: Strengthening the Capacity of Aboriginal Children, Families and Communities*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2006.

Curtin University of Technology, the Telethon Institute for Child Health Research and the Project Steering Committee wish to acknowledge the significant contribution of Dr. David Lawrence to this publication. Dr. Lawrence designed and developed all aspects of the statistical analysis framework used in this and previous WAACHS volumes – including innovative data modelling techniques unique to the WAACHS, applications for the output of tables and charts, and other specialist design work.

National Library of Australia Cataloguing-in-Publication

The Western Australian Aboriginal child health survey: strengthening the capacity of Aboriginal children, families and communities.

Includes bibliographical references.

ISBN 0 9775975 0 4 (v. 4).

1. Children, Aboriginal Australian - Health and hygiene - Western Australia.
 2. Children, Aboriginal Australian - Social conditions.
 3. Youth, Aboriginal Australian - Social conditions.
 4. Youth, Aboriginal Australian - Health and hygiene - Western Australia.
 5. Children, Aboriginal Australian - Education - Western Australia.
 6. Youth, Aboriginal Australian - Education - Western Australia.
- I. Silburn, Sven. II. Zubrick, Stephen. III. Telethon Institute for Child Health Research. IV. Curtin University of Technology. Centre for Developmental Health.

613.04320899915

Cover Photograph: Tony McDonough

This publication was produced by the Telethon Institute for Child Health Research (TICHR) through its Kulunga Research Network, a formal partnership between the Institute and the Western Australian Aboriginal community controlled health sector.

© Copyright 2006. Centre for Developmental Health, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.



PROJECT STEERING COMMITTEE

The Western Australian Aboriginal Child Health Survey has been carried out under the direction of the project's Aboriginal Steering Committee. Present and past members of the Committee include Ted Wilkes (Chair), Ken Wyatt, Gloria Khan, Gordon Cole, Bruce Roper, Pat Kopusar, Danny Ford, Shane Houston, Henry Councillor, Gregg Stubbs, Shirley Bennell, Lester Coyne, Irene Stainton, Heather D'Antoine and Daniel McAullay.

As the Aboriginal custodians of the survey data, the Aboriginal Steering Committee is responsible for the cultural integrity of the survey content, field methodology, analysis and interpretation of findings. This committee also has oversight of the survey's community feedback and dissemination strategy to ensure the appropriate utilisation of the data for the benefit of Aboriginal people.

PROJECT FUNDERS

The funding for survey design, interviewer training, field work, data analysis and reporting of this and previous volumes of findings was secured from competitive grants (Healthway and Lotterywest); the Australian Government (Department of Health and Ageing – coordinated through the Office for Aboriginal and Torres Strait Islander Health, Office for Indigenous Policy Coordination, Attorney-General's Department, Department of Education, Science and Training and Department of Families, Community Services and Indigenous Affairs); the Government of Western Australia (Departments of the Premier and Cabinet, Health, Education and Training, Justice, and Housing and Works; the Department for Community Development including the former Office of Youth Affairs; the Disability Services Commission; Western Australia Police; and the West Australian Drug Strategy); and corporate sponsorship (the Rio Tinto Aboriginal Foundation).

FAMILY, COMMUNITY AND HOUSING REFERENCE GROUP

Production of this volume was guided by a reference group that comprised the following people: Pauline Bagdonavicius and Wendy Dawson (Co-chairs), Yvonne Patterson, Richard Mathews, Genevieve Errey, Kaija Ward, Kellie Properjohn, Katrina Hopkins, Jim Codde, John Gregg, Patrick Egan, Ian Hafekost, Jeff D'Souza, Lisa Baker, Jenny Collard, Joe Lipari, Dennis Eggington, Oriel Green, Gloria Khan, Dawn Wallam, Ty Emerson, Simon Ball, Neil Fong, Danny Ford, Jill Mills, Lyn Acacio, Grania McCudden, Jim Morrison, Helen McNear, Glenda Kickett, Deb Shaw, Jade Maddox and Cliff Weeks.

The role of the reference group was to ensure the policy relevance of the data analysis and reporting, to assist with development of appropriate commentary in each chapter, to oversee the peer review process, to facilitate the uptake of findings into policy and practice and to plan for the launch of the volume.



ACKNOWLEDGMENTS

The authors wish to acknowledge their gratitude to the 1,999 families who agreed to participate in this study and to the school principals and teachers from 410 schools who provided information on the survey children whose parents consented for this to be collected. We hope that their trust in us is returned with benefits for Aboriginal and Torres Strait Islander peoples as a result of this work.

The survey planning and grant proposals were the initial responsibility of Stephen Zubrick, Sven Silburn, Anne Read and Sandra Eades.

Curtin University of Technology is acknowledged for the support provided through its Centre for Developmental Health who are the employers of Ted Wilkes, Stephen Zubrick and Sven Silburn.

Special thanks to present and past Telethon Institute for Child Health Research staff who provided key administrative, financial, information technology and staffing support, particularly, Leanne Scott, Ellen Seymour, Helen Howells, Melinda Berinson, Hoan Nguyen, Elke Scheepers and Helen Daley. We particularly thank the survey 'engine room' staff including Lorrie Martinovich, Margaret Skinner, Francine Eades, Ros Yarren, Jenny Burton, Jodie Deacon, Tracey Eades, Karen Fong, Olivia Fry, Robert Herbu, Amanda Marsh, Onna Newell, Fred Yasso, Anna Robson, Rozanne Silburn and Pamela Stynes; and the Kulunga network, especially Colleen Hayward, Glenn Pearson, Adele Cox, Jacinta Johnson, Daniel McAullay, Kate Butler, Clair Scrine, Roz Walker, Jennine Pickett and Tracey-Lee Edwards.

The dedication and hard work of the field interviewers who were employed to locate families with eligible Aboriginal children and conduct the household interviews is especially acknowledged. These include: Lois Alexander, Susan Appleyard, Maria Ayoub, Rosalie Ayton, Kaye Barnett, Rhonda Barrett-Smith, Amanda Bell, Zarak BinSaad, Lynne Blanche-Fenn, Wayne Blee, Chris Bloomer, Leonie Boddington, Julia Boyle, Pauline Bradley, Jeremy Brennan, Linda Brislin, Moira Brodie, Alexis Callaghan, Carol Carson, Julie Clampett, Sandra Clancy, Bronwyn Claughton, Joanna Corbett, Lester Coyne, Alice Cruickshank, Anthony Culbong, Deborah Cullen, Mavis Curley, Linda Curson, Peta Cuthbertson, Sophie Davidson, Jan DeGlanville, Wendy Dimer, Teresa Edwards, Elaine Ellard, John Fenn, Tony Fitzgerald, Wendy Freeman, Yvonne (Bonnie) Garlett, Nick Gill, Laura Gladstone, Gloria Golding, Nancy Gordon, Allison Gregory, Rennie Hanson, Louise Hanson, Shirley Harris, Rachel Hartley, Roslyn Hay, Alida Hazelgrove, Sue Hedley, Alison Heinritz, Doris Hill, Jack Hill, Carisma Hines, Andreas Hohn, Diedre Ikan, Greg Keynes, Dianne Keyes, Teresa King, Lucy Lemann, Peter Lonergan, Frances Maloney, Liz Manna, Margart Martin, Susan Massey, Fran May, Kirsty McIntosh, Chelsea McKinney, Helen McLean, LeeAnn Merritt, Llyn Neil, Jan Newman, Catherine Newton, Craig Noonan, Sue Palmer, Graham Parton, Steve Petty, Antonia Phillips, Jan Phillips, Jeffrey Pike, Elizabeth Plowman, Joanna Ponsen, Sharmayne Quartermaine, Karen Read, Kim Read, Marnie Richardson, Anna Robson, David Ronan, Karen Rooksby, Linley Roosmale, Chris Royle, Veronica (Ronnie) Ryan, Claire Ryan, Elizabeth Sabella, Peter Sharp, Meredith Simmons, Joy Spencer, Andrea Spencer, Dawn Stephens, Amanda Stuart, Binney Terry, Neenya Tesling, Bernard Tholen, Barbara Thorley, Lisa Twigg, Penelope van-Lierop, Colin Young, and Margaret Yull.



ACKNOWLEDGMENTS *(continued)*

This study would not have been possible without help from: Robert Goodman (Institute of Psychiatry, London), Paul Albert (Western Australian Department of Education and Training), Audrey Jackson (Association of Independent Schools of Western Australia) and Therese Temby (Catholic Education Office, Western Australia). Support and assistance from Mike Daube, Dianne Kerr, Yvonne Patterson, Hillary MacWilliam, Bruce Roper, Ted Penny, Yvonne Green, Majella Stevens, Kim Ward, Grania McCudden, Karen Trimmer, Kathy Whipp, Wendy Oddy, Beverley Raphael, Wendt Hall, Jessica Ball, Jo-Ann Archibald, Tammy Gibbs, Liz Chester, Cheryl Kickett-Tucker, Danielle Taylor, Chris Green and Julia Fanali is also acknowledged. Thanks also to Tom Pinder, Di Rosman, Carol Garfield and Lexie Stoney for assistance with data linkage.

We are grateful to the selected expert reviewers who provided independent comment on sections of the report relevant to their expertise.

Finally, we extend sincere thanks to the Western Australian regional office of the ABS which provided, under the terms of our consultancy contract, invaluable technical advice and practical support. In particular we would like to thank Nev Cooney, Alan Hubbard, Chris Spencer and Ken Tallis from the ABS.



FOREWORD

Planning for the Western Australian Aboriginal Child Health Survey commenced many years before the fieldwork got under way and published findings began flowing from this work. It has been a long journey for all involved and particularly for those who have led the realisation of the many combined efforts needed to complete this landmark study. There are many people with recollections of their contribution to the survey. For my part, I have fond recollections of driving and flying with colleagues to centres as far afield as Esperance, Carnarvon, Warmun and Geraldton to consult with Aboriginal people about the potential value of the survey, to canvass their support and seek their views about what it should encompass. All of our meetings with Aboriginal people across Western Australia reinforced for me the desire of Aboriginal individuals, families and communities to support this work – particularly if it helped towards an understanding of what was needed to make the lives of Aboriginal children better.

The previously published volumes of findings from the survey have begun to fill important gaps in our knowledge about the health, social and emotional wellbeing and educational experiences of Aboriginal children. They have also put forward important recommendations for refinement in the focus of policy and action on the ground to address the needs outlined in each of these areas. The current volume adds significantly to the previous volumes with its focus on the cornerstone of Aboriginal Australia – family and community, i.e. the myriad of Aboriginal families and communities linked together by our shared history, our presence in this country for thousands of years and our struggle to maintain the integrity and strength of family and community in the face of more than 200 years of change. There is no doubt that, underlying all of the changes since 1788, the fragmentation of Aboriginal families and communities has been one of the most devastating effects of colonisation. This highlights the need to regenerate and enhance the capability and strength of Aboriginal families and communities in dealing with the many challenges they encounter in contemporary Australia.

Much of what is outlined in this volume focuses attention on a range of problems which are well known to Aboriginal people and service providers. Many of these issues require leadership from government and common sense and committed approaches to policy development so that we can break the cycles which perpetuate disadvantage for Aboriginal families and communities. Families and communities provide the hub of support for human growth and development for Aboriginal children. I would urge all who use this volume to read and consider the key actions discussed in Chapter Eight that are needed to improve family and community outcomes for Aboriginal people. This volume reiterates and builds upon the key messages of previous volumes – particularly that family and community development programs should seek to increase parent's and carer's education and family functioning, improve family economic circumstances, increase cultural connectedness and reduce levels of stress.

Aboriginal families and communities would also welcome the work of agencies that:

- ◆ increase the appropriateness of housing to reflect and support the differing construct of Aboriginal families
- ◆ counter the trend to evict families with young Aboriginal children in their care causing a domino effect of disadvantage as the capacity of other households is stretched to support evicted relatives



- ◆ support Aboriginal families to break into the great Australian dream of owning their own home
- ◆ explore opportunities to give Aboriginal families a greater chance to find employment and share in Australia's economic prosperity through post-school educational and training opportunities for Aboriginal parents
- ◆ understand and support the right of Aboriginal people to maintain traditional cultural values and practices and support efforts to re-establish Aboriginal languages where they have declined
- ◆ find innovative ways to provide economic support to the large number of relatively older Aboriginal people who are raising children in their extended families, and
- ◆ act to counter the biological, social and educational impacts on Aboriginal children who live with chronic family stress.

A range of other recommendations flow from the findings of this and the earlier volumes which, as a combined body of work, make it clearer than ever how our current efforts must be significantly boosted if we are to meet the request of the Aboriginal participants of our early community consultations. They asked that the lives of Aboriginal children be improved through a better understanding of what is required. It is now our responsibility to use the knowledge gained from the survey to ensure that what needs to be done is done, and continues to be done, to make the lives of Aboriginal children better.

Professor Sandra Eades

The Sax Institute
Sydney

September 2006





CONTENTS

Foreword vi

About this publication xi

Preface xiii

Summary 1

Chapter

1 The survey – Objectives, design and process 13

Summary – The Telethon Institute for Child Health Research – Survey objectives – Survey concept and development – Aboriginal leadership – Community consultation and approval – Ethical approval for the survey – Aboriginal identification and the scope of the survey – Survey outputs and community feedback – The main survey – Level of Relative Isolation (LORI) – Interpreting measures of geographic isolation – Analysis methods used in this volume – Record linkage between survey data and administrative data for discrete Aboriginal communities – Consultation during analysis and publication production

2 Characteristics of families and communities with Aboriginal children ... 37

Summary – Introduction – Defining community in the WAACHS – Distribution of Aboriginal populations – Household composition and child care arrangements – Family mobility – Housing characteristics – Socioeconomic characteristics of neighbourhoods and communities where Aboriginal children live – Satisfaction with community services and facilities – Travel, transport and distance to services – Neighbourhood/community problems – Endnotes – Detailed tables

3 The socioeconomic wellbeing of families with Aboriginal children ... 153

Summary – Introduction – Measures of socioeconomic wellbeing – Primary carer education – Primary carer ever been in paid work – Family financial strain – Primary carer indicators of multiple socioeconomic disadvantage – Endnotes – Detailed tables

4 Family functioning 257

Summary – Introduction – Measuring family functioning – Demographic factors and poor family functioning – Factors associated with poor family functioning – Relative importance of factors associated with poor family functioning – Relative importance of factors associated with very good family functioning – Quality of parenting – Endnotes – Detailed tables



CONTENTS *(continued)*

5	Life stress events	333
	Summary – Introduction – Demographic factors and life stress events – Child factors and life stress events – Carer factors and life stress events – Family and household factors and life stress events – Neighbourhood/community environment and life stress events – Relative importance of factors associated with 7–14 life stress events – Endnotes – Detailed tables	
6	Housing	419
	Summary – Introduction – Dwelling characteristics and conditions – Housing tenure – Household occupancy – Housing quality – Homelessness – Concluding comments – Endnotes – Detailed tables	
7	Profiling communities with Aboriginal children	499
	Summary – Introduction – The wellbeing of children and families in discrete Aboriginal communities – Language and cultural participation – Neighbourhood/community problems – Access to services and facilities – Endnotes – Detailed tables	
8	Strengthening the capacity of Aboriginal families and communities . . .	553
	Summary of recommended actions – Introduction – A global perspective – Principles for implementing policies and services – Actions needed to improve family and community outcomes for Aboriginal people – Concluding comments – Endnotes	
	Appendices	593
	History of Indigenous policy and administrative affairs in Western Australia – A guide to the survey fieldwork instruments – Determination of Levels of Relative Isolation (LORI) based on ARIA++ – Reliability of estimates – Satisfaction with community services and facilities: WAACHS and 1993 WA CHS – Western Australian Aboriginal communities maps	
	Glossary	625



ABOUT THIS PUBLICATION

This publication was produced by the Telethon Institute for Child Health Research (ICHR) through its Kulunga Research Network, a formal partnership between the Institute and the Western Australian Aboriginal community controlled health sector, with the assistance of the Australian Bureau of Statistics (ABS).

ATTRIBUTABLE COMMENTS

The views expressed in the numbered chapters of this publication relating to the implications of the Western Australian Aboriginal Child Health Survey (WAACHS) findings and for future directions in Aboriginal health are those of the Institute. Views expressed in the Foreword and in the Preface are those of the authors noted.

RELATED PUBLICATIONS

This publication is the fourth of five volumes planned for release from the WAACHS. The focus of this volume is on Aboriginal families with children aged 0–17 years (at the time of the survey) and the communities in which they live. The first volume, released in June 2004, focused on Physical Health; the second volume, released in April 2005, focused on Social and Emotional Wellbeing; and the third volume, released in March 2006, focused on Education. The final volume planned from the survey will focus on justice issues.

CUSTODY OF THE DATA

An Aboriginal Steering Committee oversaw all phases of the survey. This Committee remains the custodian of all data collected and is responsible for the cultural integrity of the survey methods, analysis and dissemination processes.

UNDERSTANDING THE DATA

The tables and text included in this volume are derived either directly from the WAACHS, or through linkage of WAACHS data and administrative data. Survey reports were provided by carers and teachers of Aboriginal children, by Aboriginal young people aged 12–17 years, and by school principals. These reports were accepted as given. Interviewers were not in a position to verify responses either at time of interview or afterwards.

ACCURACY OF THE ESTIMATES

All data presented in this volume have been subject to rigorous statistical analysis. Estimates from the survey have been calculated at a 95% level of confidence. The confidence intervals are displayed on graphs by means of vertical confidence interval bars ($\bar{\square}$). There is a 95% chance that the true value for a data item lies between the upper and lower limits indicated by the confidence bars for that item. Further details on the reliability of the estimates is provided in Appendix D.

Figures in this volume have been rounded to three significant digits. Therefore discrepancies may occur between the sums of the component items and totals.



COMMUNITY FEEDBACK

The Kulunga Research Network has designed a communication strategy which will maximise information available to Aboriginal communities. The results and findings are being reported and profiled for each of the ICC (previously ATSIC) regions throughout the state.

CONTACT FOR INQUIRIES

If you would like more information about any topics covered in this volume or about the survey in general, please email us at:

waachs@ichr.uwa.edu.au

OBTAINING COPIES OF THIS PUBLICATION

This publication, and previous publications in the series, are available electronically as a PDF file on the Institute's web site:

www.ichr.uwa.edu.au

Printed copies of the publication, as well as previous publications, may also be purchased through:

Telethon Institute for Child Health Research
PO Box 855
WEST PERTH WA 6872

Telephone: (08) 9489 7777
Fax: (08) 9489 7700

A summary booklet for this volume is available in hard copy as well as electronically on the Institute's web site.



PREFACE

Dennis Eggington

Chief Executive Officer

Aboriginal Legal Service of Western Australia

Fiona Skyring PhD

Historian

Aboriginal Legal Service of Western Australia

We would like to congratulate the many dedicated contributors to this volume on the research they have produced. The depth and comprehensiveness of the study of Aboriginal family and community health in the following chapters provides a sound basis for reform of policy and practice in the area of family and community development. This research gives governments, policy makers and service delivery agents the guidelines for ways in which we can strengthen families and provide children with safe, healthy environments. As the authors of this volume argue, the crisis in Aboriginal family and community health is urgent and the demands for the development and implementation of effective responses to this crisis can no longer be ignored.

For Australia to properly address the wrongs of the past and to build a positive future for all its citizens, there is a need for Aboriginal and non-Aboriginal people to work in concert, to learn from each other while acknowledging the rightful place of Aboriginal people as the First Nations people of this country. As authors of this Preface we have done just that, commencing as is appropriate with an Aboriginal voice and context.

INTRODUCTION

In writing my contribution to the Preface, I (Dennis Eggington) do so from a twofold perspective. Along with many other Aboriginal Australians, I work to meet the dual obligations to our community and to my family. In my role as Chief Executive Officer of the Aboriginal Legal Service of WA, Inc (ALSWA), I daily confront the destructive and corrosive effects on our community of over-representation of Aboriginal people in the criminal justice system in Western Australia. This is part of the Aboriginal circumstance referred to throughout this volume which must change. Incarceration rates for Aboriginal Western Australians, in mid 2003, were the highest in the nation, at approximately twenty-three times the national average. According to a recent State government inquiry, Aboriginal Western Australians are ‘one of the most imprisoned peoples in the world and the trend is increasing.’¹

Through our community’s efforts to reverse this trend, we know that the compilation and effective presentation of evidence of current and past human rights abuses is a crucial step in the process of redressing those abuses. We also know that evidence, however compelling, shocking or incontrovertible, has little effect if there is no political will to implement reforms which will practically address Aboriginal disadvantage. I urge the policy makers and government representatives reading this volume to acknowledge and act upon the findings of the Western Australian Aboriginal Child Health Survey. And I think this fourth volume on Aboriginal family and community health will remind the people of Australia that they too have obligations, and that the political will for change must come from all of us. Our children have the right to be born into a world where they can grow up Aboriginal, free from the devastating circumstances that continue to limit human development within our community.



The historical legacies of dispossession — chronic housing shortages, ill health, alarming morbidity rates, disproportionately high levels of arrest and imprisonment, and unemployment and poverty — are experienced by Aboriginal Australians within one of the wealthiest countries in the world. Australia is ranked fourth internationally in terms of the United Nations' Human Development Index (HDI) for 2003, with HDI scores very similar to those for Sweden, the Netherlands, the United States and Canada. Yet Aboriginal Australians as a group experience health, income and educational levels which place them at around 103rd in the world, in between the HDI scores for Cape Verde and China.² This disparity in the human development of Aboriginal people compared to that of non-Aboriginal people in Australia cannot be allowed to continue. It is, as the contributors to this volume argue in Chapter Eight, an 'emerging humanitarian failure.' The capabilities and choices of Aboriginal Australians must be ensured through legislative and policy frameworks that promote fair distribution of wealth and opportunities for wealth creation, and equality of outcomes in a practical way.

I write also as a Noongar man, as a father and grandfather of Aboriginal children. I have been fortunate to grow up in a loving family. Despite some difficult times we were also a family that stayed together. This life circumstance provided me with the foundations to create a positive environment for my own family. Children are at the heart of our families, and therefore our community. The research detailed in this and previous volumes of the Western Australian Aboriginal Child Health Survey emphasises the importance of nurturing children in their early years. One of my main concerns as an Aboriginal grandfather is that we do not bequeath to the next generation the appalling conditions — the disease and morbidity rates, the level of violence and substance abuse, the incarceration rates, the chronic poverty — which characterise our Western Australian Aboriginal community today. As the survey authors show, it is now internationally recognised that investment of resources in health and development during early childhood is 'the single most effective strategy currently available to governments and communities for reducing the worst effects of poverty and breaking the cycle of inter-generational disadvantage.'³ It is clear from this survey that there is a critical need for breaking the cycle of disadvantage. The authors also delineate the policy ground rules to be adopted for strengthening Aboriginal family and community health. This volume presents the evidence and proposed directions for reform, and the urgency for action is obvious.

As Aboriginal ill health is reproduced through inter-generational poverty, so too does the constant struggle for recognition of our human rights takes its toll. The daily confrontation with racism experienced by Aboriginal parents, grandparents and children is an inter-generational burden that causes ill health. My mother, a Noongar woman born in Gnowangerup and who grew up in the Great Southern region, lived under a legislative and administrative regime in Western Australia that was overtly racially discriminatory. The civil and political rights of Aboriginal people in Western Australia were explicitly denied by State laws until reforms in 1963. My Noongar relatives and Aboriginal people across Western Australia fought for their rights, and protested against the odious and destructive government controls over their family life, their financial affairs, and their employment, residence, health and education. The campaign for Federal constitutional change in 1967 was, in Western Australia, much more than a campaign for equal citizenship rights for Aboriginal people.



The ongoing fight for social justice and an end to racial discrimination has had an impact well beyond the Aboriginal community itself, and this tradition of activism is a source of pride for us. But while the struggle for social justice is on the one hand an empowering heritage, there are negative aspects as well. Racism remains a fundamental problem in contemporary Australian society, and it is to our society's detriment that there are no coherent national strategies to address this permanent barrier to a genuinely inclusive nation. While many Australians experience racial prejudice, the impact of racism on the development and wellbeing of our Aboriginal community in particular compounds the social and economic disadvantages which are already acute. It is wearing for Aboriginal people to have to challenge, generation after generation, the de-humanising attitudes that lie at the base of racism. The contribution of this stress to the past and current Aboriginal circumstance is starkly quantified in this and previous survey volumes.

From racist taunts on the school playground to racial vilification in the media, the burden of confronting that abuse falls on the Aboriginal people at whom it is directed. In Volume Two of the Western Australian Aboriginal Child Health Survey, social exclusion was identified as one of the four main constraints in the social and emotional wellbeing of children and young people. Social exclusion can be overt, such as outright abuse and bullying, or less transparent, such as non-recognition or inappropriate disapproval. Research shows that racial discrimination has a negative impact on health, with causal links to depression and anxiety.⁴ We know as Aboriginal people that in having to find the resilience to oppose racism, the effort can be tiring. The daily bombardment of media, playground taunts and stares are difficult to stop. It can erode a child's sense of identity and self-worth, and undermine the support and approval coming from parents and grandparents and extended family.

The contributors to this and previous volumes of the Western Australian Aboriginal Child Health Survey have identified the necessity for reversing social exclusion. Racism will not disappear overnight, and there needs to be the political will to confront and eradicate it. I urge political leaders and policy makers to adopt the proposals in this volume for further promotion of cultural awareness and positive cultural identification, and for continued and reinforced sanctions against racism. It is not acceptable that racism remains yet another damaging legacy for future generations of Aboriginal children. It is a burden that a child should not have to bear.

FIRST NATIONS RIGHTS AS HUMAN RIGHTS

On 29 June 2006, the newly established United Nations Human Rights Council adopted the Declaration of the Rights of Indigenous Peoples. The articles of the Declaration have been debated for eleven years and, as this volume is being printed, the declaration as finally adopted will go before the United Nations General Assembly.⁵ The right to self-determination and the right to freedom from discrimination and forced assimilation figure prominently in the Declaration. The first article reiterates the human rights of Indigenous peoples:

Indigenous peoples have the right to full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms as recognized in the Charter of the United Nations, the Universal Declaration of Human Rights and international human rights law.⁶



The Joint Statement issued by the UN Permanent Forum on Indigenous Issues in May 2006 stressed the importance of a human rights based approach to Indigenous rights. The Declaration itself, which the Permanent Forum fully endorsed, reinforces Indigenous peoples' rights to political, civil and economic freedoms in addition to their specific cultural and social rights. The UN Permanent Forum stated that 'persistent human rights violations ... continue to be suffered by Indigenous peoples in every region of the world', and that often such violations went unchecked. The Permanent Forum on Indigenous Issues stated that:

Rampant denial of our collective and individual human rights is a root cause of debilitating poverty and injustice. Past and ongoing disposessions of our lands and resources continues to have grave impacts on Indigenous peoples ... Impoverishment of Indigenous peoples has had and continues to have a devastating impact, particularly on Indigenous women and children. Among other aspects, widespread poverty disproportionately undermines their education, health, security and well-being, while increasing the risk of violence.⁷

The health and wellbeing of Aboriginal families and communities in Australia needs to be understood in the context of the protection of their human rights. The causal links between poverty and the denial of human rights, between impoverishment and the dispossession of land and resources, must be acknowledged. Safeguarding the human rights of Aboriginal people is a requirement, not an option, for government action in relation to Aboriginal health and development.

The emphasis on the human rights of Aboriginal families and communities has particular relevance in the Australian context. Along with the United States and New Zealand, Australia has been identified by the UN Permanent Forum on Indigenous Issues as having:

dismal human rights records relating to Indigenous peoples ... all of these States [United States, New Zealand and Australia] are either now or have been the subject of "early warning and urgent action" procedures by the Committee on the Elimination of Racial Discrimination.⁷

The Permanent Forum described the 'key positions' put forward by the United States, New Zealand and Australia regarding the human rights of Indigenous peoples as 'most often discriminatory.'⁷

In confronting the crisis in Aboriginal health and development, Federal and State governments and the wider Australian community need to take into account the international condemnation of our country's record on human rights for Aboriginal Australians. The failure of past and current approaches highlights the lack of attention paid to safeguarding the human rights of Aboriginal people in this country. In the past, human rights abuses towards Aboriginal people were overt, perpetrated knowingly and with impunity, and in many instances formalised by racially discriminatory legislation at both State and Federal government levels. It is from the historical background of the explicit denial of human rights that the contemporary situation should be addressed. Australian governments still have considerable work to do before human rights abuses towards Aboriginal people are firmly relegated to history.

The commitment to protecting human rights must be at the centre of all policies and programmes in relation to Aboriginal community health and development. This is a fundamental commitment to insisting on equality of outcomes and opportunities. Without such commitment, the circumstances which currently exist for Aboriginal



Western Australians will remain so much more marginal than those for non-Aboriginal Western Australians. The circumstances and the social disparity they embody are human rights issues. This fourth volume of the Western Australian Aboriginal Child Health Survey details the looming humanitarian crisis which we as a nation need to overcome.

In responding to the findings of this volume, political leaders and policy makers must also refer to the international human rights conventions to which Australia is already a signatory. The United Nations Convention on the Rights of the Child was adopted by the General Assembly in November 1989 and came into force in September 1990. Australia became a signatory to the Convention two months later.⁸ The Convention on the Rights of the Child defines a number of articles which are particularly relevant to the current Western Australian Aboriginal Child Health Survey volume on Aboriginal family and community health. Article 6 of the Convention includes the statement that:

*States Parties shall ensure to the maximum extent possible the survival and development of the child.*⁹

The evidence presented in this and previous volumes of the Western Australian Aboriginal Child Health Survey shows that Australia is failing in its obligation to ‘ensure to the maximum extent possible’ development for Aboriginal children whose health, education and income status is markedly less than that for non-Aboriginal children. Article 24 of the Convention requires that State Parties ‘recognize the right of the child to the enjoyment of the highest attainable standard of health’ and introduce measures, among others, to ‘diminish infant and child mortality.’⁹ But the evidence shows that this is not happening. Aboriginal infant mortality in 2001 was almost three times the rate for non-Aboriginal babies, and comparable to the disparity in infant mortality observed in Australia over thirty years ago.³

The commitment to improving Aboriginal child health and development is not one which can be negotiated or ignored by the Australian community. The increased investment of resources needed to ensure the development of Aboriginal children is not one of several alternative responses — it is the only course to take. Investment in Aboriginal child development must happen for Australia to properly meet its international obligations in relation to the protection of human rights for all its citizens.

THE HISTORICAL LEGACIES

The historical bases of contemporary Australian Aboriginal poverty have been referred to in previous volumes of the Western Australian Aboriginal Child Health Survey. Dispossession of land and the trauma inflicted through government policies of removing Aboriginal children from their families have had profoundly destructive and enduring impacts upon the social and emotional wellbeing of the Aboriginal community in Western Australia.

The UN Permanent Forum on Indigenous Issues identified the denial of Indigenous human rights, through dispossession of lands and resources, as a cause of impoverishment. Poverty is an overriding theme in contemporary studies of the Aboriginal community. Throughout the research produced by the Western Australian Aboriginal Child Health Survey, the disparity in income and opportunities for wealth between Aboriginal and non-Aboriginal Australians is identified as one of the key impediments to the development of children and young people. This current volume of the survey shows that high levels of financial strain are major contributors



to Aboriginal family stress. The long term economic outcomes of dispossession are difficult to quantify, but they are manifest in low levels of income and home ownership, and limited access to wealth creation.

The documentary records show that Aboriginal people in Western Australia have asserted their traditional ownership of land and their control over resources through various violent and non-violent means from the declaration of British sovereignty in 1829 onwards. The story of the Aboriginal land rights movement begins with the first attempt at European settlement in Western Australia. But only rarely in the past did Aboriginal people have the opportunity to express their land aspirations in a formal and official context, and to present their demands for some form of redress or compensation from the colonisers for dispossession of Aboriginal land.

In 1984, the Aboriginal Land Inquiry was the first State government attempt to address aspirations for land and how Aboriginal relationships to land should be protected. The Inquiry Commissioner, Paul Seaman QC, stated in his report that his terms of reference did not extend to the issue of compensation for dispossession. He also reported that many Aboriginal people, particularly in the southwest of the State, had expressed their concern to the Inquiry that despite commitments for compensation from the Commonwealth government, there had been no action. Commissioner Seaman was convinced that 'the great majority of people of Aboriginal descent in Western Australia can make the case that they or their forebears were forcibly dispossessed of traditional lands.'¹⁰ He noted the 'very deep sense of injustice about their past treatment and dispossession in this State' felt by the Aboriginal people who participated in the inquiry. Submissions from the National Aboriginal Conference and the Kimberley Land Council argued that Aboriginal sovereignty at the time of British colonisation should be formally recognised by Australian governments. The Kimberley Land Council referred to 'legal and moral obligations' imposed on the State and Federal governments due to the 'unlawful deprivation of sovereignty.'¹⁰ While none of the submissions to the Inquiry suggested that freehold land should be resumed from non-Aboriginal people, Commissioner Seaman reported the view frequently expressed by Aboriginal people that, in relation to land, they 'should not have to now beg for what is theirs by moral right.'¹⁰

Aboriginal land rights legislation in Western Australia was never enacted, and Commissioner Seaman's recommendations for a form of 'modified title' for Aboriginal land were not implemented. The few instances of compensation negotiated under the Commonwealth Native Title Act 1998 have affected only a small number of native title holders in Western Australia. Similarly, the recognition of native title benefits only those groups of Traditional Owners who can meet stringent requirements for 'proof' of native title, through evidence of the continued operation of a system of laws and customs from which they derive rights and interests in the area of land, or land and waters, that they claim. Native title holders are, by this definition, concentrated in small communities in the more remote parts of the State. For the overwhelming majority of Aboriginal Western Australians, legal recognition of traditional land tenure is not even a distant possibility.

Dispossession, and the absence of any effective compensation for it, represents a substantial historical loss for Aboriginal families and communities in Western Australia. The inter-generational disadvantage referred to throughout the volumes of the Western Australian Aboriginal Child Health Survey has its beginnings in dispossession of land and resources as a result of colonisation. In addition to dispossession of land, systems of forced unpaid labour, low wages and withheld



benefits also represent a major extraction of capital from the Aboriginal community in Western Australia. The issue of stolen wages is currently the subject of a Senate Committee inquiry, and ALSWA in its submission to the Inquiry urged the Committee to establish a national and comprehensive inquiry to properly investigate the issue.¹¹ In Western Australia, unpaid wages and withheld benefits amount to a massive economic resource that was taken from Aboriginal people.

The appropriation of the wealth created by Aboriginal workers was effected through legislation, which provided the basis for employment and administrative practice. From the Aborigines Protection Act 1886 through to the Native Welfare Act 1954, employment of Aboriginal people in Western Australia was proscribed as a type of fixed term contract, in which the Aboriginal worker was bound to the employer for a period of twelve months and could be charged with an offence against the Act if he or she sought to leave. Employment agreements could be renewed and, although the legislation stipulated that Aboriginal employees should be provided with minimum standards of food, clothing, blankets and medicine, there was no mention of wages.¹²

Chief Protector A.O. Neville admitted in a report to the Minister for the North West in 1925 that many Aboriginal people throughout the State ‘exist under a system of semi-slavery’. A Departmental survey in 1923 showed that, although some Aboriginal workers, particularly those in towns and on some pastoral stations in the Pilbara and Gascoyne regions, were paid wages ranging from 10/- to £1 per week, the majority of station workers in the north and north-west of the State were paid no wages at all. They received food and clothing only.¹³ For many Aboriginal pastoral workers in Western Australia during the prosperous post-World War II decades, food and clothing rations in exchange for their labour was the norm.

The extent of the appropriation of the value of Aboriginal wages remains to be quantified, and indeed very little historical recognition is given to the major contribution Aboriginal workers have made to the wealth of Western Australia. Particularly in relation to the pastoral industry, Aboriginal people until the 1960s made up the majority of the workforce and their participation was central to the prosperity of that industry. In 1952, then Commissioner of Native Welfare Stanley Middleton, estimated that Aboriginal ‘contribution towards our State economy’ was a direct ratio of the value of pastoral production, which for the financial year 1949–50 was £26,000,000.¹⁴

In terms of human development, the outcomes of consistently low or no wages for Aboriginal people were recognised at the time. As is the situation now, low income and inadequate housing were major causes of poor health within Aboriginal families. In the mid 1950s, statistics from the district medical officer in Broome in the Kimberley showed that Aboriginal infant mortality in the town was about one in three, and that this was due to malnutrition. The Native Welfare officer who reported on this appalling state of affairs asserted that it was ‘self-evident’ that the main cause of malnutrition among the Aboriginal population in Broome was economic. Aboriginal workers earned about one third or less of the basic wage, so families did not have the money to purchase the foods needed for a balanced diet. The Departmental officer commented that Aboriginal people regarded vegetables as ‘a white man’s food’ since they could afford little more than bread, jam, meat and tea.¹⁵

Acute poverty was also a feature of the community that set up camp on the river at Fitzroy Crossing after Aboriginal workers were sacked and they and their families evicted from Christmas Creek station in January 1969. Initially, there were over two hundred men, women and children in the camp, and although some of the women and children had bank books, their average balance was \$3.¹⁶ Two years on, in 1971,



the 'displaced persons camp', as it was referred to in Native Welfare reports, had grown to a population of between 600–700 people. This included several hundred workers and their families who were laid off from the stations over the months of the northern wet season. Facilities at the camp were two bucket showers and five trench toilets, and there was no running water. The almost complete lack of money in the camp, along with overcrowding and inadequate sanitation, meant that health standards were abysmal. Trachoma was epidemic and at one stage in 1970 affected 55 per cent of the children, with the rate decreasing to 36 per cent after the children were treated with eyedrops. Diarrhoea was rife at the camp, and children suffered chronic gastroenteritis, ear and eye infections, skin sores and anaemia.¹⁷

These examples are from the Kimberley region where the system of low or no wages for Aboriginal workers was the standard until the late 1960s. But poverty due to low income was a feature of Aboriginal communities throughout Western Australia. Far from 'protecting' the welfare of Aboriginal families, the Aborigines Department and its successor the Department of Native Affairs played a central role in perpetuating destitution. This was demonstrated in the Department's management of Moore River Settlement north of Perth, established by the Aborigines Department in 1918 as a segregated institution to which Aboriginal children and town camp residents were forcibly removed. It was chronically underfunded and the buildings dilapidated. The 'inmates' as they were called regularly sought to escape, and cruel punishments were inflicted for this and a range of misdemeanors including 'insubordination.' The diet and accommodation for Aboriginal people at the Settlement was grossly inadequate and disease was endemic. Moore River Settlement was singled out for criticism by the Aboriginal people who gave evidence to the Mosely Royal Commission in 1935, and by these accounts it was a place of misery and impoverishment.¹⁸

For the children taken from their families and interned in Moore River, or removed there with their families, it was the precursor to an adult life of low income and limited opportunities. They were poorly educated and received virtually no training at the Settlement, so when they were sent out to work by the Department they were ill equipped to deal with often unreasonable expectations of their employers.¹⁸ Furthermore, since the Chief Protector (later the Commissioner of Native Affairs) was their legal guardian under the Act, their wages and personal finances were controlled by the Department. Although trust funds were established on behalf of individuals and they were supposed to have full access to their money once they turned twenty-one years old, in practice their personal financial transactions were closely monitored by the Department well into adulthood.

The devastating impact of the Department's controls over the personal finances of Aboriginal workers was illustrated in the life history of Jessie Smith, née Argyle. Jessie was taken from her family and her Miriuwung country in the East Kimberley in 1906 when she was five years old. She was taken by police on the orders of the Aborigines Department, and along with her brother Toby was sent to Moore River Settlement thousands of kilometers south.¹⁹ As a teenager, Jessie Argyle was sent to work as a domestic servant, and was under constant threat from employers and the Department that she would be returned to Moore River if she did not 'settle down' and work hard. By 1924, Jessie Argyle was earning 20 shillings a week, of which the Department took 75%. This was used to fund the Department's so called 'protection' of her welfare, an intrusion for which she never asked and which she regularly resisted. Payments were deducted from her account for board, for second rate medical attention, for the train fares on the occasions when she was sent to places for work and for payments to the



people who ‘escorted’ her on these forced journeys. Even the measly five shillings she was left were in practice withheld from her, since the Department avoided allowing adult Aboriginal workers to take cash from their trust accounts and instead gave them government coupons for clothing and other goods.¹⁹ Through these administrative practices, thousands of Aboriginal people like Jessie Argyle worked full time for wages but most of their money was taken by the Department. With no more than pocket money amounts of cash and coupons for clothing, these Aboriginal people were excluded from participation in the mainstream economy, even though their labour in part sustained that economy.

These accounts demonstrate the way in which wealth was appropriated from the Aboriginal community in Western Australia. This varied over time and there were regional differences, but the consistent theme was that the system was a one-way transfer of economic resources, with far more money generated through Aboriginal workforce participation than was ever returned to them in terms of wages or government funding for second rate, and often segregated, housing, education and health services. It highlights the fact that Aboriginal poverty is not a recent condition, nor is it based in the relatively modern experience of welfare dependency. It is based in dispossession, of land and of the value of labour. Inter-generational disadvantage within the Aboriginal community has historical origins which are unambiguous. What is apparent from the research presented in this fourth volume of the Western Australian Aboriginal Child Health Survey is that the historical legacies of dispossession are challenges which our governments and the wider community must confront and overcome.

IMPORTANCE OF COMMUNITY CONTROL AND CO-ORDINATED SERVICE DELIVERY

The first report of the Secretaries’ Group on Indigenous Affairs, published in 2005, outlined the ‘whole of government’ approach to governance and service delivery for Aboriginal and Torres Strait Islander peoples adopted by the Federal government after the dismantling of ATSIC. Emphasis was placed in this report on the ‘harnessing’ of mainstream programs and service delivery for Indigenous people. As the Chair of the Secretaries Group, Dr Peter Shergold of the Department of Prime Minister and Cabinet, wrote:

We need to ensure that the mainstream delivers the same opportunities for Indigenous Australians as we expect for non-Indigenous Australians.²⁰

Another priority identified by the Secretaries’ Group was that of ‘effective engagement with Indigenous Australians and capacity-building support.’²⁰ Effective Aboriginal involvement in the decision making process for improving outcomes for family and community health has been a consistent demand by Aboriginal people for decades. As the contributors in Chapter Eight of this volume comment, ‘it would seem remarkable that such a request would even need a rationale or justification.’ The evidence is there to show that success in improving outcomes for Aboriginal health is contingent on the participation of Aboriginal people at every stage of the development, implementation and assessment of programmes and service delivery.

For thirty years, the Aboriginal Legal Service of Western Australia has provided legal aid services to Aboriginal people in this State, and since its incorporation the organisation has been controlled by the community, through elected representatives. This has meant that the legal service is not simply responsive to community priorities – it is directed by them. Community control has also created the environment for



innovative policy development that directly addresses grassroots issues, and improves service delivery 'on the ground', to borrow terminology from the Secretaries' Group. While it is not feasible for all health and development services to come from Aboriginal community controlled organisations, the model of decision making in groups such as ASLWA and the Kimberley Aboriginal Medical Service should be used as the benchmark for Aboriginal participation in decisions about service delivery. Effective Aboriginal involvement in policy development is as important as co-ordinated service delivery. It is also important that Aboriginal involvement and employment is embedded in the infrastructure of health and development services.

FUTURE DIRECTIONS

This fourth volume of the Western Australian Aboriginal Child Health Survey provides a blueprint for policy development and implementation to address the crisis facing families and communities with Aboriginal children in this state. The findings of the survey show that the crisis is urgent. The political will to implement the changes and reforms needed must come from government, policy makers and service delivery agents. We also maintain that the Western Australian community generally has a responsibility to drive the reform agenda and demand from political leaders that the humanitarian failures of past and current policies will not be repeated. The disparity between the human development of Aboriginal and non-Aboriginal communities in Western Australia can no longer be tolerated in a nation as rich as ours.

Aboriginal children's right to health and development is a basic human right. The focus on Aboriginal health and development as an issue of human rights is imperative. It is made a matter of pressing concern because of the problems already identified in Australia's poor record on safeguarding the human rights of its Indigenous peoples. Australia also has clearly defined obligations under the Convention on the Rights of the Child. The human rights of all children in Western Australia, Aboriginal and non-Aboriginal alike, must be protected and promoted. This volume demonstrates the new directions that need to be adopted to improve health and development outcomes for Aboriginal children, so that their human capabilities can be realised to the fullest extent.

ENDNOTES

1. Hon Dennis Mahoney, AO QC, Inquiry into the Management of Offenders in Custody and in the Community, Perth, November 2005, p 284.
2. Cooke M, Beavon D, Guimond Eric. *Measuring Aboriginal Well-being in Four Countries; An application of the UNDP's Human Development Index to Canada, the United States, New Zealand and Australia*, paper presented to the 18th World Conference on Health Promotion and Health Education, April 26-30, 2004, Melbourne.
3. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades, S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*. Perth: Telethon Institute for Child Health Research, 2004.



4. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2005.
5. United Nations High Commissioner for Human Rights. 1994/45. *Draft United Nations declaration on the rights of Indigenous peoples*. [Online] [cited 2006 Sep 12]; Available from URL: [http://www.unhchr.ch/huridocda/huridoca.nsf/\(Symbol\)/E.CN.4.SUB.2.RES.1994.45.En?OpenDocument](http://www.unhchr.ch/huridocda/huridoca.nsf/(Symbol)/E.CN.4.SUB.2.RES.1994.45.En?OpenDocument)
6. The International Work Group for Indigenous Affairs. *Declaration on the Rights of Indigenous Peoples*. [Online] [cited 2006 Sep 12]; Available from URL: <http://www.iwgia.org/sw248.asp>
7. Permanent Forum on Indigenous Issues. *Joint Statement on Human Rights*, Fifth Session, UN, New York, Agenda Item 4 (b), 22 May 2006.
8. Office of the United Nations High Commissioner for Human Rights. *United Nations Convention on the Rights of the Child. Ratifications and Reservations*. [Online] [cited 2006 Sep 12]; Available from URL: <http://www.ohchr.org/english/countries/ratification/11.htm>
9. Office of the United Nations High Commissioner for Human Rights. *United Nations Convention on the Rights of the Child*. [Online] [cited 2006 Sep 12]; Available from URL: <http://www.ohchr.org/english/law/crc.htm>
10. Seaman P. *Report of the Aboriginal Land Inquiry*. Perth: Government Printer, 1984.
11. Parliament of Australia. *Senate Inquiry into Stolen Wages*. [Online] [cited 2006 Sep 12]; Available from URL: http://www.aph.gov.au/senate/committee/legcon_ctte/stolen_wages/index.htm
12. *Aborigines Protection Act*, No 25 of 1886, *Aborigines Act*, No 14 of 1905 and *Aborigines Act Amendment Act (Native Administration Act)* No 43 of 1936.
13. Neville AO, to Hon Minister for the North West; also table of survey results undated, but handwritten notes show August 1923, in State Records Office of Western Australia (SROWA), Cons 993, Item 451/ 1933, *Payment of wages to natives*. 3 October 1925.
14. Middelton SG. Commissioner of Native Affairs to Minister for Native Affairs in SROWA, AN 1/25, Acc 1733, 803/ 1945, *Native Policy in Western Australia*. 25 August 1952.
15. Paquin JA. Acting District Officer, Derby, to Commissioner of Native Affairs, SROWA, AN 1/13, Acc 1667, 699/1950, *Broome — Aboriginal Matters*. 17 January 1956.
16. 14 February 1969 Report from Commissioner of Native Welfare to Minister and 21 February 1969 report from Johnson KT, Supt Northern Division to Commissioner for Native Welfare, in SROWA, AN 1/25, Acc 1733, 116/1969, *Pastoral Industry Award 1968 - Welfare of Unemployed natives ex. Pastoral stations*.
17. Motter JD. AIM Hospital, Fitzroy Crossing, in SROWA, AN 1/13, Acc 1667, 791/ 69, *Fitzroy Crossing — Aboriginal matters*. March 1971.
18. Haebich A. *For Their Own Good: Aborigines and Government in the South West of Western Australia 1900-1904*. Second edition. Nedlands: University of Western Australia Press; 1992.
19. Kinnane S. *Shadow Lines*. Fremantle: Fremantle Arts Centre Press; 2003.
20. Secretaries' Group on Indigenous Affairs. *Annual Report on Indigenous Affairs 2004–2005*. Commonwealth of Australia; 2005.





SUMMARY

This fourth volume of findings from the Western Australian Aboriginal Child Health Survey (WAACHS) focuses on how key health and wellbeing outcomes of Aboriginal families are associated with different aspects of the communities in which they live. The large scale and scope of the survey places it in a unique position to more fully describe the prevalence and distribution of economic wellbeing, family functioning, life stress events and housing quality of families with Aboriginal children, and, importantly, to identify the factors that are associated with these outcomes.

The survey represents a significant milestone in the delivery of data to meet information needs for and about Aboriginal children, families and communities. With these data, and the evidence that flows from them, come expectations of actions and initiatives to address the difficulties that they describe. This makes the volume essential reading for all with a stake in the wellbeing of Aboriginal Australians, especially those who make decisions at a policy and programme level.

This summary highlights key themes and issues in this volume, provides snapshots of main findings and directions to more detailed survey findings, and outlines the policy and programme changes that have been recommended based on the survey findings.

KEY FINDINGS

The following findings from the volume focus on themes and issues. Important data findings are summarised below, under *Data snapshots – Chapter by Chapter*.

- ❁ Aboriginal children form part of an extremely diverse range of family types, living in an equally diverse range of community settings across Western Australia. Household composition varied across levels of relative isolation, with a higher proportion of households in areas of extreme isolation classified as two original parent family type (50 per cent) relative to households in the Perth metropolitan area (33 per cent).
- ❁ Compared with the general population, carers of Aboriginal children have lower levels of education. About one-third of carers of Aboriginal children left school prior to the completion of Year 10.
- ❁ The WAACHS asked a range of questions of the primary carers of Aboriginal children to derive a measure of how well these families functioned. Results from statistical modelling identified two key factors independently associated with poor family functioning: *family financial strain* and *quality of children's diet*.
- ❁ Families of Aboriginal children report 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. Statistical modelling identified two major factors associated with families that experienced 7–14 life stress events: *family financial strain* and the *number of neighbourhood problems* reported by the primary carer.



- ❁ The majority of households with Aboriginal children were renting (71 per cent). This was almost three times the proportion of families with non-Aboriginal children (24 per cent) who were renting (as per the 1993 Western Australian Child Health Survey (WA CHS)).
- ❁ To measure the standard of housing quality, a set of indicators was constructed based on the healthy living practices outlined in the National Framework for Indigenous Housing. Sixteen per cent of households with Aboriginal children had three or more indicators of poor housing quality.
- ❁ There are significant differences in characteristics of communities with Aboriginal children across the spectrum of geographical isolation. Primary carers were asked whether they had been bothered by any of 18 problems in their neighbourhood or community, such as vandalism and graffiti, break-ins, family violence, drug abuse, alcohol abuse, kids not going to school and racism. Neighbourhood problems were generally most pronounced in areas of moderate isolation.
- ❁ The proportion of primary carers reporting being happy with access to community services and facilities was, in most cases, significantly below the level of satisfaction reported by carers of non-Aboriginal children in the 1993 WA CHS.

DATA SNAPSHOTS – CHAPTER BY CHAPTER

The following snapshots describe the key data from each of the chapters of this volume. These data are the main basis on which the *Key Findings*, outlined above, have been made. For a full analysis of family and community outcomes for Aboriginal people, see the relevant chapters.

Note that Chapter 8 provides a complete overview of the main findings of the survey. While there is no snapshot for this chapter, the elements of Chapter 8 are spread throughout this summary. **Readers are encouraged to read Chapter 8 in whole**, in order to understand the survey findings in the context of broader historical and policy issues and, in turn, the basis for the recommended actions to strengthen the capacity of Aboriginal families and communities.

CHAPTER 2: CHARACTERISTICS OF FAMILIES AND COMMUNITIES WITH ABORIGINAL CHILDREN

This chapter overviews the broad demographic characteristics of Aboriginal families and communities. This chapter also includes a description of the local physical and social environments within which Aboriginal people raise their children.

The Aboriginal population is more evenly distributed across Western Australia than the non-Aboriginal population. In 2001, census data showed that 94 per cent of non-Aboriginal people were enumerated in areas of no isolation (Perth) or low isolation (such as a large country town) compared with 57 per cent of Aboriginal people. (page 48)

In all levels of relative isolation there were more non-Aboriginal people enumerated than Aboriginal people. In areas of no isolation there were around 60 times as many non-Aboriginal people. In areas of extreme isolation there were almost four times as many of non-Aboriginal people (page 49)



Aboriginal children form part of an extremely diverse range of family types living in an equally diverse range of community settings across Western Australia. Household composition varied across levels of relative isolation. Half of all households in areas of extreme relative isolation (50 per cent) were two original parent family type compared with 33 per cent in the Perth metropolitan area. *(page 56)*

The proportion of Aboriginal children who had lived in five or more homes since birth declined as relative isolation increased. The WAACHS data shows that the average number of homes children have lived in plateaus from age 12 years through to 17 years. Six year-olds have lived in an average of 3.2 homes while 17 year-olds have lived in an average of 4.0 homes. *(page 64)*

Primary carers of Aboriginal children were asked a series of questions concerning their overall satisfaction with access to a range of services and facilities. Carers were most satisfied with their access to schools, shops, playing fields, a general practitioner and a community or child health clinic.

Beyond relatively good endorsement of these few services, the level of estimated satisfaction with the remaining services, facilities and amenities was below 60 per cent.

The proportion of primary carers reporting being happy with access to community services and facilities was, in most cases, significantly below the level of satisfaction reported by carers of non-Aboriginal children in the 1993 WA CHS. *(pages 70–71)*

The WAACHS surveyed families with Aboriginal children about a range of problems in their neighbourhood.

A significantly higher proportion of carers of Aboriginal children reported being bothered by each item happening in their neighbourhood or community, compared with the carers of non-Aboriginal children. *(page 80)*

CHAPTER 3: THE SOCIOECONOMIC WELLBEING OF FAMILIES WITH ABORIGINAL CHILDREN

This chapter describes the socioeconomic wellbeing of families with Aboriginal children using three indicators: level of primary carer education; work history; and family financial strain.

Almost a quarter of Aboriginal carers had not been educated beyond Year 9. *(page 162)*

Almost nine in ten primary carers had at some time worked in a paid job. *(page 178)*

Family financial strain was present in over half of families with Aboriginal children. *(page 189)*

One in thirty primary carers reported experiencing all three indicators. *(page 201)*



One-third of primary carers did not experience any of the three indicators. (page 201)

Financial strain was the most often experienced indicator affecting over half the families. (page 201)

Factors found to be independently associated with each of the three measures of socioeconomic wellbeing were:

Education (likelihood of having been educated to Year 10 or more) (pages 175–177)

- ◆ Level of Relative Isolation
- ◆ Age of primary carer
- ◆ Household composition

Other variables included: ever in paid work, whether spoke an Aboriginal language, limited in activities of daily living because of a health condition, smokes cigarettes, ever arrested or charged with an offence and having someone to yarn to about problems

Ever in paid work (pages 184–187)

- ◆ Level of Relative Isolation
- ◆ Age of primary carer
- ◆ Household composition

Other variables included: carer education level, limited in activities of daily living because of a health condition, housing tenure, number of life stress events, household occupancy, family relationships and importance of spiritual beliefs.

Family financial strain (spending more money than they got or have just enough money to get through to next pay day) (pages 197–200)

- ◆ Level of Relative Isolation
- ◆ Age of primary carer
- ◆ Household composition

Other variables included: number of children in family, number of life stress events, smokes cigarettes, receives a Parenting Payment, family functioning, money shortages caused by overuse of alcohol, having someone to yarn to about problems, housing tenure and employer type (CDEP).



CHAPTER 4: FAMILY FUNCTIONING

This chapter describes the characteristics of families that function poorly and the associations between poor family functioning and other factors relevant to child and youth outcomes.

The WAACHS asked a range of questions of the primary carers of Aboriginal children to enable the derivation of a measure of how well these families functioned. The final set of nine questions was developed for the survey based on international research on family resilience. (pages 263–264)

Good family functioning is generally positively associated with child outcomes. Likewise, previous findings from the WAACHS have shown a strong association between poor family functioning and poor emotional and behavioural outcomes for children living in the family. Family functioning has also been shown to have strong associations with the social, economic and psychological environment of the immediate family and wider community. (page 262)

There was some variation in the proportion of families with poor family functioning across levels of relative isolation. Over three in ten carers (31 per cent) living in areas of extreme isolation had poor family functioning compared with 20 per cent of carers living in areas of low relative isolation. (pages 264–265)

Statistical modelling identified two key factors independently associated with poor family functioning: *family financial strain* and *children's diet quality*. (pages 284–285)

When the primary carer described the family's money situation as being typified by 'spending more money than we get', then they were over two and a half times more likely to be rated as having poor family functioning than primary carers in families that could 'save a lot'.

When less than three of the four dietary indicators were met, on average, there was an increased likelihood of poor family functioning — the odds ratios were over three and a half when 0–1 indicators were met and over two and a half when an average of two indicators were met.

CHAPTER 5: LIFE STRESS EVENTS

This chapter describes the nature and circumstances of stress experiences in families with Aboriginal children and young people and identifies the factors associated with multiple life stress events.

Families of Aboriginal children reported 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 over the preceding 12 months. (page 340)

Research shows that the long term effect of chronic stress on a child's development is now understood to be a key mechanism in the process of disadvantage. The association of stress with poor mental health is very well documented. (page 338)



The levels of stress reported by families with Aboriginal children did not vary across levels of relative isolation. The WAACHS data show similar and high levels of stress across all levels of relative isolation. (page 340)

Statistical modelling in this chapter identified two major factors independently associated with families experiencing 7–14 life stress events: *family financial strain* and the *number of neighbourhood problems* reported by the primary carer. (pages 364–365)

Family financial strain. Families that were ‘spending more money than we get’ were almost four times more likely to experience 7–14 life stress events compared with families that could ‘save a lot’.

Number of neighbourhood problems. Primary carers who reported being bothered by 11 or more neighbourhood problems (such as vandalism, family violence, drug abuse, kids not going to school and racism) were over four times more likely to be living in families that experienced 7–14 life stress events relative to carers who reported 0–1 neighbourhood problems. Primary carers reporting 2–5 and 6–11 neighbourhood problems were also at an elevated risk of 7–14 life stress events.

CHAPTER 6: HOUSING

This chapter describes the housing circumstances of families with Aboriginal children in terms of facilities in the dwelling, tenure arrangements, occupancy levels and housing quality. Data are presented at the dwelling level (11,400 dwellings, represented by the household carer), not the primary carer or child level used elsewhere in this volume.

The vast majority of dwellings with Aboriginal children reported having functional facilities for washing people and clothing, to remove waste, and enable food to be stored and prepared. Fewer dwellings had flyscreens fitted to keep out vermin and pests, plants to reduce the impact of dust, or facilities to control the temperature of the living environment, although this varied depending on the level of relative isolation. (pages 425–431)

The majority of households with Aboriginal children were renting — 71 per cent. Another 16 per cent of households were paying off the dwelling they were living in, while 7 per cent owned the dwelling outright. This is very different to the tenure arrangements for the total population of Western Australia, where only 24 per cent were renting and about 71 per cent either owned outright or were paying off their dwelling. (pages 431–432)

Nine factors were independently associated with home ownership (that is, owning the home outright or paying it off): Level of Relative Isolation, education level of the household carer, employment status of the household carer, Aboriginal status of the household carer, age of the household carer, household composition, housing quality, family financial strain, and overuse of alcohol causing problems in the household. (pages 438–440)

Overall, 15 per cent of dwellings with Aboriginal children were classified as households with high occupancy levels (i.e. overcrowded) using the WAACHS index of household occupancy. (page 443)



Ten factors were independently associated with high household occupancy: Level of Relative Isolation, whether the household carer spoke an Aboriginal language, household composition, housing quality, housing tenure, number of life stress events, overuse of alcohol causing problems in the household, difficulty being able to rent the dwelling, the number of neighbourhood problems experienced, and whether any member of the household had been a victim of crime in the three years prior to the survey. *(pages 445–447)*

An overall index of housing quality was derived from indicators based on the healthy living practices outlined in the National Framework for Indigenous Housing. The term ‘poor housing quality’ is used to describe the 16 per cent of dwellings with three or more indicators of poor housing quality. *(pages 449–452)*

Eight factors were independently associated with poor housing quality: Level of Relative Isolation, socioeconomic status, overuse of alcohol causing problems in the household, housing tenure, choice of housing, number of life stress events, family functioning, and number of indicators of poor economic wellbeing. *(pages 458–459)*

CHAPTER 7: PROFILING COMMUNITIES WITH ABORIGINAL CHILDREN

This chapter looks at community in the context of the WAACHS findings, including different concepts of community, discrete Aboriginal communities, language and culture, neighbourhood/community problems, and access to services and facilities.

There are significant differences in characteristics of communities with Aboriginal children across the spectrum of geographic isolation. As the level of relative isolation changes from no isolation (Perth) to areas of extreme isolation, so too does the maintenance of language and traditional cultures; the experience of neighbourhood/community problems; and access to services and facilities. *(pages 506–530)*

The majority of carers in areas of extreme isolation were conversant in an Aboriginal language (80 per cent) compared with only 4 per cent in areas of no isolation and 6 per cent in areas of low isolation. Traditional language loss appears to be greatest in areas of moderate to extreme relative isolation, where there was a 15–20 per cent gap between the proportion of carers and children who were conversant in an Aboriginal language. *(pages 507–508)*



The proportion of primary carers who had participated in Aboriginal funerals, Aboriginal ceremonies, Aboriginal festivals and carnivals and who considered Aboriginal ceremonial business to be important rose significantly with increasing isolation. (pages 511–513)

Primary carers were asked whether they had been bothered by any of 18 problems in their neighbourhood or community. Being bothered by drug abuse, alcohol abuse, family violence and families splitting up were commonly reported by primary carers living in areas of moderate isolation. Break-ins, car stealing, noisy and/or reckless driving and youth gangs were most commonly reported by primary carers living in areas of no isolation. Racism as a neighbourhood problem was also prevalent in the Perth metropolitan area and in areas of moderate isolation. Concerns about people leaving the area were most commonly expressed by primary carers living in areas of extreme isolation. (pages 517–521)

Primary carers were asked about their satisfaction with access to around 30 different services and facilities. These included health and medical services, transport and communication services, shops, banking and entertainment facilities, community services, recreation facilities, other services and opportunities, and some specifically for discrete remote communities. (pages 521–530)

The proportion of primary carers reporting being happy with access to these community services and facilities was, in most cases, significantly below the level of satisfaction reported by carers of non-Aboriginal children in the 1993 WA CHS. (pages 521–530)

WHERE TO FROM HERE?

In order to successfully address and improve outcomes for Aboriginal children and families, leaders, policy makers and service providers must recognise the following five principles:

- 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.

With these principles in mind, the following recommended actions are offered as a basis for strengthening the capacity of Aboriginal children, families and communities (see *Chapter Eight — Strengthening the capacity of Aboriginal families and communities* for more details on the specific actions within these broad recommended actions):



Improve human development opportunities

ACTION 1

Reorient existing Indigenous health, education, family and community development policy frameworks and strategies to improve the human development opportunities for Aboriginal people.

ACTION 2

Evaluate and test health, education, family and community development policy, programme and service implementation and content for evidence of its efficacy and effectiveness in promoting the development of Aboriginal children, families and their communities.

ACTION 3

Ensure the ongoing measurement and reporting of key human development outcome indicators including age of mother at first pregnancy, birthweight, life expectancy, the number of children attending formal child care, enrolment and attendance at kindergarten and pre-primary school, Year 1–12 literacy and numeracy, school retention, VET/university enrolment, training and employment status, and justice contact.

Ensure programmes build capability in families and communities with Aboriginal children

ACTION 4

Deliver evidence-based parent, infant and child care programmes in the family and community development sector designed to expand human capability generally and build human capital specifically in the child.

Benefit is likely to be greatest where:

- ◆ Programmes simultaneously target both the child and the parent
- ◆ Programmes provide specific training (parenting, educational and vocational) to the parent
- ◆ Programmes provide language and cognitive enrichment to the child.

ACTION 5

Establish a clear departmental authority, leadership and accountability in the provision of enriched educational infant and early childhood care that has, as a priority, the targeting of disadvantaged children.

ACTION 6

Design and implement workforce and professional development programmes in the health, education, family and community sectors that allow staff to distinguish, design, select and implement developmental prevention programmes and services for Aboriginal children, families and communities.



ACTION 7

Develop specific developmental prevention training curricula and formulate policies to guide the content, implementation and access to workforce and professional development programmes, as well as direct measures of staff attitudes, knowledge and skills, and frequency or extent of participation in them.

Addressing the effects of stress associated with cultural affiliation and participation

ACTION 8

All levels of government should give high priority to community development initiatives aimed at building and sustaining safer communities and neighbourhoods. Particular priority should be given to efforts in the following areas:

- ◆ Leadership training for Aboriginal people
- ◆ Community governance training and support
- ◆ Establishing, and funding of, community patrols
- ◆ Establishing neighbourhood support and places of safety
- ◆ Provision of 'time out' and respite opportunities for families (e.g. school vacation programmes)
- ◆ Opportunities for young people to have supported relationships with appropriate adults

ACTION 9

Schools should be charged with an express responsibility to ensure that all children learn to cope well with the experience of race. Pre- and in-service training of teachers and other school personnel should ensure that new teachers understand the positive role they can play in communicating the message to all children that prejudice is potentially harmful and that discussion of such issues can help in reducing this harm.

ACTION 10

Practical strategies to assist parents' and carers' understanding of the benefits of positive racial socialisation for their children's educational success and behavioural adjustment should be promoted through cultural organisations, community education strategies and schools.

ACTION 11

The teaching and learning of traditional Aboriginal languages should be encouraged within schools and adult education as a key strategy for cultural preservation and promotion of cultural identification and intercultural understanding and respect.



Improving family classification

ACTION 12

The Australian Bureau of Statistics should be encouraged to review its existing family classification system for describing Indigenous and non-Indigenous families, with a view to the Census and other official collections being more encompassing of the variety of family structures now present within contemporary Australian society.

Addressing the effects of family financial strain

ACTION 13

Strategies for overcoming structural and attitudinal disincentives to proper employment need to be further developed to be applicable to the changing needs and opportunities for employment and training in remote, rural and metropolitan settings.

These should include:

- ◆ Regular review of the rules for CDEP, unemployment and Abstudy benefits
- ◆ Extending the financial and other incentives to employers to provide workplace training and apprenticeship and traineeship opportunities, particularly in remote areas
- ◆ Instituting programme and funding incentives to encourage strategic partnerships between government departments and other sectors, e.g. between DEST, FaCSIA, community and business organisations, and employers.

ACTION 14

Current social welfare policies regarding child support, family payments and emergency family financial support should be adjusted to take account of household structural factors which appear to result in higher levels of disadvantage for some families with Aboriginal children. These include households where children are not with either of their natural parents, households where children's primary carers are aged 40 years or older, and households having three or more children.

ACTION 15

Practical interventions should be available to protect the income for both Aboriginal and non-Aboriginal children in dysfunctional families, e.g. where it has been established that problems with alcohol, drugs or gambling in the household are diverting family income from meeting essential family needs. Such interventions could include the requirement that all or some of child support or family payments are made in the form of vouchers.



ACTION 16

Proactive 'Homemaker' type programmes should be available in a culturally appropriate manner to support parents developing home and financial management skills to reduce financial strain. Optimally, these could be developed and delivered in conjunction with the vocational and educational training sector.

Improving housing

ACTION 17

Continue and extend the implementation of public housing policies that seek to increase the proportion of Indigenous people who own their own home.

ACTION 18

Monitor and report the proportion of Indigenous people owning or purchasing their own home.

ACTION 19

An independent body, such as the Equal Opportunity Commission, should monitor and report on rental housing availability, access, replacement, suitability and quality.

ACTION 20

Implement and report the results of independent audits of public housing quality.

ACTION 21

The federal, state and territory government housing agencies and authorities seek to establish a common occupancy standard for public housing.

Improving financial accountability and transparency

ACTION 22

The ongoing implementation of the Overcoming Indigenous Disadvantage (OID) framework should require Australian governments to identify the dollar amounts and proportions of spending dedicated to addressing each of the OID headline indicators and their respective strategic change.

ACTION 23

Governments should be encouraged to build OID indicators into the key performance indicators (KPIs) for departments and into the performance reporting of ICC regions and community agency funding agreements.



Chapter 1

THE SURVEY – OBJECTIVES, DESIGN AND PROCESS

- Summary 7
- The Telethon Institute for Child Health Research 9
 - Kulunga Research Network 9
- Survey objectives 9
- Survey concept and development..... 10
- Aboriginal leadership 11
- Community consultation and approval 11
- Ethical approval for the survey 12
- Aboriginal identification and the scope of the survey..... 12
- Survey outputs and community feedback 12
- The main survey 14
- Level of Relative Isolation (LORI) 14
 - Measuring isolation from services..... 14
 - Illustrating the difference between ARIA and ARIA++ 15
 - Five LORI categories 15
- Interpreting measures of geographical isolation 17
 - Analysis using LORI categories..... 17
 - ARIA++ 18 point scale 17
 - Spline charts and remoteness..... 17
 - ARIA++ location scores 18
- Analysis methods used in this volume 20
 - Cross-tabulations 20
 - Multivariate logistic regression modelling..... 21
- Record linkage between survey data and administrative data for discrete Aboriginal communities 25
 - Community Housing and Infrastructure Needs Survey..... 25
 - Environmental Health Needs Survey 26
- Consultation during analysis and publication production..... 26





Chapter 1

THE SURVEY – OBJECTIVES, DESIGN AND PROCESS

The Western Australian Aboriginal Child Health Survey (WAACHS) was undertaken between 2000 and 2001 by the Telethon Institute for Child Health Research and is a project of the Kulunga Research Network. The survey data are the first of their kind to describe the health, wellbeing and educational outcomes of Aboriginal and Torres Strait Islander children. The findings reveal how many of these outcomes are associated with child rearing environments provided by families, communities and schools. The survey was designed in consultation with Aboriginal community leaders and organisations, government and other service providers to ensure that the findings can be used to inform the development of evidence-based policies and strategies to promote and maintain the healthy development of Aboriginal families, communities and the children and young people that they nurture.

This volume is the fourth in a series, and builds on findings from three previous volumes which examined the health, social and emotional wellbeing, and educational experiences of Aboriginal children and young people.

This chapter provides an overview of the conduct of the survey, introduces a classification specifically developed for the survey to measure geographic isolation from services, and describes the analytical techniques used in the analysis of WAACHS data presented in subsequent chapters.

SUMMARY

- ◆ The primary objective of the Western Australian Aboriginal Child Health Survey (WAACHS) was to identify the developmental and environmental factors that enable health, competency and resiliency in Aboriginal children and young people aged 0–17 years.
- ◆ The survey describes the population of families with Aboriginal children under the age of 18 years. Data were collected for 5,289 eligible children living in 1,999 households.
- ◆ A project Steering Committee comprising senior Aboriginal experts and representatives of community organisations has directed the planning, implementation and reporting of the survey. The survey content and processes were developed in consultation with Aboriginal leaders, key Aboriginal bodies, and through extensive consultations with Aboriginal community councils, parents, young people and key service providers throughout the state.
- ◆ The Telethon Institute for Child Health Research (the Institute) is home to the Kulunga Research Network — a formal collaboration between the Institute and the Western Australian Aboriginal community. The Kulunga Research Network is an advocate for the health of Aboriginal children and families in Western Australia and is working towards gaining recognition as a national centre of excellence for Aboriginal health research and the training of Aboriginal researchers.



SUMMARY *(continued)*

- ◆ A Level of Relative Isolation (LORI) classification was specifically developed for use in this survey. Existing remoteness classifications (e.g. ARIA) were not detailed enough to account for the broader geographic dispersion of Aboriginal people compared with the total population. LORI allows for greater discrimination of the circumstances of Aboriginal people with respect to their geographic isolation from population centres of various sizes. It also helps to better differentiate the unique characteristics of Aboriginal families living in communities located in areas of differing isolation. The classification categorises the survey population into five broadly homogenous levels of remoteness.
- ◆ LORI is based on a continuous scale of remoteness — the ARIA++ scale — which ranges from zero (representing the least remote locations — such as Perth) to 18 (representing the most remote locations — such as the discrete community of Balgo). This volume makes extensive use of both LORI and the 18 point ARIA++ scale to describe the relationship of geographical isolation to a range of variables of interest.
- ◆ A Family, Community and Housing Reference Group, comprising senior representatives from Aboriginal community organisations and State and Australian Government departments with responsibilities for Aboriginal families, communities and housing, provided advice on the analysis in this volume. The group also advised on the communicating of results to key stakeholders and helped facilitate the translation of survey findings into positive impacts on policy and practice.



THE TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH

The Telethon Institute for Child Health Research (ICHR) is a centre of excellence for the conduct of research into child health. Founded in 1987, the Institute's research programmes include the study of asthma and allergic diseases, birth defects, child and adolescent social and emotional wellbeing, childhood death and disability, leukaemia and other cancers, as well as Aboriginal health and infectious disease.

The Institute's mission is to improve the health of children through the development and application of research into:

- ◆ causes of ill health
- ◆ the maintenance of good health
- ◆ prevention of ill health
- ◆ the treatment of conditions affecting children.

KULUNGA RESEARCH NETWORK

The Institute is home to the Kulunga Research Network (the Network) — a formal collaboration between the Institute and Western Australian Aboriginal Community Controlled Health organisations, now known as the Aboriginal Health Council of Western Australia. The Network is an advocate for the health of Aboriginal children and families in Western Australia and is working towards gaining recognition as a national centre of excellence for Aboriginal health research and the training of Aboriginal researchers. It seeks to ensure that community-based and culturally relevant research benefits Aboriginal people by influencing the policy and planning of government and other key agencies, and by involving Aboriginal people in all areas of research and implementation of outcomes. The Western Australian Aboriginal Child Health Survey (WAACHS) is a project of the Network.

The Network has been responsible for WAACHS project management, contractual arrangements with funders and the community, and community and stakeholder engagement processes to ensure the timely production of survey publications and the dissemination and uptake of findings from the WAACHS.

SURVEY OBJECTIVES

The survey's primary objective was to identify developmental and environmental factors that enable competency and resiliency in Aboriginal children and young people. There was emphasis on defining priority targets for existing and future health, education and social services. Building an epidemiological knowledge-base from which preventive strategies can be developed to facilitate the social, emotional, academic and vocational competency of young people was a notable feature of this survey.

The specific aims of the survey were to:

- ◆ describe and define the health and wellbeing of Western Australian Aboriginal and Torres Strait Islander children and young people aged 0–17 years
- ◆ estimate the prevalence and distribution of commonly occurring chronic medical conditions and disabilities (e.g. asthma, visual and hearing impairments, intellectual disability) and describe how they may affect a child's wellbeing and functioning



- ◆ estimate the prevalence, distribution and functional impact of common physical health, social and emotional problems in Aboriginal children and young people aged 0–17 years and their families
- ◆ estimate the prevalence and distribution of adverse health behaviours (e.g. smoking, alcohol, drug and volatile substance misuse)
- ◆ estimate the prevalence and distribution of other psychosocial problems, such as early school leaving, conduct problems, and juvenile offending
- ◆ describe Aboriginal and Torres Strait Islander children, young people and their families' access to, effective use of, and satisfaction with health care, education, juvenile justice, housing and social services
- ◆ identify factors resulting in protection from poor health and social and emotional wellbeing, adverse health behaviours and other psychosocial problems
- ◆ develop markers which identify children and young people at increased risk for various health, educational and vocational outcomes.

SURVEY CONCEPT AND DEVELOPMENT

The concept of gathering child health and wellbeing information from families with Aboriginal and Torres Strait Islander children was first proposed in 1991 during the development of the Western Australian Child Health Survey. However, for reasons of scale, cost and expertise, families with Aboriginal children were excluded from this earlier survey. The Telethon Institute for Child Health Research undertook to reassess the feasibility of conducting an Aboriginal child health survey following the conclusion of the original Western Australian Child Health Survey. The assessment of the feasibility, design and scope of the WAACHS was subsequently undertaken between 1996 and 1999.

Survey methodology and instrumentation were developed in consultation with Aboriginal leaders, key Aboriginal bodies (the Aboriginal and Torres Strait Islander Commission (ATSIC) Regional Councils, the Aboriginal Council of Elders, the Aboriginal Justice Council, and the Western Australian Aboriginal Community Controlled Health Sector), and through extensive community consultations throughout the state. A survey project team, reporting to an Aboriginal Steering Committee, had basic carriage of securing funding, developing the survey instruments, and implementing the fieldwork.

The Australian Bureau of Statistics (ABS) was a principal provider of consultancy services, expertise and support through all phases of survey development, implementation and analysis. Efforts were made to ensure that the data collected were both scientifically relevant and pertinent to current government information needs and policy initiatives. To do this, reference groups were convened during 1997–1998 with representation from the various government departments and community organisations that had an interest in the outcomes of the survey findings. This process involved senior policy input from: the Western Australian Government Departments of Health, Education and Training; Community Development and Police; the Alcohol and Drug Authority; the Disability Services Commission; the State Housing Commission; the Catholic Education Office of Western Australia; and the Association of Independent Schools of Western Australia. Australian Government departments were also consulted about policy information needs and to comment on the content and design of the survey.



ABORIGINAL LEADERSHIP

All phases of the survey and its development, design, and implementation were under the oversight of the Western Australian Aboriginal Child Health Survey Steering Committee. Established in 1997, the project Steering Committee has the responsibility to control and maintain:

- ◆ cultural integrity of survey methods and processes
- ◆ employment opportunities for Aboriginal people
- ◆ data access issues and communication of the findings to the Aboriginal, and general, community
- ◆ appropriate and respectful relations within the study team, with participants and communities, with stakeholders and funding agencies and with governments of the day.

COMMUNITY CONSULTATION AND APPROVAL

The survey was a large undertaking and involved extensive household sampling and voluntary participation in the survey by many Aboriginal and Torres Strait Islander people across Western Australia. Seeking support and approval for the survey required an extensive and ongoing consultation process. Consultations were undertaken during 1998 and 1999 with visits to Aboriginal communities in Albany, Bunbury, Broome, Carnarvon, Collie, Derby, Esperance, Fitzroy Crossing, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kwinana, Kununurra, Narrogin, Perth, Pinjarra, Port Hedland, and Roebourne. Every attempt was made to engage community leaders, community councils, administrative staff, service providers, and local residents to obtain their views about the requirements for the survey, and to secure their participation in the implementation of the survey. People were asked about survey methods and processes, their requirements with respect to specific survey content, their expectations about the use of the survey data, and intended outcomes.

The initial community consultations for the survey established that most participating family members and young people expressed a preference for the survey to be written and administered in plain English. The survey materials were assessed in the pilot test and dress rehearsal and found to yield reliable and valid information for all but the most isolated communities where there was a high level of traditional language use. In these communities, the majority of families chose to be interviewed with the assistance of an Aboriginal language translator employed through the local community council or Aboriginal Medical Service.

Approval for the survey was also obtained from the Western Australian Aboriginal Community Controlled Health Sector, the Western Australian Council of Elders, the Aboriginal Justice Advisory Committee and the Aboriginal and Torres Strait Islander Commission (ATSIC) State Council.



ETHICAL APPROVAL FOR THE SURVEY

The project met the requirements of, and was approved by, the Western Australian Department of Health's Aboriginal Health Information and Ethics Committee as well as the Ethics Committee of King Edward Memorial and Princess Margaret Hospitals. These clearances ensured that the survey process and procedures conformed with requirements and protocols for health research with Aboriginal people and adhered to National Health and Medical Research Council (NHMRC) ethical standards and guidelines for research with human subjects.

ABORIGINAL IDENTIFICATION AND THE SCOPE OF THE SURVEY

The survey was based on an area sample of dwellings (see *Glossary*). To determine whether a dwelling was eligible for inclusion in the survey, respondents were asked 'Are there any Aboriginal children or teenagers living at this address who are aged between 0 and 18 years?' Interviewers were instructed that Torres Strait Islander children were also in-scope. A 'Yes' response placed the household in-scope of the survey, and these households were asked to participate. All children in the household meeting the in-scope criteria were eligible to participate (see *Aboriginal status* in *Glossary*).

Children living within group homes, institutions and non-private dwellings were not in the scope of the survey. However, where a selected household had a child temporarily living away from home (e.g. in a boarding school or hostel), these children were included in the scope of the survey.

Once the authority for the survey and the nature of the survey was explained to a responsible adult (usually the carer(s) or head of the household), and consent to participate was obtained, Aboriginal status was determined for each person who was reported to usually live in the dwelling. This was done by asking 'Does (the person) consider him/herself to be of Aboriginal or Torres Strait Islander origin?' Data were collected on all Aboriginal and Torres Strait Islander children under the age of 18 years in each of the participating households.

TERMINOLOGY

Throughout this publication the term 'Aboriginal and Torres Strait Islander peoples' has been used as the most precise and inclusive reference for Aboriginal Australians. Where other group terms such as 'Aboriginal people' have been used, it should be noted that this is intended to refer to Aboriginal and Torres Strait Islander peoples.

SURVEY OUTPUTS AND COMMUNITY FEEDBACK

This is the fourth volume of results from the WAACHS. Volume One — *The Health of Aboriginal Children and Young People* was published in June 2004; Volume Two — *The Social and Emotional Wellbeing of Aboriginal Children and Young People* was published in April 2005; and Volume Three — *Improving the Educational Experiences of Aboriginal Children and Young People* was published in March 2006. These publications are available from the ICHR web site: www.ichr.uwa.edu.au. One further volume of results, which will focus on justice issues, is currently under consideration. A summary booklet for each volume will be produced. Summary booklets for the



first three volumes are already available. As well, a number of research papers and professional journal articles based on the findings of the survey are to be written.

A WAACHS communication and dissemination strategy has been designed to maximise knowledge and awareness of the findings in both the Aboriginal and wider communities. The strategy, driven by the Kulunga Research Network, aims to engage Aboriginal communities in committed action using the data as a catalyst for community action and desired change.

The communication and dissemination strategy is also complemented by work designed to link the findings of each volume into government policy and planning. For previous volumes, this work was led by the Government of Western Australia through the Human Services Senior Officers Group – Research and Evaluation. However, this work has now largely been subsumed as part of the role of the reference group for this volume.

For Volumes One, Two and Three, regional profiles have been produced for each of the former ATSIC regions in Western Australia. Regional profiles for this volume will continue to be produced for each ATSIC region. This decision recognises that, with the abolition of ATSIC Regional Councils, ATSIC regions have been replaced by Indigenous Coordination Centre (ICC) regions (see commentary box below entitled *ICC regions*). The decision means that users of WAACHS data will have access to consistency of regional information across the WAACHS volumes. The regional profiles have been disseminated throughout the state during consultation and feedback visits that have been conducted in every region. This process will continue for all volumes. The results published in each main volume will guide the production of community information resources which will be followed by meetings, workshops and seminars in each region to inform and educate survey participants and Aboriginal communities in general about the survey findings.

ICC REGIONS

With the abolition of ATSIC Regional Councils and the establishment by the Office of Indigenous Policy Coordination of regional Indigenous Coordination Centres (ICCs), changes have been made to the geographic regions used for producing statistics in relation to Aboriginal peoples. While it is recognised that ATSIC regions no longer exist, there is a need for continuity in the flow of information through all WAACHS volumes. Therefore, information in this volume is reported using the former ATSIC geographical boundaries.

In Western Australia, the nine ATSIC Regional Councils have been replaced by seven ICCs, resulting in two major boundary changes. Firstly, the former Perth Noongar and Noongar Country (Narrogin) ATSIC regions have been combined into the Perth ICC region. Secondly, the former Western Desert (Warburton) ATSIC region has been split, a small proportion being included in South Hedland ICC and the remaining area combined with the former Mulga Mallee (Kalgoorlie) ATSIC region to create the Kalgoorlie ICC region.



THE MAIN SURVEY

The main survey commenced in May 2000 and was completed in June 2002. Dwellings were selected for screening using an area-based clustered multi-stage sample design. From 166,290 dwellings in 761 census collection districts, 139,000 dwellings were approached to determine if residents were eligible to participate in the survey. Using this method, a random sample of 2,386 families with 6,209 eligible children was identified throughout metropolitan, rural and remote regions of Western Australia. A total of 1,999 of these families (84 per cent) with 5,513 eligible children consented to participate in the survey. Interviewers gathered useable data on 5,289 (96 per cent) of these participating children. In addition to the data gathered on children, data were also gathered on families from:

- ◆ 2,113 (95 per cent) participating carers identified as the persons who knew the most about the individual survey child (see *Primary carer* in *Glossary*)
- ◆ 1,040 (83 per cent) other participating carers of the survey children (see *Secondary carer* in *Glossary*) wherever this was possible and whenever they were present in the household
- ◆ 1,073 (73 per cent) participating young people aged 12–17 years.

TERMINOLOGY

Throughout this publication the terms ‘primary carer’ and ‘secondary carer’ have been used to describe the adults nominated to provide information about children selected in the survey. Primary and secondary carers were considered to be the people who spent most time with the children and who knew them best. In most cases, the primary carer was the mother of the child.

LEVEL OF RELATIVE ISOLATION (LORI)

MEASURING ISOLATION FROM SERVICES

A new classification of geographic remoteness from services — the Level of Relative Isolation (LORI) — has been used in the WAACHS. The LORI is based on an index of remoteness and accessibility developed by the National Key Centre for Social Application of Geographic Information Systems (GISCA) at Adelaide University, called ARIA++. The ARIA++ is an extension of ARIA (the Accessibility/Remoteness Index of Australia), which has been widely adopted as the standard classification of remoteness in Australia. The ARIA describes the entire population of Australia and was not specifically designed to describe the circumstances of Aboriginal people living in remote areas. The ARIA++, however, gives a more detailed description of the most remote areas of Australia by including more service centres, of smaller sizes, in calculating the remoteness scores.

Under the original ARIA, over two-thirds of the land mass of Western Australia, and over a quarter of Aboriginal people in Western Australia live in areas classified as ‘very remote’. However, WAACHS data have revealed that, within this group, there were marked differences in access to basic services, cultures, lifestyles and health outcomes. The greater detail of ARIA++ enables these differences to be more adequately described in the Aboriginal population.



ILLUSTRATING THE DIFFERENCE BETWEEN ARIA AND ARIA++

As an example of the difference between ARIA and ARIA++, the town of Halls Creek in the East Kimberley – population about 1,300 people – is classified as ‘very remote’ under ARIA. However, at the time of the survey, it had a 4-bed hospital facility providing health services to the town and communities throughout the surrounding region. One of those communities, Yiyili, about 120 kilometres east of Halls Creek, has a population of around 250 people. The Halls Creek Health Service provides a weekly community nursing clinic in the Yiyili community. Under ARIA’s 12 point remoteness scale, both Halls Creek and Yiyili receive the maximum score of 12 (‘very remote’).

Under ARIA++, which has an extended 18 point remoteness scale, Halls Creek receives a score of 12 and Yiyili receives a score of 18. Compared with major capital cities, both Halls Creek and Yiyili would be regarded as small places with limited access to services. However, analysis of WAACHS data has shown that the difference in isolation between Halls Creek and Yiyili is reflected not only in different access to basic services, but also in a different level of adherence to traditional cultures and languages, and different health outcomes.

FIVE LORI CATEGORIES

Based on the ARIA++ scores, five categories of isolation have been defined. To avoid confusion with the original ARIA, the five categories are referred to as Levels of Relative Isolation (LORI) and range from None (the Perth metropolitan area) to Low (e.g. Albany), Moderate (e.g. Broome), High (e.g. Kalumburu) and Extreme (e.g. Yiyili). These LORI categories are responsive to trends in accessibility to services and facilities (as defined by the distance by road to the nearest service centre); adherence to Aboriginal culture and language; and health outcomes for Aboriginal people, and therefore allow these trends to be more accurately determined and described. For more detailed information on how the LORI measure was constructed, see *Appendix C – Determination of Levels of Relative Isolation (LORI) based on ARIA++*.

The ability of LORI to better identify Aboriginal children in Western Australia in terms of their geographic isolation from services is seen when comparing the original ARIA ‘very remote’ category and the ‘extreme’ category under LORI. Under ARIA, one-quarter of Aboriginal children under 18 years of age were living in ‘very remote’ areas. Under LORI, these ‘very remote’ areas are further subdivided as either Moderate, High or Extreme isolation. Consequently, as shown in Figure 1.1, only one in ten (9.5 per cent; CI: 6.8%–12.7%) Aboriginal children are classified under LORI as living in extremely remote areas. This group was found to be more homogenous (in terms of characteristics likely to be associated with remoteness and isolation from services) than children classified as ‘very remote’ under ARIA.

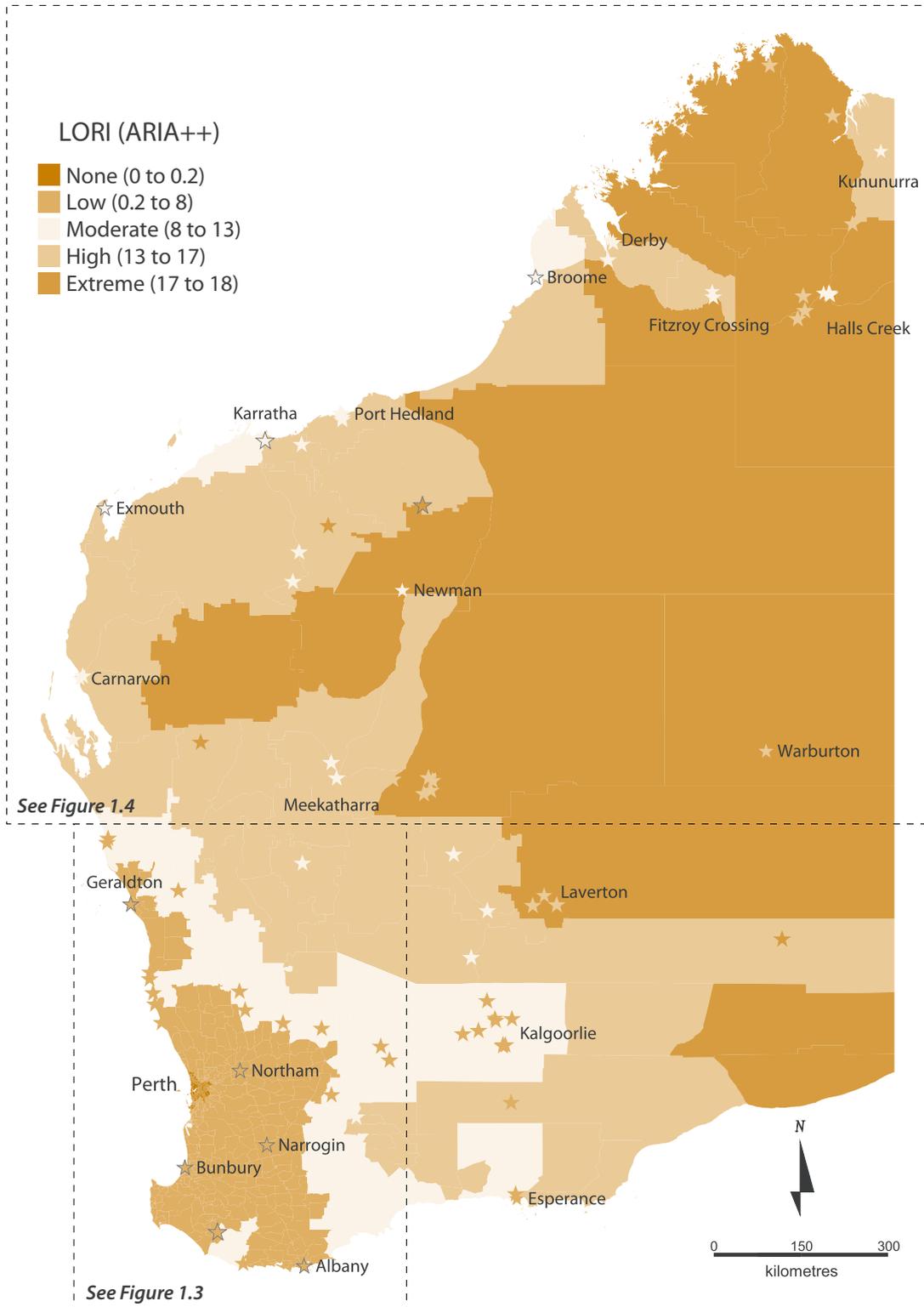
FIGURE 1.1: ABORIGINAL CHILDREN AGED 0–17 YEARS, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Area (sq km)	Number	95% CI	%	95% CI
None	1 413	10 200	(10 000 - 10 400)	34.1	(31.5 - 36.8)
Low	125 263	7 270	(6 640 - 7 930)	24.4	(21.8 - 27.0)
Moderate	226 975	6 390	(5 400 - 7 420)	21.4	(18.1 - 25.1)
High	839 057	3 170	(2 360 - 4 160)	10.6	(7.9 - 14.0)
Extreme	1 334 809	2 830	(2 040 - 3 800)	9.5	(6.8 - 12.7)
Total	2 527 517	29 800	(29 800 - 29 800)	100.0	

Figures 1.2–1.4 illustrate the five LORI categories for Western Australia. The maps are based on 1996 Census Collection districts, which were used as the sampling frame for the WAACHS.



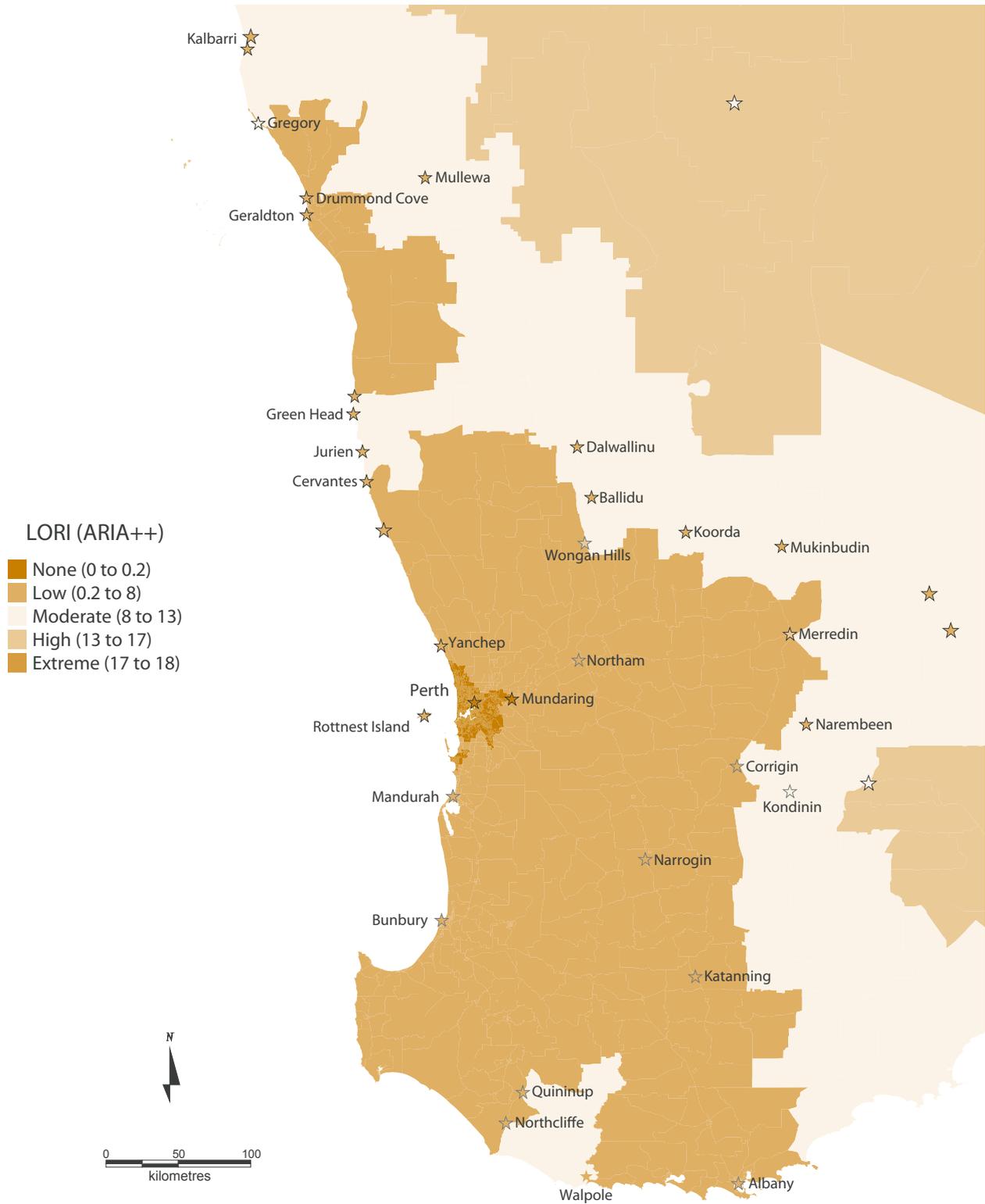
FIGURE 1.2: WESTERN AUSTRALIA — LEVEL OF RELATIVE ISOLATION (LORI) CATEGORIES BASED ON ARIA++ VALUES , WITH SELECTED LOCALITIES (a)



(a) Note that the level of relative isolation of localities marked on the map is represented by the colour of the star adjacent to the locality name. In many instances this will be a different colour to the surrounding area, as the localities may be service centres to more isolated regions.



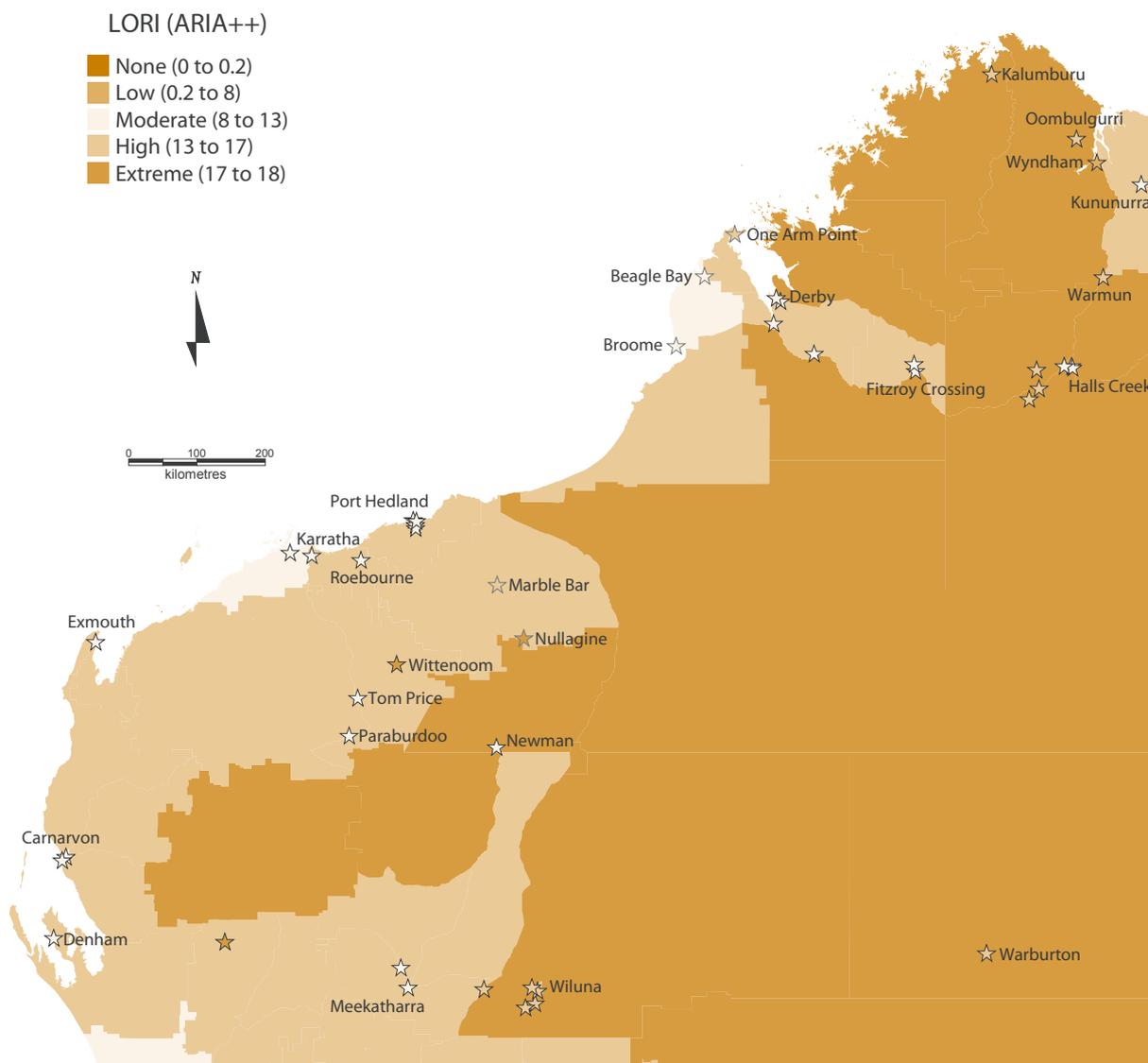
FIGURE 1.3: WESTERN AUSTRALIA (SOUTH) — LEVEL OF RELATIVE ISOLATION (LORI) CATEGORIES BASED ON ARIA++ VALUES , WITH SELECTED LOCALITIES (a)



(a) Note that the level of relative isolation of localities marked on the map is represented by the colour of the star adjacent to the locality name. In many instances this will be a different colour to the surrounding area, as the localities may be service centres to more isolated regions.



FIGURE 1.4: WESTERN AUSTRALIA (NORTH) — LEVEL OF RELATIVE ISOLATION (LORI) CATEGORIES BASED ON ARIA++ VALUES, WITH SELECTED LOCALITIES (a)



(a) Note that the level of relative isolation of localities marked on the map is represented by the colour of the star adjacent to the locality name. In many instances this will be a different colour to the surrounding area, as the localities may be service centres to more isolated regions.



INTERPRETING MEASURES OF GEOGRAPHICAL ISOLATION

This volume focuses on families and communities. Where a family or community is located can often be associated with social, cultural and service/infrastructure issues — hence the need for a tool that enables an analysis of the impact of location on family and community outcomes. The use of LORI as an interpretive tool is a major feature of the work in this volume. As such, LORI and ARIA++ have been used more extensively than in the three preceding volumes, with greater use of analytic techniques that were previously reserved only for specific key analyses.

ANALYSIS USING LORI CATEGORIES

LORI is used to categorise the survey population into five broadly homogenous levels of remoteness (see *Appendix C — Determination of Levels of Relative Isolation (LORI) based on ARIA++*). The five LORI categories — None, Low, Moderate, High, and Extreme, have been used in analyses that require an investigation into the relationship between a given outcome variable and remoteness. The full five categories are used in all cross-tabulations and multivariate logistic regression models where remoteness is used as a classification variable.

THE 18 POINT ARIA++ SCALE

The WAACHS can also examine remoteness via the continuous ARIA++ scale, which runs from zero to 18 points, where zero represents the least remote location (e.g. a capital city like Perth) and 18 the most remote (e.g. a remote community like Balgo). However, analysis of an outcome variable by the full 18 points is not undertaken in cross-tabulation or multilevel modelling analyses because the output would be impractically large, difficult to interpret, and result in confidence intervals too wide for meaningful use. The standard five categories generally provide enough discrimination between areas of differing remoteness for readers to obtain a clear picture of the relationship between remoteness and many key outcomes for Aboriginal children and their families.

SPLINE CHARTS AND REMOTENESS

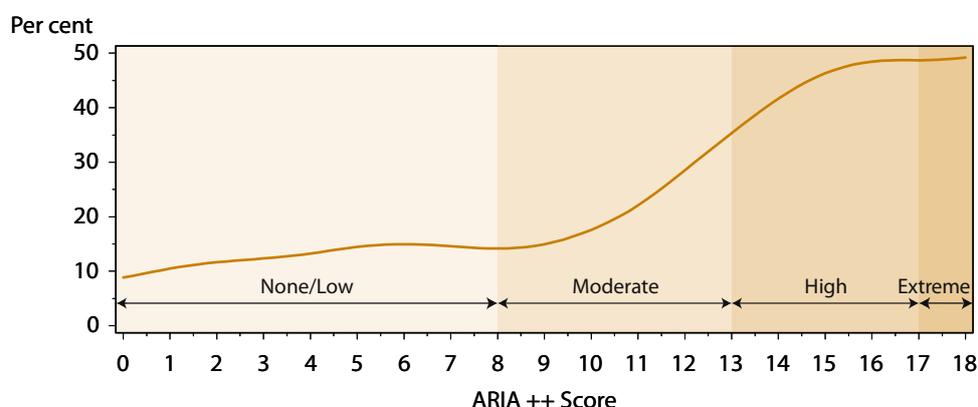
There is, however, another way to utilise the full 18 point ARIA++ to help describe a relationship between a given outcome variable and remoteness. The spline chart is a statistical procedure that results in a smoothed linear output of the probability of a particular outcome occurring. In this volume, spline output is plotted across all points of the ARIA++ scale so that readers can obtain an understanding of how a given outcome variable changes both within a LORI category and across the entire ARIA++ scale. Unlike a cross-tabulation or multivariate logistic regression model result, estimates and associated confidence intervals are not able to be provided with the spline. Rather, the spline is a compliment to an existing data table that uses the five point LORI categories, providing extra information about the within-category change. As a result of these differences in technique, the estimate from a cross-tabulation and that from any given point on the spline output will not necessarily align.



An example spline is provided below, taken from Chapter Six. We know from our cross-tabulation that 7.0 per cent (CI: 4.4%–10.4%) of dwellings in LORI—None have high household occupancy levels (overcrowded), rising to 17.1 per cent (CI: 13.6%–21.3%) in LORI—Moderate and 42.6 per cent (CI: 31.0%–54.6%) in LORI—High (Table 6.45). The spline highlights points within each LORI category where the most noticeable change occurs.

Note how in the LORI—Moderate category the proportion of dwellings with high household occupancy jumps steeply from around 15 per cent at ARIA++ = 8 points through to around 35 per cent at the end of the LORI—Moderate category, at ARIA++ = 13 points. This gives us more meaningful information than just the LORI category estimate from the cross-tabulation.

DWELLINGS — PROPORTION OF HOUSEHOLDS WITH HIGH OCCUPANCY, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Note also that a high proportion of overcrowded dwellings in areas of extreme isolation may not equate to as many dwellings as a low proportion in areas with no/low isolation. This reflects the much higher Aboriginal population in less isolated areas.

Spline type presentation can be tremendously helpful for policy makers and analysts in general, as the points of change coincide with geographic locations that have a matching ARIA++ score. This means people can get a clear idea about what sort of towns or communities are likely to be home to people in particular situations suggested by the outcome variable being displayed, which in this case is high household occupancy levels (see Chapter Six for more discussion of housing-related topics such as this).

ARIA++ AND LORI FOR SELECTED LOCATIONS

The figure on the following page lists a selection of Western Australian locations and their corresponding ARIA++ score and LORI category. This list will provide readers with a greater understanding of how towns and localities fit within the ARIA++ measure of remoteness. This will aid the interpretation of spline output and results which provide a geographic comparison. Note that this chapter also provides a series of maps depicting the LORI boundaries, overlaid with selected towns and localities.



SELECTED LOCATIONS WITHIN WESTERN AUSTRALIA — COMPARISON OF ARIA++ VALUES AND LEVEL OF RELATIVE ISOLATION (LORI)

Locality	ARIA++ score	LORI	Locality	ARIA++ score	LORI
Perth	0.00	None	Fremantle	0.00	None
Kalamunda	0.00	None	Rockingham	0.04	None
Landsdale	0.08	None	Mundaring	0.18	None
Mandurah	0.21	Low	Leda	0.23	Low
Middle Swan	0.24	Low	Sawyers Valley	0.30	Low
Chidlow	0.55	Low	Pinjarra	0.61	Low
Two Rocks	0.77	Low	Northam	0.97	Low
Bunbury	0.94	Low	Collie	1.39	Low
Yarloop	1.87	Low	Gingin	2.37	Low
Albany	2.70	Low	Geraldton	2.70	Low
Goomalling	3.09	Low	Denmark	3.58	Low
Narrogin	3.60	Low	Cunderdin	3.73	Low
Kalgoorlie	3.97	Low	Manjimup	4.11	Low
Wagin	4.16	Low	Kojonup	4.21	Low
Kellerberrin	5.11	Low	Kambalda	5.20	Low
Kalbarri	6.61	Low	Southern Cross	6.86	Low
Esperance	7.51	Low	Mukinbudin	7.78	Low
Norseman	7.85	Low	Jurien	7.99	Low
Moulyinning	8.02	Moderate	Warrungup	8.05	Moderate
Carnamah	8.08	Moderate	Morawa	8.11	Moderate
Carnarvon	8.15	Moderate	Broome	9.00	Moderate
Karratha	9.00	Moderate	Port Hedland	9.00	Moderate
Dampier	9.16	Moderate	Emu Flat	9.21	Moderate
Roebourne	9.62	Moderate	Ravensthorpe	10.68	Moderate
Leinster	10.73	Moderate	Meekatharra	10.80	Moderate
Derby	11.10	Moderate	Newman	11.84	Moderate
Exmouth	12.00	Moderate	Fitzroy Crossing	12.00	Moderate
Halls Creek	12.00	Moderate	Kununurra	12.00	Moderate
Menzies	12.29	Moderate	Mount Magnet	12.35	Moderate
Boogardie	12.63	Moderate	Hyden	12.82	Moderate
Cue	13.04	High	Laverton	13.07	High
Cowerup	13.42	High	Yalgoo	13.49	High
Munglinup	13.56	High	Pannawonica	13.72	High
Mount Margaret	13.74	High	Wiluna	13.98	High
La Grange	14.12	High	Wyndham	14.23	High
Paynes Find	14.33	High	Coral Bay	14.44	High
Karalundi Community	14.63	High	Onslow	15.00	High
Warburton	15.00	High	Oombulgarri	15.08	High
Kalumburu	15.10	High	Lombadina	15.20	High
Murchison	15.41	High	Pago Mission	16.09	High
Nunngarra	16.12	High	Guda Guda	16.81	High
Den	17.07	Extreme	Wittenoom Gorge	17.09	Extreme
Shay Gap	17.10	Extreme	Christmas Creek	17.12	Extreme
Cosmo Newbery	17.24	Extreme	Grand Junction	17.63	Extreme
Eyre	17.68	Extreme	Jigalong	17.97	Extreme
Balgo	18.00	Extreme	Mulan	18.00	Extreme
Nullagine	18.00	Extreme	Punmu	18.00	Extreme
Ringers Soak	18.00	Extreme	Tjukurla	18.00	Extreme
Warakurna	18.00	Extreme	Yiyili	18.00	Extreme



ANALYSIS METHODS USED IN THIS VOLUME

Two main analytical techniques have been used to report the findings in this volume:

- ◆ Cross-tabulations
- ◆ Multivariate logistic regression modelling.

CROSS-TABULATIONS

What are cross-tabulations?

Cross-tabulations show how one analysis variable (e.g. household occupancy level) varies with reference to one or more classification variables (e.g. LORI). Results from this analysis technique are presented as proportions or percentages, based on weighted estimates (see *Appendix D — Reliability of estimates*). In discussing the survey findings, variables found to be associated in cross-tabulation analysis are described as being ‘related’ or ‘associated’ with another factor.

Interpreting cross-tabulation results

An example of WAACHS survey data analysed using this method is shown in Figure 1.3.

FIGURE 1.3: DWELLINGS — HOUSEHOLD OCCUPANCY LEVEL, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Level of household occupancy</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Low	3 900	(3 760 - 4 050)	90.6	(87.2 - 93.3)
High	300	(190 - 450)	7.0	(4.4 - 10.4)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
Low	2 610	(2 380 - 2 840)	87.8	(84.9 - 90.3)
High	300	(230 - 380)	10.0	(7.7 - 12.7)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
Low	1 880	(1 600 - 2 180)	81.3	(77.1 - 85.2)
High	400	(300 - 510)	17.1	(13.6 - 21.3)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
Low	480	(320 - 690)	55.2	(41.8 - 66.9)
High	370	(220 - 570)	42.6	(31.0 - 54.6)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
Low	510	(350 - 700)	56.6	(47.0 - 66.1)
High	360	(230 - 550)	39.7	(29.7 - 49.7)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
Low	9 380	(9 130 - 9 620)	82.6	(80.4 - 84.7)
High	1 720	(1 500 - 1 960)	15.1	(13.2 - 17.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



This table shows the proportion of dwellings with a high household occupancy level in each LORI category. For example, it was observed that 7.0 per cent (CI: 4.4%–10.4%) of dwellings in the Perth metropolitan area (LORI—None) had high household occupancy. In areas of extreme isolation, the corresponding proportion was much higher — 39.7 per cent (CI: 29.7%–49.7%).

Assessing the significance of cross-tabulation results

When comparing survey estimates such as those in Figure 1.3, it is possible that differences in the proportions of dwellings with high household occupancy across the LORI categories could arise by chance alone, because the data is based on a random sample. Confidence intervals provide a means to assess the statistical significance of differences between estimates. The 95 per cent confidence interval (the ‘95% CI’ column in Figure 1.3) indicates that there is a 95 per cent chance that the true value lies between the lower and upper limits indicated by the confidence interval. For example, there is a 95 per cent chance that the true value of the proportion of dwellings with high household occupancy in the Perth metropolitan area (estimated at 7.0 per cent) lies between 4.4 per cent and 10.4 per cent. If two confidence intervals overlap, there is a possibility that the difference could be due to chance variation. When there is no overlap, it can be concluded that the difference is statistically significant at the 95 per cent level. In the example above, the respective confidence intervals for the estimates for LORI—None and LORI—Extreme categories are 4.4%–10.4% and 29.7%–49.7%. Because these confidence intervals do not overlap, it is likely that there is a real difference in levels of household occupancy between the two areas that can not be explained by chance alone. In contrast, when comparing the estimates of household occupancy between the LORI—None and LORI—Low categories, the two respective confidence intervals do overlap (4.4%–10.4% and 7.7%–12.7%, respectively). In this example, the difference between the two estimates would be regarded as not statistically significant. See *Assessing statistical significance* in *Appendix D* for more details.

MULTIVARIATE LOGISTIC REGRESSION MODELLING

The second analysis technique used throughout this volume is multivariate logistic regression modelling. Logistic regression is a statistical modelling technique that is used to investigate the relationship between the probability of a certain outcome (such as poor housing quality) and a set of explanatory factors. Logistic regression modelling is used in situations where multiple factors may all have an impact on an outcome of interest. If the factors themselves are related, cross-tabulations may not tell the full story. In some cases, only considering the cross-tabulation analysis results without also considering the logistic regression model results can be misleading. For further information see *Multivariate logistic regression modelling* in the *Glossary*.

Results from logistic regression modelling are presented as odds ratios (see *Glossary*). When discussing these results, the term ‘independently associated’ is used to refer to the effect of each factor on a key outcome variable, separate from the effect of all other factors represented in the model.

Logistic regression modelling complements the analysis of survey data using cross-tabulations. While percentages show the proportion of children or carers affected by each factor, they are unable to fully explain the relationships between all the factors that affect an outcome of interest. Many of the factors that are examined in this volume



are inter-related. For example, in Chapter Six, analysis of cross tabulated survey data illustrate that many factors were associated with poor housing quality, such as LORI, housing tenure and overuse of alcohol causing problems in the household. However, in addition to being related to poor housing quality, these factors can also be related to each other. For instance, housing tenure varies by LORI (as described in Chapter Six).

The use of logistic regression modelling can help tease out the relative importance of multiple factors by assessing the simultaneous impact of various factors and to determine the individual effects of each factor. The statistical model adjusts for the independent effects of the other variables in the model. Thus, for example, the association between poor housing quality and LORI can be separated from the association between poor housing quality and housing tenure.

It is possible that a factor can be ‘related’ or ‘associated’ to a key outcome variable, but not ‘independently associated’ with that outcome variable. That is, when other factors are controlled for in the statistical model, it is not associated with the outcome of interest.

For example, in the analysis of life stress events in Chapter Five, it was found that the primary carer’s labour force status was related to the experience of a high number of life stress events in the previous 12 months. This is an example of cross-tabulation analysis. However, after taking into account the effect of other factors using logistic regression modelling, labour force status was not found to be ‘independently associated’ with the number of life stress events in families with Aboriginal children.

An example of results from a multivariate logistic regression model is shown in Figure 1.4 below.

FIGURE 1.4: PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS IN THE PREVIOUS 12 MONTHS, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Level of Relative Isolation		
None	1.00	
Low	1.01	(0.74 - 1.38)
Moderate	0.95	(0.68 - 1.33)
High	0.89	(0.53 - 1.47)
Extreme	1.33	(0.80 - 2.20)
Does the carer speak an Aboriginal language?		
No	1.00	
A few words	1.18	(0.88 - 1.58)
A conversation	1.76	(1.18 - 2.61)
Attendance at an Aboriginal funeral?		
No	1.00	
Yes	1.55	(1.15 - 2.10)
Participation in an Aboriginal organisation?		
No	1.00	
Yes	1.42	(1.10 - 1.83)
Importance of Aboriginal ceremonial business		
Important	1.00	
Not important	0.60	(0.42 - 0.85)
Not relevant	0.72	(0.49 - 1.04)

Continued . . .



FIGURE 1.4 (continued): PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS IN THE PREVIOUS 12 MONTHS, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Family's money situation		
Spending more money than we get	3.58	(1.54 - 8.37)
Have just enough to get through to next pay	2.96	(1.33 - 6.59)
Some money left over each week but spend it	2.71	(1.17 - 6.31)
Can save a bit now and again	1.63	(0.72 - 3.70)
Can save a lot	1.00	
Primary carer limited in daily activities due to a medical condition?		
No	0.94	(0.69 - 1.29)
Yes	1.40	(1.01 - 1.93)
No medical condition	1.00	
Overuse of alcohol a cause of problems?		
No	1.00	
Yes	1.69	(1.23 - 2.31)
Primary carer ever arrested or charged with an offence?		
No	1.00	
Yes	1.79	(1.39 - 2.30)
Partner ever arrested or charged with an offence?		
No	1.00	
Yes	1.66	(1.15 - 2.39)
No partner/spouse	1.55	(1.09 - 2.22)
Housing tenure		
Owned	1.00	
Being paid off	0.51	(0.29 - 0.87)
Rented	0.64	(0.43 - 0.96)
None of these	1.37	(0.73 - 2.57)
Victims of crime in past three years?		
No	1.00	
Yes	1.51	(1.15 - 1.98)
Carer had contact with Mental Health Services?		
No	1.00	
Yes	1.32	(0.99 - 1.75)
Don't know	0.35	(0.14 - 0.87)
Neighbourhood problems quartile		
Lowest Quartile (0–1)	1.00	
Second Quartile (2–5)	1.97	(1.30 - 3.00)
Third Quartile (6–10)	3.11	(2.05 - 4.73)
Highest Quartile (11–18)	4.03	(2.69 - 6.03)
Does the carer have one or more children at high risk of clinically significant emotional or behavioural difficulties?		
No	1.00	
Yes	1.87	(1.45 - 2.43)
Does the carer have one or more children that have needed to stay away overnight with other family and friends?		
No	1.00	
Yes	1.42	(1.03 - 1.96)



Interpreting multivariate logistic regression results

The model results presented in Figure 1.4 (copied from Chapter Five) shows the likelihood of primary carers reporting 7–14 life stress events in the past 12 months with reference to a range of child, carer, family and household factors. The results of the model are expressed in terms of odds ratios. The odds ratios are calculated relative to an index category for each variable. As an example, for the variable describing the ‘Family’s money situation’, the category ‘can save a lot’ has been used as an index category (an odds ratio value of 1.00). When the primary carer said that they were ‘spending more than we get’, the odds ratio was 3.58 (CI: 1.54–8.37). This can be interpreted as saying that primary carers who said that their family typically spent more than they get were 3.58 times more likely to have 7–14 life stress events than families that could save a lot. The statistical significance of the odds ratio can be judged by whether the confidence interval includes the reference value of 1.00. For more information on the calculation and interpretation of odds ratios see *Glossary*.

Where an odds ratio is less than one, it indicates a reduced level of risk. For example, ‘important’ was chosen as the reference category for the variable ‘Importance of Aboriginal ceremonial business’ in the lives of the primary carer. For primary carers who stated that ceremonial business was ‘not important’ in their lives, the odds ratio was 0.60 (CI: 0.42–0.85), indicating that these carers were around half as likely to have 7–14 life stress events than primary carers who stated ceremonial business was important. Alternatively, it can be said that these primary carers were 1.67 times less likely to have 7–14 life stress events. The value of 1.67 is calculated by dividing the value of 0.60 into 1. As described above, this effect is after controlling for other possible confounding factors such as LORI.

It is also important to note that the factors identified in the statistical modelling do not necessarily cause life stress events in families with Aboriginal children. The reported results indicate an association between the factor tested and the modelled outcome. For example, while factors such as neighbourhood problems and family financial strain were found to be associated with an increased risk of life stress events, no causal relationship is inferred. The survey cannot identify which factor occurred first, or whether another factor (or multiple factors) not collected by the survey also had an influence on the increased risk of life stress events. Therefore we cannot infer the extent to which either factor might cause a life stress event, only that they are associated with an increased risk of life stress events.

Specification of the logistic models

The modelled results reported in this publication are the final model for each key outcome of interest. Each final model is developed through an iterative process. In order to determine the factors that are independently associated with each outcome of interest, a wide range of child, carer, family and household factors are tested for inclusion in the final model. Generally speaking, factors are chosen for consideration in each model based on:

- ◆ results from the cross-tabulation analysis reported in each chapter
- ◆ advice from the survey’s Aboriginal Steering Committee and expert reference group (see section *Consultation during analysis and publication* in this chapter)
- ◆ related literature and research that provide evidence of associations, predictors or causal links between factors.



In each chapter, factors that were tested but not retained in the final model are also generally listed.

In considering the significance of the results of these types of analyses, it is also worth noting the analysis of factors associated with each outcome variable is, by design, limited to the scope of the questions asked in the survey. Therefore, some explanations for the results may be outside the scope of the survey.

Presentation of analytical results

In presenting results throughout this volume, each chapter commences with a summary of the key associations. This provides an efficient overview, particularly for those readers most interested in the main findings rather than being interested in the full details for every factor and association.

These summaries are then followed by presentations of the detailed results. In each chapter section the cross-tabulation results are typically presented first, and then followed by the relevant multivariate model results. In this way the general pattern of findings leading to the final statistical model is shown. As noted above, in some analyses, some specific effects found to be statistically significant in cross-tabulations are subsequently not found to be significant (e.g. in the sense of being independently associated with the outcome of interest) when controlled for in a statistical model. Throughout each chapter, if a factor was found to be significantly associated with a key outcome variable in the cross-tabulation analysis but not independently associated when analysed in the statistical model, this has been noted when describing the relevant cross-tabulation result. Readers are encouraged to review the findings in each section to fully appreciate the pattern of significant and non significant results.

RECORD LINKAGE BETWEEN SURVEY DATA AND ADMINISTRATIVE DATA FOR DISCRETE ABORIGINAL COMMUNITIES

The use of record linkage adds considerable value to the survey data without burdening respondents with extra questions. It enables the study of a survey population across a range of topics such as health, education and community wellbeing utilising existing administrative data sources.

The scope for analysing WAACHS data has been further enhanced by linking data at the community level to two other data sets describing the characteristics of discrete Western Australian Aboriginal communities.

COMMUNITY HOUSING AND INFRASTRUCTURE NEEDS SURVEY

The Community Housing and Infrastructure Needs Survey (CHINS) was conducted in 1999 and 2001 by the Australian Bureau of Statistics on behalf of ATSIC. ATSIC kindly provided a copy of the 2001 CHINS data which has been linked to the WAACHS data set. Some 1,089 of the 5,289 survey children (20.6 per cent) were living in discrete Aboriginal communities covered by the CHINS. CHINS collects a large range of information about services in Aboriginal communities in addition to information about the quality of community infrastructure and housing stock. Access to the CHINS data for discrete Aboriginal communities has allowed the examination of the relationship between community characteristics and child health and wellbeing.



ENVIRONMENTAL HEALTH NEEDS SURVEY

The Environmental Health Needs Survey (EHNS) was conducted in 1997 and 2004 by the Indigenous Environmental Health Coordinating Committee (formerly the Environmental Health Needs Coordinating Committee), a whole-of-government coordinating body comprising relevant Australian, state and local government agencies. The 2004 EHNS surveyed 274 discrete Indigenous communities within Western Australia and covered such issues as water quality and supply, electricity supply, housing stocks and state of repair, solid waste disposal, sanitation, dust control, canine control, and emergency management.

Where CHINS was a national survey, EHNS was solely Western Australian-based and as such focused on issues specific to Western Australian Aboriginal communities. While there are areas of overlap between the two datasets, there are unique aspects to both which make them valuable tools for both validation and interrogation.

CONSULTATION DURING ANALYSIS AND PUBLICATION PRODUCTION

A Family, Community and Housing Reference Group was convened to advise on the analysis for, and production of, 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.

The reference group met regularly to review findings from the survey and offer feedback and guidance on the direction of the analysis. The reference group also advised on the communication of results with key stakeholders and helped facilitate a process of translation of findings into positive impacts on policy and practice.

As well as the reference group, each chapter was extensively peer reviewed by a panel of experts from key state and Australian Government agencies.



Chapter 2

CHARACTERISTICS OF FAMILIES AND COMMUNITIES WITH ABORIGINAL CHILDREN

Summary	39
Introduction	42
Defining community in the WAACHS	42
Distribution of Aboriginal populations	48
Proportions versus numbers.	48
Sharing of space	50
Household composition and child care arrangements	52
Household composition and child care arrangements at home — WAACHS methodology	52
Composition of households with Aboriginal children.	55
Family care arrangements.	56
Number of Aboriginal children in the household	58
Age of children	59
Aboriginal status and birth mother status of carers.	59
Family mobility	61
Propensity to move	61
Number of different homes lived in	63
Other places of residence	65
Living away from home in the early stages of life	65
Housing characteristics	68
Socioeconomic characteristics of neighbourhoods and communities where Aboriginal children live	68
Satisfaction with community services and facilities	69
Rating satisfaction with services and facilities	70
Satisfaction with access to community services and facilities	71
Travel, transport and distance to services	76
Neighbourhood/community problems	79
Level of Relative Isolation	82
Endnotes	84
Detailed tables	87





Chapter 2

CHARACTERISTICS OF FAMILIES AND COMMUNITIES WITH ABORIGINAL CHILDREN

The composition and diversity of the Aboriginal and Torres Strait Islander population in Western Australia has rarely been documented at a family or community level. Apart from the five-yearly Census of Population and Housing conducted by the Australian Bureau of Statistics, this is the first large-scale endeavour describing families and communities with Aboriginal children in Western Australia.

This chapter overviews the broad demographic characteristics of Aboriginal families and communities. Included is a picture of the diversity of household composition and how family care arrangements for children vary between and within different regions of the state and with differing levels of urbanisation and geographic isolation. The chapter also includes a description of the local physical and social environments within which Aboriginal families are raising their children – such as the nature of their housing and the characteristics of their communities and neighbourhoods. These family and community characteristics will be explored in more depth in subsequent chapters, particularly in describing their association with outcomes for Aboriginal children.

SUMMARY

Population distribution

- ◆ The Aboriginal population is more evenly distributed across Western Australia than the non-Aboriginal population.
- ◆ In 2001, Census data showed that 94 per cent of non-Aboriginal people were enumerated in areas of no isolation (Perth) or low isolation (such as a large country town) compared with 57 per cent of Aboriginal people.
- ◆ The 43 per cent of Aboriginal people enumerated in areas of moderate to extreme isolation equates to 24,940 people. The significantly lower proportion of non-Aboriginal people counted in the same areas (6 per cent) equates to 97,285 people – more than three times the Aboriginal population.
- ◆ Aboriginal children aged 0–17 years comprised 3 per cent of all children enumerated in the Perth metropolitan area. The proportion increased substantially from areas of moderate isolation (26 per cent) to areas of extreme isolation (84 per cent). For Aboriginal people aged 18 years and over, the comparable proportions were 1 per cent, 12 per cent and 36 per cent, respectively.

Household composition

Aboriginal children form part of an extremely diverse range of family types living in an equally diverse range of community settings across Western Australia.

- ◆ The most common household type was the two original parent - nuclear type in which two parents were living together with children of that partnership (31 per cent of Aboriginal households). Sole mother households made up almost 22 per cent of households.



SUMMARY *(continued)*

- ◆ Household type varied across levels of relative isolation. A higher proportion of households were two original parent family type (includes both nuclear types and extended family types) in areas of extreme isolation (50 per cent) compared with the Perth metropolitan area (33 per cent).
- ◆ Of all households with Aboriginal children, almost 29 per cent had one Aboriginal child, another 29 per cent had two children, 20 per cent had three, and about 23 per cent had four or more. The number of Aboriginal children per household tended to increase as relative isolation increased.
- ◆ Almost 83 per cent of primary carers and 79 per cent of secondary carers of Aboriginal children identified themselves as being of Aboriginal origin. As levels of relative isolation increased, so too did the proportion of primary and secondary carers who were Aboriginal.

Family mobility

- ◆ Among Aboriginal children born before August 1996, 45 per cent were living in a different postcode at the time of the survey than in August 1996.
- ◆ The proportion of Aboriginal children who had lived in five or more homes since birth declined as relative isolation increased. The WAACHS data show that the average number of homes children have lived in plateaus from age 12 years through to 17 years. Six year-olds have lived in an average of 3.2 homes while 17 year-olds have lived in an average of 4.0 homes. If we assume this is not a cohort effect, then most home moves occur during the pre-school years.

Access to community services and facilities

Primary carers of Aboriginal children were asked a series of questions concerning their overall satisfaction with access to a range of services and facilities.

- ◆ Carers were most satisfied with their access to schools, shops, playing fields, a general practitioner and a community or child health clinic.
- ◆ Beyond relatively good endorsement of these few services, the level of estimated satisfaction with the remaining services, facilities and amenities asked about in the survey was below 60 per cent.
- ◆ It has also been possible to compare satisfaction with access to services and facilities as rated by carers of Aboriginal children with carers of non-Aboriginal children, as a similar set of questions were asked in the 1993 Western Australian Child Health Survey. Overall, a higher proportion of carers of Aboriginal children were dissatisfied with access to community services and facilities compared with carers of non-Aboriginal children.



SUMMARY *(continued)*

Neighbourhood/community problems

The WAACHS examined various characteristics of the local neighbourhood/community environment of families with Aboriginal children by asking primary carers if they had been bothered by any of 18 neighbourhood/community problems.

- ◆ The most common problems reported were noisy and reckless driving (52 per cent), families not having enough money (48 per cent), kids not going to school (47 per cent) and break-ins (46 per cent).
- ◆ A significantly higher proportion of carers of Aboriginal children reported being bothered by each neighbourhood problems included in the survey than carers of non-Aboriginal children. Disparities between the proportion of carers of Aboriginal children and non-Aboriginal children reporting neighbourhood/community problems reached almost 45 percentage points (kids not going to school), with large differences also in reports of alcohol abuse (41 percentage points difference) and drug abuse (39 percentage points difference).



INTRODUCTION

Aboriginal children form part of an extremely diverse range of family types, living in an equally diverse range of community settings across Western Australia. This chapter introduces many of the key demographic variables that describe families and communities and which provide a framework for analysis in the chapters that follow.

Family care arrangements, Aboriginal status of primary and secondary carers, and the age and number of children in households with Aboriginal children are described in this chapter. Other characteristics of families with Aboriginal children such as family mobility are also explored.

As well as describing the dynamics of family life, a range of community level data are analysed within this chapter. Also analysed is primary carer satisfaction with a range of community services and facilities, such as medical services, recreational facilities and general community amenities.

Information relating to transport, distances to travel and ease of travel was collected in the Western Australian Aboriginal Child Health Survey (WAACHS) and has been analysed with reference to relative isolation.

This chapter also provides an overview of the prevalence of neighbourhood/community problems such as crime, violence, adverse family situations, school truancy and isolation from family and friends. These neighbourhood/community problems are compared with those for non-Aboriginal children as reported in the 1993 Western Australian Child Health Survey (WA CHS).

DEFINING COMMUNITY IN THE WAACHS

The design of the WAACHS did not allow for the collection of data for individual communities. The smallest geographic unit used in the sample design was the census collection district (CD). CDs are an administrative unit and are not designed to explicitly capture a neighbourhood boundary or defined community. In the absence of other alternatives in the WAACHS, CDs are the best available measure of the community or neighbourhood level. For the purposes of this volume, '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, along with other factors that were common to each individual LORI category (see *Appendix C — Determination of Levels of Relative Isolation (LORI) based on ARIA++*).

While it is desirable to gather information about neighbourhoods or communities independently from individuals sampled within households, this was not done in the WAACHS. Primary carers of Aboriginal children provided their perceptions of the characteristics of the communities and neighbourhoods in which they lived. This has enabled a description of broad trends in maintenance of traditional cultures and language, in experience of neighbourhood/community problems, and in access to services and facilities which are the focus of Chapter Seven. Some of these items are also covered broadly in this chapter. As discussed later in this chapter, it was also possible to link WAACHS data with data collected from discrete Aboriginal communities to investigate other aspects of Aboriginal community life.

As noted, the term 'community', when used in reference to WAACHS analyses, refers to a geographical location. However, 'community' can mean many other things to Aboriginal people, and this is discussed in the following comment box, entitled *How is community perceived in an Aboriginal context*.



HOW IS COMMUNITY PERCEIVED IN AN ABORIGINAL CONTEXT?

The term 'community' has many meanings. As a geographical concept (particularly from a Western viewpoint) it is used to define groups of people within spatial boundaries. For Aboriginal people, the concept of community has many different layers and is essentially a fluid and subjective concept which is difficult to objectively define.¹ Indeed, it is likely that each Aboriginal person has a different perception of the concept of community, based on their own particular experiences.

At the broadest level, it has been suggested that the defining dimension of community is 'a sense of belonging, based along family lines, and country/area of origin'.² This is likely to be the case throughout the history of Australian Aboriginal peoples despite the changes that have taken place in the size, structure and spread of groups of Aboriginal people, particularly since colonisation. It has been argued that 'community' was a government imposed notion, used to reduce the geographic spread of the Aboriginal population for the convenience of administrative processes and to allow greater control over Aboriginal people.³ While government directives may have had the effect of bringing together disparate groups of people over time, the modern day concept of community to Aboriginal people is underpinned by issues of unity, encompassing qualities such as shared cultural practices, spiritual beliefs and places, languages, history and experiences, law and order, physical location, politics, and economic and social structures.^{4,5}

Notwithstanding the fact that there can be common threads that bind Aboriginal communities and population groups together, each community has traits and characteristics which are unique and attributable to the local setting. For instance, discrete communities are tied to their location or 'country', which connects to family and language groups and history. Aboriginal people usually identify with more than one community, based on their place of birth and family networks. However, while an Aboriginal person may have ties to more than one community, they may be constrained in how they can interact in some communities depending on the strength of their ties.

How does this differ to the Western sense of 'community'? While Aboriginal communities tend to be defined by race and shared beliefs and experiences, Western society's view of community is more often based around shared interests, groups and lifestyle characteristics.²

Australian Aboriginals can live in vastly different types of communities — from traditionally oriented to more Westernised, containing few Aboriginal people or with a highly concentrated population of Aboriginal people, and in extremely remote areas to (increasingly) highly urbanised settings. In contemporary Aboriginal life communities are dynamic places, with many networks and affiliations. Members of communities can have a range of obligations and responsibilities that reinforce their connection with the community. These can include obligations to family and broader kin relations, supporting the community, affiliations to tribal groups and using acquired skills to help the community, among others.

The section *Defining community in the WAACHS* in this chapter provides an explanation of how the term 'community' is used in WAACHS analysis. Chapter Seven further explores the characteristics of communities with Aboriginal children.



POPULATION CHARACTERISTICS THAT INFLUENCE HUMAN CAPABILITY

In the context of the WAACHS, 'human capability' is a concept that describes the capacity of populations to collectively improve their health, wealth, knowledge and cultural security, and the opportunities available to facilitate these improvements.

This volume outlines human capability at the individual, family and community level, and identifies gaps between the capacity of Aboriginal families to benefit from current policy and programme content, and the appropriateness of programmes to match the population capacity for uptake. Recommendations for action, based on gaps identified by the WAACHS and other studies, are presented in Chapter Eight.

This comment box describes some of the key aspects of human capability in Western Australia's Aboriginal population that were not measured by the WAACHS. Dimensions of existing human capability can influence the uptake of policies and programmes designed to improve life circumstances. Understanding these dimensions, and how they are intertwined, will assist in developing policy and programme content that matches the capability profile of the Aboriginal population.

Life expectancy

Aboriginal people live shorter lives than non-Aboriginal people. In Western Australia, for the period 1996–2001, the estimated life expectancy for Aboriginal people was 59 years for males and 67 years for females. For all people in Western Australia, estimated life expectancy was 78 years for males and 83 years for females — translating on average to shorter lifetimes of 19 years for Aboriginal males and 16 years for Aboriginal females.⁶ This large gap could have ramifications at the community level, such as robbing younger generations of time spent learning from Aboriginal elders. At the population level, non-Aboriginal young people are far less likely to be denied this opportunity.

Nationally, death rates for Aboriginal people were higher than those for the total population across all age categories. The largest difference was among those aged 35–54 years, where Aboriginal death rates were five times higher than those for all Australians.⁷

A young population

Nationally, the median age of Aboriginal people is 20.5 years, compared with 36.1 years for non-Aboriginal people.⁸ This relative youthfulness, combined with fertility figures presented below, has implications for policy and programme content — especially if that content is directed at the total population, while also intending to service Aboriginal clients in lieu of Aboriginal-specific programmes.

Continued . . .



POPULATION CHARACTERISTICS THAT INFLUENCE HUMAN CAPABILITY *(continued)***Fertility**

Fertility rates indicate the total number of live babies a woman gives birth to during her lifetime. In Western Australia in 2004, Aboriginal fertility, at 2.3 babies per woman, was considerably higher than that for all Western Australian women, at 1.8 babies per woman. Although a difference of 0.5 babies per woman over her lifetime appears small, at the population level it represents a significant difference.

Age-specific fertility rates indicate the number of babies women in a particular age-bracket give birth to in any given year. The peak age-specific fertility rate for Aboriginal women in Western Australia in 2004 occurred for women aged 20–24 years, with 139 babies per 1,000 women. In contrast, for all Western Australian women this peak occurred ten years later in life, at age 30–34 years, and was lower (114 babies per 1,000 women).

The age-specific fertility rates among teenagers (aged 15–19 years, including births to mothers aged under 15 years) in Western Australia revealed that in 2004 the Aboriginal fertility rate was 4.4 times higher than that for all teenage mothers — 88 babies per 1,000 Aboriginal women compared with 20 babies per 1,000 women in the total population.

An analysis of the median ages of birth mothers in Western Australia further confirms that Aboriginal mothers were substantially younger than all mothers — 24.1 years for Aboriginal mothers compared with 30.3 years for all mothers.⁹

Adult to child ratio

Using 2001 Census data from Figure 2.2, the adult to child ratio has been calculated for Western Australia (adults aged 18 years and above):

- ◆ Aboriginal: 1.19 Aboriginal adults for every child
- ◆ Non-Aboriginal: 2.95 non-Aboriginal adults for every child.

The number of adults per child reflects the relatively young age profile of the Aboriginal population and is an indicator of the access that children and young people have to older, experienced people available for care, protection, cultural guidance and general life-skills education, among other things. Based on this measure, non-Aboriginal children have a distinct advantage in these areas.

Family type

Family type and family size both impact on the human capability of parents and carers in building good health, wealth, knowledge and cultural security for themselves and children in their care. For example, with all other parameters held equal, a single parent with five children is at a clear disadvantage in being able to build on these areas of human capability compared with a couple family with two

Continued



POPULATION CHARACTERISTICS THAT INFLUENCE HUMAN CAPABILITY *(continued)*

children. The single parent has to spread their resources more thinly across five children, while the couple family has a smaller load and the option of sharing it.

As explained in the comment box *Opportunities for improving family classification* later in this chapter, the WAACHS classification of families is different to that used by the Australian Bureau of Statistics (ABS). This means that WAACHS estimates of families can not be compared to estimates of families with non-Aboriginal children when using the WAACHS family classifications of ‘household composition’ and ‘child care arrangements at home’. However, ABS census data can be used to compare Aboriginal and non-Aboriginal families utilising the ABS ‘family type’ classification.

WESTERN AUSTRALIAN FAMILIES — FAMILY TYPE BY INDIGENOUS STATUS OF FAMILY(a)

Indigenous status	Family type				Total
	Couple family with children	Couple family without children	One parent family	Other family	
Indigenous	46.3 %	17.4 %	33.1 %	3.2 %	100.0 %
Non-Indigenous	46.9 %	36.7 %	14.7 %	1.8 %	100.0 %

WESTERN AUSTRALIAN FAMILIES — FAMILY TYPE AND INDIGENOUS STATUS OF FAMILY, BY AVERAGE NUMBER OF PERSONS IN DWELLING(a)

Indigenous status	Family type				Total
	Couple family with children	Couple family without children	One parent family	Other family	
Indigenous	4.6 persons	2.1 persons	3.5 persons	2.5 persons	3.8 persons
Non-Indigenous	3.9 persons	2.0 persons	2.6 persons	2.1 persons	3.0 persons

(a) An Indigenous family is a family where either the reference person and/or spouse/partner is of Aboriginal and/or Torres Strait Islander origin.

Source: Australian Bureau of Statistics, 2001 Census of Population and Housing — Indigenous Community Profile, Western Australia.

The two tables above illustrate several key differences between Aboriginal and non-Aboriginal families, as reported in the 2001 Census. Average family sizes were higher in every category for Aboriginal families, with a total average family size of 3.8 persons, compared with 3.0 persons in non-Aboriginal families.

The couple family without children category accounts for more than double the proportion of non-Indigenous families (36.7 per cent) compared with Indigenous families (17.4 per cent).

Some of this difference may be a reflection of the far lower life expectancy of Indigenous people compared with non-Indigenous people, as well as the later-in-life peak fertility age of all women (30–34 years) compared with Aboriginal women (20–24 years). For example, lower life expectancy means fewer years spent as older

Continued . . .



POPULATION CHARACTERISTICS THAT INFLUENCE HUMAN CAPABILITY *(continued)*

‘empty nest’ families, and having children earlier reduces the opportunity for the ‘double-income, no kids’ pattern of many non-Aboriginal families aged in their 20s and 30s.

One parent family types represented over twice the proportion of Aboriginal families (33.1 per cent) compared with non-Aboriginal families (14.7 per cent). Not only was there a much higher proportion of Aboriginal one parent families, but there were more children and dependents living in each of these families — one parent Aboriginal families averaged 3.5 persons per family, compared with 2.6 persons for non-Aboriginal one parent families.

This difference of 0.9 persons per one parent family may look small, but at the population level it represents a significant difference in family size, along with possible increases in financial and parenting pressures compared with the average non-Aboriginal one parent family.

There are implications here for service providers and policy makers when making decisions in areas that directly affect large proportions of Aboriginal families, such as public housing and welfare payments. The family type and family size data indicate there may be greater pressure on incomes and housing for Aboriginal families than may be the case, on average, with the smaller families of non-Aboriginal households.

Imprisonment rates

In Western Australia in 2005 Aboriginal people were imprisoned at the (age-standardised) rate of 2,697.0 persons per 100,000 of the adult Indigenous population, compared with 143.9 people per 100,000 adult population for non-Aboriginal people. This was the highest rate in Australia, meaning that Western Australian Aboriginal people were 18.7 times more likely to be imprisoned than non-Aboriginal people. Nationally, Aboriginal people were 12.1 times more likely to be imprisoned — still a substantial imbalance, but not as startling as that of Western Australia.¹⁰

Summary

The general socioeconomic disadvantage experienced by Aboriginal people is well documented.¹¹ The information discussed here, and the WAACHS results from the four volumes to date, indicate that on average, Aboriginal people are younger, die earlier, begin having children earlier, have more children, are less well educated, are more likely to have been imprisoned, and suffer a range of other indicators of disadvantage. These population level characteristics could even serve to perpetuate disadvantage.¹²

When starting from such a low base as observed here, even within the most positive of policy settings, advancement towards parity with non-Aboriginal people on many of these key indicators could take many generations. For it to happen at all will require a major cross-jurisdictional effort sustained beyond new election terms, and new governments, and using policies based on evidence.



DISTRIBUTION OF ABORIGINAL POPULATIONS

Relative population levels of different groups of people in specific geographical areas can have an impact on the cultural continuity of minority cultures relative to the dominant culture. This can be demonstrated by looking at the geographic dispersion of Aboriginal and non-Aboriginal populations across Western Australia. The following analysis uses population data from the Australian Bureau of Statistics' (ABS) Census of Population and Housing (2001) to describe the geographic distribution of Aboriginal people across Western Australia by Level of Relative Isolation (LORI).

PROPORTIONS VERSUS NUMBERS

The 2001 Census data in Figures 2.1 and 2.2 illustrate several key differences between Aboriginal and non-Aboriginal people in Western Australia. Note that Census counts are different to the WAACHS populations used elsewhere in this volume — Census data have been used as they can be mapped to the LORI classification for both Aboriginal and non-Aboriginal populations. See footnotes to Figures 2.1 and 2.2 for details.

Overall, the Aboriginal population is more evenly distributed across Western Australia than the non-Aboriginal population. The non-Aboriginal population is heavily concentrated in cities and large towns. For example, 71.1 per cent of non-Aboriginal people were in the Perth metropolitan area (LORI—None) on Census night, and a further 23.2 per cent were in areas of low relative isolation. This means that 94.3 per cent of all non-Aboriginal people in Western Australia were in either Perth (LORI—None) or a large country town (LORI—Low), with the remaining 5.7 per cent spread thinly across the three most isolated LORI categories.

For Aboriginal people the situation is markedly different. A much lower proportion (57.4 per cent) were in Perth or a large country town on Census night, while 42.6 per cent were spread throughout LORI—Moderate, LORI—High and LORI—Extreme.

Looking at the numbers instead of proportions paints a different picture again. Whereas 42.6 per cent of Aboriginal people spread across LORI—Moderate to LORI—Extreme represents a high proportion of the Aboriginal population, it equates to a total of 24,940 people. However, the much lower 5.7 per cent of non-Aboriginal people enumerated in the same area equates to 97,285 people — almost four times the Aboriginal population counted in this area. Even in these more remote regions, Aboriginal people were still the minority population.

Aboriginal children made up just 3.0 per cent of all children in the Perth metropolitan area and 5.8 per cent of all children in areas of low relative isolation. However, LORI—None/ Low together accounted for 60.2 per cent (or about 16,000) of all Aboriginal children in Western Australia at Census night in 2001. Aboriginal adults comprised similarly low proportions of the total adult population in these two areas, representing just 1.1 per cent of the Perth population and 2.6 per cent of the population in LORI—Low. This equated to a total of almost 17,500 people, or 55 per cent of Aboriginal adults.

Clearly then, the majority of Aboriginal adults and children were located in urbanised settings. These LORI categories (None/Low) correspond with low levels of Aboriginal language use and cultural participation, as shown later in Chapter Seven. From areas of moderate relative isolation through to extreme isolation there was a marked increase in Aboriginal people as a proportion of all people, even though there were more Aboriginal people, in absolute terms, in LORI—None/Low.



FIGURE 2.1: DISTRIBUTION OF THE ABORIGINAL AND NON-ABORIGINAL POPULATION, BY LEVEL OF RELATIVE ISOLATION, 2001(a) (PER CENT)

Aboriginal status	Level of Relative Isolation					Total(b)
	None	Low	Moderate	High	Extreme	
Aboriginal	32.7	24.7	25.3	12.4	4.9	100.0
Non-Aboriginal	71.1	23.2	4.7	0.8	0.2	100.0

(a) Data are based on Census place of enumeration. There were 70,703 persons who did not record an Aboriginal or Torres Strait Islander status and 19,244 overseas visitors on Census night — these categories are not included in the results shown above. Data shown are different to the population benchmarks used in the WAACHS for weighting purposes. ABS Estimated Resident Population data were used to develop population benchmarks in the WAACHS as they account for the under-enumeration and non-response present in Census data. Consequently WAACHS population figures are higher than Census counts (see *Appendix B — Sample Design* in Volume One). Census data is available at the Collection District (CD) level for both Aboriginal and non-Aboriginal people, enabling a link to the ARIA++ and also, therefore, LORI comparison for these two populations.

(b) Includes 'not applicable' CDs, i.e. CDs for which there was no ARIA++ score available.

Source: Australian Bureau of Statistics (unpublished data), *Census of Population and Housing*.

FIGURE 2.2: ABORIGINAL AND NON-ABORIGINAL POPULATIONS — AGE GROUP AND ABORIGINAL STATUS, BY LEVEL OF RELATIVE ISOLATION (LORI), 2001(a)

LORI	0–17 years		18 years and over		Total	
	Number	% of all persons aged 0–17 years	Number	% of all persons aged 18 years & over	Number	% of all persons
Aboriginal persons						
None	9 226	3.0	9 899	1.1	19 125	1.6
Low	6 835	5.8	7 593	2.6	14 428	3.5
Moderate	6 468	25.8	8 340	12.0	14 808	15.7
High	3 038	68.8	4 219	24.4	7 257	33.4
Extreme	1 127	83.9	1 748	36.4	2 875	46.8
Not applicable(b)	—	—	3	—	3	—
Western Australia	26 694	5.8	31 802	2.4	58 496	3.3
Non-Aboriginal persons						
None	300 264	97.0	909 729	98.9	1 209 993	98.4
Low	110 022	94.2	285 422	97.4	395 444	96.5
Moderate	18 566	74.2	60 975	88.0	79 541	84.3
High	1 378	31.2	13 093	75.6	14 471	66.6
Extreme	217	16.1	3 056	63.6	3 273	53.2
Not applicable(b)	3	—	84	—	87	—
Western Australia	430 450	94.2	1 272 359	97.6	1 702 809	96.7

(a) Data are based on Census place of enumeration. There were 70,703 persons who did not record an Aboriginal or Torres Strait Islander status and 19,244 overseas visitors on Census night — these categories are not included in the results shown above. Data shown are different to the population benchmarks used in the WAACHS for weighting purposes. ABS Estimated Resident Population data were used to develop population benchmarks in the WAACHS as they account for the under-enumeration and non-response present in Census data. Consequently WAACHS population figures are higher than Census counts (see *Appendix B — Sample Design* in Volume One). Census data is available at the Collection District (CD) level for both Aboriginal and non-Aboriginal people, enabling a link to the ARIA++ and also, therefore, LORI comparison for these two populations.

(b) No ARIA++ scores were available for these CDs.

Source: Australian Bureau of Statistics (unpublished data), *Census of Population and Housing*.



In areas of extreme relative isolation for instance, 83.9 per cent of all children were Aboriginal. This high proportion, and geographical isolation from non-Aboriginal culture, may be an important influence in maintaining traditional practices and language use. However, there were fewer than 1,400 children in total in LORI—Extreme according to the 2001 Census, and the 1,127 Aboriginal children enumerated would have been spread thinly across an enormous geographic area (LORI—Extreme is approximately 1.3 million square kilometres in area) comprising numerous discrete remote communities.

The low numbers of non-Aboriginal children enumerated in these areas (217 children), relative to the high numbers of non-Aboriginal adults (3,056 adults), reflects the situation described below concerning non-Aboriginal adults who work in these areas but have residences and families in less isolated locations. Later in this volume, WAACHS data show how higher levels of relative isolation (hence, higher proportions of Aboriginal people) are associated with greater retention of traditional languages and practicing of traditional cultural activities (see Chapter Seven).

Note again that WAACHS population estimates are different to Census counts as WAACHS estimation techniques are adjusted for under-enumeration and non-response in the Census. See footnotes to Figures 2.1 and 2.2 for details.

SHARING OF SPACE

In areas of high and extreme relative isolation most Aboriginal people live in discrete remote communities, where they generally make up the majority population and are the majority culture with regard to most activities.

The large numbers of non-Aboriginal adults in areas of high and extreme relative isolation are most likely due to the presence of mining companies and their workers, who generally form their own ‘discrete communities’ as such, with separate settlements to the Aboriginal communities. While non-Aboriginal teachers, police, medical and other service staff are present in these regions, and exert an influence over existing cultures, they may not make up the majority of non-Aboriginal people. A high proportion of the non-Aboriginal adults counted in remote regions work in the area, and may spend considerable time there, but have a permanent residence (and perhaps, family) elsewhere in a less isolated location, such as Perth. Many of these non-Aboriginal people have what is commonly known as a ‘fly-in, fly-out’ arrangement with their employer, which is common in Western Australia’s mining and resources sector. This limits the direct impact of non-Aboriginal culture in areas of high and extreme isolation, despite there being a greater non-Aboriginal population.

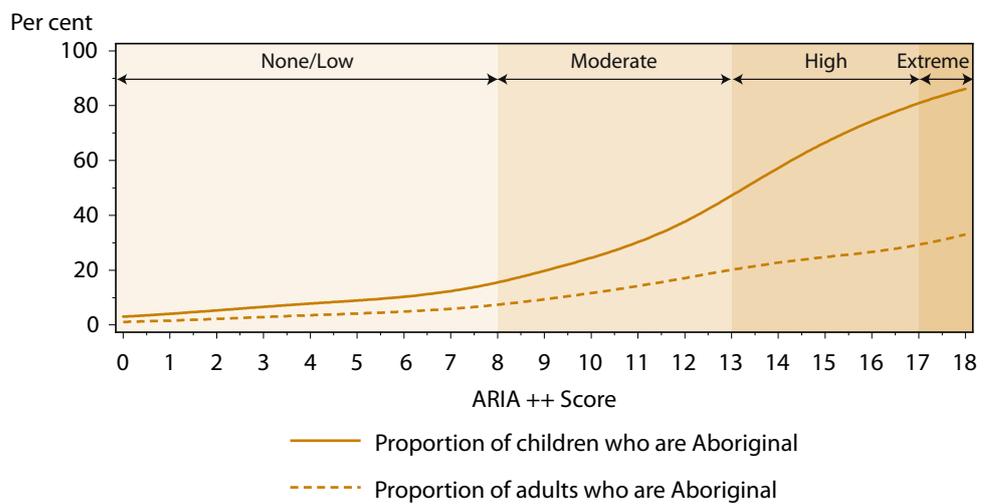
Television, radio and other communications media can also influence culture. This issue is covered in the comment box entitled *Television, the media and Indigenous culture* in Chapter Seven.

Being the dominant culture makes it easier to maintain culture, as there are fewer influences from other cultures. This is very much a result of historical patterns of colonisation, where the bulk of the colonising population settled in the South West corner of the state, centred around the Swan river. Although the majority of Aboriginal people live in areas of none/low relative isolation, they no longer comprise the dominant culture in these areas, whereas in areas of high and extreme relative isolation they remain the dominant culture, but only within discrete Aboriginal communities. These discrete communities house small populations and are dispersed over a huge geographic area spanning many tribal and language groups.



Figure 2.3 illustrates the geographic population distribution discussed above, utilising the full 18 point ARIA++ continuous scale (see section entitled *Interpreting measures of geographical isolation* in Chapter One). This allows us to see the variation in the proportions of Aboriginal children and adults with respect to all children and adults within each of the discrete LORI bands. While the proportion of Aboriginal children is quite low and stable throughout LORI—None and LORI—Low, once into the LORI—Moderate category the proportion increases steeply through to the LORI—Extreme isolation category. A similar picture is true for Aboriginal adults, but the proportions are lower due to reasons discussed above (i.e. mining companies and ‘fly-in, fly-out’ workers, other administration and service providers).

FIGURE 2.3: ABORIGINAL PEOPLE AS A PROPORTION OF THE TOTAL WESTERN AUSTRALIAN POPULATION, BY REMOTENESS (ARIA++ AND LEVEL OF RELATIVE ISOLATION)(a)



(a) This Census data excludes counts from the ‘Not stated’ and ‘Overseas visitors’ categories. Census data on which these splines are based are different to the population benchmarks used in the WAACHS for weighting purposes. ABS Estimated Resident Population data were used to develop population benchmarks in the WAACHS as they account for the under-enumeration and non-response present in Census data. Consequently WAACHS population figures are higher than Census counts (see *Appendix B — Sample Design* in Volume One). Census data is available at the Collection District (CD) level for both Aboriginal and non-Aboriginal people, enabling a link to the ARIA++ and also, therefore, LORI comparison for these two populations.

Source: Australian Bureau of Statistics, 2001 Census of Population and Housing.



HOUSEHOLD COMPOSITION AND CHILD CARE ARRANGEMENTS

HOUSEHOLD COMPOSITION AND CHILD CARE ARRANGEMENTS AT HOME — WAACHS METHODOLOGY

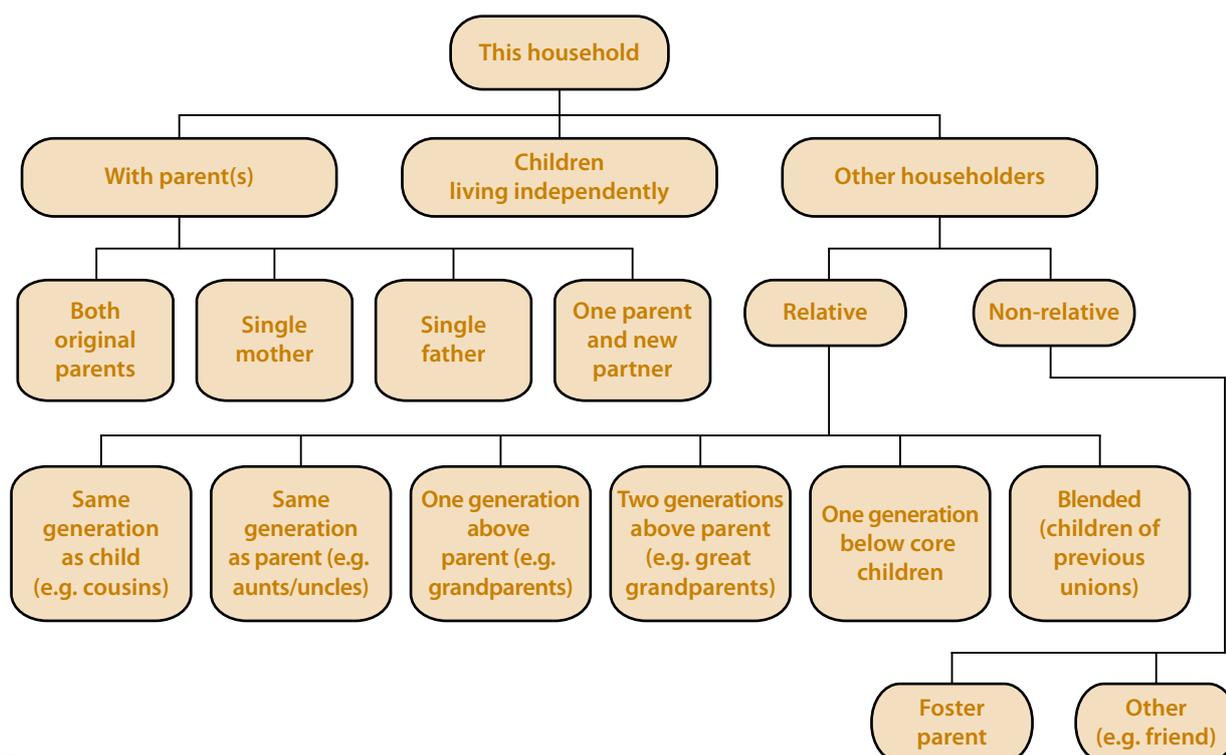
As reported in Volume One — *The Health of Aboriginal Children and Young People*,¹³ two classifications have been used to describe the structure of households in the WAACHS.

Classifying household composition

The first classification (Figure 2.4) describes the composition (or family structure) of households within dwellings that were sampled. The methodology developed for this classification combined information from two sources. Firstly, households were classified based on the information recorded on the Household Record Form (see *Appendix B — A guide to the survey fieldwork instruments*), which recorded each individual who usually lives at the house at the time of the survey. Secondly, ‘family trees’ were drawn with the help of the primary and secondary carers in the household. These family trees captured the biological and non-biological relationships among household members listed on the Household Record Form and allowed, for the purposes of the survey, the application of a consistent set of descriptors where these might otherwise have a variable range of cultural meanings (e.g. aunt, uncle, cousin). As a result, the household classification discriminates between nuclear and extended families and describes the generational complexity of extended families.

Of the 11,400 households with Aboriginal children in Western Australia, there were 55 different classifications of household composition. In order to derive a smaller number of classifications with reasonable sample sizes, classifications with small numbers of households were re-grouped to derive a total of 14 classifications of household composition.

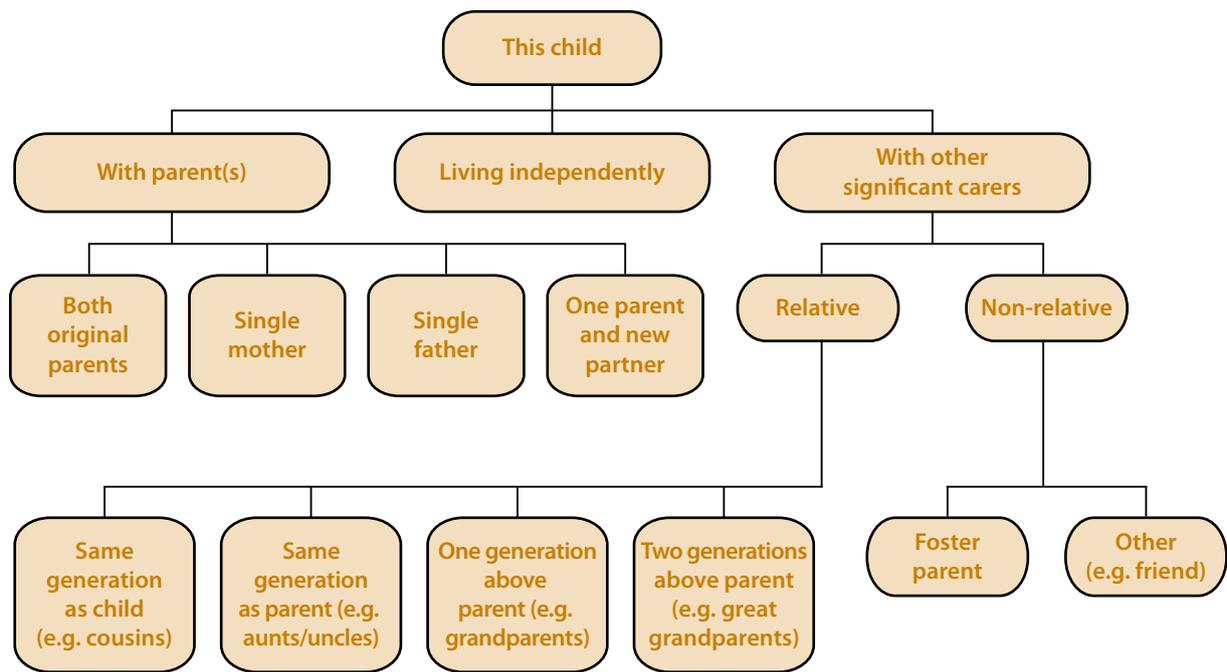
FIGURE 2.4: CLASSIFICATION OF HOUSEHOLD COMPOSITION



Classifying child care arrangements at home

The second classification (Figure 2.5) describes the child care arrangements at home for each child. Carers were asked ‘Who are the main people looking after (this child)?’ From this information, together with the family tree collected from carers, each child was assigned a classification to accurately describe their line of care within the household. This process resulted in 142 different child care arrangement classifications. In order to produce a manageable household care arrangement classification for the purpose of data analyses, the 142 categories were reduced to 24 descriptive categories and 11 broad categories (see Table 2.24 in Volume One).¹³

FIGURE 2.5: CLASSIFICATION OF CHILD CARE ARRANGEMENTS AT HOME



Practical application of the two classifications

In many cases both classifications are equivalent. For instance, for a family with two original parents and two children the household composition is ‘two original parent household - nuclear type’ and the care arrangement for each child is ‘both original parents’. However, for a blended household with two parents and one child, plus a child from a previous union, the care arrangement for each child is not the same. For one child the care arrangement is ‘both original parents’, while for the other child the care arrangement is ‘one parent and new partner’.

In the case of extended families where, for example, aunts and uncles, grandparents and other relatives are living in the household, the household composition classification would describe all the usual residents of the household. In terms of the care arrangements for each child, extended family relationships are only classified as part of the care arrangements for the child if the extended family member is involved in caring for the child.



OPPORTUNITIES FOR IMPROVING FAMILY CLASSIFICATION

The WAACHS family classification scheme, as described in this chapter and in Volume One, classifies households containing children, and the individual care arrangements within the household for each child in a way that has not previously been available. As previously mentioned, the combinations of household composition and child care arrangements are many, and have been combined into groups for analysis to take place, with additional reclassification often being required for surveys with smaller samples and less predictive power.

At the household level, multiple structures within a household are able to be classified. For example, a household with only 'Both original parents' can be classified just as easily as a multi-generation household. A variety of combinations of household type are able to be recorded, including up to four generations of household members, and non-relatives.

At the child level the same flexibility exists, allowing analysts to look at how different family care arrangements for each individual child within the same household may result in specific outcomes. For example, in 'two parent step and blended' households, given sufficient sample size it may be possible to analyse outcomes for step children whose individual care arrangement is 'one parent and new partner' and outcomes for children of the present union who would have the care arrangement 'both original parents'.

If a version of this family classification scheme, modified to classify combinations of childless households, were utilised in the five-yearly Australian Census of Population and Housing conducted by the Australian Bureau of Statistics (ABS), demographers and social researchers would then have access to a new tool of considerable analytic power. It could be possible to acknowledge significant family members from outside the household, such as non-custodial parents who share child-rearing responsibilities. The benefits of this type of classification scheme are not restricted simply to Aboriginal households. Australian households are diverse, and a system such as this would allow analysts to study that diversity with a level of detail previously unavailable.

The Census, with its population perspective, makes a very attractive vehicle for such a classification scheme. There would be scope, at least down to the state level, for publishing a detailed level of household classification and child care classification.

The difficulty obtaining a wide range of family classification codes for family relationships and family structure, and the derived variables the ABS makes available for census tabulations, has been a major methodological barrier for the WAACHS. When requesting comparison tables from the 2001 Census to assist with the development of population weights for the WAACHS, the ABS were unable to provide anything more detailed than the standard classification included in their Basic Community Profiles — couple families with and without dependent children, one parent families and other families. It appears the Census is unable to distinguish between original parent families and step and blended families, and is unable to classify extended family structures. Additionally, families with more than three generations living together would be routinely split into separate

Continued



OPPORTUNITIES FOR IMPROVING FAMILY CLASSIFICATION (*continued*)

families in order to fit into the restrictive ABS classification. All these structures exist and are important to acknowledge, not only in the context of Aboriginal families, but increasingly more so throughout society.

It is recommended that family classification be thoroughly reviewed by the ABS with a view to developing and implementing a framework in the Census and other collections that is more encompassing of the variety of family structures within our society. This would allow accurate mapping of family structures at a detailed level.

COMPOSITION OF HOUSEHOLDS WITH ABORIGINAL CHILDREN

As reported in Volume One — *The Health of Aboriginal Children and Young People*,¹³ there is a wide diversity of Aboriginal and Torres Strait Islander households. The most common household type was the two original parent - nuclear type, in which two original parents are living together with children of that partnership (31.1 per cent; CI: 28.9%–33.4%). Sole mother households made up 21.8 per cent (CI: 19.8%–23.9%) of all household types. Households in which two parents were living together with children of that partnership plus children from previous spouse relationships (two parent households - blended type) represented 11.2 per cent (CI: 9.7%–12.9%). A similar proportion (11.3 per cent; CI: 10.0%–12.8%) was found in households in which a sole mother and her children were living with extended family members (sole mother households - extended type). Less common, but still relatively prevalent (6.9 per cent; CI: 5.5%–8.4%), were two original parent - nuclear families living with extended family members (two parent household - extended type). An estimated 5.9 per cent (CI: 4.8%–7.2%) of households had no identifiable original parent present and were instead headed by an aunt or grandparent (Table 2.1).

For later analysis, household types have been further grouped into four categories:

Two original parent family. This category includes:

- ◆ two original parent family - nuclear type
- ◆ two original parent - extended family categories.

Sole parent family. Includes:

- ◆ sole mother family
- ◆ sole mother step family
- ◆ sole mother extended family
- ◆ sole father
- ◆ sole father step family
- ◆ sole father other categories.

Two parent step/blended family. Includes:

- ◆ two parent - blended family
- ◆ two parent step family
- ◆ two parent step family - extended type.



Other family type. Includes:

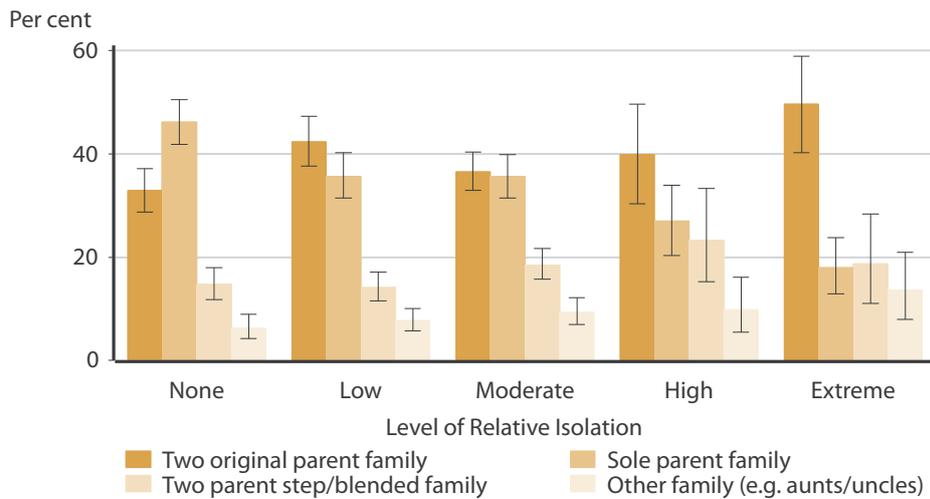
- ◆ aunts/uncles, grandparents
- ◆ independent, no parent aunt-grandparent family, other family types and unclassified family types.

Using this classification system, almost four in ten households were two original parent family type (38.0 per cent; CI: 35.6%–40.4%). A similar proportion of households were classified as sole parent family types (37.6 per cent; CI: 35.3%–40.0%). Two parent step/blended families made up a further 16.3 per cent (CI: 14.6%–18.2%) of all households, with other household types such as aunts/uncles and grandparents accounting for the remaining 8.1 per cent (CI: 6.9%–9.5%) (Table 2.2).

There were variations in household composition across levels of relative isolation (Figure 2.6). A higher proportion of households were classified as two original parent family type in areas of extreme isolation (49.6 per cent; CI: 40.2%–59.0%) compared with 32.9 per cent of households in areas of no isolation (CI: 28.8%–37.2%).

See Chapter One for a description of the Level of Relative Isolation (LORI) classification and how it relates to other classifications of isolation and remoteness, and how it is used in the WAACHS.

FIGURE 2.6: HOUSEHOLDS — HOUSEHOLD COMPOSITION, BY LEVEL OF RELATIVE ISOLATION



Source: Table 2.3

FAMILY CARE ARRANGEMENTS

Knowledge of household composition does not necessarily reveal arrangements for the specific care of children within a particular household. As households become large and more complex, greater opportunities arise within them for different care arrangements for individual children. Therefore family care arrangements for Aboriginal children have also been analysed for each child.

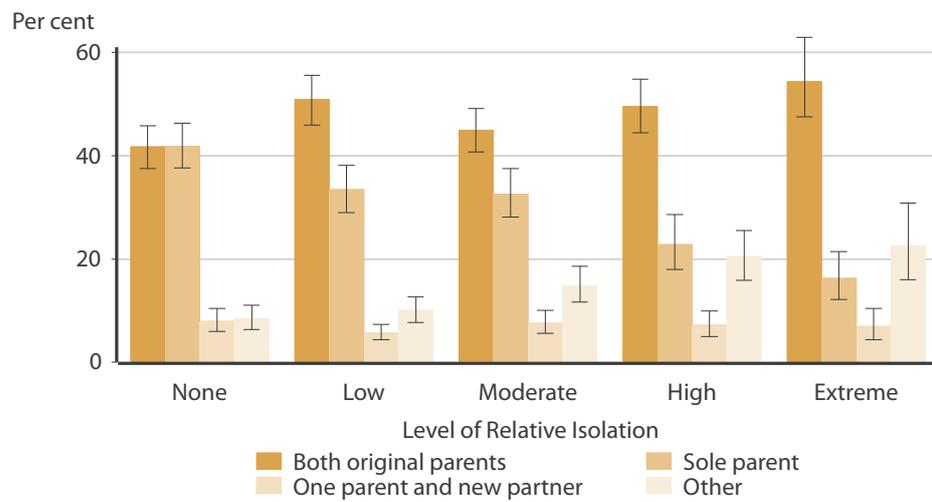
Family care arrangements varied across different levels of relative isolation (Figure 2.7). The proportion of children being cared for by a sole parent decreased as relative isolation increased. In the Perth metropolitan area, sole parents cared for 41.9 per cent (CI: 37.7%–46.3%) of children compared with 16.3 per cent (12.1%–21.5%) of children living in areas of extreme isolation. The proportion of children being cared for in



other care arrangements (such as aunts/uncles or grandparents) was higher in areas of moderate, high and extreme isolation compared with the Perth metropolitan area and areas of low relative isolation. A higher proportion of children in areas of extreme isolation were being cared for by both original parents (54.4 per cent; CI: 47.5%–61.3%) compared with 41.7 per cent (CI: 37.5%–45.8%) in the Perth metropolitan area.

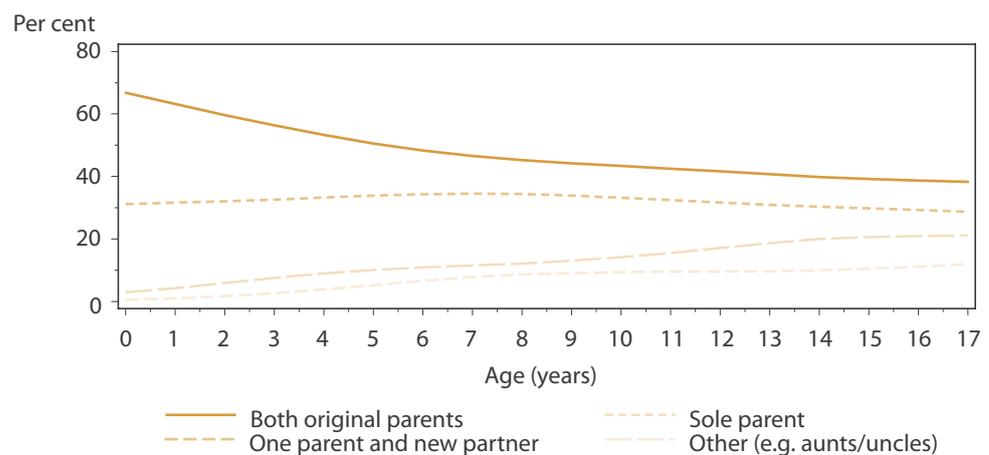
Family care arrangements also varied by children’s age. The proportion of children being cared for by both original parents declined as age of the child increased. There was little variation in the proportion of children being cared for by sole parents across all age levels. One parent and new partner and other care arrangements (such as aunts/uncles, grandparents) were more common among older children (Figure 2.8)

FIGURE 2.7: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY CARE ARRANGEMENTS, BY LEVEL OF RELATIVE ISOLATION



Source: Table 2.4

FIGURE 2.8: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY CARE ARRANGEMENTS, BY AGE



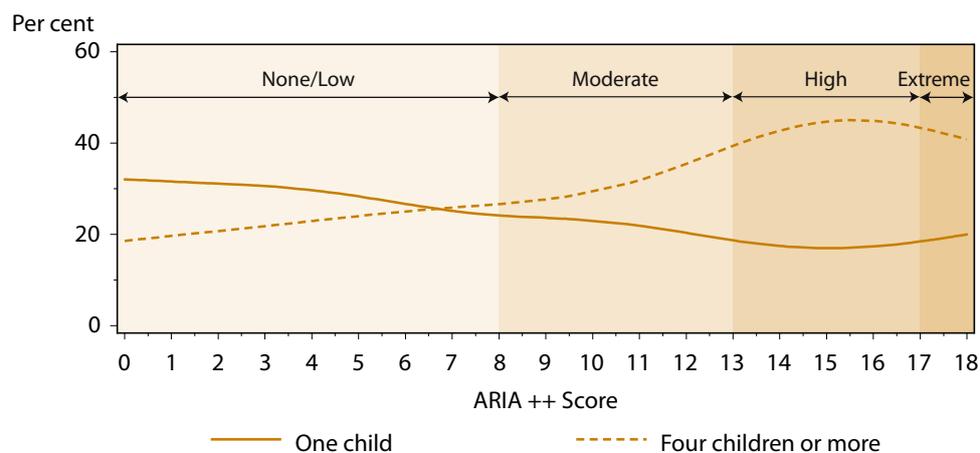
NUMBER OF ABORIGINAL CHILDREN IN THE HOUSEHOLD

The Aboriginal population has a higher fertility rate than the non-Aboriginal population, which gives rise to higher numbers of dependent children in households and families and, in turn, larger family sizes.¹⁴ From the perspective of the family, this can have implications for the burden of care faced by the caregivers, the resource requirements of the household, and the opportunities for carers to devote time to pursuits outside of their caring roles, among others.

The majority of surveyed households had either one (28.6 per cent; CI: 26.4%–30.8%) or two (28.6 per cent; CI: 26.4%–30.8%) Aboriginal children residing in them. Just over one-fifth of households (22.5 per cent; CI: 20.5%–24.7%) had four or more Aboriginal children resident (Table 2.5).

There were marked differences in the number of Aboriginal children living in the household when analysed by Level of Relative Isolation (Figure 2.9; for more information about spline charts and LORI, see section entitled *Interpreting measures of geographic isolation* in Chapter One). In areas of high relative isolation, almost half of all households (47.3 per cent; CI: 38.5%–56.7%) had four or more children. The corresponding proportion for households in the Perth metropolitan area was significantly lower, at 15.9 per cent (CI: 12.5%–19.6%) (Figure 2.10).

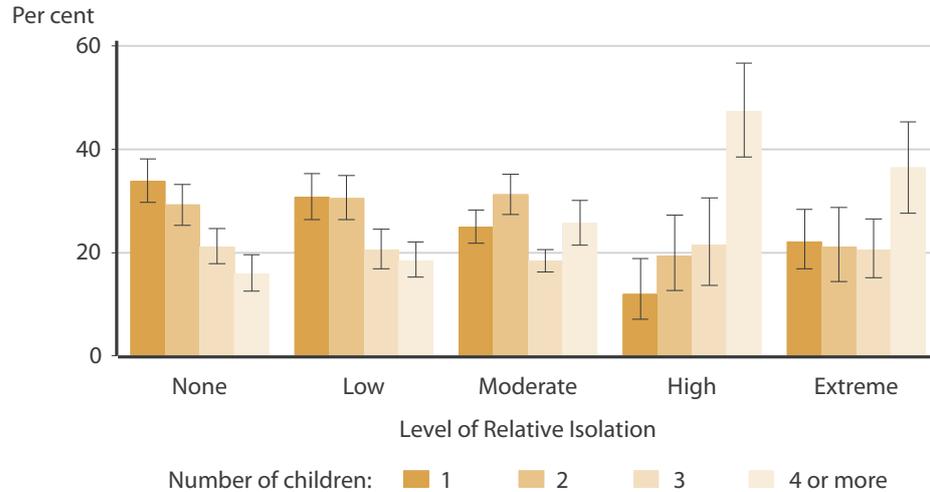
FIGURE 2.9: NUMBER OF ABORIGINAL CHILDREN IN THE HOUSEHOLD, BY REMOTENESS (ARIA++)



An analysis of household occupancy by the number of bedrooms in the dwelling was undertaken in Volume One, and will be covered further in Chapter Six of this volume.



FIGURE 2.10: HOUSEHOLDS — NUMBER OF ABORIGINAL CHILDREN IN THE HOUSEHOLD, BY LEVEL OF RELATIVE ISOLATION



Source: Table 2.6

AGE OF CHILDREN

The Aboriginal population has a much younger age structure than the non-Aboriginal population in Australia. This is the result of comparatively higher fertility and mortality rates.¹⁴ Accordingly, Aboriginal families are more likely to have young children than other families.

The following section provides some insight into the age profile of families and households with Aboriginal children. The age of the youngest and eldest child have been examined and are used here as a means for describing the age profile of families and households. Subsequent chapters will explore the effect of family age profile on various family outcomes.

Households where the youngest Aboriginal child was aged 0–3 years accounted for 44.5 per cent (CI: 42.1%–46.9%) of all surveyed households. In a further 23.5 per cent (CI: 21.4%–25.6%) of households, the youngest child was aged 4–7 years and in 6.7 per cent of households (CI: 5.6%–7.8%) the youngest child was aged 15–17 years (Table 2.7).

The eldest child was most commonly reported to be 15–17 years of age (26.0 per cent; CI: 23.9%–28.1%), while in almost one in seven households (13.7 per cent; CI: 12.2%–15.2%) the eldest child was aged 0–3 years at the time of the survey (Table 2.8).

There was no discernible difference in the age profile of households with Aboriginal children when further analysed by LORI (Tables 2.9 and 2.10).

ABORIGINAL STATUS AND BIRTH MOTHER STATUS OF CARERS

Although this topic was covered in detail in Chapter Two of Volume One,¹³ to add essential context to the analysis ahead in this volume, much of that information is repeated here in a form that is relevant to the current work.

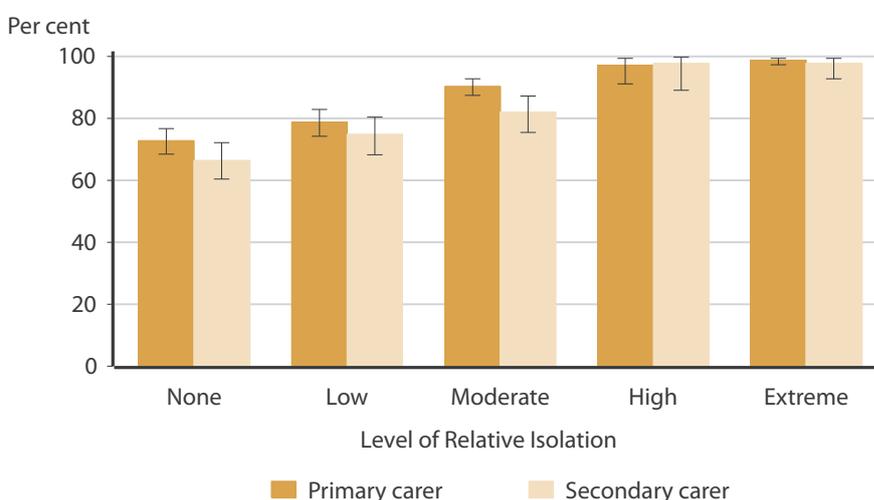


Aboriginal status of carers

An estimated 82.6 per cent (CI: 80.6%–84.5%) of primary carers and 78.6 per cent (CI: 75.7%–81.3%) of secondary carers identified themselves as being of Aboriginal or Torres Strait Islander origin (Tables 2.11, 2.12).

There was a relationship between the proportion of carers who were Aboriginal and levels of relative isolation. As the level of relative isolation increased, so too did the proportion of primary and secondary carers who were Aboriginal. For example, in the Perth metropolitan area (no isolation), 72.9 per cent (CI: 68.6%–76.8%) of primary carers and 66.4 per cent (CI: 60.5%–72.2%) of secondary carers identified themselves as being of Aboriginal or Torres Strait Islander origin. In areas of extreme isolation, 98.8 per cent (CI: 97.5%–99.5%) of primary carers and 97.9 per cent (CI: 92.9%–99.5%) of secondary carers identified themselves as being of Aboriginal or Torres Strait Islander origin (Figure 2.11).

FIGURE 2.11: ALL CARERS — PROPORTION OF CARERS WHO WERE ABORIGINAL, BY LEVEL OF RELATIVE ISOLATION



Source: Tables 2.11, 2.12

In interpreting Figure 2.11 it must be noted that the vast majority of non-Aboriginal primary carers of Aboriginal children were also the natural birth mothers of those children. In these cases it was the father of the child who was Aboriginal.

Aboriginal status of birth mothers

Aboriginal birth mothers were the primary carers of 68.4 per cent (CI: 66.2%–70.6%) of all Aboriginal children in Western Australia. The next most common primary care arrangement was Aboriginal carers who were not the birth mother of the child (17.3 per cent; CI: 15.7%–18.9%). Non-Aboriginal carers were the primary carers and natural mothers of 11.4 per cent (CI: 9.7%–13.3%) of Aboriginal children in Western Australia. Children cared for by non-Aboriginal carers who were not the natural mothers of those children amounted to 2.2 per cent (CI: 1.4%–3.3%) of all the Aboriginal children in the state (Table 2.14).



Children cared for by Aboriginal carers

There was also a relationship between the proportion of children whose primary carer was Aboriginal and LORI. As the level of relative isolation increased, so too did the proportion of children whose primary carer was Aboriginal. For example, in the Perth metropolitan area, 77.8 per cent (CI: 73.5%–81.8%) of children were cared for by an Aboriginal primary carer whereas, in areas of extreme isolation, 99.4 per cent (CI: 98.5%–99.8%) of children were cared for by an Aboriginal primary carer (Table 2.13).

The majority of Aboriginal children (80.4 per cent; CI: 78.6%–82.0%) were cared for by their natural birth mother and, for 85.1 per cent (CI: 82.9%–87.2%) of this group of Aboriginal children, their carer was Aboriginal (Tables 2.15–2.16). Of the 19.6 per cent (CI: 18.0%–21.4%) of Aboriginal children cared for by someone who was not their birth mother, 87.9 per cent (CI: 82.9%–92.0%) were cared for by somebody of Aboriginal or Torres Strait Islander origin (Table 2.16).

FAMILY MOBILITY

Measures of mobility can provide insights into the patterns of population movement within and between geographical areas. They can quantify the extent of movements of population groups and help to explain the reasons why these movements occur. Further, mobility patterns often reflect the links that regions have with one another, changes in the economic circumstances of regions, the needs and aspirations of individuals and families, and the relative access to services.¹⁵

The stereotypical view of Aboriginal populations, particularly in more remote areas, is that they are a more mobile group than non-Aboriginal Australians. Recent evidence suggests that there is a similar rate of movement between Aboriginal and non-Aboriginal people, although their patterns of movement are distinctly different.¹⁸ While young people in Australia tend to be more mobile than other age groups, there is a less pronounced age effect among the Aboriginal population. This may reflect a relative detachment from mainstream economic and social processes or a limit in the choices Aboriginal people have to engage in activities that require migration. Alternatively, it may simply suggest that Aboriginal young people can satisfy their needs and wants closer to home and therefore do not need to move from their home.^{14,16}

The WAACHS asked a number of questions regarding the propensity for Aboriginal families to change where they live, both permanently and seasonally. In addition, the survey attempted to collect information on the frequency with which families moved and the distance of moves.

PROPENSITY TO MOVE

In addition to recording the address of the dwellings that families lived in at the time of the survey (this could be 2001 or 2002, depending on when the family was interviewed), the WAACHS asked carers to state their residential postcode in August 1996. This enabled the derivation of a measure of the propensity of Aboriginal children and families to move in a five to six year period.

Among Aboriginal children in Western Australia born before August 1996, 44.9 per cent (CI: 42.0%–47.8%) lived in a different postcode at the time of the survey when compared with August 1996 (Table 2.17). While this figure provides an approximate



measure of the proportion of children who had moved homes in the 5–6 years prior to the survey, it does not include those who had moved within the same postcode. As a result, the true level of movement between these two time periods is likely to be higher.

For the purpose of comparison, ABS census data highlight that 48.4 per cent of all Aboriginal people in Western Australia moved residence between 1996 and 2001. This compares with 42.6 per cent of non-Aboriginal people in Western Australia for the same period.¹⁴

WAACHS data found that about 5.6 per cent (CI: 4.3%–7.2%) of children had moved from an interstate location, while 39.3 per cent (CI: 36.5%–42.0%) of children made an intrastate move in the last 5–6 years (Table 2.17).

There were some differences in the propensity to move by LORI. Children in the Perth metropolitan area (52.3 per cent; CI: 47.5%–57.1%) tended to be more mobile than those in other areas. Children living in areas of moderate isolation at the time of the survey were the least likely to have moved (36.7 per cent; CI: 30.8%–43.2%) (Figure 2.12). These data should be used with caution, as part of the differences between LORI categories may be attributable to differences in postcode sizes.

LIMITATIONS IN MEASURING MOBILITY

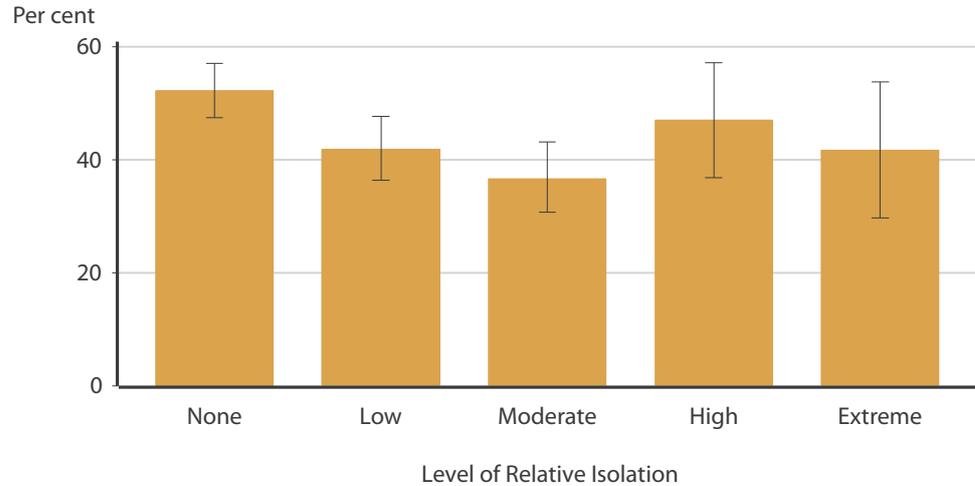
There are a number of limitations to the measures of mobility derived from WAACHS data and used in this section of the publication:

- ◆ Questions in the WAACHS which asked about where people lived at a point in time cannot be used to measure multiple moves or moves occurring between time periods. In addition, data cannot be captured for children born within the period of interest.
- ◆ While the WAACHS gathered some details on each family's place of residence in 1996 and at the time of the survey, it didn't specifically ask whether the family had moved in this period. In 1996, only the postcode of the surveyed family's place of residence was recorded, hence any moves made within postcode boundaries in the 5–6 year period up to the survey being conducted were not able to be captured. Also, postcode sizes vary by geographic location, meaning that some families may move many kilometres while remaining in the same postcode, while others may only move a few kilometres and enter a new postcode. Compared with non-Aboriginal families, a higher proportion of Aboriginal families live in more remote areas, where postcodes tend to be larger than those in less remote regions. Therefore the WAACHS measure of the propensity of Aboriginal families to move residence will understate the true level.
- ◆ The WAACHS measures of the number of moves since birth may be affected by difficulties that surveyed families have in recalling past moves. This may be more of an issue for families with older children.

The survey found no discernible difference in the propensity to move for children of different ages. Other data sources typically show that rates increase among the young adult population (20–29 years) as they search for post-school educational and work opportunities, although this phenomenon is more pronounced among the non-Aboriginal population than others.^{17,18}



FIGURE 2.12: ABORIGINAL CHILDREN BORN BEFORE AUGUST 1996 — PROPORTION THAT HAD MOVED HOUSE BETWEEN AUGUST 1996 AND 2001/2002



Source: Table 2.17

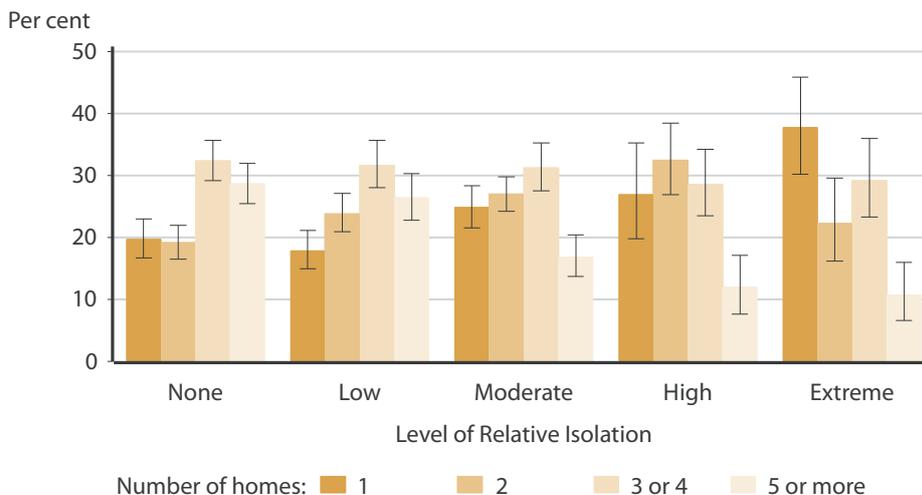
NUMBER OF DIFFERENT HOMES LIVED IN

Another measure of family mobility has been constructed from carer’s reports of how many different homes children under their care had lived in since birth. Table 2.18 shows that almost one-quarter of Aboriginal children (22.9 per cent; CI: 21.0%–24.8%) had lived in the same home since birth. A further 23.7 per cent (CI: 22.1%–25.3%) of all children had lived in two homes since birth, while 22.1 per cent (CI: 20.4%–23.9%) had lived in five or more homes. Alternatively put, at the time of the survey, Aboriginal children had lived, on average, in just over three homes since birth (3.3; CI: 3.2–3.4) (Table 2.21).

As shown in Figure 2.13, the proportion of children living in five or more homes declined as relative isolation increased. Around one in ten children (10.7 per cent; CI: 6.6%–16.0%) living in areas of extreme isolation had lived in five or more homes since birth compared with almost three in ten children living in the Perth metropolitan area (28.7 per cent; CI: 25.5%–32.0%). This is consistent with the data above, which highlighted that children in the Perth metropolitan area were more likely to have moved than those in areas of greater relative isolation.



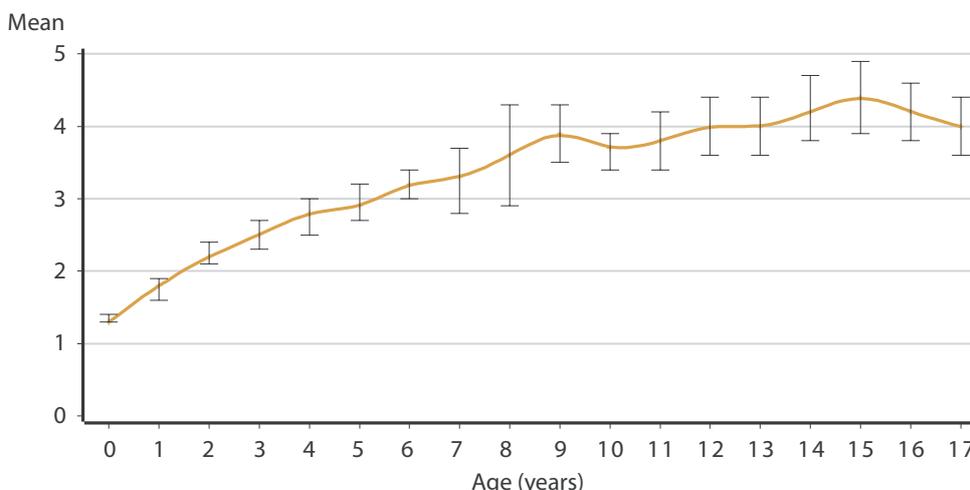
FIGURE 2.13: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF HOMES LIVED IN SINCE BIRTH, BY LEVEL OF RELATIVE ISOLATION



Source: Table 2.19

There is an age effect on these data, as older children have had a longer period in which to move homes (Table 2.20). Over three in ten children aged 12–17 years (34.1 per cent; CI: 30.7%–37.6%) had lived in five or more homes since birth, significantly higher than the corresponding proportion of children aged 0–3 years (4.7 per cent; CI: 3.3%–6.6%). Figure 2.14 illustrates that the average number of homes lived in plateaus from age 12 years through to age 17 years. It is not known whether this is simply a cohort effect, but, interestingly, 6 year-olds have lived in an average of 3.2 homes (CI: 3.0–3.4) while 17 year-olds have lived in an average of 4.0 homes (CI: 3.6–4.4). If it is assumed that this is not a cohort effect, this suggests that most home moves occur during the pre-school years. Investigations into the potential impact of this will occur in later chapters. On average, Aboriginal children aged 0–17 years have lived in 3.3 homes (CI: 3.2–3.4) since birth (Table 2.21).

FIGURE 2.14: ABORIGINAL CHILDREN AGED 0–17 YEARS — AVERAGE NUMBER OF HOMES LIVED IN SINCE BIRTH, BY AGE



Source: Table 2.21



OTHER PLACES OF RESIDENCE

Carers were asked whether they had other places they lived in for parts of the year, and the length of time they spent in their current dwelling during the year. While the survey did not ask the reasons for these regular changes in residence, it is known that Aboriginal families can spend considerable time away from their usual residence to attend funerals, because of seasonal weather patterns, to visit family, etc. (see commentary box entitled *Families on the move*).

It is estimated that 8.7 per cent (CI: 7.5%–10.0%) of Aboriginal children had another place that they lived in for part of the year. This proportion varies considerably by LORI, from 3.4 per cent (CI: 2.1%–5.3%) in the Perth metropolitan area to 14.6 per cent (CI: 11.9%–17.6%) in areas of moderate isolation, and 19.8 per cent (CI: 14.0%–26.4%) in areas of extreme isolation (Table 2.22).

Carers of children that have another residence for part of the year, on average, stated that they lived in their current dwelling for 8.7 months (CI: 8.2–9.2) of each year. That is, on average, this group of children were living away from their current residence for 3.3 months of each year.

LIVING AWAY FROM HOME IN THE EARLY STAGES OF LIFE

Carers were asked whether surveyed children had lived away from them for a month or more before they were four years of age. This was the case for 7.5 per cent (CI: 6.3%–8.9%) of Aboriginal children who were aged 4–17 years at the time of the survey (Table 2.23). It should be noted that this figure is based on valid responses; children whose carers did not know or did not answer this question for other reasons were excluded from this analysis (this pertains to an estimated 5,160 children).



FAMILIES ON THE MOVE

A notable feature of the Aboriginal families within this study is their high levels of residential mobility. Historically, Aboriginal people have always had a 'culture of mobility', in which movement played a central role in the maintenance of relationships to places and to kin in addition to moving for exploiting seasonal food and accessing water and other essential resources.¹⁶ Despite these traditional ways being disrupted by the processes of colonisation, a high proportion of Aboriginal families today — particularly in country and more remote areas — remain highly mobile in their day-to-day lives. This does not necessarily mean Aboriginal families with strong cultural ties are moving house frequently, but more that cultural obligations mean that they are likely to be away from their usual place of residence more often than non-Aboriginal Australian families. Aboriginal families in general tend to experience more changes in residence in comparison with non-Aboriginal families.

The reasons for contemporary Aboriginal mobility are multi-faceted. The relatively sparse literature on the subject suggests that understanding this phenomenon requires a delineation of: (a) the motivation for travel or propensity to relocate, (b) the distance and duration of movements, (c) the pattern of flows and networks of movement, (d) the redistributive outcomes they produce — such as short term migrations and circular movements, and (e) the mobility careers or patterns of movement within an individual's life-course.¹⁵ One recent review of the topic grouped the literature into two broad categories.¹⁶ The first included qualitative anthropological and ethnographically based studies concerned with the socioeconomic role of Aboriginal mobility and its cultural context and meaning. The second were more quantitative studies concerned with migration demographics and typically based on census or administrative data recording population movements.

These studies often include comparisons with non-Aboriginal mobility patterns to identify distinctive Aboriginal social and economic behaviours that may require specific or targeted policy responses.¹⁴

While there are clearly social, cultural and spiritual benefits associated with more traditional patterns of Aboriginal mobility, there are also some contemporary family movements which may be detrimental to the health and wellbeing of families and children. For example, cultural and family obligations to travel long distances to attend funerals can often be disruptive to children's school education. However, the greatest proportion of Aboriginal families with high mobility are those living in areas with no or little relative isolation (i.e. metropolitan or other large regional centres). This is largely an outcome of urban drift with migration out of traditional homelands and away from small rural and remote communities.

Continued



FAMILIES ON THE MOVE *(continued)*

In more urbanised settings there are new socioeconomic and other structural forces driving residential mobility — particularly housing insecurity and family breakdown. As documented in Volume One,¹³ 40 per cent of Aboriginal children in the Perth metropolitan area were being cared for by a single mother, significantly higher than the corresponding proportion in areas of extreme isolation (14 per cent). Furthermore, over 70 per cent of families with Aboriginal children are in rental accommodation which is two and a half times the comparable rate for non-Aboriginal families. High household mobility proved to be a significant obstacle to the WAACHS finding the expected number of households with Aboriginal children in the sample frame drawn from the 1996 Census. Investigations of this undercount established that between 12–15 per cent of the target population had moved to CDs not included in the sampling frame due to movements of Homeswest public housing stock between 1996 and 2000.

Whatever its causes, the findings reported in the previous two volumes of the survey indicate that high residential mobility is associated with children having increased risk of problems in their behavioural and emotional adjustment. Volume Three clearly shows that being at high risk of clinically significant emotional or behavioural difficulties is independently associated with both poor school attendance and low academic performance.¹⁹

There is a considerable international literature on the consequences for children of potentially disruptive environmental transitions such as residential relocation and changes of schools.²⁰ While changes are a part of normal human experience and adaptation is an important life-skill, the evidence from longitudinal population studies in Australia and other developed countries such as the US, Canada, and the UK suggest that today's children experience too many changes, too early in life, and that too many changes — especially when these occur simultaneously — can have important impacts on their subsequent development.

Increasing the awareness of parents, caregivers, teachers and the general community of the negative effects of high family mobility and other such environmental changes is important — but it may not always be possible for families to control the number of household moves they need to make. However, the literature is clear in highlighting the need for public policy to seek to reduce the number of transitions children experience.

For example, policies encompassing housing, income support or other family supports such as child care should give a high priority to minimising avoidable moves. Schools and teachers can also play an important role in assisting parents to ease the transitions which young children face. Also, since stability within the family is highly protective for children experiencing change, family and community services can also assist by ensuring that such forms of support will be maintained when families move.



HOUSING CHARACTERISTICS

The WAACHS collected a range of information about the characteristics of the dwelling that was home to each Aboriginal child involved in the survey. A detailed overview of these characteristics, including dwelling structure, housing tenure (including government housing), ease of acquisition of rental property, crowding, and other places of residence was reported in Chapter Two of Volume One.¹³ As well as re-visiting some findings from Volume One, an even more comprehensive analysis of housing for families with Aboriginal children is presented in Chapter Six of this publication.

Keeping this in mind, to provide a basic understanding of the demographics of housing for families with Aboriginal children in Western Australia, it is useful to repeat a couple of key Volume One findings here.¹³ Firstly, with regard to the types of dwellings inhabited by families with Aboriginal children aged 0–17 years, the pattern is virtually identical to that of families with children aged 4–16 years in the general population, as observed in the 1993 WA CHS. For example, in both cases, over 90 per cent of these families lived in a separate house — 91.4 per cent (CI: 89.6%–93.0%) in the WAACHS and 91.1 per cent (CI: 88.1%–94.1%) in the 1993 WA CHS. Where the two populations differ most is in housing tenure, with 70.7 per cent (CI: 68.2%–73.1%) of families with Aboriginal children renting their residence compared with 24.8 per cent (CI: 21.6%–27.9%) of families in the 1993 WA CHS.²¹

SOCIOECONOMIC CHARACTERISTICS OF NEIGHBOURHOODS AND COMMUNITIES WHERE ABORIGINAL CHILDREN LIVE

The Index of Relative Socio-economic Disadvantage (the Index) is one of five measures of socioeconomic status calculated by the Australian Bureau of Statistics in their Socio-Economic Indexes For Areas (SEIFA) product.²² The Index of Relative Socio-economic Disadvantage (see *Glossary*) is a summary measure calculated from census data which ranks the relative level of disadvantage of each census collection district (CD). The index is derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect disadvantage rather than measure specific aspects of disadvantage (e.g. marital status of separated/divorced, Indigenous status, etc.). The Index is scaled to have a mean of 1,000 and a standard deviation of 100. Lower values indicate greater levels of disadvantage.

When the Index was applied to CDs in which WAACHS families lived, an unacceptably high proportion of Aboriginal children — around nine in ten — were living in areas classified in the bottom 50% of the Index. The extent of deviation from the distribution of the general population, where one in two children would be expected to live in areas classified in the bottom 50%, is a stark measure of the diminished stocks of human capital among Aboriginal families. For the purposes of using the Index for more meaningful analysis of the circumstances of Aboriginal families and their children in this and subsequent chapters, area rankings have been grouped into five categories (where the bottom 5% category indicates the most disadvantaged areas):

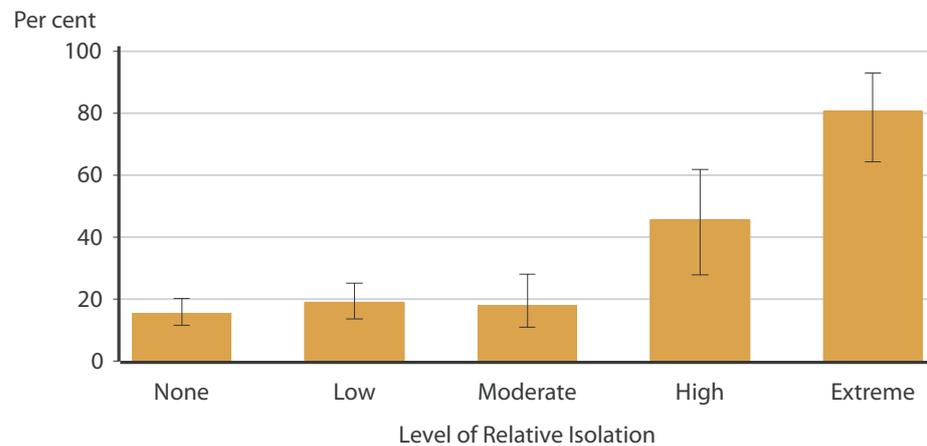
- ◆ bottom 5% (of the Index)
- ◆ 5%–10%
- ◆ 10%–25%
- ◆ 25%–50%
- ◆ top 50%.



The Index has been used as one measure of the socioeconomic characteristics of neighbourhoods and communities where Aboriginal children live. Around one in four Aboriginal children aged 0–17 years (26.3 per cent; CI: 22.5%–30.2%) were living in areas classified in the bottom 5% of socioeconomic disadvantage. For all Western Australian children, a significantly lower one in twenty would be expected to be living in areas in the bottom 5%. Only one in ten Aboriginal children (9.7 per cent; CI: 7.0%–13.0%) were living in areas classified in the top 50% of socioeconomic disadvantage (Table 2.24).

A strong association was found between living in areas of socioeconomic disadvantage and relative isolation. Over four in five children (80.8 per cent; CI: 64.5%–93.0%) living in areas of extreme isolation were in the bottom 5% of socioeconomic disadvantage. This was significantly higher than the corresponding proportion for children living in the Perth metropolitan area (15.4 per cent; CI: 11.6%–20.3%) (Figure 2.15).

FIGURE 2.15: ABORIGINAL CHILDREN AGED 0–17 YEARS — PROPORTION LIVING IN THE BOTTOM 5% OF THE INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE, BY LEVEL OF RELATIVE ISOLATION



Source: Table 2.24

Chapter Three further examines the socioeconomic wellbeing of families with Aboriginal children using three specific indicators — the highest level of educational attainment of the primary carer; whether the primary carer had ever been in paid work; and the financial strain experienced by families. Demographic, child, carer, family and household factors associated with each indicator are also documented.

SATISFACTION WITH COMMUNITY SERVICES AND FACILITIES

Information about the overall satisfaction with access to services and facilities was asked of carers in both the WAACHS and the 1993 WA CHS. It has therefore been possible in this section to compare satisfaction with access to services and facilities as rated by carers of Aboriginal children with ratings by carers of non-Aboriginal children. Following is a description of the ratings used in both surveys.



RATING SATISFACTION WITH SERVICES AND FACILITIES

Carers of Aboriginal children (WAACHS)

Primary carers of Aboriginal children were asked a series of questions concerning their overall satisfaction with access to a range of services and facilities. The set of questions asked of primary carers living in discrete remote communities were modified significantly to maintain relevance to their unique living circumstances.

Primary carers in the WAACHS were asked to rate how happy they were with their access to a range of services and facilities, using a five-point scale:

- ◆ Very unhappy
- ◆ A little bit unhappy
- ◆ Neither unhappy nor happy
- ◆ A little bit happy
- ◆ Very happy.

To simplify analysis this scale was divided into three categories:

- ◆ A little bit unhappy or very unhappy
- ◆ Neither unhappy nor happy
- ◆ A little bit happy or very happy.

Where a response is given as 'Not applicable', this refers to either a question not asked of the carer (e.g. remote community not asked this question) or the carer stated that the question was not applicable to them (e.g. 'Access to child care facilities' may not be applicable to a carer whose youngest child was 16 years old).

Carers of non-Aboriginal children (1993 WA CHS)

Carers of non-Aboriginal children in the 1993 WA CHS were also asked to rate how satisfied they were with access to various services on a five-point scale. However, the wording of this scale differed slightly from the five-point scale used in the WAACHS:

- ◆ Very dissatisfied
- ◆ Dissatisfied
- ◆ Neither satisfied or dissatisfied
- ◆ Satisfied
- ◆ Very satisfied.

To simplify analysis this scale was divided into three categories:

- ◆ Very dissatisfied or dissatisfied
- ◆ Neither satisfied or dissatisfied
- ◆ Satisfied or very satisfied.

While some of the questions were identical between the WAACHS and WA CHS, there were minor wording variations across the other common items. Excluding the remote community questions, six questions asked in the WAACHS were not asked in the WA CHS. These additional questions were asked in the WAACHS in response to a request



from the Aboriginal Steering Committee governing the WAACHS for information on separate Aboriginal-specific issues. These differences are summarised in Appendix E. Also note that a gap of seven to eight years exists between the WAACHS and the 1993 WA CHS collections, during which time there may have been changes in the overall level of access to specific services or facilities. Additionally, while the WA CHS was a representative sample of children throughout Western Australia the majority of non-Aboriginal children live in the Perth metropolitan area or areas of low isolation, whereas Aboriginal children are more evenly spread throughout the state (see Figure 2.2). This difference in population distribution may impact on some of the comparisons of satisfaction with access to services between the WAACHS and WA CHS.

SATISFACTION WITH ACCESS TO COMMUNITY SERVICES AND FACILITIES

The questions asked of carers in regards to access to community services and facilities can be categorised in the following themes:

- ◆ health and medical services
- ◆ transport and communication services
- ◆ shops, banking and entertainment facilities
- ◆ community services
- ◆ recreation facilities
- ◆ other services and opportunities.

Figure 2.16 summarises the proportion of carers who were ‘a little bit happy’ or ‘very happy’ with access to each service.

Prior to presenting details on each of the specific questions, some summary observations are presented here.

- ◆ Carers were most satisfied with their access to schools, shops, playing fields, a general practitioner and a community or child health clinic. Levels of satisfaction for access to these services and facilities were estimated at or above 60 per cent. This is, of course, a broad observation and where significant variations in these levels of satisfaction occur within specific levels of relative isolation these are discussed with respect to each of the individual questions reported below.
- ◆ It is a matter of some concern however that, beyond relatively good endorsement of these few services, the level of estimated satisfaction with the remaining services, facilities and amenities is below 60 per cent.
- ◆ Several questions attracted particularly low levels of estimated satisfaction: a place where teenagers can get together; after school or vacation care; and child care facilities, were all at or below 30 per cent.
- ◆ For 26 of the 29 services and facilities presented in this section, the levels of satisfaction among carers of Aboriginal children were lower than for carers of non-Aboriginal children in the WA CHS.



FIGURE 2.16: PRIMARY CARERS — SATISFACTION WITH ACCESS TO COMMUNITY SERVICES AND FACILITIES, WAACHS COMPARED WITH WA CHS

	WAACHS—Respondents who were happy(a) with their access to the service		WA CHS—Respondents who were satisfied(b) with their access to the service	
	Per cent	95% CI	Per cent	95% CI
Health and medical services				
General practitioner (d)	61.2	(58.3 – 64.1)	87.2	(85.0 – 89.2)
Community or child health clinic	60.7	(58.1 – 63.3)	69.4	(60.0 – 72.5)
Ambulance service (d)	47.1	(44.0 – 50.1)	70.1	(66.6 – 73.4)
The Flying Doctor (c)	38.3	(35.7 – 40.9)		
Aboriginal Medical Service (c)	35.5	(32.8 – 38.3)		
Transport and communication services				
A public telephone	47.0	(44.2 – 49.8)	65.1	(61.3 – 68.7)
Taxis (c)	39.7	(36.8 – 42.8)		
Public transport systems (d)	39.2	(36.8 – 41.7)	69.0	(65.2 – 72.6)
School bus service (c)	36.3	(33.6 – 39.1)		
Shops, banking and entertainment facilities				
Shops or a shopping centre	74.8	(72.2 – 77.3)	87.4	(84.6 – 90.0)
Banking facilities	57.4	(54.7 – 60.2)	80.0	(76.2 – 83.4)
A movie theatre or outdoor pictures	39.2	(36.4 – 41.9)	51.7	(46.7 – 56.9)
A hall for live theatre or performances	31.2	(28.8 – 33.7)	37.7	(33.9 – 41.7)
Community services				
Schools	82.6	(80.7 – 84.5)	92.4	(90.4 – 94.2)
Police station or regular patrols	52.2	(49.5 – 54.9)	65.8	(61.6 – 69.7)
Public library (d)	51.3	(48.3 – 54.2)	83.2	(79.5 – 86.3)
Community centre (d)	38.0	(35.4 – 40.7)	53.7	(49.9 – 57.5)
Family and children's services (Welfare) (c)	38.0	(35.4 – 40.6)		
Child care facilities (d)	30.0	(27.6 – 32.6)	51.6	(48.0 – 55.0)
After school care/vacation care (d)	21.4	(19.1 – 23.8)	44.7	(41.1 – 48.2)
Recreation facilities				
Playing field where children can play	71.8	(69.3 – 74.2)	71.9	(68.0 – 75.5)
Outdoor playing fields for organised sport	70.4	(67.9 – 72.9)	81.3	(78.1 – 84.1)
Swimming complex (indoor or outdoor)	59.7	(56.3 – 62.9)	68.8	(64.3 – 73.2)
Indoor sports centre for games	50.7	(47.8 – 53.5)	60.1	(55.9 – 64.3)
Other services, facilities and opportunities				
Street lighting	58.3	(55.6 – 61.0)	56.5	(52.9 – 60.0)
Church	46.0	(43.3 – 48.7)	65.4	(62.0 – 68.8)
Activities for children outside school	42.3	(39.6 – 45.0)	56.0	(52.2 – 59.7)
Work or opportunities for work (c)	41.0	(38.2 – 43.7)		
A place where teenagers can get together (d)	18.1	(15.9 – 20.4)	24.5	(21.3 – 27.9)

(a) Primary carers who reported being 'a little bit happy' or 'very happy' with their access to a service.

(b) Primary carers who reported being 'satisfied' or 'very satisfied' with their access to a service.

(c) Not asked in the 1993 WA CHS.

(d) Not asked of carers in remote communities

Responses from the carers of Aboriginal children are further analysed by level of relative isolation in Chapter Seven.



Health and medical services

General practitioner. Throughout WA, 61.2 per cent (CI: 58.3%–64.1%) of primary carers were happy with their access to a general practitioner. For carers of non-Aboriginal children in the 1993 WA CHS, 87.2 per cent (CI: 85.0%–89.2%) were satisfied with access to a general practitioner (Table 2.25).

This question was not asked of carers in remote communities.

Community or child health clinic. Overall, 60.7 per cent (CI: 58.1%–63.3%) of primary carers were happy with their access to this service. For carers of non-Aboriginal children in the 1993 WA CHS, 69.4 per cent (CI: 66.0%–72.5%) were satisfied with access to a community or child health clinic (Table 2.26).

Ambulance. Almost half (47.1 per cent; CI: 44.0%–50.1%) of primary carers were happy with their access to an ambulance. For carers of non-Aboriginal children in the 1993 WA CHS, 70.1 per cent (CI: 66.6%–73.4%) were satisfied with access to this service (Table 2.27).

The Flying Doctor. Overall, 38.3 per cent (CI: 35.7%–40.9%) of primary carers were happy with their access to this service (Table 2.28).

This question was not asked of carers in the 1993 WA CHS.

Aboriginal Medical Service (AMS). One in three (35.5 per cent; CI: 32.8%–38.3%) of primary carers were happy with their access to the AMS (Table 2.29).

This question was not asked of carers in the 1993 WA CHS.

Transport and communication services

Public telephone. In WA, 47.0 per cent (CI: 44.2%–49.8%) of primary carers were happy with their access to this service. For carers of non-Aboriginal children in the 1993 WA CHS, 65.1 per cent (CI: 61.3%–68.7%) were satisfied with access to a public telephone (Table 2.30).

Taxis. Overall, 39.7 per cent (CI: 36.8%–42.8%) of primary carers were happy with their access to a taxi (Table 2.31).

This question was not asked of carers in the 1993 WA CHS.

Public transport systems. An estimated 39.2 per cent (CI: 36.8%–41.7%) of primary carers were happy with their access to this service, compared with carers of non-Aboriginal children in the 1993 WA CHS, 69.0 per cent (CI: 65.2%–72.6%) (Table 2.32).

This question was not asked of carers in remote communities.

School bus service. Overall, 36.3 per cent (CI: 33.6%–39.1%) of primary carers were happy with their access to a school bus service (Table 2.33).

This question was not asked of carers in the 1993 WA CHS.

Shops, banking and entertainment facilities

Shops or a shopping centre. In WA, 74.8 per cent (CI: 72.2%–77.3%) of primary carers were happy with their access to shops or a shopping centre. For carers of non-Aboriginal children in the 1993 WA CHS, 87.4 per cent (CI: 84.6%–90.0%) were satisfied with access to this service (Table 2.34).



Banking facilities. A higher proportion of carers of non-Aboriginal children in the 1993 WA CHS were happy with their access to banking facilities (80.0 per cent; CI: 76.2%–83.4%) when compared with primary carers of Aboriginal children (57.4 per cent; CI: 54.7%–60.2%) (Table 2.35).

Movie theatre or outdoor pictures. Overall, 39.2 per cent (CI: 36.4%–41.9%) of primary carers were satisfied with access to a movie theatre or outdoor pictures — lower than the proportion reported by carers of non-Aboriginal children in the 1993 WA CHS (51.7 per cent; CI: 46.7%–56.9%) (Table 2.36).

Hall for live theatre or performances. Almost a third (31.2 per cent; CI: 28.8%–33.7%) of primary carers were happy with their access to a performance hall. This was marginally lower than the proportion reported by carers of non-Aboriginal children in the 1993 WA CHS (37.7 per cent; CI: 33.9%–41.7%) (Table 2.37).

Community services

Schools. Most primary carers were happy with their access to schools — 82.6 per cent (CI: 80.7%–84.5%) among carers of Aboriginal children and 92.4 per cent (CI: 90.4%–94.2%) among carers of non-Aboriginal children (Table 2.38).

Police station or regular patrols. Around half (52.2 per cent; CI: 49.5%–54.9%) of primary carers were happy with their access to a police station or regular patrols. The level of satisfaction among carers of non-Aboriginal children was 65.8 per cent (CI: 61.6%–69.7%) (Table 2.39).

Public library. Far fewer carers of Aboriginal children stated that they were satisfied with their access to a public library (51.3 per cent; CI: 48.3%–54.2%) than carers of non-Aboriginal children in the 1993 WA CHS (83.2 per cent; CI: 79.5%–86.3%) (Table 2.40).

This question was not asked of carers in remote communities.

Community centre. Overall, 38.0 per cent (CI: 35.4%–40.7%) of primary carers were happy with their access to a community centre. For carers of non-Aboriginal children in the 1993 WA CHS, 53.7 per cent (CI: 49.9%–57.5%) were satisfied (Table 2.41).

This question was not asked of carers in remote communities.

Department for Community Development (Welfare). Overall, 38.0 per cent (CI: 35.4%–40.6%) of primary carers were happy with their access to this service (Table 2.42).

This question was not asked of carers in the 1993 WA CHS.

Child care facilities. Less than a third (30.0 per cent; CI: 27.6%–32.6%) of primary carers were happy with their access to these facilities. In comparison, over half (51.6 per cent; CI: 48.0%–55.0%) of carers of non-Aboriginal children were satisfied with access to child care facilities (Table 2.43).

This question was not asked of carers in remote communities.

After school care/vacation care. One in five (21.4 per cent; CI: 19.1%–23.8%) of primary carers were happy with their access to after school care/vacation care. For carers of non-Aboriginal children in the 1993 WA CHS, 44.7 per cent (CI: 41.1%–48.2%) reported being satisfied with their access to this type of care (Table 2.44).

This question was not asked of carers in remote communities.



Recreation facilities

Playing field where children can play. Overall, 71.8 per cent (CI: 69.3%–74.2%) of primary carers were happy with their access to playing fields. This was similar to the proportion reported among carers of non-Aboriginal children in 1993 (71.9 per cent; CI: 68.0%–75.5%) (Table 2.45).

Outdoor playing fields for organised sport. While a similar proportion of carers of Aboriginal and non-Aboriginal children were happy with access to playing fields, a lower proportion of carers of Aboriginal children were satisfied with their access to fields for organised sport (70.4 per cent; CI: 67.9%–72.9%) than carers of non-Aboriginal children (81.3 per cent; CI: 78.1%–84.1%) (Table 2.46).

Swimming complex (indoor or outdoor). Overall, 59.7 per cent (CI: 56.3%–62.9%) of primary carers were happy with their access to a swimming complex. For carers of non-Aboriginal children in the 1993 WA CHS, 68.8 per cent (CI: 64.3%–73.2%) were satisfied with access (Table 2.47).

Indoor sports centre for games. Around half (50.7 per cent; CI: 47.8%–53.5%) of primary carers were happy with their access to an indoor sports centre. This compares with 60.1 per cent (CI: 55.9%–64.3%) of carers of non-Aboriginal children (Table 2.48).

Other services, facilities and opportunities

Street lighting. Throughout the state, 58.3 per cent (CI: 55.6%–61.0%) of primary carers were happy with the street lighting in their neighbourhood/community. This was similar to the proportion reported by carers of non-Aboriginal children in the 1993 WA CHS (56.5 per cent; CI: 52.9%–60.0%) (Table 2.49).

Church. Overall, 46.0 per cent (CI: 43.3%–48.7%) of primary carers were happy with their access to a church. A similar proportion (46.5 per cent; CI: 43.9%–49.1%) were 'Neither unhappy nor happy' with access to church. For carers of non-Aboriginal children in the 1993 WA CHS, 65.4 per cent (CI: 62.0%–68.8%) were satisfied with access to a church (Table 2.50).

Activities for children outside school. Overall, 42.3 per cent (CI: 39.6%–45.0%) of primary carers were happy with their access to activities for children outside school. For carers of non-Aboriginal children in the 1993 WA CHS, 56.0 per cent (CI: 52.2%–59.7%) were satisfied with access to these type of activities (Table 2.51).

Work or opportunities for work. Overall, 41.0 per cent (CI: 38.2%–43.7%) of primary carers were happy with their access to work opportunities (Table 2.52).

This question was not asked of carers in the 1993 WA CHS.

Places where teenagers can get together. Less than one in five (18.1 per cent; CI: 15.9%–20.4%) carers of Aboriginal children were happy with their access to places for teenagers. The comparable proportion among carers of non-Aboriginal children in the 1993 WA CHS was 24.5 per cent (CI: 21.3%–27.9%) (Table 2.53).

This question was not asked of carers in remote communities.



Remote communities

Questions about access to the following services and facilities were only asked of primary carers in remote Aboriginal communities.

Airstrips. Some 70.1 per cent (CI: 59.7%–80.0%) of primary carers in areas of extreme relative isolation were happy with their access to an airstrip (Table 2.54).

Roads within, and to, the community. Some 61.4 per cent (CI: 49.5%–72.8%) of primary carers in areas of extreme relative isolation were happy with the roads within their community (Table 2.55). Around half (51.6 per cent; CI: 38.4%–64.8%) were happy with the roads to the community (Table 2.57).

Post box or postal service. Approximately three in five (59.5 per cent; CI: 47.9%–70.4%) primary carers in areas of extreme relative isolation were happy with their access to a post box or postal service (Table 2.56).

TRAVEL, TRANSPORT AND DISTANCE TO SERVICES

Primary carers were asked a series of questions about transport, distances to travel and ease of travel. A higher proportion of families with Aboriginal children live in areas of high and extreme relative isolation, compared with families who have only non-Aboriginal children.¹³ This means there can be issues of access to major population centres, and the services and facilities such centres are able to provide, for a much higher proportion of Aboriginal children than is the case for non-Aboriginal children.

Vehicle access

Availability of a vehicle to get around. Overall, 71.7 per cent (CI: 69.3%–74.0%) of primary carers said that there was a vehicle at their house that they could use to get around.

A higher proportion of carers in the Perth metropolitan area (76.0 per cent; CI: 71.8%–79.9%) and areas of low relative isolation (74.9 per cent; CI: 70.7%–78.7%) lived in a household where there was a vehicle available to get around, compared with carers in areas of moderate (65.6 per cent; CI: 60.7%–70.1%) and extreme isolation (62.0 per cent; CI: 53.1%–70.4%) (Table 2.58).

Availability of a vehicle to go shopping. Over three-quarters (78.9 per cent; CI: 76.6%–81.2%) of carers reported having access to a vehicle to go shopping.

A higher proportion of carers living in Perth (79.7 per cent; CI: 75.6%–83.2%) and in low (83.9 per cent; CI: 80.1%–87.2%) and moderate relative isolation (79.9 per cent; CI: 75.5%–84.0%) lived in a household where there was a vehicle available to use for shopping compared with carers in areas of extreme isolation (60.9 per cent; CI: 49.5%–71.2%) (Table 2.59).

Road conditions

Local roads. Most (85.0 per cent; CI: 82.7%–87.2%) primary carers said that the roads in their local area were in good condition.

A higher proportion of carers in Perth (90.0 per cent; CI: 86.7%–92.8%) and areas of low (87.9 per cent; CI: 84.5%–90.7%) and moderate isolation (84.8 per cent; CI: 80.2%–88.5%) reported that their local roads were in good condition, compared with carers in extreme isolation (69.0 per cent; CI: 56.2%–79.4%) (Table 2.60).



Roads between the shops and house. Overall, 87.4 per cent (CI: 85.3%–89.3%) stated that these roads were in good condition.

A higher proportion of carers in the Perth metropolitan area (90.1 per cent; CI: 86.8%–92.9%) and areas of low isolation (89.5 per cent; CI: 86.8%–92.0%) reported that the roads between the shops and their house were in good condition, compared with carers in areas of extreme isolation (76.6 per cent; CI: 66.7%–84.7%) (Table 2.61).

Unusable roads. Around a quarter (25.7 per cent; CI: 23.0%–28.6%) of carers said that there were times when they became isolated because the roads were unusable (flooded, too rough, etc.). This applied to a substantially lower proportion of carers in Perth (8.1 per cent; CI: 6.0%–10.6%) and in areas of low isolation (13.2 per cent; CI: 10.0%–17.4%) than carers in areas of moderate (28.7 per cent; CI: 22.8%–35.5%), high (68.1 per cent; CI: 54.9%–78.8%) and extreme isolation (82.2 per cent; CI: 75.1%–88.3%) (Table 2.62).

Airstrips

Proximity to an airstrip. About one in ten (11.6 per cent; CI: 9.6%–13.8%) said that there was not an airstrip nearby. Note that there was no definition of ‘nearby’, so carers’ interpretations of this would have varied. In remote communities, the airstrip is usually within comfortable walking distance to the main settlement, and would tend to be situated progressively further away from where people are living as you move into less remote centres.

Describing variation by LORI is difficult due to a high proportion of ‘Not applicable’ responses in the least isolated LORI categories. However, it may be of more interest to note that 14.9 per cent (CI: 5.9%–30.5%) of carers in areas of high isolation and 4.0 per cent (CI: 1.5%–10.1%) in areas of extreme isolation reported that there was no nearby airstrip (Table 2.63).

Condition of airstrip. Answers to this question were derived from primary carers’ responses to three questions: ‘Is the airstrip in good condition’, ‘Is the airstrip long enough for the Flying Doctor to land their plane?’ and ‘Is the airstrip in good condition for landing planes?’. Overall, 4.0 per cent (CI: 2.9%–5.5%) responded ‘No’ to at least one of these questions. A higher proportion (16.0 per cent; CI: 7.3%–27.4%) of carers in areas of extreme isolation reported that the airstrip was not in good condition for landing planes (including Flying Doctor) (Table 2.64).

Proximity to services

Distance to shops. The majority (88.6 per cent; CI: 85.8%–90.8%) of primary carers needed to travel five kilometres or less to buy food, 5.5 per cent (CI: 4.1%–7.1%) had to travel 6–20 kilometres, 3.5 per cent (CI: 2.2%–5.3%) had to travel 21–100 kilometres and 2.4 per cent (CI: 1.2%–4.2%) had to travel 101 kilometres or further.

Only responses from carers in areas of high relative isolation differed significantly from the overall proportions, with 59.3 per cent (CI: 40.8%–74.5%) travelling five kilometres or less to buy food, 18.3 per cent (CI: 7.5%–37.5%) travelling between 21–100 kilometres and 20.5 per cent (CI: 10.3%–36.8%) travelling 101 kilometres or further (Table 2.65).

Of note was the finding that the proportions for carers living in areas of extreme isolation were very similar to the overall proportions.



Distance to local doctor or Aboriginal Medical Service (AMS). Over two-thirds (67.4 per cent; CI: 63.9%–70.8%) of primary carers needed to travel five kilometres or less to see a doctor or AMS, 14.5 per cent (CI: 12.3%–16.9%) had to travel 6–20 kilometres, 6.4 per cent (CI: 4.7%–8.6%) had to travel 21–100 kilometres and 11.8 per cent (CI: 9.1%–15.1%) had to travel 101 kilometres or further.

The proportion of carers travelling 101 kilometres or further to see a doctor or AMS was 55.9 per cent (CI: 38.1%–72.1%) in areas of high isolation and 72.4 per cent (CI: 58.1%–85.4%) in areas of extreme isolation (Table 2.66). A negligible proportion of the carers living in areas of no, low or moderate relative isolation stated that they had to travel 101 kilometres or further to a doctor or AMS.

In contrast to those in less isolated areas, most of the carers in areas of high and extreme isolation were required to travel more than five kilometres to access these services. Only a quarter (25.5 per cent; CI: 13.2%–40.3%) of carers in areas of high isolation travelled five kilometres or less to see a doctor or AMS. This proportion was 10.9 per cent (CI: 2.0%–25.0%) for carers in areas of extreme isolation (Table 2.66).

Distance to local hospital. Overall, 44.3 per cent (CI: 40.7%–48.0%) of primary carers needed to travel five kilometres or less to get to the local hospital, 35.1 per cent (CI: 32.1%–38.2%) had to travel 6–20 kilometres, 7.1 per cent (CI: 5.2%–9.5%) had to travel 21–100 kilometres, and 13.5 per cent (CI: 10.5%–16.8%) had to travel 101 kilometres or further (Table 2.67).

For those carers in the Perth metropolitan area (no isolation), most reported being five kilometres or less (31.2 per cent; CI: 26.6%–36.0%) or 6–20 kilometres (64.6 per cent; CI: 59.7%–69.3%) from their local hospital (Table 2.67). A significantly higher proportion of carers in areas of low and moderate isolation were within five kilometres of their local hospital — 68.2 per cent (CI: 61.9%–74.1%) in areas of low isolation and 67.7 per cent (CI: 58.0%–76.8%) in moderately isolated areas. This suggests that families with Aboriginal children in these areas may have faster access to hospital services than those families in Perth (Table 2.67).

Most of the carers in areas of high or extreme relative isolation were more than 20 kilometres from their local hospital. This suggests that families in these areas may have difficulty accessing hospital services, particularly when compared with families in less isolated parts of the state. As has been shown previously in this chapter, these more highly isolated areas can be prone to local roads becoming unusable.

Travel time to hospital. About half (52.0 per cent; CI: 48.5%–55.7%) of primary carers needed ten minutes or less to get to hospital, 29.3 per cent (CI: 26.6%–32.3%) needed 11–30 minutes, 9.0 per cent (CI: 6.8%–11.4%) needed 31–90 minutes, and 9.7 per cent (CI: 7.3%–12.5%) needed more than 90 minutes (Table 2.68).

For carers in Perth (no isolation), most needed either ten minutes or less (44.5 per cent; CI: 39.4%–49.5%) or 11–30 minutes (48.7 per cent; CI: 43.8%–53.8%) to get to hospital in an emergency (Table 2.68).

The responses from carers in areas of low or moderate isolation tended to indicate that they required less time to get to a hospital in an emergency. Those majority of those in areas of low isolation said that they needed ten minutes or less (79.0 per cent; CI: 73.8%–83.7%), while another 18.5 per cent (14.6%–23.4%) needed 11–30 minutes. For carers in areas of moderate isolation, these proportions were 70.5 per cent (CI: 62.2%–77.5%) and 23.8 per cent (CI: 16.9%–31.7%), respectively.



Most carers in areas of high or extreme isolation needed more than half an hour to reach a hospital. In areas of high isolation, 31.0 per cent (CI: 19.1%–47.1%) needed 31–90 minutes and 39.7 per cent (CI: 24.2%–55.5%) needed more than 90 minutes. In areas of extreme isolation, these proportions were 29.0 per cent (CI: 15.0%–44.9%) and 61.6 per cent (CI: 43.4%–76.0%), respectively. This suggests that families in these areas are at greater risk of not receiving timely treatment in a medical emergency than families in less isolated parts of Western Australia.

NEIGHBOURHOOD/COMMUNITY PROBLEMS

The WAACHS surveyed families with Aboriginal children about a range of problems in their neighbourhood. Primary carers were asked whether they had been bothered by any of the following 18 items in their neighbourhood or community:

- ◆ Vandalism, graffiti
- ◆ Break-ins
- ◆ Car stealing
- ◆ Unemployment
- ◆ Family violence
- ◆ Violence in the streets
- ◆ Families not having enough money
- ◆ Drug abuse
- ◆ Families splitting up
- ◆ Youth gangs
- ◆ Child abuse
- ◆ Kids not going to school
- ◆ Alcohol abuse
- ◆ Isolation from family and friends
- ◆ Noisy and/or reckless driving
- ◆ People leaving the area
- ◆ Racism
- ◆ Other problems.

It should be noted that responses to these questions should not be compared with official statistics or notifications for these specific events or incidences. In the WAACHS, carers simply reported whether or not any of these community issues had bothered them, which differs in both concept and method to the measurement of actual rates of prevalence of these issues within communities. Further discussion of issues relating to child abuse and family violence can be found in Chapter Four; issues of financial strain and unemployment are examined in detail in Chapter Three.

The most common neighbourhood problem reported was noisy and/or reckless driving — 52.0 per cent (49.4%–54.6%) of primary carers reported this as an issue in their neighbourhood or community. Families not having enough money (47.7 per cent; CI: 45.3%–50.3%), kids not going to school (47.3 per cent; CI: 44.7%–49.9%) and



break-ins (46.0 per cent; CI: 43.4%–48.6%) were also widespread problems reported by primary carers (Tables 2.70, 2.75, 2.80, 2.83).

People leaving the area was reported by 18.4 per cent (CI: 16.5%–20.3%) of primary carers as a neighbourhood issue. This was the least common of the specific problems surveyed (Tables 2.69–2.85).

The 1993 WA CHS asked a similar set of questions of carers of all Western Australian children, hence it was possible to compare the prevalence of neighbourhood/community problems as rated by the carers of Aboriginal children with the responses of carers of all Western Australian children.

For most of the neighbourhood/community items identical questions were asked in both the WAACHS and WA CHS, although three questions asked in the WAACHS were not asked in the WA CHS (families splitting up, youth gangs and racism). There were also minor differences in wording for five other items. The differences between the WAACHS and WA CHS are summarised in Figure 2.17.

FIGURE 2.17: DIFFERENCES BETWEEN NEIGHBOURHOOD/COMMUNITY ITEMS IN THE WAACHS AND WA CHS

<i>WAACHS item</i>	<i>WA CHS item</i>
Families splitting up	Not asked
Youth gangs	Not asked
Racism	Not asked
Break-ins	House burglaries
Family violence	Violence occurring in the home
Violence in the streets	Harassment or violence in the streets
Kids not going to school	School truancy
Isolation from family and friends	Isolation

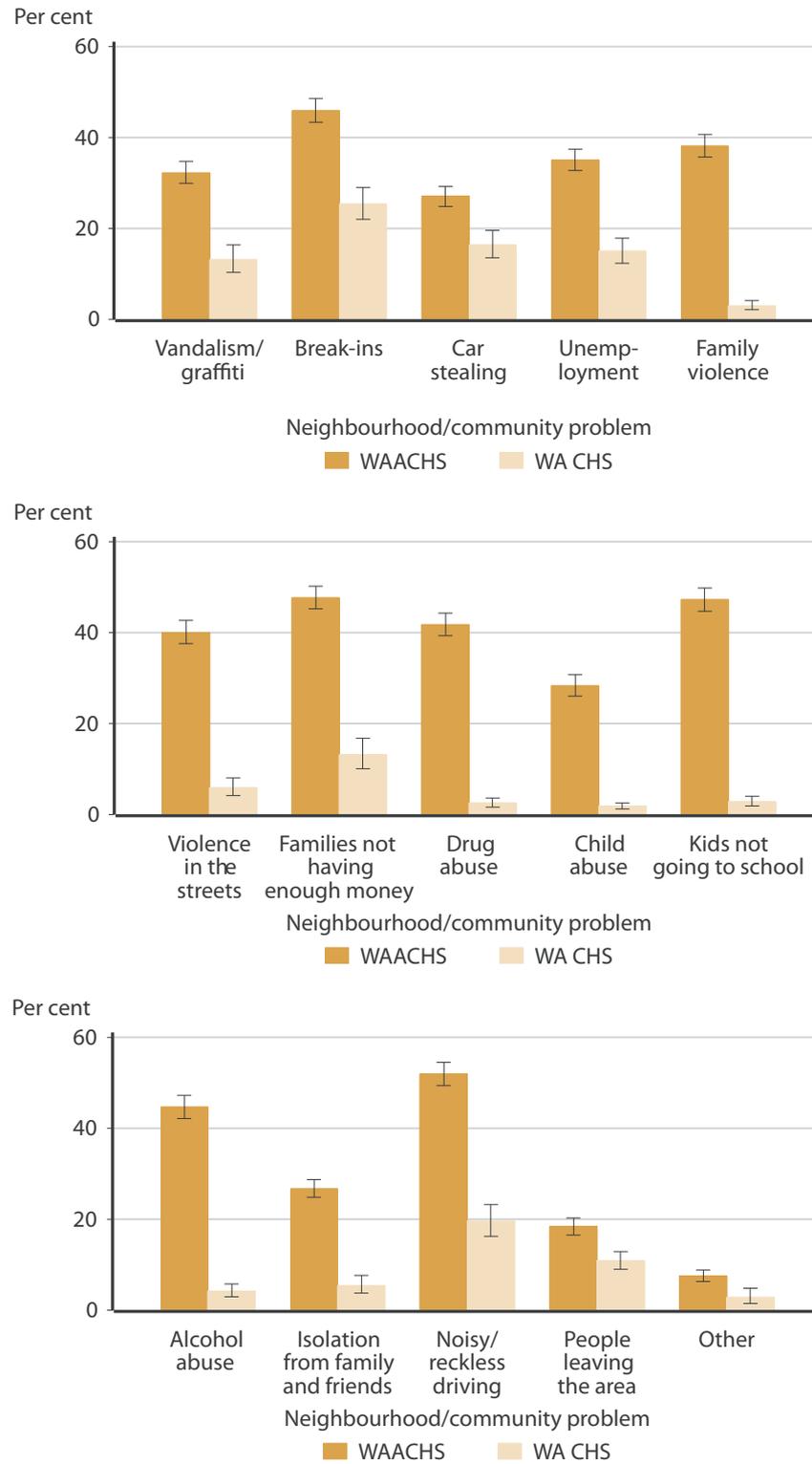
As shown in Figure 2.18, a significantly higher proportion of carers of Aboriginal children reported being bothered by each item happening in their neighbourhood or community, compared with the carers of non-Aboriginal children.

The greatest differences between carers of Aboriginal and non-Aboriginal children was in the reporting of whether they were being bothered by the following things happening in their neighbourhood or community:

- ◆ kids not going to school (44.5 percentage points difference)
- ◆ alcohol abuse (40.6 percentage points difference)
- ◆ drug abuse (39.3 percentage points).



FIGURE 2.18: NEIGHBOURHOOD/COMMUNITY PROBLEMS — WAACHS COMPARED WITH WA CHS



Source: Tables 2.69–2.84



LEVEL OF RELATIVE ISOLATION

The prevalence of neighbourhood/community problems has been further analysed by level of relative isolation in Figure 2.19.

Regional breakdowns in the 1993 WA CHS were available for the Perth metropolitan area and 'country areas'. To enable comparison with the WA CHS, the WAACHS LORI categories low, moderate, high and extreme have been grouped together and are regarded as 'Country Areas' for the purpose of the analysis in this section. Areas of no isolation in the WAACHS were compared with the Perth metropolitan area in the 1993 WA CHS.

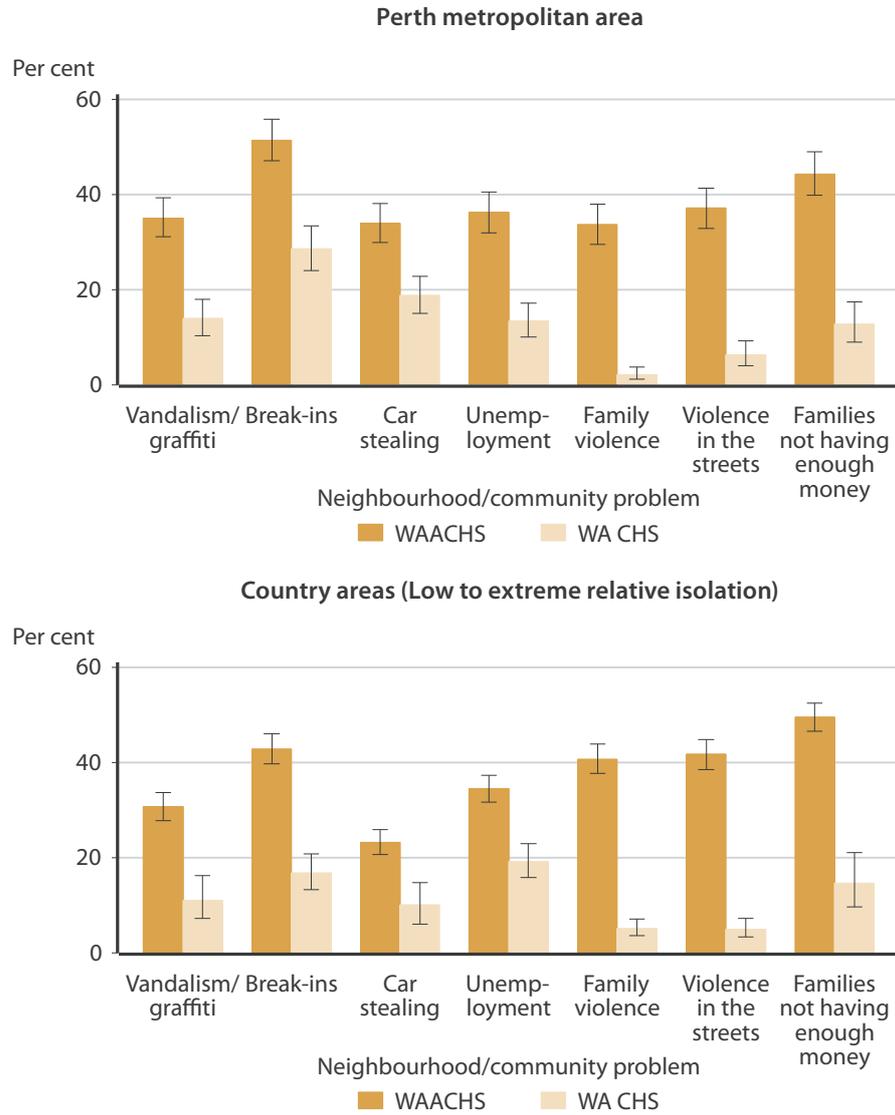
Differences in the proportion of carer reported neighbourhood/community problems were found between carers living in the Perth metropolitan area and carers in country areas. A higher proportion of primary carers of Aboriginal children living in the Perth metropolitan area reported being bothered by break-ins (51.5 per cent; CI: 47.1%–55.9%) compared with 42.9 per cent of carers living in country areas (CI: 39.7%–46.1%) (Figure 2.19).

A higher proportion of primary carers of Aboriginal children living in the Perth metropolitan area reported car stealing (34.0 per cent; CI: 30.0%–38.2%), drug abuse (46.8 per cent; CI: 42.2%–51.3%) and noisy/reckless driving (58.8 per cent; CI: 54.3%–63.4%) as problems in their neighbourhood compared with carers living in country areas — 23.2 per cent (CI: 20.7%–25.9%), 39.0 per cent (CI: 36.0%–42.1%) and 48.2 per cent (CI: 45.0%–51.5%), respectively (Figure 2.19).

In contrast, a lower proportion of carers of Aboriginal children living in the Perth metropolitan area reported kids not going to school, alcohol abuse and isolation from family and friends as problems in their community compared with carers living in country areas. Over one half of carers living in country areas (51.0 per cent; 47.8%–54.2%) reported kids not going to school as a problem in their neighbourhood, significantly higher than the corresponding proportion of carers living in the Perth metropolitan area (40.5 per cent; CI: 36.1%–44.9%). Around one half of carers living in country areas (48.7 per cent; CI: 45.5%–51.8%) reported alcohol abuse as a problem compared with 37.6 per cent (CI: 33.3%–42.2%) of carers in Perth (Figure 2.19).



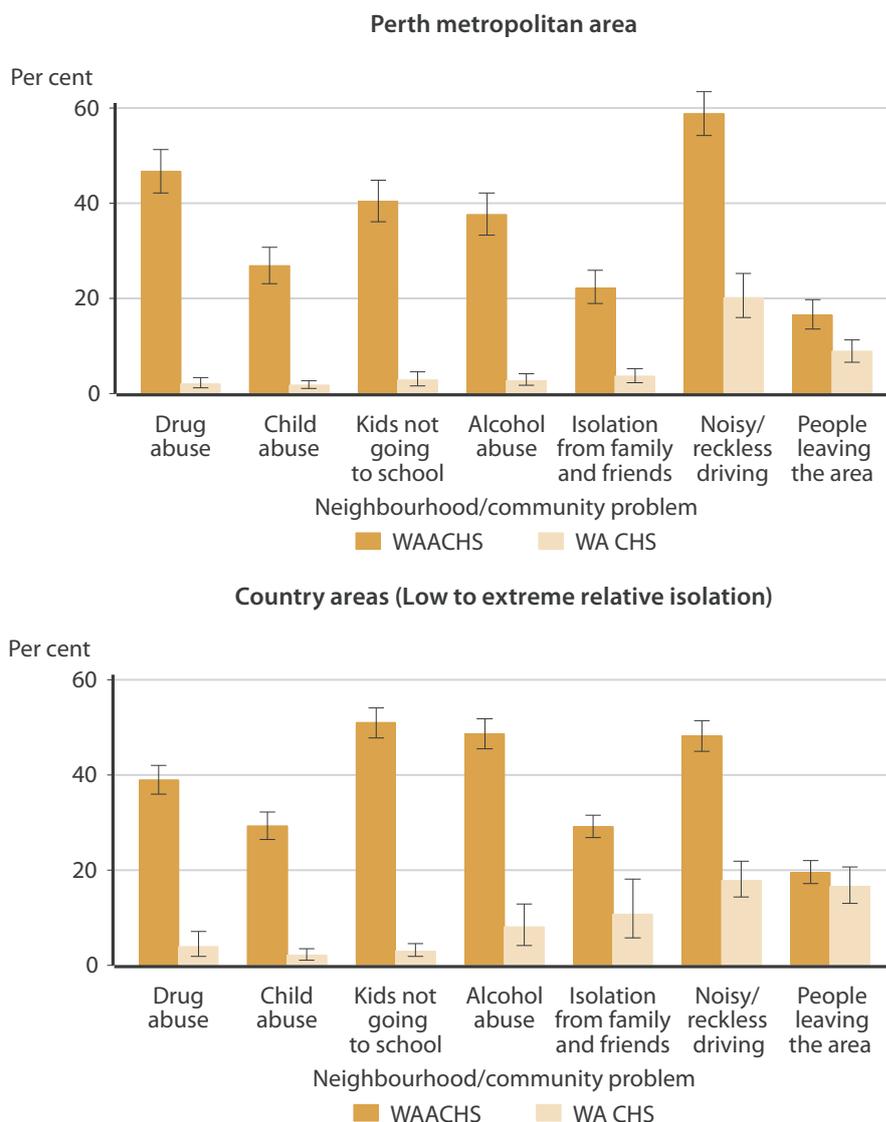
FIGURE 2.19: NEIGHBOURHOOD/COMMUNITY PROBLEMS — WAACHS COMPARED WITH WA CHS, BY LORI



Source: Tables 2.68–2.84



FIGURE 2.19 (continued): NEIGHBOURHOOD/COMMUNITY PROBLEMS — WAACHS COMPARED WITH WA CHS, BY LORI



Source: Tables 2.69–2.85

ENDNOTES

1. Ife J. *Community development: Creating community alternatives – Vision, analysis and practice*. New South Wales: Addison Wesley Longman Australia; 1995.
2. Dudgeon P, Mallard J, Oxenham D. Contemporary Aboriginal community. In: Dudgeon P with Garvey D, Pickett H. *Working with Indigenous Australians: A handbook for psychologists*. Perth: Gunada Press, Curtin Indigenous Research Centre; 2000. p.127–136.
3. House of Representatives Standing Committee on Aboriginal Affairs. *Our future, our selves*. Canberra: Australian Government Publishing Service; 1990.
4. Smith LT. *Decolonizing methodologies: Research and Indigenous peoples*. London: Zed Books; 1999.
5. Taskforce on Aboriginal Social Justice. *Report of the Taskforce*. Government of Western Australia; 1994.
6. Australian Bureau of Statistics. *Deaths 2003*. Canberra: Australian Bureau of Statistics (Catalogue 3302.0); 2004.



7. Australian Bureau of Statistics. *Measures of Australia's progress 2004*. Canberra: Australian Bureau of Statistics (Catalogue 1370.0); 2004.
8. Australian Bureau of Statistics and Australian Institute of Health and Welfare. *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2003*. Canberra: Australian Bureau of Statistics (Catalogue 4704.0); 2003.
9. Australian Bureau of Statistics. *Births, Australia 2004*. Canberra: Australian Bureau of Statistics (Catalogue 3301.0); 2005.
10. Australian Bureau of Statistics. *Prisoners in Australia*. Canberra: Australian Bureau of Statistics (Catalogue 4517.0); 2005.
11. Department of Indigenous Affairs. *Overcoming Indigenous disadvantage in Western Australia report*. Perth: Department of Indigenous Affairs; 2005.
12. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2005.
13. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The health of Aboriginal children and young people*. Perth: Telethon Institute for Child Health Research; 2004.
14. Australian Bureau of Statistics. *Population characteristics: Aboriginal and Torres Strait Islander Australians*. Canberra: Australian Bureau of Statistics (Catalogue 4713.0); 2003.
15. Taylor J, Bell M. Mobility among Indigenous Australians. In: Newton PW, Bell M, editors. *Population shift: Mobility and change in Australia*. Canberra: Australian Government Publishing Service; 1996. p. 392–411.
16. Memmot P, Long S, Thompson L. *Indigenous mobility in rural and remote Australia*. Brisbane: Queensland Research Centre, Australian Housing and Urban Research Institute (ISBN: 1 920941 93 2); 2006.
17. Australian Bureau of Statistics. *Australia's Youth*, Canberra: Australian Bureau of Statistics (Catalogue 2059.0); 2004.
18. Bell M, Hugo G. *Internal migration in Australia, 1991 to 1996: Overview and the overseas-born*. Canberra: Department of Immigration and Multicultural Affairs; 2000.
19. Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A. *The Western Australian Aboriginal child health survey: Improving the educational experiences of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2006.
20. Social Development Canada. *Changing children's environments – New opportunities or added stressors?* A special edition on child development, SDC Bulletin; March 1999.
21. Silburn SR, Zubrick SR, Garton A, Gurrin L, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D. *Western Australian child health survey: Family and community health*. Perth: Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research; 1996.
22. Australian Bureau of Statistics. *Information Paper. 1996 Census of Population and Housing, Socio-economic Indexes for Areas*. Canberra: Australian Bureau of Statistics (Catalogue 2039.0); 1998.



2



DETAILED TABLES
TABLE 2.1: HOUSEHOLDS — HOUSEHOLD COMPOSITION (DETAILED DESCRIPTION)

<i>Household composition (detailed description)</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family - nuclear type	3 540	(3 290 - 3 790)	31.1	(28.9 - 33.4)
Two parent - blended family	1 280	(1 110 - 1 470)	11.2	(9.7 - 12.9)
Two original parent - extended family	780	(620 - 960)	6.9	(5.5 - 8.4)
Sole mother family	2 480	(2 250 - 2 710)	21.8	(19.8 - 23.9)
Sole mother step family	160	(100 - 240)	1.4	(0.9 - 2.1)
Sole mother extended family	1 280	(1 130 - 1 450)	11.3	(10.0 - 12.8)
Sole father	210	(140 - 310)	1.8	(1.2 - 2.7)
Sole father step family	20	(10 - 30)	0.2	(0.1 - 0.3)
Sole father other	120	(70 - 190)	1.1	(0.7 - 1.7)
Two parent step family	450	(360 - 570)	4.0	(3.2 - 5.0)
Two parent step family - extended type	120	(80 - 190)	1.1	(0.7 - 1.7)
No parent aunt - grandparent family	670	(550 - 810)	5.9	(4.8 - 7.2)
Other family types	200	(130 - 280)	1.8	(1.2 - 2.5)
Independent	20	(10 - 50)	0.2	(0.0 - 0.5)
Unclassed	20	(10 - 50)	0.2	(0.1 - 0.5)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 2.2: HOUSEHOLDS — HOUSEHOLD COMPOSITION

<i>Household composition</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family	4 310	(4 040 - 4 590)	38.0	(35.6 - 40.4)
Sole parent	4 270	(4 010 - 4 540)	37.6	(35.3 - 40.0)
Two parent step/blended family	1 850	(1 660 - 2 060)	16.3	(14.6 - 18.2)
Other (e.g. aunts/uncles, grandparents) (a)	920	(780 - 1 080)	8.1	(6.9 - 9.5)
Total	11 400	(11 300 - 11 400)	100.0	

(a) Includes extended family care arrangements, e.g. aunts, uncles, grandparents, non family members and children living independently.

TABLE 2.3: HOUSEHOLDS — HOUSEHOLD COMPOSITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>LORI</i>	<i>Household composition</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
None	Two original parent family	1 420	(1 240 - 1 610)	32.9	(28.8 - 37.2)
	Sole parent	1 990	(1 810 - 2 190)	46.2	(41.9 - 50.5)
	Two parent step/blended family	630	(510 - 780)	14.7	(11.8 - 18.0)
	Other (e.g. aunts/uncles, grandparents)	270	(180 - 380)	6.2	(4.2 - 8.9)
	Total	4 310	(4 230 - 4 390)	100.0	
Low	Two original parent family	1 260	(1 090 - 1 440)	42.4	(37.7 - 47.3)
	Sole parent	1 060	(910 - 1 220)	35.7	(31.5 - 40.2)
	Two parent step/blended family	420	(340 - 520)	14.2	(11.5 - 17.1)
	Other (e.g. aunts/uncles, grandparents)	230	(170 - 310)	7.7	(5.7 - 10.1)
	Total	2 970	(2 730 - 3 220)	100.0	
Moderate	Two original parent family	850	(700 - 1 000)	36.5	(32.9 - 40.5)
	Sole parent	830	(680 - 990)	35.7	(31.6 - 39.9)
	Two parent step/blended family	430	(340 - 530)	18.5	(15.7 - 21.7)
	Other (e.g. aunts/uncles, grandparents)	210	(160 - 290)	9.3	(7.0 - 12.2)
	Total	2 320	(1 990 - 2 680)	100.0	

Continued . . .



TABLE 2.3 (continued): HOUSEHOLDS — HOUSEHOLD COMPOSITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Household composition	Number	95% CI	%	95% CI
High	Two original parent family	340	(220 - 520)	39.9	(30.3 - 49.6)
	Sole parent	230	(150 - 350)	27.0	(20.3 - 34.0)
	Two parent step/blended family	200	(110 - 320)	23.3	(15.3 - 33.3)
	Other (e.g. aunts/uncles, grandparents) (a)	80	(40 - 160)	9.8	(5.5 - 16.1)
	Total	860	(600 - 1 210)	100.0	
Extreme	Two original parent family	450	(300 - 620)	49.6	(40.2 - 59.0)
	Sole parent	160	(100 - 240)	18.0	(12.9 - 23.8)
	Two parent step/blended family	170	(90 - 300)	18.7	(11.0 - 28.4)
	Other (e.g. aunts/uncles, grandparents) (a)	120	(60 - 210)	13.7	(7.9 - 20.9)
	Total	900	(620 - 1 220)	100.0	
Total	Two original parent family	4 310	(4 040 - 4 590)	38.0	(35.6 - 40.4)
	Sole parent	4 270	(4 010 - 4 540)	37.6	(35.3 - 40.0)
	Two parent step/blended family	1 850	(1 660 - 2 060)	16.3	(14.6 - 18.2)
	Other (e.g. aunts/uncles, grandparents) (a)	920	(780 - 1 080)	8.1	(6.9 - 9.5)
	Total	11 400	(11 300 - 11 400)	100.0	

(a) Includes extended family care arrangements, e.g. aunts, uncles, grandparents, non family members and children living independently.

TABLE 2.4: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY CARE ARRANGEMENTS, BY LEVEL OF RELATIVE ISOLATION (LORI)

Family care arrangement	Number	95% CI	%	95% CI
LORI — None				
Both original parents	4 240	(3 830 - 4 690)	41.7	(37.5 - 45.8)
Sole parents	4 260	(3 830 - 4 710)	41.9	(37.7 - 46.3)
One parent and new partner	810	(600 - 1 050)	7.9	(6.0 - 10.4)
Other (e.g. aunts/uncles)	860	(640 - 1 130)	8.4	(6.3 - 11.0)
Total	10 200	(10 000 - 10 400)	100.0	
LORI — Low				
Both original parents	3 690	(3 240 - 4 190)	50.9	(46.0 - 55.6)
Sole parents	2 430	(2 050 - 2 860)	33.4	(29.0 - 38.2)
One parent and new partner	420	(310 - 540)	5.7	(4.3 - 7.3)
Other (e.g. aunts/uncles)	730	(550 - 930)	10.0	(7.7 - 12.6)
Total	7 270	(6 640 - 7 930)	100.0	
LORI — Moderate				
Both original parents	2 870	(2 380 - 3 410)	45.0	(40.7 - 49.2)
Sole parents	2 080	(1 660 - 2 570)	32.6	(28.1 - 37.5)
One parent and new partner	480	(340 - 660)	7.6	(5.6 - 10.0)
Other (e.g. aunts/uncles)	950	(710 - 1 260)	14.8	(11.7 - 18.6)
Total	6 390	(5 400 - 7 420)	100.0	
LORI — High				
Both original parents	1 570	(1 150 - 2 080)	49.5	(44.5 - 54.8)
Sole parents	720	(480 - 1 030)	22.8	(18.0 - 28.6)
One parent and new partner	230	(150 - 340)	7.2	(5.0 - 9.9)
Other (e.g. aunts/uncles)	650	(430 - 910)	20.5	(15.9 - 25.5)
Total	3 170	(2 360 - 4 160)	100.0	

Continued . . .



TABLE 2.4 (continued): ABORIGINAL CHILDREN AGED 0-17 YEARS — FAMILY CARE ARRANGEMENTS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Family care arrangement</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — Extreme				
Both original parents	1 540	(1 070 - 2 090)	54.4	(47.5 - 61.3)
Sole parents	460	(300 - 660)	16.3	(12.1 - 21.5)
One parent and new partner	190	(110 - 310)	6.9	(4.4 - 10.4)
Other (e.g. aunts/uncles)	640	(380 - 1 010)	22.5	(16.0 - 30.8)
Total	2 830	(2 040 - 3 800)	100.0	
Western Australia				
Both original parents	13 900	(13 300 - 14 600)	46.7	(44.5 - 48.9)
Sole parents	9 960	(9 300 - 10 600)	33.4	(31.1 - 35.7)
One parent and new partner	2 130	(1 840 - 2 440)	7.1	(6.2 - 8.2)
Other (e.g. aunts/uncles)	3 820	(3 390 - 4 290)	12.8	(11.4 - 14.4)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 2.5: HOUSEHOLDS — NUMBER OF ABORIGINAL CHILDREN

<i>Number of Aboriginal children in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
One	3 250	(3 000 - 3 500)	28.6	(26.4 - 30.8)
Two	3 240	(3 000 - 3 500)	28.6	(26.4 - 30.8)
Three	2 310	(2 110 - 2 520)	20.3	(18.5 - 22.2)
Four or more	2 560	(2 320 - 2 810)	22.5	(20.5 - 24.7)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 2.6: HOUSEHOLDS — NUMBER OF ABORIGINAL CHILDREN, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Number of Aboriginal children in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
One	1 460	(1 280 - 1 650)	33.8	(29.7 - 38.2)
Two	1 260	(1 100 - 1 440)	29.2	(25.3 - 33.2)
Three	910	(770 - 1 060)	21.1	(17.8 - 24.7)
Four or more	680	(540 - 850)	15.9	(12.5 - 19.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
One	910	(770 - 1 070)	30.7	(26.4 - 35.3)
Two	910	(770 - 1 060)	30.5	(26.4 - 34.9)
Three	610	(490 - 740)	20.4	(16.9 - 24.5)
Four or more	550	(440 - 660)	18.3	(15.2 - 22.0)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
One	580	(480 - 690)	24.9	(21.8 - 28.2)
Two	720	(590 - 880)	31.2	(27.4 - 35.2)
Three	420	(350 - 500)	18.3	(16.2 - 20.6)
Four or more	590	(470 - 740)	25.6	(21.4 - 30.1)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
One	100	(50 - 180)	11.9	(7.1 - 18.9)
Two	170	(100 - 260)	19.3	(12.7 - 27.2)
Three	190	(110 - 300)	21.5	(13.6 - 30.6)
Four or more	410	(260 - 610)	47.3	(38.5 - 56.7)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
One	200	(130 - 290)	22.1	(16.8 - 28.4)
Two	190	(120 - 280)	21.1	(14.4 - 28.8)
Three	180	(120 - 280)	20.5	(15.1 - 26.5)
Four or more	330	(200 - 490)	36.4	(27.6 - 45.3)
Total	900	(620 - 1 220)	100.0	
Western Australia				
One	3 250	(3 000 - 3 500)	28.6	(26.4 - 30.8)
Two	3 240	(3 000 - 3 500)	28.6	(26.4 - 30.8)
Three	2 310	(2 110 - 2 520)	20.3	(18.5 - 22.2)
Four or more	2 560	(2 320 - 2 810)	22.5	(20.5 - 24.7)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 2.7: HOUSEHOLDS — AGE OF YOUNGEST CHILD

<i>Age of youngest child in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–3 years	5 050	(4 780 - 5 330)	44.5	(42.1 - 46.9)
4–7 years	2 670	(2 430 - 2 910)	23.5	(21.4 - 25.6)
8–11 years	1 840	(1 630 - 2 060)	16.2	(14.4 - 18.1)
12–14 years	1 040	(860 - 1 240)	9.2	(7.6 - 10.9)
15–17 years	760	(640 - 890)	6.7	(5.6 - 7.8)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 2.8: HOUSEHOLDS — AGE OF OLDEST CHILD

<i>Age of oldest child in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–3 years	1 550	(1 380 - 1 730)	13.7	(12.2 - 15.2)
4–7 years	2 030	(1 830 - 2 240)	17.9	(16.1 - 19.7)
8–11 years	2 480	(2 260 - 2 710)	21.8	(19.9 - 23.9)
12–14 years	2 340	(2 110 - 2 590)	20.6	(18.6 - 22.8)
15–17 years	2 950	(2 720 - 3 190)	26.0	(23.9 - 28.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 2.9: HOUSEHOLDS — AGE OF YOUNGEST CHILD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Age of youngest child in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–3 years	1 800	(1 620 - 2 000)	41.9	(37.5 - 46.2)
4–7 years	900	(750 - 1 070)	20.9	(17.4 - 25.0)
8–11 years	730	(600 - 890)	17.0	(13.9 - 20.6)
12–14 years	500	(380 - 640)	11.6	(8.9 - 14.9)
15–17 years	370	(290 - 480)	8.6	(6.5 - 10.9)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
0–3 years	1 290	(1 130 - 1 460)	43.4	(39.1 - 48.0)
4–7 years	690	(570 - 820)	23.2	(19.6 - 26.9)
8–11 years	580	(460 - 710)	19.4	(15.8 - 23.4)
12–14 years	220	(130 - 350)	7.5	(4.5 - 11.6)
15–17 years	200	(140 - 260)	6.6	(4.8 - 8.7)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
0–3 years	1 150	(950 - 1 370)	49.5	(44.8 - 54.1)
4–7 years	510	(420 - 620)	22.1	(19.0 - 25.4)
8–11 years	270	(200 - 360)	11.6	(9.0 - 14.7)
12–14 years	240	(160 - 350)	10.3	(7.0 - 14.2)
15–17 years	150	(110 - 200)	6.4	(4.6 - 8.5)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
0–3 years	410	(270 - 600)	47.7	(39.3 - 56.5)
4–7 years	310	(200 - 480)	36.3	(26.3 - 47.6)
8–11 years	110	(50 - 220)	13.2	(6.4 - 22.6)
12–14 years	20	(10 - 40)	2.2	(0.9 - 4.7)
15–17 years	10	(0 - 20)	0.7	(0.1 - 2.0)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
0–3 years	400	(260 - 600)	44.6	(34.3 - 54.3)
4–7 years	250	(160 - 370)	28.4	(22.0 - 35.9)
8–11 years	150	(90 - 240)	16.2	(10.3 - 24.6)
12–14 years	60	(30 - 110)	6.6	(3.5 - 11.3)
15–17 years	40	(10 - 80)	4.2	(1.4 - 8.3)
Total	900	(620 - 1 220)	100.0	
Western Australia				
0–3 years	5 050	(4 780 - 5 330)	44.5	(42.1 - 46.9)
4–7 years	2 670	(2 430 - 2 910)	23.5	(21.4 - 25.6)
8–11 years	1 840	(1 630 - 2 060)	16.2	(14.4 - 18.1)
12–14 years	1 040	(860 - 1 240)	9.2	(7.6 - 10.9)
15–17 years	760	(640 - 890)	6.7	(5.6 - 7.8)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 2.10: HOUSEHOLDS — AGE OF OLDEST CHILD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Age of oldest child in the household</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–3 years	610	(490 - 740)	14.1	(11.4 - 17.2)
4–7 years	770	(620 - 940)	17.9	(14.3 - 21.9)
8–11 years	960	(800 - 1 120)	22.2	(18.7 - 26.1)
12–14 years	860	(710 - 1 030)	19.9	(16.3 - 23.7)
15–17 years	1 110	(960 - 1 280)	25.9	(22.3 - 29.7)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
0–3 years	420	(330 - 520)	14.1	(11.5 - 17.2)
4–7 years	610	(510 - 720)	20.5	(17.4 - 23.7)
8–11 years	640	(520 - 770)	21.6	(18.0 - 25.6)
12–14 years	610	(480 - 750)	20.4	(16.6 - 24.5)
15–17 years	700	(580 - 840)	23.5	(19.6 - 27.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
0–3 years	350	(270 - 440)	15.0	(12.1 - 18.3)
4–7 years	400	(320 - 490)	17.4	(14.9 - 20.2)
8–11 years	480	(400 - 580)	20.9	(18.2 - 23.7)
12–14 years	450	(340 - 580)	19.3	(15.6 - 23.2)
15–17 years	630	(510 - 770)	27.4	(23.7 - 31.6)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
0–3 years	60	(30 - 100)	7.0	(4.1 - 11.6)
4–7 years	130	(80 - 210)	15.4	(10.9 - 21.5)
8–11 years	220	(120 - 380)	25.2	(15.1 - 36.5)
12–14 years	200	(120 - 300)	23.5	(17.2 - 30.5)
15–17 years	250	(140 - 380)	28.8	(20.4 - 38.2)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
0–3 years	110	(70 - 180)	12.8	(8.7 - 18.1)
4–7 years	120	(70 - 180)	12.9	(9.2 - 17.8)
8–11 years	180	(120 - 270)	20.2	(15.4 - 25.7)
12–14 years	230	(130 - 370)	25.5	(17.0 - 36.5)
15–17 years	260	(160 - 380)	28.6	(21.6 - 36.6)
Total	900	(620 - 1 220)	100.0	
Western Australia				
0–3 years	1 550	(1 380 - 1 730)	13.7	(12.2 - 15.2)
4–7 years	2 030	(1 830 - 2 240)	17.9	(16.1 - 19.7)
8–11 years	2 480	(2 260 - 2 710)	21.8	(19.9 - 23.9)
12–14 years	2 340	(2 110 - 2 590)	20.6	(18.6 - 22.8)
15–17 years	2 950	(2 720 - 3 190)	26.0	(23.9 - 28.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 2.11: PRIMARY CARERS — ABORIGINAL STATUS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Aboriginal status of the primary carer</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Aboriginal or Torres Strait Islander	3 290	(3 100 - 3 490)	72.9	(68.6 - 76.8)
Non-Aboriginal	1 200	(1 020 - 1 390)	26.6	(22.6 - 30.8)
Not stated	30	(10 - 70)	0.6	(0.2 - 1.5)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Aboriginal or Torres Strait Islander	2 480	(2 220 - 2 740)	78.9	(74.3 - 82.9)
Non-Aboriginal	650	(520 - 800)	20.6	(16.7 - 25.3)
Not stated	20	(10 - 40)	0.5	(0.2 - 1.2)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Aboriginal or Torres Strait Islander	2 430	(2 070 - 2 810)	90.4	(87.5 - 92.9)
Non-Aboriginal	240	(170 - 340)	8.9	(6.4 - 11.9)
Not stated	20	(10 - 30)	0.7	(0.4 - 1.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Aboriginal or Torres Strait Islander	1 040	(730 - 1 430)	97.2	(91.2 - 99.4)
Non-Aboriginal	20	(0 - 80)	1.9	(0.0 - 7.2)
Not stated	10	(0 - 40)	0.9	(0.1 - 3.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Aboriginal or Torres Strait Islander	1 140	(840 - 1 540)	98.8	(97.5 - 99.5)
Non-Aboriginal	0	(0 - 60)	0.0	(0.0 - 4.7)
Not stated	10	(10 - 30)	1.2	(0.5 - 2.6)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Aboriginal or Torres Strait Islander	10 400	(10 100 - 10 600)	82.6	(80.6 - 84.5)
Non-Aboriginal	2 110	(1 870 - 2 360)	16.8	(14.9 - 18.8)
Not stated	80	(50 - 120)	0.7	(0.4 - 1.0)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 2.12: SECONDARY CARERS — ABORIGINAL STATUS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Aboriginal status of the secondary carer</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Aboriginal or Torres Strait Islander	1 470	(1 340 - 1 610)	66.4	(60.5 - 72.2)
Non-Aboriginal	730	(610 - 870)	33.0	(27.5 - 39.3)
Not stated	10	(0 - 30)	0.6	(0.2 - 1.4)
Total	2 220	(2 160 - 2 280)	100.0	
LORI — Low				
Aboriginal or Torres Strait Islander	1 360	(1 190 - 1 530)	75.0	(68.3 - 80.5)
Non-Aboriginal	450	(340 - 580)	24.7	(18.9 - 31.1)
Not stated	10	(0 - 50)	0.3	(0.0 - 2.7)
Total	1 810	(1 640 - 1 990)	100.0	
LORI — Moderate				
Aboriginal or Torres Strait Islander	1 150	(950 - 1 390)	82.2	(75.6 - 87.4)
Non-Aboriginal	250	(170 - 350)	17.5	(12.2 - 23.9)
Not stated	0	(0 - 20)	0.3	(0.0 - 0.9)
Total	1 400	(1 170 - 1 660)	100.0	

Continued ...



TABLE 2.12 (continued): SECONDARY CARERS — ABORIGINAL STATUS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Aboriginal status of the secondary carer</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — High				
Aboriginal or Torres Strait Islander	710	(530 - 950)	97.9	(89.1 - 99.9)
Non-Aboriginal	20	(0 - 80)	2.1	(0.1 - 10.9)
Not stated	0	(0 - 60)	0.0	(0.0 - 7.4)
Total	730	(540 - 970)	100.0	
LORI — Extreme				
Aboriginal or Torres Strait Islander	750	(570 - 990)	97.9	(92.9 - 99.5)
Non-Aboriginal	10	(0 - 50)	1.3	(0.0 - 6.2)
Not stated	10	(0 - 20)	0.8	(0.1 - 2.6)
Total	770	(580 - 1 000)	100.0	
Western Australia				
Aboriginal or Torres Strait Islander	5 450	(5 250 - 5 630)	78.6	(75.7 - 81.3)
Non-Aboriginal	1 450	(1 260 - 1 650)	20.9	(18.2 - 23.8)
Not stated	30	(10 - 60)	0.4	(0.2 - 0.9)
Total	6 930	(6 870 - 6 930)	100.0	

TABLE 2.13: ABORIGINAL CHILDREN AGED 0–17 YEARS — ABORIGINAL STATUS OF PRIMARY CARER, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Aboriginal status of the primary carer</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Aboriginal or Torres Strait Islander	7 920	(7 480 - 8 360)	77.8	(73.5 - 81.8)
Non-Aboriginal	2 190	(1 790 - 2 650)	21.5	(17.6 - 26.0)
Not stated	60	(10 - 160)	0.6	(0.1 - 1.6)
Total	10 200	(10 000 - 10 400)	100.0	
LORI — Low				
Aboriginal or Torres Strait Islander	5 920	(5 330 - 6 550)	81.5	(76.7 - 85.8)
Non-Aboriginal	1 310	(1 000 - 1 700)	18.1	(13.8 - 22.8)
Not stated	30	(0 - 110)	0.4	(0.1 - 1.5)
Total	7 270	(6 640 - 7 930)	100.0	
LORI — Moderate				
Aboriginal or Torres Strait Islander	5 830	(4 930 - 6 800)	91.3	(87.6 - 94.5)
Non-Aboriginal	500	(300 - 790)	7.8	(4.7 - 11.7)
Not stated	60	(30 - 100)	0.9	(0.4 - 1.6)
Total	6 390	(5 400 - 7 420)	100.0	
LORI — High				
Aboriginal or Torres Strait Islander	3 060	(2 260 - 4 000)	96.8	(90.3 - 99.3)
Non-Aboriginal	70	(10 - 340)	2.3	(0.4 - 10.5)
Not stated	30	(10 - 80)	0.9	(0.2 - 2.8)
Total	3 170	(2 360 - 4 160)	100.0	
LORI — Extreme				
Aboriginal or Torres Strait Islander	2 810	(2 040 - 3 800)	99.4	(98.5 - 99.8)
Non-Aboriginal	0	(0 - 60)	0.0	(0.0 - 2.0)
Not stated	20	(10 - 40)	0.6	(0.2 - 1.5)
Total	2 830	(2 040 - 3 800)	100.0	
Western Australia				
Aboriginal or Torres Strait Islander	25 500	(24 900 - 26 100)	85.7	(83.6 - 87.6)
Non-Aboriginal	4 070	(3 500 - 4 690)	13.7	(11.7 - 15.7)
Not stated	200	(120 - 320)	0.7	(0.4 - 1.1)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 2.14: ABORIGINAL CHILDREN AGED 0–17 YEARS — ABORIGINAL STATUS AND BIRTH MOTHER STATUS OF CHILD'S PRIMARY CARER

<i>Birth mother status</i>	<i>Aboriginal status</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Birth mother	Aboriginal or Torres Strait Islander	20 400	(19 700 - 21 000)	68.4	(66.2 - 70.6)
	Non-Aboriginal	3 400	(2 900 - 3 960)	11.4	(9.7 - 13.3)
	Not stated	160	(80 - 270)	0.5	(0.3 - 0.9)
Non birth mother	Aboriginal or Torres Strait Islander	5 150	(4 670 - 5 640)	17.3	(15.7 - 18.9)
	Non-Aboriginal	670	(420 - 990)	2.2	(1.4 - 3.3)
	Not stated	40	(10 - 90)	0.1	(0.0 - 0.3)
Total		29 800	(29 800 - 29 800)	100.0	

TABLE 2.15. ABORIGINAL CHILDREN AGED 0-17 YEARS — BIRTH MOTHER STATUS OF PRIMARY CARER, BY ABORIGINAL STATUS OF PRIMARY CARER

<i>Birth mother status</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Child's primary carer is Aboriginal or Torres Strait Islander				
Birth mother	5 150	(4 670 - 5 640)	20.2	(18.4 - 22.0)
Non birth mother	20 400	(19 700 - 21 000)	79.8	(78.0 - 81.6)
Total	25 500	(24 900 - 26 100)	100.0	
Child's primary carer is non-Aboriginal				
Birth mother	670	(420 - 990)	16.5	(11.2 - 23.8)
Non birth mother	3 400	(2 900 - 3 960)	83.5	(76.2 - 88.8)
Total	4 070	(3 500 - 4 690)	100.0	
Not stated				
Birth mother	40	(10 - 90)	20.0	(6.1 - 45.6)
Non birth mother	160	(80 - 270)	80.0	(54.4 - 93.9)
Total	200	(120 - 320)	100.0	
Total				
Birth mother	5 860	(5 360 - 6 390)	19.6	(18.0 - 21.4)
Non birth mother	24 000	(23 400 - 24 500)	80.4	(78.6 - 82.0)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 2.16. ABORIGINAL CHILDREN AGED 0-17 YEARS — ABORIGINAL STATUS OF THE PRIMARY CARER, BY BIRTH MOTHER STATUS

<i>Aboriginal status of the primary carer</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Non birth mother				
Aboriginal or Torres Strait Islander	5 150	(4 670 - 5 640)	87.9	(82.9 - 92.0)
Non-Aboriginal	670	(420 - 990)	11.4	(7.5 - 16.7)
Not stated	40	(10 - 90)	0.7	(0.2 - 1.6)
Total	5 860	(5 360 - 6 390)	100.0	
Birth mother				
Aboriginal or Torres Strait Islander	20 400	(19 700 - 21 000)	85.1	(82.9 - 87.2)
Non-Aboriginal	3 400	(2 900 - 3 960)	14.2	(12.2 - 16.5)
Not stated	160	(80 - 270)	0.7	(0.3 - 1.1)
Total	24 000	(23 400 - 24 500)	100.0	
Total				
Aboriginal or Torres Strait Islander	25 500	(24 900 - 26 100)	85.7	(83.6 - 87.6)
Non-Aboriginal	4 070	(3 500 - 4 690)	13.7	(11.7 - 15.7)
Not stated	200	(120 - 320)	0.7	(0.4 - 1.1)
Total	29 800	(29 800 - 29 800)	100.0	



FAMILY MOBILITY
TABLE 2.17: ABORIGINAL CHILDREN AGED 4–17 YEARS — WHETHER LIVED IN A DIFFERENT POSTCODE OR STATE IN AUGUST 1996, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Whether moved since August 1996</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Did not move	3 680	(3 270 - 4 120)	47.7	(42.9 - 52.5)
Moved				
Different postcode, same state	3 480	(3 130 - 3 860)	45.2	(40.6 - 50.0)
Different postcode, another state	540	(350 - 770)	7.0	(4.7 - 10.2)
Total who moved	4 030	(3 650 - 4 420)	52.3	(47.5 - 57.1)
Total(a)	7 700	(7 370 - 8 050)	100.0	
LORI — Low				
Did not move	3 220	(2 820 - 3 650)	58.1	(52.3 - 63.6)
Moved				
Different postcode, same state	2 100	(1 740 - 2 500)	37.9	(32.6 - 43.5)
Different postcode, another state	220	(100 - 450)	4.0	(1.8 - 8.0)
Total who moved	2 320	(1 940 - 2 750)	41.9	(36.4 - 47.7)
Total(a)	5 540	(5 020 - 6 090)	100.0	
LORI — Moderate				
Did not move	2 930	(2 420 - 3 480)	63.3	(56.8 - 69.2)
Moved				
Different postcode, same state	1 580	(1 210 - 2 030)	34.1	(28.3 - 40.8)
Different postcode, another state	120	(60 - 190)	2.6	(1.5 - 4.3)
Total who moved	1 700	(1 310 - 2 140)	36.7	(30.8 - 43.2)
Total(a)	4 630	(3 930 - 5 430)	100.0	
LORI — High				
Did not move	1 350	(930 - 1 890)	53.0	(42.8 - 63.1)
Moved				
Different postcode, same state	1 160	(800 - 1 610)	45.8	(36.3 - 56.2)
Different postcode, another state	30	(10 - 100)	1.3	(0.2 - 3.2)
Total who moved	1 200	(820 - 1 640)	47.0	(36.9 - 57.2)
Total(a)	2 540	(1 900 - 3 370)	100.0	
LORI — Extreme				
Did not move	1 310	(870 - 1 890)	58.3	(46.2 - 70.2)
Moved				
Different postcode, same state	570	(360 - 890)	25.6	(17.6 - 34.2)
Different postcode, another state	360	(190 - 620)	16.2	(8.6 - 26.3)
Total who moved	940	(630 - 1 390)	41.7	(29.8 - 53.8)
Total(a)	2 250	(1 620 - 3 020)	100.0	
Western Australia				
Did not move	12 500	(11 800 - 13 200)	55.1	(52.2 - 58.0)
Moved				
Different postcode, same state	8 900	(8 260 - 9 560)	39.3	(36.5 - 42.0)
Different postcode, another state	1 280	(980 - 1 650)	5.6	(4.3 - 7.2)
Total who moved	10 200	(9 500 - 10 900)	44.9	(42.0 - 47.8)
Total(a)	22 700	(22 200 - 23 100)	100.0	

(a) Does not include persons who were born after August 1996 or who did not adequately complete the question regarding their place of residence in August 1996.



TABLE 2.18: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF DIFFERENT HOMES LIVED IN SINCE BIRTH

<i>Number of homes lived in since birth</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
1	6 820	(6 280 - 7 390)	22.9	(21.0 - 24.8)
2	7 070	(6 600 - 7 560)	23.7	(22.1 - 25.3)
3–4	9 330	(8 790 - 9 880)	31.3	(29.5 - 33.1)
5 or more	6 600	(6 090 - 7 130)	22.1	(20.4 - 23.9)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 2.19: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF DIFFERENT HOMES LIVED IN SINCE BIRTH, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Number of homes lived in since birth</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
1	2 010	(1 710 - 2 350)	19.7	(16.7 - 23.0)
2	1 950	(1 670 - 2 240)	19.2	(16.5 - 22.0)
3–4	3 300	(2 970 - 3 640)	32.4	(29.2 - 35.7)
5 or more	2 920	(2 600 - 3 260)	28.7	(25.5 - 32.0)
Total	10 200	(10 000 - 10 400)	100.0	
LORI — Low				
1	1 300	(1 070 - 1 570)	17.9	(15.0 - 21.2)
2	1 740	(1 490 - 2 020)	23.9	(21.0 - 27.1)
3–4	2 310	(1 980 - 2 670)	31.7	(28.1 - 35.7)
5 or more	1 920	(1 610 - 2 270)	26.4	(22.8 - 30.3)
Total	7 270	(6 640 - 7 930)	100.0	
LORI — Moderate				
1	1 590	(1 300 - 1 940)	24.9	(21.6 - 28.4)
2	1 720	(1 420 - 2 070)	27.0	(24.3 - 29.8)
3–4	2 000	(1 620 - 2 440)	31.3	(27.6 - 35.3)
5 or more	1 070	(820 - 1 370)	16.8	(13.7 - 20.4)
Total	6 390	(5 400 - 7 420)	100.0	
LORI — High				
1	850	(540 - 1 240)	26.9	(19.8 - 35.3)
2	1 030	(720 - 1 430)	32.5	(26.9 - 38.5)
3–4	900	(630 - 1 240)	28.6	(23.5 - 34.3)
5 or more	380	(230 - 580)	12.0	(7.7 - 17.1)
Total	3 170	(2 360 - 4 160)	100.0	
LORI — Extreme				
1	1 070	(720 - 1 540)	37.8	(30.2 - 45.9)
2	630	(390 - 950)	22.3	(16.2 - 29.6)
3–4	830	(560 - 1 180)	29.2	(23.3 - 36.0)
5 or more	300	(180 - 480)	10.7	(6.6 - 16.0)
Total	2 830	(2 040 - 3 800)	100.0	
Western Australia				
1	6 820	(6 280 - 7 390)	22.9	(21.0 - 24.8)
2	7 070	(6 600 - 7 560)	23.7	(22.1 - 25.3)
3–4	9 330	(8 790 - 9 880)	31.3	(29.5 - 33.1)
5 or more	6 600	(6 090 - 7 130)	22.1	(20.4 - 23.9)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 2.20: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF DIFFERENT HOMES LIVED IN SINCE BIRTH AND AGE GROUP

<i>Number of homes lived in since birth</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–3 year-olds				
1	3 310	(3 000 - 3 630)	47.8	(44.2 - 51.4)
2	1 950	(1 700 - 2 220)	28.2	(25.1 - 31.5)
3–4	1 330	(1 140 - 1 560)	19.3	(16.7 - 22.1)
5 or more	320	(220 - 460)	4.7	(3.3 - 6.6)
Total	6 910	(6 470 - 7 360)	100.0	
4–11 year-olds				
1	2 420	(2 080 - 2 790)	17.5	(15.2 - 20.0)
2	3 530	(3 200 - 3 880)	25.5	(23.3 - 27.9)
3–4	4 690	(4 340 - 5 060)	34.0	(31.6 - 36.4)
5 or more	3 170	(2 820 - 3 570)	23.0	(20.5 - 25.6)
Total	13 800	(13 300 - 14 300)	100.0	
12–17 year-olds				
1	1 100	(860 - 1 370)	12.1	(9.5 - 14.9)
2	1 600	(1 360 - 1 860)	17.5	(15.0 - 20.3)
3–4	3 310	(2 890 - 3 750)	36.3	(32.7 - 40.2)
5 or more	3 100	(2 780 - 3 440)	34.1	(30.7 - 37.6)
Total	9 100	(8 580 - 9 630)	100.0	
Total				
1	6 820	(6 280 - 7 390)	22.9	(21.0 - 24.8)
2	7 070	(6 600 - 7 560)	23.7	(22.1 - 25.3)
3–4	9 330	(8 790 - 9 880)	31.3	(29.5 - 33.1)
5 or more	6 600	(6 090 - 7 130)	22.1	(20.4 - 23.9)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 2.21: ABORIGINAL CHILDREN AGED 0–17 YEARS — AVERAGE NUMBER OF HOMES LIVED IN SINCE BIRTH, BY AGE

<i>Age (years)</i>	<i>Number (average)</i>	<i>95% CI</i>
0	1.3	(1.3 - 1.4)
1	1.8	(1.6 - 1.9)
2	2.2	(2.1 - 2.4)
3	2.5	(2.3 - 2.7)
4	2.8	(2.5 - 3.0)
5	2.9	(2.7 - 3.2)
6	3.2	(3.0 - 3.4)
7	3.3	(2.8 - 3.7)
8	3.6	(2.9 - 4.3)
9	3.9	(3.5 - 4.3)
10	3.7	(3.4 - 3.9)
11	3.8	(3.4 - 4.2)
12	4.0	(3.6 - 4.4)
13	4.0	(3.6 - 4.4)
14	4.2	(3.8 - 4.7)
15	4.4	(3.9 - 4.9)
16	4.2	(3.8 - 4.6)
17	4.0	(3.6 - 4.4)
Total	3.3	(3.2 - 3.4)



TABLE 2.22: ABORIGINAL CHILDREN AGED 0–17 YEARS — WHETHER THEY LIVE IN A DIFFERENT PLACE FOR PART OF THE YEAR AND AMOUNT OF TIME SPENT AWAY FROM CURRENT PLACE OF RESIDENCE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Live away from current place of residence for part of the year?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	9 610	(9 370 - 9 850)	94.5	(92.6 - 96.0)
Yes	340	(200 - 530)	3.4	(2.1 - 5.3)
Total(a)	10 200	(10 000 - 10 400)	100.0	
Time spent at current address (average months)	8.1	(5.9 - 10.3)	..	..
LORI — Low				
No	6 780	(6 180 - 7 420)	93.3	(90.7 - 95.4)
Yes	350	(220 - 530)	4.8	(3.1 - 7.1)
Total(a)	7 270	(6 640 - 7 930)	100.0	(78.4 - 84.6)
Time spent at current address (average months)	9.1	(8.1 - 10.1)	..	..
LORI — Moderate				
No	5 210	(4 380 - 6 120)	81.6	(78.4 - 84.6)
Yes	930	(720 - 1 170)	14.6	(11.9 - 17.6)
Total(a)	6 390	(5 400 - 7 420)	100.0	
Time spent at current address (average months)	8.9	(8.2 - 9.5)	..	..
LORI — High				
No	2 680	(1 960 - 3 520)	84.7	(75.3 - 92.0)
Yes	400	(210 - 650)	12.6	(7.4 - 19.1)
Total(a)	3 170	(2 360 - 4 160)	100.0	
Time spent at current address (average months)	7.8	(6.2 - 9.5)	..	..
LORI — Extreme				
No	2 150	(1 520 - 2 940)	75.8	(69.1 - 81.3)
Yes	560	(360 - 810)	19.8	(14.0 - 26.4)
Total(a)	2 830	(2 040 - 3 800)	100.0	
Time spent at current address (average months)	9.1	(8.2 - 10)	..	..
Western Australia				
No	26 400	(26 000 - 26 900)	88.6	(87.1 - 90.1)
Yes	2 580	(2 230 - 2 970)	8.7	(7.5 - 10.0)
Total(a)	29 800	(29 800 - 29 800)	100.0	
Time spent at current address (average months)	8.7	(8.2 - 9.2)	..	..

(a) Excludes those who did not state a response, and not applicable.

TABLE 2.23: ABORIGINAL CHILDREN AGED 4–17 YEARS — WHETHER THEY LIVED AWAY FROM PRIMARY CARER FOR ONE MONTH OR MORE BEFORE THEY WERE FOUR YEARS OF AGE

<i>Live away from primary carer for one month or more before four years of age?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	1 340	(1 120 - 1 590)	7.5	(6.3 - 8.9)
No	16 400	(15 800 - 17 000)	92.5	(91.1 - 93.7)
Total (a)	17 700	(17 200 - 18 300)	100.0	

(a) Only those children whose primary carer was their birth mother. Also excludes those who did not state a response.



SOCIOECONOMIC CHARACTERISTICS OF NEIGHBOURHOODS AND COMMUNITIES WHERE ABORIGINAL CHILDREN LIVE
TABLE 2.24: ABORIGINAL CHILDREN AGED 0–17 YEARS — INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Categories of Index of Relative Socio-economic Disadvantage</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Bottom 5%	1 570	(1 180 - 2 060)	15.4	(11.6 - 20.3)
5%–10%	1 630	(1 260 - 2 050)	16.1	(12.4 - 20.2)
10%–25%	3 060	(2 570 - 3 620)	30.1	(25.0 - 35.3)
25%–50%	3 140	(2 630 - 3 730)	30.8	(25.7 - 36.5)
Top 50%	770	(440 - 1 320)	7.6	(4.1 - 12.7)
Total	10 200	(10 000 - 10 400)	100.0	
LORI — Low				
Bottom 5%	1 380	(1 000 - 1 840)	19.1	(13.7 - 25.2)
5%–10%	880	(570 - 1 330)	12.1	(7.7 - 18.0)
10%–25%	2 220	(1 730 - 2 790)	30.6	(23.8 - 37.9)
25%–50%	1 970	(1 420 - 2 590)	27.1	(19.9 - 34.9)
Top 50%	810	(450 - 1 420)	11.1	(5.8 - 18.4)
Total	7 270	(6 640 - 7 930)	100.0	
LORI — Moderate				
Bottom 5%	1 150	(670 - 1 800)	18.0	(10.9 - 28.1)
5%–10%	690	(330 - 1 180)	10.9	(5.7 - 19.2)
10%–25%	1 440	(880 - 2 230)	22.5	(14.3 - 34.0)
25%–50%	1 800	(1 220 - 2 560)	28.1	(19.4 - 38.6)
Top 50%	1 310	(760 - 2 100)	20.5	(11.8 - 31.2)
Total	6 390	(5 400 - 7 420)	100.0	
LORI — High				
Bottom 5%	1 440	(890 - 2 260)	45.6	(27.9 - 61.9)
5%–10%	530	(200 - 1 190)	16.7	(5.3 - 32.8)
10%–25%	790	(380 - 1 350)	25.1	(12.4 - 40.3)
25%–50%	400	(120 - 850)	12.6	(4.3 - 27.4)
Top 50%	0	(0 - 60)	0.0	(0.0 - 1.7)
Total	3 170	(2 360 - 4 160)	100.0	
LORI — Extreme				
Bottom 5%	2 290	(1 550 - 3 180)	80.8	(64.5 - 93.0)
5%–10%	120	(0 - 590)	4.2	(0.1 - 20.4)
10%–25%	0	(0 - 60)	0.0	(0.0 - 2.0)
25%–50%	420	(150 - 900)	15.0	(4.7 - 29.5)
Top 50%	0	(0 - 60)	0.0	(0.0 - 2.0)
Total	2 830	(2 040 - 3 800)	100.0	
Western Australia				
Bottom 5%	7 840	(6 700 - 9 000)	26.3	(22.5 - 30.2)
5%–10%	3 860	(3 100 - 4 740)	12.9	(10.4 - 15.9)
10%–25%	7 510	(6 480 - 8 580)	25.2	(21.7 - 28.8)
25%–50%	7 720	(6 690 - 8 850)	25.9	(22.4 - 29.7)
Top 50%	2 890	(2 080 - 3 870)	9.7	(7.0 - 13.0)
Total	29 800	(29 800 - 29 800)	100.0	



HEALTH AND MEDICAL SERVICES
TABLE 2.25: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A GENERAL PRACTITIONER, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a General Practitioner</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	450	(350 - 570)	9.9	(7.6 - 12.6)
Neither unhappy or happy	450	(340 - 580)	10.0	(7.4 - 12.8)
A little bit happy or very happy	3 620	(3 450 - 3 780)	80.1	(76.5 - 83.3)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	510	(410 - 640)	16.4	(13.2 - 19.8)
Neither unhappy or happy	380	(290 - 490)	12.1	(9.2 - 15.3)
A little bit happy or very happy	2 240	(2 010 - 2 480)	71.3	(66.8 - 75.6)
Not applicable	10	(0 - 30)	0.3	(0.1 - 0.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	380	(280 - 500)	14.0	(10.8 - 17.6)
Neither unhappy or happy	350	(270 - 450)	13.0	(10.3 - 15.9)
A little bit happy or very happy	1 660	(1 380 - 1 970)	61.8	(55.6 - 67.5)
Not applicable	300	(160 - 530)	11.2	(5.6 - 18.8)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	140	(60 - 280)	13.0	(6.1 - 25.4)
Neither unhappy or happy	40	(20 - 100)	4.0	(1.5 - 8.8)
A little bit happy or very happy	170	(80 - 320)	16.2	(7.5 - 27.9)
Not applicable	720	(460 - 1 100)	66.9	(45.7 - 82.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	0	(0 - 60)	0.0	(0.0 - 4.7)
Neither unhappy or happy	0	(0 - 60)	0.0	(0.0 - 4.7)
A little bit happy or very happy	0	(0 - 60)	0.0	(0.0 - 4.7)
Not applicable	1 150	(840 - 1 540)	100.0	(95.3 - 100.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 480	(1 280 - 1 690)	11.8	(10.2 - 13.5)
Neither unhappy or happy	1 220	(1 050 - 1 400)	9.7	(8.4 - 11.2)
A little bit happy or very happy	7 690	(7 320 - 8 050)	61.2	(58.3 - 64.1)
Not applicable	2 180	(1 800 - 2 630)	17.3	(14.1 - 20.9)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A GENERAL PRACTITIONER

<i>Satisfaction with access to a general practitioner</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	9 630	(7 500 - 11 900)	5.7	(4.5 - 7.1)
Neither satisfied or dissatisfied	10 500	(8 400 - 12 900)	6.2	(5.0 - 7.6)
Satisfied/very satisfied	147 000	(143 000 - 150 000)	87.2	(85.0 - 89.2)
Not stated	1 520	(750 - 2 660)	0.9	(0.5 - 1.6)
Total	169 000		100.0	



TABLE 2.26: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A COMMUNITY OR CHILD HEALTH CLINIC, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a community or child health clinic</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	500	(380 - 650)	11.1	(8.5 - 14.4)
Neither unhappy or happy	1 760	(1 570 - 1 960)	39.0	(34.7 - 43.4)
A little bit happy or very happy	2 250	(2 040 - 2 460)	49.8	(45.1 - 54.4)
Not applicable	10	(0 - 20)	0.1	(0.0 - 0.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	260	(190 - 370)	8.4	(5.9 - 11.3)
Neither unhappy or happy	1 020	(850 - 1 210)	32.5	(27.8 - 37.4)
A little bit happy or very happy	1 850	(1 640 - 2 070)	58.9	(54.0 - 63.8)
Not applicable	0	(0 - 20)	0.2	(0.0 - 0.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	200	(130 - 300)	7.4	(4.8 - 10.5)
Neither unhappy or happy	660	(530 - 810)	24.7	(21.0 - 28.6)
A little bit happy or very happy	1 810	(1 520 - 2 140)	67.5	(62.3 - 72.4)
Not applicable	10	(0 - 30)	0.4	(0.1 - 1.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	190	(120 - 320)	18.1	(11.4 - 27.1)
Neither unhappy or happy	80	(30 - 160)	7.5	(3.0 - 14.4)
A little bit happy or very happy	790	(520 - 1 110)	73.5	(63.9 - 82.1)
Not applicable	10	(0 - 90)	0.8	(0.0 - 8.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	120	(60 - 200)	10.5	(5.9 - 17.0)
Neither unhappy or happy	100	(50 - 190)	8.4	(4.1 - 15.9)
A little bit happy or very happy	940	(660 - 1 280)	81.1	(69.9 - 88.7)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 280	(1 090 - 1 490)	10.2	(8.7 - 11.9)
Neither unhappy or happy	3 620	(3 340 - 3 910)	28.8	(26.6 - 31.1)
A little bit happy or very happy	7 630	(7 300 - 7 950)	60.7	(58.1 - 63.3)
Not applicable	30	(10 - 80)	0.2	(0.0 - 0.6)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A COMMUNITY OR CHILD HEALTH CLINIC

<i>Satisfaction with access to a community or child health clinic</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	7 300	(5 470 - 9 540)	4.3	(3.2 - 5.7)
Neither satisfied or dissatisfied	41 300	(36 400 - 46 400)	24.5	(21.6 - 27.5)
Satisfied/very satisfied	117 000	(111 000 - 122 000)	69.4	(66.0 - 72.5)
Not stated	3 070	(1 900 - 4 550)	1.8	(1.1 - 2.7)
Total	169 000		100.0	



TABLE 2.27: PRIMARY CARERS — SATISFACTION WITH ACCESS TO AN AMBULANCE, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to an ambulance</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	510	(380 - 670)	11.3	(8.5 - 15.0)
Neither unhappy or happy	1 700	(1 520 - 1 890)	37.7	(33.5 - 41.8)
A little bit happy or very happy	2 300	(2 100 - 2 510)	50.8	(46.4 - 55.3)
Not applicable	10	(0 - 20)	0.1	(0.1 - 0.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	230	(170 - 310)	7.4	(5.4 - 10.0)
Neither unhappy or happy	860	(710 - 1 030)	27.3	(23.1 - 32.0)
A little bit happy or very happy	2 040	(1 820 - 2 280)	64.9	(59.9 - 69.5)
Not applicable	10	(0 - 20)	0.3	(0.1 - 0.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	390	(300 - 480)	14.4	(11.7 - 17.6)
Neither unhappy or happy	660	(530 - 830)	24.7	(20.5 - 29.1)
A little bit happy or very happy	1 320	(1 070 - 1 620)	49.3	(42.7 - 55.7)
Not applicable	310	(170 - 540)	11.5	(6.2 - 19.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	30	(10 - 70)	3.1	(1.3 - 7.2)
Neither unhappy or happy	70	(30 - 140)	6.6	(3.0 - 12.9)
A little bit happy or very happy	260	(120 - 440)	23.9	(12.9 - 39.5)
Not applicable	710	(430 - 1 070)	66.4	(47.6 - 84.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 170	(990 - 1 360)	9.3	(7.9 - 10.8)
Neither unhappy or happy	3 290	(3 020 - 3 570)	26.2	(24.0 - 28.5)
A little bit happy or very happy	5 920	(5 530 - 6 290)	47.1	(44.0 - 50.1)
Not applicable	2 190	(1 810 - 2 640)	17.4	(14.4 - 21.0)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO AN AMBULANCE SERVICE

<i>Satisfaction with access to an ambulance service</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	9 800	(6 900 - 13 200)	5.8	(4.1 - 7.9)
Neither satisfied or dissatisfied	38 700	(34 200 - 43 700)	22.9	(20.3 - 25.9)
Satisfied/very satisfied	118 000	(112 000 - 124 000)	70.1	(66.6 - 73.4)
Not stated	1 890	(1 110 - 3 040)	1.1	(0.7 - 1.8)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



TABLE 2.28: PRIMARY CARERS — SATISFACTION WITH ACCESS TO THE FLYING DOCTOR, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to the Flying Doctor</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	150	(70 - 260)	3.3	(1.7 - 5.9)
Neither unhappy or happy	3 510	(3 320 - 3 710)	77.8	(73.4 - 82.0)
A little bit happy or very happy	350	(240 - 490)	7.8	(5.4 - 11.0)
Not applicable	500	(370 - 660)	11.0	(8.1 - 14.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	230	(160 - 310)	7.3	(5.1 - 9.7)
Neither unhappy or happy	1 480	(1 290 - 1 680)	47.1	(42.0 - 52.0)
A little bit happy or very happy	1 290	(1 090 - 1 520)	41.0	(35.6 - 46.4)
Not applicable	150	(80 - 250)	4.6	(2.3 - 7.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	110	(70 - 160)	4.2	(2.9 - 5.8)
Neither unhappy or happy	880	(700 - 1 100)	32.7	(26.9 - 38.6)
A little bit happy or very happy	1 630	(1 350 - 1 950)	60.7	(54.3 - 67.0)
Not applicable	60	(30 - 130)	2.4	(1.0 - 4.8)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	160	(80 - 270)	14.7	(8.0 - 22.8)
Neither unhappy or happy	240	(140 - 380)	22.0	(14.4 - 30.4)
A little bit happy or very happy	650	(410 - 930)	60.3	(46.4 - 71.9)
Not applicable	30	(0 - 150)	3.1	(0.5 - 13.0)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	140	(50 - 290)	12.3	(4.4 - 23.9)
Neither unhappy or happy	110	(60 - 190)	9.6	(5.4 - 14.7)
A little bit happy or very happy	890	(630 - 1 230)	77.5	(65.0 - 87.1)
Not applicable	10	(0 - 20)	0.6	(0.1 - 1.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	790	(620 - 980)	6.3	(4.9 - 7.8)
Neither unhappy or happy	6 220	(5 910 - 6 540)	49.5	(47.0 - 52.0)
A little bit happy or very happy	4 810	(4 490 - 5 130)	38.3	(35.7 - 40.9)
Not applicable	750	(580 - 940)	6.0	(4.6 - 7.5)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.29: PRIMARY CARERS — SATISFACTION WITH ACCESS TO AN ABORIGINAL MEDICAL SERVICE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to an Aboriginal Medical Service</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 150	(980 - 1 340)	25.4	(21.6 - 29.5)
Neither unhappy or happy	2 210	(2 010 - 2 430)	49.0	(44.4 - 53.5)
A little bit happy or very happy	1 110	(940 - 1 320)	24.6	(20.6 - 29.0)
Not applicable	40	(10 - 150)	1.0	(0.1 - 3.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	870	(700 - 1 050)	27.6	(22.8 - 33.1)
Neither unhappy or happy	1 240	(1 060 - 1 440)	39.5	(34.4 - 44.7)
A little bit happy or very happy	930	(760 - 1 110)	29.5	(24.8 - 34.7)
Not applicable	110	(40 - 240)	3.4	(1.3 - 7.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	590	(460 - 750)	22.1	(17.8 - 26.7)
Neither unhappy or happy	550	(410 - 710)	20.3	(15.9 - 25.0)
A little bit happy or very happy	1 500	(1 250 - 1 790)	56.0	(50.2 - 61.5)
Not applicable	40	(10 - 100)	1.6	(0.5 - 3.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	260	(130 - 470)	24.7	(14.0 - 38.9)
Neither unhappy or happy	220	(130 - 370)	20.8	(12.6 - 31.1)
A little bit happy or very happy	500	(310 - 720)	46.3	(33.3 - 60.1)
Not applicable	90	(20 - 260)	8.2	(1.8 - 22.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	240	(150 - 400)	21.2	(12.7 - 30.7)
Neither unhappy or happy	310	(210 - 440)	27.0	(19.5 - 35.6)
A little bit happy or very happy	420	(240 - 650)	36.6	(24.7 - 49.6)
Not applicable	180	(70 - 380)	15.3	(6.6 - 30.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	3 110	(2 810 - 3 430)	24.8	(22.4 - 27.3)
Neither unhappy or happy	4 530	(4 220 - 4 840)	36.1	(33.6 - 38.5)
A little bit happy or very happy	4 460	(4 120 - 4 820)	35.5	(32.8 - 38.3)
Not applicable	460	(280 - 690)	3.6	(2.2 - 5.5)
Total	12 600	(12 500 - 12 600)	100.0	



TRANSPORT AND COMMUNICATION SERVICES
TABLE 2.30: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A PUBLIC TELEPHONE, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a public telephone</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 780	(1 590 - 1 990)	39.4	(35.1 - 43.9)
Neither unhappy or happy	760	(630 - 910)	16.8	(14.0 - 20.0)
A little bit happy or very happy	1 970	(1 760 - 2 190)	43.6	(39.0 - 48.3)
Not applicable	10	(0 - 10)	0.1	(0.1 - 0.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	940	(780 - 1 120)	30.0	(25.6 - 35.0)
Neither unhappy or happy	550	(430 - 690)	17.5	(13.9 - 21.8)
A little bit happy or very happy	1 640	(1 430 - 1 860)	52.1	(46.8 - 57.1)
Not applicable	10	(0 - 30)	0.3	(0.0 - 1.1)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	1 040	(850 - 1 270)	38.8	(33.5 - 44.4)
Neither unhappy or happy	480	(380 - 590)	17.9	(15.1 - 20.9)
A little bit happy or very happy	1 150	(940 - 1 410)	43.0	(37.6 - 48.6)
Not applicable	10	(0 - 20)	0.3	(0.1 - 0.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	440	(260 - 650)	40.8	(29.4 - 53.8)
Neither unhappy or happy	130	(60 - 230)	12.4	(6.4 - 20.0)
A little bit happy or very happy	500	(320 - 760)	46.8	(33.7 - 60.0)
Not applicable	0	(0 - 60)	0.0	(0.0 - 5.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	390	(230 - 630)	34.0	(22.7 - 47.7)
Neither unhappy or happy	120	(40 - 300)	10.2	(3.7 - 24.1)
A little bit happy or very happy	640	(450 - 880)	55.7	(44.1 - 67.8)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	4 600	(4 260 - 4 930)	36.6	(33.9 - 39.3)
Neither unhappy or happy	2 040	(1 820 - 2 290)	16.3	(14.5 - 18.2)
A little bit happy or very happy	5 900	(5 560 - 6 260)	47.0	(44.2 - 49.8)
Not applicable	20	(10 - 40)	0.2	(0.1 - 0.4)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A PUBLIC TELEPHONE BOX

<i>Satisfaction with access to a public telephone box</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	25 300	(21 300 - 29 800)	15.0	(12.6 - 17.7)
Neither satisfied or dissatisfied	31 400	(26 800 - 36 500)	18.6	(15.9 - 21.6)
Satisfied/very satisfied	110 000	(103 000 - 116 000)	65.1	(61.3 - 68.7)
Not stated	2 120	(1 250 - 3 310)	1.3	(0.7 - 2.0)
Total	169 000		100.0	



TABLE 2.31: PRIMARY CARERS — SATISFACTION WITH ACCESS TO TAXIS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to taxis</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	630	(500 - 790)	14.0	(11.0 - 17.6)
Neither unhappy or happy	1 740	(1 540 - 1 950)	38.6	(34.2 - 43.3)
A little bit happy or very happy	2 120	(1 920 - 2 350)	47.0	(42.4 - 51.7)
Not applicable	20	(0 - 50)	0.5	(0.1 - 1.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	460	(340 - 610)	14.7	(11.1 - 19.1)
Neither unhappy or happy	1 080	(920 - 1 270)	34.5	(29.9 - 39.6)
A little bit happy or very happy	1 520	(1 300 - 1 760)	48.4	(42.4 - 54.4)
Not applicable	80	(10 - 190)	2.4	(0.4 - 6.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	610	(470 - 750)	22.6	(18.5 - 26.9)
Neither unhappy or happy	860	(690 - 1 040)	31.9	(27.5 - 36.3)
A little bit happy or very happy	1 180	(960 - 1 430)	44.1	(38.5 - 49.6)
Not applicable	40	(10 - 130)	1.5	(0.4 - 5.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	230	(120 - 420)	21.5	(12.1 - 34.2)
Neither unhappy or happy	550	(370 - 800)	51.4	(38.6 - 64.5)
A little bit happy or very happy	120	(40 - 260)	10.8	(4.2 - 22.6)
Not applicable	170	(80 - 350)	16.3	(8.1 - 29.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	160	(80 - 270)	13.5	(7.3 - 21.6)
Neither unhappy or happy	490	(320 - 710)	42.3	(31.0 - 54.6)
A little bit happy or very happy	50	(20 - 100)	4.3	(1.8 - 8.8)
Not applicable	460	(290 - 690)	39.9	(28.0 - 52.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 080	(1 830 - 2 360)	16.6	(14.6 - 18.8)
Neither unhappy or happy	4 720	(4 390 - 5 060)	37.6	(34.9 - 40.3)
A little bit happy or very happy	4 990	(4 620 - 5 370)	39.7	(36.8 - 42.8)
Not applicable	770	(540 - 1 030)	6.1	(4.3 - 8.2)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.32: PRIMARY CARERS — SATISFACTION WITH ACCESS TO PUBLIC TRANSPORT SYSTEMS, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to public transport systems</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	570	(450 - 700)	12.6	(10.1 - 15.6)
Neither unhappy or happy	780	(650 - 940)	17.3	(14.3 - 20.8)
A little bit happy or very happy	3 160	(2 970 - 3 350)	69.9	(65.8 - 73.8)
Not applicable	10	(0 - 30)	0.1	(0.0 - 0.7)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	580	(460 - 710)	18.4	(14.9 - 22.2)
Neither unhappy or happy	1 260	(1 090 - 1 450)	40.0	(35.3 - 44.6)
A little bit happy or very happy	1 270	(1 080 - 1 490)	40.6	(35.3 - 45.9)
Not applicable	30	(10 - 70)	1.0	(0.4 - 2.2)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	770	(600 - 980)	28.8	(23.3 - 34.6)
Neither unhappy or happy	1 180	(950 - 1 450)	43.8	(37.1 - 50.3)
A little bit happy or very happy	410	(270 - 590)	15.4	(10.7 - 21.3)
Not applicable	320	(170 - 540)	12.0	(6.1 - 19.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	70	(20 - 140)	6.2	(2.5 - 14.1)
Neither unhappy or happy	180	(80 - 400)	16.9	(6.2 - 32.0)
A little bit happy or very happy	80	(30 - 170)	7.7	(2.9 - 16.2)
Not applicable	740	(470 - 1 110)	69.2	(50.6 - 85.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 990	(1 750 - 2 240)	15.8	(13.9 - 17.9)
Neither unhappy or happy	3 390	(3 070 - 3 740)	27.0	(24.4 - 29.7)
A little bit happy or very happy	4 930	(4 630 - 5 240)	39.2	(36.8 - 41.7)
Not applicable	2 250	(1 870 - 2 700)	17.9	(14.9 - 21.5)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO PUBLIC TRANSPORT SYSTEMS

<i>Satisfaction with access to public transport systems</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	10 500	(7 700 - 13 800)	8.5	(6.2 - 11.2)
Neither satisfied or dissatisfied	27 900	(23 500 - 32 700)	16.5	(13.9 - 19.4)
Satisfied/very satisfied	116 000	(110 000 - 123 000)	69.0	(65.2 - 72.6)
Not stated	2 980	(1 990 - 4 290)	1.8	(1.2 - 2.5)
Total	169 000		100.0	

(a) This question not asked in discrete remote Aboriginal communities.



TABLE 2.33: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A SCHOOL BUS SERVICE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to a school bus service</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	340	(250 - 450)	7.5	(5.4 - 10.0)
Neither unhappy or happy	2 620	(2 400 - 2 840)	57.9	(53.1 - 62.6)
A little bit happy or very happy	1 440	(1 240 - 1 660)	31.9	(27.5 - 36.6)
Not applicable	120	(70 - 200)	2.7	(1.6 - 4.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	310	(220 - 430)	10.0	(7.0 - 13.4)
Neither unhappy or happy	1 420	(1 240 - 1 620)	45.3	(40.4 - 50.3)
A little bit happy or very happy	1 360	(1 180 - 1 570)	43.4	(38.4 - 48.3)
Not applicable	40	(10 - 120)	1.4	(0.3 - 3.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	450	(330 - 600)	16.8	(12.8 - 21.5)
Neither unhappy or happy	1 010	(820 - 1 240)	37.7	(32.3 - 43.6)
A little bit happy or very happy	1 160	(940 - 1 410)	43.2	(37.9 - 48.9)
Not applicable	60	(20 - 120)	2.2	(0.9 - 4.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	100	(20 - 300)	9.7	(1.9 - 23.7)
Neither unhappy or happy	470	(300 - 690)	43.8	(32.2 - 55.9)
A little bit happy or very happy	320	(190 - 520)	30.3	(18.8 - 44.1)
Not applicable	170	(80 - 380)	16.2	(7.2 - 32.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	100	(50 - 190)	8.9	(4.4 - 15.8)
Neither unhappy or happy	420	(260 - 610)	36.2	(26.8 - 47.2)
A little bit happy or very happy	280	(170 - 440)	24.2	(15.2 - 34.3)
Not applicable	350	(200 - 550)	30.7	(19.6 - 43.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 310	(1 100 - 1 540)	10.4	(8.8 - 12.2)
Neither unhappy or happy	5 940	(5 600 - 6 280)	47.3	(44.5 - 50.0)
A little bit happy or very happy	4 570	(4 220 - 4 910)	36.3	(33.6 - 39.1)
Not applicable	750	(540 - 990)	6.0	(4.3 - 7.9)
Total	12 600	(12 500 - 12 600)	100.0	



SHOPS, BANKING AND ENTERTAINMENT FACILITIES
TABLE 2.34: PRIMARY CARERS — SATISFACTION WITH ACCESS TO SHOPS OR A SHOPPING CENTRE, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to shops/shopping centre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	310	(210 - 460)	6.9	(4.6 - 10.1)
Neither unhappy or happy	250	(170 - 360)	5.5	(3.7 - 7.9)
A little bit happy or very happy	3 950	(3 790 - 4 120)	87.6	(84.0 - 90.6)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	460	(370 - 570)	14.7	(11.9 - 18.1)
Neither unhappy or happy	330	(230 - 460)	10.4	(7.4 - 14.4)
A little bit happy or very happy	2 340	(2 100 - 2 600)	74.7	(69.9 - 79.0)
Not applicable	0	(0 - 20)	0.2	(0.0 - 0.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	500	(390 - 640)	18.7	(15.2 - 22.6)
Neither unhappy or happy	270	(200 - 370)	10.2	(7.7 - 13.1)
A little bit happy or very happy	1 900	(1 610 - 2 220)	70.6	(65.7 - 75.0)
Not applicable	10	(0 - 50)	0.4	(0.0 - 1.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	420	(250 - 640)	39.6	(28.9 - 52.5)
Neither unhappy or happy	130	(70 - 210)	11.9	(7.1 - 18.5)
A little bit happy or very happy	500	(320 - 730)	46.3	(34.3 - 58.8)
Not applicable	20	(0 - 170)	2.1	(0.1 - 14.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	350	(180 - 580)	30.6	(18.8 - 43.2)
Neither unhappy or happy	80	(40 - 150)	7.1	(3.9 - 12.1)
A little bit happy or very happy	710	(510 - 970)	61.7	(49.7 - 73.2)
Not applicable	10	(0 - 10)	0.6	(0.3 - 1.3)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 060	(1 800 - 2 340)	16.4	(14.3 - 18.7)
Neither unhappy or happy	1 060	(890 - 1 240)	8.4	(7.1 - 9.9)
A little bit happy or very happy	9 400	(9 080 - 9 710)	74.8	(72.2 - 77.3)
Not applicable	50	(10 - 150)	0.4	(0.1 - 1.2)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO SHOPPING CENTRES

<i>Satisfaction with access to shopping centres</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	11 100	(8 600 - 14 000)	6.6	(5.1 - 8.3)
Neither satisfied or dissatisfied	8 680	(6 100 - 11 700)	5.1	(3.6 - 7.0)
Satisfied/very satisfied	147 000	(143 000 - 152 000)	87.4	(84.6 - 90.0)
Not stated	1 390	(740 - 2 480)	0.8	(0.4 - 1.4)
Total	169 000		100.0	



TABLE 2.35: PRIMARY CARERS — SATISFACTION WITH ACCESS TO BANKING FACILITIES, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to banking facilities</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 210	(1 040 - 1 410)	26.8	(23.0 - 31.1)
Neither unhappy or happy	480	(380 - 610)	10.7	(8.4 - 13.5)
A little bit happy or very happy	2 820	(2 630 - 3 020)	62.5	(58.1 - 66.7)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	740	(590 - 900)	23.4	(19.0 - 28.1)
Neither unhappy or happy	460	(350 - 580)	14.5	(11.3 - 17.9)
A little bit happy or very happy	1 940	(1 730 - 2 170)	61.9	(56.8 - 66.6)
Not applicable	0	(0 - 20)	0.2	(0.0 - 0.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	870	(660 - 1 100)	32.2	(26.2 - 38.6)
Neither unhappy or happy	340	(260 - 440)	12.7	(10.2 - 15.4)
A little bit happy or very happy	1 450	(1 200 - 1 720)	54.0	(47.9 - 60.3)
Not applicable	30	(10 - 100)	1.1	(0.3 - 3.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	340	(200 - 520)	31.9	(22.2 - 43.4)
Neither unhappy or happy	190	(110 - 300)	17.4	(10.4 - 25.5)
A little bit happy or very happy	490	(310 - 730)	45.5	(34.0 - 58.0)
Not applicable	60	(10 - 140)	5.2	(1.6 - 14.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	390	(230 - 620)	33.5	(21.8 - 45.4)
Neither unhappy or happy	220	(140 - 340)	19.0	(12.7 - 26.9)
A little bit happy or very happy	510	(340 - 720)	44.5	(33.4 - 55.9)
Not applicable	30	(10 - 110)	3.0	(0.6 - 8.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	3 540	(3 210 - 3 870)	28.2	(25.6 - 30.8)
Neither unhappy or happy	1 680	(1 490 - 1 890)	13.4	(11.9 - 15.0)
A little bit happy or very happy	7 220	(6 870 - 7 560)	57.4	(54.7 - 60.2)
Not applicable	120	(60 - 240)	1.0	(0.5 - 1.9)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A BANK

<i>Satisfaction with access to a bank</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	17 000	(12 700 - 22 000)	10.1	(7.6 - 13.0)
Neither satisfied or dissatisfied	15 700	(12 400 - 19 600)	9.3	(7.3 - 11.7)
Satisfied/very satisfied	135 000	(128 000 - 141 000)	80.0	(76.2 - 83.4)
Not stated	960	(460 - 1 660)	0.6	(0.3 - 1.0)
Total	169 000		100.0	



TABLE 2.36: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A MOVIE THEATRE OR OUTDOOR PICTURES, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a movie theatre or outdoor pictures</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 010	(840 - 1 200)	22.4	(18.6 - 26.6)
Neither unhappy or happy	1 100	(940 - 1 280)	24.5	(20.9 - 28.4)
A little bit happy or very happy	2 390	(2 170 - 2 610)	52.9	(48.2 - 57.8)
Not applicable	10	(0 - 70)	0.2	(0.0 - 1.5)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	740	(590 - 920)	23.5	(18.7 - 28.6)
Neither unhappy or happy	1 020	(860 - 1 190)	32.5	(28.2 - 37.1)
A little bit happy or very happy	1 290	(1 100 - 1 510)	41.1	(35.6 - 46.8)
Not applicable	90	(20 - 230)	2.9	(0.8 - 7.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	730	(550 - 940)	27.0	(21.4 - 33.1)
Neither unhappy or happy	980	(800 - 1 190)	36.5	(31.8 - 41.3)
A little bit happy or very happy	890	(710 - 1 100)	33.2	(28.1 - 38.5)
Not applicable	90	(40 - 180)	3.4	(1.5 - 6.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	360	(210 - 550)	33.9	(23.7 - 44.9)
Neither unhappy or happy	510	(350 - 740)	47.6	(36.8 - 58.7)
A little bit happy or very happy	110	(40 - 220)	10.6	(5.3 - 20.3)
Not applicable	80	(30 - 180)	7.9	(3.4 - 16.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	420	(270 - 630)	36.7	(26.3 - 47.6)
Neither unhappy or happy	400	(260 - 610)	35.0	(25.1 - 45.4)
A little bit happy or very happy	240	(130 - 390)	20.4	(12.7 - 31.5)
Not applicable	90	(50 - 170)	7.9	(3.7 - 13.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	3 260	(2 940 - 3 590)	26.0	(23.4 - 28.6)
Neither unhappy or happy	4 020	(3 720 - 4 320)	32.0	(29.6 - 34.4)
A little bit happy or very happy	4 920	(4 580 - 5 260)	39.2	(36.4 - 41.9)
Not applicable	360	(240 - 520)	2.9	(1.9 - 4.1)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A MOVIE THEATRE

<i>Satisfaction with access to a movie theatre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	40 200	(34 100 - 46 500)	23.8	(20.2 - 27.6)
Neither satisfied or dissatisfied	37 700	(32 600 - 43 500)	22.4	(19.3 - 25.8)
Satisfied/very satisfied	87 100	(78 800 - 95 900)	51.7	(46.7 - 56.9)
Not stated	3 640	(2 440 - 5 190)	2.2	(1.4 - 3.1)
Total	169 000		100.0	



TABLE 2.37: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A HALL FOR LIVE THEATRE OR PERFORMANCES, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a performance hall</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 020	(860 - 1 220)	22.7	(18.9 - 26.9)
Neither unhappy or happy	2 390	(2 180 - 2 610)	52.9	(48.2 - 57.5)
A little bit happy or very happy	1 080	(900 - 1 290)	24.0	(19.9 - 28.5)
Not applicable	20	(0 - 50)	0.4	(0.1 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	500	(380 - 660)	16.0	(12.1 - 20.5)
Neither unhappy or happy	1 310	(1 140 - 1 510)	41.8	(37.3 - 46.5)
A little bit happy or very happy	1 300	(1 130 - 1 490)	41.5	(36.7 - 46.2)
Not applicable	20	(0 - 90)	0.7	(0.1 - 3.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	660	(530 - 820)	24.7	(20.9 - 28.7)
Neither unhappy or happy	960	(780 - 1 160)	35.8	(31.4 - 40.6)
A little bit happy or very happy	980	(790 - 1 200)	36.5	(31.7 - 41.6)
Not applicable	80	(30 - 160)	3.0	(1.3 - 5.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	300	(170 - 470)	27.9	(18.5 - 38.2)
Neither unhappy or happy	450	(300 - 650)	41.6	(31.7 - 52.2)
A little bit happy or very happy	250	(140 - 430)	23.0	(13.1 - 34.2)
Not applicable	80	(30 - 170)	7.5	(3.3 - 15.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	430	(270 - 650)	37.3	(26.4 - 49.7)
Neither unhappy or happy	350	(220 - 530)	30.4	(22.1 - 40.6)
A little bit happy or very happy	310	(210 - 460)	26.8	(19.3 - 35.4)
Not applicable	60	(40 - 100)	5.5	(3.2 - 9.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 920	(2 630 - 3 220)	23.2	(20.9 - 25.7)
Neither unhappy or happy	5 460	(5 140 - 5 780)	43.4	(40.9 - 46.0)
A little bit happy or very happy	3 920	(3 620 - 4 240)	31.2	(28.8 - 33.7)
Not applicable	260	(180 - 380)	2.1	(1.4 - 3.0)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A HALL FOR LIVE THEATRE OR PERFORMANCE

<i>Satisfaction with access to a performance hall</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	32 100	(27 600 - 37 300)	19.1	(16.4 - 22.1)
Neither satisfied or dissatisfied	68 900	(63 300 - 74 700)	40.9	(37.6 - 44.3)
Satisfied/very satisfied	63 500	(57 100 - 70 200)	37.7	(33.9 - 41.7)
Not stated	4 060	(2 780 - 5 820)	2.4	(1.6 - 3.5)
Total	169 000		100.0	



COMMUNITY SERVICES
TABLE 2.38: PRIMARY CARERS — SATISFACTION WITH ACCESS TO SCHOOLS, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to schools</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	270	(180 - 370)	5.9	(4.1 - 8.1)
Neither unhappy or happy	440	(330 - 570)	9.7	(7.3 - 12.4)
A little bit happy or very happy	3 810	(3 660 - 3 970)	84.4	(81.2 - 87.4)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	220	(150 - 300)	6.9	(4.9 - 9.4)
Neither unhappy or happy	370	(290 - 460)	11.9	(9.6 - 14.7)
A little bit happy or very happy	2 540	(2 300 - 2 790)	80.8	(77.3 - 84.0)
Not applicable	10	(0 - 50)	0.5	(0.0 - 1.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	290	(210 - 370)	10.7	(8.4 - 13.5)
Neither unhappy or happy	360	(270 - 480)	13.4	(10.4 - 16.8)
A little bit happy or very happy	2 030	(1 720 - 2 360)	75.6	(71.4 - 79.6)
Not applicable	10	(0 - 60)	0.3	(0.0 - 2.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	60	(30 - 110)	5.5	(2.5 - 10.2)
Neither unhappy or happy	80	(40 - 150)	7.7	(4.0 - 13.5)
A little bit happy or very happy	930	(640 - 1 290)	86.9	(79.7 - 92.4)
Not applicable	0	(0 - 60)	0.0	(0.0 - 5.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	50	(0 - 250)	4.2	(0.1 - 19.6)
Neither unhappy or happy	30	(10 - 60)	2.7	(1.3 - 5.3)
A little bit happy or very happy	1 070	(790 - 1 450)	93.1	(80.5 - 98.5)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	880	(720 - 1 050)	7.0	(5.7 - 8.3)
Neither unhappy or happy	1 280	(1 120 - 1 470)	10.2	(8.9 - 11.7)
A little bit happy or very happy	10 400	(10 100 - 10 600)	82.6	(80.7 - 84.5)
Not applicable	20	(0 - 70)	0.2	(0.0 - 0.6)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A SCHOOL

<i>Satisfaction with access to a school</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	5 200	(3 330 - 7 510)	3.1	(2.0 - 4.5)
Neither satisfied or dissatisfied	7 170	(5 150 - 9 530)	4.3	(3.1 - 5.7)
Satisfied/very satisfied	156 000	(152 000 - 159 000)	92.4	(90.4 - 94.2)
Not stated	470	(170 - 1 190)	0.3	(0.1 - 0.6)
Total	169 000		100.0	



TABLE 2.39: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A POLICE STATION OR REGULAR PATROLS, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a police station or regular patrols</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	890	(740 - 1 070)	19.7	(16.3 - 23.6)
Neither unhappy or happy	1 280	(1 110 - 1 470)	28.4	(24.6 - 32.5)
A little bit happy or very happy	2 340	(2 140 - 2 560)	51.9	(47.3 - 56.3)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	520	(410 - 650)	16.7	(13.4 - 20.5)
Neither unhappy or happy	870	(710 - 1 050)	27.7	(23.3 - 32.8)
A little bit happy or very happy	1 740	(1 530 - 1 970)	55.3	(49.8 - 60.5)
Not applicable	10	(0 - 20)	0.3	(0.1 - 0.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	620	(500 - 750)	23.0	(19.2 - 27.1)
Neither unhappy or happy	710	(570 - 890)	26.6	(22.7 - 30.8)
A little bit happy or very happy	1 350	(1 110 - 1 620)	50.2	(45.1 - 55.5)
Not applicable	10	(0 - 70)	0.2	(0.0 - 2.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	230	(130 - 370)	21.4	(14.6 - 30.4)
Neither unhappy or happy	190	(110 - 310)	17.7	(11.7 - 24.9)
A little bit happy or very happy	630	(420 - 880)	58.9	(48.1 - 69.5)
Not applicable	20	(10 - 50)	2.0	(0.8 - 4.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	270	(140 - 460)	23.2	(13.8 - 35.7)
Neither unhappy or happy	370	(240 - 540)	32.3	(23.5 - 41.7)
A little bit happy or very happy	500	(340 - 710)	43.5	(33.3 - 53.7)
Not applicable	10	(0 - 40)	1.0	(0.1 - 3.2)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 530	(2 280 - 2 800)	20.1	(18.1 - 22.3)
Neither unhappy or happy	3 430	(3 150 - 3 710)	27.3	(25.1 - 29.5)
A little bit happy or very happy	6 560	(6 220 - 6 900)	52.2	(49.5 - 54.9)
Not applicable	50	(20 - 90)	0.4	(0.2 - 0.7)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A POLICE STATION

<i>Satisfaction with access to a police station</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	25 000	(20 000 - 30 600)	14.8	(11.8 - 18.1)
Neither satisfied or dissatisfied	30 800	(26 100 - 35 700)	18.3	(15.5 - 21.2)
Satisfied/very satisfied	111 000	(104 000 - 118 000)	65.8	(61.6 - 69.7)
Not stated	1 910	(1 050 - 3 090)	1.1	(0.6 - 1.9)
Total	169 000		100.0	



TABLE 2.40: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A PUBLIC LIBRARY, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a public library</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	310	(190 - 450)	6.9	(4.3 - 10.0)
Neither unhappy or happy	1 140	(980 - 1 320)	25.3	(21.6 - 29.3)
A little bit happy or very happy	3 050	(2 860 - 3 260)	67.6	(63.1 - 71.8)
Not applicable	10	(0 - 50)	0.3	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	220	(150 - 300)	7.0	(4.9 - 9.6)
Neither unhappy or happy	950	(790 - 1 130)	30.2	(25.6 - 34.9)
A little bit happy or very happy	1 960	(1 740 - 2 190)	62.5	(57.3 - 67.3)
Not applicable	10	(0 - 20)	0.3	(0.1 - 0.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	190	(130 - 250)	7.0	(5.1 - 9.4)
Neither unhappy or happy	930	(750 - 1 150)	34.6	(29.6 - 40.1)
A little bit happy or very happy	1 270	(1 030 - 1 560)	47.4	(41.1 - 53.8)
Not applicable	290	(160 - 530)	11.0	(5.7 - 19.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	80	(40 - 150)	7.4	(3.3 - 13.0)
Neither unhappy or happy	130	(50 - 250)	11.8	(5.6 - 23.2)
A little bit happy or very happy	150	(70 - 300)	14.4	(7.0 - 26.2)
Not applicable	710	(430 - 1 070)	66.4	(47.6 - 84.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	800	(640 - 970)	6.3	(5.1 - 7.7)
Neither unhappy or happy	3 150	(2 850 - 3 450)	25.0	(22.7 - 27.5)
A little bit happy or very happy	6 440	(6 070 - 6 810)	51.3	(48.3 - 54.2)
Not applicable	2 180	(1 780 - 2 610)	17.3	(14.2 - 20.8)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A PUBLIC LIBRARY

<i>Satisfaction with access to a public library</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	11 200	(7 700 - 15 500)	6.7	(4.6 - 9.2)
Neither satisfied or dissatisfied	15 600	(12 200 - 19 500)	9.2	(7.3 - 11.6)
Satisfied/very satisfied	140 000	(134 000 - 146 000)	83.2	(79.5 - 86.3)
Not stated	1 530	(770 - 2 580)	0.9	(0.5 - 1.6)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



TABLE 2.41: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A COMMUNITY CENTRE, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a community centre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	480	(380 - 610)	10.7	(8.3 - 13.4)
Neither unhappy or happy	1 760	(1 570 - 1 960)	38.9	(34.7 - 43.2)
A little bit happy or very happy	2 250	(2 050 - 2 460)	49.8	(45.4 - 54.4)
Not applicable	30	(10 - 60)	0.6	(0.2 - 1.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	330	(230 - 460)	10.4	(7.1 - 14.2)
Neither unhappy or happy	1 270	(1 080 - 1 470)	40.3	(35.5 - 45.4)
A little bit happy or very happy	1 520	(1 330 - 1 720)	48.4	(43.4 - 53.2)
Not applicable	30	(0 - 170)	0.9	(0.0 - 5.4)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	410	(320 - 520)	15.4	(12.6 - 18.5)
Neither unhappy or happy	1 050	(860 - 1 280)	39.2	(34.1 - 44.7)
A little bit happy or very happy	910	(710 - 1 130)	34.0	(28.5 - 39.9)
Not applicable	300	(150 - 510)	11.3	(6.2 - 19.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	110	(40 - 240)	10.3	(3.8 - 20.8)
Neither unhappy or happy	150	(60 - 280)	13.6	(5.9 - 24.6)
A little bit happy or very happy	100	(50 - 210)	9.2	(3.8 - 18.1)
Not applicable	720	(460 - 1 100)	66.9	(45.7 - 82.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 330	(1 140 - 1 540)	10.6	(9.1 - 12.2)
Neither unhappy or happy	4 220	(3 900 - 4 550)	33.6	(31.0 - 36.2)
A little bit happy or very happy	4 780	(4 450 - 5 110)	38.0	(35.4 - 40.7)
Not applicable	2 230	(1 830 - 2 660)	17.7	(14.6 - 21.2)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A COMMUNITY CENTRE

<i>Satisfaction with access to a community centre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	12 100	(9 700 - 15 100)	7.2	(5.8 - 8.9)
Neither satisfied or dissatisfied	61 900	(56 100 - 67 800)	36.7	(33.3 - 40.2)
Satisfied/very satisfied	90 500	(84 200 - 97 000)	53.7	(49.9 - 57.5)
Not stated	4 040	(2 920 - 5 470)	2.4	(1.7 - 3.2)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



TABLE 2.42: PRIMARY CARERS — SATISFACTION WITH ACCESS TO DEPARTMENT FOR COMMUNITY DEVELOPMENT (WELFARE), BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to Department for Community Development (Welfare)</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	590	(460 - 730)	13.0	(10.2 - 16.1)
Neither unhappy or happy	2 290	(2 090 - 2 500)	50.6	(46.2 - 55.2)
A little bit happy or very happy	1 620	(1 440 - 1 830)	36.0	(31.8 - 40.5)
Not applicable	20	(10 - 50)	0.4	(0.1 - 1.1)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	590	(470 - 730)	18.7	(15.0 - 22.8)
Neither unhappy or happy	1 320	(1 140 - 1 510)	42.0	(37.3 - 46.6)
A little bit happy or very happy	1 190	(1 030 - 1 380)	38.0	(33.4 - 42.6)
Not applicable	40	(10 - 180)	1.3	(0.2 - 5.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	510	(380 - 650)	18.9	(15.1 - 23.1)
Neither unhappy or happy	1 000	(830 - 1 190)	37.2	(33.0 - 41.4)
A little bit happy or very happy	1 160	(950 - 1 410)	43.2	(37.9 - 48.5)
Not applicable	20	(0 - 60)	0.7	(0.1 - 2.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	240	(120 - 410)	22.6	(14.1 - 32.2)
Neither unhappy or happy	420	(270 - 620)	39.3	(29.1 - 49.2)
A little bit happy or very happy	340	(220 - 490)	31.7	(23.3 - 41.4)
Not applicable	70	(20 - 160)	6.4	(2.0 - 13.7)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	220	(100 - 470)	19.4	(9.6 - 34.6)
Neither unhappy or happy	430	(290 - 600)	37.0	(28.2 - 47.0)
A little bit happy or very happy	460	(310 - 650)	39.5	(28.8 - 50.5)
Not applicable	50	(20 - 110)	4.2	(1.3 - 9.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 150	(1 900 - 2 420)	17.1	(15.1 - 19.3)
Neither unhappy or happy	5 450	(5 140 - 5 760)	43.4	(40.9 - 45.8)
A little bit happy or very happy	4 770	(4 450 - 5 100)	38.0	(35.4 - 40.6)
Not applicable	200	(110 - 320)	1.6	(0.9 - 2.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.43: PRIMARY CARERS — SATISFACTION WITH ACCESS TO CHILD CARE FACILITIES, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to child care facilities</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	420	(300 - 570)	9.2	(6.6 - 12.7)
Neither unhappy or happy	2 280	(2 080 - 2 480)	50.4	(46.0 - 54.8)
A little bit happy or very happy	1 770	(1 580 - 1 980)	39.3	(34.9 - 43.7)
Not applicable	50	(10 - 120)	1.1	(0.3 - 2.6)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	440	(330 - 580)	13.9	(10.3 - 17.9)
Neither unhappy or happy	1 500	(1 310 - 1 710)	47.7	(43.0 - 52.6)
A little bit happy or very happy	1 180	(1 010 - 1 370)	37.7	(33.1 - 42.5)
Not applicable	20	(10 - 50)	0.6	(0.2 - 1.4)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	410	(290 - 560)	15.3	(11.4 - 19.9)
Neither unhappy or happy	1 220	(1 000 - 1 460)	45.3	(39.9 - 50.7)
A little bit happy or very happy	730	(570 - 920)	27.2	(22.4 - 32.6)
Not applicable	330	(180 - 540)	12.2	(6.5 - 19.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	150	(70 - 290)	14.3	(7.0 - 26.2)
Neither unhappy or happy	130	(60 - 230)	11.7	(5.9 - 20.8)
A little bit happy or very happy	80	(30 - 190)	7.9	(2.5 - 17.0)
Not applicable	710	(440 - 1 070)	66.0	(44.1 - 81.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 420	(1 190 - 1 660)	11.3	(9.5 - 13.2)
Neither unhappy or happy	5 120	(4 770 - 5 460)	40.7	(38.0 - 43.4)
A little bit happy or very happy	3 770	(3 470 - 4 090)	30.0	(27.6 - 32.6)
Not applicable	2 260	(1 850 - 2 680)	18.0	(14.8 - 21.4)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO CHILD CARE FACILITIES

<i>Satisfaction with access to child care facilities</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	11 700	(9 700 - 14 000)	6.9	(5.8 - 8.3)
Neither satisfied or dissatisfied	65 800	(60 300 - 71 400)	39.0	(35.8 - 42.4)
Satisfied/very satisfied	86 900	(80 900 - 92 800)	51.6	(48.0 - 55.0)
Not stated	4 160	(2 760 - 6 130)	2.5	(1.6 - 3.6)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



TABLE 2.44: PRIMARY CARERS — SATISFACTION WITH ACCESS TO AFTER SCHOOL CARE / VACATION CARE, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to after school or vacation care</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	600	(460 - 760)	13.2	(10.1 - 16.9)
Neither unhappy or happy	2 500	(2 290 - 2 720)	55.5	(50.7 - 60.2)
A little bit happy or very happy	1 330	(1 140 - 1 530)	29.4	(25.3 - 33.9)
Not applicable	90	(40 - 160)	1.9	(0.9 - 3.6)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	650	(530 - 790)	20.6	(17.0 - 24.7)
Neither unhappy or happy	1 720	(1 510 - 1 950)	54.7	(49.5 - 59.6)
A little bit happy or very happy	730	(590 - 880)	23.2	(19.2 - 27.6)
Not applicable	50	(20 - 80)	1.5	(0.7 - 2.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	500	(380 - 660)	18.7	(14.7 - 23.1)
Neither unhappy or happy	1 270	(1 050 - 1 520)	47.4	(41.7 - 53.3)
A little bit happy or very happy	600	(430 - 800)	22.3	(17.2 - 28.6)
Not applicable	310	(170 - 530)	11.6	(6.0 - 19.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	170	(90 - 300)	15.7	(7.6 - 26.5)
Neither unhappy or happy	150	(50 - 310)	14.4	(5.1 - 26.8)
A little bit happy or very happy	30	(10 - 80)	3.1	(0.8 - 7.6)
Not applicable	720	(460 - 1 100)	66.9	(45.7 - 82.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 920	(1 680 - 2 170)	15.2	(13.4 - 17.3)
Neither unhappy or happy	5 650	(5 280 - 6 020)	44.9	(42.0 - 47.9)
A little bit happy or very happy	2 690	(2 400 - 2 990)	21.4	(19.1 - 23.8)
Not applicable	2 310	(1 910 - 2 750)	18.4	(15.2 - 21.9)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO AFTER SCHOOL CARE/VACATION CARE

<i>Satisfaction with access to after school care/ vacation care</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	15 000	(12 600 - 17 800)	8.9	(7.5 - 10.6)
Neither satisfied or dissatisfied	73 500	(67 800 - 79 200)	43.6	(40.2 - 47.0)
Satisfied/very satisfied	75 400	(69 400 - 81 400)	44.7	(41.1 - 48.2)
Not stated	4 670	(3 170 - 6 560)	2.8	(1.9 - 3.9)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



RECREATION FACILITIES

TABLE 2.45: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A PLAYING FIELD WHERE YOUR CHILDREN CAN PLAY, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a playing field where your children can play</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	460	(350 - 590)	10.1	(7.7 - 12.9)
Neither unhappy or happy	510	(390 - 660)	11.3	(8.6 - 14.4)
A little bit happy or very happy	3 550	(3 380 - 3 720)	78.6	(74.9 - 82.1)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	400	(290 - 530)	12.6	(9.3 - 16.5)
Neither unhappy or happy	410	(320 - 510)	13.0	(10.3 - 15.9)
A little bit happy or very happy	2 320	(2 090 - 2 570)	74.0	(69.2 - 78.4)
Not applicable	10	(0 - 30)	0.4	(0.1 - 1.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	650	(500 - 830)	24.1	(19.4 - 29.2)
Neither unhappy or happy	440	(330 - 580)	16.4	(12.9 - 20.6)
A little bit happy or very happy	1 600	(1 340 - 1 890)	59.5	(54.1 - 64.8)
Not applicable	0	(0 - 60)	0.0	(0.0 - 2.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	240	(120 - 400)	22.3	(12.7 - 33.3)
Neither unhappy or happy	160	(80 - 270)	15.0	(8.7 - 23.8)
A little bit happy or very happy	660	(440 - 940)	61.4	(48.4 - 72.4)
Not applicable	10	(0 - 120)	1.3	(0.0 - 11.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	130	(80 - 210)	11.1	(6.6 - 16.8)
Neither unhappy or happy	130	(50 - 270)	11.3	(4.4 - 20.6)
A little bit happy or very happy	900	(640 - 1 230)	77.6	(67.2 - 85.3)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 860	(1 630 - 2 120)	14.8	(13.0 - 16.9)
Neither unhappy or happy	1 650	(1 440 - 1 880)	13.1	(11.5 - 15.0)
A little bit happy or very happy	9 020	(8 710 - 9 320)	71.8	(69.3 - 74.2)
Not applicable	30	(0 - 110)	0.2	(0.0 - 0.9)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A PLAYING FIELD WHERE YOUR CHILDREN CAN GO

<i>Satisfaction with access to a playing field where your children can go</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	17 500	(14 000 - 21 800)	10.4	(8.3 - 12.9)
Neither satisfied or dissatisfied	23 900	(19 400 - 29 000)	14.2	(11.5 - 17.2)
Satisfied/very satisfied	121 000	(115 000 - 127 000)	71.9	(68.0 - 75.5)
Not stated	6 030	(4 120 - 8 500)	3.6	(2.4 - 5.0)
Total	169 000		100.0	



TABLE 2.46: PRIMARY CARERS — SATISFACTION WITH ACCESS TO OUTDOOR PLAYING FIELDS FOR ORGANISED SPORT, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to playing fields for organised sport</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	380	(290 - 500)	8.5	(6.3 - 11.1)
Neither unhappy or happy	880	(730 - 1 060)	19.5	(16.0 - 23.3)
A little bit happy or very happy	3 250	(3 060 - 3 430)	71.9	(67.7 - 75.6)
Not applicable	10	(0 - 20)	0.1	(0.0 - 0.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	250	(150 - 370)	7.9	(4.9 - 11.4)
Neither unhappy or happy	560	(440 - 720)	18.0	(14.3 - 22.1)
A little bit happy or very happy	2 310	(2 080 - 2 550)	73.6	(68.5 - 78.3)
Not applicable	20	(0 - 40)	0.5	(0.1 - 1.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	330	(240 - 430)	12.1	(9.3 - 15.4)
Neither unhappy or happy	520	(420 - 650)	19.5	(16.5 - 22.8)
A little bit happy or very happy	1 820	(1 540 - 2 140)	67.8	(63.3 - 72.2)
Not applicable	20	(10 - 40)	0.7	(0.3 - 1.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	260	(140 - 440)	24.3	(14.8 - 36.0)
Neither unhappy or happy	210	(120 - 360)	19.6	(11.4 - 29.4)
A little bit happy or very happy	590	(390 - 870)	55.1	(41.7 - 67.2)
Not applicable	10	(0 - 60)	1.1	(0.0 - 5.7)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	180	(90 - 320)	15.5	(7.8 - 25.4)
Neither unhappy or happy	100	(60 - 150)	8.4	(5.1 - 12.8)
A little bit happy or very happy	880	(610 - 1 210)	76.1	(65.8 - 85.2)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	1 390	(1 180 - 1 630)	11.1	(9.4 - 12.9)
Neither unhappy or happy	2 270	(2 040 - 2 530)	18.1	(16.2 - 20.1)
A little bit happy or very happy	8 840	(8 530 - 9 160)	70.4	(67.9 - 72.9)
Not applicable	50	(20 - 90)	0.4	(0.2 - 0.7)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO OUTDOOR PLAYING FIELDS, OVALS

<i>Satisfaction with access to outdoor playing fields, ovals</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	8 860	(6 500 - 11 700)	5.3	(3.9 - 6.9)
Neither satisfied or dissatisfied	20 400	(16 700 - 24 800)	12.1	(9.9 - 14.7)
Satisfied/very satisfied	137 000	(132 000 - 142 000)	81.3	(78.1 - 84.1)
Not stated	2 270	(1 320 - 3 730)	1.3	(0.8 - 2.2)
Total	169 000		100.0	



TABLE 2.47: PRIMARY CARERS. SATISFACTION WITH ACCESS TO A SWIMMING COMPLEX (INDOOR OR OUTDOOR), BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a swimming complex</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	870	(700 - 1 050)	19.2	(15.4 - 23.2)
Neither unhappy or happy	830	(680 - 990)	18.4	(15.1 - 22.0)
A little bit happy or very happy	2 820	(2 610 - 3 030)	62.4	(57.7 - 66.9)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	580	(430 - 770)	18.4	(13.7 - 23.6)
Neither unhappy or happy	430	(340 - 540)	13.8	(10.9 - 16.9)
A little bit happy or very happy	2 090	(1 850 - 2 350)	66.5	(60.9 - 72.1)
Not applicable	40	(10 - 140)	1.3	(0.1 - 3.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	310	(220 - 430)	11.4	(8.2 - 15.3)
Neither unhappy or happy	490	(380 - 640)	18.4	(14.5 - 22.7)
A little bit happy or very happy	1 820	(1 510 - 2 170)	67.7	(61.4 - 73.8)
Not applicable	60	(30 - 130)	2.4	(1.1 - 4.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	290	(150 - 490)	27.4	(15.9 - 41.7)
Neither unhappy or happy	320	(180 - 560)	29.8	(18.3 - 45.4)
A little bit happy or very happy	390	(230 - 620)	36.8	(22.4 - 52.2)
Not applicable	60	(10 - 200)	6.0	(0.6 - 17.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	380	(240 - 550)	32.5	(22.6 - 43.7)
Neither unhappy or happy	290	(140 - 480)	24.7	(15.0 - 38.4)
A little bit happy or very happy	380	(220 - 600)	32.6	(19.5 - 46.7)
Not applicable	120	(30 - 280)	10.1	(2.7 - 23.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 420	(2 130 - 2 740)	19.3	(16.9 - 21.8)
Neither unhappy or happy	2 360	(2 090 - 2 660)	18.8	(16.6 - 21.2)
A little bit happy or very happy	7 500	(7 080 - 7 900)	59.7	(56.3 - 62.9)
Not applicable	290	(160 - 480)	2.3	(1.3 - 3.8)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A SWIMMING COMPLEX (INDOOR OR OUTDOOR)

<i>Satisfaction with access to a swimming complex</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	25 900	(20 900 - 31 700)	15.4	(12.4 - 18.8)
Neither satisfied or dissatisfied	24 000	(20 200 - 28 300)	14.2	(12.0 - 16.8)
Satisfied/very satisfied	116 000	(108 000 - 123 000)	68.8	(64.3 - 73.2)
Not stated	2 580	(1 500 - 3 970)	1.5	(0.9 - 2.4)
Total	169 000		100.0	



TABLE 2.48: PRIMARY CARERS — SATISFACTION WITH ACCESS TO SPORTING FACILITIES OR AN INDOOR SPORTS CENTRE FOR GAMES, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to an indoor sports centre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	840	(680 - 1 030)	18.7	(15.0 - 22.9)
Neither unhappy or happy	1 180	(1 010 - 1 370)	26.2	(22.4 - 30.4)
A little bit happy or very happy	2 490	(2 280 - 2 700)	55.1	(50.4 - 59.7)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	630	(490 - 790)	20.1	(16.0 - 24.8)
Neither unhappy or happy	720	(560 - 890)	22.8	(18.6 - 27.7)
A little bit happy or very happy	1 740	(1 540 - 1 960)	55.5	(49.9 - 61.1)
Not applicable	50	(10 - 190)	1.6	(0.2 - 5.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	720	(570 - 900)	26.9	(22.3 - 32.0)
Neither unhappy or happy	830	(680 - 1 010)	31.1	(27.3 - 35.3)
A little bit happy or very happy	1 110	(900 - 1 360)	41.4	(35.8 - 47.2)
Not applicable	10	(0 - 70)	0.5	(0.1 - 2.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	360	(210 - 590)	33.9	(21.8 - 47.8)
Neither unhappy or happy	290	(160 - 480)	27.4	(17.0 - 39.6)
A little bit happy or very happy	390	(240 - 580)	36.0	(25.6 - 48.5)
Not applicable	30	(0 - 110)	2.6	(0.0 - 9.6)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	320	(160 - 540)	27.7	(15.9 - 41.7)
Neither unhappy or happy	180	(120 - 260)	15.4	(10.7 - 21.1)
A little bit happy or very happy	640	(440 - 910)	55.7	(44.0 - 68.1)
Not applicable	10	(0 - 50)	1.2	(0.1 - 4.4)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	2 880	(2 570 - 3 210)	22.9	(20.4 - 25.5)
Neither unhappy or happy	3 210	(2 930 - 3 500)	25.5	(23.3 - 27.9)
A little bit happy or very happy	6 370	(6 010 - 6 720)	50.7	(47.8 - 53.5)
Not applicable	110	(40 - 250)	0.8	(0.3 - 2.0)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO AN INDOOR SPORTS CENTRE

<i>Satisfaction with access to an indoor sports centre</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	24 000	(19 300 - 29 100)	14.2	(11.5 - 17.3)
Neither satisfied or dissatisfied	40 000	(34 800 - 45 700)	23.7	(20.7 - 27.1)
Satisfied/very satisfied	101 000	(94 000 - 108 000)	60.1	(55.9 - 64.3)
Not stated	3 260	(2 140 - 4 840)	1.9	(1.3 - 2.9)
Total	169 000		100.0	



OTHER SERVICES AND OPPORTUNITIES

TABLE 2.49: PRIMARY CARERS — SATISFACTION WITH STREET LIGHTING, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with street lighting</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 000	(850 - 1 180)	22.2	(18.8 - 25.9)
Neither unhappy or happy	470	(350 - 630)	10.4	(7.6 - 13.8)
A little bit happy or very happy	3 040	(2 850 - 3 250)	67.4	(63.1 - 71.5)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	880	(740 - 1 040)	28.1	(24.1 - 32.4)
Neither unhappy or happy	490	(370 - 630)	15.5	(12.1 - 19.7)
A little bit happy or very happy	1 760	(1 550 - 1 990)	56.2	(51.2 - 61.4)
Not applicable	0	(0 - 20)	0.2	(0.0 - 0.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	1 020	(830 - 1 230)	38.0	(33.4 - 42.8)
Neither unhappy or happy	340	(250 - 450)	12.5	(9.4 - 15.9)
A little bit happy or very happy	1 320	(1 100 - 1 580)	49.3	(44.1 - 54.7)
Not applicable	10	(0 - 70)	0.2	(0.0 - 2.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	350	(210 - 580)	32.6	(22.0 - 46.3)
Neither unhappy or happy	190	(90 - 350)	18.1	(9.5 - 30.4)
A little bit happy or very happy	520	(330 - 750)	48.6	(36.1 - 62.3)
Not applicable	10	(0 - 20)	0.7	(0.2 - 2.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	390	(220 - 650)	33.4	(21.5 - 48.3)
Neither unhappy or happy	100	(50 - 170)	8.5	(4.5 - 13.9)
A little bit happy or very happy	670	(460 - 940)	58.1	(44.9 - 71.4)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	3 640	(3 340 - 3 940)	29.0	(26.6 - 31.4)
Neither unhappy or happy	1 580	(1 360 - 1 830)	12.6	(10.8 - 14.5)
A little bit happy or very happy	7 320	(6 980 - 7 660)	58.3	(55.6 - 61.0)
Not applicable	20	(0 - 60)	0.1	(0.0 - 0.5)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH STREET LIGHTING

<i>Satisfaction with street lighting</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	39 400	(35 000 - 43 900)	23.4	(20.8 - 26.1)
Neither satisfied or dissatisfied	28 300	(24 300 - 32 800)	16.8	(14.4 - 19.4)
Satisfied/very satisfied	95 300	(89 000 - 101 000)	56.5	(52.9 - 60.0)
Not stated	5 750	(3 830 - 8 110)	3.4	(2.3 - 4.8)
Total	169 000		100.0	



TABLE 2.50: PRIMARY CARERS — SATISFACTION WITH ACCESS TO CHURCH, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to church</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	210	(130 - 320)	4.6	(2.9 - 7.0)
Neither unhappy or happy	2 540	(2 340 - 2 750)	56.2	(51.7 - 60.7)
A little bit happy or very happy	1 710	(1 520 - 1 930)	37.9	(33.5 - 42.5)
Not applicable	50	(20 - 110)	1.2	(0.5 - 2.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	160	(90 - 260)	5.2	(3.0 - 8.4)
Neither unhappy or happy	1 460	(1 270 - 1 670)	46.5	(41.4 - 51.6)
A little bit happy or very happy	1 490	(1 290 - 1 700)	47.3	(42.5 - 52.4)
Not applicable	30	(20 - 60)	1.0	(0.5 - 1.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	110	(60 - 180)	4.0	(2.3 - 6.3)
Neither unhappy or happy	1 290	(1 070 - 1 530)	48.0	(43.0 - 53.0)
A little bit happy or very happy	1 270	(1 040 - 1 530)	47.4	(41.9 - 53.0)
Not applicable	10	(0 - 60)	0.5	(0.1 - 2.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	150	(70 - 290)	13.6	(6.5 - 22.9)
Neither unhappy or happy	320	(200 - 470)	29.8	(21.6 - 39.5)
A little bit happy or very happy	580	(380 - 860)	54.2	(41.8 - 66.9)
Not applicable	30	(0 - 80)	2.4	(0.3 - 7.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	160	(80 - 310)	14.0	(6.8 - 23.8)
Neither unhappy or happy	230	(130 - 400)	19.9	(12.2 - 31.2)
A little bit happy or very happy	730	(520 - 1 010)	63.1	(51.3 - 75.0)
Not applicable	40	(10 - 120)	3.1	(0.8 - 10.2)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	790	(610 - 990)	6.3	(4.9 - 7.9)
Neither unhappy or happy	5 840	(5 510 - 6 170)	46.5	(43.9 - 49.1)
A little bit happy or very happy	5 780	(5 430 - 6 120)	46.0	(43.3 - 48.7)
Not applicable	160	(100 - 250)	1.3	(0.8 - 2.0)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A CHURCH

<i>Satisfaction with access to a church</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	4 450	(3 060 - 6 190)	2.6	(1.8 - 3.7)
Neither satisfied or dissatisfied	49 600	(44 600 - 55 000)	29.4	(26.4 - 32.6)
Satisfied/very satisfied	110 000	(104 000 - 116 000)	65.4	(62.0 - 68.8)
Not stated	4 240	(2 100 - 7 930)	2.5	(1.2 - 4.7)
Total	169 000		100.0	



TABLE 2.51: PRIMARY CARERS — SATISFACTION WITH ACCESS TO ACTIVITIES FOR CHILDREN OUTSIDE SCHOOL, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to children's activities outside school</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 360	(1 180 - 1 550)	30.2	(26.3 - 34.4)
Neither unhappy or happy	1 240	(1 070 - 1 420)	27.4	(23.7 - 31.5)
A little bit happy or very happy	1 920	(1 720 - 2 130)	42.4	(37.9 - 46.9)
Not applicable	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	1 130	(950 - 1 320)	36.0	(31.0 - 41.1)
Neither unhappy or happy	720	(600 - 870)	23.0	(19.3 - 27.2)
A little bit happy or very happy	1 270	(1 080 - 1 480)	40.4	(35.3 - 45.6)
Not applicable	20	(0 - 60)	0.6	(0.1 - 1.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	1 140	(930 - 1 370)	42.5	(37.5 - 47.7)
Neither unhappy or happy	570	(460 - 710)	21.4	(18.2 - 24.9)
A little bit happy or very happy	970	(780 - 1 190)	36.1	(31.1 - 41.2)
Not applicable	0	(0 - 60)	0.0	(0.0 - 2.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	370	(220 - 550)	34.3	(23.5 - 46.3)
Neither unhappy or happy	240	(130 - 420)	22.0	(12.7 - 33.3)
A little bit happy or very happy	460	(290 - 670)	42.8	(31.7 - 53.6)
Not applicable	10	(0 - 40)	0.9	(0.1 - 3.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	230	(110 - 380)	19.6	(11.4 - 29.4)
Neither unhappy or happy	210	(130 - 330)	18.4	(12.0 - 26.3)
A little bit happy or very happy	700	(490 - 960)	60.4	(50.4 - 70.6)
Not applicable	20	(0 - 50)	1.6	(0.4 - 3.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	4 230	(3 910 - 4 540)	33.6	(31.1 - 36.2)
Neither unhappy or happy	2 980	(2 720 - 3 250)	23.7	(21.7 - 25.9)
A little bit happy or very happy	5 310	(4 980 - 5 650)	42.3	(39.6 - 45.0)
Not applicable	50	(20 - 90)	0.4	(0.1 - 0.7)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO ORGANISED ACTIVITIES FOR CHILDREN, E.G. PCYC, SCOUTS

<i>Satisfaction with access to organised activities for children e.g. PCYC, scouts</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	17 900	(14 800 - 21 400)	10.6	(8.8 - 12.7)
Neither satisfied or dissatisfied	52 500	(47 600 - 57 600)	31.2	(28.2 - 34.2)
Satisfied/very satisfied	94 500	(88 000 - 101 000)	56.0	(52.2 - 59.7)
Not stated	3 700	(2 340 - 5 490)	2.2	(1.4 - 3.3)
Total	169 000		100.0	



TABLE 2.52: PRIMARY CARERS — SATISFACTION WITH ACCESS TO WORK OR OPPORTUNITIES FOR WORK, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to work or opportunities for work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	1 100	(930 - 1 300)	24.4	(20.6 - 28.6)
Neither unhappy or happy	1 790	(1 590 - 2 000)	39.6	(35.3 - 44.2)
A little bit happy or very happy	1 570	(1 370 - 1 780)	34.7	(30.4 - 39.5)
Not applicable	50	(20 - 100)	1.2	(0.5 - 2.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	750	(610 - 910)	23.7	(19.6 - 28.1)
Neither unhappy or happy	1 110	(940 - 1 290)	35.3	(30.8 - 39.8)
A little bit happy or very happy	1 260	(1 100 - 1 440)	40.2	(35.7 - 44.8)
Not applicable	20	(0 - 90)	0.7	(0.1 - 2.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	540	(420 - 700)	20.2	(16.1 - 24.6)
Neither unhappy or happy	820	(670 - 1 010)	30.7	(26.2 - 35.4)
A little bit happy or very happy	1 300	(1 070 - 1 570)	48.6	(43.1 - 54.0)
Not applicable	20	(0 - 40)	0.6	(0.2 - 1.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	310	(170 - 490)	28.8	(18.7 - 41.2)
Neither unhappy or happy	250	(140 - 410)	23.8	(15.2 - 34.3)
A little bit happy or very happy	490	(290 - 730)	45.3	(30.9 - 58.6)
Not applicable	20	(10 - 50)	2.0	(0.5 - 5.0)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	360	(200 - 590)	30.9	(19.2 - 43.0)
Neither unhappy or happy	250	(180 - 360)	22.0	(15.9 - 29.1)
A little bit happy or very happy	530	(340 - 750)	45.7	(34.3 - 57.9)
Not applicable	20	(0 - 90)	1.3	(0.0 - 7.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	3 060	(2 750 - 3 370)	24.3	(21.9 - 26.8)
Neither unhappy or happy	4 230	(3 940 - 4 530)	33.7	(31.3 - 36.1)
A little bit happy or very happy	5 150	(4 800 - 5 490)	41.0	(38.2 - 43.7)
Not applicable	130	(80 - 210)	1.0	(0.6 - 1.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.53: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A PLACE WHERE TEENAGERS CAN GET TOGETHER, BY LEVEL OF RELATIVE ISOLATION (LORI), WAACHS COMPARED WITH WA CHS

<i>Satisfaction with access to a place for teenagers to get together</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
A little bit unhappy or very unhappy	2 040	(1 840 - 2 260)	45.3	(40.8 - 50.0)
Neither unhappy or happy	1 540	(1 360 - 1 740)	34.1	(30.0 - 38.6)
A little bit happy or very happy	910	(750 - 1 110)	20.2	(16.6 - 24.4)
Not applicable	20	(0 - 50)	0.4	(0.1 - 1.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
A little bit unhappy or very unhappy	1 460	(1 280 - 1 660)	46.6	(41.6 - 51.6)
Neither unhappy or happy	1 000	(840 - 1 200)	31.9	(27.3 - 36.9)
A little bit happy or very happy	650	(520 - 820)	20.8	(16.8 - 25.6)
Not applicable	20	(10 - 50)	0.6	(0.2 - 1.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	1 150	(940 - 1 410)	42.9	(36.8 - 48.9)
Neither unhappy or happy	560	(450 - 700)	21.0	(17.6 - 24.8)
A little bit happy or very happy	660	(490 - 850)	24.5	(19.3 - 30.2)
Not applicable	310	(170 - 540)	11.5	(6.2 - 19.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	220	(110 - 400)	20.1	(9.6 - 34.6)
Neither unhappy or happy	100	(30 - 220)	9.8	(3.0 - 20.0)
A little bit happy or very happy	40	(10 - 100)	4.1	(1.5 - 10.3)
Not applicable	710	(440 - 1 070)	66.0	(44.1 - 81.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme (a)				
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	4 880	(4 520 - 5 240)	38.8	(36.0 - 41.7)
Neither unhappy or happy	3 210	(2 930 - 3 500)	25.6	(23.3 - 27.8)
A little bit happy or very happy	2 270	(1 990 - 2 570)	18.1	(15.9 - 20.4)
Not applicable	2 210	(1 820 - 2 650)	17.6	(14.5 - 21.1)
Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: SATISFACTION WITH ACCESS TO A PLACE WHERE TEENAGERS CAN GET TOGETHER

<i>Satisfaction with access to a place where teenagers can get together</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Very dissatisfied/dissatisfied	52 100	(46 400 - 58 300)	30.9	(27.5 - 34.6)
Neither satisfied or dissatisfied	64 100	(58 300 - 70 000)	38.0	(34.6 - 41.5)
Satisfied/very satisfied	41 300	(35 900 - 47 000)	24.5	(21.3 - 27.9)
Not stated	11 100	(8 700 - 13 900)	6.6	(5.2 - 8.2)
Total	169 000		100.0	

(a) This question was not asked in discrete remote Aboriginal communities.



TABLE 2.54: PRIMARY CARERS — SATISFACTION WITH ACCESS TO AIRSTRIPS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to airstrips</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None (a)				
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low (a)				
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	50	(20 - 100)	1.8	(0.7 - 3.7)
Neither unhappy or happy	90	(40 - 180)	3.4	(1.5 - 6.7)
A little bit happy or very happy	150	(70 - 260)	5.5	(2.8 - 9.6)
Not applicable	2 400	(2 020 - 2 830)	89.3	(81.3 - 94.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	150	(70 - 260)	13.6	(6.7 - 22.2)
Neither unhappy or happy	110	(50 - 230)	10.1	(3.9 - 18.8)
A little bit happy or very happy	440	(230 - 710)	41.1	(25.6 - 57.9)
Not applicable	380	(190 - 640)	35.2	(19.9 - 56.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	150	(70 - 250)	12.6	(7.1 - 21.2)
Neither unhappy or happy	180	(80 - 340)	15.7	(7.1 - 26.6)
A little bit happy or very happy	810	(560 - 1 100)	70.1	(59.7 - 80.0)
Not applicable	20	(0 - 80)	1.5	(0.0 - 5.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	340	(230 - 480)	2.7	(1.8 - 3.9)
Neither unhappy or happy	380	(250 - 560)	3.0	(2.0 - 4.5)
A little bit happy or very happy	1 400	(1 100 - 1 740)	11.1	(8.7 - 13.8)
Not applicable	10 400	(10 000 - 10 800)	83.1	(79.6 - 86.1)
Total	12 600	(12 500 - 12 600)	100.0	

(a) This question was only asked in discrete remote Aboriginal communities.



TABLE 2.55: PRIMARY CARERS — SATISFACTION WITH ROADS WITHIN THE COMMUNITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to roads within the community</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None (a)				
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low (a)				
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	110	(40 - 220)	4.0	(1.7 - 8.4)
Neither unhappy or happy	0	(0 - 60)	0.0	(0.0 - 2.1)
A little bit happy or very happy	190	(80 - 390)	6.9	(3.0 - 14.4)
Not applicable	2 390	(2 010 - 2 820)	89.0	(81.0 - 94.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	160	(60 - 350)	15.0	(5.6 - 29.2)
Neither unhappy or happy	110	(30 - 230)	9.9	(4.0 - 21.9)
A little bit happy or very happy	430	(250 - 700)	40.5	(25.6 - 56.7)
Not applicable	370	(200 - 650)	34.5	(17.9 - 54.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	230	(130 - 380)	19.8	(11.8 - 29.4)
Neither unhappy or happy	200	(100 - 360)	17.3	(9.4 - 30.0)
A little bit happy or very happy	710	(480 - 990)	61.4	(49.5 - 72.8)
Not applicable	20	(0 - 80)	1.5	(0.0 - 5.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	500	(330 - 710)	4.0	(2.7 - 5.7)
Neither unhappy or happy	310	(180 - 500)	2.4	(1.4 - 3.8)
A little bit happy or very happy	1 330	(1 040 - 1 680)	10.6	(8.2 - 13.3)
Not applicable	10 400	(10 000 - 10 800)	83.0	(79.6 - 86.2)
Total	12 600	(12 500 - 12 600)	100.0	

(a) This question was only asked in discrete remote Aboriginal communities.



TABLE 2.56: PRIMARY CARERS — SATISFACTION WITH ACCESS TO A POST BOX OR POSTAL SERVICE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to post box/postal service</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None (a)				
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low (a)				
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	0	(0 - 60)	0.0	(0.0 - 2.1)
Neither unhappy or happy	30	(10 - 50)	1.1	(0.5 - 2.0)
A little bit happy or very happy	260	(130 - 460)	9.9	(5.2 - 17.7)
Not applicable	2 390	(2 010 - 2 820)	89.0	(81.0 - 94.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	90	(40 - 160)	8.1	(3.8 - 14.0)
Neither unhappy or happy	190	(90 - 370)	17.3	(8.1 - 29.8)
A little bit happy or very happy	410	(230 - 690)	38.6	(24.2 - 55.5)
Not applicable	390	(210 - 670)	36.0	(19.9 - 56.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	210	(110 - 390)	18.3	(9.9 - 30.0)
Neither unhappy or happy	220	(140 - 310)	18.8	(12.8 - 25.6)
A little bit happy or very happy	690	(460 - 960)	59.5	(47.9 - 70.4)
Not applicable	40	(10 - 110)	3.5	(0.6 - 8.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	300	(180 - 470)	2.4	(1.4 - 3.6)
Neither unhappy or happy	430	(300 - 600)	3.4	(2.4 - 4.8)
A little bit happy or very happy	1 360	(1 060 - 1 700)	10.9	(8.5 - 13.7)
Not applicable	10 500	(10 000 - 10 800)	83.3	(79.9 - 86.3)
Total	12 600	(12 500 - 12 600)	100.0	

(a) This question was only asked in discrete remote Aboriginal communities.



TABLE 2.57: PRIMARY CARERS — SATISFACTION WITH ACCESS TO ROADS TO THE COMMUNITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Satisfaction with access to roads to the community</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None (a)				
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low (a)				
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
A little bit unhappy or very unhappy	110	(40 - 220)	4.0	(1.4 - 8.3)
Neither unhappy or happy	20	(10 - 50)	0.8	(0.4 - 1.8)
A little bit happy or very happy	160	(70 - 320)	6.1	(2.7 - 11.9)
Not applicable	2 390	(2 010 - 2 820)	89.0	(81.0 - 94.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
A little bit unhappy or very unhappy	200	(90 - 380)	18.8	(9.1 - 33.3)
Neither unhappy or happy	110	(40 - 280)	10.3	(3.7 - 24.1)
A little bit happy or very happy	390	(210 - 640)	36.4	(22.1 - 53.1)
Not applicable	370	(200 - 650)	34.5	(17.9 - 54.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
A little bit unhappy or very unhappy	390	(220 - 640)	34.0	(21.7 - 49.6)
Neither unhappy or happy	150	(90 - 230)	12.9	(7.6 - 19.5)
A little bit happy or very happy	600	(400 - 870)	51.6	(38.4 - 64.8)
Not applicable	20	(0 - 80)	1.5	(0.0 - 5.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
A little bit unhappy or very unhappy	700	(490 - 990)	5.6	(3.9 - 7.8)
Neither unhappy or happy	280	(170 - 420)	2.2	(1.4 - 3.4)
A little bit happy or very happy	1 150	(880 - 1 480)	9.2	(7.0 - 11.8)
Not applicable	10 400	(10 000 - 10 800)	83.0	(79.6 - 86.2)
Total	12 600	(12 500 - 12 600)	100.0	

(a) This question was only asked in discrete remote Aboriginal communities.



TRAVEL, TRANSPORT AND DISTANCES TO SERVICES
TABLE 2.58: PRIMARY CARERS — WHETHER THERE WAS A VEHICLE AT THE HOUSE WHICH COULD BE USED TO GET AROUND, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Vehicle available at the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	1 060	(880 - 1 250)	23.4	(19.5 - 27.6)
Yes	3 430	(3 240 - 3 620)	76.0	(71.8 - 79.9)
Not applicable	30	(10 - 60)	0.6	(0.2 - 1.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	780	(650 - 930)	25.0	(21.0 - 29.1)
Yes	2 350	(2 120 - 2 600)	74.9	(70.7 - 78.7)
Not applicable	0	(0 - 20)	0.2	(0.0 - 0.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	910	(740 - 1 100)	33.9	(29.4 - 38.8)
Yes	1 760	(1 480 - 2 080)	65.6	(60.7 - 70.1)
Not applicable	10	(10 - 30)	0.5	(0.3 - 1.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	320	(170 - 520)	30.0	(19.4 - 41.0)
Yes	750	(530 - 1 040)	70.0	(59.0 - 80.6)
Not applicable	0	(0 - 60)	0.0	(0.0 - 5.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	440	(300 - 610)	38.0	(29.6 - 46.9)
Yes	720	(500 - 990)	62.0	(53.1 - 70.4)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	3 510	(3 220 - 3 810)	27.9	(25.7 - 30.3)
Yes	9 010	(8 710 - 9 290)	71.7	(69.3 - 74.0)
Not applicable	50	(20 - 80)	0.4	(0.2 - 0.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.59: PRIMARY CARERS — WHETHER THEY HAD THE USE OF A VEHICLE IF THEY NEEDED TO GO SHOPPING, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Use of a vehicle for shopping?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	870	(710 - 1 050)	19.2	(15.7 - 23.3)
Yes	3 600	(3 420 - 3 780)	79.7	(75.6 - 83.2)
Not applicable	50	(10 - 110)	1.1	(0.3 - 2.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	500	(390 - 630)	15.8	(12.5 - 19.6)
Yes	2 630	(2 400 - 2 890)	83.9	(80.1 - 87.2)
Not applicable	10	(0 - 20)	0.2	(0.1 - 0.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	530	(400 - 680)	19.6	(15.7 - 24.1)
Yes	2 140	(1 820 - 2 510)	79.9	(75.5 - 84.0)
Not applicable	10	(10 - 30)	0.5	(0.3 - 1.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	210	(100 - 400)	19.9	(11.7 - 32.1)
Yes	840	(590 - 1 150)	78.5	(66.8 - 88.3)
Not applicable	20	(0 - 70)	1.6	(0.0 - 6.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	440	(280 - 640)	38.2	(28.1 - 49.5)
Yes	700	(490 - 990)	60.9	(49.5 - 71.2)
Not applicable	10	(0 - 30)	1.0	(0.4 - 2.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	2 550	(2 270 - 2 840)	20.3	(18.1 - 22.6)
Yes	9 920	(9 600 - 10 200)	78.9	(76.6 - 81.2)
Not applicable	100	(60 - 170)	0.8	(0.4 - 1.4)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.60: PRIMARY CARERS — WHETHER THE ROADS IN THEIR AREA WERE IN GOOD CONDITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Local roads in good condition?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	190	(110 - 280)	4.1	(2.6 - 6.4)
Yes	4 060	(3 910 - 4 210)	90.0	(86.7 - 92.8)
Not applicable	270	(170 - 400)	5.9	(3.6 - 8.8)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	310	(220 - 420)	9.9	(7.2 - 13.0)
Yes	2 760	(2 510 - 3 020)	87.9	(84.5 - 90.7)
Not applicable	70	(40 - 110)	2.2	(1.1 - 3.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	400	(280 - 530)	14.8	(11.0 - 19.4)
Yes	2 280	(1 920 - 2 660)	84.8	(80.2 - 88.5)
Not applicable	10	(0 - 20)	0.4	(0.1 - 0.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	280	(140 - 490)	26.3	(14.9 - 41.1)
Yes	790	(540 - 1 120)	73.7	(58.9 - 85.1)
Not applicable	0	(0 - 60)	0.0	(0.0 - 5.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	350	(200 - 570)	30.3	(19.2 - 43.0)
Yes	800	(560 - 1 090)	69.0	(56.2 - 79.4)
Not applicable	10	(0 - 40)	0.7	(0.0 - 2.6)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	1 530	(1 280 - 1 800)	12.1	(10.2 - 14.3)
Yes	10 700	(10 400 - 11 000)	85.0	(82.7 - 87.2)
Not applicable	360	(240 - 490)	2.8	(1.9 - 3.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.61: PRIMARY CARERS — WHETHER THE ROADS BETWEEN THE SHOPS AND THEIR HOUSE WERE IN GOOD CONDITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Local roads between house and shops in good condition?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	180	(110 - 280)	4.0	(2.3 - 6.1)
Yes	4 070	(3 920 - 4 220)	90.1	(86.8 - 92.9)
Not applicable	270	(170 - 400)	5.9	(3.6 - 8.7)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	270	(200 - 360)	8.6	(6.4 - 11.4)
Yes	2 810	(2 560 - 3 080)	89.5	(86.8 - 92.0)
Not applicable	60	(30 - 90)	1.8	(1.0 - 2.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	310	(210 - 420)	11.4	(8.1 - 15.6)
Yes	2 360	(2 010 - 2 750)	87.8	(83.6 - 91.1)
Not applicable	20	(10 - 40)	0.8	(0.3 - 1.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	190	(80 - 410)	18.2	(7.2 - 32.1)
Yes	860	(580 - 1 190)	80.0	(64.0 - 90.0)
Not applicable	20	(10 - 50)	1.9	(0.7 - 4.7)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	250	(150 - 420)	22.1	(13.7 - 32.0)
Yes	880	(640 - 1 200)	76.6	(66.7 - 84.7)
Not applicable	20	(0 - 40)	1.3	(0.4 - 3.2)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	1 210	(990 - 1 440)	9.6	(7.9 - 11.5)
Yes	11 000	(10 700 - 11 200)	87.4	(85.3 - 89.3)
Not applicable	380	(270 - 510)	3.0	(2.2 - 4.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.62: PRIMARY CARERS — WHETHER THEY EVER BECOME ISOLATED BECAUSE THE ROADS ARE UNUSABLE (FLOODED, TOO ROUGH), BY LEVEL OF RELATIVE ISOLATION (LORI),

<i>Roads become unusable?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 800	(2 600 - 3 030)	62.1	(57.3 - 66.6)
Yes	370	(270 - 480)	8.1	(6.0 - 10.6)
Not applicable	1 340	(1 150 - 1 560)	29.8	(25.4 - 34.5)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 550	(2 300 - 2 820)	81.3	(76.6 - 85.3)
Yes	420	(310 - 550)	13.2	(10.0 - 17.4)
Not applicable	170	(100 - 270)	5.5	(3.2 - 8.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 850	(1 540 - 2 200)	69.0	(62.2 - 74.9)
Yes	770	(590 - 990)	28.7	(22.8 - 35.5)
Not applicable	60	(30 - 110)	2.3	(1.1 - 3.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	340	(210 - 540)	31.9	(21.2 - 45.1)
Yes	730	(480 - 1 060)	68.1	(54.9 - 78.8)
Not applicable	0	(0 - 60)	0.0	(0.0 - 5.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	200	(120 - 310)	17.4	(11.6 - 24.9)
Yes	950	(670 - 1 270)	82.2	(75.1 - 88.3)
Not applicable	0	(0 - 20)	0.4	(0.1 - 1.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	7 750	(7 350 - 8 140)	61.7	(58.5 - 64.8)
Yes	3 230	(2 890 - 3 590)	25.7	(23.0 - 28.6)
Not applicable	1 580	(1 370 - 1 810)	12.6	(10.9 - 14.4)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.63: PRIMARY CARERS — WHETHER THERE WAS AN AIRSTRIP NEARBY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Airstrip nearby?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	540	(400 - 730)	12.0	(8.6 - 15.8)
Yes	1 030	(840 - 1 240)	22.7	(18.6 - 27.5)
Not applicable	2 950	(2 720 - 3 190)	65.3	(60.1 - 70.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	510	(390 - 660)	16.2	(12.4 - 20.6)
Yes	2 090	(1 830 - 2 360)	66.4	(60.7 - 71.9)
Not applicable	550	(420 - 700)	17.4	(13.5 - 22.2)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	190	(110 - 310)	7.2	(4.2 - 11.1)
Yes	2 370	(2 010 - 2 760)	88.2	(83.4 - 92.1)
Not applicable	120	(70 - 200)	4.6	(2.9 - 7.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	160	(60 - 340)	14.9	(5.9 - 30.5)
Yes	910	(630 - 1 290)	84.7	(70.2 - 94.3)
Not applicable	0	(0 - 10)	0.4	(0.1 - 1.2)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	50	(20 - 120)	4.0	(1.5 - 10.1)
Yes	1 110	(800 - 1 490)	96.0	(89.9 - 98.5)
Not applicable	0	(0 - 60)	0.0	(0.0 - 4.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	1 450	(1 210 - 1 730)	11.6	(9.6 - 13.8)
Yes	7 490	(7 180 - 7 800)	59.6	(57.2 - 62.1)
Not applicable	3 620	(3 360 - 3 890)	28.8	(26.7 - 31.0)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.64: PRIMARY CARERS — WHETHER THE AIRSTRIP WAS IN GOOD CONDITION FOR LANDING PLANES (INCLUDING THE FLYING DOCTOR), BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Airstrip in good condition for Flying Doctor to land?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	100	(50 - 200)	2.3	(1.1 - 4.5)
Yes	970	(780 - 1 180)	21.5	(17.2 - 26.1)
Not applicable	3 440	(3 230 - 3 660)	76.2	(71.2 - 80.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	70	(40 - 130)	2.3	(1.2 - 4.1)
Yes	2 170	(1 920 - 2 450)	69.2	(63.7 - 74.6)
Not applicable	900	(730 - 1 080)	28.5	(23.4 - 34.1)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	70	(30 - 140)	2.8	(1.2 - 5.3)
Yes	2 410	(2 050 - 2 810)	89.8	(85.6 - 92.9)
Not applicable	200	(120 - 310)	7.5	(4.5 - 11.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	70	(30 - 150)	6.8	(2.9 - 12.6)
Yes	900	(610 - 1 250)	83.9	(72.6 - 92.7)
Not applicable	100	(40 - 210)	9.3	(3.3 - 18.0)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	180	(90 - 350)	16.0	(7.3 - 27.4)
Yes	950	(670 - 1 290)	82.0	(70.9 - 90.9)
Not applicable	20	(10 - 50)	2.0	(0.8 - 4.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	510	(360 - 690)	4.0	(2.9 - 5.5)
Yes	7 400	(7 090 - 7 710)	58.9	(56.4 - 61.3)
Not applicable	4 660	(4 370 - 4 940)	37.1	(34.8 - 39.3)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.65: PRIMARY CARERS — DISTANCE TO SHOPS (FOR BUYING FOOD), BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Distance to shops (km)</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–5	4 340	(4 220 - 4 460)	96.1	(93.6 - 97.8)
6–20	180	(100 - 290)	3.9	(2.2 - 6.4)
21–100	0	(0 - 60)	0.0	(0.0 - 1.2)
101 and over	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
0–5	2 780	(2 530 - 3 060)	88.7	(84.7 - 91.9)
6–20	220	(150 - 320)	7.1	(4.7 - 10.0)
21–100	130	(70 - 230)	4.2	(2.2 - 6.9)
101 and over	0	(0 - 60)	0.0	(0.0 - 1.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
0–5	2 390	(2 040 - 2 790)	89.0	(82.5 - 93.5)
6–20	240	(130 - 420)	8.9	(4.9 - 14.9)
21–100	50	(10 - 130)	1.9	(0.5 - 4.9)
101 and over	0	(0 - 20)	0.1	(0.0 - 0.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
0–5	640	(400 - 980)	59.3	(40.8 - 74.5)
6–20	20	(0 - 100)	1.9	(0.0 - 8.9)
21–100	200	(70 - 390)	18.3	(7.5 - 37.5)
101 and over	220	(100 - 400)	20.5	(10.3 - 36.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
0–5	980	(690 - 1 320)	84.9	(66.3 - 94.5)
6–20	30	(10 - 100)	2.7	(0.7 - 9.0)
21–100	60	(10 - 160)	5.2	(1.0 - 13.7)
101 and over	80	(10 - 300)	7.2	(0.9 - 23.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
0–5	11 100	(10 800 - 11 400)	88.6	(85.8 - 90.8)
6–20	690	(520 - 890)	5.5	(4.1 - 7.1)
21–100	440	(280 - 670)	3.5	(2.2 - 5.3)
101 and over	310	(150 - 530)	2.4	(1.2 - 4.2)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.66: PRIMARY CARERS — DISTANCE TO THE LOCAL DOCTOR OR ABORIGINAL MEDICAL SERVICE (AMS), BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Distance to local doctor/AMS (km)</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–5	3 510	(3 330 - 3 700)	77.8	(73.7 - 81.4)
6–20	850	(700 - 1 030)	18.9	(15.5 - 22.7)
21–100	150	(90 - 250)	3.3	(1.8 - 5.3)
101 and over	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
0–5	2 450	(2 190 - 2 720)	77.9	(71.8 - 83.0)
6–20	460	(330 - 640)	14.8	(10.6 - 19.7)
21–100	210	(120 - 350)	6.7	(3.7 - 10.9)
101 and over	20	(0 - 160)	0.6	(0.0 - 5.1)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
0–5	2 110	(1 770 - 2 480)	78.4	(71.0 - 85.2)
6–20	480	(310 - 700)	17.9	(11.9 - 25.2)
21–100	80	(10 - 210)	2.8	(0.5 - 7.5)
101 and over	20	(10 - 80)	0.9	(0.2 - 3.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
0–5	270	(150 - 490)	25.5	(13.2 - 40.3)
6–20	10	(0 - 100)	1.2	(0.0 - 9.4)
21–100	190	(70 - 420)	17.4	(5.6 - 34.7)
101 and over	600	(370 - 940)	55.9	(38.1 - 72.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
0–5	130	(40 - 360)	10.9	(2.0 - 25.0)
6–20	10	(0 - 30)	0.6	(0.0 - 2.3)
21–100	190	(90 - 330)	16.1	(7.3 - 27.4)
101 and over	840	(570 - 1 160)	72.4	(58.1 - 85.4)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
0–5	8 460	(8 030 - 8 890)	67.4	(63.9 - 70.8)
6–20	1 820	(1 550 - 2 120)	14.5	(12.3 - 16.9)
21–100	810	(590 - 1 080)	6.4	(4.7 - 8.6)
101 and over	1 480	(1 130 - 1 870)	11.8	(9.1 - 15.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.67: PRIMARY CARERS — DISTANCE TO THE LOCAL HOSPITAL, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Distance to local hospital (km)</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–5	1 410	(1 210 - 1 630)	31.2	(26.6 - 36.0)
6–20	2 920	(2 700 - 3 140)	64.6	(59.7 - 69.3)
21–100	190	(110 - 310)	4.1	(2.2 - 6.7)
101 and over	0	(0 - 60)	0.0	(0.0 - 1.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
0–5	2 140	(1 890 - 2 410)	68.2	(61.9 - 74.1)
6–20	740	(580 - 930)	23.5	(18.6 - 29.0)
21–100	250	(140 - 390)	7.8	(4.6 - 12.7)
101 and over	10	(0 - 220)	0.4	(0.0 - 7.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
0–5	1 820	(1 500 - 2 200)	67.7	(58.0 - 76.8)
6–20	730	(490 - 1 050)	27.2	(18.8 - 37.1)
21–100	90	(30 - 270)	3.5	(1.1 - 9.6)
101 and over	40	(10 - 100)	1.6	(0.4 - 3.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
0–5	150	(50 - 380)	13.9	(3.5 - 29.0)
6–20	0	(0 - 30)	0.4	(0.0 - 3.2)
21–100	210	(80 - 430)	19.6	(7.2 - 36.4)
101 and over	710	(450 - 1 050)	66.1	(48.2 - 82.0)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
0–5	50	(10 - 130)	4.0	(0.8 - 11.1)
6–20	20	(0 - 110)	2.0	(0.0 - 7.5)
21–100	150	(70 - 320)	13.3	(5.8 - 26.7)
101 and over	930	(660 - 1 290)	80.7	(69.1 - 90.3)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
0–5	5 570	(5 110 - 6 030)	44.3	(40.7 - 48.0)
6–20	4 410	(4 030 - 4 790)	35.1	(32.1 - 38.2)
21–100	890	(660 - 1 190)	7.1	(5.2 - 9.5)
101 and over	1 690	(1 330 - 2 110)	13.5	(10.5 - 16.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.68: PRIMARY CARERS — TIME REQUIRED TO GET TO THE HOSPITAL IN AN EMERGENCY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Time to hospital in emergency</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0–10 minutes	2 010	(1 780 - 2 240)	44.5	(39.4 - 49.5)
11–30 minutes	2 200	(1 980 - 2 440)	48.7	(43.8 - 53.8)
31–90 minutes	280	(190 - 400)	6.3	(4.2 - 8.8)
Over 90 minutes	20	(10 - 50)	0.5	(0.3 - 1.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
0–10 minutes	2 480	(2 230 - 2 740)	79.0	(73.8 - 83.7)
11–30 minutes	580	(450 - 740)	18.5	(14.6 - 23.4)
31–90 minutes	70	(20 - 180)	2.1	(0.6 - 5.6)
Over 90 minutes	10	(0 - 30)	0.3	(0.0 - 1.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
0–10 minutes	1 890	(1 560 - 2 250)	70.5	(62.2 - 77.5)
11–30 minutes	640	(440 - 880)	23.8	(16.9 - 31.7)
31–90 minutes	110	(50 - 210)	4.1	(1.8 - 8.0)
Over 90 minutes	40	(20 - 100)	1.6	(0.7 - 3.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
0–10 minutes	120	(20 - 330)	11.5	(2.4 - 29.2)
11–30 minutes	190	(80 - 370)	17.8	(8.4 - 33.4)
31–90 minutes	330	(190 - 560)	31.0	(19.1 - 47.1)
Over 90 minutes	420	(230 - 680)	39.7	(24.2 - 55.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
0–10 minutes	40	(10 - 110)	3.1	(0.7 - 9.2)
11–30 minutes	70	(20 - 170)	6.4	(1.8 - 15.5)
31–90 minutes	330	(170 - 580)	29.0	(15.0 - 44.9)
Over 90 minutes	710	(470 - 1 010)	61.6	(43.4 - 76.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
0–10 minutes	6 540	(6 090 - 7 000)	52.0	(48.5 - 55.7)
11–30 minutes	3 690	(3 340 - 4 050)	29.3	(26.6 - 32.3)
31–90 minutes	1 130	(860 - 1 430)	9.0	(6.8 - 11.4)
Over 90 minutes	1 210	(920 - 1 570)	9.7	(7.3 - 12.5)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 2.69: PRIMARY CARERS — WHETHER BEEN BOTHERED BY VANDALISM/GRAFFITI, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by vandalism/ graffiti?	Number	95% CI	%	95% CI
None	No	2 930	(2 740 - 3 130)	64.9	(60.6 - 68.8)
	Yes	1 590	(1 400 - 1 780)	35.1	(31.2 - 39.4)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	5 580	(5 330 - 5 830)	69.3	(66.3 - 72.2)
	Yes	2 470	(2 240 - 2 720)	30.7	(27.8 - 33.7)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	8 510	(8 200 - 8 800)	67.7	(65.2 - 70.1)
	Yes	4 060	(3 760 - 4 370)	32.3	(29.9 - 34.8)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY VANDALISM/GRAFFITI IN THE NEIGHBOURHOOD

Metro or rural	Bothered by vandalism/ graffiti?	Number	95% CI	%	95% CI
Perth	No	105 000	(100 000 - 110 000)	84.9	(80.9 - 88.5)
	Yes	17 200	(12 800 - 22 300)	13.9	(10.4 - 18.0)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	39 400	(37 400 - 41 400)	87.5	(82.3 - 91.7)
	Yes	4 970	(3 230 - 7 290)	11.0	(7.2 - 16.2)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	144 000	(139 000 - 149 000)	85.6	(82.3 - 88.4)
	Yes	22 100	(17 400 - 27 600)	13.1	(10.3 - 16.4)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.70: PRIMARY CARERS — WHETHER BEEN BOTHERED BY BREAK-INS, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by break-ins?	Number	95% CI	%	95% CI
None	No	2 190	(2 000 - 2 400)	48.5	(44.1 - 52.9)
	Yes	2 320	(2 130 - 2 530)	51.5	(47.1 - 55.9)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 600	(4 340 - 4 860)	57.1	(53.9 - 60.3)
	Yes	3 450	(3 200 - 3 710)	42.9	(39.7 - 46.1)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	6 790	(6 460 - 7 110)	54.0	(51.4 - 56.6)
	Yes	5 770	(5 460 - 6 100)	46.0	(43.4 - 48.6)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY HOUSE BURGLARIES IN THE NEIGHBOURHOOD

Metro or rural	Affected by house burglaries?	Number	95% CI	%	95% CI
Perth	No	86 800	(81 100 - 92 600)	70.2	(65.4 - 74.7)
	Yes	35 300	(29 700 - 41 200)	28.6	(24.1 - 33.4)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	36 800	(34 900 - 38 600)	81.7	(77.4 - 85.7)
	Yes	7 570	(6 010 - 9 390)	16.8	(13.3 - 20.8)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	124 000	(117 000 - 129 000)	73.3	(69.6 - 76.7)
	Yes	42 900	(37 000 - 49 000)	25.4	(22.0 - 29.0)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.71: PRIMARY CARERS — WHETHER BEEN BOTHERED BY CAR STEALING, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by car stealing?	Number	95% CI	%	95% CI
None	No	2 980	(2 790 - 3 180)	66.0	(61.8 - 70.0)
	Yes	1 530	(1 360 - 1 730)	34.0	(30.0 - 38.2)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	6 180	(5 960 - 6 390)	76.8	(74.1 - 79.3)
	Yes	1 870	(1 670 - 2 080)	23.2	(20.7 - 25.9)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	9 160	(8 880 - 9 430)	72.9	(70.7 - 75.1)
	Yes	3 400	(3 130 - 3 680)	27.1	(24.9 - 29.3)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY CAR STEALING IN THE NEIGHBOURHOOD

Metro or rural	Affected by car stealing?	Number	95% CI	%	95% CI
Perth	No	98 900	(94 000 - 104 000)	80.0	(75.8 - 83.7)
	Yes	23 200	(18 700 - 28 300)	18.8	(15.0 - 22.8)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	39 800	(37 900 - 41 800)	88.6	(83.6 - 92.6)
	Yes	4 490	(2 790 - 6 800)	10.0	(6.0 - 14.8)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	139 000	(133 000 - 144 000)	82.3	(79.1 - 85.3)
	Yes	27 700	(22 700 - 33 100)	16.4	(13.5 - 19.6)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.72: PRIMARY CARERS — WHETHER BEEN BOTHERED BY UNEMPLOYMENT, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by unemployment?	Number	95% CI	%	95% CI
None	No	2 880	(2 680 - 3 080)	63.7	(59.4 - 68.0)
	Yes	1 640	(1 450 - 1 840)	36.3	(32.0 - 40.6)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	5 270	(5 050 - 5 500)	65.5	(62.7 - 68.3)
	Yes	2 780	(2 560 - 3 010)	34.5	(31.7 - 37.3)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	8 150	(7 850 - 8 440)	64.9	(62.5 - 67.2)
	Yes	4 410	(4 120 - 4 710)	35.1	(32.8 - 37.5)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY UNEMPLOYMENT IN THE NEIGHBOURHOOD

Metro or rural	Affected by unemployment?	Number	95% CI	%	95% CI
Perth	No	106 000	(101 000 - 110 000)	85.3	(81.5 - 88.7)
	Yes	16 600	(12 700 - 21 600)	13.4	(10.1 - 17.2)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	35 700	(33 900 - 37 500)	79.4	(75.2 - 83.2)
	Yes	8 630	(7 200 - 10 300)	19.2	(15.9 - 22.9)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	141 000	(136 000 - 146 000)	83.7	(80.8 - 86.5)
	Yes	25 200	(20 800 - 30 100)	15.0	(12.3 - 17.9)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.73: PRIMARY CARERS — WHETHER BEEN BOTHERED BY FAMILY VIOLENCE, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by family violence?	Number	95% CI	%	95% CI
None	No	2 990	(2 800 - 3 190)	66.3	(62.0 - 70.4)
	Yes	1 520	(1 340 - 1 720)	33.7	(29.6 - 38.0)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 770	(4 520 - 5 030)	59.3	(56.1 - 62.3)
	Yes	3 280	(3 030 - 3 530)	40.7	(37.7 - 43.9)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	7 760	(7 450 - 8 070)	61.8	(59.3 - 64.3)
	Yes	4 800	(4 490 - 5 110)	38.2	(35.7 - 40.7)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER BOTHERED BY VIOLENCE OCCURRING IN THE HOME

Metro or rural	Bothered by violence occurring in the home?	Number	95% CI	%	95% CI
Perth	No	119 000	(118 000 - 121 000)	96.6	(94.9 - 97.9)
	Yes	2 690	(1 480 - 4 720)	2.2	(1.2 - 3.8)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	42 000	(41 000 - 43 000)	93.4	(90.8 - 95.4)
	Yes	2 310	(1 590 - 3 160)	5.1	(3.6 - 7.1)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	161 000	(159 000 - 163 000)	95.8	(94.4 - 96.8)
	Yes	4 990	(3 470 - 6 940)	3.0	(2.1 - 4.1)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.74: PRIMARY CARERS — WHETHER BEEN BOTHERED BY VIOLENCE IN THE STREETS, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by violence in the streets?	Number	95% CI	%	95% CI
None	No	2 840	(2 640 - 3 040)	62.8	(58.6 - 67.1)
	Yes	1 680	(1 490 - 1 880)	37.2	(32.9 - 41.4)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 690	(4 430 - 4 950)	58.2	(55.1 - 61.4)
	Yes	3 360	(3 110 - 3 620)	41.8	(38.6 - 44.9)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	7 520	(7 210 - 7 840)	59.9	(57.3 - 62.4)
	Yes	5 040	(4 720 - 5 360)	40.1	(37.6 - 42.7)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY HARASSMENT OR VIOLENCE IN THE STREETS

Metro or rural	Affected by harassment or violence in the streets?	Number	95% CI	%	95% CI
Perth	No	114 000	(111 000 - 117 000)	92.5	(89.6 - 94.9)
	Yes	7 760	(5 100 - 11 800)	6.3	(4.0 - 9.3)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	42 100	(41 000 - 43 100)	93.5	(90.7 - 95.7)
	Yes	2 260	(1 480 - 3 260)	5.0	(3.3 - 7.2)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	156 000	(153 000 - 159 000)	92.8	(90.5 - 94.6)
	Yes	10 000	(6 900 - 13 700)	5.9	(4.1 - 8.1)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.75: PRIMARY CARERS — WHETHER BEEN BOTHERED BY FAMILIES NOT HAVING ENOUGH MONEY, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by families not having enough money?	Number	95% CI	%	95% CI
None	No	2 510	(2 300 - 2 720)	55.6	(51.0 - 60.1)
	Yes	2 010	(1 810 - 2 220)	44.4	(39.9 - 49.0)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 060	(3 810 - 4 310)	50.4	(47.4 - 53.4)
	Yes	3 990	(3 750 - 4 230)	49.6	(46.6 - 52.6)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	6 560	(6 250 - 6 880)	52.3	(49.7 - 54.7)
	Yes	6 000	(5 690 - 6 320)	47.7	(45.3 - 50.3)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY FAMILIES NOT HAVING ENOUGH MONEY

Metro or rural	Affected by families not having enough money?	Number	95% CI	%	95% CI
Perth	No	106 000	(101 000 - 111 000)	86.1	(81.7 - 89.9)
	Yes	15 700	(11 000 - 21 400)	12.7	(9.0 - 17.4)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	37 800	(35 200 - 40 400)	83.9	(77.0 - 89.0)
	Yes	6 560	(4 390 - 9 560)	14.6	(9.7 - 21.1)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	144 000	(138 000 - 149 000)	85.5	(81.8 - 88.6)
	Yes	22 300	(16 900 - 28 300)	13.2	(10.0 - 16.8)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.76: PRIMARY CARERS — WHETHER BEEN BOTHERED BY DRUG ABUSE, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by drug abuse?	Number	95% CI	%	95% CI
None	No	2 400	(2 200 - 2 620)	53.2	(48.7 - 57.8)
	Yes	2 110	(1 910 - 2 330)	46.8	(42.2 - 51.3)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 910	(4 670 - 5 160)	61.0	(57.9 - 64.0)
	Yes	3 140	(2 900 - 3 380)	39.0	(36.0 - 42.1)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	7 320	(6 990 - 7 630)	58.2	(55.7 - 60.7)
	Yes	5 250	(4 940 - 5 570)	41.8	(39.3 - 44.3)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY DRUG ABUSE

Metro or rural	Affected by drug abuse?	Number	95% CI	%	95% CI
Perth	No	120 000	(118 000 - 121 000)	96.8	(95.4 - 97.8)
	Yes	2 460	(1 470 - 4 010)	2.0	(1.2 - 3.3)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	42 600	(41 300 - 43 800)	94.6	(91.0 - 97.0)
	Yes	1 760	(820 - 3 120)	3.9	(1.9 - 7.1)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	162 000	(160 000 - 164 000)	96.2	(94.9 - 97.2)
	Yes	4 220	(2 710 - 6 030)	2.5	(1.6 - 3.6)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.77: PRIMARY CARERS — WHETHER BEEN BOTHERED BY FAMILIES SPLITTING UP

<i>Bothered by families splitting up?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	8 500	(8 220 - 8 780)	67.7	(65.4 - 69.9)
Yes	4 060	(3 780 - 4 340)	32.3	(30.1 - 34.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 2.78: PRIMARY CARERS — WHETHER BEEN BOTHERED BY YOUTH GANGS

<i>Bothered by youth gangs?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	9 450	(9 170 - 9 720)	75.2	(73.0 - 77.3)
Yes	3 120	(2 850 - 3 400)	24.8	(22.7 - 27.0)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 2.79: PRIMARY CARERS — WHETHER BEEN BOTHERED BY CHILD ABUSE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>LORI</i>	<i>Bothered by child abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
None	No	3 300	(3 120 - 3 490)	73.2	(69.2 - 76.9)
	Yes	1 210	(1 040 - 1 390)	26.8	(23.1 - 30.8)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	5 690	(5 450 - 5 940)	70.7	(67.7 - 73.6)
	Yes	2 360	(2 130 - 2 600)	29.3	(26.4 - 32.3)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	9 000	(8 700 - 9 280)	71.6	(69.2 - 73.9)
	Yes	3 570	(3 280 - 3 870)	28.4	(26.1 - 30.8)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY CHILD ABUSE IN YOUR NEIGHBOURHOOD

<i>Metro or rural</i>	<i>Affected by child abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Perth	No	120 000	(119 000 - 121 000)	97.1	(95.9 - 98.0)
	Yes	2 130	(1 270 - 3 380)	1.7	(1.0 - 2.7)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	43 400	(42 500 - 44 200)	96.4	(94.1 - 98.1)
	Yes	950	(540 - 1 640)	2.1	(1.1 - 3.5)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	163 000	(162 000 - 165 000)	96.9	(95.8 - 97.7)
	Yes	3 080	(2 040 - 4 340)	1.8	(1.2 - 2.6)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.80: PRIMARY CARERS — WHETHER BEEN BOTHERED BY KIDS NOT GOING TO SCHOOL, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by kids not going to school?	Number	95% CI	%	95% CI
None	No	2 680	(2 480 - 2 890)	59.5	(55.1 - 63.9)
	Yes	1 830	(1 640 - 2 040)	40.5	(36.1 - 44.9)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	3 940	(3 680 - 4 210)	49.0	(45.8 - 52.2)
	Yes	4 110	(3 850 - 4 370)	51.0	(47.8 - 54.2)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	6 630	(6 300 - 6 950)	52.7	(50.1 - 55.3)
	Yes	5 940	(5 610 - 6 260)	47.3	(44.7 - 49.9)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY SCHOOL TRUANCY

Metro or rural	Affected by school truancy?	Number	95% CI	%	95% CI
Perth	No	119 000	(117 000 - 120 000)	96.0	(94.4 - 97.3)
	Yes	3 410	(2 020 - 5 490)	2.8	(1.6 - 4.5)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	43 000	(42 200 - 43 800)	95.5	(93.3 - 97.1)
	Yes	1 350	(830 - 2 140)	3.0	(1.8 - 4.6)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	162 000	(159 000 - 163 000)	95.9	(94.6 - 96.9)
	Yes	4 760	(3 130 - 6 730)	2.8	(1.9 - 4.0)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.81: PRIMARY CARERS — WHETHER BEEN BOTHERED BY ALCOHOL ABUSE, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by alcohol abuse?	Number	95% CI	%	95% CI
None	No	2 820	(2 610 - 3 020)	62.4	(57.8 - 66.7)
	Yes	1 700	(1 510 - 1 910)	37.6	(33.3 - 42.2)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 130	(3 870 - 4 390)	51.3	(48.2 - 54.5)
	Yes	3 920	(3 670 - 4 180)	48.7	(45.5 - 51.8)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	6 940	(6 620 - 7 260)	55.3	(52.7 - 57.8)
	Yes	5 620	(5 300 - 5 950)	44.7	(42.2 - 47.3)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY ALCOHOL ABUSE IN YOUR NEIGHBOURHOOD

Metro or rural	Affected by alcohol abuse?	Number	95% CI	%	95% CI
Perth	No	119 000	(117 000 - 120 000)	96.1	(94.6 - 97.2)
	Yes	3 330	(2 040 - 5 000)	2.7	(1.7 - 4.1)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	40 700	(38 800 - 42 700)	90.5	(85.6 - 94.5)
	Yes	3 600	(1 950 - 5 910)	8.0	(4.2 - 12.9)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	160 000	(157 000 - 162 000)	94.6	(93.0 - 96.0)
	Yes	6 920	(4 820 - 9 700)	4.1	(2.9 - 5.8)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.82: PRIMARY CARERS — WHETHER BEEN BOTHERED BY ISOLATION FROM FAMILY AND FRIENDS, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by isolation from family and friends?	Number	95% CI	%	95% CI
None	No	3 510	(3 350 - 3 680)	77.8	(74.1 - 81.1)
	Yes	1 000	(860 - 1 170)	22.2	(18.9 - 25.9)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	5 700	(5 500 - 5 900)	70.8	(68.4 - 73.1)
	Yes	2 350	(2 160 - 2 540)	29.2	(26.9 - 31.6)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	9 210	(8 960 - 9 450)	73.3	(71.3 - 75.2)
	Yes	3 350	(3 110 - 3 600)	26.7	(24.8 - 28.7)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY ISOLATION

Metro or rural	Affected by isolation?	Number	95% CI	%	95% CI
Perth	No	118 000	(116 000 - 120 000)	95.2	(93.5 - 96.6)
	Yes	4 390	(2 860 - 6 340)	3.6	(2.3 - 5.2)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	39 500	(37 000 - 42 200)	87.9	(81.0 - 93.1)
	Yes	4 790	(2 600 - 8 210)	10.7	(5.7 - 18.1)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	157 000	(154 000 - 160 000)	93.3	(91.1 - 95.0)
	Yes	9 190	(6 500 - 12 900)	5.4	(3.8 - 7.7)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.83: PRIMARY CARERS — WHETHER BEEN BOTHERED BY NOISY AND/OR RECKLESS DRIVING, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by noisy and/or reckless driving?	Number	95% CI	%	95% CI
None	No	1 860	(1 660 - 2 080)	41.2	(36.6 - 45.7)
	Yes	2 660	(2 450 - 2 870)	58.8	(54.3 - 63.4)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	4 170	(3 910 - 4 440)	51.8	(48.5 - 55.0)
	Yes	3 880	(3 620 - 4 150)	48.2	(45.0 - 51.5)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	6 030	(5 700 - 6 360)	48.0	(45.4 - 50.6)
	Yes	6 530	(6 200 - 6 860)	52.0	(49.4 - 54.6)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY NOISY/RECKLESS DRIVING

Metro or rural	Affected by noisy/reckless driving?	Number	95% CI	%	95% CI
Perth	No	97 100	(92 000 - 103 000)	78.6	(73.7 - 82.7)
	Yes	25 000	(19 700 - 31 000)	20.2	(16.0 - 25.2)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	36 300	(34 500 - 38 100)	80.6	(76.3 - 84.6)
	Yes	8 060	(6 460 - 9 850)	17.9	(14.3 - 21.9)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	133 000	(127 000 - 139 000)	79.1	(75.5 - 82.4)
	Yes	33 100	(27 400 - 39 200)	19.6	(16.3 - 23.2)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	



TABLE 2.84: PRIMARY CARERS — WHETHER BEEN BOTHERED BY PEOPLE LEAVING THE AREA, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Bothered by people leaving the area?	Number	95% CI	%	95% CI
None	No	3 770	(3 620 - 3 930)	83.5	(80.2 - 86.4)
	Yes	750	(620 - 900)	16.5	(13.6 - 19.8)
	Total	4 520	(4 430 - 4 600)	100.0	
Low – Extreme	No	6 480	(6 280 - 6 690)	80.5	(78.0 - 82.8)
	Yes	1 570	(1 380 - 1 760)	19.5	(17.2 - 22.0)
	Total	8 050	(7 970 - 8 130)	100.0	
Total	No	10 300	(10 000 - 10 500)	81.6	(79.7 - 83.5)
	Yes	2 310	(2 080 - 2 550)	18.4	(16.5 - 20.3)
	Total	12 600	(12 500 - 12 600)	100.0	

1993 WA CHS: WHETHER AFFECTED BY PEOPLE LEAVING THE AREA

Metro or rural	Affected by people leaving the area?	Number	95% CI	%	95% CI
Perth	No	111 000	(108 000 - 114 000)	90.0	(87.3 - 92.3)
	Yes	10 900	(8 300 - 14 100)	8.8	(6.6 - 11.3)
	Not stated	1 510	(780 - 2 500)	1.2	(0.6 - 2.0)
	Total	124 000		100.0	
Ex-Met	No	36 900	(35 100 - 38 800)	82.0	(77.6 - 86.0)
	Yes	7 440	(5 860 - 9 310)	16.5	(13.0 - 20.7)
	Not stated	660	(230 - 1 370)	1.5	(0.5 - 3.1)
	Total	45 000		100.0	
Total	No	148 000	(144 000 - 152 000)	87.9	(85.6 - 89.9)
	Yes	18 300	(15 100 - 21 800)	10.9	(9.0 - 12.9)
	Not stated	2 170	(1 360 - 3 420)	1.3	(0.8 - 2.0)
	Total	169 000		100.0	

TABLE 2.85: PRIMARY CARERS — WHETHER BEEN BOTHERED BY RACISM

Bothered by racism?	Number	95% CI	%	95% CI
No	7 630	(7 310 - 7 940)	60.8	(58.2 - 63.2)
Yes	4 930	(4 620 - 5 250)	39.2	(36.8 - 41.8)
Total	12 600	(12 500 - 12 600)	100.0	



Chapter 3

THE SOCIOECONOMIC WELLBEING OF FAMILIES WITH ABORIGINAL CHILDREN

- Summary** 155
- Introduction** 160
- Measures of socioeconomic wellbeing**..... 160
- Primary carer education** 162
 - Demographic factors 162
 - Child factors 163
 - Carer factors 166
 - Family and household factors 171
 - Relative importance of factors associated with primary carer education ... 174
- Primary carer ever been in paid work**..... 178
 - Demographic factors 179
 - Child factors 179
 - Carer factors 180
 - Family and household factors 183
 - Relative importance of factors associated with the primary carer having ever been in paid work 184
- Family financial strain** 189
 - Demographic factors 190
 - Child factors 190
 - Carer factors 191
 - Family, household and community factors 193
 - Relative importance of factors associated with family financial strain 197
- Primary carer indicators of multiple socioeconomic disadvantage** .. 201
- Endnotes** 205
- Detailed tables**..... 207





Chapter 3

THE SOCIOECONOMIC WELLBEING OF FAMILIES WITH ABORIGINAL CHILDREN

The wellbeing of Aboriginal families in terms of their standard of living and the quality of life of family members is greatly influenced by the economic resources of the family unit. Another equally important family resource is the human capital available to it in terms of parents' or other carers' level of education and the special skills and knowledge they bring to the task of child-rearing. The opportunities for the accumulation of such human capital has, for many Aboriginal families, been significantly constrained by historical and demographic factors. These factors include differing opportunities available to individuals growing up in different regions of Western Australia over the past several decades. This chapter outlines key child, carer, family and community factors associated with family socioeconomic wellbeing.

SUMMARY

This chapter analyses the complex set of factors that are associated with the socioeconomic wellbeing of families with Aboriginal children. Three specific indicators have been used in the analyses — highest level of educational attainment of the primary carer; whether the primary carer had ever been in paid work; and the financial strain experienced by families. These analyses proceeded in two stages:

Stage one — the association between many individual variables and outcomes in terms of the indicators of socioeconomic wellbeing were assessed through cross-tabulation analysis. This allowed observation of the characteristics of each of the three indicators of socioeconomic wellbeing.

Stage two — a statistical model was developed to isolate those factors that were independently associated with each of the indicators of interest. Each model was developed in an iterative process, using the results from the cross-tabulation analysis (stage one), advice from experts in the field and evidence documented in related literature.

This summary presents the results from the statistical modelling stage only. Statistical modelling (stage two) identified a number of factors which were independently associated with each of the three indicators.

Primary carer education — Year 10 or more

- ◆ The more geographically isolated the families, the less likely they were to have a primary carer who had a highest education level of Year 10 or more.
- ◆ The more disadvantaged the family (as measured by the Index of Relative Socio-economic Disadvantage) the less likely it was for the primary carer to have been educated to Year 10 or beyond.
- ◆ Primary carers aged 50 years and over were over seven and a half times less likely to have been educated to Year 10 or higher than younger carers aged 30–39 years while primary carers aged 19 years and under were almost two times less likely.



SUMMARY *(continued)*

- ◆ Primary carers aged 20–24 years were over one and a half times more likely than 30–39 year olds to have an education level of at least Year 10.
- ◆ In households where the primary carer was not an original parent, the primary carer was two and a half times less likely to have been educated to Year 10 or higher than carers in households where the primary carer was one of both original parents.
- ◆ Primary carers who had never been in paid work were over three times less likely to have been educated beyond Year 9.
- ◆ Primary carers who were conversant in an Aboriginal language were almost two times less likely to have an educational level of Year 10 or more than those who could not speak an Aboriginal language.
- ◆ Carers with chronic medical conditions that limited them in activities of daily living were one and a half times less likely to have an education level of Year 10 or more than carers who were not limited.
- ◆ Primary carers who smoked cigarettes were one and a half times less likely to have Year 10 or more education than primary carers who had never smoked.
- ◆ Primary carers who had ever been arrested were one and a half times less likely to have a highest education level of Year 10 or more.
- ◆ A highest education level of Year 10 or more was over two times less likely among primary carers who did not have someone to yarn to about their problems than among those who did have someone to yarn to.
- ◆ Carers who reported being able to save a lot were twice as likely to have been educated beyond Year 9 than those who said they spent more than they got.

Work history — Ever been in paid work

- ◆ As the level of relative isolation increased, so too did the likelihood that primary carers had ever been in paid work. In areas of extreme isolation, primary carers were almost three times more likely than primary carers in the Perth metropolitan area to have ever been in paid work. However, for primary carers in these areas who were currently working, the Community Development Employment Project (CDEP) was the main type of employer.
- ◆ The likelihood of ever having been in a paid job was strongly associated with age. Relative to primary carers aged 30–39 years, primary carers aged 19 years and under were over five times less likely to have ever been a paid job, while primary carers aged 20–24 years were two and a half times less likely and primary carers aged 50 years and over were one and a half times less likely.
- ◆ Primary carers were almost nine times more likely to have been in a paid job at some point if they had completed 13 years or more of education compared with carers whose highest education level was Year 9 or less. Primary carers who had completed years 11 or 12 were over four times more likely and those who had completed Year 10 were over twice as likely to have ever been in a paid job.
- ◆ Primary carers who were limited in their normal daily activities because of a medical or health problem were over two times less likely to have ever been a paid job than primary carers whose medical condition was not limiting.



SUMMARY *(continued)*

- ◆ Primary carers living in rented housing were three times less likely to ever have been in paid work than primary carers in housing that was being paid off.
- ◆ Primary carers who experienced 3–4 life stress events in the 12 months before the survey were one and a half times more likely than those who experienced less than three life stress events to have at some point been in a paid job. No association with ever having been in paid work was found for primary carers who had experienced 5–6 or 7–14 life stress events.
- ◆ Household occupancy level was associated with ever being in paid work. Primary carers in households with low occupancy were over one and a half times more likely to have ever been in a paid job than primary carers in households with high occupancy levels.
- ◆ In households classified as ‘other’ (i.e. where the primary carers was not an original parent), the primary carer was over two and a half times more likely to have ever been in paid work than primary carers in households where the primary carer was one of both original parents.
- ◆ Primary carers who quite often had arguments or quarrels with their spouse or partner were three times more likely to have ever been in paid work than those who never argue.
- ◆ Where these arguments quite often ended in pushing, shoving or hitting, the primary carer was six times less likely to have been in paid work than those whose arguments never ended this way.
- ◆ Primary carers for whom religion/spiritual beliefs were of no importance in their lives were twice as likely to ever have been in paid work than primary carers for whom religion/spiritual beliefs were very much important in their lives.

Family financial strain

- ◆ Families with three or more children were one and a half times as likely as families with only one child to have experienced financial strain.
- ◆ Carers in receipt of a parenting payment were 25 per cent more likely to have financial strain than carers not in receipt of the payment.
- ◆ Families where seven or more life stress events had occurred in the past year were almost twice as likely to be experiencing financial strain as families where fewer than three life stress events had occurred.
- ◆ Financial strain was almost one and a half times as likely among carers who did not have someone to yarn to about their problems than among those who had someone to yarn to.
- ◆ Primary carers in families with ‘poor’ or ‘fair’ family functioning were one and a half times more likely than carers in families with ‘very good’ family functioning to experience financial strain.
- ◆ Relative to families where the primary carer was one of both original parents, families where the primary carer was someone other than an original parent were almost three times as likely to experience family financial strain (i.e. either spending more money than they get, or having just enough until next pay day).



SUMMARY *(continued)*

- ◆ Financial strain was at least three times more likely in families where the primary carers were in the 40–49 years or 50 years and over age groups, than in families where the primary carer was aged 19 years and under. In families where the primary carer was aged 30–39 years, financial strain was twice as likely.
- ◆ Where overuse of alcohol in the household caused money shortages, primary carers were over twice as likely to report family financial strain than primary carers in households where alcohol did not cause money shortages.
- ◆ Financial strain was 25 per cent more likely if the primary carer still smoked cigarettes, than if they had never smoked.
- ◆ Financial strain was more likely to be found among families living in dwellings that were rented than in dwellings that were being purchased. Compared with primary carers who were paying off their home, those who rented were one and a half times as likely to report financial strain.
- ◆ Primary carers who worked in the week prior to the survey and were employed by a CDEP scheme were over one and a half times as likely to be experiencing financial strain than primary carers who had worked for another employer.
- ◆ Primary carers who had never worked in a job or, if in a job, were away from that job in the week prior to the survey, were over twice as likely to be in financial strain than primary carers who worked for an employer in the week prior to the survey.

Multiple indicators of socioeconomic disadvantage

When the indicators of socioeconomic disadvantage were looked at collectively, it was possible to observe how many primary carers and their families were affected by one, two or three of the indicators analysed and how many experience none of these.

One in three (33 per cent) primary carers reported none of the three indicators of socioeconomic disadvantage, while 3 per cent had all three.

Almost half (44 per cent) of carers had only one of the indicators. One third (33 per cent) of primary carers had only one indicator and that indicator was family financial strain. One in five carers (19 per cent) reported a combination of any two of the selected indicators. Around one in ten (12 per cent) primary carers were affected by a combination of two of the selected indicators — family financial strain and low levels of education.



COMMON THEMES

Three common themes were identified from the three variables used to indicate the socioeconomic wellbeing of families with Aboriginal children. These were: age of the primary carer, level of relative isolation and family child care arrangements.

Age of primary carer

The age of the primary carer had the strongest effect on the socioeconomic wellbeing of families with Aboriginal children. Primary carers aged 30–39 years were more likely to have been educated to Year 10 or more, were more likely to have ever been in paid work and were more likely to have experienced financial strain.

Primary carers aged 30–39 years were more likely to have been educated to Year 10 or more than primary carers aged 19 years and under and carers aged 40 years and over. They were less likely than primary carers aged 20–24 years to have this level of education.

Younger carers, under the age of 30 years, were less likely to have ever been in a paid job. The likelihood of family financial strain increased with age. Primary carers aged 30–39 years were more likely to have experienced family financial strain than younger primary carers, and less likely than carers aged 40–49 years.

Level of Relative Isolation

Where people lived had a strong influence on the three indicators examined. Primary carers in areas of extreme isolation were less likely to have an education level beyond Year 9. Those in more remote regions had an increased likelihood of ever having been in paid work, although in these regions the most common type of employer was CDEP, and were less likely to report family financial strain.

Household composition

At the time of the survey there were 11,400 (CI: 11,300–11,400) households in WA with Aboriginal children.³ One in twelve (8.1 per cent; CI: 6.9%–9.5%) of these households were classified as ‘other’ household types (i.e. aunts, grandparents and other extended family and non-family members) and were home to 1,840 (CI: 1,480–2,250) children. The risks associated with children living in such households have already been documented in Volumes Two and Three with children found to be at greater likelihood of high risk of emotional or behavioural difficulties and lower academic performance.^{4,5}

In terms of social capital, primary carers living in other household types were less likely to have been educated beyond Year 9 and were more likely to be experiencing financial strain. On the other hand, primary carers in these households were more likely to have ever been in a paid job.



INTRODUCTION

Education and income are two important aspects of the human capital of families which are able to support children's development.^{1,2} Previous WAACHS volumes^{3,4} have highlighted the high levels of socioeconomic disadvantage experienced by Aboriginal families — as measured by carer education, employment and income — and have shown the association between indicators of disadvantage and outcomes in health and education for children.

The analyses in this chapter extend that of previous volumes, and explore the factors associated with economic wellbeing from four perspectives:

- ◆ demographic factors — including Level of Relative Isolation and Index of Relative Socio-economic Disadvantage
- ◆ child factors — including children's physical health and social and emotional wellbeing
- ◆ carer factors — including physical and mental health of carers and socioeconomic status
- ◆ family and household environment factors.

Logistic regression modelling (see *Glossary*) is used to identify the key factors which are most strongly and independently associated with family socioeconomic wellbeing.

MEASURES OF SOCIOECONOMIC WELLBEING

Three measures of socioeconomic wellbeing have been used in this chapter as indicators of the socioeconomic wellbeing of Aboriginal families:

- ◆ primary carer formal education
- ◆ whether the primary carer had ever been in a paid job
- ◆ financial strain experienced by the family.

Primary carer education

The level of formal educational attainment achieved by carers was determined from two survey questions: 'What was the highest grade you finished at school?' and, 'What qualifications have you received since leaving school?'. Post-school qualifications have been classified as including:

- ◆ trade/apprenticeship
- ◆ certificate from college
- ◆ diploma (beyond Year 12)
- ◆ bachelor degree
- ◆ post-graduate diploma/higher degree
- ◆ other.

Carers who had completed a diploma, bachelor degree, post-graduate diploma or higher degree were classified as having 13 years or more of education. Otherwise, educational attainment was classified by highest grade finished at school. The following categories have been used in this publication to describe primary carer education:



- ◆ Did not attend school
- ◆ 1–9 years of education
- ◆ 10 years of education
- ◆ 11–12 years of education
- ◆ 13 years or more of education.

Note that ‘educational attainment’ refers to highest level achieved, not the number of years taken to achieve the qualification.

Whether the primary carer had ever been in a paid job

One aspect of a primary carer’s engagement in the labour force was measured in the WAACHS by asking whether the carer had ever worked in a paid job. This variable has been further analysed in the following sections and is used in preference to being currently in the labour force, the premise being that primary carers were less likely to be in the labour force at the time of the survey because of child caring responsibilities (see comment box entitled *Early teenage parenthood and participation in paid employment*).

Family financial strain

Primary carers were asked to describe their family’s money situation in terms of the following options:

- ◆ we are spending more money than we get
- ◆ we have just enough money to get us through to the next pay day
- ◆ there’s some money left over each week, but we just spend it
- ◆ we can save a bit every now and again
- ◆ we can save a lot.

This variable has been used throughout the chapter to measure financial strain in families with Aboriginal children.

Analysis process

The three indicators (primary carer’s highest level of education, whether primary carer had ever been in paid work and family financial strain) have been analysed against a range of demographic, child, carer and family and household variables using cross-tabulation and multivariate logistic regression models.

Cross-tabulation allows us to observe what proportion of the study population exhibit a particular characteristic. Later in this chapter, results from multivariate logistic regression models are presented, which report on the independent associations between factors. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

Associations found in cross-tabulations do not necessarily imply a cause and effect relationship. Rather, they identify the characteristics of the study population at the time of the survey. While cross-tabulation analysis showed associations with the indicators of socioeconomic wellbeing, when included in a multivariate analysis, many factors were found not to be independently associated with the indicators.



PRIMARY CARER EDUCATION

Primary carer education has been shown in previous WAACHS volumes to be positively related to student school attendance and academic performance. In this section, primary carer level of education has been cross-tabulated with a range of child, carer, family and household factors to identify the characteristics of primary carers with particular levels of education.

In Western Australia at the time of the survey, school attendance was compulsory from the start of the school year in which a child turned six until the end of the year in which they turned 15 years.⁴

At the time of the survey, 43.3 per cent (CI: 41.0%–45.6%) of primary carers had completed ten years of education, 25.4 per cent (CI: 23.4%–27.5%) had completed 11–12 years of education and 6.2 per cent (CI: 4.9%–7.7%) had 13 years or more education. A very small proportion (2.7 per cent; CI: 2.0%–3.6%) had never attended school, while 22.4 per cent (CI: 20.5%–24.4%) had not been educated beyond Year 9 (Table 3.1).

DEMOGRAPHIC FACTORS

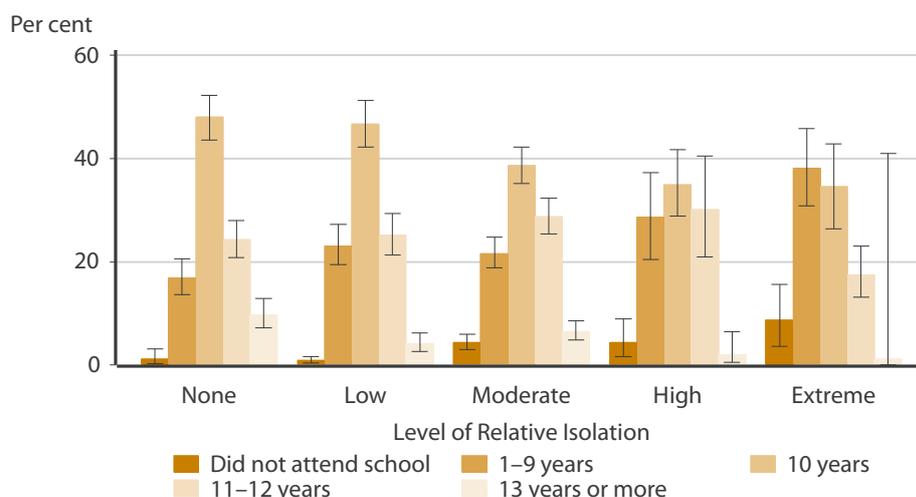
Level of Relative Isolation and primary carer education

In more remote areas, the proportion of primary carers who had been educated to Year 10 was smaller than in less remote areas. Conversely, the proportion of primary carers whose education did not exceed Year 9 was greater in more remote areas than in less remote areas.

In the Perth metropolitan area, 48.0 per cent (CI: 43.6%–52.3%) of primary carers had completed Year 10. This decreased to 34.5 per cent (CI: 26.4%–42.9%) in areas of extreme relative isolation.

Throughout the state, only 6.2 per cent (CI: 4.9%–7.7%) of all primary carers had been educated beyond Year 12. This level of education was achieved by 9.7 per cent (CI: 7.2%–12.9%) of carers in the Perth metropolitan area (Figure 3.1).

FIGURE 3.1: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY LEVEL OF RELATIVE ISOLATION



Source: Table 3.1



Sex and primary carer education

The proportion of primary carers who finished school prior to Year 10 was significantly higher among males (36.1 per cent; CI: 27.8%–45.8%) than among females (21.4 per cent; CI: 19.4%–23.4%). However, it should be noted that the total number of male primary carers in the survey (900; CI: 740–1,080) was considerably smaller than the total number of female primary carers (11,700; CI: 11,500–11,800) (Table 3.2).

Age of primary carer and primary carer education

Primary carers were grouped by age: 19 years and under, 20–24 years, 25–29 years, 30–39 years, 40–49 years and 50 years and over. While the distributions of highest education levels in each of the age groups between 20 years and 49 years were similar, there were significant differences between the education levels of primary carers and the lower and upper age groups (Table 3.3).

The proportion of primary carers whose education did not exceed Year 9 was greater among primary carers aged 50 years and over than among primary carers aged 19 years and under. For primary carers aged 50 years and over, 53.0 per cent (CI: 45.8%–60.5%) were educated to Year 9 or less, 20.7 per cent (CI: 14.7%–27.3%) to Year 10 and 4.6 per cent (CI: 1.5%–10.2%) to Years 11–12. In contrast, 32.1 per cent (CI: 23.9%–40.6%) of primary carers aged 19 years and under had been educated to Year 9 or less, 45.2 per cent (CI: 37.1%–53.3%) to Year 10 and 22.7 per cent (CI: 15.6%–30.7%) to Years 11–12 (Table 3.3).

It is worth noting that the survey did not identify, from the 620 (CI: 530–720) primary carers aged 19 years and under, whether any were still attending school. For many of these primary carers still at school, their highest level of educational attainment may be higher than recorded in the survey.

An education level of Year 11 or 12 was significantly greater among primary carers aged 20–24 years than among primary carers aged 19 years and under or 40 years or more. Over one-third (37.8 per cent; CI: 31.7%–44.1%) of primary carers aged 20–24 years had completed Years 11–12 compared with 22.7 per cent (CI: 15.6%–30.7%) of those aged 19 years and under, 14.4 per cent (CI: 10.6%–19.0%) of those aged 40–49 years and 4.6 per cent (CI: 1.5%–10.2%) of primary carers aged 50 years and over (Table 3.3).

Index of Relative Socio-economic Disadvantage and primary carer education

In terms of the educational attainment of primary carers, there were negligible differences across categories of socioeconomic disadvantage, except for carers who had completed up to nine years education. This group represented 28.3 per cent (CI: 24.2%–32.7%) of carers in the most disadvantaged category (the bottom 5%), a proportion significantly higher than found in the 25%–50% category (19.2 per cent; CI: 15.3%–23.3%) and the most advantaged category (the top 50%) (13.9 per cent; CI: 9.1%–20.3%) (Table 3.4).

CHILD FACTORS

A number of child level factors, including maternal and child health, were individually analysed for an association with primary carer education. Three factors were found to be associated with carer education: birth mother's use of tobacco and alcohol during pregnancy; child's school attendance and child's overall academic performance.



Birth mother's use of tobacco and alcohol during pregnancy and primary carer education

Findings in Volume Three showed a direct relationship between multiple substance use during pregnancy by birth mothers and overall academic performance of their children.⁴ In 2001, the primary carers of 80.4 per cent (CI: 78.6%–82.0%) of children were also the child's birth mother. These primary carers were asked whether they drank alcohol or used tobacco during pregnancy.

The birth mothers of 10,700 (CI: 10,100–11,400) children had not used alcohol or tobacco during pregnancy, whereas both alcohol and tobacco were used by the birth mothers of 4,040 (CI: 3,620–4,500) children (Table 3.5).

The proportion of children whose primary carer had an education level of 13 years or more was significantly higher where alcohol or tobacco had not been used during pregnancy (7.9 per cent; CI: 5.5%–10.7%) than where both substances had been used (1.9 per cent; CI: 0.8%–4.1%) (Table 3.5).

The proportion of children in the care of primary carers who had not been educated beyond Year 9 was significantly higher where the both alcohol and tobacco had been used during pregnancy (25.5 per cent; CI: 20.3%–31.0%) than where neither substance had been used (14.4 per cent; CI: 11.9%–17.0%) (Table 3.5).

However, while cross-tabulation showed that tobacco and alcohol use during pregnancy was associated with levels of education, when modelled with other variables, use of these substances was not found to be independently associated with carer education levels.

Child's school attendance and primary carer education

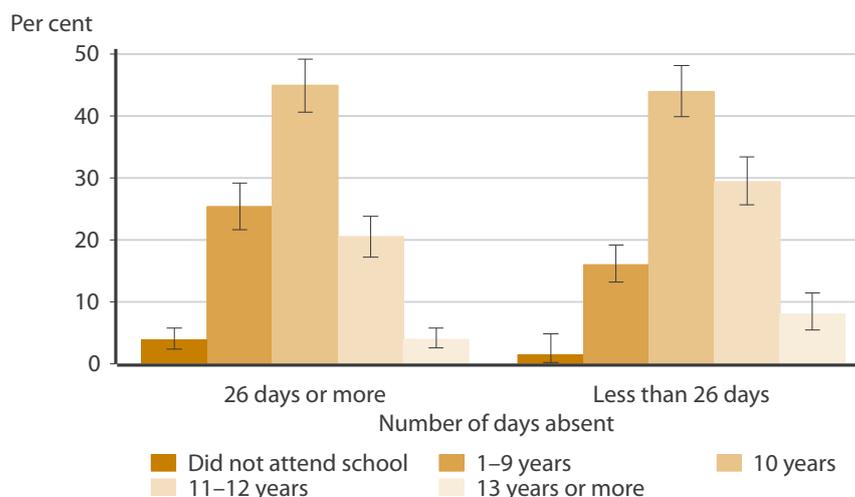
School attendance by Aboriginal children was examined in Volume Three.⁴ The skewed nature of the distribution of school attendance among Aboriginal students meant that average attendance was not a useful analysis variable. Also, while evidence shows that school performance declines with increasing days of absence there is no minimum level for this effect. Therefore, the variable used in the analysis of school attendance was the median number of days absent (26 days). This resulted in two groups of students: those who had missed 26 days or more of school in the school year, and those who had missed fewer than 26 days. In Volume Three, the proportion of students who missed 26 days or more was found to be significantly higher among students whose carers had less than ten years of education.⁴

Figure 3.2 shows the association between carer education and student school attendance. The proportion of students whose primary carer had been educated to Year 11 or 12 was significantly higher among students who missed fewer than 26 days of school in the year (29.4 per cent; CI: 25.7%–33.4%) than among those who missed 26 days or more (20.5 per cent; CI: 17.3%–23.8%).

Conversely, the proportion of students with primary carers whose education did not exceed Year 9 was significantly higher among students who were absent for 26 days or more than among those students who had missed fewer than 26 days (25.4 per cent; CI: 21.7%–29.2% compared with 16.0 per cent (CI: 13.2%–19.2%) (Figure 3.2).

While the cross-tabulation of school attendance with primary carer education showed this association, when modelled with other variables, child school attendance was not found to be an independent predictor of primary carer highest level of education.



FIGURE 3.2: ABORIGINAL STUDENTS AGED 4–17 YEARS — PRIMARY CARER'S HIGHEST LEVEL OF EDUCATION, BY STUDENT'S NUMBER OF DAYS ABSENT FROM SCHOOL

Source: Table 3.6

3

Child's overall academic performance and primary carer education

Volume Three showed that students were one and a half times more likely to have low academic performance if their primary carer had completed only 1–9 years of education than students whose primary carer had completed Year 10.⁴

Consistent with this is the finding that over a quarter (25.7 per cent; CI: 22.3%–29.3%) of students with low academic performance had a carer whose education had not exceeded Year 9 while only 14.0 per cent (CI: 11.2%–17.2%) of students with average or above average academic performance had a carer with this level of education (Table 3.7).

While student academic performance was found to have an association with primary carer education levels, when modelled with other variables this association was not found to be independent.

Child factors found not to be associated with primary carer education

Other child-level factors relating to birth, physical health and emotional health and wellbeing were cross-tabulated with primary carer education and found to have no association with primary carer education. These factors were:

- ◆ percentage of optimal birth weight
- ◆ whether child breastfed
- ◆ whether child had ever had runny ears
- ◆ whether child had ever had asthma
- ◆ whether child had ever had recurring chest infection
- ◆ whether child had ever had recurring gastrointestinal infection
- ◆ whether child had ever had recurring skin infection
- ◆ whether child had ever had recurring ear infection
- ◆ whether child had normal vision in both eyes



- ◆ whether child had normal hearing in both ears
- ◆ whether child had difficulty saying certain sounds
- ◆ whether child had trouble getting enough sleep
- ◆ whether carer had needed to contact the Aboriginal Medical Service about the child
- ◆ whether child had needed to stay overnight with other family and friends because of a family crisis or the child's behaviour
- ◆ child's risk of clinically significant emotional or behavioural difficulties as assessed by the primary carer
- ◆ whether the carer had needed to see a school psychologist in the past six months about a problem their child may have had at school.

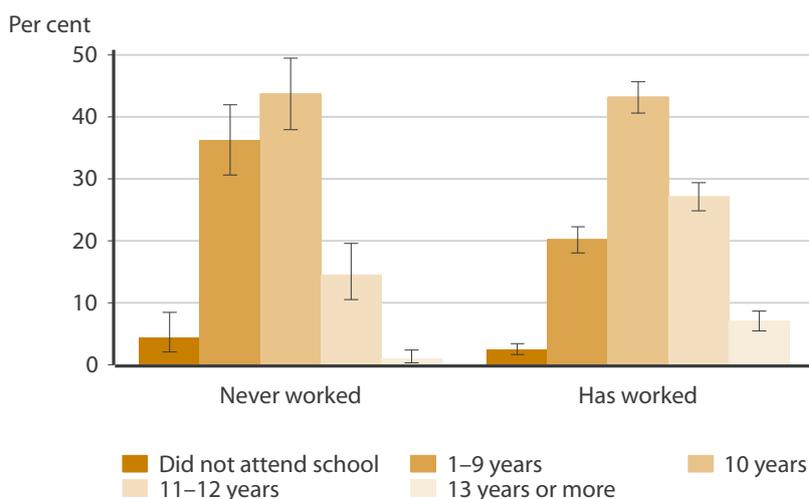
While no association was found between these factors and highest level of primary carer education, their prevalence and significance cannot be ignored. The implication of many of these factors on child emotional wellbeing and educational experiences has been documented in previous WAACHS publications.^{4,5}

CARER FACTORS

Primary carer ever in paid work and primary carer education

Of the 10,800 (CI: 10,600–11,000) primary carers who had been in paid work at some time in their lives, 27.1 per cent (CI: 24.9%–29.4%) had been educated to Year 11 or 12, while 7.0 per cent (CI: 5.5%–8.7%) had completed 13 years or more education. In contrast, the equivalent proportions achieving higher levels of education for the 1,760 (CI: 1,560–1,970) primary carers who had never been in paid work were a significantly smaller at 14.5 per cent (CI: 10.5%–19.6%) and 1.0 per cent (CI: 0.3%–2.4%) respectively (Figure 3.3).

FIGURE 3.3: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER EVER IN PAID WORK



Source: Table 3.8



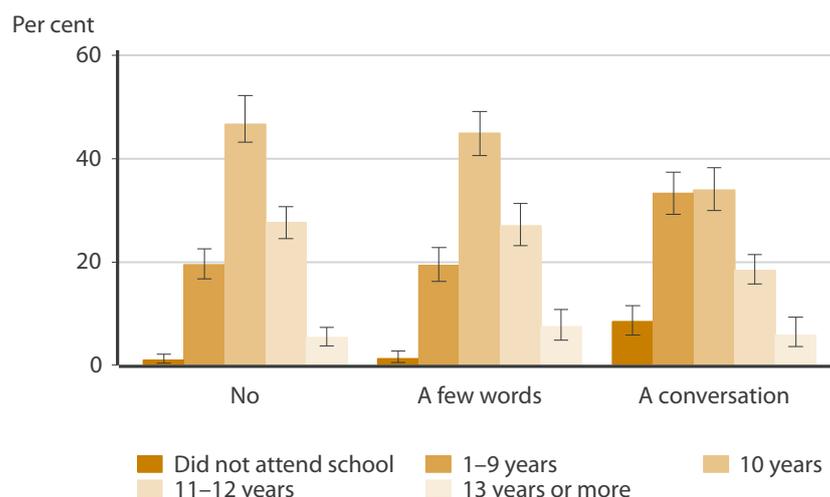
At the other end of the scale, over one-third (36.2 per cent; CI: 30.7%–42.0%) of primary carers who had never been in paid work had not been educated beyond Year 9, a proportion significantly higher than among those who had worked in a paid job (20.2 per cent; CI: 18.1%–22.3%) (Figure 3.3).

Aboriginal language and primary carer education

As shown in Figure 3.4 there were differences in the distribution of levels of education between primary carers who spoke an Aboriginal language and those who could not speak, or could only speak a few words of, an Aboriginal language. It is notable that of the 2,730 (CI: 2,440–3,030) primary carers who reported that they could have a conversation in an Aboriginal language, almost half (1,300; CI: 1,130–1,490) could also speak English.

Among primary carers who were conversant in an Aboriginal language, the proportion who had not been educated beyond Year 9 (33.3 per cent; CI: 29.2%–37.4%) was almost double that of primary carers who spoke only a few words of an Aboriginal language (19.3 per cent; CI: 16.2%–22.8%) or who did not speak an Aboriginal language (19.5 per cent; CI: 16.7%–22.6%) (Figure 3.4).

FIGURE 3.4: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER SPEAKS AN ABORIGINAL LANGUAGE



Source: Table 3.9

Fluency in an Aboriginal language use has been shown to be strongly related to levels of relative isolation.³ However, when modelled against relative isolation, language use was found to independently predict higher levels of education.

Primary carers with a limiting medical or health problem and primary carer education

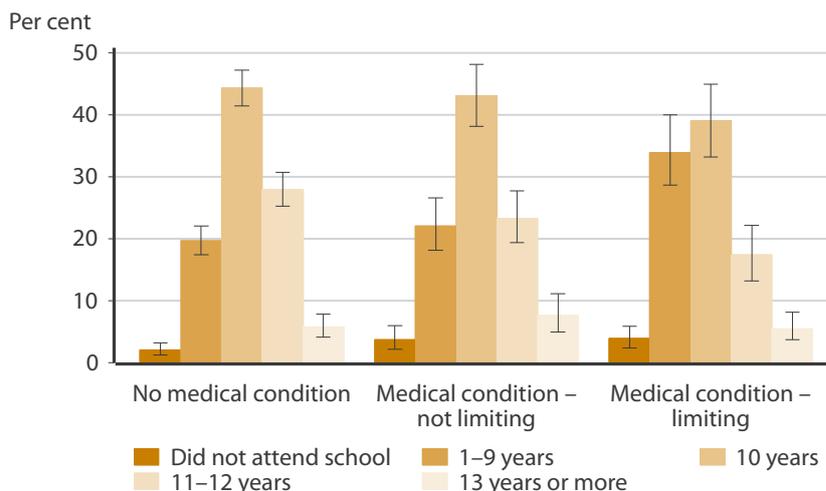
Primary carers were asked if they were limited in any way in doing normal daily activities because of medical or health problems. There were three responses to this question: ‘no medical condition’, ‘medical condition - not limiting’ and ‘medical condition - limiting’. As shown in Figure 3.5, significant differences in the distribution of highest levels of education were found between primary carers with limiting medical conditions and those with either no medical condition or a medical condition that was non-limiting.



The proportion of primary carers whose highest level of education was Years 1–9 was greatest among those with a limiting medical condition (34.0 per cent; CI: 28.7%– 40.0%) and lowest among primary carers who had no medical condition (19.7 per cent; CI: 17.5%–22.1%) (Table 3.10).

In contrast, the proportion of primary carers educated to Year 11 or 12 was significantly higher among those with no medical condition (28.0 per cent; CI: 25.3%– 30.8%) and lowest among those with a limiting medical condition (17.5 per cent; CI: 13.2%–22.2%) (Table 3.10).

FIGURE 3.5: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER HAD A LIMITING MEDICAL OR HEALTH PROBLEM

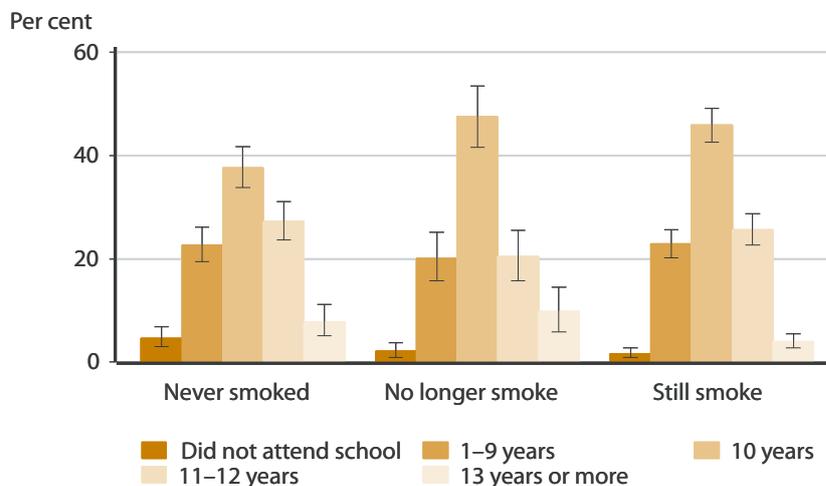


Source Table 3.10

Primary carer still smokes cigarettes and primary carer education

Primary carers were asked if they had ever smoked cigarettes regularly and, if so, whether they still smoked. As seen in Figure 3.6, there was little association between education levels and smoking, apart from a higher proportion of those with Year 10 education who still smoked.

FIGURE 3.6: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER SMOKING



Source: Table 3.11



The proportion of primary carers with 13 years or more education was significantly higher among primary carers who no longer smoked (9.8 per cent; CI: 5.8%–14.5%) and those who had never smoked 7.8 per cent (CI: 5.1%–11.2%) than among those who still smoked (4.0 per cent; CI: 2.8%–5.5%) (Figure 3.6).

On the other hand, the proportion of primary carers who had completed ten years of education was significantly higher among primary carers who still smoke (45.9 per cent; CI: 42.6%–49.2%) than among those who have never smoked (37.7 per cent; CI: 33.8%–41.7%) (Figure 3.6). Smoking and education are both age-related, However, when included in a multivariate model with age, smoking remained an independent indicator.

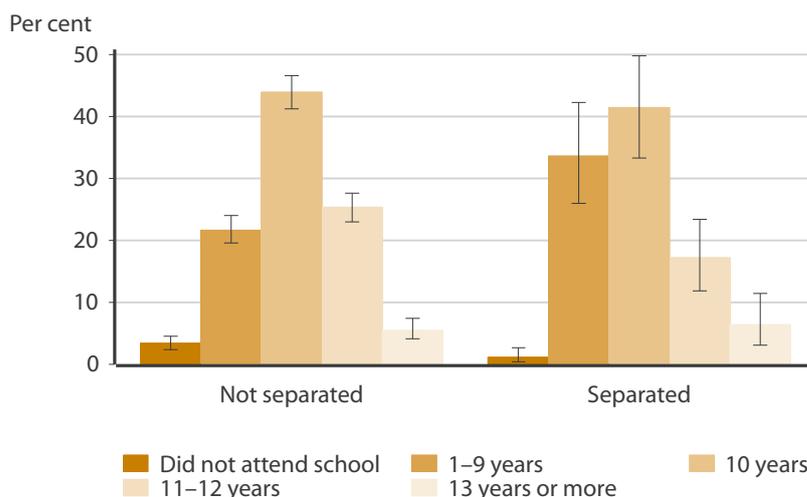
Among primary carers who have never smoked, 4.6 per cent (CI: 3.0%–6.8%) had never attended school. This was significantly higher than for the primary carers who still smoke (Figure 3.6).

Primary carer forcibly separated from natural family and primary carer education

Aboriginal primary carers who agreed to answer questions about forced separation were asked whether they were taken away from their natural family by a mission, the government or welfare. In Volume Three, no association was found between forced separation of the primary or secondary carer and the academic performance of the students in their care.⁴ However, as shown in Figure 3.7, there was an association between whether the primary carers had been forcibly separated and their own education.

The proportion of primary carers who had completed 1–9 years of education was considerably greater among primary carers who had been taken away from their natural family by a mission, the government or welfare (33.6 per cent; CI: 26.0%–42.3%) than among those who had not been separated (21.7 per cent; CI: 19.6%–24.1%).

FIGURE 3.7: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER SEPARATED FROM NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE



Source: Table 3.12

While a significant association was found in this cross-tabulation analysis, when modelled with other variables, separation from natural family by a mission, the government or welfare was not found to be an independent predictor of carer education.



Primary carer ever arrested or charged with an offence and primary carer education

A history of arrest was associated with a decrease in the proportion of carers completing school beyond Year 10. This was most significant for primary carers achieving 13 years or more education, where they comprised 7.6 per cent (CI: 5.7%–9.7%) of primary carers who had never been arrested, double the proportion for primary carers who had been arrested (3.8 per cent; CI: 2.6%–5.5%) (Table 3.13).

Primary carer's partner ever arrested or charged with an offence and primary carer education

Almost one in four (24.8 per cent; CI: 21.4%–28.3%) primary carers, whose partner had been arrested or charged, had a maximum of 1–9 years of education. This was significantly greater than for primary carers whose partner had not been arrested (17.5 per cent; CI: 14.1%–21.2%). No other differences were found between the two groups in relation to any of the other levels of education (Table 3.14).

Where primary carers had a partner and both had at some time been arrested or charged with an offence, over one-quarter (26.8 per cent; CI: 21.9%–32.3%) had not been educated beyond Year 9. Where neither had ever been arrested or charged with an offence only 16.0 per cent (CI: 12.5%–19.9%) had not been educated beyond Year 9 (Table 3.15).

However, while a significant association was found in the cross-tabulation analysis, when modelled with other variables, primary carer's partner being arrested or charged was not an independent predictor of primary carer level of education.

Primary carer receives a health care card from Centrelink/Social Security and primary carer education

Primary carers were asked whether they had any health care or concession cards issued by the government. One of these was the health care card issued by Centrelink/Social Security.

While the distribution of carer highest educational levels according to whether they had the Centrelink/Social Security health care card was similar, significant differences were found for carers at the extremes of education levels.

Among primary carers who had the Centrelink/Social Security health care card, a quarter (24.6 per cent; CI: 22.3%–26.9%) had not been educated beyond Year 9, significantly higher than the 17.0 per cent (CI: 13.7%–20.7%) of carers who did not have a health care card. On the other hand, one in eight (12.2 per cent; CI: 9.1%–15.9%) primary carers who did not have a health care card had an educational level of 13 years or more compared with 3.8 per cent (CI: 2.5%–5.4%) of carers who did have a health care card. (Table 3.16).

While this cross-tabulation showed some association, when modelled with other variables, holding a health care concession card was not an independent predictor of primary carer highest education levels.

Carer factors found not to be associated with primary carer level of education

Carer factors found not to be associated with the highest level of education achieved by the primary carer were:

- ◆ Number of life stress events (see *Glossary*)
- ◆ Carer treated for emotional problems
- ◆ Primary carer had contact with Mental Health Services in Western Australia.



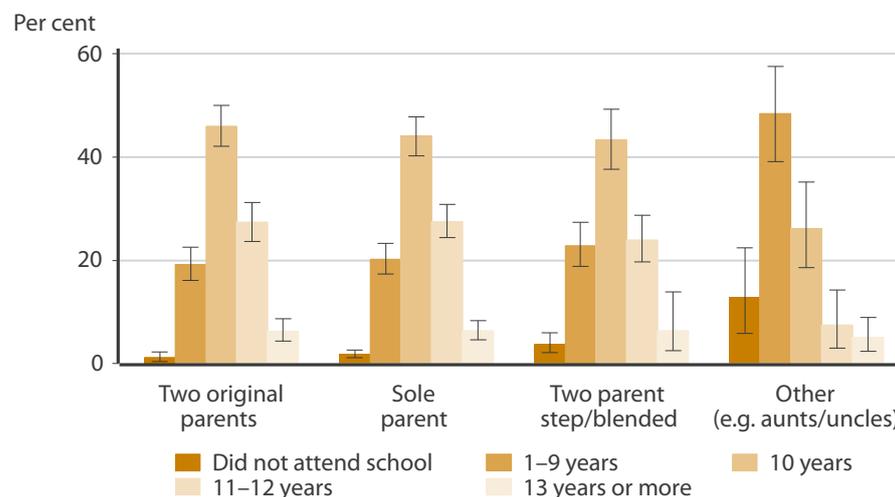
FAMILY AND HOUSEHOLD FACTORS

A number of family and household factors were also found to be associated with the primary carer's highest level of education.

Household composition and primary carer education

There was a significant difference in the distribution of levels of education between households containing at least one original parent (two original parent families, sole parent families and two parent step/blended families) and primary carers in households classified as 'other' type families (i.e. non-parent families). As shown in Figure 3.8, primary carers living in two original parent, sole parent and two parent step/blended households had similar distributions of educational attainment, with Year 10 representing the highest proportion for each (around nine in 20 carers). In other household types, the level of educational achieved by the higher proportion of primary carers was Years 1–9.

FIGURE 3.8: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOUSEHOLD COMPOSITION



Source: Table 3.17

The stronger association between 'other' household types and lower levels of education can be clearly seen when comparing education levels for two original parent households and those for other household types. In two original parent households, 19.2 per cent (CI: 16.1%–22.5%) of primary carers had a highest education level of Year 9 or less. This compares with almost half (48.4 per cent; CI: 39.2%–57.6%) of carers in other household types. Equivalent proportions for higher levels of education were: completed Year 10 — 46.0 per cent (CI: 42.1%–50.0%) compared with 26.2 per cent (CI: 18.6%–35.2%); completed Years 11 or 12 — 27.4 per cent (CI: 23.7%–31.2%) compared with 7.5 per cent (CI: 3.0%–14.3%). For primary carers in other household types, one in eight (12.8 per cent; CI: 5.9%–22.4%) had never attended school (Table 3.17).



Family financial strain and primary carer education

The survey found that the proportion of primary carers with lower levels of education was lower as the level of financial strain decreased. Among primary carers who reported that their family was spending more money than they got, one-third (33.1 per cent; CI: 27.0%–40.1%) had not been educated beyond Year 9. This decreased to one-quarter (23.5 per cent; CI: 20.8%–26.5%) among carers who had just enough to get through to the next pay, and to one in five of those whose families who had some money left over each week but spent it or could save a bit now and again (18.1 per cent; CI: 12.6%–25.5% and 20.1 per cent; CI: 16.8%–23.8% respectively) (Table 3.18).

Primary carer can discuss their problems with someone and primary carer education

Not having someone to yarn to about problems was associated with low levels of education. The survey found that the proportion of primary carers with an educational level of 1–9 years who had no-one to talk to about their problems (36.1 per cent; CI: 29.7%–42.6%) was almost twice the proportion for carers who had someone to talk to (20.5 per cent; CI: 18.6%–22.6%) (Table 3.19).

HAVING SOMEONE TO 'YARN' TO

The availability of a confidant that one can 'yarn' to or discuss personal problems with is one aspect of social support which the survey data shows to be an important protective factor in maintaining parent/carers and family wellbeing. The concept of 'social support' is generally considered to be an outcome of the availability and quality of the supportive relationships with friends, family and other people in the immediate neighbourhood/community as well as relationships with significant other people living elsewhere who provide practical and emotional support. Simply sharing a problem with a trusted confidant and having one's concerns heard and understood is an important coping strategy for managing stress, for gaining perspective and advice in dealing with difficulties which might otherwise seem overwhelming. Yarning often also includes opportunities for humour and laughter which are also helpful in discharging tension and affirming one's emotional connections with others.

Primary carer and partner or spouse relationships and primary carer education

Primary carer/spouse relationships are an integral part of a child's community experience. The impact of these relationships on the emotional and behavioural health of Aboriginal children was documented in Volume Two.⁵ Primary carers were asked a series of questions about their relationships with their partner/spouse. They were asked how often they and their partner/spouse did things together for enjoyment, how often they and their partner/spouse show signs that they care for each other, how often they argued or quarrelled and how often their arguments developed into pushing, hitting or shoving. For each of these questions, five responses were possible: 'never', 'hardly ever', 'once in a while', 'quite often' and 'almost always'. Two of these relationship types were found to have some association with primary carer education.



How often carers do things with their partner or spouse for enjoyment and primary carer education. The distributions of carer education levels across these categories revealed only one significant difference in education levels. Of those carers who said that they ‘quite often’ do things with their partner for enjoyment, 16.3 per cent (CI: 12.2%–21.1%) had not been educated beyond Year 9 compared with 25.9 per cent (CI: 21.7%–30.4%) among those who did things together ‘once in a while’ (Table 3.20).

Primary carers and their partners quarrel and primary carer education. Among primary carers who said they quarrel ‘quite often’, 15.1 per cent (CI: 10.6%–20.2%) had not been educated beyond Year 9, significantly fewer than for carers who reported either that they ‘never’ quarrel (35.3 per cent; CI: 24.2%–49.4%) or ‘almost always’ quarrel (30.3 per cent; CI: 20.2%–42.5%) (Table 3.21).

While cross-tabulation showed these two relationship factors were associated with primary carer education, none of the associations were strong linear associations nor, when modelled against other variables, were they found to be independent predictors of primary carer highest level of education.

Housing tenure and primary carer education

At the time of the survey Aboriginal children were living in 11,400 dwellings throughout the State with seven out of ten (70.7 per cent; CI: 68.2%–73.1%) of these dwellings being rented.³

Low education was associated with rental status. One quarter (24.5 per cent; CI: 22.2%–26.8%) of primary carers living in rented accommodation had not been educated beyond Year 9, a proportion significantly higher than for carers living in housing that was either owned outright or being paid off (14.8 per cent; CI: 11.5%–18.7%) (Table 3.22).

Higher education on the other hand was associated with home purchase or ownership. One in eight (12.4 per cent; CI: 9.2%–16.3%) of primary carers living in housing that was either owned outright or being paid off had 13 years or more of education, compared with one in twenty (4.3 per cent; CI: 3.0%–6.1%) carers living in rented accommodation (Table 3.22).

Although an association was found when housing tenure was cross-tabulated with primary carer education, when run in a multivariate model, housing tenure was not found to be independently associated with primary carer highest level of education.

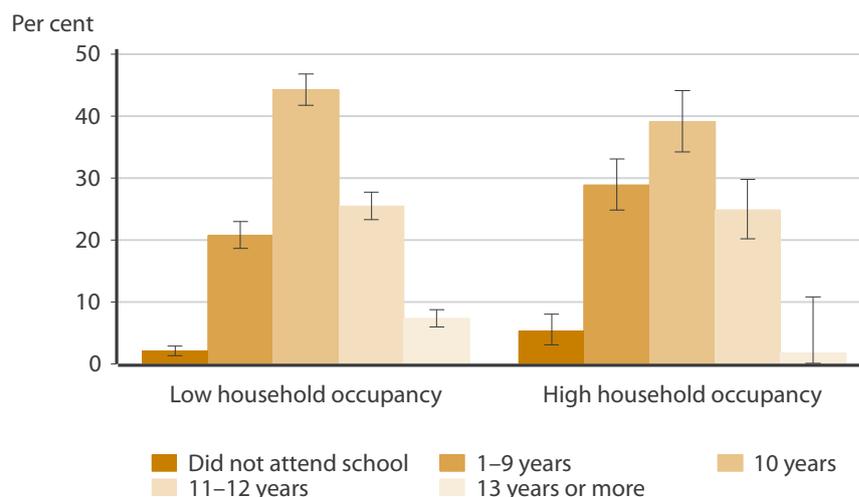
Household occupancy level and primary carer education

In Volume Three it was shown that household occupancy was strongly associated with the academic performance of Aboriginal students.⁴ A household was considered to have a high level of household occupancy (overcrowding) — see *Household occupancy level* in the *Glossary* — if the number of people sleeping in the dwelling exceeded the number of bedrooms by four or more.



At the time of the survey, an estimated 2,500 (CI: 2,220–2,790) primary carers were living in households classified as having a high occupancy level. The trend for levels of carer education was similar in both low and high levels of occupancy, the only difference being in relation to carers with educational levels of 1–9 years. Among carers living in households with a high occupancy level, 28.9 per cent (CI: 24.9%–33.1%) had not been educated beyond Year 9, significantly more than the proportion for carers in households with a low occupancy level (20.8 per cent; CI: 18.7%–23.0%) (Figure 3.9).

FIGURE 3.9 PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOUSEHOLD OCCUPANCY LEVEL



Source: Table 3.23

While cross-tabulation of household occupancy level with primary carer education revealed some associations, when run in a multivariate model, household occupancy level was not found to be an independent predictor of primary carer highest level of education.

Family and household factors *not* associated with primary carer level of education

Other family and household factors cross-tabulated with primary carer level of education and found not to be associated were:

- ◆ Overuse of alcohol causing problems in the household
- ◆ Gambling causing problems in the household
- ◆ Importance of religion/spiritual beliefs
- ◆ Frequency that carers and their partner/spouse show signs that they care for each other.

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH PRIMARY CARER EDUCATION

A multivariate logistic regression analysis was performed to model the likelihood of primary carers having a level of education of Year 10 or more. Earlier in this chapter, results from cross-tabulation analyses were presented showing the proportion of our study population that exhibited a particular characteristic. However, many of these factors associated with a particular characteristic of the study population were dependent on other factors.



Multivariate logistic regression modelling allows us to assess the independent effect of each factor in relation to the likelihood of the study population possessing a given characteristic. The relationships observed with this method are referred to as ‘independent associations’, and no causal relationship is suggested. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

As shown in Figure 3.10, modelling found 11 factors associated with primary carers having a level of education of Year 10 or more. These factors did not necessarily cause this education outcome, but rather carers who had a highest education level of Year 10 were more likely to have these factors in common with each other.

These independently associated factors as shown in Figure 3.10 were:

Level of Relative Isolation. The likelihood of having an education level of Year 10 or more decreased as the level of relative isolation increased.

Over one-third (35.9 per cent; CI: 33.3%–38.6%) of primary carers were living in areas of no relative isolation (i.e. in the Perth metropolitan area), 25.0 per cent (CI: 22.5%–27.6%) were living in areas of low isolation, 21.4 per cent (CI: 18.2%–24.9%) in areas of moderate isolation, 8.5 per cent (CI: 5.9%–11.7%) were in areas of high isolation and 9.2 per cent (CI: 6.6%–12.3%) were in areas of extreme isolation.

Primary carers in areas of low isolation were almost one and a half times less likely (Odds Ratio 0.69; CI: 0.50–0.95) to have this level of education; in moderate isolation over one and a half times less likely (Odds Ratio 0.62; CI: 0.42–0.91); in areas of high isolation two times less likely (Odds Ratio 0.51; CI: 0.30–0.88); and in areas of extreme isolation, over three times less likely (Odds Ratio 0.29; CI: 0.17–0.51) to have an education level of Year 10 or more.

Categories of socioeconomic disadvantage. Primary carers in categories of most socioeconomic disadvantage (Bottom 5%) were less likely than carers in categories of least disadvantage (Top 50%) to have an education level of Year 10 or more.

Relative to carers with least socioeconomic disadvantage, the likelihood of primary carers having an education level of Year 10 or more decreased as socioeconomic disadvantage increased. Primary carers at most socioeconomic disadvantage (bottom 5%) were over two times less likely (Odds Ratio 0.47; CI: 0.30–0.73) than primary carers in the top 50% category to have a highest education level of Year 10 or more.

Age of primary carer. The likelihood of having an education level of Year 10 or more was greater for primary carers aged 20–24 years.

About 14.4 per cent (CI: 12.8%–16.1%) of primary carers were aged 20–24 years and 36.9 per cent (CI: 34.6%–39.4%) were aged 30–39 years while 17.3 per cent (CI: 15.5%–19.1%) were aged 25–29 years. One in twenty (5.0 per cent; CI: 4.2%–5.8%) primary carers were aged 19 years and under, 17.5 per cent (CI: 15.6%–19.6%) were aged 40–49 years and one in twelve (8.9 per cent; CI: 7.7%–10.3%) were aged 50 years and over.

Relative to primary carers aged 30–39 years, primary carers aged 40–49 years were two times less likely (Odds Ratio 0.48; CI: 0.35–0.67) to have an education level of Year 10 or more, while primary carers aged 50 years and over were seven and a half times less likely (Odds Ratio 0.13; CI: 0.08–0.20). Primary carers aged 19 years and under were almost two times less likely to have an education level of Year 10 or more (Odds Ratio 0.54; CI: 0.32–0.92). In contrast, primary carers aged 20–24 years were one and a half times more likely to have achieved this level of education (Odds Ratio 1.53; CI: 1.00–2.34).



Household composition. Primary carers in households classified as 'other' were less likely to have been educated to the level of Year 10 or more.

At the time of the survey 37.6 per cent (CI: 35.1%–40.0%) of primary carers were in 'two original parent' households, 38.2 per cent (CI: 35.9%–40.5%) were in 'sole parent' households, 16.7 per cent (CI: 14.9%–18.5%) were in 'two parent step/blended' households. A further 7.6 per cent (CI: 6.4%–9.0%) of primary carers were in 'other' household types (i.e. households with no original parent).

Primary carers in households classified as other (such as aunts and uncles or grandparents) were over two and a half times less likely (Odds Ratio 0.37; CI: 0.24–0.59) to be educated to Year 10 or more than primary carers in two original parent households.

Primary carer ever in paid work. Previous work history was strongly associated with level of education. An estimated 86.0 per cent (CI: 84.3%–87.6%) of primary carers had at some time worked in a paid job.

Primary carers who had never been in paid work were over three times less likely (Odds Ratio 0.31; CI: 0.23–0.43) to have a level of education of Year 10 or more than primary carers who had at some time worked in a paid job.

Primary carer speaks an Aboriginal language. Primary carers were less likely to have a higher level of education if they could have a conversation in an Aboriginal language.

One in five (21.7 per cent; CI: 19.4%–24.1%) primary carers were able to have a conversation in an Aboriginal language and 35.3 per cent (CI: 32.8%–37.9%) could speak a few words. A further 43.0 per cent (CI: 40.4%–45.6%) could not speak an Aboriginal language.

Relative to primary carers who did not speak an Aboriginal language, primary carers who did speak an Aboriginal language were almost two times less likely to have completed Year 10 or above (Odds Ratio 0.54; CI: 0.37–0.79).

Primary carer limited in activities of daily living. About 15.4 per cent (CI: 13.7%–17.1%) of primary carers had a medical condition that limited them in their activities of daily living, while 21.4 per cent (CI: 19.6%–23.4%) had a medical condition that was not limiting.

Primary carers whose activities were limited because of a medical condition were over one and a half times less likely (Odds Ratio 0.59; CI: 0.40–0.87) than primary carers whose medical condition was not limiting to have a highest education level of Year 10 or more.

Primary carer still smokes cigarettes. Carers were less likely to have an education level of Year 10 or more if they were current smokers.

At the time of the survey, over half (50.3 per cent; CI: 47.7%–52.8%) of the primary carers of Aboriginal children were cigarette smokers, 15.1 per cent (CI: 13.4%–16.9%) used to smoke and 34.7 per cent (CI: 32.3%–37.1%) had never smoked.

The likelihood of having an education level of Year 10 or more was one and a half times less likely (Odds Ratio 0.67; CI: 0.51–0.89) among primary carers who smoked cigarettes than among those who had never smoked.

Primary carer ever been arrested or charged with an offence. Over one-third (36.6 per cent; CI: 34.3%–38.9%) of primary carers had at some time been arrested or charged with an offence.



Primary carers who had been arrested or charged with an offence were one and a half times less likely (Odds Ratio 0.65; CI: 0.51–0.84) to have an education level of Year 10 or more than carers who have not been arrested or charged.

Someone to yarn to about any problems. One in eight (12.4 per cent; CI: 10.9%–14.0%) primary carers had no-one to yarn to about any problems they may have.

Having an education level of Year 10 or more was over two times less likely among primary carers who had no-one to yarn to about any problems (Odds Ratio 0.48; CI: 0.34–0.66) than among primary carers who did have someone to yarn to.

Family financial strain. An estimated 43.9 per cent (CI: 41.6%–46.4%) of primary carers reported that their family had just enough money to get through to next pay and 9.5 per cent (CI: 8.2%–11.0%) reported that they are spending more money than they get. Over a quarter (28.6 per cent; CI: 26.5%–30.6%) were able to save a bit now and again, while 4.5 per cent (CI: 3.5%–5.8%) were able to save a lot. A further 13.4 per cent (CI: 11.6%–15.3%) of primary carers had some money left over each week but spent it (Table 3.45).

Carers in families spending more money than they get were over two times less likely (Odds Ratio 0.47; CI: 0.23–0.97) to have a highest education level of Year 10 or more than carers in families that can save a lot.

FIGURE 3.10: PRIMARY CARERS — LIKELIHOOD OF HIGHEST EDUCATION LEVEL OF YEAR 10 OR MORE, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD CHARACTERISTICS

Highest education level of Year 10 or more		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	0.69	(0.50 - 0.95)
Moderate	0.62	(0.42 - 0.91)
High	0.51	(0.30 - 0.88)
Extreme	0.29	(0.17 - 0.51)
Categories of socioeconomic disadvantage		
Bottom 5%	0.47	(0.30 - 0.73)
5%–10%	0.51	(0.30 - 0.86)
10%–25%	0.53	(0.35 - 0.82)
25%–50%	0.61	(0.40 - 0.93)
Top 50%	1.00	
Age of primary carer		
19 years or under	0.54	(0.32 - 0.92)
20–24 years	1.53	(1.00 - 2.34)
25–29 years	1.11	(0.77 - 1.62)
30–39 years	1.00	
40–49 years	0.48	(0.35 - 0.67)
50 years and over	0.13	(0.08 - 0.20)
Household composition		
Two original parents	1.00	
Sole parent	0.89	(0.67 - 1.19)
Two parent step/blended	0.74	(0.52 - 1.06)
Other (e.g. aunts/uncles, grandparents)	0.37	(0.24 - 0.59)
Ever in paid work?		
No	0.31	(0.23 - 0.43)
Yes	1.00	

Continued . . .



FIGURE 3.10 (continued): PRIMARY CARERS — LIKELIHOOD OF HIGHEST EDUCATION LEVEL OF YEAR 10 OR MORE, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD CHARACTERISTICS

Highest education level of Year 10 or more		
Primary carer spoke an Aboriginal language		
No	1.00	
A few words	0.89	(0.67 - 1.18)
A conversation	0.54	(0.37 - 0.79)
Limited in activities of daily living because of medical condition?		
No	1.00	
Yes	0.59	(0.40 - 0.87)
Has no medical condition	0.95	(0.70 - 1.30)
Still smoke cigarettes?		
No	1.12	(0.76 - 1.67)
Yes	0.67	(0.51 - 0.89)
Never smoked	1.00	
Primary carer ever arrested or charged with an offence?		
No	1.00	
Yes	0.65	(0.51 - 0.84)
Someone you can yarn to about problems?		
No	0.48	(0.34 - 0.66)
Yes	1.00	
Family's money situation		
Spending more money than we get	0.47	(0.23 - 0.97)
Have just enough until next pay	0.85	(0.44 - 1.65)
Some money left over spend it	1.16	(0.56 - 2.41)
Can save a bit now and again	0.79	(0.40 - 1.54)
Can save a lot	1.00	

PRIMARY CARER EVER BEEN IN PAID WORK

Primary carers were asked if they had ever worked in a job where they got paid and also about their current labour force status. At the time of the survey, 86.0 per cent (CI: 84.3%–87.6%) of primary carers had at some time been in paid work (Table 3.26). In terms of labour force status, 38.2 per cent (CI: 35.8%–40.7%) were currently employed and 47.6 per cent (CI: 45.2%–50.0%) were not in the labour force (Table 3.33).

As a measure of socioeconomic wellbeing, the question relating to previous work was preferred over current participation in the labour force because absence from the labour force at the time of the survey may have only been temporary due to child care responsibilities or other reasons. Previous work experience is an important aspect of social capital providing the primary carer with 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.

Ever been in paid work and employer type

Of the 10,800 (CI: 10,600–11,000) primary carers who had at some time been in paid work, less than four in ten (39.2 per cent; CI: 36.6%–41.9%) had worked in a job, business or farm in the week prior to the survey (Table 3.24). Of those that had been in paid work and had worked last week (4,240; CI: 3,940–4,540), 30.3 per cent (CI: 26.1%–34.8%) were employed by a Community Development Employment Project (CDEP) and 63.5 per cent (CI: 58.9%–67.9%) worked for an employer (other than CDEP) for wages or salary (Tables 3.24, 3.25).



CDEP employment was more prevalent in areas of high and extreme isolation. In areas of high isolation 500 (CI: 320–730) primary carers had worked in the week prior to the survey. Of these, 66.1 per cent (CI: 50.1%–79.5%) worked for CDEP and 32.7 per cent (CI: 21.1%–47.5%) worked for an employer for wages or salary (Table 3.26).

In areas of extreme isolation, 520 (CI: 360–730) primary carers had worked in the week prior to the survey with almost three-quarters (74.8 per cent; CI: 64.4%–82.9%) employed by a CDEP scheme. The remaining 25.2 per cent (CI: 17.1%–35.6%) worked for an employer for wages or salary (Table 3.26).

DEMOGRAPHIC FACTORS

Level of Relative Isolation and ever in paid work

There was no significant difference in the proportions of primary carers ever in paid work across levels of relative isolation (Table 3.26). However, when included in a multivariate logistic regression model (Figure 3.12) the likelihood of ever having been in paid work was found to increase with increasing isolation.

Sex and ever in paid work

The proportion of primary carers who had ever had a paid job was significantly higher among males (98.3 per cent; CI: 97.0%–99.2%) than among females (85.1 per cent; CI: 83.3%–86.7%) (Table 3.27). However, this needs to be considered in light of the small proportion of primary carers who were males (7.2 per cent; CI: 5.9%–8.6%).

Age of primary carer and ever in paid work

The proportion of primary carers ever having had a paid job increased with the primary carer's age. Primary carers in the 30–39 year age group recorded the highest proportion ever in paid work (91.0 per cent; CI: 88.1%–93.5%), significantly more than for primary carers aged 20–24 years (77.7 per cent; CI: 72.5%–82.4%) and those aged 19 years and under (58.9 per cent; CI: 50.8%–67.2%) (Table 3.28).

Index of Relative Socio-economic Disadvantage and ever in paid work

There were no differences across categories of socioeconomic disadvantage as measured by SEIFA for primary carers having ever been in paid work (Table 3.29).

CHILD FACTORS

Child's school attendance and primary carer ever in paid work

Primary carer work history was associated with the school attendance of children in their care. Nine in ten (91.0 per cent; CI: 87.7%–93.6%) students who had missed fewer than 26 days of school, had a primary carer who had at some time worked in a paid job. This was significantly more than for students who had missed 26 days or more of school, where eight in ten (82.4 per cent; CI: 78.9%–85.5%) had primary carers who had at some time worked in a job (Table 3.30).



Child's overall academic performance and primary carer ever in paid work

Volume Three found that a relationship exists between the primary carer's labour force status and the overall academic performance of children in their care. Students were 1.35 (CI: 1.03–1.76) times more likely to have low academic performance if their primary carer was not in the labour force, i.e. did not have a paid job nor was looking for work, than if their primary carer was employed.⁴

The proportion of primary carers with a previous work history was significantly higher among those caring for students whose overall academic achievement was average or above average (91.2 per cent; CI: 88.7%–93.2%) than among carers of students whose overall academic achievement was below average (83.4 per cent; CI: 79.8%–86.5%) (Table 3.31).

Child factors *not* associated with primary carer ever in paid work

A number of other child level variables were cross-tabulated with primary carer's work history and found to have no association with whether the primary carer had ever been in paid work. These included:

- ◆ birth mother's use of tobacco and alcohol during pregnancy
- ◆ percentage of optimal birth weight of the child
- ◆ whether child was breastfed
- ◆ whether child ever had runny ears
- ◆ whether child ever had asthma
- ◆ whether child ever had recurring infections (chest, gastrointestinal, skin and ear)
- ◆ whether child had normal vision in both eyes
- ◆ whether child had normal hearing in both ears
- ◆ whether child had difficulty saying certain sounds
- ◆ whether child had trouble getting enough sleep
- ◆ whether child has a disability that puts a burden on the family.
- ◆ whether carer had need to contact the Aboriginal Medical Service about the child
- ◆ whether child had needed to stay overnight with family and friends because of a family crisis or the child's behaviour
- ◆ child's risk of clinically significant emotional or behavioural difficulties as assessed by the primary carer
- ◆ whether the carer had needed to see a school psychologist in the past six months about a problem their child had been having at school.

CARER FACTORS

Age of youngest and oldest child and ever in paid work

For female carers, the age of their oldest or youngest child is associated with their ability to participate in the labour force (see also comment box entitled *Early teenage parenthood and participation in paid employment*). To demonstrate this, the children were classified into two age groups: 0–5 years and 6–17 years. These two age groups, as youngest or oldest child, were cross-tabulated with the primary carer's history of past employment and current labour force status.



The findings showed that the age of the youngest child had a significant association with work history and labour force status. They also showed that the age of the oldest child had no association with work history, but was associated with labour force participation.

Youngest child. The survey found that the proportion of primary carers who had ever worked in a paid job was significantly higher if their youngest child was aged 6–17 years (89.7 per cent; CI: 87.0%–92.0%) than if aged 0–5 years (83.5 per cent; CI: 81.4%–85.6%) (Table 3.32).

Conversely, the proportion of primary carers who were not in the labour force (not currently employed and not looking for work) was higher where the youngest child in the household was aged 0–5 years (54.8 per cent; CI: 51.6%–58.1%) than if aged 6–17 years (36.8 per cent; CI: 33.1%–40.6%) (Table 3.33).

Oldest child. No significant differences in ever having been in paid work were found between carers whose oldest child was aged 0–5 years or 6–17 years (Table 3.34).

When cross-tabulated with labour force participation however, the age of the oldest child in the household was a significant factor. The proportion of primary carers who were not in the labour force was significantly higher where the oldest child in the household was aged 0–5 years (56.9 per cent; CI: 51.8%–61.8%) than where the oldest child was aged 6–17 years (45.2 per cent; CI: 42.4%–48.0%) (Table 3.35).

EARLY TEENAGE PARENTHOOD AND PARTICIPATION IN PAID EMPLOYMENT

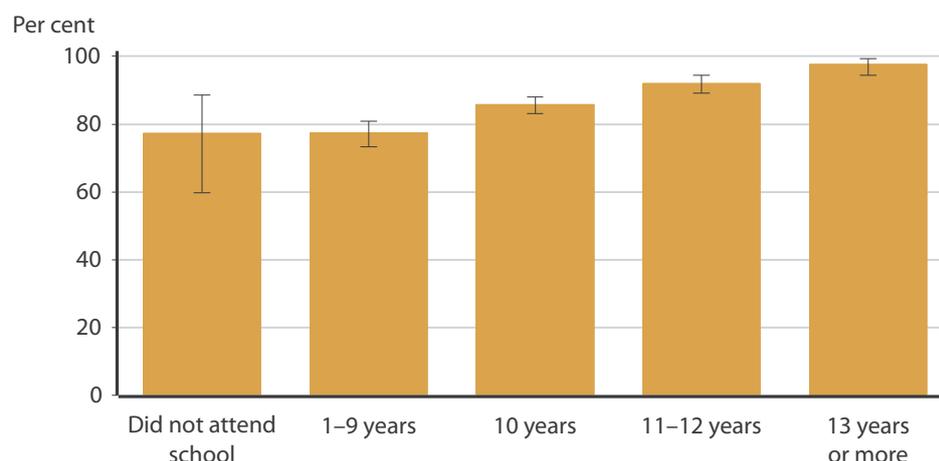
There are several inter-related reasons why mothers of Aboriginal children are less likely than mothers of non-Aboriginal children to have ever been in paid employment and, by association, are at risk of longer term disadvantage, including reliance on social welfare benefits. In terms of their age, mothers of Aboriginal children are, on average, very much younger than the mothers of non-Aboriginal children. For example, around 27.8 per cent of Aboriginal infants were born to mothers aged 19 years and under compared with 6.3 per cent of the total population. However, the risks for long term socioeconomic disadvantage are greatest among those mothers having their first child at age 17 years or less which is almost six times more common among mothers of Aboriginal infants than mothers in the total population (13.1 per cent compared with 2.1 per cent).³ Early teenage parenthood is frequently associated with early school leaving and consequently lower educational skills and qualifications, which in turn, lessen the likelihood of future employment. Findings from a recent Western Australian teenage pregnancy prevention study suggest that, while most early teenage pregnancies are unplanned, there is a significant proportion of very disadvantaged young teenage girls who are motivated to proceed with the pregnancy to escape stressful family or school situations, to have a child to love, and to secure the financial means of living independently.⁶ However, the Western Australian Aboriginal Child Health Survey data also show that there are significant adverse longer term health and social outcomes for infants born to mothers under the age of 16 years. For example, over half of the children in the survey who were born to such young mothers were not living with either of their biological parents by the time they reached the age of 12 years. These children are also more likely to have low academic performance.^{1,3}



Primary carer education and ever in paid work

As shown in Figure 3.11, almost all (97.7 per cent; CI: 94.5%–99.4%) primary carers who had an educational level of 13 years or more had been in paid work at some time. Where primary carers had not been educated beyond Year 9, the proportion decreased to just over three-quarters (77.4 per cent; CI: 73.4%–80.9%).

FIGURE 3.11: PRIMARY CARERS — PROPORTION EVER IN PAID WORK, BY HIGHEST LEVEL OF EDUCATION



Source: Table 3.36

Primary carer's physical health and ever in paid work

Fewer carers had ever worked if they had a limiting health condition. The proportion of primary carers who had ever worked was significantly higher among those who had a medical or health problem that did not limit them in any way in their normal daily activities (90.9 per cent; CI: 87.8%–93.4%) than among primary carers who had a limiting medical condition (82.3 per cent; CI: 77.5%–86.5%) (Table 3.37).

Primary carer receives a Parenting Payment and ever in paid work

At the time of the survey, 56.9 per cent (CI: 54.4%–59.4%) of primary carers were receiving a Parenting Payment.³ Of these carers, 82.8 per cent (CI: 80.4%–84.9%) had at some time worked in a job where they had been paid. Among primary carers who were not receiving a Parenting Payment, a significantly higher 90.3 per cent (CI: 87.9%–92.4%) had at some time worked in a job where they had been paid (Table 3.38).

Importance of religion/spiritual beliefs and ever in paid work

The importance of religion/spiritual beliefs in the life of carers was associated with whether the carer had ever been in paid work. The highest proportion of carers who had ever been in paid work was found among carers for whom religion/spiritual beliefs had a little importance in their lives (90.3 per cent; CI: 86.2%–93.6%) and the lowest among carers for whom religion/spiritual beliefs had some importance (80.6 per cent; CI: 76.2%–84.4%) (Table 3.39).



The five response categories were grouped into two: 'none/a little/some' and 'quite a lot/very much'. Among primary carers for whom religion was quite a lot/very much important, 88.1 per cent (CI: 85.9%–90.1%) had at some time been in a paid job compared with 83.5 per cent (CI: 80.9%–85.8%) of primary carers for whom religion was not so important (Table 3.39).

Carer factors *not* associated with whether the primary carer had ever been in paid work

No associations were found when ever been in paid work was cross-tabulated with the following carer characteristics:

- ◆ whether the carer had ever been treated for emotional problems
- ◆ whether the carer had someone to yarn to about their problems
- ◆ whether the carer smoked cigarettes
- ◆ whether the carer had ever been arrested or charged with an offence
- ◆ whether the carer's partner had ever been arrested or charged with an offence
- ◆ whether the carer was ever forcibly separated from their natural family by a mission, the government or welfare.

FAMILY AND HOUSEHOLD FACTORS

Primary carer and partner or spouse relationships and ever in paid work

Primary carers were asked a series of questions about their relationships with their partner/spouse. They were asked how often they and their partner/spouse did things together for enjoyment, how often they and their partner/spouse showed signs that they care for each other, how often they argued or quarrelled and how often their arguments developed into pushing, hitting or shoving. For each of these questions five responses were possible: 'never', 'hardly ever', 'once in a while', 'quite often' and 'almost always'. Two of these relationship types were found to have an association with whether the primary carer had ever been in paid work

Primary carers and their partners quarrel and ever in paid work. The proportion of primary carers who had ever been in paid work was significantly higher among those carers who reported that they quite often had arguments with their partner or spouse (89.5 per cent; CI: 83.7%–94.2%) than among carers who never argued with their partner or spouse (71.5 per cent; CI: 57.9%–82.2%) (Table 3.40).

Arguments end up with pushing, hitting or shoving and ever in paid work. Among primary carers whose arguments with their partner/spouse never end up with people pushing, hitting or shoving, 88.3 per cent (CI: 85.9%–90.5%) had at some time been in paid work. This was significantly higher than for primary carers whose arguments hardly ever or quite often ended up with people pushing, hitting or shoving (80.5 per cent; CI: 73.9%–85.7% and 68.3 per cent; CI: 46.0%–83.5%, respectively) (Table 3.41).

Housing tenure and ever in paid work

An estimated 93.9 per cent (CI: 91.2%–95.9%) of primary carers who were living in a dwelling that was owned outright or being paid off had at some time been in paid work. For primary carers in rented accommodation, 83.7 per cent (CI: 81.6%–85.8%) had at some time been in paid work (Table 3.42).



Household occupancy level and ever in paid work

In households where the level of household occupancy (see *Glossary*) was low, 87.5 per cent (CI: 85.7%–89.1%) of primary carers had at some time been in paid work. Among primary carers in households with a high level of occupancy, 79.9 per cent (CI: 75.6%–83.8%) had at some time been in paid work (Table 3.43).

Family and household factors *not* associated with whether the primary carer had ever been in paid work

The following family and household factors were cross-tabulated with whether the primary carer had ever been in work, but no associations were found:

- ◆ overuse of alcohol causing problems in the household
- ◆ gambling causing problems in the household
- ◆ level of family functioning
- ◆ frequency that primary carer and partner do things together for enjoyment
- ◆ frequency that primary carers and their partner/spouse show signs that they care for each other
- ◆ number of life stress events (see *Glossary*)
- ◆ household composition (see Chapter Two).

Although cross-tabulation indicated that of number of life stress events and household composition were not associated with ever having been in paid work, these variables were still included in the modelling process. As shown in Figure 3.12 both were found to be independently associated with primary carers ever having been in paid work.

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH THE PRIMARY CARER HAVING EVER BEEN IN PAID WORK

Multivariate logistic regression modelling (see *Glossary*) was undertaken to examine the association between various child, carer, family and household factors and the likelihood of primary carers ever having had a paid job.

Figure 3.12 presents the results of the statistical model. After controlling for demographic factors such as LORI and sex of the primary carer, the following factors were found to be independently associated with ever having had a paid job:

Level of Relative Isolation. Primary carers in more isolated areas were more likely to have ever worked.

Over one-third (35.9 per cent; CI: 33.3%–38.6%) of primary carers were living in areas of no relative isolation (i.e. in the Perth metropolitan area), 25.0 per cent (CI: 22.5%–27.6%) were living in areas of low isolation, 21.4 per cent (CI: 18.2%–24.9%) in areas of moderate isolation, 8.5 per cent (CI: 5.9%–11.7%) in areas of high isolation and 9.2 per cent (CI: 6.6%–12.3%) were in areas of extreme isolation.

Primary carers in areas of high or extreme isolation were two and a half times more likely to have ever have been in paid work (Odds Ratio 2.38; CI: 1.24–4.57 and Odds Ratio 2.79; CI: 1.49–5.19 respectively) than carers in the Perth metropolitan area. However, it is likely that a high proportion of this paid work was with CDEP. As noted earlier, a high proportion of primary carers who worked in a paid job in the week prior



to the survey, were employed by CDEP. Primary carers in areas of moderate isolation were twice as likely to have ever been in paid work (Odds Ratio 1.92; CI: 1.24–2.96) than carers in the Perth metropolitan area.

Age of primary carer. Over one-third (36.9 per cent; CI: 34.6%–39.4%) of carers were aged 30–39 years, 17.3 per cent (CI: 15.5%–19.61%) were aged 25–29 years, 14.4 per cent (CI: 12.8%–16.1%) were 20–24 years and 5.0 per cent (CI: 4.2%–5.8%) were 19 years and under.

Relative to primary carers aged 30–39 years, younger carers were less likely to have ever had a paid job. Primary carers aged 19 years and under were over five times less likely (Odds Ratio 0.19; CI: 0.11–0.33), carers aged 20–24 years were two and a half times less likely (Odds Ratio 0.40; CI: 0.27–0.61) and carers aged 25–29 years were one and a half times less likely (Odds Ratio 0.64; CI: 0.42–0.97) to have ever been in a paid job.

Carer education. The primary carer's educational attainment was positively associated with the likelihood of ever having had a paid job.

Year 10 was the highest education level attained for 43.3 per cent (CI: 41.0%–45.6%) of primary carers. Around one-quarter (25.4 per cent; CI: 23.4%–27.5%) had completed Years 11–12 and a further 6.2 per cent (CI: 4.9%–7.7%) had completed 13 years or more education. A highest educational level of 1–9 years was attained by 22.4 per cent (CI: 20.5%–24.4%) of primary carers while 2.7 per cent (CI: 2.0%–3.6%) had never attended school.

Relative to primary carers whose highest education level was Year 10, those with 13 years or more of education were four times more likely (Odds Ratio 3.99; CI: 1.30–11.80) to have ever had a paid job while primary carers with education to Years 11 or 12 were twice as likely (Odds Ratio 1.97; CI: 1.33–2.92).

Primary carers whose highest education level was Years 1–9 were over two times less likely (Odds Ratio 0.47; CI: 0.34–0.66) to have ever been in paid work than carers who had been completed ten years of education, while those who had never attended school were over three times less likely (Odds Ratio 0.31; CI: 0.13–0.72).

Primary carer limited in activities of daily living. Primary carers who were limited in normal daily activities because of a medical condition were less likely to have ever worked.

About 15.4 per cent (CI: 13.7%–17.1%) of primary carers had a medical condition that limited them in their activities of daily living while 21.4 per cent (CI: 19.6%–23.4%) had a medical condition that was not limiting.

Primary carers who were limited in their normal daily activities because of a medical or health problem were over two times less likely to have ever been a paid job (Odds Ratio 0.45; CI: 0.27–0.73) than primary carers whose medical condition was not limiting. Primary carers who had no reported medical condition were also less likely to have ever been in a paid job (Odds Ratio 0.57; CI: 0.38–0.86).

Housing tenure. Living in rental accommodation was associated with never having worked.

The majority (72.9 per cent; CI: 70.5%–75.3%) of primary carers were living in dwellings that were being rented, 15.4 per cent (CI: 13.6%–17.4%) were in dwellings that were being paid off and 7.3 per cent (CI: 5.9%–9.0%) were in dwellings that were owned outright. A further 4.4 per cent (CI: 3.3%–5.6%) were living in some other type of accommodation.



Primary carers in rented accommodation were three times less likely (Odds Ratio 0.34; CI: 0.19–0.59) to have ever had a paid job than carers who were paying off a house. Carers in other housing arrangements (e.g. community housing) were five times less likely to have ever had a paid job (Odds Ratio 0.20; CI: 0.09–0.46).

Number of life stress events. Fewer than three family life stress events within the 12 months prior to the survey were experienced by 30.5 per cent (CI: 28.3%–32.8%) of primary carers, 3–4 life stress events were experienced by 26.1 per cent (CI: 24.0%–28.2%) of primary carers, 5–6 life stress events were experienced by 22.3 per cent (CI: 20.2%–24.4%) of primary carers, while 7–14 life stress events were experienced by 21.2 per cent (CI: 19.3%–23.1%) of primary carers.

Primary carers who experienced between 3–4 life stress events were a little over one and a half times more likely (Odds Ratio 1.63; CI: 1.11–2.40) to have ever had a paid job compared with primary carers who reported between 0–2 life stress events.

Household occupancy level. Household occupancy was associated with never having worked. Almost one in five (19.9 per cent; CI: 17.7%–22.2%) primary carers were living in households with high occupancy levels.

Primary carers living in households with high occupancy levels were over one and a half times less likely (Odds Ratio 0.57; CI: 0.39–0.81) to have ever had a paid job relative to carers living in households with low occupancy.

Household composition. Primary carers in households with no original parent were more likely to have worked. At the time of the survey 37.6 per cent (CI: 35.1%–40.0%) of primary carers members of ‘both original parent’ households, 38.2 per cent (CI: 35.9%–40.5%) were in ‘sole parent’ households and 16.7 per cent (CI: 14.9%–18.5%) were members of ‘two parent blended’ households. A further 7.6 per cent (CI: 6.4%–9.0%) of primary carers were in ‘other’ household types (i.e. households with no original parent).

Primary carers in ‘other’ households (where primary carers did not include an original parent) were nearly two and a half times more likely (Odds Ratio 2.45; CI: 1.21–4.95) to have ever had a paid job compared with primary carers living in families where both original parents were caring for the child.

Primary carer and partner quarrel. Of the 7,790 (CI: 7,510–8,070) primary carers who reported that they had a partner 47.8 per cent (CI: 44.5%–51.1%) reported that they once in a while had arguments or quarrelled with their partner, 24.6 per cent (CI: 22.0%–27.4%) hardly ever argued or quarrelled and 6.3 per cent (CI: 4.6%–8.4%) never argued or quarrelled. About 16.0 per cent (CI: 13.9%–18.3%) of primary carers quite often argued or quarrelled with their partner/spouse while 5.2 per cent (CI: 4.1%–6.6%) almost always argued or quarrelled.

Primary carers who quarrel with their partner quite often were over three times more likely (Odds Ratio 3.18; CI: 1.34–7.57) to have ever been in work than carers who never quarrel, while those who hardly ever quarrel were over two and a half times more likely (Odds Ratio 2.62; CI: 1.21–5.68) to have ever worked in a paid job.

Quarrels end with pushing, shoving or hitting. Where quarrels between primary carers and their partners quite often develop into physical exchanges, primary carers were over six times less likely (Odds Ratio 0.17; CI: 0.06–0.48) to have ever been in paid work. Where quarrels hardly ever result in pushing, shoving or hitting, primary carers were one and a half times less likely (Odds Ratio 0.60; CI: 0.38–0.94).



Importance of religion/spiritual beliefs in primary carer’s life. Religion/spiritual beliefs were very much important to over one-third (37.2 per cent; CI: 34.9%–39.5%) of primary carers, while for 13.4 per cent (CI: 11.6%–15.3%) religion/spiritual beliefs were not at all important. For 18.7 per cent (CI: 17.0%–20.6%) religion/spiritual beliefs were of some importance.

Primary carers for whom religion/spiritual beliefs had a no importance or some importance in their lives were over one and a half times less likely (Odds Ratio 0.57; CI: 0.37–0.89 and Odds Ratio 0.56; CI: 0.38–0.83 respectively) to have ever been in paid work than carers for whom religion/spiritual beliefs were very much important.

FIGURE 3.12: PRIMARY CARERS — LIKELIHOOD OF EVER HAVING BEEN IN A PAID JOB, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

Ever been in a job where they got paid		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.33	(0.95 - 1.86)
Moderate	1.92	(1.24 - 2.96)
High	2.38	(1.24 - 4.57)
Extreme	2.79	(1.49 - 5.19)
Index of Relative Socio-economic Disadvantage		
Bottom 5%	1.00	(0.60 - 1.67)
5%–10%	0.65	(0.37 - 1.14)
10%–25%	0.79	(0.50 - 1.26)
25%–50%	1.05	(0.66 - 1.70)
Top 50%	1.00	
Sex		
Male	12.50	(2.90 - 54.20)
Female	1.00	
Age of the primary carer		
19 years and under	0.19	(0.11 - 0.33)
20–24 years	0.40	(0.27 - 0.61)
25–29 years	0.64	(0.42 - 0.97)
30–39 years	1.00	
40–49 years	0.73	(0.47 - 1.15)
50 years and over	0.74	(0.39 - 1.44)
Carer educational level		
Did not attend school	0.31	(0.13 - 0.72)
Years 1–9	0.47	(0.34 - 0.66)
Year 10	1.00	
Years 11–12	1.97	(1.33 - 2.92)
13 years or more	3.99	(1.30 - 11.80)
Limited in activities of daily living by medical condition		
Medical condition - not limiting	1.00	
Medical condition - limiting	0.45	(0.27 - 0.73)
No medical condition	0.57	(0.38 - 0.86)
Housing tenure		
Owned	0.61	(0.27 - 1.37)
Being paid off	1.00	
Rented	0.34	(0.19 - 0.59)
Other	0.20	(0.09 - 0.46)

Continued



FIGURE 3.12 (continued): PRIMARY CARERS — LIKELIHOOD OF EVER HAVING BEEN IN A PAID JOB, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

Ever been in a job where they got paid		
Parameter	Odds Ratio	95% CI
Number of life stress events		
0–2	1.00	
3–4	1.63	(1.11 - 2.40)
5–6	1.06	(0.72 - 1.56)
7–14	1.25	(0.84 - 1.85)
Level of household occupancy		
Household occupancy level – Low	1.00	
Household occupancy level – High	0.57	(0.39 - 0.81)
Household composition		
Two original parent family	1.00	
Sole parent	1.02	(0.64 - 1.62)
Two parent step/blended family	0.89	(0.58 - 1.36)
Other (e.g. Aunts/uncles, Grandparents)	2.45	(1.21 - 4.95)
Have arguments or quarrel		
Never	1.00	
Hardly ever	2.62	(1.21 - 5.68)
Once in a while	1.65	(0.82 - 3.34)
Quite often	3.18	(1.34 - 7.57)
Almost always	1.41	(0.49 - 4.02)
No partner	1.21	(0.83 - 1.75)
End up pushing shoving or hitting		
Never	1.00	
Hardly ever	0.60	(0.38 - 0.94)
Once in a while	0.72	(0.38 - 1.37)
Quite often	0.17	(0.06 - 0.48)
Almost always	2.91	(0.30 - 24.50)
No partner	1.21	(0.83 - 1.75)
How important is religion/spiritual beliefs in your life		
Not at all/None	0.57	(0.37 - 0.89)
A little	1.30	(0.79 - 2.14)
Some	0.56	(0.38 - 0.83)
Quite a lot	0.70	(0.45 - 1.08)
Very much	1.00	

3



FAMILY FINANCIAL STRAIN

Primary carers were asked to describe their family's money situation using five options ranging from 'we are spending more money than we get' to 'we can save a lot' (see section above entitled *Measures of socioeconomic wellbeing*). Approximately one-third of primary carers reported that their family could save money, with 28.6 per cent (CI: 26.5%–30.6%) able save a bit now and again and another 4.5 per cent (CI: 3.5%–5.8%) able to save a lot. Around 43.9 per cent (CI: 41.6%–46.4%) had just enough money to get through to next pay and 13.4 per cent (CI: 11.6%–15.3%) had some money left over each week but spent it. Approximately one in ten (9.5 per cent; CI: 8.2%–11.0%) reported spending more money than they get (Table 3.44).

USE OF FAMILY MONEY SITUATION VARIABLE INSTEAD OF INCOME

As reported in Volume One, several considerations were made in deciding how to collect information about family finance and income in Aboriginal and Torres Strait Islander households:

- ◆ the collection of comprehensive data about household income would require access to all household members who contributed to its financial base. However, interviews were typically done with carers who may not know the contribution that other family members made to household finance.
- ◆ annual income was likely to vary in response to the number of contributing family members in the household over a twelve-month period of time. This would make accurate household income estimation difficult and raise questions about measuring the variability or dependability of household income relative to its absolute level.
- ◆ even assuming interviews that assessed all sources of income for a family were possible, such an interview would be potentially extensive and over-burden both the respondents and be disproportionate in its emphasis relative to the aims of the survey.
- ◆ contributions to family income are not necessarily bounded by the dwelling-based definition used in the survey to define a 'household'. Contributions to total family income may span more than one household across time and geographical location.

In summary, no attempt was made to establish total family income and its composition and contributors, nor were respondents probed for information on a 'main earner'. With these issues in mind, the measure of family financial strain has been chosen as a better indicator of a families' money situation, than primary carer reported income.



DEMOGRAPHIC FACTORS

Level of Relative Isolation and family financial strain

Within each level of relative isolation, the distribution of categories of financial strain was similar to that for the state. Only few significant differences were found. In areas of moderate isolation, 6.2 per cent (CI: 4.3%–8.4%) of primary carers reported that they can save a lot compared with 1.9 per cent (CI: 1.0%–3.3%) in areas of low isolation. This was offset by almost half (48.2 per cent; CI: 43.4%–53.0%) of the primary carers in areas of low isolation reporting that they have just enough money to get through to next pay, a proportion significantly higher than in areas of moderate isolation where 39.5 per cent (CI: 35.7%–43.4%) had just enough to get through to the next pay (Table 3.44).

Sex and family financial strain

No significant differences were found between male and female primary carers in reports of the family's money situation (Table 3.45).

Age of primary carer and family financial strain

There was some association between family financial strain and the age of the primary carer. The proportion of carers who reported that the family had just enough to get through to the next pay tended to increase with age, from 34.0 per cent (CI: 26.5%–41.6%) of carers aged 19 years and under to 48.6 per cent (CI: 41.2%–56.6%) of carers aged 50 years and over. Alternatively, the proportion of primary carers who were able to save a bit now and again was significantly higher among primary carers aged 19 years and under (42.1 per cent; CI: 34.1%–49.9%) than for every age group except the 25–29 year age group. For example, among primary carers aged 50 years and over, 23.8 per cent (CI: 18.4%–30.0%) were able to save a bit now and again (Table 3.46).

Index of Relative Socio-economic Disadvantage

No significant differences were found in the distribution of levels of financial strain across each of the categories of geographic socioeconomic disadvantage (Table 3.47).

CHILD FACTORS

Only two child-level factors were found to have any association when cross-tabulated with family financial strain.

Whether child ever had recurring gastrointestinal infection and family financial strain

At the time of the survey, 5.6 per cent (CI: 4.7%–6.6%) of Aboriginal children had had this infection at some time.³ The proportion of carers who reported that they were spending more money than they get was significantly higher among those who were caring for a child who had ever had a recurring gastrointestinal infection (16.5 per cent; CI: 11.0%–24.1%) than among those who were caring for a child who had never had a recurring gastrointestinal infection (8.4 per cent; CI: 7.0%–9.9%) (Table 3.48).

Whether child has trouble getting enough sleep and family financial strain

The proportion of carers who reported that they were spending more money than they get was significantly higher if they were caring for a child who had trouble getting enough sleep (14.6 per cent; CI: 10.1%–20.0%) than if they were caring for a child who had no trouble getting enough sleep (8.2 per cent; CI: 6.9%–9.7%) (Table 3.49).



Child factors *not* associated with family financial strain

Other child factors cross-tabulated with family financial strain and found not to be associated with family financial strain were:

- ◆ birth mother's use of tobacco and alcohol during pregnancy
- ◆ percentage of optimal birth weight
- ◆ whether child breastfed
- ◆ whether child ever had runny ears
- ◆ whether child ever had asthma
- ◆ whether child ever had a recurring infection
- ◆ whether child ever had a recurring chest infection
- ◆ whether child ever had a recurring skin infection
- ◆ whether child ever had a recurring ear infection
- ◆ whether the carer had needed to contact the Aboriginal Medical Service about the child
- ◆ whether child needed to stay overnight with other family and friends because of a family crisis or the child's behaviour
- ◆ whether child had normal vision in both eyes
- ◆ whether child had normal hearing in both ears
- ◆ whether child had difficulty saying certain sounds
- ◆ risk of clinically significant emotional or behavioural difficulties as assessed by the primary carer
- ◆ whether the carer had needed to see a school psychologist in the past six months about a problem their child had been having at school
- ◆ child's school attendance
- ◆ child's overall academic performance.

CARER FACTORS

This section investigates the association between family financial strain (as reported by primary carers) and the characteristics and personal circumstances of the primary carer that may impact on economic wellbeing.

Primary carer education and family financial strain

Primary carers were asked to provide information about their education background, including their highest level of schooling and details of any post school qualifications they had completed (see section above entitled *Measures of socioeconomic wellbeing*).

Whilst a general trend was observed showing higher levels of primary carer education in families where financial strain was less severe, there was only one instance where the association was statistically significant. Of those primary carers with 1–9 years of education, 14.1 per cent (CI: 11.2%–17.4%) reported that their family was 'spending more money than we get', compared with 8.0 per cent (CI: 6.1%–10.2%) of primary carers with ten years of education (Table 3.50).



Employer type and family financial strain

Primary carers who had worked in a job, business or farm in the week prior to the survey were asked whether they worked for an employer, CDEP, their own business or in an unpaid family business. When each of these responses was cross-tabulated with family financial strain, no significant associations were found (Table 3.51).

Although cross-tabulation indicated that the employer variable was not associated with family financial strain, it was nevertheless included in the modelling process. The modelling found, as shown in Figure 3.16, that working for a CDEP scheme was an independent indicator of family financial strain.

Parenting Payment and family financial strain

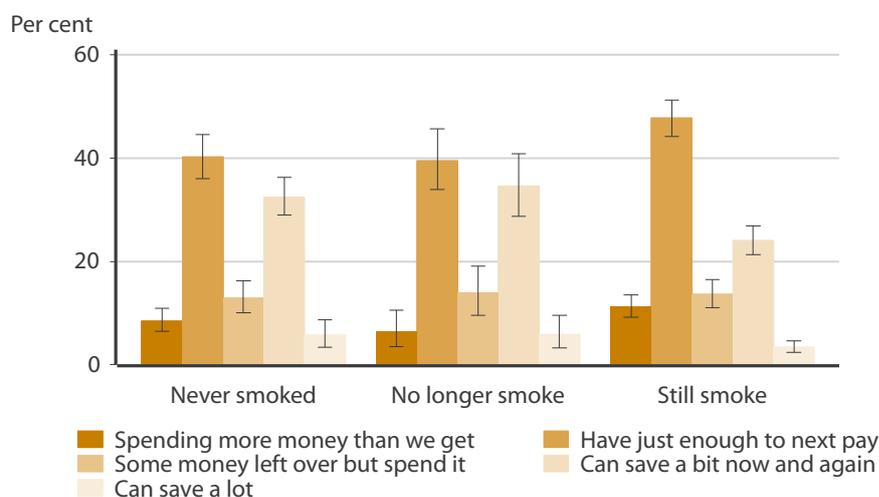
Primary carers were asked whether they received a variety of government payments, including the Parenting Payment. A significant association was found between family financial strain and whether primary carers receive the Parenting Payment.

Of primary carers who received the Parenting Payment, 47.6 per cent (CI: 44.5%–50.6%) responded that their family had ‘just enough money to get through to the next pay’. This was significantly higher than for primary carers who did not receive the Parenting Payment (39.1 per cent; CI: 35.5%–42.8%) (Table 3.52).

Whether primary carer smokes cigarettes and family financial strain

As shown in Figure 3.13, the distributions of financial strain categories among primary carers who had never smoked and those who no longer smoke were very similar. However, when comparing the financial strain of non-smokers with primary carers who still smoke, the proportion who described their family’s money situation as ‘We can save a bit every now and again’ was much lower among primary carers who still smoke. One in four (24.0 per cent; CI: 21.3%–26.9%) primary carers who were still smoking cigarettes were able save a bit every now and again compared with 34.5 per cent (CI: 28.8%–40.9%) who no longer smoked and 32.5 per cent (CI: 29.0%–36.3%) who had never smoked cigarettes.

FIGURE 3.13: PRIMARY CARERS — FINANCIAL STRAIN, BY WHETHER PRIMARY CARER SMOKES CIGARETTES



Source: Table 3.53



Primary carer ever arrested or charged with an offence and family financial strain

Significant associations were found between family financial strain and whether a primary carer had ever been arrested or charged with an offence. Spending more money than they get was reported by 13.9 per cent (CI: 11.3%–16.9%) of carers who had been arrested or charged with an offence but by only 7.0 per cent (CI: 5.6%–8.7%) of primary carers who had never been arrested or charged.

Conversely, saving a bit every now and again was reported by (22.7 per cent; CI: 19.6%–26.1%) of primary carers who had been arrested or charged, significantly lower than for primary carers who had never been arrested or charged (31.9 per cent; CI: 29.2%–34.8%) (Table 3.54).

Primary carer's partner ever arrested or charged with an offence and family financial strain

Arrest of a partner was also associated with financial strain. Primary carers who had a partner were asked whether their partner had ever been arrested or charged with an offence. Only one significant association was found between family financial strain and whether a primary carer's partner had ever been arrested or charged with an offence. In families where the primary carer's partner had been arrested or charged, 26.7 per cent (CI: 23.7%–29.9%) of primary carers said their family was able to 'save a bit every now and again', compared with 35.7 per cent (CI: 31.2–40.5%) of primary carers whose partner had never been arrested or charged (Table 3.55).

Carer factors *not* associated with family financial strain

Other carer factors cross-tabulated against family financial strain and found not to have an association were:

- ◆ whether the primary carer was limited in normal daily activities because of a medical or health problem
- ◆ whether the carer had been treated for emotional problems
- ◆ whether the carer was ever forcibly separated from their natural family by a mission, the government or welfare
- ◆ importance of religion/spiritual beliefs.

FAMILY, HOUSEHOLD AND COMMUNITY FACTORS

Life stress events and family financial strain

Primary carers were asked whether any of a range of life stress events (see *Glossary*) had occurred in their family in the twelve months prior to the survey. Fewer life stress events corresponded with carers reporting lower levels of financial strain. Of carers whose families experienced 0–2 life stress events, 35.8 per cent (CI: 31.8%–39.9%) reported that their family was able to 'save a bit now and again'. This compares with carers whose families had experienced 5–6 life stress events (24.8 per cent; CI: 20.4%–29.6%) or 7–14 life stress events (19.0 per cent; CI: 15.3%–23.0%) (Table 3.56).

A lower proportion of primary carers who experienced two or less life stress events reported having 'just enough money to get us through to the next pay day' (39.2 per cent; CI: 35.1%–43.4%) compared with carers whose families had 7–14 life stress events (49.8 per cent; CI: 44.6%–54.8%) (Table 3.56).



One question used in the construction of the life stress events variable was whether, in the 12 months prior to the survey, there were times when the family didn't have enough money to buy food, for bus fares or to pay bills. Not surprisingly, there was a strong association between the family not having enough money for food, bus fares or bills and the current family money situation (Table 3.57).

Number of children in the family and family financial strain

Only one statistically significant difference was found in the distribution of the five levels of financial strain according to the number of children in the family. One quarter (24.9 per cent; CI: 21.5%–28.6%) of primary carers in families with four or more children reported that they can 'save a bit now and again', significantly lower than for primary carers in families with two children (32.9 per cent; CI: 28.7%–37.5%) (Table 3.58).

Household composition and family financial strain

Across all household types, the distribution of financial strain was similar. The only significant difference occurred between carers having 'just enough money to get through to next pay' in two original parent households and sole parent households. In two original parent households, 38.5 per cent (CI: 34.6%–42.3%) of primary carers reported that they had just enough money to get through to next pay. This was significantly less than for primary carers in sole parent households (47.9 per cent; CI: 43.9%–51.7%) (Table 3.59).

Family functioning and family financial strain

Primary carers were asked a series of questions to measure the extent to which families have established a climate of cooperation, emotional support and good communication (see *Family functioning* in *Glossary*). Better family functioning corresponded with lower reported levels of financial strain.

For primary carers whose family functioning was categorised as 'poor', 14.0 per cent (CI: 10.8%–17.4%) responded that their family was 'spending more money than we get', compared with 8.2 per cent (CI: 6.7%–9.8%) of primary carers for whom family functioning was categorised as 'fair to very good' (Table 3.60).

A lower proportion of primary carers with poor family functioning were able to 'save a bit every now and again' (22.7 per cent; CI: 18.9%–27.0%) compared with primary carers with 'fair to very good' family functioning' (30.4 per cent; CI: 27.9%–32.9%) (Table 3.60).

Gambling causing problems in the household and family financial strain

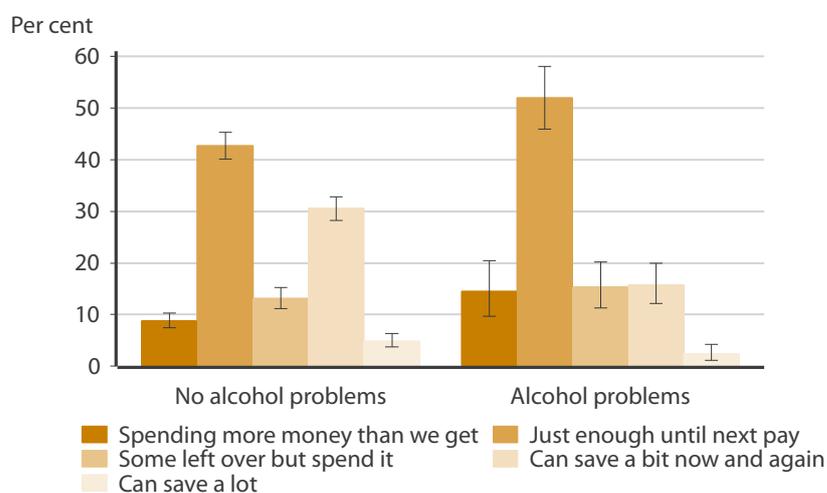
Betting or gambling causing problems in the household was significantly associated with higher levels of family financial strain. Where primary carers reported that betting or gambling caused problems, 13.9 per cent (CI: 7.6%–21.6%) reported that their family could 'save a bit now and again', compared with 29.2 per cent (CI: 27.1%–31.3%) of primary carers in families where betting or gambling did not cause problems (Table 3.61).



Overuse of alcohol causing problems in the household and family financial strain

Where overuse of alcohol caused problems in the household, there were significantly higher levels of family financial strain. Of primary carers who indicated that overuse of alcohol caused problems, 15.7 per cent (CI: 12.2%–20.0%) reported that their family could ‘save a bit now and again’, compared with 30.6 per cent (CI: 28.3%–32.8%) of primary carers in families where overuse of alcohol did not cause problems. Conversely, 52.0 per cent (CI: 45.9%–58.1%) of primary carers in households where overuse of alcohol caused problems reported that their family had ‘just enough money to get us through to the next pay day’, compared with 42.7 per cent (CI: 40.1%–45.3%) of primary carers from households where overuse of alcohol did not cause problems (Figure 3.14).

FIGURE 3.14: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER OVERUSE OF ALCOHOL CAUSES PROBLEMS IN THE HOUSEHOLD



Source: Table 3.62

Money shortages caused by overuse of alcohol in the household and family financial strain

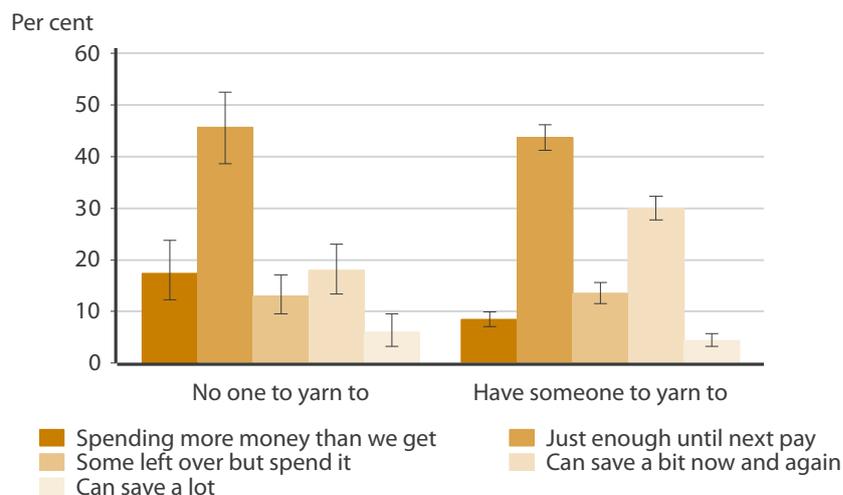
Among families where overuse of alcohol caused problems in the household, no differences were found in family financial strain between families where the alcohol overuse caused money shortages and those where it did not cause money shortages (Table 3.63). However, while no association was found in the cross-tabulation, when modelled with other variables, money shortages due to overuse of alcohol was significantly more likely to be an indicator of family financial strain (Figure 3.16).

Primary carer has someone to yarn to about their problems and family financial strain

Among primary carers who had no-one to yarn to about their problems, 17.3 per cent (CI: 12.3%–23.8%) reported ‘spending more money than we get’, more than twice the proportion for carers who had someone to yarn to (8.4 per cent; CI: 7.1%–9.9%). In contrast, the proportion who ‘can save a bit now and again’ was significantly higher among primary carers who had someone to yarn to about their problems (30.0 per cent; CI: 27.8%–32.3%) than among primary carers who had no-one to yarn to (18.0 per cent; CI: 13.4%–23.1%) (Figure 3.15).



FIGURE 3.15: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER THE PRIMARY CARER HAS SOMEONE TO YARN TO ABOUT THEIR PROBLEMS



Source: Table 3.64

How often carers do things with their partner or spouse for enjoyment and family financial strain

There was an association between the ability to save a bit now and again and carers doing things for enjoyment together with their partner/spouse. Among primary carers who never do anything for enjoyment with their partner/spouse, 16.5 per cent (CI: 8.4%–27.1%) reported that they can save a bit now and again while among primary carers who almost always do things for enjoyment together with their partner/spouse the proportion was more than doubled (35.5 per cent; CI: 30.3%–40.8%). Similarly among primary carers who quite often do things together for enjoyment 32.4 per cent (CI: 27.3%–37.7%) were able to save a bit now and again (Table 3.65).

Primary carers and their partners quarrel and family financial strain

Approximately one-quarter (25.5 per cent; CI: 15.0%–37.4%) of the 490 (CI: 360–660) primary carers who said they ‘never’ have arguments with their partner or spouse reported that their families have just enough money to get through to next pay. In contrast, this financial situation was significantly higher among the 3,730 (CI: 3,440–4,020) carers who had arguments with their partner/spouse ‘once in a while’ (43.4 per cent; CI: 38.9%–47.8%) and at similar high levels (though not significantly so) for carers who ‘quite often’ and ‘almost always’ had arguments with their partner/spouse (Table 3.66).

Arguments end up with pushing, hitting or shoving and family financial strain

Family financial strain was cross-tabulated with whether arguments between primary carers and their partner/spouse had ever ended up with people pushing, hitting or shoving. The only differences found occurred between carers whose arguments never end up with this type of physical behaviour and those whose arguments once in a while ended up this way.

Where this behaviour ‘never’ occurred, 33.0 per cent (CI: 29.6%–36.3%) of families were able to save a bit now and again, double the proportion for whom such physical behaviour occurred once in a while (16.4 per cent; CI: 8.5%–27.5%). Conversely, the



proportion of families who have just enough money to get through to next pay was significantly higher where the primary carer reported that they and their partner or spouse have arguments that ‘once in a while’ end up with pushing, hitting or shoving (56.8 per cent; CI: 46.3%–67.2%) than where such arguments never happen (38.1 per cent; CI: 34.5%–41.8%) (Table 3.67).

Housing tenure and family financial strain

Primary carers were asked about the tenure arrangement of the dwelling they were living in at the time of the survey. An association was found between renting a dwelling and higher levels of family financial strain reported by primary carers. One in four (25.5 per cent; CI: 23.3%–27.8%) primary carers living in rented dwellings reported that their family could ‘save a bit every now and again’, compared with 38.0 per cent (CI: 33.0%–43.1%) of primary carers living in dwellings that were either owned outright or being paid off (Table 3.68).

Almost half (47.1 per cent; CI: 44.3%–50.0%) the primary carers who were living in a rented dwelling reported that their family had just enough money to get them through to the next pay compared with one-third (34.0 per cent; CI: 29.4%–38.9%) of primary carers in dwellings that were either owned outright or being paid off (Table 3.68).

Family and community factors *not* associated with family financial strain

Other factors cross-tabulated with family financial strain and found not to be associated were:

- ◆ whether the primary carer had ever been in paid work
- ◆ frequency that carers and their partner/spouse show signs that they care for each other.

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH FAMILY FINANCIAL STRAIN

Statistical modelling was used to test a range of child, carer, family and household factors to determine the degree to which these factors were associated with financial strain in families with Aboriginal children. To do this, the five categories of family financial strain examined in the preceding cross-tabulations were grouped into two new categories. Included in the first new category — families with financial strain — were families who described their financial position as ‘spending more money than we get’, and ‘have just enough money to get us through to the next pay day’. The second new category — families with no financial strain — included families that described their financial position as ‘some money left over each week but we just spend it’, ‘we can save a bit every now and again’ and ‘we can save a lot’.

As shown in Figure 3.16, there were 12 factors found to be associated with financial strain independently of demographic and other carer, family and household factors:

Level of Relative Isolation. Carers in areas of extreme isolation were less likely to report financial strain than carers in the Perth metropolitan area.

Over one-third (35.9 per cent; CI: 33.3%–38.6%) of primary carers were living in areas of no relative isolation, i.e. in the Perth metropolitan area, 25.0 per cent (CI: 22.5%–27.6%) were living in areas of low isolation, 21.4 per cent (CI: 18.2%–24.9%) in areas of moderate isolation, 8.5 per cent (CI: 5.9%–11.7%) were in areas of high isolation and 9.2 per cent (CI: 6.6%–12.3%) were in areas of extreme isolation.



Primary carers in areas of extreme isolation were almost two times less likely (Odds Ratio 0.56; CI: 0.37–0.86) than carers in the Perth metropolitan area to report that their families were experiencing financial strain (i.e. ‘spending more money than they get’ or having ‘just enough to get through to next pay’).

Household composition. At the time of the survey, 37.6 per cent (CI: 35.1%–40.0%) of primary carers were members of ‘two original parent’ households, 38.2 per cent (CI: 35.9%–40.5%) were in ‘sole parent’ households and 16.7 per cent (CI: 14.9%–18.5%) were members of ‘two parent step/blended’ households. A further 7.6 per cent (CI: 6.4%–9.0%) of primary carers were in ‘other’ household types (i.e. households with no original parent).

Relative to primary carers in two original parents families, primary carers in other families were over one and a half times more likely (Odds Ratio 1.56; CI: 1.01–2.40) to have experienced family financial strain while primary carers in sole parent families were one and a third times more likely (Odds Ratio 1.32; CI: 1.05–1.67) than families where two original parents were caring for the child.

Age of the primary carer. The likelihood of financial strain increased with age. Over one-third (36.9 per cent; CI: 34.6%–39.4%) of carers were aged 30–39 years, 17.3 per cent (CI: 15.5%–19.1%) were aged 25–29 years, 14.4 per cent (CI: 12.8%–16.1%) were aged 20–24 years and 5.0 per cent (CI: 4.2%–5.8%) were aged 19 years or less.

Compared with primary carers aged 30–39 years, younger carers were less likely to be experiencing family financial strain. Primary carers aged 19 years and under were over two times less likely (Odds Ratio 0.41; CI: 0.25–0.66), while carers aged 20–24 years and 25–29 years were one and a half times less likely (Odds Ratio 0.66; CI: 0.49–0.90 and Odds Ratio 0.64; CI: 0.48–0.85, respectively). Primary carers aged 40–49 years were one and a half times more likely (Odds Ratio 1.38; CI: 1.03–1.85) to be experiencing family financial strain.

Number of children in the household. At the time of the survey, 26.2 per cent (CI: 26.2%–28.46%) of primary carers were living in households with four or more children. A further 20.5 per cent (CI: 18.7%–22.4%) were in households with three children, 27.1 per cent (CI: 24.9%–29.3%) were in households with two children and 26.2 per cent (CI: 24.2%–28.4%) were primary carers in households with only one child.

Relative to primary carers in households with one child, those in households with three Aboriginal children were over one and half times more likely (Odds Ratio 1.53; CI: 1.14–2.07) to be under financial strain.

Number of life stress events. Financial strain was more likely in households where primary carers reported five or more life stress events in the past 12 months.

Fewer than three family life stress events within the 12 months prior to the survey were experienced by 30.5 per cent (CI: 28.3%–32.8%) of primary carers, 3–4 life stress events were experienced by 26.1 per cent (CI: 24.0%–28.2%) of primary carers, 5–6 life stress events were experienced by 22.3 per cent (CI: 20.2%–24.4%) of primary carers, while 7–14 life stress events were experienced by 21.2 per cent (CI: 19.3%–23.1%) of primary carers.

Financial strain was more likely in households where primary carers reported five or more life stress events in the past 12 months. Relative to families reported by carers to have experienced 0–2 life stress events over the year, financial strain was over one and a half times more likely in families reporting 5–6 life stress events (Odds Ratio 1.58; CI: 1.20–2.09) and almost twice as likely (Odds Ratio 1.88; CI: 1.42–2.50) in families that experienced 7–14 life stress events.



Primary carer still smokes cigarettes. Financial strain was more likely among carers who still smoked cigarettes.

At the time of the survey, over half (50.3 per cent; CI: 47.7%–52.8%) the primary carers of Aboriginal children were cigarette smokers, 15.1 per cent (CI: 13.4%–16.9%) used to smoke and 34.7 per cent (CI: 32.3%–37.1%) had never smoked.

Relative to primary carers who had never smoked cigarettes, primary carers who still smoked cigarettes were 25 per cent more likely (Odds Ratio 1.25; CI: 1.00–1.56) to report financial strain.

Parenting Payment. A Parenting Payment was being received by over half (56.9 per cent; CI: 54.4%–59.4%) of the primary carers.

Primary carers in receipt of a Parenting Payment were around one and a quarter times more likely (Odds Ratio 1.26; CI: 1.01–1.58) to be under financial strain compared with primary carers that did not receive a Parenting Payment.

Family functioning. Primary carers in families with poor or fair family functioning were more likely to report financial strain than primary carers in families with very good family functioning (Odds Ratio 1.50; CI: 1.14–1.99 and Odds Ratio 1.44; CI: 1.11–1.88 respectively).

Overuse of alcohol causes money shortage in the household. Money shortages due to overuse of alcohol in the household were reported by 4.2 per cent (CI: 3.1%–5.5%) of primary carers. About 9.4 per cent (CI: 8.2%–10.7%) of primary carers reported that, while alcohol caused problems, money shortages were not one of them. For the remaining 86.4 per cent (CI: 84.8%–88.0%) overuse of alcohol was not a problem.

Financial strain was over twice as likely in households where overuse of alcohol caused money shortage problems (Odds Ratio 2.14; CI: 1.21–3.77) than in households where overuse of alcohol did not cause any problems. Where overuse of alcohol caused problems but money shortages were not one of those problems, the likelihood of financial strain was just outside significance (Odds Ratio 1.43; CI: 0.99–2.05).

Carer can discuss their problems with someone. One in eight (12.4 per cent; CI: 10.9%–14.0%) primary carers reported that they had no-one to yarn to about any problems they may have.

Financial strain was almost one and a half times more likely to be found among primary carers who did not have someone to yarn to about their problems (Odds Ratio 1.38; CI: 1.01–1.88) than among primary carers who had someone to yarn to.

Housing tenure. The majority (72.9 per cent; CI: 70.5%–75.3%) of primary carers were living in dwellings that were being rented, 15.4 per cent (CI: 13.6%–17.4%) were in dwellings that were being paid off and 7.3 per cent (CI: 5.9%–9.0%) were in dwellings that were owned outright. A further 4.4 per cent (CI: 3.3%–5.6%) were living in some other type of accommodation.

Financial strain was more likely to be found among families living in dwellings that were rented than in dwellings that were being purchased. Compared with primary carers who were paying off their home, primary carers who rented were one and a half times as likely (Odds Ratio 1.51; CI: 1.14–2.01) to report financial strain.

Employer type. Of the 4,240 (CI: 3,940–4,540) primary carers who worked in a job in the week prior to the survey, 63.5 per cent (CI: 58.9%–67.9%) worked for an employer for wages or salary and 30.3 per cent (CI: 26.1%–34.8%) had worked for a CDEP scheme.



Primary carers who had worked for CDEP in the week before the survey were over one and a half times more likely (Odds Ratio 1.65; CI: 1.09–2.50) to be experiencing family financial strain than primary carers who worked for an employer for wages or salary. Primary carers did not work in the week prior to the survey (i.e. had never worked, didn't have a current job or were away from their current job in the week prior to the survey) were over twice as likely (Odds Ratio 2.03; CI: 1.57–2.63) to have experienced financial strain.

FIGURE 3.16: PRIMARY CARERS — LIKELIHOOD OF FAMILY FINANCIAL STRAIN, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD CHARACTERISTICS

Families with financial strain		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.00	(0.77 - 1.28)
Moderate	0.78	(0.59 - 1.04)
High	0.80	(0.50 - 1.27)
Extreme	0.56	(0.37 - 0.86)
Household composition		
Two original parent family	1.00	
Sole parent	1.32	(1.05 - 1.67)
Two parent step/blended family	1.01	(0.76 - 1.36)
Other (e.g. Aunts/uncles, Grandparents)	1.56	(1.01 - 2.40)
Age of the primary carer		
19 years and under	0.41	(0.25 - 0.66)
20–24 years	0.66	(0.49 - 0.90)
25–29 years	0.64	(0.48 - 0.85)
30–39 years	1.00	
40–49 years	1.38	(1.03 - 1.85)
50 years and over	1.40	(0.92 - 2.14)
Number of children		
1	1.00	
2	1.09	(0.83 - 1.42)
3	1.53	(1.14 - 2.07)
4 or more	1.32	(0.98 - 1.76)
Number of life stress events		
0–2	1.00	
3–4	1.26	(0.98 - 1.63)
5–6	1.58	(1.20 - 2.09)
7–14	1.88	(1.42 - 2.50)
Still smoke cigarettes?		
No	0.80	(0.60 - 1.07)
Yes	1.25	(1.00 - 1.56)
Never smoked	1.00	
Parenting Payment?		
No	1.00	
Yes	1.26	(1.01 - 1.58)
Family functioning quartiles		
Poor	1.50	(1.14 - 1.99)
Fair	1.44	(1.11 - 1.88)
Good	1.06	(0.81 - 1.38)
Very good	1.00	

Continued....



FIGURE 3.16 (continued): PRIMARY CARERS — LIKELIHOOD OF FAMILY FINANCIAL STRAIN, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD CHARACTERISTICS

Families with financial strain		
Parameter	Odds Ratio	95% CI
Overuse of alcohol problems—money shortages		
No money shortages	1.43	(0.99 - 2.05)
Money shortages	2.14	(1.21 - 3.77)
Alcohol not a problem in household	1.00	
Someone you can yarn to about problems?		
No	1.38	(1.01 - 1.88)
Yes	1.00	
Housing tenure		
Owned	0.83	(0.54 - 1.26)
Being paid off	1.00	
Rented	1.51	(1.14 - 2.01)
Other	1.25	(0.72 - 2.16)
Employer type		
For an employer (excluding CDEP)	1.00	
For a CDEP scheme	1.65	(1.09 - 2.50)
Own business	0.59	(0.28 - 1.26)
Family business (unpaid)	0.71	(0.14 - 3.73)
Never worked, or was away from current job in week prior to survey	2.03	(1.57 - 2.63)

PRIMARY CARER INDICATORS OF MULTIPLE SOCIOECONOMIC DISADVANTAGE

Three measures of socioeconomic wellbeing have been separately examined in this chapter: highest level of education of the primary carer; whether the primary carer had ever been in paid work; and family financial strain. From these measures, it is possible to determine how many primary carers experienced multiple levels of disadvantage. The measures used for indicators of multiple disadvantage were:

- ◆ low education — defined as primary carers who had not been to school or whose highest level of education was Years 1–9
- ◆ no employment history — primary carers who had never worked in a paid job
- ◆ financial strain — defined as primary carers who reported that their family's money situation was 'spending more money than we get' and 'have just enough money to get to the next pay day'.

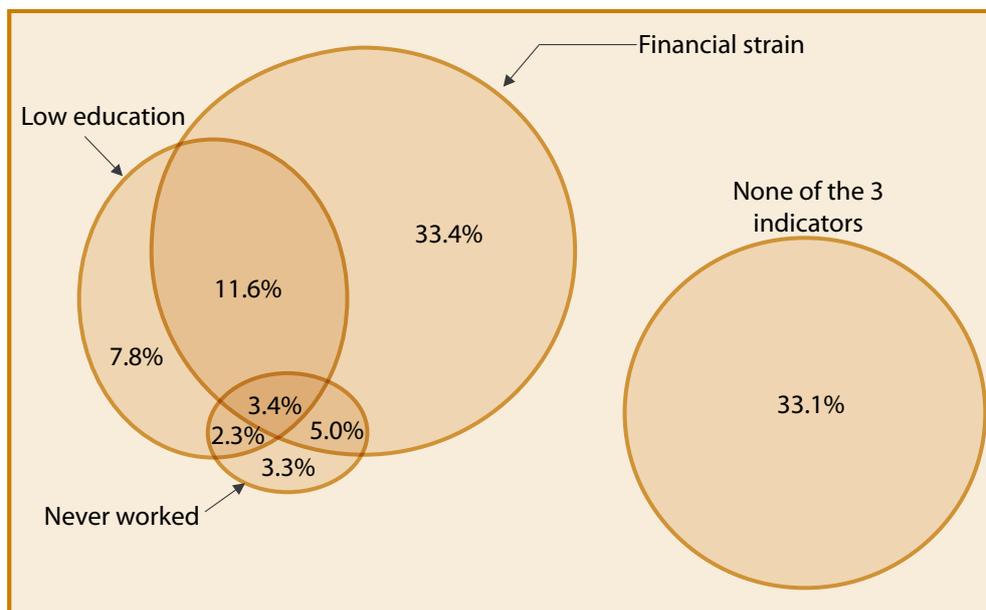
Figure 3.17 shows the multiple levels of disadvantage experienced by carers. One in three (33.1 per cent; CI: 30.8%–35.6%) primary carers reported none of the indicators of socioeconomic disadvantage while 3.4 per cent (CI: 2.7%–4.2%) had all three (Table 3.69).

Just under a half (44.5 per cent; CI: 42.1%–46.9%) the primary carers had only one of the indicators; 33.4 per cent (CI: 31.2%–35.7%) reporting only family financial strain; 7.8 per cent (CI: 6.5%–9.3%) reporting only low education; and 3.3 per cent (CI: 2.6%–4.0%) whose only indicator was never having worked in a paid job.

One in five carers (19.0 per cent; CI: 17.2%–21.0%) had a combination of any of two indicators (Table 3.70).



FIGURE 3.17: PRIMARY CARERS — MULTIPLE LEVEL OF DISADVANTAGE EXPERIENCED BY CARERS



Source: Table 3.70

ASSET-BUILDING AS A STRATEGY FOR ADDRESSING FINANCIAL STRAIN

Asset-building is policy tool which is receiving increasing attention as a means of addressing Indigenous disadvantage in the USA and Canada.^{7,8} It is based on a small but growing body of research which shows that assets can have significant impacts on wellbeing that income support and social services alone cannot achieve. The approach involves the creating opportunities which support access of those in greatest need to short, medium and long term financial and/or other tangible assets which can reap benefits over the life course. Asset-building projects targeting disadvantaged families and communities offer hope by creating an orientation to an attainable future. They have been shown to support self-sufficiency, personal responsibility and opportunities for participation in the mainstream economy. Perhaps more importantly, they have also been shown to produce intergenerational benefits for children through improved household financial stability and increased parental self-efficacy.⁹ *SEED Winnipeg* is an example of an asset-building initiative created through government-community-business partnerships to assist individuals and families move out of poverty. It was developed in one of the most economically depressed urban communities in Canada which includes a high proportion of Aboriginal people. The various programs of *SEED Winnipeg* currently now assist more than 3,600 low income families and individuals building assets e.g. saving for housing, education or small business development. Some of the programs supported by the initiative include:

Continued



ASSET-BUILDING AS A STRATEGY FOR ADDRESSING FINANCIAL STRAIN *(continued)*

- ◆ The *Individual Development Account* (IDA) program involves participants taking part in a financial literacy training course and opening a special savings account in which each dollar saved is matched at a 3:1 ratio. Over the next two years, this savings account can be built up to \$4,000 in productive assets. Funds from the account are disbursed directly to the vendor of any eligible asset purchase such as the vendor of a house, a school providing a training program etc.
- ◆ The *Saving Circle* program is a more flexible and short term (six month) program targeting very low income Aboriginal clients to assist them in saving for essential assets such as a refrigerator or washing machine which they would not otherwise be able to afford on their social assistance or income. It also involves a financial literacy training course and a special savings account with a 3:1 matching of personal savings contributions.
- ◆ The *Self-Employment Program for Aboriginal Women* (SEPAW) includes a matched savings account to help participants build the start-up capital, self-employment and business development training and counselling, as well as training in financial management and other essential skills.
- ◆ *Learn\$ave* is a nine-year policy experiment funded by Human Resources and Skills Development Canada, with the support of three commercial banks who provide deposit accounts, financial services and account information services. This is evaluating the effectiveness of matched individual savings accounts and financial literacy training as a means of facilitating lifelong learning among low income Canadians. Participants set a saving and asset goal for the project and develop a savings plan to reach it. At the end of a three year period as much as \$6,000 (Canadian) can be saved to invest in adult learning through formal education, skills training or micro-enterprise development. The program also makes some provision for limited support for non-tuition related costs which may operate as a barrier to participation in learning e.g. childcare, computing costs and books.



SUMMARY

This chapter examined three important indicators of the human capital available within the family to support children's development: these include the level of parent/carer education; parents/carers experience of paid work; and the current level of family financial strain.

A surprisingly large number of factors were found to be *independently* associated with each of these indicators. This is indicative of the extent to which disadvantage impacts on many aspects of Aboriginal family and community life. The information on the magnitude of the risk associated with each of these factors as well as the proportion of the Aboriginal child population exposed to these risks is important in clarifying the relative contribution each make to the overall burden of disadvantage. In particular, these findings draw attention to certain factors which appear to play a relatively greater role in shaping the child-rearing environment of Aboriginal children and young people.

A number of the family, community and child factors independently associated with each of the three human capital indicators examined were common to all three indicators. This suggests that these factors may reflect underlying aspects of family disadvantage, and may need to be a particular focus of policy responses to these circumstances:

- ◆ the age of the primary carer — very youthful and elderly parents/carers
- ◆ housing tenure — home rental and opportunities for home ownership
- ◆ very high levels of family stress — life stress events in the past 12 months
- ◆ family type — particularly the emerging issues for sole parent families
- ◆ carer smoking — higher levels of smoking among younger carers, links with smoking and mental health.
- ◆ opportunities for social support — having someone to talk to about problems
- ◆ parent/carers own health issues — where there is a limiting medical condition.

In summary, the findings demonstrate the cumulative burden of various aspects of family socioeconomic wellbeing and identify key areas for policy attention if the human capital available to Aboriginal families is to be built.



ENDNOTES

1. Becker GS. *Human capital: a theoretical and empirical analysis with special reference to education*. Chicago: University of Chicago Press; 1994.
2. Brooks-Gunn J, Brown B, Duncan GJ, Anderson Moore K. *Child development in the context of family and community resources: An agenda for national data collections*. Washington DC: The National Academy of Sciences; 1995.
3. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The health of Aboriginal children and young people*. Perth: Telethon Institute for Child Health Research; 2004.
4. Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A. *The Western Australian Aboriginal Child Health Survey: Improving the educational experiences of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2006.
5. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2005.
6. Silburn SR, Brinkman S, Coode J, Hart B, Baxendale L. *The Virtual Infant Parenting Program: A pre-conceptual intervention to improve maternal and child health outcomes and to reduce teenage pregnancy*. Perth: Telethon Institute for Child Health Research. (Unpublished progress report to the WA Health Promotion Foundation).
7. Page-Adams D and Sherridan M. Asset building as a community revitalization strategy. In PL Ewalt, EM Freeman & DL Poole (Eds) *Community-building: Renewal, wellbeing and shared responsibility* (pp. 17-28). Washington DC: NASW Press; 1998.
8. Robson-Haddow J. *Asset-Building and Aboriginal Peoples in Canada*. Toronto: Social and Enterprise Development Innovations (SEDI). Available from: URL: <http://internationalfund.org/images2/Asset-BuildingReport.pdf>; 2005.
9. Shapiro T & Wolff EN (Eds). *Assets for the Poor: The Benefits of Spreading Asset Ownership*. New York: Russell Sage Foundation; 2001.



3



DETAILED TABLES

PRIMARY CARER EDUCATION

TABLE 3.1: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY LEVEL OF RELATIVE ISOLATION (LORI)

Carer level of education	Number	95% CI	%	95% CI
LORI — None				
Did not attend school	50	(20 - 140)	1.1	(0.3 - 3.1)
1–9 years education	760	(610 - 930)	16.9	(13.7 - 20.6)
10 years education	2 170	(1 970 - 2 370)	48.0	(43.6 - 52.3)
11–12 years education	1 100	(940 - 1 270)	24.3	(20.8 - 28.0)
13 years or more education	440	(320 - 570)	9.7	(7.2 - 12.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Did not attend school	30	(10 - 50)	0.9	(0.4 - 1.6)
1–9 years education	730	(600 - 870)	23.1	(19.4 - 27.3)
10 years education	1 470	(1 280 - 1 670)	46.7	(42.2 - 51.3)
11–12 years education	790	(660 - 950)	25.2	(21.3 - 29.4)
13 years or more education	130	(80 - 190)	4.1	(2.6 - 6.2)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Did not attend school	120	(80 - 170)	4.4	(3.0 - 6.0)
1–9 years education	580	(480 - 700)	21.6	(18.8 - 24.8)
10 years education	1 040	(860 - 1 240)	38.6	(35.2 - 42.2)
11–12 years education	770	(630 - 940)	28.8	(25.4 - 32.3)
13 years or more education	180	(130 - 240)	6.5	(4.9 - 8.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Did not attend school	50	(20 - 100)	4.4	(1.6 - 9.0)
1–9 years education	310	(190 - 460)	28.6	(20.5 - 37.3)
10 years education	370	(250 - 530)	34.9	(28.9 - 41.7)
11–12 years education	320	(190 - 500)	30.1	(21.0 - 40.5)
13 years or more education	20	(0 - 70)	2.0	(0.5 - 6.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Did not attend school	100	(40 - 200)	8.7	(3.6 - 15.6)
1–9 years education	440	(310 - 600)	38.1	(30.9 - 45.8)
10 years education	400	(270 - 570)	34.5	(26.4 - 42.9)
11–12 years education	200	(130 - 290)	17.5	(13.2 - 23.0)
13 years or more education	10	(0 - 570)	1.2	(0.0 - 41.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.2: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY SEX

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Males				
Did not attend school	10	(0 - 30)	1.2	(0.2 - 3.1)
1–9 years education	320	(240 - 430)	36.1	(27.8 - 45.8)
10 years education	350	(250 - 470)	38.7	(29.4 - 48.9)
11–12 years education	160	(90 - 270)	18.0	(10.2 - 27.4)
13 years or more education	50	(10 - 140)	6.0	(1.1 - 14.4)
Total	900	(740 - 1 080)	100.0	
Females				
Did not attend school	330	(240 - 450)	2.8	(2.0 - 3.8)
1–9 years education	2 490	(2 260 - 2 730)	21.4	(19.4 - 23.4)
10 years education	5 090	(4 820 - 5 380)	43.7	(41.3 - 46.0)
11–12 years education	3 030	(2 780 - 3 280)	25.9	(23.8 - 28.1)
13 years or more education	720	(580 - 910)	6.2	(4.9 - 7.7)
Total	11 700	(11 500 - 11 800)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

3



TABLE 3.3 PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY AGE OF CARER

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
19 years and under				
Did not attend school	0	(0 - 60)	0.0	(0.0 - 8.6)
1–9 years education	200	(140 - 270)	32.1	(23.9 - 40.6)
10 years education	280	(230 - 340)	45.2	(37.1 - 53.3)
11–12 years education	140	(90 - 200)	22.7	(15.6 - 30.7)
13 years or more	0	(0 - 60)	0.0	(0.0 - 8.6)
Total	620	(530 - 720)	100.0	
20–24 years				
Did not attend school	10	(0 - 30)	0.5	(0.0 - 1.7)
1–9 years education	270	(190 - 360)	14.8	(10.6 - 19.7)
10 years education	800	(680 - 940)	44.4	(38.3 - 51.0)
11–12 years education	680	(560 - 820)	37.8	(31.7 - 44.1)
13 years or more	50	(0 - 290)	2.6	(0.1 - 14.9)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
Did not attend school	30	(10 - 50)	1.2	(0.5 - 2.2)
1–9 years education	380	(300 - 460)	17.4	(14.1 - 21.3)
10 years education	980	(830 - 1 150)	45.2	(39.8 - 50.7)
11–12 years education	690	(560 - 850)	31.9	(26.7 - 37.3)
13 years or more	90	(50 - 150)	4.3	(2.3 - 7.0)
Total	2 170	(1 950 - 2 400)	100.0	
30–39 years				
Did not attend school	60	(30 - 120)	1.4	(0.6 - 2.5)
1–9 years education	740	(600 - 890)	15.9	(13.1 - 18.9)
10 years education	2 240	(2 000 - 2 490)	48.3	(44.1 - 52.5)
11–12 years education	1 300	(1 120 - 1 500)	28.1	(24.6 - 31.9)
13 years or more	300	(210 - 400)	6.4	(4.6 - 8.6)
Total	4 640	(4 340 - 4 940)	100.0	
40–49 years				
Did not attend school	40	(10 - 100)	1.8	(0.3 - 4.5)
1–9 years education	640	(510 - 800)	29.0	(24.0 - 34.8)
10 years education	900	(760 - 1 070)	41.1	(35.4 - 46.8)
11–12 years education	320	(230 - 430)	14.4	(10.6 - 19.0)
13 years or more	300	(200 - 420)	13.7	(9.8 - 18.8)
Total	2 200	(1 960 - 2 460)	100.0	
50 years and over				
Did not attend school	200	(130 - 290)	18.1	(12.1 - 24.9)
1–9 years education	590	(490 - 710)	53.0	(45.8 - 60.5)
10 years education	230	(160 - 320)	20.7	(14.7 - 27.3)
11–12 years education	50	(20 - 120)	4.6	(1.5 - 10.2)
13 years or more	40	(20 - 80)	3.6	(1.6 - 7.0)
Total	1 120	(970 - 1 290)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.4: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE(a)

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5% (most disadvantaged)				
Did not attend school	160	(90 - 270)	5.1	(3.0 - 8.2)
1–9 years education	890	(720 - 1 080)	28.3	(24.2 - 32.7)
10 years education	1 340	(1 110 - 1 580)	42.5	(38.4 - 46.8)
11–12 years education	660	(530 - 820)	21.0	(17.7 - 24.8)
13 years or more education	100	(20 - 250)	3.1	(0.6 - 7.7)
Total	3 150	(2 680 - 3 620)	100.0	
5%–10%				
Did not attend school	40	(10 - 80)	2.4	(0.9 - 5.2)
1–9 years education	400	(290 - 540)	24.8	(19.4 - 30.6)
10 years education	590	(470 - 730)	36.8	(30.8 - 42.9)
11–12 years education	470	(330 - 640)	29.0	(23.1 - 35.7)
13 years or more education	110	(60 - 190)	6.8	(3.8 - 11.4)
Total	1 600	(1 300 - 1 970)	100.0	
10%–25%				
Did not attend school	70	(40 - 110)	2.2	(1.3 - 3.2)
1–9 years education	720	(580 - 880)	22.5	(19.1 - 26.2)
10 years education	1 370	(1 160 - 1 590)	42.8	(38.7 - 46.8)
11–12 years education	820	(660 - 990)	25.6	(22.3 - 29.0)
13 years or more education	220	(160 - 300)	7.0	(5.2 - 9.2)
Total	3 200	(2 780 - 3 650)	100.0	
25%–50%				
Did not attend school	60	(20 - 100)	1.7	(0.8 - 3.4)
1–9 years education	610	(470 - 790)	19.2	(15.3 - 23.3)
10 years education	1 490	(1 240 - 1 760)	46.7	(41.6 - 51.8)
11–12 years education	830	(660 - 1 020)	26.1	(21.9 - 30.6)
13 years or more education	200	(140 - 290)	6.3	(4.3 - 9.0)
Total	3 180	(2 750 - 3 640)	100.0	
Top 50% (least disadvantaged)				
Did not attend school	20	(0 - 110)	1.1	(0.0 - 7.6)
1–9 years education	200	(120 - 310)	13.9	(9.1 - 20.3)
10 years education	660	(480 - 890)	46.0	(37.9 - 54.0)
11–12 years education	410	(270 - 590)	28.7	(21.6 - 36.8)
13 years or more education	150	(70 - 270)	10.4	(5.0 - 18.0)
Total	1 430	(1 090 - 1 820)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

(a) See *Index of Relative Socio-economic Disadvantage* in the Glossary



TABLE 3.5: CHILDREN AGED 0–17 YEARS — PRIMARY CARER'S HIGHEST LEVEL OF EDUCATION, BY BIRTH MOTHER'S USE OF ALCOHOL OR TOBACCO DURING PREGNANCY

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No alcohol or tobacco				
Did not attend school	130	(60 - 230)	1.2	(0.6 - 2.2)
1–9 years education	1 540	(1 280 - 1 840)	14.4	(11.9 - 17.0)
10 years education	5 160	(4 670 - 5 680)	48.1	(44.2 - 52.1)
11–12 years education	2 850	(2 460 - 3 300)	26.6	(23.3 - 30.2)
13 years or more education	850	(600 - 1 180)	7.9	(5.5 - 10.7)
Not stated	200	(130 - 290)	1.8	(1.2 - 2.7)
Total	10 700	(10 100 - 11 400)	100.0	
Alcohol, no tobacco used				
Did not attend school	0	(0 - 70)	0.3	(0.0 - 4.8)
1–9 years education	270	(130 - 510)	19.2	(10.0 - 31.9)
10 years education	540	(430 - 680)	38.4	(30.3 - 47.7)
11–12 years education	410	(260 - 610)	28.9	(19.5 - 39.4)
13 years or more education	130	(60 - 250)	9.5	(4.6 - 17.8)
Not stated	50	(30 - 80)	3.7	(2.0 - 6.2)
Total	1 420	(1 150 - 1 720)	100.0	
Tobacco, no alcohol used				
Did not attend school	100	(60 - 170)	1.3	(0.7 - 2.2)
1–9 years education	1 440	(1 160 - 1 760)	18.5	(15.2 - 22.1)
10 years education	3 570	(3 200 - 3 970)	46.0	(41.8 - 50.1)
11–12 years education	2 220	(1 900 - 2 580)	28.5	(24.9 - 32.4)
13 years or more education	270	(150 - 440)	3.5	(1.9 - 5.6)
Not stated	170	(70 - 330)	2.2	(0.9 - 4.2)
Total	7 770	(7 210 - 8 340)	100.0	
Alcohol and tobacco used				
Did not attend school	100	(60 - 180)	2.5	(1.3 - 4.2)
1–9 years education	1 030	(810 - 1 300)	25.5	(20.3 - 31.0)
10 years education	1 800	(1 480 - 2 160)	44.5	(38.4 - 50.9)
11–12 years education	960	(780 - 1 150)	23.7	(19.4 - 28.2)
13 years or more education	80	(30 - 170)	1.9	(0.8 - 4.1)
Not stated	80	(50 - 130)	2.0	(1.1 - 3.1)
Total	4 040	(3 620 - 4 500)	100.0	
Primary carer is not birth mother				
Did not attend school	400	(210 - 650)	6.8	(3.9 - 11.1)
1–9 years education	2 350	(2 040 - 2 680)	40.1	(35.4 - 45.0)
10 years education	1 720	(1 460 - 2 030)	29.4	(25.1 - 34.2)
11–12 years education	810	(570 - 1 120)	13.8	(9.7 - 18.4)
13 years or more education	270	(120 - 530)	4.6	(2.0 - 8.9)
Not stated	310	(190 - 460)	5.3	(3.3 - 7.7)
Total	5 860	(5 360 - 6 390)	100.0	
Total				
Did not attend school	740	(520 - 1 030)	2.5	(1.8 - 3.4)
1–9 years education	6 630	(6 040 - 7 230)	22.2	(20.3 - 24.3)
10 years education	12 800	(12 100 - 13 500)	42.9	(40.6 - 45.3)
11–12 years education	7 240	(6 650 - 7 880)	24.3	(22.3 - 26.4)
13 years or more education	1 600	(1 200 - 2 060)	5.4	(4.0 - 6.9)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 3.6: STUDENTS AGED 4–17 YEARS — PRIMARY CARER'S HIGHEST LEVEL OF EDUCATION, BY STUDENT DAYS ABSENT FROM SCHOOL

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
26 days or more				
Did not attend school	370	(230 - 570)	3.8	(2.4 - 5.8)
1–9 years education	2 480	(2 100 - 2 890)	25.4	(21.7 - 29.2)
10 years education	4 390	(3 910 - 4 900)	45.0	(40.7 - 49.2)
11–12 years education	2 000	(1 690 - 2 350)	20.5	(17.3 - 23.8)
13 years or more education	380	(250 - 570)	3.9	(2.6 - 5.8)
Not stated	150	(90 - 230)	1.5	(0.9 - 2.4)
Total	9 760	(9 200 - 10 300)	100.0	
Less than 26 days				
Did not attend school	150	(20 - 490)	1.5	(0.2 - 4.9)
1–9 years education	1 580	(1 300 - 1 900)	16.0	(13.2 - 19.2)
10 years education	4 320	(3 880 - 4 800)	44.0	(39.9 - 48.2)
11–12 years education	2 890	(2 500 - 3 310)	29.4	(25.7 - 33.4)
13 years or more education	800	(540 - 1 150)	8.1	(5.5 - 11.5)
Not stated	90	(0 - 410)	0.9	(0.0 - 4.1)
Total	9 830	(9 300 - 10 400)	100.0	
Total				
Did not attend school	510	(280 - 850)	2.6	(1.4 - 4.3)
1–9 years education	4 050	(3 560 - 4 560)	20.7	(18.2 - 23.3)
10 years education	8 720	(8 110 - 9 340)	44.5	(41.4 - 47.7)
11–12 years education	4 890	(4 380 - 5 430)	24.9	(22.4 - 27.7)
13 years or more education	1 180	(860 - 1 570)	6.0	(4.4 - 8.0)
Not stated	240	(90 - 480)	1.2	(0.5 - 2.4)
Total	19 600	(19 500 - 19 600)	100.0	

TABLE 3.7: STUDENTS AGED 4–17 YEARS — PRIMARY CARER'S HIGHEST LEVEL OF EDUCATION, BY STUDENT OVERALL ACADEMIC PERFORMANCE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low academic performance				
Did not attend school	380	(210 - 690)	3.4	(1.8 - 6.1)
1–9 years education	2 890	(2 480 - 3 330)	25.7	(22.3 - 29.3)
10 years education	4 790	(4 310 - 5 310)	42.5	(38.6 - 46.5)
11–12 years education	2 600	(2 270 - 2 980)	23.1	(20.2 - 26.3)
13 years or more education	450	(260 - 750)	4.0	(2.1 - 6.4)
Not stated	150	(40 - 420)	1.3	(0.4 - 3.7)
Total	11 300	(10 700 - 11 800)	100.0	
Average or above average academic performance				
Did not attend school	130	(60 - 260)	1.6	(0.6 - 2.9)
1–9 years education	1 160	(920 - 1 440)	14.0	(11.2 - 17.2)
10 years education	3 920	(3 500 - 4 370)	47.1	(42.8 - 51.6)
11–12 years education	2 280	(1 930 - 2 680)	27.4	(23.5 - 31.5)
13 years or more education	740	(540 - 990)	8.9	(6.5 - 11.8)
Not stated	90	(30 - 230)	1.1	(0.4 - 2.7)
Total	8 330	(7 790 - 8 870)	100.0	
Total				
Did not attend school	510	(280 - 850)	2.6	(1.4 - 4.3)
1–9 years education	4 050	(3 560 - 4 560)	20.7	(18.2 - 23.3)
10 years education	8 720	(8 110 - 9 340)	44.5	(41.4 - 47.7)
11–12 years education	4 890	(4 380 - 5 430)	24.9	(22.4 - 27.7)
13 years or more education	1 180	(860 - 1 570)	6.0	(4.4 - 8.0)
Not stated	240	(90 - 480)	1.2	(0.5 - 2.4)
Total	19 600	(19 500 - 19 600)	100.0	



TABLE 3.8: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER EVER IN PAID WORK

Carer level of education	Number	95% CI	%	95% CI
Never in paid work				
Did not attend school	80	(40 - 150)	4.4	(2.1 - 8.5)
1–9 years education	640	(530 - 760)	36.2	(30.7 - 42.0)
10 years education	770	(640 - 920)	43.8	(38.0 - 49.5)
11–12 years education	260	(180 - 350)	14.5	(10.5 - 19.6)
13 years or more education	20	(0 - 40)	1.0	(0.3 - 2.4)
Total	1 760	(1 560 - 1 970)	100.0	
Has been in paid work				
Did not attend school	260	(190 - 370)	2.4	(1.7 - 3.4)
1–9 years education	2 180	(1 960 - 2 410)	20.2	(18.1 - 22.3)
10 years education	4 670	(4 390 - 4 950)	43.2	(40.7 - 45.7)
11–12 years education	2 930	(2 690 - 3 190)	27.1	(24.9 - 29.4)
13 years or more education	760	(600 - 950)	7.0	(5.5 - 8.7)
Total	10 800	(10 600 - 11 000)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.9: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY CARER SPOKE AN ABORIGINAL LANGUAGE

Carer level of education	Number	95% CI	%	95% CI
No				
Did not attend school	50	(20 - 120)	1.0	(0.4 - 2.1)
1–9 years education	1 050	(890 - 1 230)	19.5	(16.7 - 22.6)
10 years education	2 520	(2 280 - 2 780)	46.7	(43.2 - 50.2)
11–12 years education	1 490	(1 310 - 1 680)	27.6	(24.5 - 30.7)
13 years or more education	290	(200 - 390)	5.3	(3.8 - 7.3)
Total	5 400	(5 080 - 5 720)	100.0	
A few words				
Did not attend school	60	(20 - 120)	1.3	(0.5 - 2.7)
1–9 years education	860	(710 - 1 020)	19.3	(16.2 - 22.8)
10 years education	1 990	(1 790 - 2 220)	45.0	(40.6 - 49.2)
11–12 years education	1 200	(1 000 - 1 410)	27.0	(23.2 - 31.3)
13 years or more education	330	(210 - 490)	7.5	(4.8 - 10.8)
Total	4 430	(4 120 - 4 760)	100.0	
A conversation				
Did not attend school	230	(160 - 330)	8.4	(5.8 - 11.5)
1–9 years education	910	(760 - 1 080)	33.3	(29.2 - 37.4)
10 years education	930	(790 - 1 090)	34.0	(30.0 - 38.3)
11–12 years education	500	(420 - 600)	18.4	(15.7 - 21.4)
13 years or more education	160	(100 - 250)	5.9	(3.6 - 9.3)
Total	2 730	(2 440 - 3 030)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.10: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER THE PRIMARY CARER HAD ANY LIMITING MEDICAL CONDITIONS LASTING SIX MONTHS OR MORE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No medical condition				
Did not attend school	160	(110 - 250)	2.1	(1.3 - 3.2)
1–9 years education	1 560	(1 390 - 1 760)	19.7	(17.5 - 22.1)
10 years education	3 520	(3 270 - 3 790)	44.4	(41.5 - 47.3)
11–12 years education	2 220	(2 000 - 2 470)	28.0	(25.3 - 30.8)
13 years or more education	460	(330 - 640)	5.8	(4.1 - 7.9)
Total	7 940	(7 640 - 8 230)	100.0	
Medical condition – not limiting				
Did not attend school	100	(60 - 160)	3.7	(2.2 - 6.0)
1–9 years education	600	(480 - 730)	22.1	(18.2 - 26.6)
10 years education	1 160	(1 000 - 1 340)	43.1	(38.2 - 48.2)
11–12 years education	630	(510 - 760)	23.3	(19.4 - 27.8)
13 years or more education	210	(130 - 310)	7.7	(5.0 - 11.2)
Total	2 690	(2 460 - 2 940)	100.0	
Medical condition – limiting				
Did not attend school	80	(50 - 120)	3.9	(2.4 - 5.9)
1–9 years education	660	(530 - 800)	34.0	(28.7 - 40.0)
10 years education	760	(620 - 920)	39.1	(33.2 - 45.0)
11–12 years education	340	(260 - 440)	17.5	(13.2 - 22.2)
13 years or more education	110	(70 - 160)	5.5	(3.7 - 8.2)
Total	1 930	(1 720 - 2 150)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.11: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER SMOKES CIGARETTES

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never smoked				
Did not attend school	200	(130 - 300)	4.6	(3.0 - 6.8)
1–9 years education	990	(840 - 1 160)	22.7	(19.4 - 26.2)
10 years education	1 640	(1 450 - 1 840)	37.7	(33.8 - 41.7)
11–12 years education	1 180	(1 010 - 1 370)	27.2	(23.7 - 31.1)
13 years or more education	340	(220 - 490)	7.8	(5.1 - 11.2)
Total	4 350	(4 060 - 4 660)	100.0	
No longer smokes				
Did not attend school	40	(20 - 70)	2.1	(0.9 - 3.8)
1–9 years education	380	(300 - 490)	20.1	(15.8 - 25.2)
10 years education	900	(750 - 1 060)	47.6	(41.6 - 53.5)
11–12 years education	390	(300 - 500)	20.4	(15.8 - 25.5)
13 years or more education	190	(110 - 290)	9.8	(5.8 - 14.5)
Total	1 900	(1 680 - 2 120)	100.0	
Still smokes				
Did not attend school	100	(60 - 180)	1.6	(0.9 - 2.8)
1–9 years education	1 450	(1 270 - 1 650)	22.9	(20.2 - 25.7)
10 years education	2 900	(2 660 - 3 150)	45.9	(42.6 - 49.2)
11–12 years education	1 620	(1 420 - 1 830)	25.6	(22.7 - 28.7)
13 years or more education	250	(180 - 350)	4.0	(2.8 - 5.5)
Total	6 310	(5 990 - 6 640)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.12: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER FORCIBLY SEPARATED FROM THEIR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not separated				
Did not attend school	290	(210 - 400)	3.4	(2.4 - 4.6)
1–9 years education	1 880	(1 680 - 2 100)	21.7	(19.6 - 24.1)
10 years education	3 800	(3 540 - 4 070)	44.0	(41.3 - 46.6)
11–12 years education	2 190	(1 980 - 2 420)	25.4	(23.0 - 27.7)
13 years or more education	480	(340 - 630)	5.5	(4.1 - 7.4)
Total	8 650	(8 330 - 8 970)	100.0	
Separated				
Did not attend school	10	(0 - 30)	1.2	(0.4 - 2.7)
1–9 years education	430	(320 - 560)	33.6	(26.0 - 42.3)
10 years education	530	(400 - 680)	41.5	(33.3 - 49.8)
11–12 years education	220	(150 - 310)	17.3	(11.9 - 23.4)
13 years or more education	80	(40 - 150)	6.4	(3.1 - 11.5)
Total	1 280	(1 090 - 1 490)	100.0	

Continued . . .



TABLE 3.12 (continued): PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER FORCIBLY SEPARATED FROM THEIR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Don't want to answer				
Did not attend school	20	(0 - 60)	4.2	(0.5 - 12.7)
1–9 years education	160	(90 - 270)	32.8	(19.5 - 48.0)
10 years education	190	(110 - 290)	37.7	(25.3 - 53.0)
11–12 years education	120	(40 - 290)	24.0	(7.8 - 45.4)
13 years or more education	10	(0 - 50)	1.3	(0.1 - 10.9)
Total	500	(340 - 690)	100.0	
Not Aboriginal				
Did not attend school	10	(0 - 100)	0.5	(0.0 - 4.5)
1–9 years education	340	(250 - 470)	16.0	(11.5 - 21.3)
10 years education	920	(760 - 1 100)	43.0	(36.8 - 49.2)
11–12 years education	650	(520 - 800)	30.6	(25.2 - 36.4)
13 years or more education	210	(130 - 310)	9.9	(6.4 - 14.2)
Total	2 130	(1 900 - 2 390)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.13: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Primary carer never arrested or charged				
Did not attend school	230	(150 - 320)	2.8	(1.9 - 3.9)
1–9 years education	1 620	(1 430 - 1 830)	20.3	(18.0 - 22.8)
10 years education	3 400	(3 130 - 3 660)	42.6	(39.8 - 45.5)
11–12 years education	2 120	(1 900 - 2 350)	26.6	(24.0 - 29.4)
13 years or more education	600	(450 - 780)	7.6	(5.7 - 9.7)
Total	7 960	(7 670 - 8 260)	100.0	
Primary carer arrested or charged				
Did not attend school	120	(70 - 170)	2.5	(1.5 - 3.7)
1–9 years education	1 200	(1 030 - 1 380)	26.0	(22.7 - 29.4)
10 years education	2 050	(1 850 - 2 260)	44.5	(40.9 - 48.1)
11–12 years education	1 070	(910 - 1 250)	23.2	(20.0 - 26.6)
13 years or more education	180	(120 - 250)	3.8	(2.6 - 5.5)
Total	4 600	(4 310 - 4 890)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.14: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER'S PARTNER/ SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Partner/spouse never arrested or charged				
Did not attend school	130	(80 - 210)	3.7	(2.1 - 5.8)
1–9 years education	630	(510 - 770)	17.5	(14.1 - 21.2)
10 years education	1 720	(1 510 - 1 960)	47.6	(42.6 - 52.5)
11–12 years education	850	(690 - 1 030)	23.5	(19.3 - 27.9)
13 years or more education	280	(160 - 450)	7.7	(4.7 - 12.4)
Total	3 620	(3 340 - 3 920)	100.0	
Partner/spouse arrested or charged				
Did not attend school	70	(40 - 130)	1.7	(0.8 - 2.9)
1–9 years education	990	(850 - 1 160)	24.8	(21.4 - 28.3)
10 years education	1 650	(1 480 - 1 850)	41.2	(37.5 - 45.0)
11–12 years education	1 070	(920 - 1 240)	26.7	(23.2 - 30.4)
13 years or more education	220	(150 - 320)	5.5	(3.6 - 7.8)
Total	4 010	(3 740 - 4 300)	100.0	
No partner/spouse				
Did not attend school	140	(90 - 210)	2.8	(1.8 - 4.2)
1–9 years education	1 190	(1 020 - 1 370)	24.1	(20.9 - 27.3)
10 years education	2 060	(1 860 - 2 270)	41.8	(38.3 - 45.4)
11–12 years education	1 270	(1 100 - 1 440)	25.7	(22.6 - 28.9)
13 years or more education	280	(210 - 370)	5.6	(4.2 - 7.4)
Total	4 930	(4 650 - 5 210)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.15: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER OR PARTNER/SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Neither primary carer or partner/spouse has been arrested				
Did not attend school	110	(60 - 180)	3.6	(1.8 - 5.9)
1–9 years education	470	(370 - 600)	16.0	(12.5 - 19.9)
10 years education	1 440	(1 250 - 1 650)	48.6	(43.0 - 54.0)
11–12 years education	710	(560 - 880)	23.9	(19.4 - 29.0)
13 years or more education	240	(130 - 420)	8.0	(4.3 - 13.3)
Total	2 970	(2 710 - 3 250)	100.0	
Primary carer but not partner/spouse has been arrested				
Did not attend school	30	(10 - 70)	4.3	(1.0 - 9.5)
1–9 years education	160	(100 - 240)	24.6	(15.6 - 35.8)
10 years education	280	(190 - 410)	43.3	(31.7 - 56.7)
11–12 years education	140	(70 - 240)	21.5	(12.1 - 34.2)
13 years or more education	40	(10 - 90)	6.3	(1.6 - 14.4)
Total	650	(500 - 810)	100.0	
Primary carer's partner/spouse only has been arrested				
Did not attend school	30	(10 - 90)	1.5	(0.3 - 4.0)
1–9 years education	510	(400 - 630)	23.1	(18.5 - 28.1)
10 years education	840	(700 - 990)	38.0	(32.9 - 43.2)
11–12 years education	650	(530 - 790)	29.3	(24.4 - 34.8)
13 years or more education	180	(120 - 260)	8.1	(5.3 - 11.8)
Total	2 200	(1 990 - 2 430)	100.0	
Both primary carer and partner/spouse have been arrested				
Did not attend school	40	(20 - 60)	2.0	(1.1 - 3.4)
1–9 years education	480	(380 - 610)	26.8	(21.9 - 32.3)
10 years education	820	(690 - 960)	45.2	(39.4 - 51.1)
11–12 years education	430	(330 - 540)	23.6	(18.7 - 28.8)
13 years or more education	40	(10 - 110)	2.4	(0.6 - 5.8)
Total	1 810	(1 610 - 2 020)	100.0	
Sole carer has been arrested				
Did not attend school	50	(20 - 100)	2.4	(1.0 - 4.9)
1–9 years education	550	(430 - 690)	25.8	(20.8 - 31.2)
10 years education	950	(810 - 1 090)	44.2	(39.0 - 49.8)
11–12 years education	500	(390 - 630)	23.4	(18.8 - 28.6)
13 years or more education	90	(60 - 130)	4.3	(3.0 - 5.9)
Total	2 140	(1 940 - 2 360)	100.0	
Sole carer has not been arrested				
Did not attend school	90	(50 - 140)	3.1	(1.9 - 5.2)
1–9 years education	630	(510 - 770)	22.8	(18.9 - 27.3)
10 years education	1 120	(950 - 1 290)	40.0	(35.3 - 44.9)
11–12 years education	760	(640 - 900)	27.4	(23.3 - 31.8)
13 years or more education	180	(120 - 270)	6.6	(4.4 - 9.6)
Total	2 790	(2 560 - 3 020)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.16: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER HAS A HEALTH CARE CARD FROM SOCIAL SECURITY

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No health care card				
Did not attend school	120	(50 - 230)	3.3	(1.4 - 6.2)
1–9 years education	610	(480 - 750)	17.0	(13.7 - 20.7)
10 years education	1 470	(1 290 - 1 670)	41.2	(36.8 - 45.8)
11–12 years education	940	(780 - 1 130)	26.4	(22.3 - 31.0)
13 years or more education	430	(320 - 580)	12.2	(9.1 - 15.9)
Total	3 570	(3 270 - 3 880)	100.0	
Has health care card				
Did not attend school	220	(160 - 300)	2.5	(1.8 - 3.3)
1–9 years education	2 210	(2 000 - 2 430)	24.6	(22.3 - 26.9)
10 years education	3 970	(3 700 - 4 250)	44.1	(41.5 - 46.8)
11–12 years education	2 250	(2 020 - 2 480)	25.0	(22.6 - 27.4)
13 years or more education	340	(230 - 490)	3.8	(2.5 - 5.4)
Total	8 990	(8 690 - 9 290)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.17: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOUSEHOLD COMPOSITION

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family				
Did not attend school	50	(20 - 110)	1.1	(0.4 - 2.2)
1–9 years education	910	(760 - 1 080)	19.2	(16.1 - 22.5)
10 years education	2 170	(1 950 - 2 400)	46.0	(42.1 - 50.0)
11–12 years education	1 290	(1 110 - 1 510)	27.4	(23.7 - 31.2)
13 years or more education	290	(200 - 410)	6.2	(4.4 - 8.7)
Total	4 720	(4 410 - 5 030)	100.0	
Sole parent				
Did not attend school	90	(60 - 120)	1.8	(1.2 - 2.6)
1–9 years education	970	(830 - 1 140)	20.2	(17.4 - 23.3)
10 years education	2 110	(1 890 - 2 340)	44.1	(40.3 - 47.8)
11–12 years education	1 320	(1 160 - 1 500)	27.5	(24.4 - 30.8)
13 years or more education	300	(220 - 410)	6.3	(4.6 - 8.3)
Total	4 790	(4 500 - 5 090)	100.0	
Two parent step/blended family				
Did not attend school	80	(40 - 130)	3.7	(2.1 - 6.0)
1–9 years education	480	(380 - 580)	22.8	(18.8 - 27.4)
10 years education	910	(770 - 1 060)	43.3	(37.7 - 49.3)
11–12 years education	500	(400 - 610)	23.9	(19.7 - 28.7)
13 years or more education	130	(40 - 280)	6.3	(2.5 - 13.9)
Total	2 090	(1 870 - 2 330)	100.0	
Other (e.g. aunts/uncles, grandparents)				
Did not attend school	120	(60 - 230)	12.8	(5.9 - 22.4)
1–9 years education	460	(360 - 570)	48.4	(39.2 - 57.6)
10 years education	250	(170 - 350)	26.2	(18.6 - 35.2)
11–12 years education	70	(30 - 140)	7.5	(3.0 - 14.3)
13 years or more education	50	(20 - 90)	5.1	(2.4 - 9.0)
Total	950	(800 - 1 130)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.18: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY FAMILY FINANCIAL STRAIN

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Spending more money than we get				
Did not attend school	30	(10 - 60)	2.3	(1.1 - 4.8)
1–9 years education	400	(320 - 500)	33.1	(27.0 - 40.1)
10 years education	440	(330 - 570)	36.5	(29.0 - 44.9)
11–12 years education	270	(190 - 380)	22.8	(16.6 - 30.1)
13 years or more education	60	(20 - 120)	5.2	(2.0 - 9.8)
Total	1 200	(1 030 - 1 390)	100.0	
Have just enough to get through to next pay				
Did not attend school	160	(90 - 270)	2.9	(1.6 - 4.7)
1–9 years education	1 300	(1 140 - 1 480)	23.5	(20.8 - 26.5)
10 years education	2 510	(2 280 - 2 760)	45.5	(42.0 - 49.1)
11–12 years education	1 270	(1 110 - 1 450)	23.0	(20.2 - 26.0)
13 years or more education	280	(200 - 380)	5.1	(3.6 - 6.9)
Total	5 520	(5 220 - 5 830)	100.0	
Some money left over each week but spend it				
Did not attend school	50	(30 - 90)	2.9	(1.4 - 5.0)
1–9 years education	310	(200 - 440)	18.1	(12.6 - 25.5)
10 years education	780	(650 - 930)	46.2	(38.9 - 53.2)
11–12 years education	470	(340 - 650)	28.2	(21.4 - 36.4)
13 years or more education	80	(40 - 150)	4.6	(2.1 - 8.5)
Total	1 690	(1 460 - 1 930)	100.0	
Can save a bit now and again				
Did not attend school	100	(50 - 170)	2.7	(1.4 - 4.5)
1–9 years education	720	(590 - 860)	20.1	(16.8 - 23.8)
10 years education	1 440	(1 270 - 1 630)	40.2	(36.0 - 44.4)
11–12 years education	1 030	(880 - 1 190)	28.7	(25.1 - 32.7)
13 years or more education	300	(210 - 420)	8.4	(6.0 - 11.5)
Total	3 590	(3 330 - 3 850)	100.0	
Can save a lot				
Did not attend school	10	(0 - 10)	1.1	(0.3 - 2.8)
1–9 years education	100	(40 - 180)	16.7	(8.4 - 30.9)
10 years education	270	(200 - 360)	47.5	(34.3 - 60.9)
11–12 years education	140	(90 - 200)	24.3	(15.2 - 34.3)
13 years or more education	60	(10 - 260)	10.4	(1.5 - 36.4)
Total	570	(440 - 730)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.19: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY WHETHER PRIMARY CARER HAS SOMEONE TO YARN TO ABOUT PROBLEMS

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No-one to yarn to about problems				
Did not attend school	50	(30 - 90)	3.5	(1.8 - 6.0)
1–9 years education	560	(450 - 690)	36.1	(29.7 - 42.6)
10 years education	550	(430 - 700)	35.5	(29.0 - 42.2)
11–12 years education	330	(260 - 420)	21.4	(17.0 - 26.3)
13 years or more education	50	(10 - 130)	3.5	(0.9 - 7.9)
Total	1 550	(1 370 - 1 760)	100.0	
Has someone to yarn to about problems				
Did not attend school	290	(200 - 400)	2.6	(1.8 - 3.7)
1–9 years education	2 260	(2 040 - 2 480)	20.5	(18.6 - 22.6)
10 years education	4 890	(4 610 - 5 170)	44.4	(42.0 - 46.9)
11–12 years education	2 850	(2 610 - 3 110)	25.9	(23.7 - 28.2)
13 years or more education	720	(570 - 910)	6.6	(5.2 - 8.2)
Total	11 000	(10 800 - 11 200)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	

3



TABLE 3.20: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOW OFTEN PRIMARY CARER AND PARTNER DO THINGS TOGETHER FOR ENJOYMENT

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Did not attend school	20	(10 - 40)	4.9	(1.5 - 10.1)
1–9 years education	110	(60 - 180)	32.0	(18.0 - 49.8)
10 years education	140	(90 - 200)	38.8	(22.5 - 55.2)
11–12 years education	60	(30 - 110)	17.2	(7.6 - 30.8)
13 years or more education	30	(0 - 290)	7.1	(0.0 - 52.2)
Total	350	(240 - 490)	100.0	
Hardly ever				
Did not attend school	50	(20 - 100)	5.7	(2.6 - 11.3)
1–9 years education	170	(120 - 220)	19.1	(13.8 - 25.1)
10 years education	420	(310 - 550)	48.2	(38.4 - 58.0)
11–12 years education	170	(100 - 280)	19.4	(11.3 - 29.1)
13 years or more education	70	(30 - 110)	7.7	(3.9 - 12.7)
Total	870	(710 - 1 030)	100.0	
Once in a while				
Did not attend school	40	(10 - 90)	2.0	(0.5 - 5.0)
1–9 years education	480	(400 - 570)	25.9	(21.7 - 30.4)
10 years education	710	(580 - 870)	38.3	(32.4 - 44.6)
11–12 years education	530	(410 - 680)	28.6	(23.1 - 34.7)
13 years or more education	90	(60 - 140)	5.1	(3.1 - 7.6)
Total	1 860	(1 660 - 2 080)	100.0	
Quite often				
Did not attend school	50	(20 - 100)	2.2	(0.9 - 4.3)
1–9 years education	390	(290 - 520)	16.3	(12.2 - 21.1)
10 years education	1 130	(980 - 1 310)	46.6	(41.2 - 51.9)
11–12 years education	640	(530 - 760)	26.3	(22.0 - 30.8)
13 years or more education	210	(130 - 330)	8.6	(5.2 - 13.2)
Total	2 420	(2 190 - 2 660)	100.0	
Almost always				
Did not attend school	50	(10 - 100)	2.0	(0.6 - 4.5)
1–9 years education	510	(390 - 650)	22.3	(17.4 - 27.4)
10 years education	1 050	(890 - 1 230)	46.1	(40.2 - 52.3)
11–12 years education	560	(430 - 720)	24.7	(19.4 - 30.4)
13 years or more education	110	(60 - 220)	5.0	(2.5 - 9.3)
Total	2 290	(2 050 - 2 540)	100.0	
No partner				
Did not attend school	140	(90 - 210)	2.9	(1.8 - 4.2)
1–9 years education	1 150	(990 - 1 330)	24.1	(20.9 - 27.5)
10 years education	1 990	(1 790 - 2 200)	41.7	(38.1 - 45.3)
11–12 years education	1 220	(1 060 - 1 400)	25.6	(22.6 - 28.9)
13 years or more education	270	(200 - 360)	5.6	(4.2 - 7.4)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.21: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOW OFTEN PRIMARY CARER AND PARTNER/SPOUSE HAVE ARGUMENTS OR QUARREL

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Did not attend school	60	(30 - 110)	12.1	(5.1 - 21.6)
1–9 years education	170	(120 - 250)	35.3	(24.2 - 49.4)
10 years education	160	(110 - 240)	32.6	(21.0 - 46.3)
11–12 years education	80	(10 - 240)	16.6	(4.0 - 45.6)
13 years or more education	20	(0 - 90)	3.5	(0.1 - 17.8)
Total	490	(360 - 660)	100.0	
Hardly ever				
Did not attend school	40	(10 - 100)	1.9	(0.4 - 5.1)
1–9 years education	390	(300 - 500)	20.1	(15.6 - 25.5)
10 years education	890	(750 - 1 050)	46.3	(40.0 - 52.8)
11–12 years education	520	(410 - 640)	26.9	(21.7 - 32.5)
13 years or more education	90	(20 - 260)	4.8	(0.9 - 12.5)
Total	1 920	(1 700 - 2 150)	100.0	
Once in a while				
Did not attend school	80	(40 - 140)	2.1	(1.0 - 3.5)
1–9 years education	790	(650 - 960)	21.3	(17.8 - 25.3)
10 years education	1 660	(1 450 - 1 870)	44.5	(40.0 - 48.8)
11–12 years education	910	(760 - 1 080)	24.4	(20.8 - 28.4)
13 years or more education	290	(190 - 410)	7.7	(5.1 - 10.8)
Total	3 730	(3 440 - 4 020)	100.0	
Quite often				
Did not attend school	20	(10 - 50)	1.7	(0.6 - 4.2)
1–9 years education	190	(130 - 260)	15.1	(10.6 - 20.2)
10 years education	590	(470 - 720)	47.0	(39.4 - 54.2)
11–12 years education	370	(280 - 470)	29.5	(23.6 - 36.2)
13 years or more education	80	(40 - 150)	6.6	(3.4 - 11.6)
Total	1 250	(1 090 - 1 430)	100.0	
Almost always				
Did not attend school	10	(0 - 50)	2.0	(0.1 - 12.9)
1–9 years education	120	(80 - 180)	30.3	(20.2 - 42.5)
10 years education	160	(110 - 240)	39.1	(26.1 - 51.8)
11–12 years education	90	(40 - 150)	21.5	(11.8 - 35.0)
13 years or more education	30	(20 - 40)	7.1	(4.2 - 10.8)
Total	410	(320 - 520)	100.0	
No partner/spouse				
Did not attend school	140	(90 - 210)	2.9	(1.8 - 4.2)
1–9 years education	1 150	(990 - 1 330)	24.1	(20.9 - 27.5)
10 years education	1 990	(1 790 - 2 200)	41.7	(38.1 - 45.3)
11–12 years education	1 220	(1 060 - 1 400)	25.6	(22.6 - 28.9)
13 years or more education	270	(200 - 360)	5.6	(4.2 - 7.4)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.22: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOUSING TENURE

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned				
Did not attend school	40	(20 - 70)	4.5	(2.7 - 7.3)
1–9 years education	210	(130 - 320)	22.8	(15.4 - 32.0)
10 years education	350	(250 - 470)	37.8	(28.5 - 46.9)
11–12 years education	210	(150 - 300)	23.0	(16.4 - 30.2)
13 years or more education	110	(60 - 200)	11.9	(6.3 - 21.0)
Total	920	(740 - 1 130)	100.0	
Being paid off				
Did not attend school	40	(10 - 100)	1.9	(0.4 - 5.3)
1–9 years education	210	(150 - 290)	11.0	(7.9 - 14.6)
10 years education	850	(690 - 1 030)	43.8	(37.5 - 50.5)
11–12 years education	590	(470 - 740)	30.7	(25.0 - 36.8)
13 years or more education	240	(170 - 340)	12.6	(8.8 - 17.1)
Total	1 940	(1 710 - 2 180)	100.0	
Total owned outright or being paid off				
Did not attend school	80	(40 - 140)	2.7	(1.4 - 4.8)
1–9 years education	420	(320 - 550)	14.8	(11.5 - 18.7)
10 years education	1 200	(1 010 - 1 400)	41.9	(36.5 - 47.1)
11–12 years education	810	(660 - 970)	28.2	(23.8 - 33.0)
13 years or more education	350	(260 - 470)	12.4	(9.2 - 16.3)
Total	2 850	(2 580 - 3 140)	100.0	
Rented				
Did not attend school	230	(160 - 340)	2.6	(1.7 - 3.7)
1–9 years education	2 240	(2 030 - 2 470)	24.5	(22.2 - 26.8)
10 years education	4 060	(3 790 - 4 340)	44.4	(41.8 - 47.0)
11–12 years education	2 220	(2 000 - 2 460)	24.3	(22.0 - 26.7)
13 years or more education	400	(270 - 550)	4.3	(3.0 - 6.1)
Total	9 160	(8 850 - 9 460)	100.0	
None of these				
Did not attend school	30	(10 - 50)	5.1	(2.0 - 9.7)
1–9 years education	150	(90 - 240)	27.8	(18.4 - 38.6)
10 years education	180	(110 - 280)	33.1	(22.4 - 45.7)
11–12 years education	160	(110 - 220)	28.7	(19.6 - 39.0)
13 years or more education	30	(0 - 110)	5.3	(0.7 - 18.7)
Total	550	(420 - 710)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.23: PRIMARY CARERS — HIGHEST LEVEL OF EDUCATION, BY HOUSEHOLD OCCUPANCY LEVEL

<i>Carer level of education</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Household occupancy level – Low				
Did not attend school	210	(150 - 290)	2.1	(1.4 - 2.9)
1–9 years education	2 090	(1 880 - 2 330)	20.8	(18.7 - 23.0)
10 years education	4 460	(4 180 - 4 750)	44.3	(41.8 - 46.9)
11–12 years education	2 570	(2 330 - 2 810)	25.5	(23.3 - 27.8)
13 years or more education	730	(600 - 890)	7.3	(6.0 - 8.8)
Total	10 100	(9 800 - 10 300)	100.0	
Household occupancy level – High				
Did not attend school	130	(80 - 210)	5.3	(3.1 - 8.1)
1–9 years education	720	(610 - 850)	28.9	(24.9 - 33.1)
10 years education	980	(820 - 1 150)	39.1	(34.3 - 44.2)
11–12 years education	620	(500 - 780)	24.9	(20.2 - 29.8)
13 years or more education	50	(0 - 280)	1.8	(0.1 - 10.9)
Total	2 500	(2 220 - 2 790)	100.0	
Total				
Did not attend school	340	(250 - 460)	2.7	(2.0 - 3.6)
1–9 years education	2 820	(2 580 - 3 070)	22.4	(20.5 - 24.4)
10 years education	5 440	(5 160 - 5 720)	43.3	(41.0 - 45.6)
11–12 years education	3 190	(2 940 - 3 450)	25.4	(23.4 - 27.5)
13 years or more education	780	(620 - 970)	6.2	(4.9 - 7.7)
Total	12 600	(12 500 - 12 600)	100.0	



PRIMARY CARER EVER BEEN IN PAID WORK

TABLE 3.24: PRIMARY CARERS — WHETHER WORKED LAST WEEK IN A JOB, BUSINESS OR FARM, BY WHETHER EVER IN PAID WORK

<i>Worked last week</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never in paid work				
No	0	(0 - 60)	0.0	(0.0 - 3.1)
Yes	0	(0 - 60)	0.0	(0.0 - 3.1)
Never worked in a paid job	1 760	(1 560 - 1 970)	100.0	(96.9 - 100.0)
Total	1 760	(1 560 - 1 970)	100.0	
Has been in paid work				
No	560	(420 - 730)	5.2	(3.9 - 6.7)
Yes	4 240	(3 940 - 4 540)	39.2	(36.6 - 41.9)
Not currently employed	6 010	(5 710 - 6 310)	55.6	(52.9 - 58.3)
Total	10 800	(10 600 - 11 000)	100.0	
Total				
No	560	(420 - 730)	4.4	(3.3 - 5.8)
Yes	4 240	(3 940 - 4 540)	33.7	(31.4 - 36.2)
Never worked in a paid job or not currently employed	7 770	(7 460 - 8 080)	61.8	(59.3 - 64.3)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.25: PRIMARY CARERS WHO HAD WORKED LAST WEEK — EMPLOYER TYPE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Employer type</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
For an employer (excluding CDEP)	1 040	(870 - 1 230)	85.0	(77.4 - 90.4)
For a CDEP scheme	30	(10 - 50)	2.1	(0.9 - 4.4)
Own business	140	(80 - 240)	11.3	(5.8 - 18.3)
Family business (unpaid)	20	(10 - 40)	1.6	(0.6 - 3.3)
Total	1 230	(1 050 - 1 430)	100.0	
LORI — Low				
For an employer (excluding CDEP)	660	(520 - 820)	66.1	(55.8 - 74.7)
For a CDEP scheme	290	(210 - 390)	28.5	(20.7 - 37.3)
Own business	50	(10 - 170)	4.6	(0.6 - 15.8)
Family business (unpaid)	10	(0 - 20)	0.7	(0.2 - 1.7)
Total	1 000	(840 - 1 180)	100.0	
LORI — Moderate				
For an employer (excluding CDEP)	680	(540 - 850)	69.8	(62.3 - 76.7)
For a CDEP scheme	250	(170 - 340)	25.6	(19.1 - 33.6)
Own business	40	(20 - 90)	4.6	(1.9 - 9.3)
Family business (unpaid)	0	(0 - 60)	0.0	(0.0 - 5.5)
Total	980	(800 - 1 180)	100.0	
LORI — High				
For an employer (excluding CDEP)	160	(90 - 280)	32.7	(21.1 - 47.5)
For a CDEP scheme	330	(210 - 500)	66.1	(50.1 - 79.5)
Own business	10	(0 - 30)	1.3	(0.0 - 7.1)
Family business (unpaid)	0	(0 - 60)	0.0	(0.0 - 10.6)
Total	500	(320 - 730)	100.0	

Continued . . .



TABLE 3.25 (continued): PRIMARY CARERS WHO HAD WORKED LAST WEEK — EMPLOYER TYPE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Employer type</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — Extreme				
For an employer (excluding CDEP)	130	(90 - 190)	25.2	(17.1 - 35.6)
For a CDEP scheme	390	(250 - 580)	74.8	(64.4 - 82.9)
Own business	0	(0 - 60)	0.0	(0.0 - 10.0)
Family business (unpaid)	0	(0 - 60)	0.0	(0.0 - 10.0)
Total	520	(360 - 730)	100.0	
Western Australia				
For an employer (excluding CDEP)	2 690	(2 420 - 2 960)	63.5	(58.9 - 67.9)
For a CDEP scheme	1 280	(1 090 - 1 500)	30.3	(26.1 - 34.8)
Own business	240	(140 - 370)	5.6	(3.4 - 8.5)
Family business (unpaid)	30	(10 - 50)	0.6	(0.3 - 1.1)
Total	4 240	(3 940 - 4 540)	100.0	

TABLE 3.26: PRIMARY CARERS — EVER IN PAID WORK, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	710	(570 - 870)	15.7	(12.7 - 19.4)
Yes	3 800	(3 640 - 3 970)	84.3	(80.6 - 87.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	450	(350 - 560)	14.4	(11.5 - 17.7)
Yes	2 690	(2 450 - 2 950)	85.6	(82.3 - 88.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	310	(230 - 410)	11.5	(8.9 - 14.6)
Yes	2 380	(2 030 - 2 760)	88.5	(85.4 - 91.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	120	(60 - 200)	11.0	(6.2 - 17.3)
Yes	950	(670 - 1 340)	89.0	(82.7 - 93.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	170	(110 - 240)	14.8	(10.9 - 19.9)
Yes	980	(710 - 1 340)	85.2	(80.1 - 89.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.27: PRIMARY CARERS — EVER IN PAID WORK, BY SEX

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Males				
No	20	(10 - 30)	1.7	(0.8 - 3.0)
Yes	880	(730 - 1 060)	98.3	(97.0 - 99.2)
Total	900	(740 - 1 080)	100.0	
Females				
No	1 740	(1 550 - 1 960)	14.9	(13.3 - 16.7)
Yes	9 920	(9 700 - 10 200)	85.1	(83.3 - 86.7)
Total	11 700	(11 500 - 11 800)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.28: PRIMARY CARERS — EVER IN PAID WORK, BY AGE

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
19 years and under				
No	260	(200 - 320)	41.1	(32.8 - 49.2)
Yes	370	(290 - 450)	58.9	(50.8 - 67.2)
Total	620	(530 - 720)	100.0	
20–24 years				
No	400	(320 - 510)	22.3	(17.6 - 27.5)
Yes	1 410	(1 220 - 1 600)	77.7	(72.5 - 82.4)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
No	300	(230 - 390)	13.9	(10.5 - 17.8)
Yes	1 870	(1 660 - 2 090)	86.1	(82.2 - 89.5)
Total	2 170	(1 950 - 2 400)	100.0	
30–39 years				
No	420	(300 - 560)	9.0	(6.5 - 11.9)
Yes	4 220	(3 930 - 4 520)	91.0	(88.1 - 93.5)
Total	4 640	(4 340 - 4 940)	100.0	
40–49 years				
No	230	(160 - 310)	10.5	(7.5 - 14.0)
Yes	1 970	(1 740 - 2 220)	89.5	(86.0 - 92.5)
Total	2 200	(1 960 - 2 460)	100.0	
50 years and over				
No	150	(100 - 220)	13.5	(9.0 - 18.8)
Yes	970	(830 - 1 140)	86.5	(81.2 - 91.0)
Total	1 120	(970 - 1 290)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.29: PRIMARY CARERS — EVER IN PAID WORK, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE(a)

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%				
No	520	(400 - 650)	16.4	(13.1 - 19.9)
Yes	2 630	(2 230 - 3 070)	83.6	(80.1 - 86.9)
Total	3 150	(2 680 - 3 620)	100.0	
5%–10%				
No	270	(180 - 380)	16.7	(11.8 - 22.6)
Yes	1 340	(1 070 - 1 660)	83.3	(77.4 - 88.2)
Total	1 600	(1 300 - 1 970)	100.0	
10%–25%				
No	460	(360 - 580)	14.5	(11.8 - 17.7)
Yes	2 740	(2 360 - 3 130)	85.5	(82.3 - 88.2)
Total	3 200	(2 780 - 3 650)	100.0	
25%–50%				
No	360	(250 - 480)	11.2	(8.4 - 14.8)
Yes	2 830	(2 440 - 3 260)	88.8	(85.2 - 91.6)
Total	3 180	(2 750 - 3 640)	100.0	
Top 50%				
No	160	(90 - 270)	11.0	(6.1 - 16.9)
Yes	1 280	(960 - 1 630)	89.0	(82.3 - 93.4)
Total	1 430	(1 090 - 1 820)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

(a) See *Index of Relative Socio-economic Disadvantage* in the *Glossary*

TABLE 3.30: ABORIGINAL STUDENTS AGED 4–17 YEARS — PRIMARY CARER EVER IN PAID WORK, BY STUDENT'S ATTENDANCE AT SCHOOL

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
26 days or more				
No	1 570	(1 260 - 1 930)	16.0	(12.9 - 19.5)
Yes	8 050	(7 490 - 8 630)	82.4	(78.9 - 85.5)
Not stated	150	(90 - 230)	1.5	(0.9 - 2.4)
Total	9 760	(9 200 - 10 300)	100.0	
Less than 26 days				
No	790	(570 - 1 060)	8.1	(5.9 - 10.9)
Yes	8 940	(8 360 - 9 520)	91.0	(87.7 - 93.6)
Not stated	90	(0 - 410)	0.9	(0.0 - 4.1)
Total	9 830	(9 300 - 10 400)	100.0	
Total				
No	2 360	(1 960 - 2 810)	12.0	(10.0 - 14.3)
Yes	17 000	(16 500 - 17 400)	86.7	(84.3 - 88.9)
Not stated	240	(90 - 480)	1.2	(0.5 - 2.4)
Total	19 600	(19 500 - 19 600)	100.0	



TABLE 3.31: ABORIGINAL STUDENTS AGED 4–17 YEARS — PRIMARY CARER EVER IN PAID WORK, BY STUDENT'S OVERALL ACADEMIC PERFORMANCE

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low academic performance				
No	1 720	(1 380 - 2 110)	15.2	(12.2 - 18.4)
Yes	9 400	(8 840 - 9 960)	83.4	(79.8 - 86.5)
Not stated	150	(40 - 420)	1.3	(0.4 - 3.7)
Total	11 300	(10 700 - 11 800)	100.0	
Average or above average academic performance				
No	640	(490 - 830)	7.7	(5.9 - 10.0)
Yes	7 590	(7 060 - 8 140)	91.2	(88.7 - 93.2)
Not stated	90	(30 - 230)	1.1	(0.4 - 2.7)
Total	8 330	(7 790 - 8 870)	100.0	
Total				
No	2 360	(1 960 - 2 810)	12.0	(10.0 - 14.3)
Yes	17 000	(16 500 - 17 400)	86.7	(84.3 - 88.9)
Not stated	240	(90 - 480)	1.2	(0.5 - 2.4)
Total	19 600	(19 500 - 19 600)	100.0	

TABLE 3.32: PRIMARY CARERS — EVER IN PAID WORK, BY AGE OF YOUNGEST CHILD IN THE HOUSEHOLD

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–5 years				
No	1 240	(1 080 - 1 420)	16.5	(14.4 - 18.6)
Yes	6 290	(5 980 - 6 600)	83.5	(81.4 - 85.6)
Total	7 530	(7 210 - 7 850)	100.0	
6–17 years				
No	520	(400 - 660)	10.3	(8.0 - 13.0)
Yes	4 510	(4 200 - 4 830)	89.7	(87.0 - 92.0)
Total	5 030	(4 710 - 5 350)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.33: PRIMARY CARERS — LABOUR FORCE STATUS, BY AGE OF YOUNGEST CHILD IN THE HOUSEHOLD

<i>Looking for work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–5 years				
Not in labour force	4 130	(3 850 - 4 420)	54.8	(51.6 - 58.1)
Unemployed	1 040	(880 - 1 210)	13.8	(11.8 - 15.9)
Employed	2 370	(2 110 - 2 640)	31.4	(28.3 - 34.6)
Total	7 530	(7 210 - 7 850)	100.0	
6–17 years				
Not in labour force	1 850	(1 640 - 2 080)	36.8	(33.1 - 40.6)
Unemployed	740	(600 - 890)	14.7	(12.2 - 17.5)
Employed	2 440	(2 200 - 2 690)	48.5	(44.7 - 52.2)
Total	5 030	(4 710 - 5 350)	100.0	
Total				
Not in labour force	5 980	(5 680 - 6 290)	47.6	(45.2 - 50.0)
Unemployed	1 780	(1 580 - 1 990)	14.1	(12.5 - 15.8)
Employed	4 800	(4 500 - 5 120)	38.2	(35.8 - 40.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.34: PRIMARY CARERS — EVER IN PAID WORK, BY AGE OF OLDEST CHILD IN THE HOUSEHOLD

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–5 years				
No	400	(310 - 510)	15.5	(12.2 - 19.2)
Yes	2 200	(1 980 - 2 430)	84.5	(80.8 - 87.8)
Total	2 610	(2 370 - 2 850)	100.0	
6–17 years				
No	1 360	(1 180 - 1 550)	13.6	(11.9 - 15.6)
Yes	8 600	(8 330 - 8 870)	86.4	(84.4 - 88.1)
Total	9 960	(9 700 - 10 200)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.35: PRIMARY CARERS — LABOUR FORCE STATUS, BY AGE OF OLDEST CHILD IN THE HOUSEHOLD

<i>Looking for work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–5 years				
Not in labour force	1 480	(1 310 - 1 680)	56.9	(51.8 - 61.8)
Unemployed	490	(380 - 610)	18.7	(15.0 - 22.9)
Employed	630	(520 - 780)	24.3	(20.2 - 28.8)
Total	2 610	(2 370 - 2 850)	100.0	
6–17 years				
Not in labour force	4 500	(4 200 - 4 810)	45.2	(42.4 - 48.0)
Unemployed	1 290	(1 120 - 1 480)	12.9	(11.2 - 14.8)
Employed	4 170	(3 880 - 4 470)	41.9	(39.0 - 44.7)
Total	9 960	(9 700 - 10 200)	100.0	
Total				
Not in labour force	5 980	(5 680 - 6 290)	47.6	(45.2 - 50.0)
Unemployed	1 780	(1 580 - 1 990)	14.1	(12.5 - 15.8)
Employed	4 800	(4 500 - 5 120)	38.2	(35.8 - 40.7)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.36: PRIMARY CARERS — EVER IN PAID WORK, BY HIGHEST LEVEL OF EDUCATION

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Did not attend school				
No	80	(40 - 150)	22.8	(11.4 - 40.2)
Yes	260	(190 - 370)	77.2	(59.8 - 88.6)
Total	340	(250 - 460)	100.0	
1–9 years education				
No	640	(530 - 760)	22.6	(19.1 - 26.6)
Yes	2 180	(1 960 - 2 410)	77.4	(73.4 - 80.9)
Total	2 820	(2 580 - 3 070)	100.0	
10 years education				
No	770	(640 - 920)	14.2	(11.9 - 16.8)
Yes	4 670	(4 390 - 4 950)	85.8	(83.2 - 88.1)
Total	5 440	(5 160 - 5 720)	100.0	

Continued...



TABLE 3.36 (continued): PRIMARY CARERS — EVER IN PAID WORK, BY HIGHEST LEVEL OF EDUCATION

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
11–12 years education				
No	260	(180 - 350)	8.0	(5.6 - 10.9)
Yes	2 930	(2 690 - 3 190)	92.0	(89.1 - 94.4)
Total	3 190	(2 940 - 3 450)	100.0	
13 years or more education				
No	20	(0 - 40)	2.3	(0.6 - 5.5)
Yes	760	(600 - 950)	97.7	(94.5 - 99.4)
Total	780	(620 - 970)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.37: PRIMARY CARERS — EVER IN PAID WORK, BY WHETHER THE PRIMARY CARER HAD ANY MEDICAL CONDITIONS LASTING SIX MONTHS OR MORE

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No medical condition				
No	1 170	(1 010 - 1 350)	14.7	(12.7 - 16.9)
Yes	6 770	(6 460 - 7 080)	85.3	(83.1 - 87.3)
Total	7 940	(7 640 - 8 230)	100.0	
Medical condition – not limiting				
No	250	(180 - 340)	9.1	(6.6 - 12.2)
Yes	2 450	(2 220 - 2 690)	90.9	(87.8 - 93.4)
Total	2 690	(2 460 - 2 940)	100.0	
Medical condition – limiting				
No	340	(250 - 440)	17.7	(13.5 - 22.5)
Yes	1 590	(1 400 - 1 800)	82.3	(77.5 - 86.5)
Total	1 930	(1 720 - 2 150)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.38: PRIMARY CARERS — EVER IN PAID WORK, BY WHETHER PRIMARY CARER RECEIVES A PARENTING PAYMENT FROM SOCIAL SECURITY

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Does not receive a Parenting Payment				
No	530	(410 - 670)	9.7	(7.6 - 12.1)
Yes	4 880	(4 580 - 5 190)	90.3	(87.9 - 92.4)
Total	5 410	(5 100 - 5 730)	100.0	
Receives a Parenting Payment				
No	1 230	(1 070 - 1 410)	17.2	(15.1 - 19.6)
Yes	5 920	(5 620 - 6 230)	82.8	(80.4 - 84.9)
Total	7 150	(6 840 - 7 460)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.39: PRIMARY CARERS — EVER IN PAID WORK, BY IMPORTANCE OF RELIGION

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not at all/None				
No	330	(250 - 420)	19.3	(14.8 - 24.7)
Yes	1 360	(1 150 - 1 590)	80.7	(75.3 - 85.2)
Total	1 680	(1 460 - 1 920)	100.0	
A little				
No	170	(110 - 240)	9.7	(6.4 - 13.8)
Yes	1 550	(1 360 - 1 750)	90.3	(86.2 - 93.6)
Total	1 720	(1 520 - 1 930)	100.0	
Some				
No	460	(360 - 570)	19.4	(15.6 - 23.8)
Yes	1 890	(1 690 - 2 110)	80.6	(76.2 - 84.4)
Total	2 350	(2 130 - 2 580)	100.0	
None/A little/Some				
No	950	(810 - 1 100)	16.5	(14.2 - 19.1)
Yes	4 800	(4 510 - 5 100)	83.5	(80.9 - 85.8)
Total	5 750	(5 450 - 6 050)	100.0	
Quite a lot				
No	280	(200 - 390)	13.2	(9.5 - 17.6)
Yes	1 860	(1 670 - 2 060)	86.8	(82.4 - 90.5)
Total	2 140	(1 930 - 2 370)	100.0	
Very much				
No	530	(420 - 660)	11.3	(9.1 - 14.0)
Yes	4 140	(3 870 - 4 420)	88.7	(86.0 - 90.9)
Total	4 670	(4 390 - 4 960)	100.0	
Quite a lot/very much				
No	810	(670 - 980)	11.9	(9.9 - 14.1)
Yes	6 000	(5 710 - 6 290)	88.1	(85.9 - 90.1)
Total	6 810	(6 510 - 7 110)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.40: PRIMARY CARERS — EVER IN PAID WORK, BY HOW OFTEN PRIMARY CARER AND PARTNER/SPOUSE HAVE ARGUMENTS OR QUARREL

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
No	140	(90 - 210)	28.5	(17.8 - 42.1)
Yes	350	(240 - 510)	71.5	(57.9 - 82.2)
Total	490	(360 - 660)	100.0	
Hardly ever				
No	210	(160 - 270)	11.0	(8.2 - 14.1)
Yes	1 710	(1 500 - 1 940)	89.0	(85.9 - 91.8)
Total	1 920	(1 700 - 2 150)	100.0	
Once in a while				
No	510	(390 - 660)	13.6	(10.5 - 17.2)
Yes	3 220	(2 950 - 3 500)	86.4	(82.8 - 89.5)
Total	3 730	(3 440 - 4 020)	100.0	

Continued . . .



TABLE 3.40 (continued): PRIMARY CARERS — EVER IN PAID WORK, BY HOW OFTEN PRIMARY CARER AND PARTNER/SPOUSE HAVE ARGUMENTS OR QUARREL

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Quite often				
No	130	(70 - 210)	10.5	(5.8 - 16.3)
Yes	1 120	(960 - 1 290)	89.5	(83.7 - 94.2)
Total	1 250	(1 090 - 1 430)	100.0	
Almost always				
No	70	(30 - 150)	18.3	(8.2 - 32.7)
Yes	330	(250 - 430)	81.7	(67.3 - 91.8)
Total	410	(320 - 520)	100.0	
No partner/spouse				
No	700	(590 - 820)	14.6	(12.3 - 17.0)
Yes	4 070	(3 820 - 4 350)	85.4	(83.0 - 87.7)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.41: PRIMARY CARERS — EVER WORKED IN A JOB WHERE THEY GOT PAID, BY HOW OFTEN PRIMARY CARER AND PARTNER/SPOUSE HAVE ARGUMENTS THAT END UP WITH PEOPLE PUSHING, HITTING OR SHOVING

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
No	650	(520 - 790)	11.7	(9.5 - 14.1)
Yes	4 890	(4 590 - 5 180)	88.3	(85.9 - 90.5)
Total	5 530	(5 240 - 5 830)	100.0	
Hardly ever				
No	250	(170 - 340)	19.5	(14.3 - 26.1)
Yes	1 020	(860 - 1 200)	80.5	(73.9 - 85.7)
Total	1 270	(1 090 - 1 460)	100.0	
Once in a while				
No	100	(50 - 190)	14.8	(7.8 - 25.4)
Yes	600	(480 - 740)	85.2	(74.6 - 92.2)
Total	700	(570 - 850)	100.0	
Quite often				
No	60	(30 - 110)	31.7	(16.5 - 54.0)
Yes	130	(80 - 200)	68.3	(46.0 - 83.5)
Total	190	(130 - 270)	100.0	
Almost always				
No	10	(0 - 30)	8.0	(1.0 - 26.0)
Yes	90	(50 - 160)	92.0	(74.0 - 99.0)
Total	100	(60 - 160)	100.0	
No partner/spouse				
No	700	(590 - 820)	14.6	(12.3 - 17.0)
Yes	4 070	(3 820 - 4 350)	85.4	(83.0 - 87.7)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.42: PRIMARY CARERS — EVER IN PAID WORK, BY HOUSING TENURE

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned				
No	80	(40 - 160)	8.6	(4.2 - 16.4)
Yes	840	(670 - 1 040)	91.4	(83.6 - 95.8)
Total	920	(740 - 1 130)	100.0	
Being paid off				
No	90	(60 - 140)	4.9	(3.1 - 7.2)
Yes	1 840	(1 610 - 2 080)	95.1	(92.9 - 96.9)
Total	1 940	(1 710 - 2 180)	100.0	
Total owned outright or being paid off				
No	170	(110 - 250)	6.1	(4.1 - 8.8)
Yes	2 680	(2 410 - 2 960)	93.9	(91.2 - 95.9)
Total	2 850	(2 580 - 3 140)	100.0	
Rented				
No	1 490	(1 300 - 1 690)	16.3	(14.2 - 18.4)
Yes	7 670	(7 350 - 7 980)	83.7	(81.6 - 85.8)
Total	9 160	(8 850 - 9 460)	100.0	
None of these				
No	90	(60 - 140)	17.2	(11.0 - 24.3)
Yes	460	(340 - 600)	82.8	(75.7 - 89.0)
Total	550	(420 - 710)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.43: PRIMARY CARERS — EVER IN PAID WORK, BY HOUSEHOLD OCCUPANCY LEVEL

<i>Ever in paid work</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Household occupancy level – Low				
No	1 260	(1 090 - 1 440)	12.5	(10.9 - 14.3)
Yes	8 810	(8 490 - 9 120)	87.5	(85.7 - 89.1)
Total	10 100	(9 800 - 10 300)	100.0	
Household occupancy level – High				
No	500	(390 - 630)	20.1	(16.2 - 24.4)
Yes	2 000	(1 760 - 2 250)	79.9	(75.6 - 83.8)
Total	2 500	(2 220 - 2 790)	100.0	
Total				
No	1 760	(1 560 - 1 970)	14.0	(12.4 - 15.7)
Yes	10 800	(10 600 - 11 000)	86.0	(84.3 - 87.6)
Total	12 600	(12 500 - 12 600)	100.0	



FAMILY FINANCIAL STRAIN

TABLE 3.44 PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Spending more money than we get	530	(420 - 670)	11.8	(9.2 - 14.8)
Have just enough to get through to next pay	2 010	(1 810 - 2 220)	44.5	(40.2 - 49.0)
Some money left over each week but spend it	550	(420 - 710)	12.2	(9.3 - 15.7)
Can save a bit now and again	1 240	(1 080 - 1 430)	27.5	(23.8 - 31.5)
Can save a lot	180	(110 - 280)	3.9	(2.4 - 6.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Spending more money than we get	270	(200 - 370)	8.7	(6.4 - 11.5)
Have just enough to get through to next pay	1 510	(1 320 - 1 720)	48.2	(43.4 - 53.0)
Some money left over each week but spend it	470	(360 - 610)	15.1	(11.6 - 19.1)
Can save a bit now and again	820	(670 - 1 000)	26.1	(21.8 - 31.0)
Can save a lot	60	(30 - 100)	1.9	(1.0 - 3.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Spending more money than we get	210	(140 - 290)	7.7	(5.3 - 10.5)
Have just enough to get through to next pay	1 060	(880 - 1 270)	39.5	(35.7 - 43.4)
Some money left over each week but spend it	420	(320 - 530)	15.6	(12.7 - 18.7)
Can save a bit now and again	830	(700 - 990)	31.0	(27.9 - 34.1)
Can save a lot	170	(110 - 240)	6.2	(4.3 - 8.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Spending more money than we get	70	(30 - 140)	6.9	(3.3 - 12.9)
Have just enough to get through to next pay	510	(330 - 730)	47.6	(36.5 - 58.1)
Some money left over each week but spend it	130	(30 - 290)	12.0	(3.9 - 25.1)
Can save a bit now and again	300	(200 - 430)	27.8	(21.5 - 34.8)
Can save a lot	60	(30 - 120)	5.8	(3.0 - 10.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Spending more money than we get	110	(60 - 190)	9.8	(5.3 - 15.6)
Have just enough to get through to next pay	420	(290 - 610)	36.8	(28.6 - 45.6)
Some money left over each week but spend it	110	(60 - 210)	9.7	(4.7 - 16.8)
Can save a bit now and again	400	(280 - 550)	34.5	(27.8 - 41.8)
Can save a lot	110	(30 - 250)	9.2	(3.8 - 20.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.45: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY SEX

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Males				
Spending more money than we get	130	(70 - 200)	14.3	(8.3 - 22.0)
Have just enough to get through to next pay	380	(280 - 490)	42.0	(33.3 - 51.8)
Some money left over each week but spend it	160	(110 - 240)	18.3	(12.3 - 25.9)
Can save a bit now and again	200	(120 - 310)	21.8	(13.7 - 32.0)
Can save a lot	30	(10 - 90)	3.6	(0.7 - 9.9)
Total	900	(740 - 1 080)	100.0	
Females				
Spending more money than we get	1 070	(910 - 1 240)	9.2	(7.8 - 10.7)
Have just enough to get through to next pay	5 140	(4 840 - 5 450)	44.1	(41.6 - 46.6)
Some money left over each week but spend it	1 520	(1 310 - 1 760)	13.0	(11.1 - 15.0)
Can save a bit now and again	3 390	(3 140 - 3 650)	29.1	(26.9 - 31.3)
Can save a lot	540	(410 - 690)	4.6	(3.5 - 5.9)
Total	11 700	(11 500 - 11 800)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.46: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY CARER AGE

<i>Family's money situation</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
19 years and under				
Spending more money than we get	50	(30 - 80)	7.8	(4.6 - 12.1)
Have just enough to get through to next pay	210	(160 - 270)	34.0	(26.5 - 41.6)
Some money left over each week but spend it	70	(40 - 110)	11.5	(7.0 - 18.1)
Can save a bit now and again	260	(200 - 340)	42.1	(34.1 - 49.9)
Can save a lot	30	(10 - 60)	4.7	(2.0 - 9.9)
Total	620	(530 - 720)	100.0	
20–24 years				
Spending more money than we get	140	(80 - 220)	7.6	(4.3 - 12.2)
Have just enough to get through to next pay	810	(690 - 940)	44.6	(38.2 - 50.8)
Some money left over each week but spend it	310	(210 - 430)	17.1	(12.3 - 23.0)
Can save a bit now and again	480	(380 - 590)	26.4	(21.4 - 32.1)
Can save a lot	80	(20 - 240)	4.3	(0.9 - 12.4)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
Spending more money than we get	200	(130 - 280)	9.0	(6.1 - 12.6)
Have just enough to get through to next pay	830	(700 - 980)	38.3	(32.9 - 43.7)
Some money left over each week but spend it	280	(190 - 400)	12.9	(8.9 - 17.9)
Can save a bit now and again	730	(610 - 870)	33.8	(28.9 - 39.2)
Can save a lot	130	(80 - 200)	6.0	(3.7 - 9.2)
Total	2 170	(1 950 - 2 400)	100.0	
30–39 years				
Spending more money than we get	450	(360 - 580)	9.8	(7.7 - 12.3)
Have just enough to get through to next pay	2 070	(1 830 - 2 320)	44.6	(40.5 - 48.9)
Some money left over each week but spend it	580	(460 - 740)	12.6	(10.0 - 15.8)
Can save a bit now and again	1 300	(1 120 - 1 500)	28.1	(24.5 - 31.8)
Can save a lot	230	(160 - 310)	4.9	(3.4 - 6.6)
Total	4 640	(4 340 - 4 940)	100.0	
40–49 years				
Spending more money than we get	220	(140 - 320)	9.8	(6.6 - 14.4)
Have just enough to get through to next pay	1 060	(910 - 1 220)	48.1	(42.2 - 53.8)
Some money left over each week but spend it	300	(200 - 430)	13.6	(9.6 - 19.0)
Can save a bit now and again	540	(420 - 680)	24.6	(19.6 - 30.2)
Can save a lot	90	(40 - 140)	3.9	(2.0 - 6.6)
Total	2 200	(1 960 - 2 460)	100.0	
50 years and over				
Spending more money than we get	150	(90 - 210)	12.9	(8.5 - 18.8)
Have just enough to get through to next pay	550	(440 - 680)	48.6	(41.2 - 56.6)
Some money left over each week but spend it	140	(90 - 210)	12.7	(8.4 - 18.4)
Can save a bit now and again	270	(200 - 340)	23.8	(18.4 - 30.0)
Can save a lot	20	(0 - 140)	2.0	(0.1 - 12.0)
Total	1 120	(970 - 1 290)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.47: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE(a)

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5% (most disadvantaged)				
Spending more money than we get	320	(230 - 430)	10.2	(7.6 - 13.6)
Have just enough to get through to next pay	1 440	(1 180 - 1 710)	45.7	(40.7 - 50.8)
Some money left over each week but spend it	330	(220 - 480)	10.5	(7.1 - 14.6)
Can save a bit now and again	910	(740 - 1 090)	28.8	(25.0 - 32.9)
Can save a lot	150	(60 - 280)	4.8	(2.2 - 9.0)
Total	3 150	(2 680 - 3 620)	100.0	
5%–10%				
Spending more money than we get	140	(80 - 210)	8.6	(5.4 - 12.9)
Have just enough to get through to next pay	720	(550 - 910)	44.9	(38.3 - 51.8)
Some money left over each week but spend it	290	(170 - 460)	18.0	(11.6 - 25.8)
Can save a bit now and again	410	(320 - 510)	25.3	(21.3 - 29.8)
Can save a lot	50	(30 - 90)	3.1	(1.8 - 5.2)
Total	1 600	(1 300 - 1 970)	100.0	
10%–25%				
Spending more money than we get	240	(180 - 320)	7.6	(5.8 - 9.9)
Have just enough to get through to next pay	1 420	(1 190 - 1 680)	44.5	(39.8 - 49.4)
Some money left over each week but spend it	530	(400 - 690)	16.5	(12.9 - 20.4)
Can save a bit now and again	870	(710 - 1 040)	27.2	(23.8 - 30.9)
Can save a lot	140	(90 - 200)	4.3	(2.9 - 5.9)
Total	3 200	(2 780 - 3 650)	100.0	
25%–50%				
Spending more money than we get	370	(270 - 490)	11.5	(8.7 - 14.9)
Have just enough to get through to next pay	1 350	(1 120 - 1 600)	42.3	(37.8 - 47.1)
Some money left over each week but spend it	370	(270 - 500)	11.6	(8.7 - 15.1)
Can save a bit now and again	960	(770 - 1 170)	30.1	(25.6 - 34.7)
Can save a lot	140	(80 - 240)	4.4	(2.5 - 7.5)
Total	3 180	(2 750 - 3 640)	100.0	
Top 50% (least disadvantaged)				
Spending more money than we get	130	(60 - 260)	9.1	(4.7 - 17.0)
Have just enough to get through to next pay	590	(430 - 800)	41.4	(33.5 - 49.7)
Some money left over each week but spend it	170	(100 - 250)	11.6	(7.6 - 17.1)
Can save a bit now and again	450	(290 - 650)	31.3	(22.9 - 40.2)
Can save a lot	90	(50 - 170)	6.5	(3.4 - 10.6)
Total	1 430	(1 090 - 1 820)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

 (a) See *Index of Relative Socio-economic Disadvantage* in the Glossary


TABLE 3.48: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FINANCIAL STRAIN, BY WHETHER CHILD HAS EVER HAD A RECURRING GASTROINTESTINAL INFECTION

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No recurring gastrointestinal infection				
Spending more money than we get	2 360	(1 980 - 2 790)	8.4	(7.0 - 9.9)
Just enough money until pay day	12 600	(11 900 - 13 300)	44.7	(42.2 - 47.2)
Some money left over each week but we spend it	3 820	(3 320 - 4 380)	13.6	(11.8 - 15.5)
We can save a bit every now and again	7 300	(6 690 - 7 920)	25.9	(23.8 - 28.1)
We can save a lot	1 340	(1 020 - 1 730)	4.8	(3.6 - 6.1)
Not stated	740	(560 - 990)	2.6	(2.0 - 3.5)
Total	28 100	(27 800 - 28 400)	100.0	
Recurring gastrointestinal infection				
Spending more money than we get	280	(180 - 420)	16.5	(11.0 - 24.1)
Just enough money until pay day	690	(520 - 890)	41.2	(32.9 - 49.5)
Some money left over each week but we spend it	190	(90 - 340)	11.2	(5.5 - 19.5)
We can save a bit every now and again	380	(280 - 510)	22.7	(16.7 - 29.1)
We can save a lot	80	(40 - 120)	4.6	(2.7 - 7.6)
Not stated	60	(30 - 120)	3.7	(1.7 - 7.5)
Total	1 670	(1 410 - 1 970)	100.0	
Total				
Spending more money than we get	2 630	(2 230 - 3 090)	8.8	(7.5 - 10.3)
Just enough money until pay day	13 300	(12 600 - 14 000)	44.5	(42.1 - 46.9)
Some money left over each week but we spend it	4 010	(3 490 - 4 570)	13.5	(11.7 - 15.3)
We can save a bit every now and again	7 680	(7 070 - 8 330)	25.8	(23.7 - 27.9)
We can save a lot	1 420	(1 100 - 1 820)	4.8	(3.7 - 6.1)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 3.49: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FINANCIAL STRAIN, BY WHETHER THE CHILD HAS TROUBLE GETTING ENOUGH SLEEP

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No trouble getting enough sleep				
Spending more money than we get	2 230	(1 860 - 2 630)	8.2	(6.9 - 9.7)
Just enough money until pay day	12 000	(11 300 - 12 700)	44.4	(41.9 - 46.8)
Some money left over each week but we spend it	3 650	(3 170 - 4 160)	13.5	(11.7 - 15.4)
We can save a bit every now and again	7 090	(6 500 - 7 710)	26.2	(24.1 - 28.5)
We can save a lot	1 310	(1 020 - 1 670)	4.9	(3.8 - 6.1)
Not stated	770	(570 - 1 020)	2.8	(2.1 - 3.8)
Total	27 000	(26 600 - 27 400)	100.0	
Trouble getting enough sleep				
Spending more money than we get	410	(280 - 570)	14.6	(10.1 - 20.0)
Just enough money until pay day	1 280	(1 000 - 1 600)	45.9	(38.3 - 53.7)
Some money left over each week but we spend it	360	(210 - 550)	13.1	(8.3 - 19.8)
We can save a bit every now and again	590	(450 - 780)	21.2	(15.9 - 27.1)
We can save a lot	100	(40 - 220)	3.7	(1.4 - 7.8)
Not stated	40	(20 - 80)	1.5	(0.6 - 2.9)
Total	2 780	(2 400 - 3 190)	100.0	
Total				
Spending more money than we get	2 630	(2 230 - 3 090)	8.8	(7.5 - 10.3)
Just enough money until pay day	13 300	(12 600 - 14 000)	44.5	(42.1 - 46.9)
Some money left over each week but we spend it	4 010	(3 490 - 4 570)	13.5	(11.7 - 15.3)
We can save a bit every now and again	7 680	(7 070 - 8 330)	25.8	(23.7 - 27.9)
We can save a lot	1 420	(1 100 - 1 820)	4.8	(3.7 - 6.1)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 3.50: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HIGHEST LEVEL OF EDUCATION

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Did not attend school				
Spending more money than we get	30	(10 - 60)	8.3	(3.4 - 16.4)
Have just enough to get through to next pay	160	(90 - 270)	47.4	(31.9 - 65.6)
Some money left over each week but spend it	50	(30 - 90)	14.4	(6.9 - 25.8)
Can save a bit now and again	100	(50 - 170)	28.1	(15.0 - 44.9)
Can save a lot	10	(0 - 10)	1.9	(0.5 - 4.9)
Total	340	(250 - 460)	100.0	
1–9 years education				
Spending more money than we get	400	(320 - 500)	14.1	(11.2 - 17.4)
Have just enough to get through to next pay	1 300	(1 140 - 1 480)	46.1	(41.2 - 51.0)
Some money left over each week but spend it	310	(200 - 440)	10.8	(7.2 - 15.3)
Can save a bit now and again	720	(590 - 860)	25.6	(21.7 - 30.0)
Can save a lot	100	(40 - 180)	3.4	(1.6 - 6.6)
Total	2 820	(2 580 - 3 070)	100.0	
10 years education				
Spending more money than we get	440	(330 - 570)	8.0	(6.1 - 10.2)
Have just enough to get through to next pay	2 510	(2 280 - 2 760)	46.2	(42.6 - 49.8)
Some money left over each week but spend it	780	(650 - 930)	14.3	(11.9 - 17.1)
Can save a bit now and again	1 440	(1 270 - 1 630)	26.5	(23.5 - 29.7)
Can save a lot	270	(200 - 360)	5.0	(3.7 - 6.6)
Total	5 440	(5 160 - 5 720)	100.0	
11–12 years education				
Spending more money than we get	270	(190 - 380)	8.6	(6.0 - 11.7)
Have just enough to get through to next pay	1 270	(1 110 - 1 450)	39.9	(35.3 - 44.6)
Some money left over each week but spend it	470	(340 - 650)	14.9	(11.0 - 19.9)
Can save a bit now and again	1 030	(880 - 1 190)	32.3	(28.2 - 36.8)
Can save a lot	140	(90 - 200)	4.4	(2.9 - 6.3)
Total	3 190	(2 940 - 3 450)	100.0	
13 years or more education				
Spending more money than we get	60	(20 - 120)	7.9	(3.2 - 15.4)
Have just enough to get through to next pay	280	(200 - 380)	35.8	(26.0 - 47.1)
Some money left over each week but spend it	80	(40 - 150)	10.0	(4.8 - 18.5)
Can save a bit now and again	300	(210 - 420)	38.6	(28.1 - 50.3)
Can save a lot	60	(10 - 260)	7.7	(1.1 - 29.2)
Total	780	(620 - 970)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.51: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY EMPLOYER TYPE

<i>Family's money situation</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Employer (excluding CDEP)				
Spending more money than we get	180	(110 - 270)	6.6	(4.2 - 9.8)
Have just enough to get through to next pay	900	(750 - 1 070)	33.6	(28.7 - 38.7)
Some money left over each week but spend it	440	(340 - 560)	16.4	(13.0 - 20.5)
Can save a bit now and again	910	(760 - 1 090)	34.0	(28.9 - 39.2)
Can save a lot	250	(180 - 350)	9.4	(6.6 - 12.9)
Total	2 690	(2 420 - 2 960)	100.0	
CDEP scheme				
Spending more money than we get	110	(60 - 170)	8.6	(5.4 - 13.1)
Have just enough to get through to next pay	550	(440 - 680)	42.8	(35.0 - 50.4)
Some money left over each week but spend it	190	(110 - 300)	14.8	(9.0 - 21.7)
Can save a bit now and again	390	(310 - 490)	30.4	(25.0 - 35.9)
Can save a lot	50	(20 - 90)	3.5	(1.5 - 7.4)
Total	1 280	(1 090 - 1 500)	100.0	
Own business				
Spending more money than we get	30	(10 - 70)	13.7	(3.6 - 29.8)
Have just enough to get through to next pay	30	(10 - 100)	12.8	(3.2 - 37.9)
Some money left over each week but spend it	40	(10 - 100)	18.3	(4.7 - 37.4)
Can save a bit now and again	120	(50 - 250)	49.8	(26.0 - 74.0)
Can save a lot	10	(0 - 40)	5.4	(0.5 - 14.8)
Total	240	(140 - 370)	100.0	
Family business (unpaid)				
Spending more money than we get	0	(0 - 60)	0.0	(0.0 - 84.2)
Have just enough to get through to next pay	20	(10 - 40)	70.1	(19.4 - 99.4)
Some money left over each week but spend it	0	(0 - 60)	0.0	(0.0 - 84.2)
Can save a bit now and again	10	(0 - 30)	29.9	(0.6 - 80.6)
Can save a lot	0	(0 - 60)	0.0	(0.0 - 84.2)
Total	30	(10 - 50)	100.0	
Never worked, doesn't have a job or was away from current job				
Spending more money than we get	880	(740 - 1 040)	10.6	(8.9 - 12.4)
Have just enough to get through to next pay	4 020	(3 730 - 4 310)	48.3	(45.2 - 51.2)
Some money left over each week but spend it	1 010	(830 - 1 210)	12.1	(10.0 - 14.4)
Can save a bit now and again	2 160	(1 950 - 2 380)	25.9	(23.5 - 28.4)
Can save a lot	260	(160 - 400)	3.1	(2.0 - 4.8)
Total	8 330	(8 020 - 8 620)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.52: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER PRIMARY CARER RECEIVES THE PARENTING PAYMENT

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Does not receive Parenting Payment				
Spending more money than we get	500	(370 - 650)	9.2	(6.9 - 11.8)
Have just enough to get through to next pay	2 120	(1 890 - 2 350)	39.1	(35.5 - 42.8)
Some money left over each week but spend it	790	(650 - 960)	14.7	(12.0 - 17.7)
Can save a bit now and again	1 630	(1 430 - 1 840)	30.2	(26.8 - 33.7)
Can save a lot	370	(260 - 520)	6.8	(4.7 - 9.5)
Total	5 410	(5 100 - 5 730)	100.0	
Receives Parenting Payment				
Spending more money than we get	700	(590 - 830)	9.8	(8.2 - 11.6)
Have just enough to get through to next pay	3 400	(3 150 - 3 680)	47.6	(44.5 - 50.6)
Some money left over each week but spend it	890	(720 - 1 090)	12.5	(10.1 - 15.1)
Can save a bit now and again	1 960	(1 760 - 2 160)	27.3	(24.9 - 30.0)
Can save a lot	200	(140 - 270)	2.8	(2.0 - 3.8)
Total	7 150	(6 840 - 7 460)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.53: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER PRIMARY CARER STILL SMOKES

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No longer smokes				
Spending more money than we get	120	(70 - 200)	6.3	(3.5 - 10.5)
Have just enough to get through to next pay	750	(630 - 880)	39.5	(34.0 - 45.7)
Some money left over each week but spend it	260	(180 - 380)	13.9	(9.5 - 19.1)
Can save a bit now and again	650	(520 - 800)	34.5	(28.8 - 40.9)
Can save a lot	110	(60 - 180)	5.8	(3.2 - 9.6)
Total	1 900	(1 680 - 2 120)	100.0	
Smokes				
Spending more money than we get	710	(580 - 860)	11.2	(9.2 - 13.5)
Have just enough to get through to next pay	3 020	(2 760 - 3 290)	47.8	(44.2 - 51.3)
Some money left over each week but spend it	860	(690 - 1 050)	13.6	(11.1 - 16.5)
Can save a bit now and again	1 520	(1 330 - 1 720)	24.0	(21.3 - 26.9)
Can save a lot	210	(150 - 290)	3.4	(2.4 - 4.6)
Total	6 310	(5 990 - 6 640)	100.0	
Never smoked				
Spending more money than we get	370	(280 - 480)	8.5	(6.5 - 10.9)
Have just enough to get through to next pay	1 760	(1 550 - 1 990)	40.3	(36.0 - 44.6)
Some money left over each week but spend it	560	(430 - 710)	12.9	(10.1 - 16.2)
Can save a bit now and again	1 420	(1 240 - 1 600)	32.5	(29.0 - 36.3)
Can save a lot	250	(150 - 390)	5.7	(3.4 - 8.7)
Total	4 350	(4 060 - 4 660)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.54: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER PRIMARY CARER HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never arrested or charged with an offence				
Spending more money than we get	560	(440 - 700)	7.0	(5.6 - 8.7)
Have just enough to get through to next pay	3 430	(3 170 - 3 690)	43.1	(40.1 - 46.1)
Some money left over each week but spend it	990	(810 - 1 210)	12.5	(10.2 - 15.1)
Can save a bit now and again	2 540	(2 310 - 2 790)	31.9	(29.2 - 34.8)
Can save a lot	440	(320 - 580)	5.5	(4.1 - 7.4)
Total	7 960	(7 670 - 8 260)	100.0	
Arrested or charged with an offence				
Spending more money than we get	640	(520 - 790)	13.9	(11.3 - 16.9)
Have just enough to get through to next pay	2 090	(1 890 - 2 310)	45.5	(41.6 - 49.4)
Some money left over each week but spend it	690	(560 - 840)	15.1	(12.5 - 18.1)
Can save a bit now and again	1 040	(890 - 1 230)	22.7	(19.6 - 26.1)
Can save a lot	130	(80 - 200)	2.8	(1.7 - 4.2)
Total	4 600	(4 310 - 4 890)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.55: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER PRIMARY CARER'S PARTNER/ SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never arrested or charged with an offence				
Spending more money than we get	300	(210 - 420)	8.3	(5.8 - 11.4)
Have just enough to get through to next pay	1 320	(1 140 - 1 510)	36.3	(31.7 - 41.1)
Some money left over each week but spend it	500	(370 - 660)	13.7	(10.3 - 17.9)
Can save a bit now and again	1 290	(1 100 - 1 500)	35.7	(31.2 - 40.5)
Can save a lot	220	(110 - 350)	6.0	(3.5 - 9.9)
Total	3 620	(3 340 - 3 920)	100.0	
Arrested or charged with an offence				
Spending more money than we get	370	(270 - 490)	9.2	(6.9 - 12.2)
Have just enough to get through to next pay	1 780	(1 580 - 1 980)	44.3	(40.5 - 48.3)
Some money left over each week but spend it	570	(450 - 730)	14.3	(11.3 - 18.0)
Can save a bit now and again	1 070	(940 - 1 210)	26.7	(23.7 - 29.9)
Can save a lot	220	(160 - 290)	5.5	(4.0 - 7.1)
Total	4 010	(3 740 - 4 300)	100.0	
No partner/spouse				
Spending more money than we get	530	(430 - 650)	10.7	(8.7 - 13.0)
Have just enough to get through to next pay	2 430	(2 190 - 2 670)	49.2	(45.5 - 53.1)
Some money left over each week but spend it	610	(490 - 750)	12.5	(10.0 - 15.2)
Can save a bit now and again	1 220	(1 060 - 1 410)	24.8	(21.8 - 28.2)
Can save a lot	140	(80 - 210)	2.8	(1.6 - 4.3)
Total	4 930	(4 650 - 5 210)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.56: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY NUMBER OF LIFE STRESS EVENTS

Family financial strain	Number	95% CI	%	95% CI
0–2				
Spending more money than we get	230	(150 - 330)	5.9	(3.8 - 8.6)
Have just enough to get through to next pay	1 500	(1 330 - 1 690)	39.2	(35.1 - 43.4)
Some money left over each week but spend it	470	(360 - 610)	12.2	(9.4 - 15.6)
Can save a bit now and again	1 370	(1 190 - 1 570)	35.8	(31.8 - 39.9)
Can save a lot	260	(190 - 360)	6.8	(4.8 - 9.1)
Total	3 840	(3 560 - 4 120)	100.0	
3–4				
Spending more money than we get	280	(190 - 400)	8.5	(5.7 - 11.8)
Have just enough to get through to next pay	1 380	(1 200 - 1 570)	42.1	(37.4 - 47.2)
Some money left over each week but spend it	420	(330 - 530)	12.8	(10.1 - 15.9)
Can save a bit now and again	1 010	(870 - 1 180)	31.0	(26.7 - 35.3)
Can save a lot	180	(100 - 310)	5.6	(2.9 - 9.2)
Total	3 270	(3 020 - 3 540)	100.0	
5–6				
Spending more money than we get	300	(220 - 390)	10.7	(8.0 - 13.8)
Have just enough to get through to next pay	1 310	(1 130 - 1 510)	47.0	(41.8 - 52.4)
Some money left over each week but spend it	420	(300 - 580)	15.2	(11.2 - 20.4)
Can save a bit now and again	690	(560 - 850)	24.8	(20.4 - 29.6)
Can save a lot	70	(30 - 130)	2.3	(1.0 - 4.6)
Total	2 800	(2 540 - 3 070)	100.0	
7–14				
Spending more money than we get	400	(310 - 490)	14.9	(11.7 - 18.3)
Have just enough to get through to next pay	1 320	(1 160 - 1 510)	49.8	(44.6 - 54.8)
Some money left over each week but spend it	370	(270 - 510)	14.1	(10.2 - 18.8)
Can save a bit now and again	500	(400 - 630)	19.0	(15.3 - 23.0)
Can save a lot	60	(20 - 130)	2.3	(0.8 - 4.9)
Total	2 660	(2 420 - 2 900)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.57: PRIMARY CARERS — NOT ENOUGH MONEY FOR FOOD, BY FAMILY FINANCIAL STRAIN

Family didn't have money for food	Number	95% CI	%	95% CI
Spending more money than we get				
No	500	(380 - 650)	41.8	(34.1 - 49.9)
Yes	700	(580 - 830)	58.2	(50.1 - 65.9)
Total	1 200	(1 030 - 1 390)	100.0	
Have just enough to get through to next pay				
No	3 520	(3 270 - 3 790)	63.8	(60.4 - 67.2)
Yes	2 000	(1 780 - 2 230)	36.2	(32.8 - 39.6)
Total	5 520	(5 220 - 5 830)	100.0	
Some money left over each week but spend it				
No	1 290	(1 110 - 1 490)	76.5	(68.9 - 83.1)
Yes	400	(270 - 560)	23.5	(16.9 - 31.1)
Total	1 690	(1 460 - 1 930)	100.0	

Continued...



TABLE 3.57 (continued): PRIMARY CARERS — NOT ENOUGH MONEY FOR FOOD, BY FAMILY FINANCIAL STRAIN

<i>Family didn't have money for food</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Can save a bit now and again				
No	3 010	(2 760 - 3 260)	83.8	(80.4 - 86.9)
Yes	580	(470 - 710)	16.2	(13.1 - 19.6)
Total	3 590	(3 330 - 3 850)	100.0	
Can save a lot				
No	530	(400 - 680)	92.8	(83.4 - 97.5)
Yes	40	(10 - 100)	7.2	(2.5 - 16.6)
Total	570	(440 - 730)	100.0	
Total				
No	8 850	(8 570 - 9 120)	70.4	(68.2 - 72.6)
Yes	3 710	(3 440 - 4 000)	29.6	(27.4 - 31.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.58: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY NUMBER OF CHILDREN IN THE FAMILY

<i>Family's money situation</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
1 child				
Spending more money than we get	260	(190 - 360)	9.5	(6.8 - 12.7)
Have just enough to get through to next pay	1 100	(940 - 1 270)	39.7	(34.7 - 44.9)
Some money left over each week but spend it	380	(280 - 510)	13.8	(10.3 - 18.1)
Can save a bit now and again	890	(730 - 1 060)	32.0	(27.1 - 37.2)
Can save a lot	130	(80 - 220)	4.9	(2.8 - 7.5)
Total	2 760	(2 510 - 3 020)	100.0	
2 children				
Spending more money than we get	340	(250 - 450)	10.0	(7.4 - 13.1)
Have just enough to get through to next pay	1 350	(1 170 - 1 540)	39.4	(35.1 - 43.7)
Some money left over each week but spend it	460	(360 - 590)	13.5	(10.5 - 16.7)
Can save a bit now and again	1 120	(960 - 1 310)	32.9	(28.7 - 37.5)
Can save a lot	150	(100 - 210)	4.3	(2.9 - 6.1)
Total	3 420	(3 160 - 3 700)	100.0	
3 children				
Spending more money than we get	270	(190 - 370)	10.0	(7.2 - 13.5)
Have just enough to get through to next pay	1 310	(1 140 - 1 490)	48.3	(43.3 - 53.1)
Some money left over each week but spend it	340	(250 - 470)	12.6	(9.1 - 16.7)
Can save a bit now and again	670	(560 - 790)	24.6	(20.9 - 28.7)
Can save a lot	120	(70 - 200)	4.6	(2.7 - 7.2)
Total	2 710	(2 480 - 2 960)	100.0	
4 or more children				
Spending more money than we get	320	(240 - 430)	8.8	(6.5 - 11.7)
Have just enough to get through to next pay	1 770	(1 550 - 2 000)	48.2	(43.4 - 53.0)
Some money left over each week but spend it	500	(370 - 660)	13.7	(10.3 - 17.8)
Can save a bit now and again	910	(770 - 1 060)	24.9	(21.5 - 28.6)
Can save a lot	170	(80 - 300)	4.5	(2.2 - 8.1)
Total	3 670	(3 380 - 3 970)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.59: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HOUSEHOLD COMPOSITION

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family				
Spending more money than we get	460	(340 - 600)	9.7	(7.2 - 12.5)
Have just enough to get through to next pay	1 820	(1 610 - 2 030)	38.5	(34.6 - 42.3)
Some money left over each week but spend it	690	(520 - 870)	14.5	(11.4 - 18.3)
Can save a bit now and again	1 510	(1 320 - 1 700)	31.9	(28.5 - 35.6)
Can save a lot	260	(190 - 350)	5.4	(3.9 - 7.4)
Total	4 720	(4 410 - 5 030)	100.0	
Sole parent family				
Spending more money than we get	500	(410 - 620)	10.5	(8.4 - 12.8)
Have just enough to get through to next pay	2 290	(2 070 - 2 530)	47.9	(43.9 - 51.7)
Some money left over each week but spend it	570	(460 - 700)	11.9	(9.7 - 14.5)
Can save a bit now and again	1 250	(1 070 - 1 450)	26.2	(22.9 - 29.8)
Can save a lot	170	(110 - 260)	3.6	(2.2 - 5.3)
Total	4 790	(4 500 - 5 090)	100.0	
Two parent step/blended family				
Spending more money than we get	150	(100 - 210)	7.1	(4.9 - 10.0)
Have just enough to get through to next pay	940	(800 - 1 100)	45.0	(39.4 - 50.6)
Some money left over each week but spend it	330	(240 - 450)	15.8	(11.6 - 20.7)
Can save a bit now and again	550	(460 - 660)	26.3	(21.8 - 30.9)
Can save a lot	120	(40 - 260)	5.7	(2.1 - 11.7)
Total	2 090	(1 870 - 2 330)	100.0	
Other (e.g. aunts/uncles, grandparents)				
Spending more money than we get	90	(40 - 150)	9.4	(4.9 - 15.7)
Have just enough to get through to next pay	470	(350 - 610)	48.9	(39.5 - 58.1)
Some money left over each week but spend it	100	(50 - 180)	10.3	(5.3 - 18.0)
Can save a bit now and again	280	(200 - 360)	28.9	(21.6 - 37.1)
Can save a lot	20	(10 - 50)	2.5	(1.0 - 5.8)
Total	950	(800 - 1 130)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.60: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY FAMILY FUNCTIONING

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Poor family functioning				
Spending more money than we get	410	(320 - 530)	14.0	(10.8 - 17.4)
Have just enough to get through to next pay	1 400	(1 220 - 1 590)	47.2	(42.5 - 52.1)
Some money left over each week but spend it	390	(310 - 480)	13.2	(10.6 - 16.2)
Can save a bit now and again	670	(550 - 820)	22.7	(18.9 - 27.0)
Can save a lot	90	(50 - 130)	3.0	(1.9 - 4.6)
Total	2 960	(2 720 - 3 220)	100.0	
Fair to very good family functioning				
Spending more money than we get	780	(650 - 940)	8.2	(6.7 - 9.8)
Have just enough to get through to next pay	4 120	(3 840 - 4 410)	42.9	(40.1 - 45.8)
Some money left over each week but spend it	1 300	(1 080 - 1 530)	13.5	(11.3 - 15.9)
Can save a bit now and again	2 910	(2 670 - 3 170)	30.4	(27.9 - 32.9)
Can save a lot	480	(360 - 630)	5.0	(3.7 - 6.6)
Total	9 600	(9 350 - 9 840)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.61: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER GAMBLING CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No gambling problems				
Spending more money than we get	1 140	(970 - 1 320)	9.4	(8.1 - 11.0)
Have just enough to get through to next pay	5 240	(4 940 - 5 540)	43.4	(41.0 - 45.9)
Some money left over each week but spend it	1 610	(1 410 - 1 840)	13.4	(11.6 - 15.2)
Can save a bit now and again	3 520	(3 270 - 3 790)	29.2	(27.1 - 31.3)
Can save a lot	560	(440 - 720)	4.7	(3.6 - 6.0)
Total	12 100	(11 900 - 12 200)	100.0	
Gambling problems				
Spending more money than we get	60	(30 - 100)	12.3	(6.5 - 20.4)
Have just enough to get through to next pay	280	(190 - 390)	57.4	(41.0 - 72.3)
Some money left over each week but spend it	70	(10 - 210)	14.9	(3.6 - 41.4)
Can save a bit now and again	70	(40 - 100)	13.9	(7.6 - 21.6)
Can save a lot	10	(0 - 70)	1.5	(0.1 - 14.5)
Total	490	(360 - 650)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.62: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER OVERUSE OF ALCOHOL CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No alcohol problems				
Spending more money than we get	950	(810 - 1 110)	8.8	(7.4 - 10.3)
Have just enough to get through to next pay	4 640	(4 350 - 4 940)	42.7	(40.1 - 45.3)
Some money left over each week but spend it	1 420	(1 220 - 1 650)	13.1	(11.2 - 15.2)
Can save a bit now and again	3 320	(3 070 - 3 580)	30.6	(28.3 - 32.8)
Can save a lot	530	(400 - 680)	4.9	(3.7 - 6.3)
Total	10 900	(10 700 - 11 100)	100.0	
Alcohol problems				
Spending more money than we get	250	(160 - 350)	14.5	(9.7 - 20.4)
Have just enough to get through to next pay	880	(740 - 1 050)	52.0	(45.9 - 58.1)
Some money left over each week but spend it	260	(190 - 350)	15.4	(11.3 - 20.2)
Can save a bit now and again	270	(200 - 340)	15.7	(12.2 - 20.0)
Can save a lot	40	(20 - 80)	2.4	(1.1 - 4.2)
Total	1 700	(1 510 - 1 910)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.63: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER OVERUSE OF ALCOHOL CAUSES MONEY SHORTAGES IN THE HOUSEHOLD

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Alcohol overuse does not cause money shortages				
Spending more money than we get	150	(90 - 230)	12.8	(8.3 - 19.2)
Have just enough to get through to next pay	580	(480 - 690)	49.0	(42.9 - 55.2)
Some money left over each week but spend it	190	(130 - 260)	16.1	(11.5 - 21.2)
Can save a bit now and again	220	(170 - 290)	18.6	(14.1 - 23.6)
Can save a lot	40	(20 - 80)	3.5	(1.8 - 6.5)
Total	1 180	(1 030 - 1 340)	100.0	
Alcohol overuse causes money shortages				
Spending more money than we get	100	(40 - 190)	18.3	(8.4 - 33.4)
Have just enough to get through to next pay	310	(210 - 450)	58.7	(44.2 - 72.4)
Some money left over each week but spend it	70	(30 - 140)	13.9	(6.3 - 25.8)
Can save a bit now and again	50	(20 - 90)	9.1	(4.5 - 17.4)
Can save a lot	0	(0 - 60)	0.0	(0.0 - 10.0)
Total	520	(390 - 690)	100.0	
Alcohol does not cause problems				
Spending more money than we get	950	(810 - 1 110)	8.8	(7.4 - 10.3)
Have just enough to get through to next pay	4 640	(4 350 - 4 940)	42.7	(40.1 - 45.3)
Some money left over each week but spend it	1 420	(1 220 - 1 650)	13.1	(11.2 - 15.2)
Can save a bit now and again	3 320	(3 070 - 3 580)	30.6	(28.3 - 32.8)
Can save a lot	530	(400 - 680)	4.9	(3.7 - 6.3)
Total	10 900	(10 700 - 11 100)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.64: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY WHETHER PRIMARY CARER HAS SOMEONE TO YARN TO ABOUT PROBLEMS

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No-one to yarn to about problems				
Spending more money than we get	270	(180 - 380)	17.3	(12.3 - 23.8)
Have just enough to get through to next pay	710	(580 - 860)	45.7	(38.6 - 52.5)
Some money left over each week but spend it	200	(150 - 270)	13.0	(9.6 - 17.1)
Can save a bit now and again	280	(200 - 370)	18.0	(13.4 - 23.1)
Can save a lot	90	(50 - 160)	6.0	(3.2 - 9.5)
Total	1 550	(1 370 - 1 760)	100.0	
Has someone to yarn to about problems				
Spending more money than we get	930	(790 - 1 090)	8.4	(7.1 - 9.9)
Have just enough to get through to next pay	4 810	(4 520 - 5 100)	43.7	(41.2 - 46.2)
Some money left over each week but spend it	1 480	(1 260 - 1 730)	13.5	(11.5 - 15.6)
Can save a bit now and again	3 310	(3 060 - 3 560)	30.0	(27.8 - 32.3)
Can save a lot	480	(350 - 630)	4.3	(3.2 - 5.7)
Total	11 000	(10 800 - 11 200)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.65: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HOW OFTEN PRIMARY CARER AND PARTNER/ SPOUSE DO THINGS TOGETHER FOR ENJOYMENT

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Spending more money than we get	20	(10 - 30)	6.4	(3.5 - 11.0)
Have just enough to get through to next pay	190	(130 - 260)	52.9	(33.9 - 72.5)
Some money left over each week but spend it	60	(20 - 140)	18.4	(7.2 - 36.4)
Can save a bit now and again	60	(30 - 90)	16.5	(8.4 - 27.1)
Can save a lot	20	(0 - 360)	5.8	(0.0 - 60.2)
Total	350	(240 - 490)	100.0	
Hardly ever				
Spending more money than we get	110	(50 - 230)	13.1	(5.7 - 23.9)
Have just enough to get through to next pay	360	(280 - 460)	41.5	(32.8 - 51.4)
Some money left over each week but spend it	130	(70 - 200)	14.5	(7.9 - 22.4)
Can save a bit now and again	230	(160 - 330)	26.9	(19.2 - 35.8)
Can save a lot	30	(20 - 60)	4.0	(2.0 - 7.3)
Total	870	(710 - 1 030)	100.0	
Once in a while				
Spending more money than we get	180	(120 - 250)	9.5	(6.5 - 13.5)
Have just enough to get through to next pay	920	(760 - 1 090)	49.3	(43.3 - 55.6)
Some money left over each week but spend it	220	(160 - 310)	12.0	(8.6 - 16.3)
Can save a bit now and again	500	(400 - 610)	26.8	(21.9 - 32.0)
Can save a lot	50	(20 - 80)	2.4	(1.3 - 4.2)
Total	1 860	(1 660 - 2 080)	100.0	
Quite often				
Spending more money than we get	180	(110 - 270)	7.4	(4.8 - 11.0)
Have just enough to get through to next pay	930	(790 - 1 080)	38.2	(33.3 - 43.3)
Some money left over each week but spend it	370	(270 - 500)	15.3	(11.3 - 20.2)
Can save a bit now and again	790	(640 - 950)	32.4	(27.3 - 37.7)
Can save a lot	160	(120 - 220)	6.7	(4.7 - 9.1)
Total	2 420	(2 190 - 2 660)	100.0	
Almost always				
Spending more money than we get	180	(110 - 270)	8.0	(5.0 - 11.8)
Have just enough to get through to next pay	810	(670 - 970)	35.5	(29.9 - 41.2)
Some money left over each week but spend it	300	(190 - 450)	13.2	(8.7 - 19.4)
Can save a bit now and again	810	(680 - 960)	35.5	(30.3 - 40.8)
Can save a lot	180	(110 - 260)	7.7	(5.1 - 11.5)
Total	2 290	(2 050 - 2 540)	100.0	
No partner/spouse				
Spending more money than we get	520	(420 - 640)	11.0	(9.0 - 13.3)
Have just enough to get through to next pay	2 320	(2 090 - 2 560)	48.6	(44.7 - 52.5)
Some money left over each week but spend it	600	(480 - 740)	12.6	(10.1 - 15.4)
Can save a bit now and again	1 200	(1 040 - 1 370)	25.1	(22.0 - 28.5)
Can save a lot	130	(70 - 210)	2.7	(1.6 - 4.4)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.66: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HOW OFTEN PRIMARY CARER AND PARTNER/ SPOUSE HAVE ARGUMENTS OR QUARREL

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Spending more money than we get	60	(20 - 160)	12.7	(3.6 - 29.8)
Have just enough to get through to next pay	130	(80 - 190)	25.5	(15.0 - 37.4)
Some money left over each week but spend it	50	(0 - 220)	10.7	(0.2 - 36.0)
Can save a bit now and again	190	(130 - 250)	37.7	(25.2 - 50.3)
Can save a lot	70	(30 - 150)	13.4	(5.4 - 28.5)
Total	490	(360 - 660)	100.0	
Hardly ever				
Spending more money than we get	110	(70 - 160)	5.9	(3.9 - 8.6)
Have just enough to get through to next pay	730	(610 - 880)	38.0	(32.0 - 44.1)
Some money left over each week but spend it	280	(200 - 400)	14.7	(10.4 - 20.4)
Can save a bit now and again	670	(550 - 810)	35.1	(29.3 - 40.9)
Can save a lot	120	(40 - 250)	6.3	(2.2 - 12.4)
Total	1 920	(1 700 - 2 150)	100.0	
Once in a while				
Spending more money than we get	330	(230 - 440)	8.8	(6.3 - 11.7)
Have just enough to get through to next pay	1 620	(1 420 - 1 840)	43.4	(38.9 - 47.8)
Some money left over each week but spend it	500	(380 - 640)	13.3	(10.2 - 16.9)
Can save a bit now and again	1 080	(930 - 1 260)	29.1	(25.2 - 32.9)
Can save a lot	200	(140 - 270)	5.4	(3.9 - 7.4)
Total	3 730	(3 440 - 4 020)	100.0	
Quite often				
Spending more money than we get	130	(80 - 210)	10.8	(6.7 - 16.9)
Have just enough to get through to next pay	550	(450 - 660)	43.7	(36.8 - 50.6)
Some money left over each week but spend it	180	(120 - 250)	14.1	(9.8 - 19.0)
Can save a bit now and again	350	(250 - 460)	27.8	(21.1 - 35.0)
Can save a lot	50	(20 - 80)	3.6	(1.8 - 6.1)
Total	1 250	(1 090 - 1 430)	100.0	
Almost always				
Spending more money than we get	40	(10 - 110)	9.6	(1.9 - 24.3)
Have just enough to get through to next pay	180	(130 - 240)	44.7	(32.1 - 56.7)
Some money left over each week but spend it	80	(30 - 150)	19.3	(8.9 - 32.6)
Can save a bit now and again	100	(70 - 140)	24.7	(16.4 - 34.2)
Can save a lot	10	(0 - 70)	1.8	(0.1 - 17.2)
Total	410	(320 - 520)	100.0	
No partner/spouse				
Spending more money than we get	520	(420 - 640)	11.0	(9.0 - 13.3)
Have just enough to get through to next pay	2 320	(2 090 - 2 560)	48.6	(44.7 - 52.5)
Some money left over each week but spend it	600	(480 - 740)	12.6	(10.1 - 15.4)
Can save a bit now and again	1 200	(1 040 - 1 370)	25.1	(22.0 - 28.5)
Can save a lot	130	(70 - 210)	2.7	(1.6 - 4.4)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.67: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HOW OFTEN PRIMARY CARER AND PARTNER/ SPOUSE HAVE ARGUMENTS THAT END UP WITH PEOPLE PUSHING, HITTING OR SHOVING

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Spending more money than we get	450	(340 - 580)	8.2	(6.3 - 10.5)
Have just enough to get through to next pay	2 110	(1 890 - 2 340)	38.1	(34.5 - 41.8)
Some money left over each week but spend it	770	(610 - 970)	14.0	(11.1 - 17.2)
Can save a bit now and again	1 820	(1 630 - 2 030)	33.0	(29.6 - 36.3)
Can save a lot	370	(260 - 510)	6.7	(4.7 - 9.1)
Total	5 530	(5 240 - 5 830)	100.0	
Hardly ever				
Spending more money than we get	110	(60 - 200)	8.7	(4.4 - 15.1)
Have just enough to get through to next pay	580	(450 - 720)	45.7	(38.0 - 53.7)
Some money left over each week but spend it	190	(120 - 280)	14.9	(9.4 - 21.4)
Can save a bit now and again	360	(270 - 470)	28.5	(22.0 - 35.7)
Can save a lot	30	(10 - 60)	2.3	(0.8 - 4.9)
Total	1 270	(1 090 - 1 460)	100.0	
Once in a while				
Spending more money than we get	80	(50 - 150)	12.0	(6.9 - 19.9)
Have just enough to get through to next pay	400	(300 - 520)	56.8	(46.3 - 67.2)
Some money left over each week but spend it	80	(60 - 120)	11.9	(7.8 - 17.5)
Can save a bit now and again	120	(50 - 210)	16.4	(8.5 - 27.5)
Can save a lot	20	(10 - 40)	2.9	(1.2 - 6.3)
Total	700	(570 - 850)	100.0	
Quite often				
Spending more money than we get	20	(0 - 80)	10.5	(0.2 - 36.0)
Have just enough to get through to next pay	60	(30 - 100)	30.2	(15.6 - 48.7)
Some money left over each week but spend it	40	(10 - 90)	21.1	(7.1 - 42.2)
Can save a bit now and again	60	(30 - 100)	31.6	(17.4 - 50.5)
Can save a lot	10	(0 - 30)	6.6	(1.7 - 15.0)
Total	190	(130 - 270)	100.0	
Almost always				
Spending more money than we get	10	(0 - 20)	8.4	(2.6 - 22.1)
Have just enough to get through to next pay	60	(30 - 100)	56.2	(27.7 - 84.8)
Some money left over each week but spend it	0	(0 - 60)	0.0	(0.0 - 41.0)
Can save a bit now and again	30	(10 - 90)	28.4	(6.7 - 65.2)
Can save a lot	10	(0 - 70)	7.0	(0.0 - 41.0)
Total	100	(60 - 160)	100.0	
No partner/spouse				
Spending more money than we get	520	(420 - 640)	11.0	(9.0 - 13.3)
Have just enough to get through to next pay	2 320	(2 090 - 2 560)	48.6	(44.7 - 52.5)
Some money left over each week but spend it	600	(480 - 740)	12.6	(10.1 - 15.4)
Can save a bit now and again	1 200	(1 040 - 1 370)	25.1	(22.0 - 28.5)
Can save a lot	130	(70 - 210)	2.7	(1.6 - 4.4)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 3.68: PRIMARY CARERS — FAMILY FINANCIAL STRAIN, BY HOUSING TENURE

<i>Family financial strain</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned				
Spending more money than we get	70	(30 - 120)	7.3	(3.8 - 12.4)
Have just enough to get through to next pay	340	(240 - 450)	36.8	(28.4 - 45.7)
Some money left over each week but spend it	100	(30 - 200)	10.5	(4.5 - 21.2)
Can save a bit now and again	350	(260 - 470)	38.2	(29.8 - 47.5)
Can save a lot	70	(30 - 120)	7.1	(3.6 - 13.3)
Total	920	(740 - 1 130)	100.0	
Being paid off				
Spending more money than we get	190	(120 - 290)	9.7	(5.9 - 14.3)
Have just enough to get through to next pay	630	(510 - 780)	32.7	(27.2 - 38.9)
Some money left over each week but spend it	250	(170 - 360)	13.0	(9.1 - 18.3)
Can save a bit now and again	730	(600 - 900)	38.0	(31.8 - 44.4)
Can save a lot	130	(70 - 210)	6.7	(3.8 - 10.5)
Total	1 940	(1 710 - 2 180)	100.0	
Total owned outright or being paid off				
Spending more money than we get	250	(170 - 360)	8.9	(6.1 - 12.4)
Have just enough to get through to next pay	970	(820 - 1 140)	34.0	(29.4 - 38.9)
Some money left over each week but spend it	350	(240 - 480)	12.2	(8.7 - 16.7)
Can save a bit now and again	1 090	(920 - 1 280)	38.0	(33.0 - 43.1)
Can save a lot	190	(120 - 280)	6.8	(4.6 - 10.0)
Total	2 850	(2 580 - 3 140)	100.0	
Rented				
Spending more money than we get	920	(780 - 1 090)	10.1	(8.5 - 11.9)
Have just enough to get through to next pay	4 310	(4 020 - 4 620)	47.1	(44.3 - 50.0)
Some money left over each week but spend it	1 260	(1 070 - 1 480)	13.8	(11.7 - 16.1)
Can save a bit now and again	2 330	(2 120 - 2 560)	25.5	(23.3 - 27.8)
Can save a lot	330	(220 - 460)	3.5	(2.4 - 5.0)
Total	9 160	(8 850 - 9 460)	100.0	
None of these				
Spending more money than we get	20	(10 - 40)	3.8	(1.8 - 6.6)
Have just enough to get through to next pay	240	(150 - 340)	42.8	(32.1 - 53.1)
Some money left over each week but spend it	70	(50 - 110)	13.3	(8.0 - 20.0)
Can save a bit now and again	170	(120 - 240)	30.6	(21.7 - 40.3)
Can save a lot	50	(20 - 120)	9.4	(3.6 - 19.9)
Total	550	(420 - 710)	100.0	
Total				
Spending more money than we get	1 200	(1 030 - 1 390)	9.5	(8.2 - 11.0)
Have just enough to get through to next pay	5 520	(5 220 - 5 830)	43.9	(41.6 - 46.4)
Some money left over each week but spend it	1 690	(1 460 - 1 930)	13.4	(11.6 - 15.3)
Can save a bit now and again	3 590	(3 330 - 3 850)	28.6	(26.5 - 30.6)
Can save a lot	570	(440 - 730)	4.5	(3.5 - 5.8)
Total	12 600	(12 500 - 12 600)	100.0	



MEASURES OF ECONOMIC WELLBEING — MULTIPLE DISADVANTAGE

TABLE 3.69: PRIMARY CARERS — INDICATORS OF MULTIPLE DISADVANTAGE

<i>Number of indicators of poor economic wellbeing</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0 indicators	4 160	(3 870 - 4 470)	33.1	(30.8 - 35.6)
1 indicator	5 590	(5 290 - 5 890)	44.5	(42.1 - 46.9)
2 indicators	2 390	(2 160 - 2 630)	19.0	(17.2 - 21.0)
3 indicators	420	(330 - 530)	3.4	(2.7 - 4.2)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 3.70: PRIMARY CARERS — INDICATORS OF MULTIPLE DISADVANTAGE

<i>Multiple disadvantage indicators</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
All three indicators of disadvantage	420	(330-530)	3.4	(2.7-4.2)
Low education and financial strain	1 460	(1 290 - 1 660)	11.6	(10.3 - 13.2)
Only low education	980	(820 - 1 170)	7.8	(6.5 - 9.3)
Financial strain and never worked	630	(510 - 790)	5.0	(4.0 - 6.3)
Only financial strain	4 200	(3 920 - 4 490)	33.4	(31.2 - 35.7)
Low education and never worked	290	(210 - 380)	2.3	(1.7 - 3.1)
Only never worked	410	(320 - 510)	3.3	(2.6 - 4.0)
No indicators of disadvantage	4 160	(3 870 - 4 470)	33.1	(30.8 - 35.6)
Total	12 600	(12 500 - 12 600)	100.0	



Chapter 4

FAMILY FUNCTIONING

- Summary 259
- Introduction 262
- Measuring family functioning..... 262
- Demographic factors and poor family functioning 264
- Factors associated with poor family functioning 266
 - Child and youth factors..... 266
 - Carer factors 274
 - Family and household factors 279
 - Community factors 280
- Relative importance of factors associated with poor family functioning 283**
 - Factors independently associated with poor family functioning 283
 - Factors *not* independently associated with poor family functioning 289
- Relative importance of factors associated with very good family functioning 291**
 - Factors independently associated with very good family functioning 291
- Quality of parenting..... 293
- Endnotes 296
- Detailed tables..... 297





Chapter 4

FAMILY FUNCTIONING

A key feature of the Western Australian Aboriginal Child Health Survey is its 'ecological' approach to describing Aboriginal child development within a 'person-in-environment' context. This recognises the importance of the family, school and local community/neighbourhood as the key interacting environments which are the most immediate influences shaping children's health, behaviour and learning. These environments are in turn shaped by the cultural and broader social and economic contexts in which they operate. The structural differences between families described in Chapter Two (e.g. family composition) have significant implications for children's outcomes. However, what actually happens within the family and how it functions can be a key protective factor building children's resilience and reducing their current and future risks associated with adversity and disadvantage. Safe, stimulating and nurturing environments enable children to learn and thrive. Conversely, dysfunctional family environments can be very harmful to many aspects of children's development and their positive transition to adulthood. This chapter describes the characteristics of families that function poorly and the associations between poor family functioning and other factors relevant to child and youth outcomes.

SUMMARY

This chapter analyses the complex set of factors that are associated with family functioning and quality of parenting. These analyses proceeded in two stages. In the first stage, the association between many individual variables and outcomes in terms of family functioning and quality of parenting was assessed through cross-tabulation analysis. This allows us to observe the characteristics of families with poor family functioning and carers with poor parenting quality. In the second stage, a statistical model was developed to tease out the factors that were independently associated with these outcomes of interest. Each model was developed in an iterative process, using the results from the cross-tabulation analysis (stage one), advice from experts in the field and evidence documented in related literature.

This summary presents the results from statistical modelling only (stage two).

Measuring family functioning

The Western Australian Aboriginal Child Health Survey (WAACHS) asked a range of questions of the primary carers of Aboriginal children to enable the derivation of a measure of how well these families functioned. The final set of nine questions was developed for the survey based on international research on family resilience. The development was guided by state-wide community consultations, with item wording completed in collaboration with a panel of Aboriginal health professionals to ensure relevance and interpretability.



SUMMARY *(continued)*

Families in the lowest quartile of the measure of functioning have been categorised as having ‘poor’ family functioning and are the primary focus of the analyses in this chapter. These 2,960 families are examined to determine the relationship between poor family functioning and the family, household, carer, child and youth, and community factors that characterise families. A complementary analysis of the factors that impact on very good family functioning has also been conducted, and aims to provide insights into the elements that support resiliency in families.

Factors significantly associated with poor family functioning

Results from statistical modelling identified 15 factors that were *independently* associated with poor family functioning – that is, they were associated with poor family functioning after accounting for the various effects of all other factors included in the model. The analyses in this chapter identified two particularly strong associations with poor family functioning:

- ◆ *Family financial strain.* When the primary carer described the family’s money situation as being typified by ‘spending more money than we get’ then they were almost three times more likely to be rated as having poor family functioning than primary carers in families that could ‘save a lot’
- ◆ *Quality of children’s diet.* The survey used four dietary quality indicators to measure whether the principles of a healthy diet were being observed in children. When less than three of the four dietary indicators were met, on average, there was an increased likelihood of poor family functioning — the odds ratios were almost four when 0–1 indicators were met and over two and a half when an average of two indicators were met.

A number of other factors were found to be significantly associated with the level of family functioning in households with Aboriginal children. Specifically, there was an elevated risk of poor family functioning when:

- ◆ there was poor quality of parenting
- ◆ a child needed to stay with other family or friends because of a family crisis or the child’s behaviour
- ◆ the primary carer had no involvement in Aboriginal organisations
- ◆ the primary carer did not regard Aboriginal ceremonial business as important
- ◆ the primary carer had a lack of interest in Aboriginal events
- ◆ religion/spirituality was seen as not important
- ◆ overuse of alcohol was causing problems in the household
- ◆ the primary carer had been arrested or charged
- ◆ the partner of the primary carer had been arrested or charged
- ◆ the family had more than one place of residence during the year
- ◆ a child was at high risk of clinically significant emotional or behavioural difficulties
- ◆ children had vision problems.
- ◆ the primary carer was educated beyond Year 12



SUMMARY (continued)Factors *not* independently associated with poor family functioning

A number of factors found to be significantly associated with poor family functioning in the cross-tabulation analysis were not found to be *independently* associated in the statistical model. That is, their association could be explained by the presence of other factors. This applied to the following factors:

- ◆ carer factors such as: forced separation; attendance at Aboriginal funerals or ceremonies in the year before the survey; whether the primary carer spoke an Aboriginal language; the physical health of the primary carer; use of Mental Health Services; and having someone to yarn to about problems
- ◆ family and household factors such as overcrowding
- ◆ child factors such as children being cared for by a birth mother who used both alcohol and tobacco during pregnancy.

Factors significantly associated with poor parenting quality

In addition to assessing factors associated with poor family functioning, factors specifically associated with poor parenting quality were also assessed. This showed a range of carer, family, household and child and youth factors to be independently associated with poor quality of parenting. Specifically, there was an elevated risk of poor parenting quality when:

- ◆ the primary carer was 19 years of age or younger
- ◆ there were two or more young children (aged 0–3 years) in the household
- ◆ the family had another place that they lived in for parts of the year
- ◆ overuse of alcohol caused problems in the household
- ◆ the primary carer had attended an Aboriginal funeral in the last 12 months
- ◆ the primary carer regarded Aboriginal ceremonial business as not important.



INTRODUCTION

Whether large or small, and regardless of their diversity, all families are faced with complex challenges, including balancing interrelationships among family members, celebrating achievements, communicating expectations, values and beliefs, emotionally and materially supporting family members, honouring traditions and customs, and providing for material and economic needs. Families vary in their abilities to fulfil many of these important functions. Relationship quality, the health of each family member, the presence of life stress, work and finance each contribute to how carers and children manage the many demands of family life. Good family functioning is generally positively associated with child outcomes. Likewise, previous findings from the Western Australian Aboriginal Child Health Survey (WAACHS) have shown a strong association between poor family functioning and poor emotional and behavioural outcomes for children living in the family.¹ Family functioning has also been shown to have strong associations with the social, economic and psychological environment of the immediate family and wider community.²

The WAACHS asked a range of questions designed to measure how well families function. These questions have been considered collectively in order to create a single measure of 'family functioning' for analysis (see comment box entitled *How family functioning was measured in the WAACHS*). The bulk of this chapter focuses on the factors associated with *poor* family functioning. In examining relationships with poor family functioning, the key factors that are independently associated with poor family functioning have been identified. These factors provide an insight into the child, carer, family and community circumstances that impact on poor family functioning and drive disadvantage in Aboriginal populations. This knowledge will help guide the identification of remedial measures to address poor functioning in families with Aboriginal children.

The analysis of poor family functioning is complemented by an examination of families with *very good* family functioning. This is designed to help elucidate the factors that characterise families that function well, and to provide a pointer to the type of issues that aid the development of resilience in families — that is, the characteristics and behaviours that can strengthen families, help them to function well and which may provide an element of protection from dysfunctional family interactions.

MEASURING FAMILY FUNCTIONING

For the purposes of this publication, there were 2,960 (CI: 2,720–3,220) primary carers and 6,620 (CI: 6,020–7,270) Aboriginal children aged 0–17 years who were regarded as being part of a family that functioned poorly. These populations represented 23.6 per cent (CI: 21.6%–25.6%) of all primary carers of Aboriginal children and 22.2 per cent (CI: 20.2%–24.4%) of all Aboriginal children, respectively (see commentary box entitled *How family functioning was measured in the WAACHS* for a definition of poor family functioning) (Tables 4.1 and 4.2). These carers and children, and their families and communities, form the basis of the analyses in this chapter.



HOW FAMILY FUNCTIONING WAS MEASURED IN THE WAACHS

Family functioning was measured using a survey tool developed following state-wide Aboriginal community consultation which emphasised the importance of family as a major source of strength to Aboriginal peoples. Family is important in defining identity and a sense of connectedness to kinship and culture, and the way in which families operate can help family members cope with disadvantage, adverse life experiences and stress.

The advice from consultation was incorporated in a nine-item scale. The scale was based on key family protective and family recovery factors identified by McCubbin et al's (1996) review of the international research on family resilience.³ The item wording was developed in collaboration with a panel of Aboriginal health professionals to ensure that they were consistent with standard Australian English usage and their meaning could be easily conveyed or interpreted for survey respondents whose first language was Aboriginal English or a traditional Aboriginal language.

The final nine items are presented in the following table, along with the family resilience and protective factor that each item addresses.

FAMILY PROTECTIVE FACTORS MEASURED BY WAACHS FAMILY FUNCTIONING SCALE

<i>Family protective factor</i>	<i>WAACHS family functioning scale item</i>
Accord: Balanced interrelationship among family members that allow them to resolve conflicts and reduce chronic strain	The way we get on together helps us to cope with the hard times
Celebrations: Acknowledging birthdays, religious occasions, and other special events	We like to remember people's birthdays and celebrate other special events
Communication: Sharing beliefs and emotions with one another. Emphasis on how family members exchange information and caring with each other	We find it easy to talk with each other about the things that really matter
Hardiness: Family members sense of control over their lives, commitment to the family, confidence that the family will survive no matter what	We are always there for each other and know that the family will survive no matter what
Financial management: Sound decision making skills or money management and satisfaction with economic status	When it comes to managing money we are careful and make good decisions
Leisure activities & interests: Similarities and differences of family member preferences for ways to spend free time	Our family has a lot in common in the interests we share and the things we do
Acceptance: Tolerance of family member traits, behaviour, general outlook and dependability	People in our family are accepted for who they are
Support network: Positive aspects of relationships with in-laws, relatives and friends	We have good support from our in-laws, relatives and friends
Traditions: Honouring holidays and important family experiences carried across generations	We have family traditions and customs we would like to pass on to our children

Source: McCubbin MA and McCubbin HI (1996)

Continued



HOW FAMILY FUNCTIONING WAS MEASURED IN THE WAACHS *(continued)*

For each of the nine items in the WAACHS family functioning scale, carers were asked how well the statements matched the ways things were done in their family. Carers were asked to rate each of these statements using a five-point scale: 'Not at all', 'A little', 'Some', 'Quite a lot', and 'Very much'. These items were then field tested in the pilot and dress-rehearsal stages of the survey. This established that all items were readily understood by Aboriginal respondents and that the overall scale had sound internal consistency.

Responses were summed to produce an overall score. This score was then split into quartiles for the purposes of producing a single measure of family functioning, and labelled as follows:

- ◆ Poor
- ◆ Fair
- ◆ Good
- ◆ Very good.

It should be noted that, because of the way in which the measure of family functioning has been derived, the term 'poor' is a relatively arbitrary description of the level of functioning of a family. In practice, those in the lowest quartile of the family functioning scale have been labelled as having 'poor' family functioning. In reality, the majority of families with Aboriginal children scored highly on the family functioning scale — with those in the lowest quartile typically providing ratings of 'Some' and 'Quite a lot' to the items in the scale.

The most positive responses were reported for item 'People in our family are accepted for who they are', while the least positive responses were reported for item 'When it comes to managing money we are careful and make good decisions'. Despite the limitations of the WAACHS measure to accurately estimate the number of families that function poorly, it is still considered a robust measure for exploring the factors that impact on family functioning.

For further information on the derivation of this measure, including the responses to the nine family functioning items, see *Appendix C* of Volume Two — *Measures Derived from Multiple Responses and Scales* or see *Family functioning* in the *Glossary*.

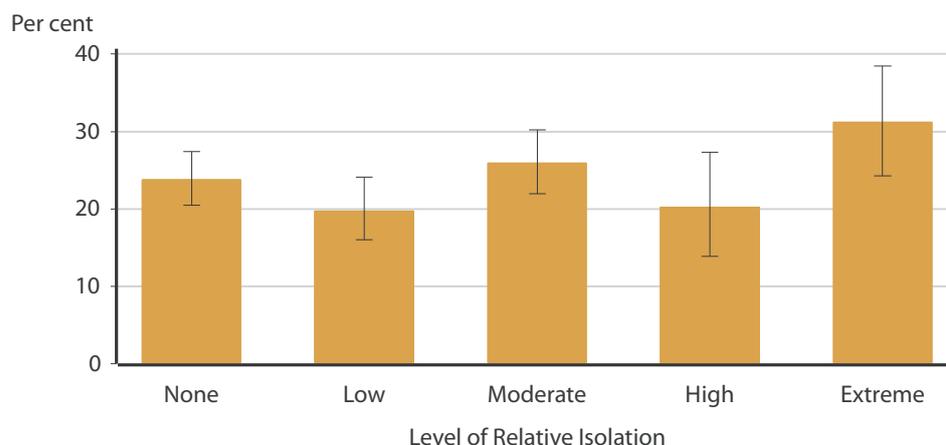
DEMOGRAPHIC FACTORS AND POOR FAMILY FUNCTIONING

Level of Relative Isolation

A higher proportion of carers living in areas of extreme relative isolation were in families with poor family functioning (31.2 per cent; CI: 24.3%–38.5%) compared with carers living in areas of low relative isolation (19.7 per cent; CI: 16.0%–24.1%). Apart from this, there were no statistically significant differences in the level of poor family functioning across LORI regions (Figure 4.1).



FIGURE 4.1: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LEVEL OF RELATIVE ISOLATION



Source: Table 4.1

Socioeconomic status

No significant differences were found in levels of family functioning by the socioeconomic status of areas in Western Australia (as measured by the Index of Relative Socio-economic Disadvantage – see *Glossary*) (Table 4.3).

Age of children

Family functioning has also been analysed with reference to the age of the youngest and oldest child within the household (see *Chapter Two — Characteristics of families and communities with Aboriginal children* for further details of the age distribution of households with Aboriginal children). No difference was found in family functioning by the age of either the youngest or the oldest child within the household (Tables 4.4 and 4.5).

Household composition

No association was found between family functioning and household composition (Table 4.6). That is, there were no significant differences in the levels of poor family functioning across two parent, one parent, step/blended and other household types.

Multiple places of residence

There were 1,200 primary carers (CI: 1,040–1,380) who indicated that they spent part of each year living in a place other than their home at the time of the survey. A higher proportion of these families were regarded as having poor family functioning (31.5 per cent; CI: 25.8%–37.3%) than families who only had one place of residence (22.8 per cent; CI: 20.7%–24.9%) (Table 4.7).



FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

Many child and youth, carer, family, household and community factors were found to be associated with how a family functions. An analysis of the data using cross-tabulations found that, of those factors significantly associated with poor family functioning, the strongest associations appeared to be with financial strain, overuse of alcohol causing problems in the household, not having someone to yarn to, and carer relationship issues (not doing things together for enjoyment; not showing signs that they care for one another; arguments leading to pushing, shoving or hitting).

This type of cross-tabulation analysis allows us to observe what proportion of our study population exhibits a particular characteristic. Later in this chapter results from multivariate logistic regression models are presented, which report on independent associations between factors. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

The degree of association of each of these factors with family functioning is detailed in subsequent sections of this chapter. Many of the associations reported here are in anticipated directions. Some, however, are surprising while others are absent where they might otherwise be expected.

CHILD AND YOUTH FACTORS

This section examines the association between the health and wellbeing of Aboriginal children aged 0–17 years and family functioning. In addition, self-reported data from young people themselves have been examined with respect to their association with family functioning. It should be noted that the WAACHS did not ask questions on the topic of child abuse — the rationale for this approach and data from alternative sources are provided in commentary box entitled *Child abuse and the WAACHS* later in this chapter.

Maternal and neonatal health

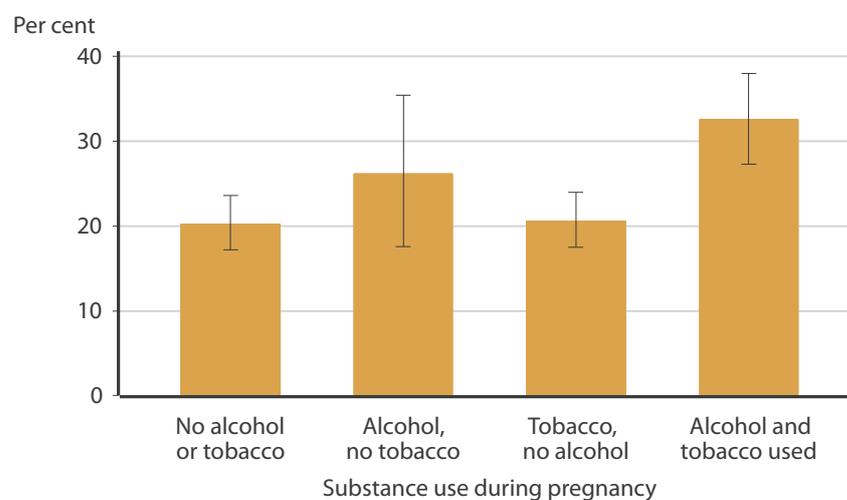
WAACHS data were linked to birth records and midwives' reports (see *Record linkage* in *Glossary*). These data have been analysed in this section to detail the associations between maternal health, and other characteristics of Aboriginal children at birth, and family functioning.

Use of alcohol and tobacco during pregnancy. Among children who were being cared for by their birth mother, the majority of mothers stated that they had used alcohol and/or tobacco during pregnancy. In a third (32.4 per cent; CI: 30.2%–34.7%) of cases, the birth mother had used tobacco but not alcohol, while 16.9 per cent (CI: 15.1%–18.8%) had used alcohol and tobacco during their pregnancy.

A higher proportion of children being cared for by a birth mother who used both alcohol and tobacco during pregnancy were living in families that functioned poorly (32.6 per cent; CI: 27.3%–38.0%) when compared with children whose birth mother did not use alcohol or tobacco (20.2 per cent; CI: 17.2%–23.6%) and those whose birth mother used tobacco but not alcohol (20.6 per cent; CI: 17.5%–24.0%) (Figure 4.2).



FIGURE 4.2: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — PROPORTION WITH POOR FAMILY FUNCTIONING, BY BIRTH MOTHER'S USE OF ALCOHOL OR TOBACCO DURING PREGNANCY



Source: Table 4.8

When the effect of substance use during pregnancy was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Percentage of Optimal Birth Weight. There was no association between an infant's weight at birth and their level of family functioning (Table 4.9).

Breastfeeding. The data presented in Table 4.10 show that there is no significant association between family functioning and whether the child had been breastfed.

Children's physical health

Although the relationship between a wide range of physical health conditions and indicators and family functioning was tested, only two child health factors were found to be significantly associated with family functioning – whether the child had normal vision in both eyes and the number of dietary quality indicators.

Normal vision in both eyes. A higher proportion of Aboriginal children aged 4–17 years who did not have normal vision in both eyes were living in families with poor family functioning (30.3 per cent; CI: 22.5%–38.9%) compared with those children who had normal vision in both eyes (20.3 per cent; CI: 18.1%–22.5%) (Table 4.11).



CHILD ABUSE AND THE WAACHS

Child abuse has received considerable attention in Western Australia in recent years, particularly since the release of the report of the Gordon Inquiry.⁵ This inquiry highlighted that child abuse was endemic in Aboriginal communities around the State and, along with other documented evidence, supports the notion that family functioning and parenting quality are associated with issues of child protection and safety.^{6,7,8} Since the Gordon Inquiry, results from child protection data collections indicate that Aboriginal children continue to be over-represented in the child protection system. In Western Australia in 2004–05, 12.2 out of every 1,000 Aboriginal children aged 0–16 years were the subject of a child protection substantiation – considerably higher than the 1.6 per 1,000 reported for non-Aboriginal children.⁷

In the community consultation phase of the development of the WAACHS, community members (particularly women) raised the issue of child physical and sexual abuse time and again. The survey team was asked if it would be possible to collect information on this topic. After many lengthy discussions, Indigenous participants and the survey team arrived at a general consensus: that to directly probe for information about physical and sexual abuse from survey respondents would jeopardise the main purpose of the survey and threaten overall participation. Hence, while carers were asked whether they had been bothered by family violence or child abuse in their neighbourhood/community, no direct measure of child abuse can be derived from WAACHS data. Therefore the association between child abuse and family functioning cannot be tested in the WAACHS data.

In retrospect, the decision to avoid an attempt to collect this data was a prudent one, as abuse of Aboriginal children became the prime focus of a major Government inquiry during the last stages of the survey. The survey data, while silent on the prevalence of child sexual abuse, are now seen to be important in informing preventive strategies.

Dietary quality. Carers were asked a number of questions relating to the diet of children in their care, including information about how often children ate fruit and vegetables, and what types of beverages were consumed. This information enabled four indicators of dietary quality to be devised. The number of these indicators met was considered an overall indicator of dietary quality (see *Dietary quality indicators* in *Glossary*).

Dietary quality was a factor significantly associated with family functioning. Some 31.7 per cent (CI: 24.3%–39.3%) of children who met only one of the four indicators of dietary quality lived in families with poor family functioning. This was significantly higher than the corresponding proportion of children who met three dietary quality indicators (17.0 per cent; CI: 14.0%–20.3%) and children who met all four indicators of dietary quality (14.0 per cent; CI: 10.4%–18.4%) (Table 4.12).



ASSESSING DIETARY QUALITY IN THE WAACHS

Methodological issues

Accurate, quantitative assessment of dietary intake is notoriously difficult in any population. For example, two common approaches are the 24 hour recall and weighed dietary intake, but both have problems arising from the tendency of respondents to give more 'socially desirable' responses.⁹ Furthermore, one-fifth of Aboriginal children in this survey lived in areas of high or extreme isolation, where variability in food availability may render a 24 hour recall of limited value in assessing dietary intake. While 'store turnover' assessment has been successfully used to measure intake of entire isolated communities,⁹ it cannot differentiate child and youth intake, nor take into account the use of bush foods not obtained through the store. With these considerations in mind, the WAACHS collected a very limited amount of dietary information from carers of children aged 4–17 years and from young people aged 12–17 years. The questions used in the WAACHS to collect diet information were loosely based on the set of questions developed for the 2001 National Health Survey.¹⁰

Indicators of dietary quality

The available data allowed some indicators of dietary quality to be devised. These indicators did not measure dietary intake, but were designed to reflect whether the principles of a healthy diet were being observed. It must be re-iterated that these indicators are based on interview responses, which were not further validated.

Indicator 1: met if water was usually drunk when thirsty.

Indicator 2: met if some form of unsweetened and unflavoured cow or soy milk was regularly consumed.

Indicator 3: met if fresh fruit was usually consumed on 6 or 7 days of the week.

Indicator 4: met if at least half a cup of a variety of at least 3 fresh vegetables, other than potato, were usually consumed on 6 or 7 days of the week.

The number of these indicators that were met was considered an overall indicator of dietary quality, with a higher number of indicators equating to a better quality diet.

Children's physical health factors *not* found to be significantly associated with family functioning.

- ◆ whether the child had ever had runny ears
- ◆ asthma
- ◆ normal hearing in both ears
- ◆ trouble getting enough sleep
- ◆ difficulties saying certain sounds
- ◆ whether the child stuttered or stammered
- ◆ whether the child needed help to get around



- ◆ whether the child experienced any physical pain or discomfort
- ◆ recurring chest, ear, skin or gastro infections
- ◆ whether the child had a disability or other serious health problem that put a burden on the carer or family as a whole
- ◆ whether the child needed special help with the activities of daily living because of an illness or disability
- ◆ whether the child had ever broken any bones
- ◆ whether the child had ever been knocked out due to an injury
- ◆ number of physical health problems.

Children's social and emotional wellbeing

Emotional or behavioural difficulties. The association between children's emotional or behavioural difficulties and family functioning has been explored based on information collected from their carers using the Strengths and Difficulties Questionnaire (SDQ). The SDQ comprised 25 questions probing five areas of psychological adjustment in children (see *Strengths and Difficulties Questionnaire* in the *Glossary* for further details on the SDQ).

As reported in *Volume Two — The Social and Emotional Wellbeing of Aboriginal Children and Young People*, an association was found between family functioning and the risk of clinically significant emotional or behavioural difficulties in Aboriginal children aged 4–17 years.

Almost three in ten (28.1 per cent; CI: 23.7%–32.9%) Aboriginal children aged 4–17 years at high risk of clinically significant emotional or behavioural difficulties were in families with poor family functioning. This was significantly higher than the proportion for those children at low risk (18.1 per cent; CI: 15.8%–20.8%) (Table 4.13).

These data also highlight that around seven in ten children at high risk of clinically significant emotional or behavioural difficulties were in families with either fair, good or very good family functioning.

Specific emotional or behavioural difficulties. The 25 items comprising the SDQ can also be used to derive 5 underlying scale scores that measure specific symptoms, problems and behaviours. These specific scale scores include: emotional symptoms, conduct problems, hyperactivity, peer problems and problems with prosocial behaviour (for details on how these specific difficulties were measured, see *Volume Two*).

Significant differences were found in the proportions of children in families with poor family functioning when analysed against the risk of clinically significant emotional symptoms, conduct problems, hyperactivity and problems with prosocial behaviour.

Just over one-quarter of children (26.0 per cent; CI: 21.8%–30.9%) at high risk of clinically significant emotional symptoms were in families with poor family functioning compared with 18.8 per cent (CI: 16.4%–21.3%) of children at low risk of such difficulties (Figure 4.3).

A similar story emerged when family functioning was analysed by conduct problems, where 25.8 per cent (CI: 22.4%–29.6%) of children at high risk of clinically significant conduct problems were in families with poor family functioning compared with 17.7 per cent (CI: 15.3%–20.4%) of children at low risk (Figure 4.3).

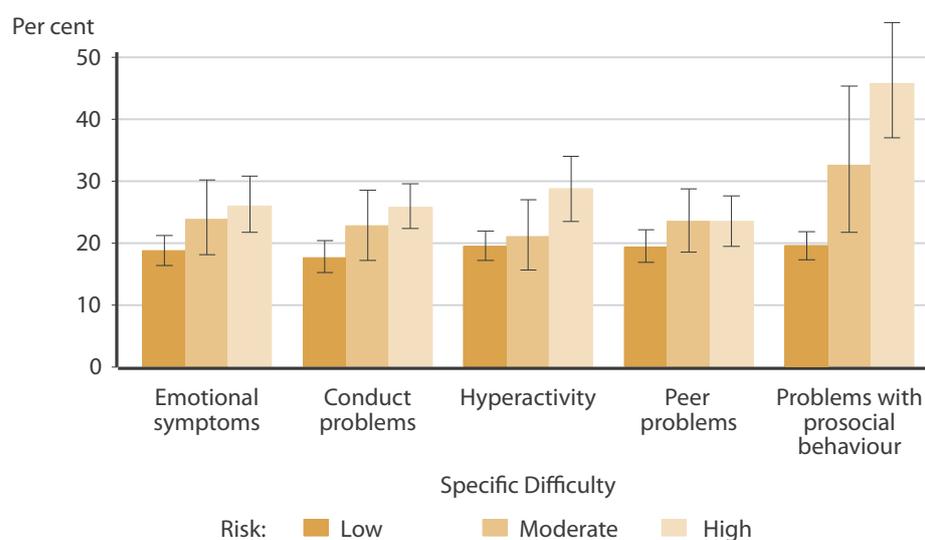
4



Almost three in ten children (28.8 per cent; CI: 23.5%–34.1%) at high risk of clinically significant hyperactivity were in families that functioned poorly. This was significantly higher than the corresponding proportion of children at low risk (19.5 per cent; CI: 17.2%–22.0%) (Figure 4.3).

A strong association was found between family functioning and children's problems with prosocial behaviour. Almost half of all children at high risk of clinically significant problems with prosocial behaviour (45.8 per cent; CI: 37.0%–55.6%) were in families with poor family functioning – significantly higher than the proportion of children at low risk of such difficulties (19.6 per cent; CI: 17.4%–21.9%) (Figure 4.3).

FIGURE 4.3: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES



Source: Tables 4.14–4.18

Contact with Mental Health Services. An alternative measure of child mental health was obtained from administrative data which indicated whether a child had been in contact with Mental Health Services. WAACHS data was linked to Mental Health Services data and, for carers who gave consent for their children's medical records to be linked, 31.1 per cent (CI: 23.9%–38.8%) of children who had contact with Mental Health Services were in families with poor family functioning. This compares with 22.1 per cent (CI: 20.0%–24.3%) of children who had no such contact (Table 4.19). While this association is not significant, it tends to support earlier findings that child social and emotional wellbeing is related to poor family functioning.

Use of support networks, services and programmes

Along with physical health factors and the indicators of social and emotional wellbeing described above, family functioning was also analysed with reference to a range of other child factors.

Carers were asked a series of questions about whether children in their care needed to stay away overnight because of a family crisis or behaviour problems in the six months prior to the survey. A higher proportion of children aged 0–17 years who had to stay away overnight with other family and friends (32.1 per cent; CI: 24.8%–40.8%) lived in families with poor family functioning compared with children who did not have to



stay away overnight (21.1 per cent; CI: 19.1%–23.3%) (Table 4.20).

The proportion of children who needed to stay away overnight at a hostel, youth refuge, treatment centre for children with emotional and behavioural difficulties or another place such as a temporary foster home, was less than one per cent in each case. As a result of the small numbers of children in each of these categories, no association with poor family functioning was able to be reliably determined.

No association was found between family functioning and whether the child had lived away from their birth mother for one month or longer before they were four years old (Table 4.21).

The relationship between family functioning and Aboriginal children's use of particular services and programmes has also been explored. However, no association was found between poor family functioning and whether children had contact with the following agencies/programmes in the six months prior to the survey:

- ◆ Disability Services (Local Area Co-ordinator)
- ◆ Department for Community Development (Welfare)
- ◆ School psychologist
- ◆ Aboriginal and Islander Education Officer
- ◆ School teacher
- ◆ School principal/school deputy principal
- ◆ Aboriginal Medical Service
- ◆ Best Start programme
- ◆ Family Futures programme.

FAMILIES AND CHILDREN SEEN BY THE DEPARTMENT FOR COMMUNITY DEVELOPMENT

The Department for Community Development (DCD) is the Western Australian government department with responsibility for providing a range of services in partnership with funded not-for-profit organisations to support children, young people and families to assist community members in crisis, to protect children from harm, and to care for children who are unable to live at home. According to DCD's 2000–2001 annual report, at around the time the WAACHS was conducted an estimated 31 per cent of the Department's clients were Aboriginal.¹⁴ Given that Aboriginal people comprised 3.5 per cent of the Western Australian population in 2001, this equates to around a nine fold over-representation of Aboriginal people having contact with the DCD.

Aboriginal children are also significantly over-represented in the officially reported rates of child protection and children in care. The *Report on Government Services* provides annual rates of child protection/children in care by jurisdiction and for Australia. In 2000–01, the Western Australian rate of Aboriginal children aged 0–17 years in the population on care and protection orders was seven times higher than that for non-Aboriginal children (14.4 compared with 2.0 per 1,000 children). It is of concern that by 2004–2005 this over-representation had increased further, to be almost nine times higher (21.6 compared with 2.5 per 1,000 children).¹⁵



Youth-specific issues

Young people aged 12–17 years were asked to independently complete a Youth Self-Report (YSR) questionnaire as part of the WAACHS household survey component. For those young people who completed a YSR, levels of family functioning have been analysed by young people's perceptions of their family environment and life circumstances.

Most questions that were asked specifically of young people aged 12–17 years in the survey were not found to be significantly associated with poor family functioning. The exception to this was for youth who had been involved in a family violence situation.

Family violence. The majority of Aboriginal young people construed 'family violence' as situations where parents yell and shout, parents hit their kids too hard, people fight when drunk, and family fights where people get pushed around or hit. There were 3,280 (CI: 2,960–3,610) Aboriginal young people aged 12–17 years who had been in one or more of these family violence situations at some stage in their life (Table 4.22) — this represents almost half (48.7 per cent; CI: 45.0%–52.5%) of Aboriginal young people. More than a quarter (27.3 per cent; CI: 22.5%–32.7%) of these young people were in families that functioned poorly. The proportion was significantly lower for those who had not experienced a family violence situation (17.1 per cent; CI: 12.9%–21.9%).

When the effect of young people's experience of family violence was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Other youth-specific factors. A range of other youth-specific factors appeared to show a relationship with poor family functioning, however, the associations failed to reach significance. This included: when a young person could not sort out their own problems; when they had experienced suicidal thoughts or attempted suicide; and attendance at a Children's Court. It is worth noting that issues of self-esteem and self-respect were not associated with family functioning; nor was the frequency with which the young person had physical fights, and whether they had been questioned by police or been to a Children's Panel.

REDUCING THE IMPACT OF FAMILY VIOLENCE AND ADVERSE PARENTING

One of the most significant consequences of children being exposed to family violence, abusive or neglectful parenting, is that capacity for emotional self-regulation (i.e. regulating the intensity and duration of affects) can be impaired.¹¹ Current research into the psychobiology of stress has shown that acute stress produces short-term and reversible deficits, while repeated, prolonged and chronic stresses are much more likely to be associated with longer-term patterns of autonomic over-reactivity. The longer-term effects of such stress exposure — especially in early years of life which are the years of maximum brain growth — can be evident in neuronal atrophy of specific brain areas which regulate the functioning of the child's stress response systems.¹² This is believed to be a significant factor in the fact that adult carers who were themselves abused as children have a much higher risk of harming their own children than other carers. However, it is important to note that not all abused children suffer such long-term consequences. Furthermore there is now also a growing body of evidence which shows that early intervention programmes aimed at re-establishing secure attachments can significantly alter the likelihood of intergenerational transmission of post-traumatic stress disorders.¹³



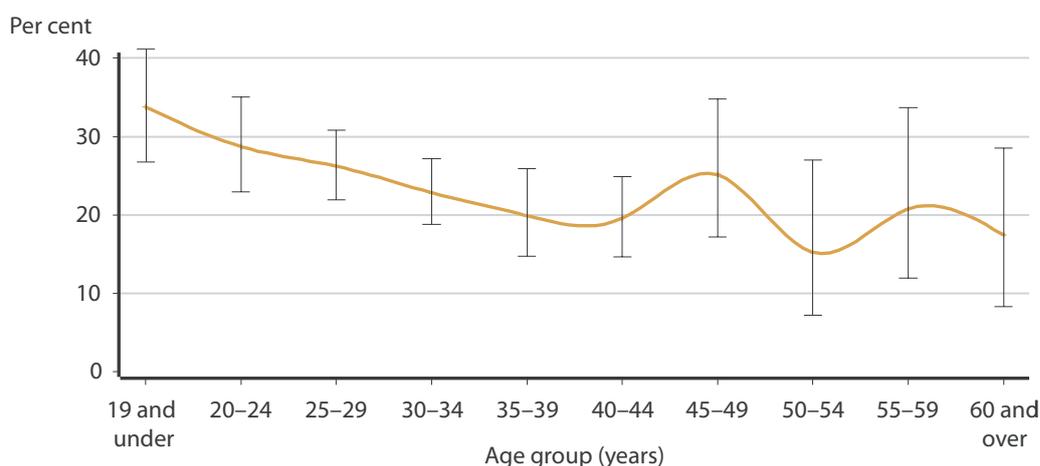
CARER FACTORS

This section examines aspects of carer wellbeing in relation to poor family functioning. In particular, the strong association between the relationship characteristics of the carers and family functioning is highlighted. While a number of other carer factors are shown to be associated with family functioning this does not include carer physical health and educational attainment.

Age of primary carer

Proportions of families with poor functioning were generally greater among the younger age brackets of primary carers. The proportion of primary carers whose families were categorised as having poor family functioning decreased at each age group from teenage years, i.e. carers aged less than 20 years (33.8 per cent; CI: 26.7%–41.3%) to 40–44 years (19.5 per cent; CI: 14.6%–24.9%) (Figure 4.4). The fluctuation in proportions from age 45 years onwards is influenced by the small numbers of primary carers in those age brackets.

FIGURE 4.4: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY AGE GROUP OF PRIMARY CARER



Source: Table 4.23

When the effect of the age of the primary carer was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Carer relationship characteristics

The WAACHS asked primary carers a range of questions about the quality of their relationship with their current partner/spouse. The survey also recorded the length of time that the primary carer had been in this relationship. Characteristics of the carer relationship appeared to be an integral component of family functioning. While this could be expected given the conceptual overlap between the measures being analysed, the results provide some insights into the relationship between carer and family functioning and the potential buffering effects of each of these factors.



The responses to the set of questions on the quality of the carer's relationship were generally positive. For example, most carers said they 'quite often' or 'almost always' did things together for enjoyment (60.4 per cent; CI: 57.3%–63.5%) and showed signs that they cared for each other (76.7 per cent; CI: 74.3%–79.0%), while only 3.8 per cent (CI: 2.8%–5.0%) indicated that arguments with their partner frequently lead to pushing, hitting or shoving.

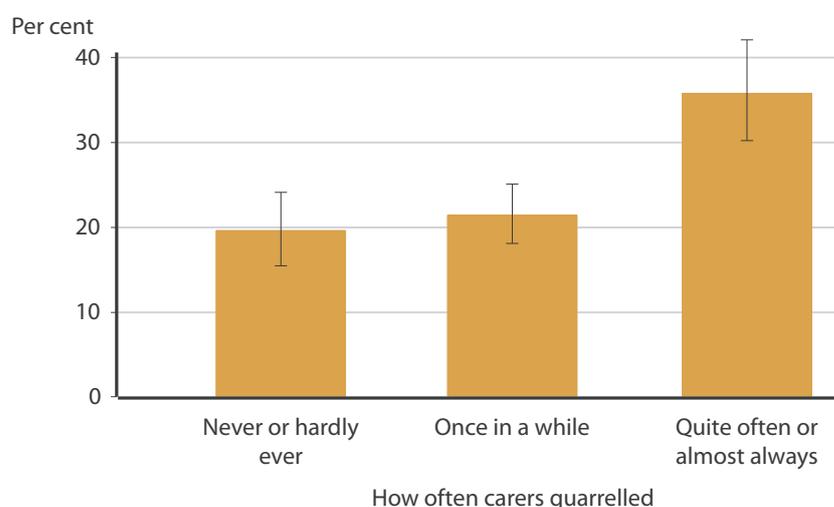
Doing things together for enjoyment. There was a vast disparity between the proportion of primary carers reporting poor family functioning depending on how often they did things with their partner/spouse for enjoyment. Twice as many carers who reported that they never or hardly ever did things together for enjoyment were in families that functioned poorly (47.4 per cent; CI: 30.2%–66.9% and 43.1 per cent; CI: 33.9%–53.0%, respectively) than carers who quite often or almost always did things together for enjoyment (15.4 per cent; CI: 12.2%–18.7%, and 12.7 per cent; CI: 9.2%–16.6%, respectively) (Table 4.24).

The majority of primary carers who almost always did things with their partner for enjoyment had either good (25.9 per cent; CI: 20.7%–31.6%) or very good (41.3 per cent; CI: 35.6%–47.4%) family functioning (Table 4.24). In contrast, relatively few of the carers who never or hardly ever did things together for enjoyment were in families with good (16.8 per cent; CI: 9.5%–25.7%) or very good (10.3 per cent; CI: 5.7%–16.0%) functioning.

Caring for each other. More than half of both the carers who never showed signs that they cared for each other (53.4 per cent; CI: 32.8%–74.4%) and who hardly ever showed signs they cared for each other (57.6 per cent; CI: 44.8%–69.7%) had poor family functioning (Table 4.25). In contrast, only a relatively small proportion (11.1 per cent; CI: 8.4%–14.3%) of carers who almost always showed signs that they cared for each other were in families with poor functioning.

Arguing or quarrelling. Carers who reported that they had arguments with their partner that ended up in pushing, hitting or shoving once in a while or more regularly were typically in families that functioned poorly. Unless pushing, hitting or shoving had never occurred, there was an elevated chance of poor family functioning (Table 4.26).

FIGURE 4.5: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY HOW OFTEN CARERS QUARRELLED



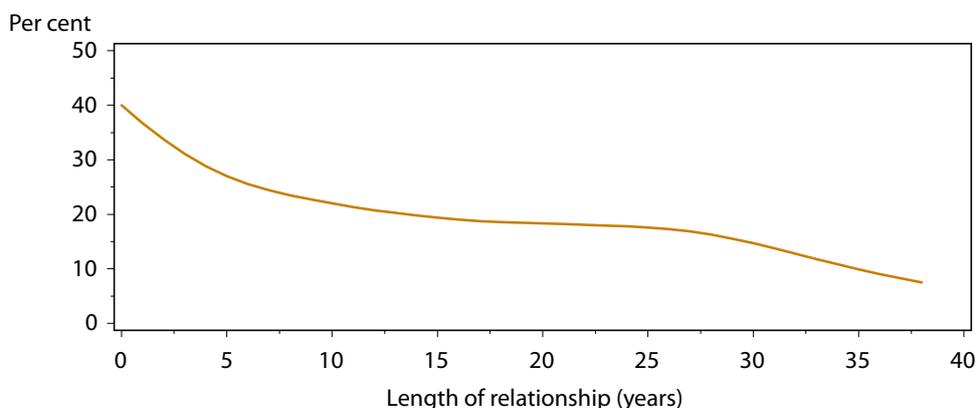
Source: Table 4.27



Almost twice as many carers who reported that they quarrelled with their partner ‘quite often or almost always’ had poor family functioning as carers who ‘never or hardly ever’ quarrelled (35.8 per cent; CI: 30.2%–42.0%, and 19.6 per cent; CI: 15.5%– 24.1%, respectively) (Figure 4.5).

Length of carer relationship. In addition to the association with the quality of the carers’ relationship, family functioning was also related to the length of time that carers had been together. There was a relatively linear relationship in this association (Figure 4.6), with 41.2 per cent (CI: 30.1%–53.3%) of the families of carers who had been together for less than two years having poor family functioning; falling to 31.1 per cent (CI: 25.1%–37.4%) when carers had been together 2–5 years; 24.7 per cent (CI: 19.9%–30.4%) when together 5–10 years; and 17.8 per cent (CI: 12.3%–24.9%) when carers had been together for 20 years or more (Table 4.28).

FIGURE 4.6: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LENGTH OF CARER RELATIONSHIP AT THE TIME OF THE SURVEY



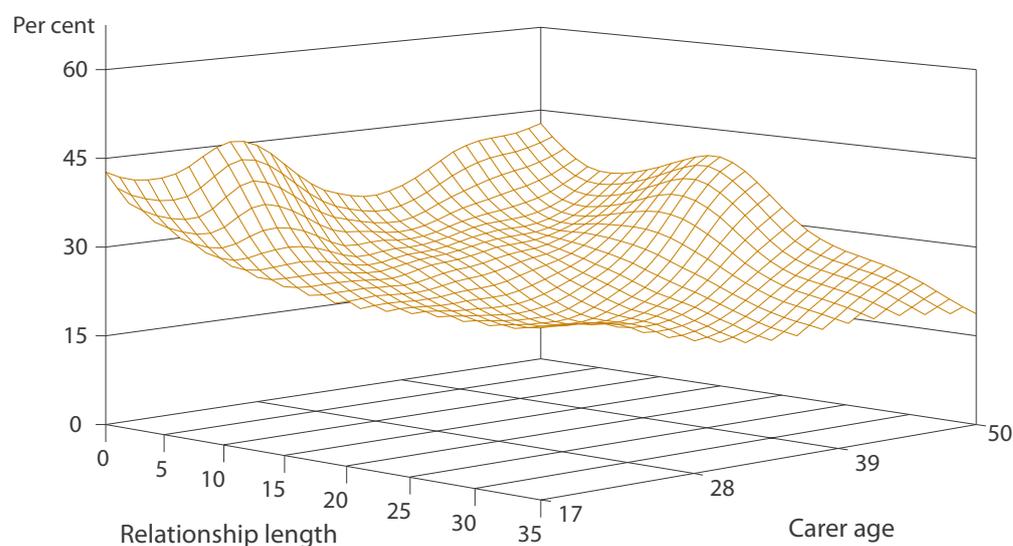
While there is a clear relationship between the length of the primary carer’s relationship and family functioning, the age of the primary carer is also associated with carer relationship length. Figure 4.7 attempts to disentangle the effects of these interrelationships to identify whether the length of the carer relationship has a bearing on family functioning regardless of the age of the carer.

The figure highlights that at all primary carer ages, the proportion experiencing poor family functioning decreases as relationship length increases. Note that several carers indicated that their current relationships began before the age of 15 years. This applied to a small number of cases and they have been excluded from this analysis as the estimates for these cases were not reliable. As such, a segment of the three dimensional surface appears blank, reflecting the exclusion of these cases.

When the effect of the carer relationship characteristics (examined above) were further investigated in a multivariate logistic regression model, they were *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.



FIGURE 4.7: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY LENGTH OF CARER RELATIONSHIP AT THE TIME OF THE SURVEY AND AGE OF THE PRIMARY CARER



Education level of the primary carer

There did not appear to be an association between the level of educational attainment of the primary carer and poor family functioning.

When the effect of the carer's education level was further investigated in a multivariate logistic regression model, it was found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Having someone to yarn to

One in every eight (12.4 per cent; CI: 10.9%–14.0%) primary carers said that they did not have anyone to yarn to about their problems. More than a third of these carers were in families that functioned poorly (36.3 per cent; CI: 30.4%–42.5%) – considerably higher than the 21.8 per cent (CI: 19.8%–23.9%) among carers who had someone to yarn to (Table 4.29).

When the effect of not having someone to yarn to was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Justice issues

Primary carer ever arrested or charged with an offence. Research confirms that there are a multitude of factors that impact on a person's risk of offending and therefore on their chances of being arrested and imprisoned. Some of these factors include social and emotional wellbeing issues, socioeconomic status, and developmental problems.⁶ In turn, encounters with the justice system are also associated with poor life outcomes, including relationship difficulties — this assertion is supported by the WAACHS data, which highlight that a higher proportion of primary carers who had ever been arrested or charged had poor family functioning (29.1 per cent; CI: 25.6%–32.8%) than those who had never been arrested (20.4 per cent; CI: 18.1%–22.8%) (Table 4.30).



Primary carer's partner ever arrested or charged with an offence. Primary carers who had a partner/spouse at the time of the survey were asked whether their partner had ever been arrested or charged with an offence. Among primary carers who indicated their partner had been arrested or charged, 28.4 per cent (CI: 25.1%–32.1%) had poor family functioning compared with 18.5 per cent (CI: 15.1%–22.4%) of primary carers with partners who had not had a problem with the law (Table 4.31).

Health of the primary carer

Physical health problems. There did not appear to be an association between the existence of chronic medical conditions or functional limitations of the primary carer and poor family functioning.

Mental health problems. More primary carers who stated they had been treated for emotional problems were in families with poor functioning (31.0 per cent; CI: 26.7%–35.8%) when compared with other carers (21.6 per cent; CI: 19.5%–23.8%) (Table 4.32). This association is supported by administrative data on carer use of Mental Health Services which have been linked to the survey data (see *Record linkage* in *Glossary*). Among carers who gave consent for the medical records to be linked, 28.8 per cent (CI: 24.5%–33.5%) of those who had contact with Western Australian Mental Health Services were in families with poor functioning, compared with 21.9 per cent (CI: 19.8%–24.1%) of carers without such contact (Table 4.33).

When the effect of carer use of Mental Health Services was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

Cultural factors

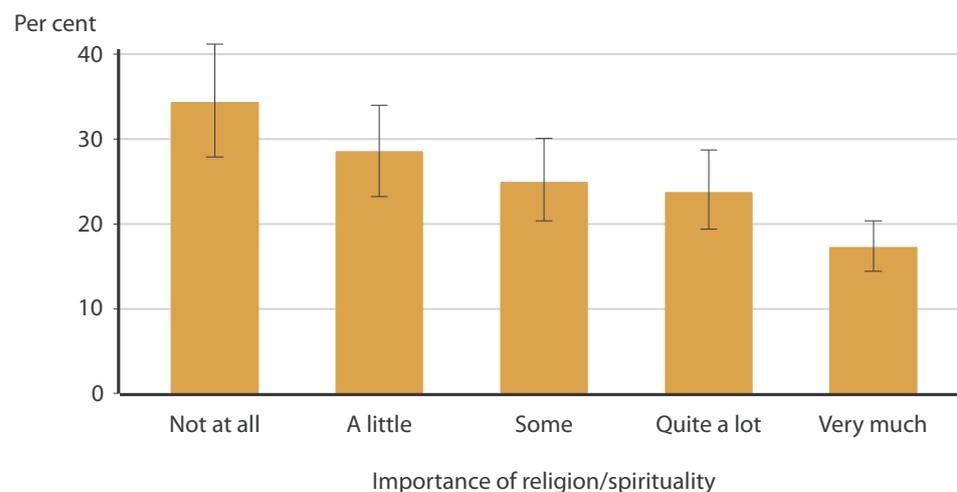
Involvement in Aboriginal events. The survey data tended to show an association between poor family functioning and non-participation in Aboriginal events, such as funerals, traditional ceremonies, and Aboriginal organisations. In particular, primary carers who had been involved in an Aboriginal organisation in the last 12 months were in poorly functioning families less often (17.2 per cent; CI: 14.3%–20.5%) than other primary carers (27.6 per cent; CI: 25.1%–30.3%) (Table 4.35). Further, the proportion of carers reporting poor family functioning was even higher when the carer said that the reason they had not been involved with any Aboriginal events in the last 12 months was that they 'weren't interested' (39.8 per cent; CI: 32.0%–48.7%) (Table 4.36).

Importance of Aboriginal ceremonial business. Primary carers who found Aboriginal ceremonial business important had a lower reported proportion of poor family functioning (21.2 per cent; CI: 18.9%–23.5%) than carers who considered it was not important (29.1 per cent; CI: 24.7%–33.8%) (Table 4.37).

Importance of religion/spirituality. The importance that primary carers placed on religion/spirituality was associated with their level of family functioning. Carers who stated that religion/spirituality was 'not at all' important in their lives were the group most commonly reported to have poor family functioning (34.3 per cent of these carers; CI: 27.9%–41.2%). In contrast, only 17.2 per cent (CI: 14.4%–20.4%) of carers who regarded religion/spirituality as very important had poor family functioning (Figure 4.8).



FIGURE 4.8: PRIMARY CARERS — PROPORTION WITH POOR FAMILY FUNCTIONING, BY IMPORTANCE OF RELIGION/SPIRITUALITY IN THE LIFE OF THE PRIMARY CARER



Source: Table 4.38

FAMILY AND HOUSEHOLD FACTORS

Not surprisingly, most of the factors associated with how well a family functions can be categorised as family or household-related factors — that is, aspects and issues that affect carers, carer relationships and family wellbeing; or that reflect the attitudes and outlook of carers or other family members.

Family financial strain

The economic wellbeing of families was strongly related to how well they function. The WAACHS highlighted that families suffering the greatest amount of financial strain (see Chapter Three) reported having poor family functioning more often than families with more money at their disposal. Over a third of primary carers (34.5 per cent; CI: 27.6%–42.3%) who reported spending more money than they got, had poor family functioning. This was true of half as many primary carers who said they saved a bit now and again (18.8 per cent; CI: 15.5%–22.6%) or saved a lot (15.4 per cent; CI: 9.1%–23.2%) (Table 4.39).

Overuse of alcohol causing problems in the household

Research shows conclusively the direct detrimental effects that excessive alcohol use can have on a person's physical and mental health, along with the contribution it can make to a wide range of poor outcomes for families and communities. For instance, excessive alcohol use can contribute to community and family violence, child abuse, and financial burdens.⁵ The WAACHS data are consistent with these findings. They show that two in every five primary carers who reported problems in the household from overuse of alcohol were in families that functioned poorly (39.5 per cent; CI: 33.8%–45.8%). This was almost twice as high as the proportion for primary carers who did not experience problems caused by overuse of alcohol (21.1 per cent; CI: 19.1%–23.2%) (Table 4.40).



Life Stress Events

As could be expected, the survey data point to an association between life stress and family functioning. The proportion of carers reporting poor family functioning increased from 20.0 per cent (CI: 17.0%–23.2%) when 0–2 life stress events had been experienced by the carer in the last 12 months, to 28.2 per cent (CI: 24.0%–32.9%) when 7–14 life stress events were experienced. Note that the rate of poor family functioning does not appear to differ appreciably until a large number of life stresses (7–14) have been experienced (Table 4.41).

When the effect of high life stress was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children having poor family functioning.

COMMUNITY FACTORS

Neighbourhood and community problems

Primary carers were asked if they had been bothered by any of 18 problems in their neighbourhood or community (See Chapter Two for a description and prevalence of the neighbourhood and community problems asked in the WAACHS). The number of neighbourhood problems were summed to produce an overall score and carers were then split into quartiles based on this score. These quartile ranges consisted of:

- ◆ 0–1 neighbourhood problems
- ◆ 2–5 neighbourhood problems
- ◆ 6–10 neighbourhood problems
- ◆ 11–18 neighbourhood problems.

No association was found between family functioning and the number of neighbourhood and community problems (Table 4.42).



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES

National initiatives

Since July 2004, the Australian Government has administered Indigenous affairs in a completely different way. Under these changed arrangements, the Australian Government wants funding for Indigenous people to be better coordinated and more effective, and Indigenous communities at the local and regional level to have more say in how it is spent.

As the key to achieving better coordination, the Australian Government has adopted a strategic whole-of-government approach across all its agencies. This approach is central to delivery of the government's three key national priorities:

- ◆ Early Childhood Intervention — a key focus of which is improved mental and physical health, and in particular primary health, and early educational outcomes
- ◆ Safer Communities — which includes issues of authority, law and order, but necessarily also focuses on dealing with issues of governance to ensure that communities are functional and effective
- ◆ Building Indigenous Wealth, Employment and Entrepreneurial Culture — as these are integral to boosting economic development and reducing poverty and dependence on passive welfare.

The Australian Government works with state and territory governments to strengthen Indigenous families and communities under a range of policy frameworks and processes such as the:

- ◆ National Framework of Principles for Delivering Services to Indigenous Australians
- ◆ National Agenda for Early Childhood — currently being developed in consultation with states and territories
- ◆ National Aboriginal and Torres Strait Islander Education Policy
- ◆ National Strategic Framework for Aboriginal and Torres Strait Islander Health
- ◆ Commonwealth-State Housing Agreement and Indigenous Housing and Infrastructure agreements
- ◆ Overarching bilateral intergovernmental agreements on Indigenous affairs
- ◆ Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities.

Under these arrangements, guided by Ministerial Councils in many areas, the Australian Government and state and territory governments provide an extensive range of payments and services in the areas of child protection, police and criminal justice systems, health, housing, child care, education, family support, income support and community development.

Continued



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES *(continued)*

All Governments have endorsed the Overcoming Indigenous Disadvantage: Key Indicators 2005 framework to monitor progress in achieving long-term change in Indigenous outcomes.

Intergovernmental Summit on Violence and Child Abuse. As a result of Australian Government concerns about the family violence and child abuse present in some Indigenous communities, the Australian Government invited states and territories to the Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities on 26 June 2006 in Canberra. At the meeting all governments agreed that a comprehensive national response was required, and proposals for action were referred to the July 2006 meeting of the Council of Australian Governments (COAG).

COAG agreed that vulnerable people must be protected from such abuse wherever they live and have confidence in the justice system. Good law and order are essential so that Indigenous communities are safe places to live.

COAG agreed that all governments will work together to make Indigenous communities safer by addressing policing, justice, community support and governance. The Australian Government's contribution to this will be a \$130 million package of measures to improve law and order and address some of the underlying issues that can contribute to violence. This additional funding will be rolled-out when state and territory governments make a similar commitment to increase funding and support.

Western Australian initiatives

Strong Families. Strong Families is a Western Australian interagency case management approach to working with families who have complex social needs and where multiple agencies are providing services. It brings family members and relevant agency workers together to discuss issues affecting the family, develop an integrated plan to address the family's difficulties and appoint a lead agency worker. Plans are reviewed and modified on a regular basis. The initiative involves a range of human service agencies, with the Western Australian Department for Community Development (DCD) having lead administrative responsibility.

Strong Families began as a pilot in 2002 and was expanded state-wide in 2003. Fourteen Strong Families coordinators are placed across the state. Six provide coverage to the metropolitan area (including Peel), with eight coordinators covering regional areas from Wyndham, Broome, Port Hedland, Geraldton, Kalgoorlie, Northam, Bunbury and Albany. More than half of the participating families are Aboriginal or Torres Strait Islander.

DCD also employs capacity builders in Esperance, Meekatharra, Tom Price, Katanning, Mirrabooka, Onslow, Perth and Carnarvon. The staff work collaboratively with local community groups and community members to develop and initiate sustainable solutions to key social issues.

Continued



POLICY AND PROGRAMME FRAMEWORKS FOR STRENGTHENING FAMILIES *(continued)*

The Western Australian Early Years Strategy. The Early Years Strategy is an across-government initiative designed to improve the wellbeing of young children (0–8 years of age) through a strengths-based, collaborative approach which builds the capacity of communities to support the development of young children and their families.

The Departments for Community Development, Health, and Education and Training provide leadership and secretariat support to the Early Years Strategy Steering Committee, which is responsible for implementing the strategy. DCD supports 25 Early Years community sites across the state. Funding grants are also made available to Early Years communities to help them implement their local plans.

Best Beginnings. The Best Beginnings home visiting service supports expectant parents and parents with children aged up to two years who demonstrate a number of risk factors that may lead to poor life outcomes for their children. The program is a collaboration between DCD and the Western Australian Department of Health. Best Beginnings is currently offered in six Perth metropolitan and two country sites.

Best Start. Best Start services aim to engage with parents and extended family of Indigenous children aged 0–5 years to ensure their needs are met and improve their transition to school. Best Start services operate at 17 locations, mostly in rural and remote localities of Western Australia, and offer a range of activities including playgroups, home visits, workshops and social and cultural activities.

Aboriginal Early Years. Six Aboriginal Early Years support services for families with children aged 0–3 years are operated by not-for-profit agencies at Midland, Joondalup, Thornlie, Kalgoorlie and Katanning and Albany.

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

Multivariate logistic regression modelling (see *Glossary*) has been used to assess the simultaneous impact of multiple factors on the likelihood of families functioning poorly. This model adjusts for the independent effects of the other variables in the model. The relationships observed with this method are referred to as ‘independent associations’, and no causal relationship is suggested. Earlier in this chapter, results from cross-tabulation analyses were presented, which show the proportion of the study population that exhibited a particular characteristic. For an explanation of the differences between cross-tabulation and logistic regression analysis, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

FACTORS INDEPENDENTLY ASSOCIATED WITH POOR FAMILY FUNCTIONING

Factors found to be independently associated with poor family functioning are highlighted below. Analysis within the modelling framework indicated that there were 15 factors associated with poor family functioning, after adjusting for the effects of LORI and all other factors in the model. These included:



- ◆ quality of children's diet
- ◆ family financial strain
- ◆ education level of the primary carer
- ◆ involvement in Aboriginal organisations
- ◆ importance of Aboriginal ceremonial business
- ◆ not being involved in Aboriginal events because of a lack of interest
- ◆ importance of religion/spirituality
- ◆ overuse of alcohol causing problems in the household
- ◆ whether the primary carer had ever been arrested or charged
- ◆ whether the partner of the primary carer had ever been arrested or charged
- ◆ having more than one place of residence during the year
- ◆ need for children to stay with other family or friends because of a family crisis or the child's behaviour
- ◆ quality of parenting
- ◆ whether children were at high risk of clinically significant emotional or behavioural difficulties
- ◆ child vision problems.

In addition, carer use of Mental Health Services, whether the primary carer had someone to yarn to about their problems, and the age of the primary carer showed a trend toward an independent association with poor family functioning but the results for these factors did not quite reach significance in the model.

A number of the factors shown to be related to poor family functioning in a cross-tabulation analysis were not associated with family functioning after controlling for all other factors in the model. These factors included: whether carers do things together for enjoyment; whether carers show signs that they care for each other; whether arguments turn into pushing, shoving or hitting; the main language spoken by the primary carer; whether carers quarrel; whether the primary carer had been treated for emotional problems; and the number of life stress events experienced by the family in the last 12 months. The association between these factors and poor family functioning can be explained by the existence of one or more of the factors that were found to be significant in the modelled results.

The key predictors of poor family functioning

Multivariate logistic modelling identified two major factors associated with poor family functioning. These were family financial strain and the quality of the children's diet.

Family financial strain. When the primary carer described the family's money situation as 'spending more money than we get', they were over two and a half times more likely (Odds Ratio 2.53; CI: 1.18–5.40) to be rated as having poor family functioning than primary carers in families who reported that they could 'save a lot' (Figure 4.9). The results also suggest that other families with a degree of financial strain are at an elevated risk of poor family functioning, although these results were not statistically significant.



As noted in Chapter Three, the majority of primary carers of Aboriginal children reported some form of family financial strain. Almost one in ten carers (9.5 per cent; CI: 8.2%–11.0%) reported that they were spending more than they got. A further 43.9 per cent (CI: 41.6%–46.4%) had just enough money to get through to the next pay.

Children’s dietary quality. The measure of dietary quality derived from the survey was designed to reflect whether the principles of a healthy diet were being observed. Four indicators of dietary quality were used to construct an overall measure for each child (for more details see commentary box entitled *Assessing dietary quality in the WAACHS*). In order to use this child-level factor in the modelling process, the average number of dietary quality indicators among all of a primary carer’s children has been calculated.

About one in every eight (12.3 per cent; CI: 10.6%–14.1%) primary carers reported that, on average, their children met 0–1 of the four dietary quality indicators. Another 28.6 per cent said that their children met two dietary quality indicators.

Quality of diet was strongly associated with family functioning. When less than three of the four dietary indicators were met, on average, there was an increased likelihood of poor family functioning – the odds ratios were over three and a half when 0–1 indicators were met (Odds Ratio 3.59; CI: 2.12–6.10) and over two and a half when an average of two indicators were met (Odds Ratio 2.56; CI: 1.58–4.15) (Figure 4.9).

Other factors associated with poor family functioning

Overuse of alcohol causing problems in the household. Around 13.6 per cent (CI: 12.0%–15.2%) of primary carers were living in households where overuse of alcohol caused problems. Primary carers reporting this problem were twice as likely (Odds Ratio 2.00; CI: 1.42–2.80) to be part of a family that functioned poorly than carers who did not report alcohol-related problems (Figure 4.9).

Involvement in Aboriginal organisations. Primary carers who had not been involved with any Aboriginal organisations in the previous 12 months were almost one and a half times more likely (Odds Ratio 1.42; CI: 1.07–1.88) to have poor family functioning than other primary carers (Figure 4.9). An estimated 61.4 per cent (CI: 59.0%–63.8%) of primary carers had not been involved with an Aboriginal organisation in this period.

Primary carer ever arrested or charged with an offence. Over a third (36.6 per cent; CI: 34.3%–38.9%) of primary carers had ever been arrested or charged at some point in their lives. These carers had an elevated risk (Odds Ratio 1.40; CI: 1.08–1.80) of poor family functioning when compared with the group of primary carers who reported never having been arrested or charged (Figure 4.9).

Primary carer’s partner ever arrested or charged with an offence. Around half (51.5 per cent; CI: 48.4%–54.7%, or 4,010 persons; CI: 3,740–4,300) of the primary carers who had a partner reported that their partner had been arrested or charged with an offence at some stage. When this was the case, families were more than one and a half times more likely (Odds Ratio 1.61; CI: 1.16–2.24) to be functioning poorly when compared with other families (Figure 4.9).

Importance of religion/spirituality. There was a range of responses to the question on the importance of religion/spirituality. Most primary carers reported that religion/spirituality held at least ‘some’ importance in their lives, with the most common response being that religion/spirituality was ‘very much’ important. For 13.4 per cent (CI: 11.6%–15.3%) of carers, religion/spirituality was ‘not at all’ important.



There was a strong association between the importance that the primary carer placed on religion/spirituality and family functioning. Carers who said religion/spirituality was 'very much' important to them were the least likely to be in a family with poor functioning (Odds Ratio 0.38; CI: 0.26–0.55). Even carers who rated religion/spirituality as having only 'some' importance were significantly less likely (Odds Ratio 0.61; CI: 0.42–0.91) to have poor functioning in their family than carers who saw religion/spirituality as 'not at all' important (Figure 4.9).

Multiple residences. The estimated 1,200 (1,040–1,380) primary carers who said they had another place that they lived in for parts of the year (separate to their place of residence at the time of the survey) had a higher risk (Odds Ratio 1.55; CI: 1.03–2.31) of poor family functioning than other carers (Figure 4.9).

Primary carer education. Relative to those carers who had completed 10 years of education, those who had completed 13 years or more were over one and a half times more likely to have poor functioning in their family (Odds Ratio 1.78; CI: 1.08–2.95). While this represents a significantly increased likelihood, there was only a small number (780; CI: 620–970) of primary carers with 13 years or more of education, whereas 5,440 (CI: 5,160–5,720) primary carers reported Year 10 as their highest level of school completed (Figure 4.9).

Importance of Aboriginal ceremonial business. Regarding Aboriginal ceremonial business as unimportant was associated with an increased likelihood of poor functioning in the family. The relative risk of poor family functioning was 1.61 (CI: 1.18–2.19) when compared with carers who thought that ceremonial business was important (Figure 4.9).

Almost one in five (19.6 per cent; CI: 17.8%–21.6%) primary carers stated that Aboriginal ceremonial business was not important to them.

Interest in Aboriginal events. The survey asked carers about their participation in Aboriginal events. Specifically, they were asked about whether, in the past 12 months, they had gone to an Aboriginal funeral, Aboriginal ceremony or Aboriginal festival or carnival, or if they had been involved in an Aboriginal organisation. There was a small number of primary carers (550; CI: 460–650) who indicated that they did not attend any of these Aboriginal events in the last year because they were not interested. This group were twice as likely (Odds Ratio 1.93; CI: 1.09–3.42) as all other primary carers to be rated as having poor family functioning (Figure 4.9).

Children staying away overnight. The WAACHS asked carers whether any of their children stayed overnight with other family or friends because of a family crisis or behavioural problems. There were 1,610 (1,390–1,840) primary carers who indicated that, in the last six months, at least one of their children needed to stay with other family or friends. These primary carers were more likely (Odds Ratio 1.51; CI: 1.08–2.10) than others to have poor family functioning (Figure 4.9).

Child vision problems. A considerable proportion of carers indicated that at least one of their children did not have normal vision in both eyes (11.7 per cent; CI: 10.1%–13.5%). When this was the case, there was an elevated risk of poor family functioning (Odds Ratio 1.73; CI: 1.20–2.50) (Figure 4.9).

Child mental health problems. Over a quarter (28.2 per cent; CI: 25.9%–30.6%) of carers had at least one child at high risk of clinically significant emotional or behavioural difficulties at the time of the survey. The families of these carers were more than one and a half times more likely (Odds Ratio 1.67; CI: 1.25–2.22) to function poorly than families with no children at high risk.



Quality of parenting. The survey asked primary carers a series of questions to ascertain the quality of their parenting skills (see comment box entitled *Defining quality of parenting in the WAACHS* for more details on how the quality of parenting measure was constructed). When the quality of parenting was rated as 'poor', the family was twice as likely (Odds Ratio 2.10; CI: 1.62–2.73) to be functioning poorly when compared with other families.

FIGURE 4.9: PRIMARY CARERS — LIKELIHOOD OF HAVING POOR FAMILY FUNCTIONING, ASSOCIATED WITH CHILD, CARER, FAMILY, HOUSEHOLD AND ENVIRONMENT FACTORS

Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	0.79	(0.56 - 1.10)
Moderate	1.21	(0.83 - 1.78)
High	1.00	(0.53 - 1.85)
Extreme	1.50	(0.86 - 2.62)
Family financial strain		
Spending more than we get	2.53	(1.17 - 5.42)
Have just enough money to get through to next pay	1.84	(0.92 - 3.70)
Some money left over each week but we spend it	1.54	(0.73 - 3.27)
Can save a bit now and again	1.40	(0.69 - 2.83)
Can save a lot	1.00	
Overuse of alcohol causes problems in the household?		
No	1.00	
Yes	1.91	(1.36 - 2.68)
Primary carer level of education		
Did not attend school	2.08	(0.96 - 4.49)
1–9 years education	0.85	(0.62 - 1.18)
10 years education	1.00	
11–12 years education	0.99	(0.73 - 1.34)
13 years or more education	1.82	(1.10 - 3.03)
Primary carer involved in Aboriginal organisations?		
No	1.41	(1.06 - 1.87)
Yes	1.00	
Primary carer ever arrested or charged with an offence?		
No	1.00	
Yes	1.37	(1.06 - 1.77)
Primary carer's partner ever arrested or charged with an offence?		
No	1.00	
Yes	1.57	(1.13 - 2.19)
No partner/spouse	1.25	(0.91 - 1.73)
Importance of religion/spirituality in the life of the primary carer		
Not at all/None	1.00	
A little	0.70	(0.46 - 1.07)
Some	0.63	(0.43 - 0.93)
Quite a bit	0.64	(0.42 - 0.97)
Very much	0.38	(0.26 - 0.55)

Continued . . .



FIGURE 4.9 (continued): PRIMARY CARERS — LIKELIHOOD OF HAVING POOR FAMILY FUNCTIONING, ASSOCIATED WITH CHILD, CARER, FAMILY, HOUSEHOLD AND ENVIRONMENT FACTORS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Spend part of the year living in another residence?		
No	1.00	
Yes	1.57	(1.05 - 2.35)
Primary carer not involved in Aboriginal events(a) because they 'weren't interested'?		
No	1.00	
Yes	2.01	(1.13 - 3.57)
Not applicable	1.05	(0.73 - 1.51)
Average number of dietary quality indicators met among all children in the family(b)		
0–1	3.54	(2.08 - 6.03)
2	2.55	(1.57 - 4.14)
3	1.40	(0.84 - 2.33)
4	1.00	
At least one child has stayed overnight with other family or friends because of a family crisis or behaviour problems?		
No	1.00	
Yes	1.44	(1.03 - 2.02)
At least one child in the family does not have normal vision in both eyes?		
No	1.00	
Yes	1.62	(1.12 - 2.34)
Poor quality of parenting(c)?		
No	1.00	
Yes	1.95	(1.50 - 2.54)
At least one child at high risk of clinically significant emotional or behavioural difficulties?		
No	1.00	
Yes	1.67	(1.25 - 2.22)
Importance of Aboriginal ceremonial business to the primary carer		
Important	1.00	
Not important	1.66	(1.22 - 2.26)
Not relevant	1.50	(1.07 - 2.09)

(a) 'Aboriginal events' are defined in the survey as: Aboriginal funerals; Aboriginal ceremonies; Aboriginal festivals/carnivals involving arts and crafts, music, dance or sport; and involvement in Aboriginal organisations.

(b) Excludes children aged 0–3 years.

(c) The questions used to derive quality of parenting were asked with respect to each child. In order to derive quality of parenting in a carer-level analysis, a rating has been calculated using an average of the scores for all children of the carer who were aged 4–17 years.



FACTORS NOT INDEPENDENTLY ASSOCIATED WITH POOR FAMILY FUNCTIONING

In addition to the factors outlined above, a wide range of other factors were modelled and not found to be independently associated with poor family functioning. They included:

- ◆ whether the carers had been forcibly separated from their natural family
- ◆ whether the primary carer had attended any Aboriginal funerals or ceremonies in the year prior to the survey
- ◆ whether the primary carer spoke an Aboriginal language
- ◆ whether the primary carer had a chronic medical condition or limiting condition
- ◆ the age of the primary carer
- ◆ carer use of Mental Health Services
- ◆ whether the primary carer had someone to yarn to about their problems
- ◆ labour force and employment status of the carers
- ◆ type of employment in main job and hours worked
- ◆ Aboriginal status of the primary carer
- ◆ overcrowding in the household
- ◆ whether the carer had used alcohol, tobacco or other substances during one or more pregnancies.



SOCIAL GRADIENTS AND FAMILY FUNCTIONING

As might be expected, the profile of family functioning among families with Aboriginal children varies with respect to social gradients, as measured by factors such as family financial strain and carer education. However, these effects are not necessarily strong, nor are they all in directions that might be anticipated.

As shown later in this chapter, financial strain was associated with poorer family functioning and is in the direction predicted by previous research (see Figure 4.9).² Financial strain is a source of stress for families and is associated with a general diminishment of material resources and flexibility in meeting the basic needs of day-to-day living. These stresses are likely to impact upon carer relationships and the more global ability of the family to manage requirements for individuals and collectively.

A more surprising finding was the association between carer education and poor family functioning. The association, while not observable in the cross-tabulation analysis, was revealed in the multivariate modelling and showed that carers with 13 years or more of education were significantly more likely to report poor family functioning relative to those carers with ten years of education (see Figure 4.9). At first glance this appears counterintuitive. It might commonly be thought that higher education ought to endow adults with capacities to better manage the demands of family life. Certainly higher education is usually accompanied by better prospects for employment and income and these in turn might be expected to be associated with better family functioning.

However, the responsibilities and opportunities that arise from higher education, along with better employment and work opportunities, bring associated levels of complexity to family life. These demands do not necessarily impact positively on family functioning. For example, in the Growing up in Australia: The Longitudinal Study of Australian Children (a study of predominately non-Aboriginal children) higher levels of education in the primary carer were associated with lower levels of social support. This study also showed that there were trade-offs between parental abilities to provide levels of reciprocal support for each other in parenting children and to achieve a good level of adult relationship satisfaction. Higher education is associated with employment and for families with young children, employment of both parents (either part-time or full-time) was related to higher levels of reciprocal support for parenting, but at the expense of relationship satisfaction — that is, primary carers who were employed were more likely to report low relationship satisfaction. Additionally, when both parents were employed part-time, secondary carers were more likely to report higher levels of arguments.⁴

In general, the association between higher education and poorer family functioning in families with Aboriginal children is likely to be reflected in carer reports of family difficulties associated with managing family and work balance, lower levels of social support, and stresses associated with meeting a variety of expectations within and outside of the family setting. As with mainstream families, in Aboriginal families the benefits of higher education do not necessarily flow on to create benefits for families in ways that, at first glance, might be expected.



RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH VERY GOOD FAMILY FUNCTIONING

To this point the chapter has focused on *poor* family functioning – including the factors that may contribute to families functioning poorly and the outcomes related to poor functioning. In this section, family functioning is analysed further by exploring the factors associated with families classified as having ‘very good’ family functioning. This type of analysis is aimed at identifying factors that may support and enhance resiliency in families with Aboriginal children and young people.

A multivariate logistic regression model (see *Glossary*) has been used to identify ten factors independently associated with very good family functioning (Table 4.43). As could be expected, there was a degree of overlap between the factors significantly associated with poor and very good family functioning. Seven of the factors associated with poor family functioning (Figure 4.9) were also found to be independently associated with very good family functioning, although the nature of the association was reversed (for more details, see section below entitled *Factors independently associated with very good family functioning*):

- ◆ family financial strain
- ◆ overuse of alcohol causing problems in the household
- ◆ importance of religion/spirituality
- ◆ level of educational attainment of the primary carer
- ◆ children’s dietary quality
- ◆ quality of parenting
- ◆ whether children were at high risk of clinically significant emotional or behavioural difficulties.

While the remaining eight factors in the poor family functioning model were tested, they were not significant in the model of very good family functioning.

A further three factors were identified as being significantly associated with very good family functioning. They included:

- ◆ age of the primary carer
- ◆ whether the primary carer had been forcibly separated from their natural family
- ◆ whether the carer had a limiting medical condition.

FACTORS INDEPENDENTLY ASSOCIATED WITH VERY GOOD FAMILY FUNCTIONING

Logistic regression modelling identified the following factors as being independently associated with very good family functioning (Table 4.43):

Family financial strain. Primary carers living in families that could save a lot were over four times more likely (Odds Ratio 4.11; CI: 2.22–7.62) to be living in families with very good family functioning compared with primary carers living in families that spent more than they got. Families that could save a bit now and again were also more likely to live in families with very good family functioning (Odds Ratio 2.05; CI: 1.29–3.25).

Overuse of alcohol causing problems in the household. Where carers did not report overuse of alcohol causing problems, they were over twice as likely (Odds Ratio 2.34; CI: 1.57–3.50) to have very good family functioning relative to carers who reported that overuse of alcohol was causing problems.



Importance of religion/spirituality. Primary carers who reported religion/spirituality as being 'very much' important in their lives were over twice as likely (Odds Ratio 2.10; CI: 1.44–3.08) to live in families with very good family functioning compared with primary carers where religion/spirituality was not seen to be important at all. Primary carers who regarded religion/spirituality as 'quite a lot' important were also more likely to be living in families with very good family functioning (Odds Ratio 1.72; CI: 1.12–2.63).

Primary carer education. Primary carers with 13 years or more of education were two times less likely (Odds Ratio 0.48; CI: 0.29–0.79) to be living in families with very good family functioning relative to primary carers with a Year 10 education. While this may be considered as a counterintuitive result, only a small number (780; CI: 620–970) of primary carers of Aboriginal children had completed 13 years or more of education.

Children's dietary quality. Families where children met three of the four WAACHS dietary quality indicators (Odds Ratio 2.19; CI: 1.44–3.31) and four dietary quality indicators (Odds Ratio 3.02; CI: 1.90–4.78) were more likely to be living in families with very good family functioning relative to families where children met 0–1 dietary quality indicators.

Quality of parenting. When the primary carer's quality of parenting was not rated as 'poor', the family was twice as likely (Odds Ratio 2.01; CI: 1.51–2.67) to have very good functioning relative to other families.

Child mental health problems. Carers with no children at high risk of clinically significant emotional or behavioural difficulties were more than one and a half times more likely (Odds Ratio 1.58; CI: 1.20–2.08) to be in families with very good functioning compared with carers who had one or more children at high risk.

Age of the primary carer. The modelled results indicate that the likelihood of very good family functioning increased with the age of the primary carer. However, when compared with families where the primary carer was aged 19 years or younger, the only significantly increased likelihood was in families where the primary carer was aged 50 years or older (Odds Ratio 2.40; CI: 1.16–4.97). It should be noted that less than one in ten (8.9 per cent; CI: 7.7%–10.3%) primary carers were aged 50 years or older.

Forced separation. There were 1,280 (CI: 1,090–1,490) primary carers who reported that they had been forcibly separated from their natural family by a mission, the government or welfare. The true value may be higher as another 500 carers chose not to answer the questions on forced separation.

Primary carers who had been forcibly separated from their natural family were around one and a half times more likely (Odds Ratio 1.46; CI: 1.02–2.09) to be living in families with very good family functioning compared with families where the primary carer had not been forcibly separated.

Limiting medical condition of the primary carer. At the time of the survey, there were 1,930 (CI: 1,720–2,150) primary carers who were limited in undertaking activities of daily living because of a medical condition. These carers were around one and a half times more likely (Odds Ratio 1.52; CI: 1.05–2.19) to be in families with very good functioning relative to primary carers who had a medical condition but were not limited in their activities of daily living.

Note that the likelihood of poor functioning was not significantly different between families where the primary carer did not have a medical condition and those where the primary carer had either a limiting or non-limiting medical condition.



QUALITY OF PARENTING

The nature of the relationship between a child and his or her primary carer, and the style and quality of the carer's parenting are important influences on the development and wellbeing of children.

DEFINING QUALITY OF PARENTING IN THE WAACHS

The WAACHS asked a series of questions of carers about their relationship with each of their children. An index of quality of parenting has been derived from three of these items: how often carers praise their children, how often they hit or smack their children and how often they laugh together with their children. These three items, which measure the concepts of parenting warmth and harshness, were rated by carers on a five-point frequency scale from 'Never' through to 'Almost always'. An overall score was produced by summing these three items. Children were then ranked by score, and split into quartiles based on this score, with approximately 25 per cent of children in each category. These categories have been labelled 'very good', 'good', 'fair' and 'poor' quality of parenting in this publication.

For further details on the quality of parenting items, and how they were combined to form the quality of parenting score, see *Appendix C* of Volume Two — *Measures derived from multiple responses and scales*.

There was a relationship between a range of carer, family, household and child and youth factors and quality of parenting. When the relationship between these factors was analysed further using a multilevel logistic modelling framework, six factors were found to be independently associated with poor quality of parenting. Specifically, there was an elevated risk of poor parenting quality when:

- ◆ the primary carer was 19 years of age or younger
- ◆ there were two or more young children (aged 0–3 years) in the household
- ◆ the family had another place that they lived in for parts of the year
- ◆ overuse of alcohol caused problems in the household
- ◆ the primary carer had attended an Aboriginal funeral in the last 12 months
- ◆ the primary carer regarded Aboriginal ceremonial business as not important.

The highest relative risk (odds ratio) of poor quality of parenting appeared to be when the primary carer was aged 19 years or younger (Odds Ratio 3.10; CI: 1.15–8.38) or had three or more children were aged 0–3 years (Odds Ratio 2.21; CI: 1.18–4.17). Those primary carers who stated that they lived in another place for parts of the year were almost twice as likely (Odds Ratio 1.90; CI: 1.20–3.00) to have poor quality of parenting than other carers (Table 4.44).



THE COMPLEX ASSOCIATIONS WITH FAMILY FUNCTIONING

Considerable care was taken to select and pilot questions and measures that reflected aspects of family functioning that were meaningful to Aboriginal carers (see *Appendix C* in Volume Two). In the early consultations that led to the development of the WAACHS, family life and the strength of Aboriginal families were consistently cited by Aboriginal people as being essential to measure.

In assessing the findings of this chapter a few important qualifications should be noted:

- ◆ Firstly, the measure used here is a global measure of positive family functioning. The total score was negatively skewed (i.e. most of the scores were high and relatively few were low). This showed that around two-thirds of carers rated the positive aspects of their family as occurring ‘quite a lot’ or ‘very much’. Very few carers responded to the positive family function items with responses of ‘not at all’ or ‘a little’. This means that many of the families characterised with ‘poor’ family functioning had relatively positive ratings on the questions that were used to form the measure of family functioning.
- ◆ Secondly, the findings are of associations — not causal effects. The WAACHS data are cross-sectional, not longitudinal, and the direction of effects cannot be interpreted as causal. Readers should not confuse the numerous significant and non-significant effects reported in this chapter as measures of causal effects but rather use them as a description of the wider context in which family functioning is set.
- ◆ Thirdly, family functioning is best thought of as a process, or a context, and is not necessarily best conceptualised as an ‘outcome’. It is not a ‘single’ thing. Many of the associations reported in this chapter invite further and more detailed studies with more appropriate research designs.

With these caveats in mind, several comments on the findings are warranted:

- ◆ Financial strain remains an important context in which poorer family functioning is set. This is not unique to Aboriginal families in the sense that low income and financial strain have been shown to be associated with poorer family functioning in mainstream Australian families.¹⁶ What needs to be appreciated is the scale of this problem for families with Aboriginal children: financial strain affects a substantially higher proportion of families with Aboriginal children. It represents a major barrier to their ability to manage as families on a day-to-day basis and to meet the demands of caring for, and raising, children.
- ◆ Two physical health measures in the children were independently associated with poorer family functioning — poor vision and lower dietary quality. These measures are more likely to be associated with a wider pattern of general disadvantage in families with Aboriginal children. They are likely to co-vary with the need for support from family and friends, as well as access to and finance for nutritious food and optical care. Both social support and financial management are items used (among others) to measure family function.

Continued . . .



THE COMPLEX ASSOCIATIONS WITH FAMILY FUNCTIONING *(continued)*

- ◆ Higher education in the carer is associated with poorer family functioning. This is an important association. As noted in Chapter 3, higher education in the carer was associated with older carer age, being in paid work at some time, and a favourable family money situation. Higher education and being in paid work at some time does not necessarily lead to a better family money situation — indeed, more able carers of Aboriginal children may be more likely to face increased demands on their time because of work and on their income from wider family commitments thus leading to greater financial strain. This has implications for the nature of supports and services that are given to Aboriginal carers who take up educational and employment opportunities. Increasing competence in the carers of Aboriginal children may not bring the immediate benefits that are seen in mainstream populations where there are wider supports in the form of other adult family members, mainstream services that are designed to cater for majority population needs, and fewer immediate health, educational and social burdens.
- ◆ Family functioning in Aboriginal families is associated with difficulties in the immediate social context of the family — both in terms of crises and in terms of low social engagement. This is seen in the significant associations between family functioning and higher residential mobility, crises stays for the children, poor parenting skill in the carer, and associations with alcohol use in the household and carer arrests. Carers reporting poorer family functioning were also less likely to be involved in Aboriginal organisations, ceremonies and events and were less likely to report religion or spirituality as being important.

Taken in context, this pattern of associations suggests that strengthening families with Aboriginal children must address the immediate developmental needs of carers in terms of their education, training and employment. However, the engagement of carers in education, training and employment opportunities must, of necessity, entail significant financial support for them — uptake of these opportunities is likely to entail greater financial stress in an already over-burdened circumstance. In providing meaningful support to carers who take up education, training and employment, considerable benefit would accrue from providing parent training opportunities and enriched educational day care for their children. These opportunities could be used beneficially to build community and local support capacities to specifically address this need.



ENDNOTES

1. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2005.
2. Zubrick SR, Williams AA, Silburn SR, Vimpani G. *Indicators of Social and Family Functioning*. Canberra: Department of Family and Community Services; 2000.
3. McCubbin MA, McCubbin HI, 'Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises'. In McCubbin HI, Thompson AI and McCubbin MA, *Family assessment: Resiliency, coping and adaptation – Inventories for research and practice*, (pp 1–64), Madison, WI: University of Wisconsin System; 1996.
4. Zubrick SR, Smith GJ, Nicholson JM, Sanson AV, Jackiewicz TA, LSAC Research Consortium. [in press]. *Parenting and families in Australia*. Canberra: Australian Government Department of Families, Community Services and Indigenous Affairs.
5. Gordon S, Hallahan K, Henry D. *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Perth: Department of the Premier and Cabinet; 2002.
6. Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key Indicators 2005*. Canberra: Productivity Commission; 2005.
7. Australian Institute of Health and Welfare. *Child Protection Australia 2004-05*, (AIHW cat. no. CWS 26 (Child Welfare Series no. 38), Canberra; 2006.
8. Families Australia. *Our Children, Our Concern, Our Responsibility. A Case for Commonwealth Investment in the Prevention of Child Abuse and Neglect*, Canberra: Families Australia; 2004.
9. Lee A, Bonson A, Yarmirr D, O'Dea K, Matthews J. *Sustainability of a successful health and nutrition program in a remote Aboriginal community*, Medical Journal of Australia 162; 632–635; 1995.
10. Australian Bureau of Statistics. *National Health Survey 2001: User Guide*, (ABS Catalogue No. 4363.0.55.001), Canberra; 2003.
11. Schore AN. *Dysregulation of the Right Brain: A Fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder*, Australian and New Zealand Journal of Psychiatry; 2002: 36, 9-30.
12. Mc Ewan BS. *The neurobiology of stress: From serendipity to clinical relevance*, Brain Research; 2000: 886;172-189.
13. Berlin LJ. *Enhancing Early Attachments: Theory, Research, Intervention, and Policy*. New York: The Guildford Press; 2005.
14. Department for Family and Children's Services (2001), *Annual Report 2000/2001*. Perth: Department for Family and Children's Services.
15. Steering Committee for the Review of Government Service Provision, *Report on Government Services 2006*. [online] Productivity Commission; 2006 [cited 2006 Sep 12]; Available from: URL: <http://www.pc.gov.au/gsp/reports/rogs/2006/index.html>
16. Silburn SR, Zubrick SR, Garton A, Gurrin L, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D. *Western Australian Child Health Survey: Family and Community Health*. Perth: Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research; 1996.



DETAILED TABLES

MEASURING FAMILY FUNCTIONING

TABLE 4.1: PRIMARY CARERS — FAMILY FUNCTIONING, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Poor	1 070	(930 - 1 240)	23.8	(20.5 - 27.4)
Fair	1 150	(980 - 1 320)	25.4	(21.8 - 29.2)
Good	1 140	(970 - 1 330)	25.2	(21.6 - 29.3)
Very good	1 160	(980 - 1 360)	25.6	(21.6 - 30.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Poor	620	(490 - 770)	19.7	(16.0 - 24.1)
Fair	880	(750 - 1 030)	28.1	(24.4 - 32.1)
Good	680	(560 - 820)	21.7	(18.0 - 25.6)
Very good	960	(800 - 1 130)	30.5	(26.0 - 35.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Poor	700	(560 - 860)	25.9	(22.0 - 30.2)
Fair	680	(530 - 850)	25.2	(20.9 - 29.7)
Good	620	(490 - 770)	23.1	(19.5 - 27.1)
Very good	690	(570 - 830)	25.8	(22.4 - 29.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Poor	220	(140 - 330)	20.2	(13.9 - 27.3)
Fair	310	(180 - 510)	28.9	(20.1 - 39.0)
Good	240	(150 - 360)	22.1	(16.2 - 29.6)
Very good	310	(200 - 450)	28.8	(21.4 - 37.6)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Poor	360	(250 - 500)	31.2	(24.3 - 38.5)
Fair	270	(180 - 390)	23.8	(17.9 - 30.3)
Good	280	(160 - 450)	24.4	(16.2 - 33.9)
Very good	240	(150 - 380)	20.6	(13.9 - 28.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.2: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	

DEMOGRAPHIC FACTORS AND POOR FAMILY FUNCTIONING

TABLE 4.3: PRIMARY CARERS — FAMILY FUNCTIONING, BY CATEGORIES OF SOCIO-ECONOMIC DISADVANTAGE(a)

<i>Categories of Socio-economic disadvantage</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%	Poor	810	(650 - 980)	25.7	(22.1 - 29.8)
	Fair	780	(620 - 970)	24.7	(20.8 - 29.0)
	Good	790	(600 - 1 000)	25.1	(20.6 - 30.1)
	Very good	770	(600 - 960)	24.5	(20.2 - 29.0)
	Total	3 150	(2 680 - 3 620)	100.0	
5%–10%	Poor	410	(310 - 530)	25.6	(21.1 - 30.6)
	Fair	420	(290 - 600)	26.0	(19.7 - 33.1)
	Good	390	(290 - 510)	24.4	(19.3 - 30.1)
	Very good	380	(280 - 510)	23.9	(19.2 - 29.3)
Total	1 600	(1 300 - 1 970)	100.0		
10%–25%	Poor	680	(550 - 830)	21.3	(18.1 - 24.9)
	Fair	950	(770 - 1 160)	29.8	(25.8 - 34.2)
	Good	730	(600 - 890)	23.0	(19.9 - 26.4)
	Very good	830	(670 - 1 010)	25.9	(22.1 - 30.1)
Total	3 200	(2 780 - 3 650)	100.0		
25%–50%	Poor	720	(570 - 900)	22.6	(18.5 - 27.2)
	Fair	780	(630 - 960)	24.6	(20.9 - 28.5)
	Good	740	(590 - 930)	23.4	(19.5 - 27.4)
	Very good	940	(750 - 1 150)	29.4	(24.9 - 34.0)
Total	3 180	(2 750 - 3 640)	100.0		
Top 50%	Poor	340	(220 - 510)	23.9	(16.2 - 32.2)
	Fair	360	(240 - 520)	25.3	(18.3 - 33.5)
	Good	300	(170 - 480)	20.7	(12.8 - 30.1)
	Very good	430	(290 - 610)	30.2	(21.8 - 39.1)
Total	1 430	(1 090 - 1 820)	100.0		
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) See *Index of Relative Socio-economic Disadvantage* in the *Glossary*



TABLE 4.4: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF YOUNGEST CHILD IN THE HOUSEHOLD

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–3 years				
Poor	1 560	(1 390 - 1 750)	26.4	(23.7 - 29.3)
Fair	1 530	(1 330 - 1 750)	25.9	(22.8 - 29.1)
Good	1 250	(1 070 - 1 450)	21.2	(18.2 - 24.4)
Very good	1 570	(1 390 - 1 760)	26.5	(23.7 - 29.5)
Total	5 910	(5 600 - 6 230)	100.0	
4–7 years				
Poor	600	(490 - 730)	20.7	(17.1 - 24.5)
Fair	750	(630 - 900)	25.7	(21.8 - 29.8)
Good	750	(620 - 900)	25.8	(21.6 - 30.3)
Very good	810	(660 - 970)	27.8	(23.6 - 32.5)
Total	2 910	(2 660 - 3 180)	100.0	
8–11 years				
Poor	380	(280 - 510)	20.0	(14.9 - 26.0)
Fair	580	(460 - 720)	30.1	(24.6 - 36.5)
Good	460	(350 - 600)	24.2	(18.7 - 30.3)
Very good	490	(370 - 640)	25.7	(20.0 - 31.8)
Total	1 920	(1 690 - 2 160)	100.0	
12–14 years				
Poor	270	(180 - 400)	25.8	(17.9 - 34.7)
Fair	220	(150 - 320)	20.4	(13.8 - 29.0)
Good	310	(210 - 440)	29.6	(21.6 - 38.8)
Very good	260	(160 - 380)	24.2	(15.5 - 33.6)
Total	1 060	(870 - 1 280)	100.0	
15–17 years				
Poor	140	(90 - 220)	19.1	(11.8 - 27.4)
Fair	210	(160 - 290)	28.2	(21.0 - 36.1)
Good	170	(120 - 250)	23.1	(16.4 - 31.7)
Very good	220	(150 - 310)	29.6	(21.2 - 38.5)
Total	760	(630 - 900)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.5: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF OLDEST CHILD IN THE HOUSEHOLD

Family functioning quartiles	Number	95% CI	%	95% CI
0–3 years				
Poor	420	(320 - 540)	25.8	(20.3 - 31.7)
Fair	390	(310 - 480)	23.7	(19.1 - 29.1)
Good	410	(310 - 530)	24.9	(19.8 - 31.0)
Very good	420	(330 - 530)	25.5	(20.4 - 31.0)
Total	1 640	(1 460 - 1 840)	100.0	
4–7 years				
Poor	480	(380 - 600)	22.5	(18.1 - 27.6)
Fair	590	(480 - 730)	27.9	(22.8 - 33.2)
Good	450	(350 - 570)	21.0	(16.6 - 26.2)
Very good	610	(490 - 750)	28.6	(23.5 - 34.1)
Total	2 130	(1 920 - 2 360)	100.0	
8–11 years				
Poor	640	(530 - 770)	23.6	(19.6 - 28.1)
Fair	650	(520 - 810)	24.2	(19.8 - 28.8)
Good	640	(520 - 780)	23.6	(19.5 - 27.9)
Very good	770	(630 - 940)	28.6	(24.0 - 33.7)
Total	2 700	(2 450 - 2 950)	100.0	
12–14 years				
Poor	610	(500 - 750)	23.0	(18.8 - 27.8)
Fair	670	(550 - 820)	25.4	(20.9 - 30.4)
Good	710	(560 - 910)	26.9	(21.6 - 32.4)
Very good	660	(500 - 830)	24.7	(19.5 - 30.5)
Total	2 660	(2 390 - 2 940)	100.0	
15–17 years				
Poor	810	(670 - 970)	23.6	(19.9 - 27.7)
Fair	980	(820 - 1 150)	28.6	(24.6 - 33.1)
Good	750	(620 - 900)	21.8	(18.3 - 25.7)
Very good	890	(760 - 1 040)	26.0	(22.4 - 29.9)
Total	3 430	(3 160 - 3 710)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.6: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOUSEHOLD COMPOSITION

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family				
Poor	970	(810 - 1 150)	20.6	(17.5 - 24.2)
Fair	1 170	(990 - 1 360)	24.7	(21.3 - 28.5)
Good	1 150	(980 - 1 340)	24.5	(21.1 - 28.1)
Very good	1 430	(1 230 - 1 650)	30.2	(26.3 - 34.2)
Total	4 720	(4 410 - 5 030)	100.0	
Sole parent family				
Poor	1 230	(1 080 - 1 400)	25.7	(22.7 - 28.9)
Fair	1 340	(1 160 - 1 540)	28.0	(24.6 - 31.6)
Good	1 100	(940 - 1 280)	22.9	(19.8 - 26.4)
Very good	1 120	(950 - 1 310)	23.4	(20.2 - 26.9)
Total	4 790	(4 500 - 5 090)	100.0	
Two parent step/blended family				
Poor	550	(450 - 660)	26.3	(21.8 - 31.0)
Fair	590	(490 - 710)	28.4	(23.9 - 33.2)
Good	460	(330 - 620)	21.9	(16.4 - 28.4)
Very good	490	(380 - 610)	23.4	(18.9 - 28.5)
Total	2 090	(1 870 - 2 330)	100.0	
Other (e.g. Aunts/uncles, Grandparents) (a)				
Poor	210	(130 - 300)	21.6	(14.6 - 30.4)
Fair	190	(120 - 280)	19.8	(13.3 - 28.3)
Good	240	(170 - 340)	25.7	(18.9 - 33.9)
Very good	310	(230 - 410)	32.9	(25.6 - 41.3)
Total	950	(800 - 1 130)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	

(a) Includes extended family care arrangements, e.g. aunts, uncles, grandparents, non family members and children living independently.



TABLE 4.7: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THEY SPENT PART OF EACH YEAR LIVING IN ANOTHER PLACE(a)

<i>Another place that you live</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 590	(2 350 - 2 840)	22.8	(20.7 - 24.9)
	Fair	3 030	(2 780 - 3 290)	26.7	(24.5 - 28.9)
	Good	2 720	(2 480 - 2 980)	24.0	(21.8 - 26.2)
	Very good	3 020	(2 760 - 3 300)	26.6	(24.3 - 29.0)
	Total	11 400	(11 200 - 11 500)	100.0	
Yes	Poor	380	(310 - 450)	31.5	(25.8 - 37.3)
	Fair	260	(160 - 390)	21.8	(14.9 - 30.9)
	Good	230	(170 - 320)	19.5	(14.1 - 25.3)
	Very good	330	(260 - 410)	27.2	(22.1 - 33.2)
	Total	1 200	(1 040 - 1 380)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) A place other than the place of residence at the time of the survey.

4



CHILD AND YOUTH FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.8: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — LEVEL OF FAMILY FUNCTIONING, BY BIRTH MOTHER'S USE OF ALCOHOL OR TOBACCO DURING PREGNANCY

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No alcohol or tobacco				
Poor	2 170	(1 830 - 2 560)	20.2	(17.2 - 23.6)
Fair	2 820	(2 450 - 3 210)	26.3	(23.1 - 29.6)
Good	2 680	(2 290 - 3 110)	24.9	(21.6 - 28.7)
Very good	2 870	(2 470 - 3 320)	26.7	(23.3 - 30.4)
Not stated	200	(130 - 290)	1.8	(1.2 - 2.7)
Total	10 700	(10 100 - 11 400)	100.0	
Alcohol, no tobacco used				
Poor	370	(250 - 550)	26.2	(17.6 - 35.4)
Fair	440	(280 - 650)	30.8	(21.3 - 42.0)
Good	240	(130 - 400)	17.3	(10.0 - 26.8)
Very good	310	(230 - 420)	21.9	(15.2 - 29.3)
Not stated	50	(30 - 80)	3.7	(2.0 - 6.2)
Total	1 420	(1 150 - 1 720)	100.0	
Tobacco, no alcohol used				
Poor	1 600	(1 350 - 1 880)	20.6	(17.5 - 24.0)
Fair	2 010	(1 670 - 2 390)	25.8	(22.0 - 30.2)
Good	1 670	(1 410 - 1 970)	21.5	(18.2 - 25.0)
Very good	2 320	(1 960 - 2 710)	29.9	(25.7 - 34.1)
Not stated	170	(70 - 330)	2.2	(0.9 - 4.2)
Total	7 770	(7 210 - 8 340)	100.0	
Alcohol and tobacco used				
Poor	1 320	(1 080 - 1 590)	32.6	(27.3 - 38.0)
Fair	1 050	(820 - 1 310)	25.9	(20.8 - 31.4)
Good	860	(680 - 1 080)	21.3	(16.9 - 26.1)
Very good	740	(530 - 1 030)	18.3	(13.3 - 24.1)
Not stated	80	(50 - 130)	2.0	(1.1 - 3.1)
Total	4 040	(3 620 - 4 500)	100.0	
Total				
Poor	5 460	(4 940 - 6 020)	22.8	(20.6 - 25.0)
Fair	6 310	(5 740 - 6 910)	26.3	(24.0 - 28.7)
Good	5 450	(4 920 - 6 000)	22.8	(20.6 - 25.0)
Very good	6 240	(5 660 - 6 880)	26.0	(23.6 - 28.5)
Not stated	500	(350 - 680)	2.1	(1.5 - 2.9)
Total	24 000	(23 400 - 24 500)	100.0	



TABLE 4.9: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY PERCENTAGE OF OPTIMAL BIRTH WEIGHT (POBW)

<i>POBW</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
POBW less than 85%	Poor	1 170	(930 - 1 440)	21.6	(17.7 - 25.8)
	Fair	1 450	(1 230 - 1 690)	26.7	(22.9 - 30.8)
	Good	1 100	(880 - 1 380)	20.3	(16.6 - 24.7)
	Very good	1 560	(1 310 - 1 850)	28.8	(24.6 - 33.6)
	Not stated	140	(90 - 200)	2.5	(1.6 - 3.8)
	Total	5 420	(4 970 - 5 880)	100.0	
POBW 85% or more	Poor	4 270	(3 810 - 4 770)	22.0	(19.7 - 24.4)
	Fair	4 980	(4 500 - 5 490)	25.6	(23.2 - 28.2)
	Good	4 430	(3 960 - 4 920)	22.8	(20.5 - 25.2)
	Very good	5 390	(4 870 - 5 950)	27.8	(25.2 - 30.5)
	Not stated	360	(260 - 480)	1.8	(1.3 - 2.4)
	Total	19 400	(18 800 - 20 000)	100.0	
Not stated	Poor	1 180	(980 - 1 430)	23.7	(19.8 - 28.1)
	Fair	1 250	(1 030 - 1 490)	25.0	(21.1 - 29.3)
	Good	1 260	(990 - 1 560)	25.3	(21.0 - 30.3)
	Very good	980	(800 - 1 190)	19.6	(16.1 - 23.4)
	Not stated	320	(160 - 520)	6.3	(3.6 - 10.7)
	Total	4 980	(4 500 - 5 500)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 4.10: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER WAS THEIR BIRTH MOTHER — FAMILY FUNCTIONING, BY EVER BEEN BREASTFED

<i>Breastfed?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	630	(490 - 780)	21.8	(17.2 - 27.2)
	Fair	860	(680 - 1 060)	29.9	(24.0 - 36.2)
	Good	590	(430 - 800)	20.7	(15.3 - 26.9)
	Very good	740	(520 - 1 030)	25.8	(19.2 - 33.8)
	Not stated	50	(10 - 140)	1.8	(0.5 - 4.9)
	Total	2 870	(2 520 - 3 240)	100.0	
Yes	Poor	4 830	(4 340 - 5 360)	22.9	(20.7 - 25.4)
	Fair	5 450	(4 910 - 6 010)	25.9	(23.5 - 28.4)
	Good	4 860	(4 370 - 5 370)	23.0	(20.8 - 25.4)
	Very good	5 500	(4 970 - 6 070)	26.1	(23.6 - 28.7)
	Not stated	450	(310 - 620)	2.1	(1.5 - 2.9)
	Total	21 100	(20 500 - 21 600)	100.0	
Total	Poor	5 460	(4 940 - 6 020)	22.8	(20.6 - 25.0)
	Fair	6 310	(5 740 - 6 910)	26.3	(24.0 - 28.7)
	Good	5 450	(4 920 - 6 000)	22.8	(20.6 - 25.0)
	Very good	6 240	(5 660 - 6 880)	26.0	(23.6 - 28.5)
	Not stated	500	(350 - 680)	2.1	(1.5 - 2.9)
	Total	24 000	(23 400 - 24 500)	100.0	



TABLE 4.11: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD HAS NORMAL VISION IN BOTH EYES

<i>Normal vision?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	560	(400 - 750)	30.3	(22.5 - 38.9)
	Fair	470	(300 - 700)	25.4	(17.1 - 35.0)
	Good	330	(230 - 460)	17.8	(12.4 - 24.8)
	Very good	430	(300 - 610)	23.3	(16.3 - 31.5)
	Not stated	60	(10 - 170)	3.2	(0.7 - 9.0)
	Total	1 850	(1 550 - 2 190)	100.0	
Yes	Poor	4 270	(3 800 - 4 740)	20.3	(18.1 - 22.5)
	Fair	5 520	(5 040 - 6 020)	26.2	(24.0 - 28.5)
	Good	5 040	(4 540 - 5 560)	23.9	(21.6 - 26.3)
	Very good	5 710	(5 180 - 6 260)	27.1	(24.7 - 29.7)
	Not stated	520	(360 - 720)	2.5	(1.7 - 3.4)
	Total	21 100	(20 700 - 21 400)	100.0	
Total	Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
	Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
	Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
	Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	

4

TABLE 4.12: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY NUMBER OF DIETARY QUALITY INDICATORS MET

<i>Indicator of dietary quality</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No criteria met	Poor	70	(20 - 180)	31.6	(8.4 - 58.1)
	Fair	70	(30 - 130)	30.8	(12.6 - 56.6)
	Good	70	(20 - 160)	28.7	(8.4 - 58.1)
	Very good	20	(0 - 190)	8.9	(0.0 - 60.2)
	Not stated	0	(0 - 60)	0.0	(0.0 - 21.8)
	Total	230	(130 - 390)	100.0	
1 criterion met	Poor	810	(610 - 1 070)	31.7	(24.3 - 39.3)
	Fair	670	(480 - 900)	26.3	(19.9 - 34.0)
	Good	500	(360 - 690)	19.7	(14.1 - 26.0)
	Very good	520	(370 - 730)	20.5	(14.9 - 27.5)
	Not stated	40	(10 - 180)	1.7	(0.2 - 6.9)
	Total	2 550	(2 190 - 2 940)	100.0	
2 criteria met	Poor	1 920	(1 620 - 2 250)	25.8	(22.0 - 29.6)
	Fair	2 010	(1 710 - 2 340)	27.0	(23.1 - 31.0)
	Good	1 650	(1 360 - 1 990)	22.2	(18.4 - 26.2)
	Very good	1 690	(1 400 - 2 030)	22.7	(19.1 - 26.6)
	Not stated	180	(100 - 310)	2.4	(1.2 - 3.9)
	Total	7 440	(6 920 - 7 970)	100.0	
3 criteria met	Poor	1 420	(1 150 - 1 710)	17.0	(14.0 - 20.3)
	Fair	2 280	(1 980 - 2 600)	27.4	(24.0 - 30.8)
	Good	2 170	(1 870 - 2 510)	26.0	(22.7 - 29.7)
	Very good	2 180	(1 860 - 2 520)	26.1	(22.7 - 29.7)
	Not stated	290	(190 - 430)	3.5	(2.3 - 5.1)
	Total	8 330	(7 800 - 8 870)	100.0	

Continued . . .



TABLE 4.12 (continued): ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY NUMBER OF DIETARY QUALITY INDICATORS MET

Indicator of dietary quality	Family functioning quartiles	Number	95% CI	%	95% CI
All 4 criteria met	Poor	610	(450 - 820)	14.0	(10.4 - 18.4)
	Fair	960	(780 - 1 180)	22.1	(18.0 - 26.6)
	Good	980	(730 - 1 260)	22.5	(17.3 - 28.0)
	Very good	1 730	(1 410 - 2 080)	39.8	(34.0 - 46.0)
	Not stated	70	(10 - 250)	1.6	(0.2 - 5.7)
	Total	4 350	(3 880 - 4 850)	100.0	
Total	Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
	Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
	Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
	Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	

TABLE 4.13: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

Family functioning quartiles	Number	95% CI	%	95% CI
Low				
Poor	2 690	(2 330 - 3 080)	18.1	(15.8 - 20.8)
Fair	3 760	(3 370 - 4 180)	25.4	(22.9 - 28.0)
Good	3 680	(3 250 - 4 140)	24.9	(22.2 - 27.8)
Very good	4 290	(3 820 - 4 790)	29.0	(25.9 - 32.1)
Not stated	380	(260 - 550)	2.6	(1.7 - 3.7)
Total	14 800	(14 300 - 15 300)	100.0	
Moderate				
Poor	600	(450 - 770)	22.9	(18.0 - 28.5)
Fair	750	(630 - 900)	28.9	(24.3 - 33.8)
Good	510	(390 - 640)	19.5	(15.3 - 24.2)
Very good	700	(560 - 860)	26.8	(21.8 - 32.1)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 610	(2 360 - 2 890)	100.0	
High				
Poor	1 540	(1 270 - 1 840)	28.1	(23.7 - 32.9)
Fair	1 480	(1 190 - 1 790)	26.9	(22.4 - 31.9)
Good	1 170	(950 - 1 440)	21.4	(17.6 - 25.5)
Very good	1 150	(940 - 1 390)	21.0	(17.4 - 25.0)
Not stated	150	(70 - 260)	2.7	(1.2 - 4.7)
Total	5 490	(5 020 - 5 980)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.14: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 820	(2 460 - 3 210)	18.8	(16.4 - 21.3)
Fair	3 890	(3 510 - 4 280)	26.0	(23.5 - 28.5)
Good	3 730	(3 300 - 4 190)	24.9	(22.2 - 27.8)
Very good	4 190	(3 710 - 4 680)	27.9	(25.1 - 31.0)
Not stated	350	(240 - 510)	2.3	(1.6 - 3.3)
Total	15 000	(14 400 - 15 500)	100.0	
Moderate				
Poor	610	(450 - 810)	23.8	(18.2 - 30.2)
Fair	560	(430 - 710)	21.8	(17.2 - 27.1)
Good	530	(400 - 690)	20.7	(15.7 - 26.1)
Very good	770	(600 - 970)	30.3	(24.1 - 36.7)
Not stated	90	(40 - 150)	3.4	(1.5 - 6.2)
Total	2 560	(2 270 - 2 880)	100.0	
High				
Poor	1 400	(1 150 - 1 680)	26.0	(21.8 - 30.9)
Fair	1 550	(1 240 - 1 880)	28.8	(23.9 - 34.2)
Good	1 100	(860 - 1 380)	20.5	(16.5 - 25.2)
Very good	1 180	(960 - 1 440)	22.0	(18.1 - 26.4)
Not stated	140	(60 - 310)	2.7	(1.1 - 5.7)
Total	5 370	(4 910 - 5 860)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.15: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 200	(1 890 - 2 550)	17.7	(15.3 - 20.4)
Fair	3 020	(2 680 - 3 390)	24.3	(21.7 - 27.0)
Good	3 130	(2 740 - 3 570)	25.2	(22.3 - 28.4)
Very good	3 800	(3 370 - 4 260)	30.6	(27.4 - 34.0)
Not stated	280	(150 - 440)	2.2	(1.2 - 3.5)
Total	12 400	(11 900 - 13 000)	100.0	
Moderate				
Poor	620	(460 - 820)	22.8	(17.3 - 28.6)
Fair	730	(600 - 890)	26.9	(21.9 - 32.4)
Good	630	(440 - 840)	23.0	(17.3 - 29.8)
Very good	690	(550 - 860)	25.5	(20.5 - 31.1)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 730	(2 440 - 3 040)	100.0	
High				
Poor	2 000	(1 710 - 2 340)	25.8	(22.4 - 29.6)
Fair	2 240	(1 920 - 2 590)	28.9	(25.2 - 32.9)
Good	1 610	(1 370 - 1 890)	20.8	(17.8 - 24.1)
Very good	1 650	(1 390 - 1 950)	21.3	(18.1 - 24.7)
Not stated	250	(150 - 390)	3.2	(2.0 - 5.1)
Total	7 750	(7 250 - 8 270)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.16: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	3 370	(2 970 - 3 810)	19.5	(17.2 - 22.0)
Fair	4 520	(4 100 - 4 950)	26.1	(23.8 - 28.6)
Good	4 140	(3 700 - 4 600)	24.0	(21.5 - 26.5)
Very good	4 810	(4 320 - 5 340)	27.8	(25.0 - 30.8)
Not stated	440	(290 - 640)	2.5	(1.7 - 3.7)
Total	17 300	(16 800 - 17 700)	100.0	
Moderate				
Poor	450	(330 - 600)	21.1	(15.7 - 27.0)
Fair	540	(410 - 710)	25.4	(19.7 - 31.7)
Good	540	(410 - 710)	25.3	(19.5 - 32.0)
Very good	540	(430 - 680)	25.5	(20.1 - 31.0)
Not stated	60	(10 - 180)	2.7	(0.6 - 8.0)
Total	2 130	(1 870 - 2 420)	100.0	
High				
Poor	1 010	(810 - 1 240)	28.8	(23.5 - 34.1)
Fair	930	(730 - 1 170)	26.7	(21.4 - 32.5)
Good	680	(510 - 900)	19.6	(15.2 - 24.7)
Very good	790	(620 - 980)	22.5	(18.1 - 27.6)
Not stated	80	(40 - 140)	2.3	(1.3 - 4.1)
Total	3 490	(3 120 - 3 890)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.17: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
Poor	2 640	(2 290 - 3 010)	19.4	(16.9 - 22.2)
Fair	3 580	(3 200 - 3 980)	26.3	(23.6 - 29.1)
Good	3 170	(2 770 - 3 600)	23.3	(20.5 - 26.3)
Very good	3 810	(3 370 - 4 290)	28.0	(24.9 - 31.1)
Not stated	420	(280 - 590)	3.1	(2.1 - 4.3)
Total	13 600	(13 100 - 14 200)	100.0	
Moderate				
Poor	680	(540 - 870)	23.5	(18.6 - 28.8)
Fair	720	(590 - 880)	24.9	(20.3 - 29.7)
Good	740	(600 - 910)	25.5	(20.8 - 30.5)
Very good	700	(520 - 920)	24.2	(18.8 - 30.6)
Not stated	60	(20 - 120)	1.9	(0.6 - 4.1)
Total	2 910	(2 600 - 3 230)	100.0	
High				
Poor	1 500	(1 230 - 1 810)	23.5	(19.5 - 27.7)
Fair	1 690	(1 410 - 2 030)	26.6	(22.4 - 31.1)
Good	1 450	(1 180 - 1 750)	22.8	(19.0 - 27.1)
Very good	1 630	(1 370 - 1 920)	25.5	(21.7 - 29.5)
Not stated	110	(50 - 180)	1.7	(0.8 - 2.9)
Total	6 380	(5 890 - 6 880)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 4.18: ABORIGINAL CHILDREN AGED 4–17 YEARS — FAMILY FUNCTIONING, BY RISK OF CLINICALLY SIGNIFICANT PROBLEMS WITH PROSOCIAL BEHAVIOUR

Family functioning quartiles	Number	95% CI	%	95% CI
Low				
Poor	4 150	(3 690 - 4 640)	19.6	(17.4 - 21.9)
Fair	5 560	(5 070 - 6 050)	26.2	(24.0 - 28.5)
Good	5 120	(4 620 - 5 650)	24.1	(21.8 - 26.6)
Very good	5 860	(5 320 - 6 430)	27.6	(25.1 - 30.3)
Not stated	520	(350 - 740)	2.5	(1.7 - 3.5)
Total	21 200	(21 000 - 21 400)	100.0	
Moderate				
Poor	250	(150 - 390)	32.6	(21.8 - 45.4)
Fair	240	(150 - 350)	31.7	(21.4 - 43.3)
Good	130	(90 - 190)	17.6	(11.3 - 25.2)
Very good	100	(60 - 150)	13.0	(7.6 - 19.7)
Not stated	40	(20 - 60)	5.2	(3.1 - 8.4)
Total	750	(600 - 930)	100.0	
High				
Poor	430	(330 - 550)	45.8	(37.0 - 55.6)
Fair	200	(120 - 290)	21.2	(13.9 - 30.0)
Good	120	(50 - 220)	12.4	(6.1 - 23.3)
Very good	180	(120 - 260)	18.9	(12.6 - 25.9)
Not stated	20	(0 - 70)	1.7	(0.2 - 7.2)
Total	940	(780 - 1 110)	100.0	
Total				
Poor	4 830	(4 330 - 5 360)	21.1	(18.9 - 23.4)
Fair	5 990	(5 490 - 6 520)	26.2	(24.0 - 28.4)
Good	5 370	(4 860 - 5 910)	23.4	(21.2 - 25.8)
Very good	6 140	(5 590 - 6 710)	26.8	(24.4 - 29.3)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	

TABLE 4.19: ABORIGINAL CHILDREN AGED 0–17 YEARS(a) — FAMILY FUNCTIONING, BY CONTACT WITH MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

Child has had contact with Mental Health Services in WA?	Family functioning quartiles	Number	95% CI	%	95% CI
Yes	Poor	470	(350 - 620)	31.1	(23.9 - 38.8)
	Fair	440	(320 - 600)	29.6	(22.1 - 38.1)
	Good	280	(170 - 440)	18.7	(11.5 - 27.3)
	Very good	280	(200 - 390)	18.8	(13.5 - 25.4)
	Total	1 500	(1 270 - 1 760)	100.0	
No	Poor	5 990	(5 420 - 6 590)	22.1	(20.0 - 24.3)
	Fair	6 920	(6 350 - 7 500)	25.5	(23.4 - 27.7)
	Good	6 160	(5 560 - 6 770)	22.7	(20.6 - 24.9)
	Very good	7 530	(6 880 - 8 220)	27.7	(25.4 - 30.2)
	Total	27 100	(26 700 - 27 500)	100.0	
Total	Poor	6 460	(5 870 - 7 100)	22.6	(20.5 - 24.8)
	Fair	7 360	(6 770 - 7 990)	25.7	(23.6 - 27.9)
	Good	6 440	(5 830 - 7 070)	22.5	(20.4 - 24.7)
	Very good	7 810	(7 140 - 8 500)	27.3	(25.0 - 29.6)
	Total	28 600	(28 300 - 28 900)	100.0	

(a) Only includes children whose carers gave consent for the survey team to access the carer's medical records.



TABLE 4.20: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD HAS HAD TO STAY AWAY OVERNIGHT WITH OTHER FAMILY AND FRIENDS IN THE PAST SIX MONTHS

<i>Overnight with family/friends?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	5 690	(5 120 - 6 280)	21.1	(19.1 - 23.3)
	Fair	7 020	(6 470 - 7 610)	26.1	(24.1 - 28.3)
	Good	6 240	(5 640 - 6 860)	23.2	(21.0 - 25.5)
	Very good	7 230	(6 580 - 7 910)	26.9	(24.5 - 29.3)
	Not stated	720	(510 - 970)	2.7	(2.0 - 3.6)
	Total	26 900	(26 400 - 27 300)	100.0	
Yes	Poor	940	(670 - 1 260)	32.1	(24.8 - 40.8)
	Fair	640	(450 - 880)	22.1	(16.0 - 29.6)
	Good	550	(400 - 740)	19.0	(13.7 - 24.7)
	Very good	700	(480 - 950)	23.9	(17.5 - 31.8)
	Not stated	90	(50 - 140)	2.9	(1.6 - 4.9)
	Total	2 920	(2 480 - 3 390)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 4.21: ABORIGINAL CHILDREN AGED 0–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE CHILD LIVED AWAY FROM THEIR BIRTH MOTHER FOR ONE MONTH OR LONGER BEFORE THEY WERE 4 YEARS OLD

<i>Lived away?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	5 000	(4 500 - 5 530)	22.4	(20.2 - 24.7)
	Fair	5 850	(5 330 - 6 390)	26.2	(23.9 - 28.5)
	Good	5 090	(4 570 - 5 630)	22.8	(20.5 - 25.1)
	Very good	5 950	(5 370 - 6 560)	26.6	(24.2 - 29.2)
	Not stated	460	(320 - 640)	2.0	(1.4 - 2.8)
	Total	22 300	(21 800 - 22 900)	100.0	
Yes	Poor	460	(320 - 640)	28.5	(20.7 - 37.6)
	Fair	460	(320 - 630)	28.3	(20.7 - 37.3)
	Good	370	(260 - 500)	22.7	(16.4 - 30.2)
	Very good	290	(190 - 430)	17.9	(12.0 - 25.4)
	Not stated	40	(20 - 90)	2.6	(1.1 - 5.3)
	Total	1 610	(1 360 - 1 890)	100.0	
Carer was not birth mother	Poor	1 160	(890 - 1 500)	19.8	(15.3 - 24.9)
	Fair	1 360	(1 140 - 1 610)	23.2	(19.4 - 27.2)
	Good	1 340	(1 070 - 1 660)	22.8	(18.6 - 27.7)
	Very good	1 690	(1 380 - 2 030)	28.9	(24.2 - 33.7)
	Not stated	310	(190 - 460)	5.3	(3.3 - 7.7)
	Total	5 860	(5 360 - 6 390)	100.0	
Total	Poor	6 620	(6 020 - 7 270)	22.2	(20.2 - 24.4)
	Fair	7 670	(7 060 - 8 290)	25.7	(23.7 - 27.8)
	Good	6 790	(6 180 - 7 440)	22.8	(20.7 - 25.0)
	Very good	7 930	(7 260 - 8 620)	26.6	(24.3 - 28.9)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 4.22: ABORIGINAL YOUNG PEOPLE AGED 12–17 YEARS — FAMILY FUNCTIONING, BY WHETHER THE YOUNG PERSON HAD EVER BEEN IN A FAMILY VIOLENCE SITUATION

<i>Been in a family violence situation?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	590	(440 - 780)	17.1	(12.9 - 21.9)
	Fair	930	(770 - 1 110)	27.0	(22.6 - 31.8)
	Good	950	(760 - 1 180)	27.6	(22.5 - 32.7)
	Very good	940	(770 - 1 130)	27.3	(22.9 - 32.2)
	Not stated	40	(10 - 90)	1.1	(0.4 - 2.6)
	Total	3 460	(3 130 - 3 800)	100.0	
Yes	Poor	890	(720 - 1 090)	27.3	(22.5 - 32.7)
	Fair	860	(690 - 1 080)	26.4	(21.4 - 31.7)
	Good	690	(540 - 860)	21.1	(16.7 - 25.7)
	Very good	790	(630 - 970)	24.0	(19.5 - 29.1)
	Not stated	40	(20 - 100)	1.3	(0.5 - 3.1)
	Total	3 280	(2 960 - 3 610)	100.0	
Total	Poor	1 480	(1 240 - 1 760)	22.0	(18.7 - 25.8)
	Fair	1 800	(1 540 - 2 070)	26.7	(23.2 - 30.3)
	Good	1 640	(1 400 - 1 930)	24.4	(20.9 - 28.1)
	Very good	1 730	(1 480 - 2 010)	25.7	(22.1 - 29.4)
	Not stated	80	(40 - 150)	1.2	(0.6 - 2.1)
	Total	6 730	(6 310 - 7 160)	100.0	



CARER FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING
TABLE 4.23: PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF PRIMARY CARER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Less than 20 years				
Poor	210	(160 - 270)	33.8	(26.7 - 41.3)
Fair	180	(130 - 240)	28.2	(21.3 - 36.4)
Good	110	(80 - 150)	18.3	(13.1 - 24.0)
Very good	120	(80 - 180)	19.7	(12.6 - 28.0)
Total	620	(530 - 720)	100.0	
20–24 years				
Poor	520	(400 - 650)	28.7	(22.9 - 35.0)
Fair	470	(380 - 580)	26.0	(21.3 - 31.6)
Good	420	(300 - 580)	23.3	(17.0 - 30.0)
Very good	400	(320 - 490)	22.0	(17.6 - 27.1)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
Poor	570	(470 - 680)	26.2	(21.9 - 30.8)
Fair	550	(430 - 680)	25.2	(20.5 - 30.1)
Good	500	(390 - 630)	23.1	(18.5 - 28.3)
Very good	550	(430 - 690)	25.4	(20.5 - 30.7)
Total	2 170	(1 950 - 2 400)	100.0	
30–34 years				
Poor	590	(480 - 710)	22.8	(18.8 - 27.2)
Fair	600	(480 - 750)	23.5	(19.1 - 28.4)
Good	630	(510 - 780)	24.6	(20.3 - 29.3)
Very good	750	(600 - 920)	29.1	(23.7 - 34.5)
Total	2 570	(2 330 - 2 820)	100.0	
35–39 years				
Poor	410	(300 - 560)	19.9	(14.7 - 25.9)
Fair	720	(580 - 880)	34.8	(29.1 - 41.1)
Good	450	(340 - 580)	21.7	(16.9 - 27.1)
Very good	490	(380 - 610)	23.6	(18.9 - 29.0)
Total	2 060	(1 830 - 2 310)	100.0	
40–44 years				
Poor	280	(200 - 360)	19.5	(14.6 - 24.9)
Fair	340	(250 - 450)	24.1	(18.0 - 30.7)
Good	370	(260 - 510)	26.1	(19.7 - 34.0)
Very good	430	(330 - 560)	30.3	(24.0 - 37.6)
Total	1 420	(1 230 - 1 640)	100.0	
45–49 years				
Poor	200	(130 - 280)	25.2	(17.2 - 34.8)
Fair	180	(110 - 280)	23.2	(14.4 - 33.4)
Good	180	(120 - 280)	23.4	(15.1 - 33.4)
Very good	220	(150 - 320)	28.2	(19.6 - 39.0)
Total	780	(630 - 950)	100.0	
50–54 years				
Poor	60	(30 - 120)	15.1	(7.2 - 27.0)
Fair	110	(70 - 180)	27.9	(17.6 - 40.8)
Good	90	(50 - 140)	22.4	(13.2 - 32.6)
Very good	140	(80 - 230)	34.6	(21.5 - 48.3)
Total	410	(310 - 520)	100.0	

Continued . . .



TABLE 4.23 (continued): PRIMARY CARERS — FAMILY FUNCTIONING, BY AGE OF PRIMARY CARER

Family functioning quartiles	Number	95% CI	%	95% CI
55–59 years				
Poor	40	(30 - 70)	20.8	(11.9 - 33.7)
Fair	40	(20 - 90)	20.5	(9.3 - 36.5)
Good	50	(20 - 100)	21.3	(8.4 - 36.9)
Very good	80	(50 - 110)	37.4	(24.4 - 50.7)
Total	220	(160 - 290)	100.0	
60 years and over				
Poor	90	(40 - 160)	17.4	(8.3 - 28.5)
Fair	90	(60 - 130)	18.8	(12.3 - 26.9)
Good	150	(110 - 210)	29.6	(21.4 - 39.5)
Very good	170	(110 - 260)	34.1	(23.7 - 46.0)
Total	500	(400 - 620)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.24: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS DO THINGS TOGETHER FOR ENJOYMENT

Family functioning quartiles	Number	95% CI	%	95% CI
Never				
Poor	170	(110 - 240)	47.4	(30.2 - 66.9)
Fair	80	(50 - 120)	22.2	(12.0 - 35.6)
Good	70	(10 - 230)	19.0	(2.1 - 48.4)
Very good	40	(10 - 100)	11.4	(3.0 - 25.4)
Total	350	(240 - 490)	100.0	
Hardly ever				
Poor	370	(280 - 490)	43.1	(33.9 - 53.0)
Fair	270	(180 - 390)	31.2	(21.9 - 41.1)
Good	140	(90 - 210)	15.9	(10.6 - 23.3)
Very good	80	(40 - 150)	9.8	(4.9 - 16.6)
Total	870	(710 - 1 030)	100.0	
Once in a while				
Poor	660	(530 - 800)	35.3	(29.5 - 41.7)
Fair	460	(360 - 600)	24.9	(19.7 - 30.8)
Good	320	(240 - 410)	17.1	(13.1 - 22.0)
Very good	420	(310 - 550)	22.7	(17.5 - 28.7)
Total	1 860	(1 660 - 2 080)	100.0	
Quite often				
Poor	370	(300 - 460)	15.4	(12.2 - 18.7)
Fair	730	(600 - 870)	30.1	(25.6 - 35.1)
Good	660	(530 - 820)	27.1	(22.2 - 32.7)
Very good	670	(530 - 820)	27.5	(22.7 - 33.0)
Total	2 420	(2 190 - 2 660)	100.0	

Continued . . .



TABLE 4.24 (continued): PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS DO THINGS TOGETHER FOR ENJOYMENT

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Almost always				
Poor	290	(210 - 390)	12.7	(9.2 - 16.6)
Fair	460	(340 - 610)	20.1	(15.4 - 25.7)
Good	590	(460 - 750)	25.9	(20.7 - 31.6)
Very good	940	(800 - 1 120)	41.3	(35.6 - 47.4)
Total	2 290	(2 050 - 2 540)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.25: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS SHOW SIGNS THEY CARE FOR EACH OTHER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Poor	80	(40 - 140)	53.4	(32.8 - 74.4)
Fair	30	(10 - 60)	17.4	(6.8 - 34.5)
Good	30	(10 - 80)	21.1	(6.1 - 45.6)
Very good	10	(0 - 40)	8.0	(1.7 - 21.4)
Total	160	(100 - 230)	100.0	
Hardly ever				
Poor	240	(170 - 330)	57.6	(44.8 - 69.7)
Fair	90	(60 - 150)	22.4	(13.6 - 33.4)
Good	40	(10 - 100)	9.7	(1.8 - 23.1)
Very good	40	(20 - 80)	10.2	(5.2 - 17.7)
Total	410	(320 - 520)	100.0	
Once in a while				
Poor	520	(430 - 630)	42.0	(35.0 - 48.8)
Fair	380	(290 - 500)	30.7	(24.4 - 38.2)
Good	210	(140 - 290)	16.5	(11.3 - 22.6)
Very good	130	(90 - 190)	10.8	(7.2 - 15.3)
Total	1 240	(1 090 - 1 410)	100.0	
Quite often				
Poor	640	(520 - 790)	25.0	(20.4 - 30.2)
Fair	720	(590 - 870)	28.2	(23.4 - 33.2)
Good	650	(500 - 820)	25.2	(20.1 - 31.2)
Very good	550	(430 - 710)	21.6	(16.9 - 27.1)
Total	2 560	(2 310 - 2 820)	100.0	
Almost always				
Poor	380	(290 - 490)	11.1	(8.4 - 14.3)
Fair	780	(630 - 950)	22.8	(18.8 - 27.1)
Good	850	(700 - 1 020)	24.8	(20.8 - 29.3)
Very good	1 410	(1 220 - 1 630)	41.4	(36.6 - 46.2)
Total	3 420	(3 140 - 3 710)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.26: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN ARGUMENTS BETWEEN THE CARERS END UP WITH PEOPLE PUSHING, HITTING OR SHOIVING

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never				
Poor	1 070	(920 - 1 230)	19.3	(16.7 - 22.2)
Fair	1 410	(1 220 - 1 610)	25.4	(22.3 - 28.8)
Good	1 300	(1 110 - 1 510)	23.5	(20.4 - 27.1)
Very good	1 760	(1 550 - 1 990)	31.8	(28.3 - 35.5)
Total	5 530	(5 240 - 5 830)	100.0	
Hardly ever				
Poor	370	(280 - 480)	28.9	(22.0 - 36.1)
Fair	330	(240 - 430)	26.0	(19.6 - 32.9)
Good	310	(220 - 420)	24.7	(18.3 - 31.7)
Very good	260	(180 - 370)	20.5	(14.4 - 28.2)
Total	1 270	(1 090 - 1 460)	100.0	
Once in a while				
Poor	320	(230 - 420)	45.0	(35.2 - 55.8)
Fair	200	(130 - 270)	27.8	(19.1 - 36.9)
Good	100	(50 - 190)	14.5	(7.1 - 24.7)
Very good	90	(40 - 160)	12.7	(6.1 - 21.5)
Total	700	(570 - 850)	100.0	
Quite often				
Poor	90	(50 - 150)	46.1	(27.5 - 66.1)
Fair	40	(20 - 90)	22.7	(7.1 - 42.2)
Good	30	(10 - 60)	14.3	(5.0 - 31.1)
Very good	30	(20 - 60)	16.9	(7.6 - 28.3)
Total	190	(130 - 270)	100.0	
Almost always				
Poor	20	(10 - 60)	23.9	(7.8 - 55.1)
Fair	30	(0 - 90)	27.9	(7.5 - 70.1)
Good	30	(10 - 60)	27.4	(7.8 - 55.1)
Very good	20	(10 - 40)	20.8	(7.1 - 42.2)
Total	100	(60 - 160)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.27: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW OFTEN CARERS QUARREL

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never or hardly ever				
Poor	470	(370 - 590)	19.6	(15.5 - 24.1)
Fair	510	(380 - 670)	21.2	(16.2 - 27.0)
Good	560	(420 - 720)	23.1	(17.9 - 28.7)
Very good	870	(730 - 1 040)	36.2	(30.6 - 42.1)
Total	2 410	(2 160 - 2 670)	100.0	
Once in a while				
Poor	800	(670 - 950)	21.4	(18.1 - 25.1)
Fair	1 040	(880 - 1 210)	27.8	(24.0 - 32.0)
Good	850	(690 - 1 030)	22.8	(18.7 - 27.0)
Very good	1 040	(880 - 1 230)	28.0	(24.0 - 32.3)
Total	3 730	(3 440 - 4 020)	100.0	
Quite often or almost always				
Poor	590	(490 - 710)	35.8	(30.2 - 42.0)
Fair	450	(360 - 560)	27.4	(22.3 - 32.9)
Good	370	(290 - 460)	22.2	(17.6 - 27.6)
Very good	240	(150 - 360)	14.7	(9.7 - 20.9)
Total	1 660	(1 470 - 1 850)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.28: PRIMARY CARERS — FAMILY FUNCTIONING, BY HOW LONG CARER AND PARTNER HAVE BEEN TOGETHER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Less than 2 years				
Poor	220	(160 - 300)	41.2	(30.1 - 53.3)
Fair	120	(60 - 200)	21.8	(12.1 - 33.0)
Good	70	(30 - 130)	13.0	(6.4 - 22.6)
Very good	130	(70 - 230)	24.0	(14.0 - 38.9)
Total	540	(430 - 680)	100.0	
2 to less than 5 years				
Poor	440	(350 - 540)	31.1	(25.1 - 37.4)
Fair	360	(280 - 450)	25.3	(20.4 - 30.7)
Good	300	(210 - 410)	21.1	(15.4 - 27.7)
Very good	320	(230 - 430)	22.5	(16.6 - 29.1)
Total	1 410	(1 240 - 1 600)	100.0	
5 to less than 10 years				
Poor	470	(370 - 590)	24.7	(19.9 - 30.4)
Fair	490	(400 - 590)	25.9	(21.3 - 30.9)
Good	420	(300 - 580)	22.2	(16.2 - 28.7)
Very good	520	(420 - 630)	27.1	(22.3 - 32.6)
Total	1 900	(1 710 - 2 120)	100.0	
10 to less than 20 years				
Poor	470	(380 - 590)	18.9	(15.2 - 23.3)
Fair	650	(500 - 840)	26.2	(21.1 - 32.2)
Good	620	(510 - 750)	25.1	(20.8 - 29.8)
Very good	740	(600 - 910)	29.8	(24.6 - 35.5)
Total	2 490	(2 250 - 2 750)	100.0	
20 years or more				
Poor	260	(170 - 380)	17.8	(12.3 - 24.9)
Fair	380	(280 - 500)	26.3	(20.1 - 33.6)
Good	360	(250 - 500)	24.6	(17.6 - 32.5)
Very good	450	(340 - 590)	31.3	(24.4 - 39.2)
Total	1 440	(1 250 - 1 670)	100.0	
No partner/spouse				
Poor	1 100	(950 - 1 270)	23.1	(20.0 - 26.3)
Fair	1 290	(1 110 - 1 480)	27.1	(23.7 - 30.6)
Good	1 180	(1 020 - 1 360)	24.8	(21.6 - 28.2)
Very good	1 190	(1 030 - 1 370)	25.0	(21.8 - 28.3)
Total	4 770	(4 490 - 5 050)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.29: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER HAD SOMEONE TO YARN TO ABOUT THEIR PROBLEMS

<i>Someone to yarn to about problems?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	560	(460 - 680)	36.3	(30.4 - 42.5)
	Fair	420	(320 - 540)	27.2	(21.6 - 33.7)
	Good	260	(190 - 360)	17.0	(12.4 - 22.4)
	Very good	300	(210 - 420)	19.4	(13.9 - 25.4)
	Total	1 550	(1 370 - 1 760)	100.0	
Yes	Poor	2 400	(2 180 - 2 640)	21.8	(19.8 - 23.9)
	Fair	2 870	(2 630 - 3 130)	26.1	(23.9 - 28.3)
	Good	2 690	(2 440 - 2 950)	24.4	(22.2 - 26.8)
	Very good	3 050	(2 790 - 3 320)	27.7	(25.4 - 30.1)
	Total	11 000	(10 800 - 11 200)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.30: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Primary carer ever arrested?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	1 630	(1 440 - 1 820)	20.4	(18.1 - 22.8)
	Fair	2 100	(1 880 - 2 330)	26.3	(23.7 - 29.0)
	Good	1 930	(1 710 - 2 160)	24.2	(21.6 - 26.9)
	Very good	2 310	(2 080 - 2 560)	29.1	(26.3 - 32.0)
	Total	7 960	(7 670 - 8 260)	100.0	
Yes	Poor	1 340	(1 160 - 1 540)	29.1	(25.6 - 32.8)
	Fair	1 190	(1 040 - 1 360)	26.0	(22.8 - 29.3)
	Good	1 030	(870 - 1 210)	22.4	(19.2 - 25.9)
	Very good	1 040	(870 - 1 210)	22.5	(19.3 - 26.0)
	Total	4 600	(4 310 - 4 890)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.31: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER THE PRIMARY CARER'S PARTNER/ SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Primary carer's partner/spouse ever arrested?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	670	(540 - 820)	18.5	(15.1 - 22.4)
	Fair	980	(810 - 1 180)	27.2	(22.7 - 31.9)
	Good	830	(660 - 1 020)	22.9	(18.6 - 27.9)
	Very good	1 140	(950 - 1 350)	31.4	(26.7 - 36.2)
	Total	3 620	(3 340 - 3 920)	100.0	
Yes	Poor	1 140	(990 - 1 310)	28.4	(25.1 - 32.1)
	Fair	990	(850 - 1 160)	24.7	(21.3 - 28.4)
	Good	910	(760 - 1 070)	22.7	(19.4 - 26.3)
	Very good	970	(820 - 1 130)	24.1	(20.8 - 27.8)
	Total	4 010	(3 740 - 4 300)	100.0	
No partner/spouse	Poor	1 150	(1 000 - 1 330)	23.4	(20.4 - 26.6)
	Fair	1 320	(1 140 - 1 510)	26.7	(23.5 - 30.2)
	Good	1 220	(1 050 - 1 390)	24.7	(21.5 - 28.0)
	Very good	1 250	(1 080 - 1 430)	25.3	(22.1 - 28.5)
	Total	4 930	(4 650 - 5 210)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.32: PRIMARY CARERS — LEVEL OF FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD BEEN TREATED FOR EMOTIONAL PROBLEMS

<i>Treated for emotional problems?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 120	(1 910 - 2 350)	21.6	(19.5 - 23.8)
	Fair	2 630	(2 400 - 2 870)	26.7	(24.4 - 29.1)
	Good	2 450	(2 210 - 2 710)	24.9	(22.5 - 27.3)
	Very good	2 650	(2 400 - 2 910)	26.9	(24.5 - 29.4)
	Total	9 850	(9 600 - 10 100)	100.0	
Yes	Poor	840	(710 - 980)	31.0	(26.7 - 35.8)
	Fair	660	(520 - 830)	24.3	(19.5 - 29.5)
	Good	510	(390 - 630)	18.7	(14.9 - 23.0)
	Very good	700	(570 - 850)	26.0	(21.5 - 30.7)
	Total	2 710	(2 450 - 2 970)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.33: PRIMARY CARERS — FAMILY FUNCTIONING, BY PRIMARY CARER USE OF MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

<i>Primary carer has had contact with Mental Health Services in WA?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	Poor	880	(740 - 1 040)	28.8	(24.5 - 33.5)
	Fair	700	(560 - 870)	22.9	(18.7 - 27.6)
	Good	640	(490 - 800)	20.7	(16.6 - 25.7)
	Very good	850	(690 - 1 020)	27.6	(23.1 - 32.7)
	Total	3 060	(2 790 - 3 340)	100.0	
No(a)	Poor	2 080	(1 870 - 2 300)	21.9	(19.8 - 24.1)
	Fair	2 590	(2 350 - 2 840)	27.3	(24.9 - 29.7)
	Good	2 320	(2 090 - 2 560)	24.4	(22.1 - 26.8)
	Very good	2 500	(2 270 - 2 760)	26.4	(24.0 - 28.9)
	Total	9 500	(9 220 - 9 770)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) Includes those carers who did not give consent to access their medical records and those records which could not be linked. These equate to 440 (CI: 330–580) carers.

TABLE 4.34: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD GONE TO AN ABORIGINAL FESTIVAL OR CARNIVAL INVOLVING ARTS, CRAFTS, MUSIC, DANCE OR SPORT IN THE LAST 12 MONTHS

<i>Primary carer gone to Aboriginal festival, arts or sports?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	1 590	(1 400 - 1 810)	25.9	(22.9 - 29.0)
	Fair	1 750	(1 560 - 1 950)	28.4	(25.6 - 31.4)
	Good	1 430	(1 220 - 1 650)	23.2	(20.0 - 26.5)
	Very good	1 380	(1 190 - 1 600)	22.5	(19.5 - 25.7)
	Total	6 150	(5 830 - 6 480)	100.0	
Yes	Poor	1 370	(1 200 - 1 550)	21.4	(18.9 - 24.0)
	Fair	1 540	(1 350 - 1 760)	24.1	(21.2 - 27.1)
	Good	1 530	(1 350 - 1 730)	23.9	(21.2 - 26.6)
	Very good	1 970	(1 750 - 2 190)	30.7	(27.7 - 33.7)
	Total	6 410	(6 090 - 6 730)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.35: PRIMARY CARERS — FAMILY FUNCTIONING, BY WHETHER PRIMARY CARER HAD BEEN INVOLVED IN ANY ABORIGINAL ORGANISATIONS IN THE LAST 12 MONTHS

<i>Primary carer involved in Aboriginal organisations?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 130	(1 920 - 2 350)	27.6	(25.1 - 30.3)
	Fair	2 070	(1 850 - 2 320)	26.9	(24.2 - 29.7)
	Good	1 650	(1 440 - 1 890)	21.4	(18.8 - 24.2)
	Very good	1 860	(1 640 - 2 080)	24.0	(21.4 - 26.9)
	Total	7 720	(7 410 - 8 010)	100.0	
Yes	Poor	830	(680 - 1 000)	17.2	(14.3 - 20.5)
	Fair	1 220	(1 050 - 1 400)	25.1	(21.9 - 28.4)
	Good	1 300	(1 140 - 1 490)	26.9	(23.5 - 30.3)
	Very good	1 500	(1 310 - 1 700)	30.8	(27.3 - 34.5)
	Total	4 850	(4 550 - 5 160)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.36: PRIMARY CARERS — FAMILY FUNCTIONING, BY CARER NOT INVOLVED IN ABORIGINAL EVENTS IN LAST 12 MONTHS AND WHETHER THE REASON FOR NON-INVOLVEMENT WAS LACK OF INTEREST

<i>Interest in Aboriginal events?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Interested	Poor	430	(330 - 540)	26.9	(21.4 - 33.2)
	Fair	440	(340 - 560)	27.7	(21.9 - 34.4)
	Good	340	(240 - 480)	21.5	(15.5 - 28.9)
	Very good	380	(260 - 540)	23.9	(17.4 - 32.2)
	Total	1 590	(1 380 - 1 820)	100.0	
Not interested	Poor	220	(170 - 280)	39.8	(32.0 - 48.7)
	Fair	180	(130 - 230)	32.3	(24.7 - 40.4)
	Good	70	(40 - 130)	12.3	(6.6 - 21.7)
	Very good	90	(40 - 150)	15.6	(8.6 - 26.3)
	Total	550	(460 - 650)	100.0	
Carer is involved in Aboriginal events	Poor	2 320	(2 100 - 2 550)	22.2	(20.2 - 24.4)
	Fair	2 670	(2 430 - 2 930)	25.7	(23.3 - 28.0)
	Good	2 550	(2 310 - 2 790)	24.4	(22.2 - 26.7)
	Very good	2 880	(2 630 - 3 140)	27.7	(25.4 - 30.1)
	Total	10 400	(10 200 - 10 700)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.37: PRIMARY CARERS — FAMILY FUNCTIONING, BY IMPORTANCE OF ABORIGINAL CEREMONIAL BUSINESS TO THE PRIMARY CARER

<i>Importance of Aboriginal ceremonial business?</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Important	Poor	1 680	(1 490 - 1 880)	21.2	(18.9 - 23.5)
	Fair	1 950	(1 740 - 2 170)	24.6	(22.1 - 27.3)
	Good	1 990	(1 770 - 2 230)	25.2	(22.5 - 28.0)
	Very good	2 300	(2 060 - 2 550)	29.0	(26.2 - 31.9)
	Total	7 920	(7 620 - 8 210)	100.0	
Not important	Poor	720	(590 - 860)	29.1	(24.7 - 33.8)
	Fair	710	(590 - 840)	28.6	(24.1 - 33.1)
	Good	510	(390 - 640)	20.6	(16.6 - 25.1)
	Very good	540	(430 - 660)	21.7	(17.7 - 26.2)
	Total	2 470	(2 240 - 2 710)	100.0	
Not relevant	Poor	570	(450 - 700)	26.1	(21.3 - 31.2)
	Fair	640	(510 - 790)	29.4	(24.3 - 35.1)
	Good	450	(340 - 590)	20.9	(16.0 - 26.2)
	Very good	520	(390 - 670)	23.7	(18.3 - 29.4)
	Total	2 180	(1 940 - 2 430)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.38: PRIMARY CARERS — FAMILY FUNCTIONING, BY IMPORTANCE OF RELIGION IN THE LIFE OF THE PRIMARY CARER

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not at all/None				
Poor	580	(470 - 700)	34.3	(27.9 - 41.2)
Fair	530	(410 - 690)	31.7	(24.8 - 38.8)
Good	260	(150 - 420)	15.5	(9.4 - 23.2)
Very good	310	(210 - 440)	18.5	(12.4 - 25.2)
Total	1 680	(1 460 - 1 920)	100.0	
A little				
Poor	490	(390 - 610)	28.5	(23.2 - 34.0)
Fair	520	(430 - 620)	29.9	(25.1 - 34.9)
Good	410	(310 - 540)	23.9	(18.5 - 30.0)
Very good	300	(220 - 420)	17.6	(12.8 - 23.4)
Total	1 720	(1 520 - 1 930)	100.0	
Some				
Poor	590	(470 - 730)	24.9	(20.4 - 30.1)
Fair	600	(480 - 740)	25.7	(21.1 - 30.8)
Good	590	(480 - 730)	25.3	(20.8 - 30.0)
Very good	570	(450 - 700)	24.1	(19.7 - 29.0)
Total	2 350	(2 130 - 2 580)	100.0	
Quite a lot				
Poor	510	(410 - 620)	23.7	(19.4 - 28.7)
Fair	510	(380 - 680)	23.9	(18.2 - 30.2)
Good	510	(400 - 630)	23.7	(19.1 - 28.5)
Very good	610	(510 - 740)	28.7	(24.1 - 33.8)
Total	2 140	(1 930 - 2 370)	100.0	
Very much				
Poor	800	(660 - 960)	17.2	(14.4 - 20.4)
Fair	1 130	(980 - 1 290)	24.2	(21.1 - 27.4)
Good	1 180	(1 010 - 1 370)	25.3	(22.0 - 28.9)
Very good	1 560	(1 360 - 1 780)	33.3	(29.6 - 37.3)
Total	4 670	(4 390 - 4 960)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



FAMILY AND HOUSEHOLD FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.39: PRIMARY CARERS — FAMILY FUNCTIONING, BY FAMILY FINANCIAL STRAIN

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Spending more money than we get				
Poor	410	(320 - 530)	34.5	(27.6 - 42.3)
Fair	310	(240 - 400)	25.9	(20.4 - 32.3)
Good	260	(180 - 360)	21.7	(15.6 - 28.6)
Very good	210	(130 - 330)	17.9	(11.5 - 25.6)
Total	1 200	(1 030 - 1 390)	100.0	
Just enough to get to next pay				
Poor	1 400	(1 220 - 1 590)	25.3	(22.3 - 28.5)
Fair	1 560	(1 380 - 1 760)	28.3	(25.2 - 31.5)
Good	1 180	(1 020 - 1 360)	21.4	(18.7 - 24.3)
Very good	1 380	(1 200 - 1 580)	25.0	(22.1 - 28.2)
Total	5 520	(5 220 - 5 830)	100.0	
Some money over each week but spend it				
Poor	390	(310 - 480)	23.2	(18.4 - 28.7)
Fair	490	(340 - 680)	29.1	(21.4 - 37.3)
Good	380	(280 - 510)	22.5	(16.7 - 29.0)
Very good	420	(330 - 540)	25.2	(19.6 - 31.3)
Total	1 690	(1 460 - 1 930)	100.0	
Save a bit now and again				
Poor	670	(550 - 820)	18.8	(15.5 - 22.6)
Fair	840	(710 - 980)	23.3	(20.0 - 27.0)
Good	990	(840 - 1 160)	27.5	(23.8 - 31.7)
Very good	1 090	(920 - 1 270)	30.3	(26.2 - 34.6)
Total	3 590	(3 330 - 3 850)	100.0	
Save a lot				
Poor	90	(50 - 130)	15.4	(9.1 - 23.2)
Fair	90	(50 - 150)	16.5	(9.2 - 25.8)
Good	150	(60 - 280)	25.8	(13.3 - 45.5)
Very good	240	(170 - 330)	42.3	(29.5 - 55.2)
Total	570	(440 - 730)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 4.40: PRIMARY CARERS — LEVEL OF FAMILY FUNCTIONING, BY OVERUSE OF ALCOHOL CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Whether overuse of alcohol causes problems</i>	<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	Poor	2 290	(2 070 - 2 520)	21.1	(19.1 - 23.2)
	Fair	2 860	(2 620 - 3 110)	26.3	(24.3 - 28.6)
	Good	2 600	(2 350 - 2 860)	23.9	(21.7 - 26.3)
	Very good	3 110	(2 850 - 3 390)	28.7	(26.3 - 31.2)
	Total	10 900	(10 700 - 11 100)	100.0	
Yes	Poor	670	(550 - 810)	39.5	(33.8 - 45.8)
	Fair	430	(330 - 560)	25.4	(19.7 - 31.4)
	Good	360	(280 - 460)	21.1	(16.8 - 26.3)
	Very good	240	(180 - 300)	14.0	(10.6 - 17.8)
	Total	1 700	(1 510 - 1 910)	100.0	
Total	Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
	Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
	Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
	Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 4.41: PRIMARY CARERS — FAMILY FUNCTIONING, BY NUMBER OF LIFE STRESS EVENTS EXPERIENCED IN THE LAST 12 MONTHS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0-2				
Poor	770	(650 - 900)	20.0	(17.0 - 23.2)
Fair	980	(830 - 1 150)	25.5	(22.0 - 29.4)
Good	970	(810 - 1 150)	25.3	(21.4 - 29.3)
Very good	1 120	(950 - 1 320)	29.2	(25.1 - 33.6)
Total	3 840	(3 560 - 4 120)	100.0	
3-4				
Poor	790	(660 - 940)	24.2	(20.3 - 28.2)
Fair	840	(710 - 980)	25.7	(21.8 - 29.6)
Good	730	(580 - 910)	22.4	(18.2 - 27.2)
Very good	910	(760 - 1 080)	27.8	(23.6 - 32.3)
Total	3 270	(3 020 - 3 540)	100.0	
5-6				
Poor	650	(510 - 820)	23.4	(18.7 - 28.4)
Fair	770	(640 - 930)	27.6	(23.1 - 32.5)
Good	640	(510 - 790)	22.8	(18.6 - 27.6)
Very good	730	(590 - 890)	26.2	(21.8 - 31.1)
Total	2 800	(2 540 - 3 070)	100.0	
7-14				
Poor	750	(630 - 890)	28.2	(24.0 - 32.9)
Fair	700	(570 - 850)	26.4	(21.9 - 31.5)
Good	620	(500 - 760)	23.2	(19.0 - 27.7)
Very good	590	(480 - 720)	22.2	(18.3 - 26.6)
Total	2 660	(2 420 - 2 900)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



COMMUNITY FACTORS ASSOCIATED WITH POOR FAMILY FUNCTIONING

TABLE 4.42: PRIMARY CARERS — FAMILY FUNCTIONING, BY NUMBER OF NEIGHBOURHOOD AND COMMUNITY PROBLEMS

<i>Family functioning quartiles</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Lowest Quartile (0–1)				
Poor	620	(490 - 770)	20.2	(16.0 - 24.6)
Fair	800	(630 - 1 000)	26.0	(21.2 - 31.6)
Good	700	(540 - 880)	22.8	(18.4 - 28.1)
Very good	950	(780 - 1 140)	31.0	(26.0 - 36.7)
Total	3 070	(2 780 - 3 370)	100.0	
Second Quartile (2–5)				
Poor	960	(820 - 1 110)	27.4	(23.8 - 31.3)
Fair	1 010	(850 - 1 170)	28.8	(24.9 - 32.8)
Good	710	(570 - 870)	20.3	(16.8 - 24.4)
Very good	820	(680 - 990)	23.5	(19.8 - 27.7)
Total	3 500	(3 220 - 3 780)	100.0	
Third Quartile (6–10)				
Poor	660	(550 - 790)	24.1	(20.1 - 28.2)
Fair	730	(610 - 850)	26.4	(22.7 - 30.5)
Good	730	(580 - 890)	26.4	(21.9 - 31.2)
Very good	640	(520 - 770)	23.1	(19.2 - 27.4)
Total	2 760	(2 510 - 3 020)	100.0	
Highest Quartile (11–18)				
Poor	720	(600 - 870)	22.3	(18.6 - 26.3)
Fair	760	(620 - 920)	23.5	(19.7 - 27.5)
Good	810	(690 - 960)	25.1	(21.6 - 29.0)
Very good	940	(800 - 1 100)	29.0	(25.1 - 33.0)
Total	3 240	(2 960 - 3 520)	100.0	
Total				
Poor	2 960	(2 720 - 3 220)	23.6	(21.6 - 25.6)
Fair	3 290	(3 030 - 3 560)	26.2	(24.1 - 28.4)
Good	2 960	(2 700 - 3 230)	23.5	(21.5 - 25.7)
Very good	3 350	(3 080 - 3 630)	26.7	(24.5 - 28.9)
Total	12 600	(12 500 - 12 600)	100.0	



MODELLING VERY GOOD FAMILY FUNCTIONING
TABLE 4.43: PRIMARY CARERS — LIKELIHOOD OF VERY GOOD FAMILY FUNCTIONING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Very good family functioning		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.27	(0.96 - 1.68)
Moderate	0.87	(0.62 - 1.22)
High	1.02	(0.60 - 1.73)
Extreme	0.76	(0.46 - 1.24)
Families money situation		
Spending more money than we get	1.00	
Have just enough to get through to next pay	1.55	(1.00 - 2.42)
Some money left over each week but spend it	1.56	(0.93 - 2.62)
Can save a bit now and again	2.06	(1.30 - 3.26)
Can save a lot	4.10	(2.21 - 7.60)
Overuse of alcohol a cause of problems?		
No	2.31	(1.55 - 3.45)
Yes	1.00	
How important is religion in your life?		
Not at all/None	1.00	
A little	0.88	(0.55 - 1.38)
Some	1.29	(0.85 - 1.96)
Quite a lot	1.73	(1.13 - 2.65)
Very much	2.08	(1.42 - 3.05)
Primary carer level of education		
Years 1–9	1.00	(0.74 - 1.36)
Year 10	1.00	
Years 11 or 12	0.94	(0.72 - 1.23)
13 years or more	0.49	(0.30 - 0.82)
Did not attend school	0.63	(0.28 - 1.40)
Average number of dietary quality indicators met across all children in primary carers care		
0-1 diet indicators met	1.00	
2 diet indicators met	1.79	(1.18 - 2.71)
3 diet indicators met	2.18	(1.43 - 3.30)
4 diet indicators met	2.96	(1.87 - 4.71)
Too young	1.67	(1.03 - 2.69)
Age of primary carer		
19 years or younger	1.00	
20–24 years	1.35	(0.71 - 2.59)
25–29 years	1.77	(0.92 - 3.40)
30–39 years	1.62	(0.87 - 3.04)
40–49 years	1.78	(0.92 - 3.47)
50 years or older	2.29	(1.11 - 4.75)

Continued . . .



TABLE 4.43 (continued): PRIMARY CARERS — LIKELIHOOD OF VERY GOOD FAMILY FUNCTIONING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Very good family functioning		
<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Primary carer forcibly separated from their natural family, by a mission, the government or welfare?		
No	1.00	
Yes	1.50	(1.04 - 2.14)
Not known	1.01	(0.55 - 1.84)
Not Aboriginal	1.04	(0.77 - 1.41)
One or more children have poor parenting quality?		
No	2.01	(1.51 - 2.67)
Yes	1.00	
At least one child at high risk of clinically significant emotional or behaviour difficulties?		
No	1.58	(1.20 - 2.08)
Yes	1.00	
Whether primary carer has a medical condition lasting six months or more?		
Medical condition – not limiting	1.00	
Medical condition – limiting	1.64	(1.13 - 2.38)
No medical condition	1.27	(0.96 - 1.69)



QUALITY OF PARENTING

TABLE 4.44: ABORIGINAL CHILDREN AGED 4–17 YEARS — LIKELIHOOD OF HAVING POOR QUALITY OF PARENTING, ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD FACTORS

Poor quality of parenting		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.09	(0.82 - 1.45)
Moderate	1.47	(1.00 - 2.17)
High	1.39	(0.94 - 2.05)
Extreme	1.22	(0.75 - 1.97)
Overuse of alcohol causes problems in the household?		
No	1.00	
Yes	1.56	(1.13 - 2.17)
Age of primary carer		
19 years or younger	3.10	(1.15 - 8.38)
20–24 years	0.86	(0.55 - 1.35)
25–29 years	1.04	(0.75 - 1.44)
30–39 years	1.00	
40–49 years	0.81	(0.57 - 1.16)
50 years or older	0.80	(0.54 - 1.17)
Spend part of the year living in another residence?		
No	1.00	
Yes	1.90	(1.20 - 3.00)
Not stated	1.13	(0.89 - 1.43)
Attended an Aboriginal funeral in the last 12 months?		
No	1.00	
Yes	1.54	(1.11 - 2.13)
Not stated	1.13	(0.89 - 1.43)
Number of children aged 0–3 years		
0	0.91	(0.68 - 1.22)
1	1.00	
2	1.78	(1.21 - 2.61)
3 or more	2.21	(1.18 - 4.17)
Importance of Aboriginal ceremonial business to the primary carer		
Important	1.00	
Not important	1.46	(1.08 - 1.97)
Not relevant	1.10	(0.78 - 1.55)



Chapter 5

LIFE STRESS EVENTS

Summary	335
Introduction	338
Demographic factors and life stress events	340
Child factors and life stress events	341
Maternal and neonatal health	342
Children's physical health	343
Other non-significant child physical health factors	346
Children's social and emotional wellbeing	347
Use of other support networks and services	348
Other child factors	351
Carer factors and life stress events	351
Carer socioeconomic status	351
Carer's physical and mental health	352
Carer culture and language	353
Other carer factors	356
Family and household factors and life stress events	357
Family environment	357
Social environment of the household	361
Neighbourhood/community environment and life stress events	361
Relative importance of factors associated with 7–14 life stress events	362
Factors independently associated with 7–14 life stress events	362
Factors <i>not</i> independently associated with 7–14 life stress events	363
The key predictors of 7–14 life stress events	364
Endnotes	370
Detailed tables	372





Chapter 5

LIFE STRESS EVENTS

Some level of stress is always present and normal in people, families and communities. Indeed, people often reference personal experiences of stress in phrases such as ‘stressed out’ or ‘over-stressed’. Many approaches to maintaining good health explicitly acknowledge that managing stress levels is essential to wellbeing. Responses to stress potentially influence health and wellbeing. They do so for two reasons. Firstly, individuals often cope with stress using behaviour that is harmful to their physical and mental health — high levels of stress can be accompanied by drinking alcohol, using nicotine, illicit drug use and loss of sleep. Secondly, prolonged stress activates fundamental hormonal and endocrine changes in the body that cause physical harm to the body. This chapter describes the nature and circumstances of stress experiences in families with Aboriginal children and young people and identifies the factors associated with multiple life stress events.

SUMMARY

This chapter analyses the complex set of factors that are associated with families experiencing 7–14 life stress events. These analyses proceeded in two stages. In the first stage, the association between many individual variables and outcomes in terms of life stress events was assessed through cross-tabulation analysis. This allows us to observe the characteristics of families with high levels of life stress. In the second stage a statistical model was developed to tease out the factors that were independently associated with these outcomes of interest. Each model was developed in an iterative process, using the results from the cross-tabulation analysis (stage one), advice from experts in the field and evidence documented in related literature.

This summary presents the results of the models only (stage two).

Life stress events in families with Aboriginal children

In the Western Australian Aboriginal Child Health Survey (WAACHS), primary carers were asked if any of 14 major life stress events had occurred in the family in the previous 12 months. These events included illness, hospitalisation or death of a close family member, family break up, arrests, job loss and financial difficulties.

Families of Aboriginal children reported 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 over the preceding 12 months.

Families most at risk of 7–14 life stress events

Statistical modelling in this chapter identified two major factors independently associated with families experiencing 7–14 life stress events:

- ◆ *Family financial strain.* Families that were ‘spending more money than we get’ were almost four times more likely to experience 7–14 life stress events compared with families that could ‘save a lot’.



SUMMARY (continued)

- ◆ *Number of neighbourhood/community problems.* Primary carers who reported being bothered by 11 or more neighbourhood/community problems (such as vandalism, family violence, drug abuse, kids not going to school and racism) were over four times more likely to be living in families that experienced 7–14 life stress events relative to carers who reported 0–1 neighbourhood/community problems. Primary carers reporting 2–5 and 6–11 neighbourhood/community problems were also at an elevated risk of 7–14 life stress events.

Other significant factors associated with 7–14 life stress events

Results from statistical modelling in this chapter identified a further 13 factors that were independently associated with a primary carer reporting 7–14 life stress events after controlling for level of relative isolation. These factors are not ranked in terms of importance or priority and can be broadly categorised as cultural issues, physical and mental health issues, contact with the justice system, and housing tenure:

- ◆ *Aboriginal language spoken by the carer.* Primary carers who could hold a conversation in an Aboriginal language were one and a half times more likely to have 7–14 life stress events than carers who could not speak an Aboriginal language.
- ◆ *Attendance at an Aboriginal funeral.* Carers who had attended an Aboriginal funeral in the past 12 months were one and a half times more likely to have experienced 7–14 life stress events compared with carers who had not attended an Aboriginal funeral.
- ◆ *Participation in Aboriginal organisations.* Carers who had participated in an Aboriginal organisation were one and a half times more likely to be living in families with 7–14 life stress events than carers who had not participated in an Aboriginal organisation.
- ◆ *Importance of Aboriginal ceremonial business.* Carers who regarded Aboriginal ceremonial business as not important were one and a half times less likely to have 7–14 life stress events when compared with carers who considered Aboriginal ceremonial business as important.
- ◆ *Primary carer's physical health.* Primary carers who suffered from a long term limiting medical condition were one and a half times more likely to have experienced 7–14 life stress events relative to carers who did not suffer a long term medical condition.
- ◆ *Primary carer contact with Western Australian Mental Health Services.* Primary carers who had contact with Mental Health Services had an elevated risk of having experienced 7–14 life stress events than carers who had not had contact with Mental Health Services.
- ◆ *Children's risk of clinically significant emotional or behavioural difficulties.* Primary carers who had one or more children in their care at high risk of clinically significant emotional or behavioural difficulties were two times more likely to have experienced 7–14 life stress events compared with other carers.
- ◆ *Overuse of alcohol causing problems in the household.* Where overuse of alcohol caused problems in the household, primary carers were over one and a half times more likely to have 7–14 life stress events than carers in households without these problems.



SUMMARY (continued)

- ◆ *Whether the primary carer had ever been arrested or charged with an offence.* Primary carers who had ever been arrested or charged with an offence were almost two times more likely to report 7–14 life stress events than carers who had never been arrested or charged with an offence.
- ◆ *Whether the partner of the primary carer had ever been arrested or charged with an offence.* Primary carers whose partner had ever been arrested or charged were one and a half times more likely to be living in families with 7–14 life stress events than carers whose partner had never been arrested or charged with an offence.
- ◆ *Housing tenure.* Primary carers living in households that were being paid off were around two times less likely to have experienced 7–14 life stress events relative to carers who owned their own home.
- ◆ *Victim of crime.* In households where any member of the household had been a victim of crime in the past three years, the primary carer was one and a half times more likely to have reported experiencing 7–14 life stress events than primary carers living in households where no member had been a victim of crime.
- ◆ *Children needing to stay away overnight with other family and friends due to a family crisis or behaviour problems.* Primary carers who had one or more children in their care who needed to stay away overnight with other family or friends were one and a half times more likely to have experienced 7–14 life stress events compared with other carers.

Factors *not* associated with 7–14 life stress events

A range of other factors were tested but not retained in the final statistical model of 7–14 life stress events. That is, these factors were not independently associated with levels of life stress events. These included:

- ◆ use of alcohol, marijuana or tobacco during pregnancy
- ◆ children with health problems, such as runny ears, physical pain or discomfort, recurring chest, ear or gastrointestinal infections, trouble getting enough sleep or any other serious health problem
- ◆ use of services such as the Aboriginal Medical Service, the Department for Community Development, a school psychologist, or an Aboriginal and Islander Education Officer.
- ◆ number of Aboriginal children in the household
- ◆ level of household occupancy
- ◆ whether betting or gambling caused problems in the household
- ◆ how often the primary carer and spouse/partner argued
- ◆ number of indicators of socioeconomic disadvantage.



INTRODUCTION

The number of stressful life events that occur in a single period can impact on a family's ability to cope. Most people are able to cope with a single stressful event, but when multiple stressful or traumatic events occur simultaneously or over a relatively short time period it can be more and more difficult to cope.

In the Western Australian Aboriginal Child Health Survey (WAACHS), primary carers were asked if any of 14 major life stress events had occurred in their family in the preceding 12 months. These events included:

- ◆ a close family member had a serious medical problem (illness or accident) and was in hospital
- ◆ a close family member was badly hurt or sick
- ◆ a close family member was arrested or in gaol/prison
- ◆ your child/children were involved in or upset by family arguments
- ◆ a parent/caregiver lost his/her job or became unemployed
- ◆ a close family member had an alcohol or drug problem
- ◆ your family didn't have enough money to buy food, for bus fares or to pay bills
- ◆ a close family member has a physical handicap
- ◆ an important family member passed away
- ◆ parents or carers left because of family split-up
- ◆ you have felt too crowded where you lived
- ◆ your child/children had to take care of others in the family
- ◆ your child/children have been in a foster home
- ◆ your child/children were badly scared by other people's behaviour.

Thirteen of the life stress events asked in the WAACHS were also asked (some with minor wording variations) in the 1993 Western Australian Child Health Survey.¹ These thirteen items were sourced from Sandler and Block's modification of Coddington's Life Stress Inventory,² and were supplemented with one additional item (didn't have enough money to buy food, for bus fares or to pay bills), which was identified in the statewide community consultation with Aboriginal carers and young people as an important stressor in families with Aboriginal children.

Further details of the life stress events measured in the survey can be found in *Appendix C — Measures derived from multiple responses and scales* in Volume Two, or *Life stress events* in the *Glossary*.

In the analyses reported throughout this chapter, the number of life stress events in the previous 12 months were grouped as follows: 0–2, 3–4, 5–6, and 7–14. Previous Western Australian research has suggested that three or more life stress events in a 12 month period may be a risk factor for a range of problems.¹ Life stress is also a significant factor associated with the onset of many illnesses.³

Volume Two — *The social and emotional wellbeing of Aboriginal children and young people* also highlighted the experience of life stress events as being strongly associated with emotional and behavioural difficulties in Aboriginal children. Children living in households where their carers reported 7–14 life stress events were 5.5 times more likely to be at high risk of clinically significant emotional or behavioural difficulties relative to children living in households that had experienced 0–2 life stress events.⁴



In this volume, the number of life stress events experienced by a family in the past 12 months was found to be independently associated with family financial strain and whether primary carers had ever had a paid job (see Chapter Three).

Given previous WAACHS findings of the negative impact of multiple life stress events in Aboriginal child development, this chapter presents an analysis of the factors associated with life stress events in families with Aboriginal children.

UNDERSTANDING THE IMPACT OF DIFFERENT LEVELS OF STRESS

Recent international stress research shows that adults who have had excessive stress in their lives show earlier signs of ageing, more depression, more cardiovascular disease, as well as increased risks for substance abuse, insulin resistance and type II diabetes. Further, there is robust evidence that specific chronic stresses such as abuse as a child, raises the risks of depression, suicide, substance abuse, and earlier illness and death from a wide range of diseases. Chronic stress exposure also reduces the body's immune response and resistance to illnesses, e.g. susceptibility to upper respiratory infections.⁵

	<i>Positive Stress</i>	<i>Tolerable stress</i>	<i>Toxic stress</i>
Characteristics	Moderate, short-lived stress responses, lead to brief increases in heart rate or mild changes in stress hormone levels	More traumatic or chronic unpredictable stresses can produce bio-physiological responses that may disrupt the structure and longer-term functioning of the brain circuits which regulate emotion. However where such stresses are buffered by supportive relationships this usually facilitates adaptive coping	Traumatic and chronic unpredictable stresses result in a strong and prolonged activation of the body's stress management systems in the absence of the buffering protection of adult support
Precipitants	Precipitants include such challenges as meeting new people, dealing with frustration, getting an immunisation, or adult limit-setting	Examples of precipitants of this level of stress could include death or serious illness of a loved one, a frightening injury, parent divorce, a natural disaster, terrorism, or homelessness	Examples of precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, or family violence
Impact on health outcomes	This level of stress is an important and necessary aspect of healthy development. It is much better managed by the individual when it occurs in the context of stable and supportive relationships	Generally occurs within a time-limited period, which gives the brain an opportunity to recover from potentially damaging effects	'Toxic' levels of stress disrupt the structure and functioning of the brain's stress management systems. This is evident in prolonged 'fight-flight' autonomic overactivity and responding at relatively lower thresholds. This pattern of chronic stress over-responsiveness significantly increases the risk of stress-related adult physical illness, mental health and behavioural disorders

Source: Adapted from Shonkoff J and Phillips D (2000).⁵



DEMOGRAPHIC FACTORS AND LIFE STRESS EVENTS

As noted in Volume Two, families with Aboriginal children report extraordinary levels of stress — death, incarceration, violence and severe hardship. Over one in five Aboriginal children aged 0–17 years (21.8 per cent; CI: 19.9%–23.8%) were living in families where 7–14 major life stress events had occurred over the preceding 12 months (Table 5.1).

When the number of life stress events were analysed at the carer level, 30.5 per cent (CI: 28.3%–32.8%) of primary carers reported 2 life stress events or less. A little over one-fifth of carers (21.2 per cent; CI: 19.3%–23.1%) reported 7–14 life stress events (Table 5.2).

While there was a trend for the proportion of carers who reported 7–14 life stress events to increase as relative isolation increased, the differences were not statistically significant (Table 5.3).

No significant differences were found in levels of life stress events across categories of relative socioeconomic disadvantage as measured by the Index of Relative Socio-Economic Disadvantage — see *Glossary* (Table 5.4).

LIFE STRESS EVENTS AND LEVEL OF RELATIVE ISOLATION

Some 21.8 per cent (CI: 19.9%–23.8%) of Aboriginal children aged 0–17 years were living in families that reported experiencing 7–14 life stress events in the 12 months prior to the survey. Because the WAACHS provides information about the circumstances of families with Aboriginal children living throughout Western Australia, experiences of stress among families can be compared across a diverse range of living circumstances. The findings show no significant difference in the proportion of families experiencing any given number of life stress events in the 12 months prior to the survey and their level of relative isolation, independently of a range of other demographic, social and economic factors that can contribute to life stress at the family level (see Figure 5.15). In other words, despite different geographic locations, cultural obligations and general family circumstances, families with Aboriginal children report a similar distribution of life stress events occurring within the past year.

The levels of stress reported by carers of Aboriginal children were exceedingly high by any standard. Comparisons of levels of life stress between families with Aboriginal children and families with non-Aboriginal children are difficult to make. This is because the items used in measuring life stress often differ. For example, the 1993 Western Australian Child Health Survey (WA CHS — a survey of families with non-Aboriginal children) asked respondents a list of 33 life stress items.

The WAACHS used a list of 14 life stress items — 13 of which were either identical, or very similar to, those from the WA CHS (some items from the WA CHS were combined to make them comparable to those in the WAACHS). It is also important to note that, when carers in the WA CHS were asked if any of the life stress events had happened in their family in the past 12 months, a ‘close family member’ was further defined as a parent, child, grandparent or relative living in the household. In comparison, the WAACHS, ‘family’ was not further defined and so the carers of

Continued . . .



LIFE STRESS EVENTS AND LEVEL OF RELATIVE ISOLATION (continued)

Aboriginal children would not necessarily restrict their answers to only those events that occurred to family members in the immediate household. It is important to note that these differences in the questions between the WAACHS and WA CHS could account for some of the difference in the experience of life stress events reported below.

Notwithstanding the larger number of items in the WA CHS, comparisons between the two surveys showed that only 9.6 per cent (CI: 8.2%–11.2%) of WAACHS primary carers experienced no life stress events in the preceding twelve months while, for the carers of non-Aboriginal children, this figure was 23.7 per cent (CI: 21.2%–26.3%).

In order to get a sense of the difference in the number of life stress events experienced by families with Aboriginal children compared with families with only non-Aboriginal children, the average number of life stress events experienced by both populations was calculated. The calculated averages presented here are based on the 13 common life stress event items asked in both the WAACHS and 1993 WA CHS. On average the primary carers of Aboriginal children experienced 3.9 (CI: 3.8–4.0) life stress events in the 12 months prior to the survey. This was almost 4 times the average number of life stress events reported by the carers of non-Aboriginal children (1.2; CI: 1.1–1.2).

Readers might have expected to see higher levels of life stress events reported by families with Aboriginal children living in more remote settings. However, the data contradict this expectation and instead show similar and high levels of stress across all levels of relative isolation. Differences in the pattern of life stress events between families living in the metropolitan and more remote areas were also examined. Compared with metropolitan families, families living in extremely remote areas more commonly reported stress from close family members passing away (67.6 per cent; CI: 59.4%–75.0% compared with 40.2 per cent; CI: 35.9%–44.5%) and from children having to take care of others in the family (31.4 per cent; CI: 26.3%–37.0% compared with 11.5 per cent; CI: 9.1%–14.5%). Aside from these differences, the pattern in the types of stresses reported by families living in different areas was similar, with no significant differences in the total number of stresses reported.

CHILD FACTORS AND LIFE STRESS EVENTS

WAACHS data was linked to birth records and midwives' reports (see *Record linkage* in *Glossary*). These data have been analysed in this section using cross-tabulation to detail the associations between maternal health and other characteristics of Aboriginal children at birth with the number of life stress events in families with Aboriginal children.

Cross-tabulation allows us to observe what proportion of our study population exhibits a particular characteristic. Later in this chapter, results from multivariate logistic regression models are presented, which report on independent associations between factors. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

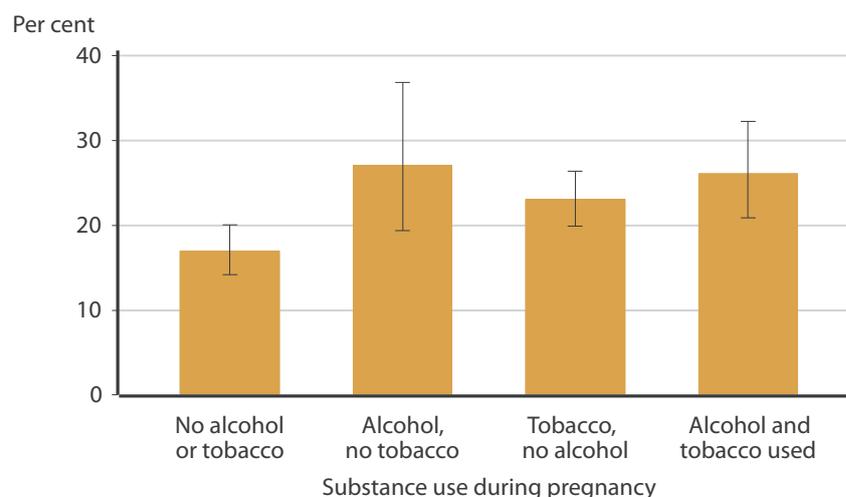


MATERNAL AND NEONATAL HEALTH

Use of tobacco and alcohol during pregnancy

A higher proportion of children whose primary carer had used both alcohol and tobacco during pregnancy were living in families with 7–14 life stress events (26.1 per cent; CI: 20.9%–32.3%) compared with children whose primary carer had not consumed alcohol or tobacco (17.0 per cent; CI: 14.2%–20.1%) (Figure 5.1).

FIGURE 5.1: ABORIGINAL CHILDREN AGED 0–17 YEARS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY SUBSTANCE USE DURING PREGNANCY



Source: Table 5.5

When the effect of substance use during pregnancy was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Percentage of Optimal Birth Weight (POBW)

There was no association between an infant’s percentage of optimal birth weight (see *Glossary*) and the level of life stress events reported by the primary carer (Table 5.6).

Breastfeeding

There was no significant difference in the proportion of children living in families with 7–14 life stress events by whether they had ever been breastfed (Table 5.7).



STRESS AND THE CHILD'S DEVELOPING BRAIN

Recent neuroscience research has shed new light on what happens within a child's brain when trauma is experienced. For example, when children are exposed to intense or overly frequent stressors, stress hormones are produced which flood the developing brain in ways that significantly affect the rate at which new neurones are produced and how they connect up with each other. Children with continuing high levels of stress hormones, such as adrenaline and cortisol, have an increased risk of developing longer-term dysfunction of their self-regulatory 'stress-response' system.⁶ One such atypical stress response is where an individual develops an autonomic nervous system 'over-reaction' pattern. These children characteristically over-respond to frustration or external provocation (e.g. increased heart rate, raised blood pressure, or heightened aggressive reactions). This pattern of over-arousal can be evident from an early age and is now known to be a major risk factor in later behavioural and mental health problems as well as adult cardiovascular disease.

Another common pattern of stress-response dysregulation is where the body's arousal to stress becomes unusually prolonged, e.g. the stress-response has difficulty 'switching off'. These individuals show a pattern of response to stress where blood levels of cortisol take much longer to return to their normal 'resting' levels after the source of a stress has subsided. This stress response pattern can lead to chronically elevated levels of cortisol which is now known to be an important risk factor for obesity and Type II Diabetes — in addition to the generally better known risk factors of diet and exercise.⁷

5

CHILDREN'S PHYSICAL HEALTH

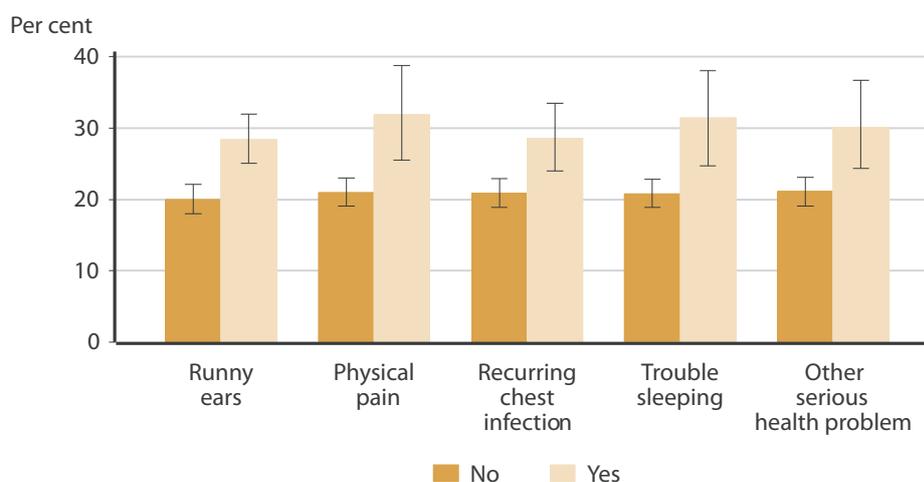
This section uses cross-tabulation analysis to examine the association between various dimensions of Aboriginal children's health and the number of life stress events experienced in their families in the past 12 months.

The following child health factors were significantly associated with 7–14 life stress events:

- ◆ ever having runny ears
- ◆ physical pain or discomfort
- ◆ recurring chest, ear and gastrointestinal infections
- ◆ trouble getting enough sleep
- ◆ any other serious health problem.



FIGURE 5.2: ABORIGINAL CHILDREN AGED 0–17 YEARS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY SELECTED PHYSICAL HEALTH INDICATORS



Source: Tables 5.8, 5.9, 5.10, 5.13, 5.14

Otitis media (runny ears)

Otitis media is an infection of the middle ear. It may occur in one or both ears and is the most common ear problem in Aboriginal children. When pressure in the middle ear becomes too great and the eardrum ruptures, hearing is temporarily impaired and there is a discharge from the ear ('runny ears').

A higher proportion of children who had ever had runny ears were living in families with 7–14 life stress events (28.4 per cent; CI: 25.1%–32.0%) compared with children who had never had runny ears (20.0 per cent; CI: 18.0%–22.1%) (Figure 5.2).

When the effect of runny ears was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Physical pain or discomfort

Life stress events were also significantly associated with whether the child had physical pain or discomfort. Over three in ten children (31.9 per cent; CI: 25.5%–38.8%) who had physical pain or discomfort were living in families with 7–14 life stress events. This was significantly higher than the corresponding proportion of children who were not experiencing physical pain or discomfort (21.0 per cent; CI: 19.1%–23.0%) (Figure 5.2).

When the effect of physical pain or discomfort was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Recurring infections

A higher proportion of children with recurring infections were living in families with 7–14 life stress events.



Almost three in ten children (28.6 per cent; CI: 24.0%–33.5%) with recurring chest infections were in families with 7–14 life stress events compared with 20.9 per cent (CI: 18.9%–22.9%) of children that did not have a recurring chest infection (Figure 5.2).

Results were similar when examining recurring ear infections and gastrointestinal infections. Over one-quarter of children (27.3 per cent; CI: 23.8%–31.0%) with recurring ear infections were in families with 7–14 life stress events compared with 20.6 per cent (CI: 18.6%–22.7%) of those without infections of this type (Figure 5.2).

For children with recurring gastrointestinal infections, 33.1 per cent (CI: 25.9%–40.6%) experienced 7–14 life stress events, significantly higher than the 21.1 per cent (CI: 19.2%–23.2%) of children that did not have a recurring gastrointestinal infection (Figure 5.2).

When the effect of recurring chest, ear and gastrointestinal infections were further investigated in a multivariate logistic regression model, these factors were *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Trouble getting enough sleep

Over three in ten children (31.4 per cent; CI: 24.7%–38.1%) who experienced trouble getting enough sleep were in families with 7–14 life stress events. This was significantly higher than the corresponding proportion of children who did not have trouble sleeping (20.8 per cent; CI: 18.9%–22.8%) (Figure 5.2).

When the effect of having trouble getting enough sleep was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Other serious health problems

Primary carers were also asked if children in their care had any serious health problems that were not specifically asked about in the survey. Three in ten (30.1 per cent; CI: 24.4%–36.7%) children that had another serious health problem also experienced 7–14 life stress events. This figure compares with 21.1 per cent (CI: 19.1%–23.1%) among children that had not had any other serious health problem (Figure 5.2).

When the effect of other serious health problems was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).



LIFE STRESS EVENTS AND CHILD DEVELOPMENT

Some level of stress is always present and normal in people, families and communities. Indeed, people often reference personal experiences of stress in phrases such as 'stressed out' or 'over-stressed'. Many approaches to maintaining good health explicitly acknowledge that managing stress levels is essential to wellbeing.

When present in a context of encouragement and emotional support, and when it does not exceed an individual's coping capacity, stress triggers adaptive biological arousal which increases motivation, and the potential for development through task mastery and increased self-efficacy. When these adaptive systems are efficiently turned on and turned off and not overused, the body is able to cope effectively and is said to be in 'homeostatic balance'.

In circumstances where these homeostatic systems are either overstimulated or not able to perform normally, this condition has been termed 'allostatic load' or the price of adaptation. Allostatic load may thus initiate biologically dysregulated responses to stress which disrupt development and may lead to disease over long periods due to effects on autonomic, nervous, endocrine and immune system activity.⁸

The study of stress has a long history in the social sciences and, more recently, the health arena.⁹⁻¹⁵ The association of stress with poor mental health and psychiatric outcomes is very well documented.^{9,16} In population studies, data from the 1994-95 *Canadian National Population Health Survey* found current stress to have the strongest associations with adult mental health.¹⁶ Additionally, life stress events show moderate correlation across related family members (i.e. they can 'run in families') and are also associated with higher levels of anxiety and depression in community samples.¹⁷

Life stresses can both disorganise family functioning and be a measure of disorganisation within families. In either event, family disorganisation can induce the impairment of, or diminish the capacity of, caregivers to control and/or plan in the face of adversity. These observations are in keeping with the findings of longitudinal surveys showing the mental health benefits of a harmonious home and of the capacity of family individuals to exert planning when dealing with life choices.¹⁸

OTHER NON-SIGNIFICANT CHILD PHYSICAL HEALTH FACTORS

The association between life stress events and a range of other child health factors was also tested. The following factors were not found to be significantly associated with life stress events:

- ◆ ever having had asthma
- ◆ normal vision in both eyes
- ◆ normal hearing in both ears
- ◆ difficulty saying certain sounds
- ◆ communication issues, such as stuttering or stammering or when others need help in understanding what the child is saying



- ◆ help in the activities of daily living
- ◆ whether the child had ever had hayfever
- ◆ currently taking antibiotics
- ◆ a disability or other serious health problem that put a burden on the carer or the family as a whole
- ◆ number of dietary quality indicators met.

CHILDREN'S SOCIAL AND EMOTIONAL WELLBEING

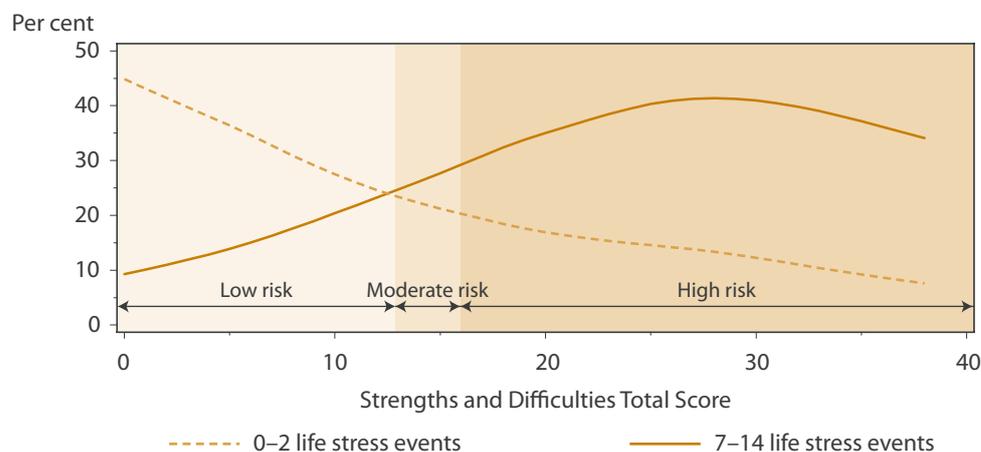
Social and emotional development in children is constrained by stress that accumulates and overwhelms adaptive abilities.⁴ The association between stressful life events and poor social and emotional wellbeing and psychiatric outcomes is well documented.^{9,16} The association between children's social and emotional wellbeing and life stress events is examined further below.

Emotional and behavioural difficulties in Aboriginal children have been explored based on information collected from their carers using the Strengths and Difficulties Questionnaire (SDQ). The SDQ comprised 25 questions probing five areas of psychological adjustment in children (see *Strengths and Difficulties Questionnaire* in the *Glossary* for further details on the SDQ and how it is scored).

As the risk of clinically significant emotional or behavioural difficulties in 4–17 year-old Aboriginal children increased, so too did the proportion of children in families with 7–14 life stress events. The proportion of children experiencing 7–14 life stress events ranged from 16.5 per cent (CI: 14.4%–18.8%) among children at low risk of clinically significant emotional or behavioural difficulties, to 35.7 per cent (CI: 31.0%–40.6%) among children at high risk of such difficulties (Table 5.15).

As shown in Figure 5.3, the proportion of children who experienced 7–14 life stress events increased steadily with increasing total SDQ score of the child. The slight dip in the proportion experiencing 7–14 life stress events at higher SDQ scores is most likely explained by the small numbers of children scoring at this end of the SDQ scale. This Figure is an example of a spline chart. For further information on how to interpret this type of chart, see the section entitled *Interpreting measures of geographical isolation* in Chapter One.

FIGURE 5.3: PROPORTION OF CHILDREN WHO EXPERIENCED LIFE STRESS EVENTS, BY THE STRENGTHS AND DIFFICULTIES TOTAL SCORE OF THE CHILD

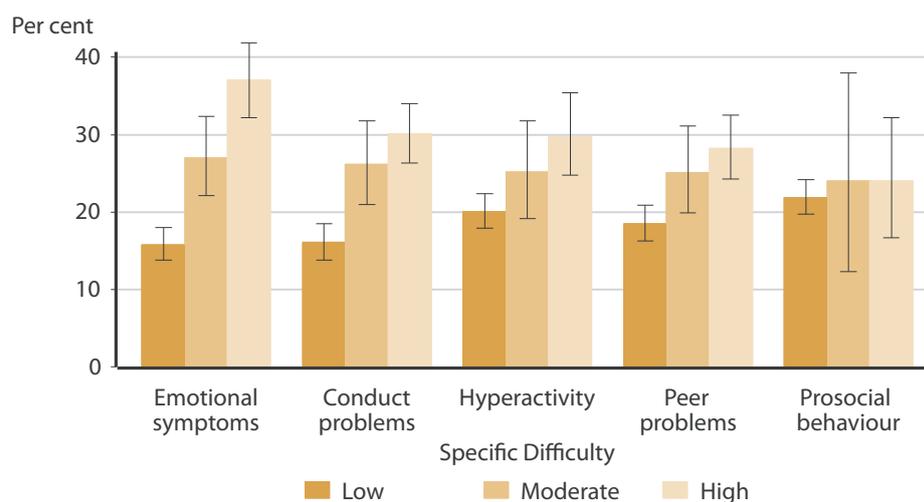


Specific emotional or behavioural difficulties

The 25 items comprising the SDQ can also be used to derive five underlying scale scores that measure specific symptoms, problems and behaviours. These specific scale scores relate to: emotional symptoms; conduct problems; hyperactivity; peer problems; and problems with prosocial behaviour.

Differences were found in the proportions of Aboriginal children aged 4–17 years experiencing 7–14 life stress events when analysed against the risk of clinically significant specific difficulties. The largest difference in the proportion of children experiencing 7–14 life stress events was found among those at risk of clinically significant emotional symptoms. Almost four in ten children (37.1 per cent; CI: 32.2%–41.8%) at high risk of such problems were living in families with 7–14 life stress events compared with 15.8 per cent (CI: 13.8%–18.0%) of children at low risk. Significant differences in the proportion of children living in families with 7–14 life stress events were also found by risk of clinically significant conduct problems, hyperactivity and peer problems (Figure 5.4).

FIGURE 5.4: ABORIGINAL CHILDREN AGED 4–17 YEARS — PROPORTION LIVING IN FAMILIES EXPERIENCING 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES



Source: Tables 5.16–5.20

USE OF OTHER SUPPORT NETWORKS AND SERVICES

Along with physical health factors and the indicators of social and emotional wellbeing described previously, the number of life stress events experienced by Aboriginal children was also analysed with reference to a range of other support services and programmes. A number of these programmes are designed for use by families experiencing multiple stressors which may account for some of the associations reported below.



BEST START PROGRAMME

The Best Start program is a voluntary service for Aboriginal families with children aged 0–5 years delivered by the Department for Community Development or by funded Aboriginal organisations. The service is delivered in partnership with health and education services. Best Start services aim to engage with parents and extended family to ensure the cultural, health and social needs of their children are met and their preparation and transition to school is improved.

Best Start operates from 17 sites mostly in rural and remote areas with three located in the metropolitan area. A range of activities are offered including playgroups, home visits, workshops and social and cultural activities.

The WAACHS data show that only a small proportion of Aboriginal children (1.4 per cent; CI: 0.9%–1.9%) used the Best Start programme in the six months prior to the survey. Use of the Best Start program was significantly associated with children having experienced 7–14 life stress events in the previous 12 months. Over four in ten children (40.4 per cent; CI: 25.6%–56.7%) who had used the Best Start programme were living in families with 7–14 life stress events. This proportion was almost twice as high as children who had not used the Best Start programme (21.5 per cent; CI: 19.6%–23.6%) (Table 5.21). This may suggest that the Best Start programme is targeting children most in need of this service.

Department for Community Development

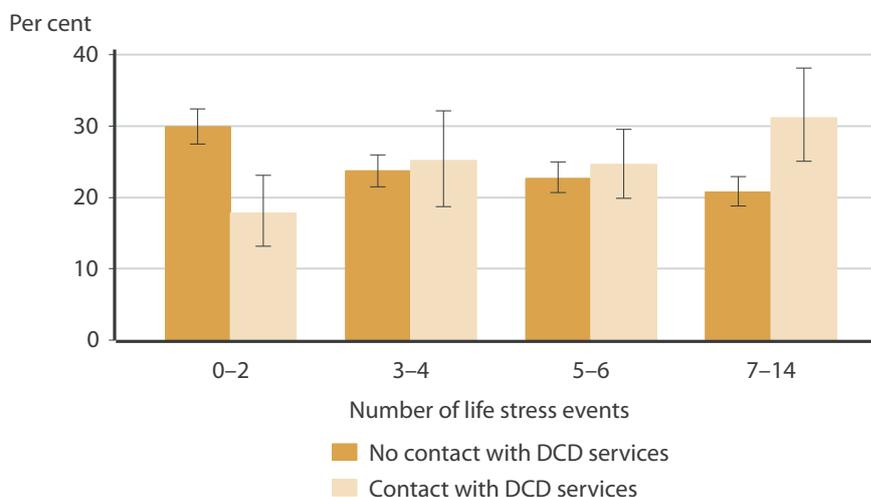
The Department for Community Development (DCD) is the Western Australian government department with responsibility for providing a range of services to support children, young people and families, to assist community members in crisis, to protect children from harm, and to care for children who are unable to live at home. For further details, see commentary box entitled *Families and children seen by the Department for Community Development* in Chapter Four.

A higher proportion of children who had accessed Department for Community Development services in the six months prior to the survey (31.2 per cent; CI: 25.1%–38.2%) were living in families that had experienced 7–14 life stress events compared with 20.8 per cent (CI: 18.8%–22.9%) of children who had not accessed Department for Community Development services (Figure 5.5).

When the effect of contact with DCD was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).



FIGURE 5.5: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD HAS HAD CONTACT WITH DEPARTMENT FOR COMMUNITY DEVELOPMENT (DCD) SERVICES IN THE SIX MONTHS PRIOR TO THE SURVEY



Source: Table 5.22

Stayed away overnight with other family or friends

Carers were asked a series of questions about whether children in their care needed to stay away overnight because of a family crisis or behaviour problems in the six months prior to the survey.

A higher proportion of children who had needed to stay away overnight with other families or friends (38.5 per cent; CI: 30.9%–46.3%) were living in families that experienced 7–14 life stress events compared with children who had not needed to stay away overnight (20.0 per cent; CI: 18.1%–22.0%) (Table 5.23).

School psychologist

For those children whose primary carer had needed to see a school psychologist in the last six months about a problem the child had at school, 36.1 per cent (CI: 28.7%–43.6%) were in families with 7–14 life stress events. In contrast, 20.8 per cent (CI: 18.6%–23.2%) of children whose carer had not seen a school psychologist had experienced 7–14 life stress events (Table 5.24).

When the effect of contact with a school psychologist was further investigated in a multivariate logistic regression model, it was found to *not* be independently associated with the likelihood of families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Aboriginal and Islander Education Officer (AIEO)

The proportion of children who had experienced 7–14 life stress events was higher for children whose carer had seen an AIEO in the last six months about a problem the child was having at school (34.0 per cent; CI: 27.7%–40.6%) relative to children whose carer had not seen an AIEO (20.5 per cent; CI: 18.3%–22.9%) (Table 5.25).



When the effect of contact with an AIEO was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

School principal

A higher proportion of children whose carer had needed to see a school principal in the last six months about a problem the child was having at school (30.9 per cent; CI: 24.9%–37.1%) experienced 7–14 life stress events compared with children whose carer had not seen a school principal (20.5 per cent; CI: 18.2%–22.8%) (Table 5.26).

When the effect of contact with a school principal was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

OTHER CHILD FACTORS

A range of other child level factors were tested but not found to be associated with life stress events. These included:

- ◆ use of Family Futures programme
- ◆ contact with Disability Services
- ◆ whether the carer had seen an Elder or Minister/Priest
- ◆ whether the child had needed to stay away overnight at a hostel
- ◆ number of homes the child had lived in
- ◆ whether the carer had contacted the child's class/form teacher.

CARER FACTORS AND LIFE STRESS EVENTS

This section uses cross-tabulation analysis to examine the associations between carer level factors and life stress events in families with Aboriginal children.

CARER SOCIOECONOMIC STATUS

Carer labour force status

The labour force status of the primary carer was significantly associated with the number of life stress events in families with Aboriginal children. Almost three in ten carers who were unemployed (28.4 per cent; CI: 22.6%–34.8%) experienced 7–14 life stress events in the past 12 months. The corresponding proportion for employed carers was a significantly lower 19.4 per cent (CI: 16.9%–22.0%) (Table 5.27).

When life stress events were analysed by whether the carer had ever had a paid job, no significant association was found (Table 5.28).

When the effect of primary carer labour force status was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).



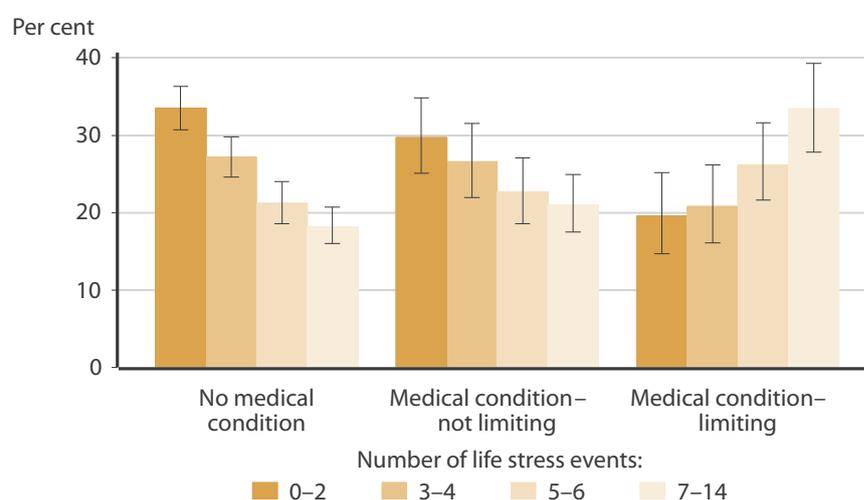
Carer education

No significant association was found between primary carer’s education level and number of life stress events (Table 5.29).

CARER’S PHYSICAL AND MENTAL HEALTH

Physical health. Carers were asked if they had any medical condition lasting six months or more and, if so, whether they were limited in any way doing normal daily activities as a result of this medical problem. A higher proportion of primary carers who had a limiting medical condition (33.4 per cent; CI: 27.8%–39.3%) reported 7–14 life stress events when compared with 18.2 per cent (CI: 16.0%–20.7%) of carers who did not have a medical condition and carers who had a medical condition that was not limiting (21.0 per cent; CI: 17.5%–24.9%) (Figure 5.6).

FIGURE 5.6: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PRIMARY CARER LIMITING MEDICAL CONDITION



Source: Table 5.30

Mental health. Primary carer contact with Mental Health Services in Western Australia was also associated with the number of life stress events experienced, with 28.9 per cent (CI: 24.7%–33.5%) of primary carers who had contact with Mental Health Services having experienced 7–14 life stress events. The corresponding proportion among primary carers that had no contact with Mental Health Services was 18.7 per cent (CI: 16.7%–20.8%) (Table 5.31).

Physical and mental health. Slightly over one in twenty primary carers (6.0 per cent; CI: 5.0%–7.3%) had both a long term limiting medical condition and had had contact with Mental Health Services in Western Australia. Almost four in ten of these carers (37.2 per cent; CI: 27.4%–48.1%) were living in families that had experienced 7–14 life stress events. This proportion was almost twice that of all other primary carers (20.1 per cent; CI: 18.3%–22.1%) (Table 5.32).

5

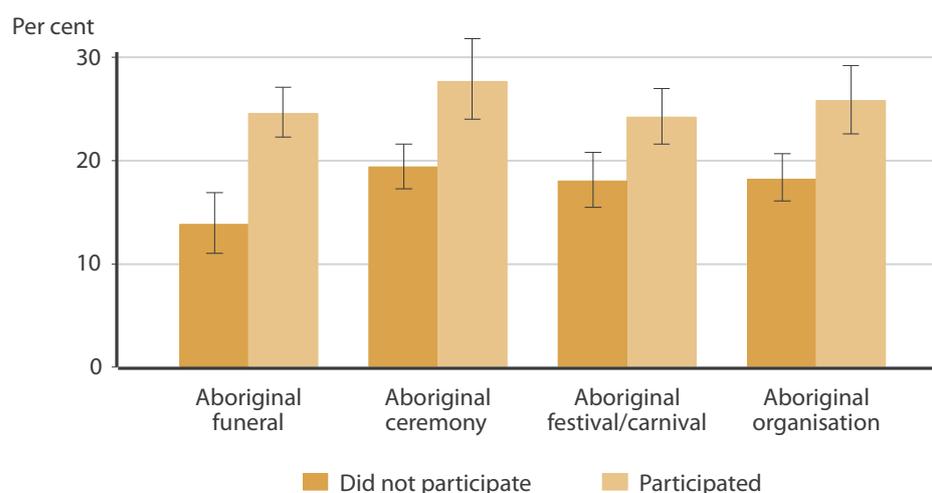


CARER CULTURE AND LANGUAGE

Primary carer participation in cultural activities

Primary carers were asked a series of questions relating to their participation in cultural activities. Attendance at an Aboriginal funeral, Aboriginal ceremony, Aboriginal festival/carnival or involvement with an Aboriginal organisation in the 12 months prior to the survey were all associated with the experience of 7–14 life stress events (Figure 5.7).

FIGURE 5.7: PRIMARY CARERS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY PRIMARY CARER PARTICIPATION/ INVOLVEMENT IN CULTURAL ACTIVITIES



Source: Tables 5.33–5.36

The association between primary carer participation in cultural activities and number of life stress events has been further analysed by Level of Relative Isolation below.

Aboriginal funeral. In areas of low and moderate isolation, a higher proportion of primary carers who had attended an Aboriginal funeral in the 12 months prior to the survey reported experiencing 7–14 life stress events compared with primary carers who had not attended an Aboriginal funeral. This difference was most pronounced in areas of moderate isolation, where one-quarter of primary carers (25.1 per cent; CI: 21.2%–29.1%) who had attended an Aboriginal funeral experienced 7–14 life stress events. In contrast, 10.3 per cent (CI: 6.2%–15.9%) of primary carers living in areas of moderate isolation who had not attended an Aboriginal funeral in the past 12 months reported 7–14 life stress events (Figure 5.8).

Aboriginal ceremony. As was the finding with attendance at Aboriginal funerals, a higher proportion of primary carers living in areas of moderate isolation who had attended an Aboriginal ceremony (35.8 per cent; CI: 28.3%–43.2%) reported 7–14 life stress events compared with primary carers who had not attended an Aboriginal ceremony in the 12 months prior to the survey (17.6 per cent; CI: 14.8%–20.8%) (Figure 5.8).

When the effect of attendance at an Aboriginal ceremony was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

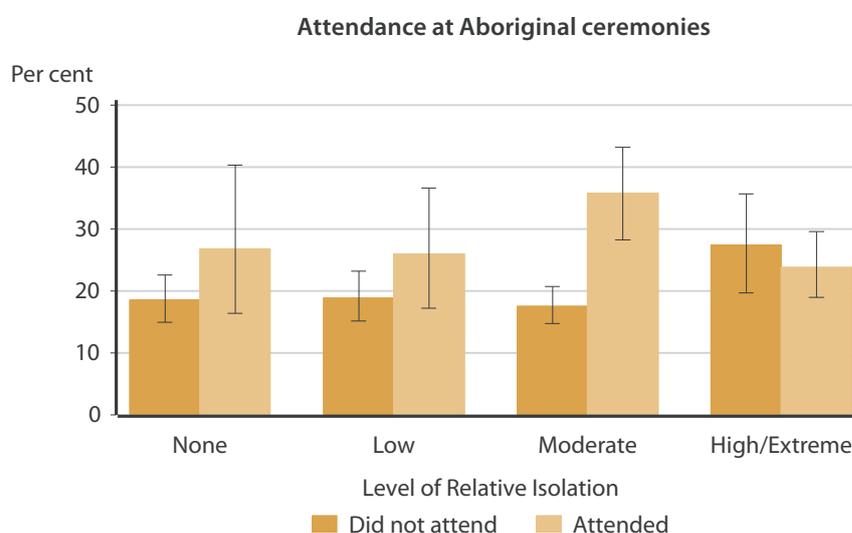
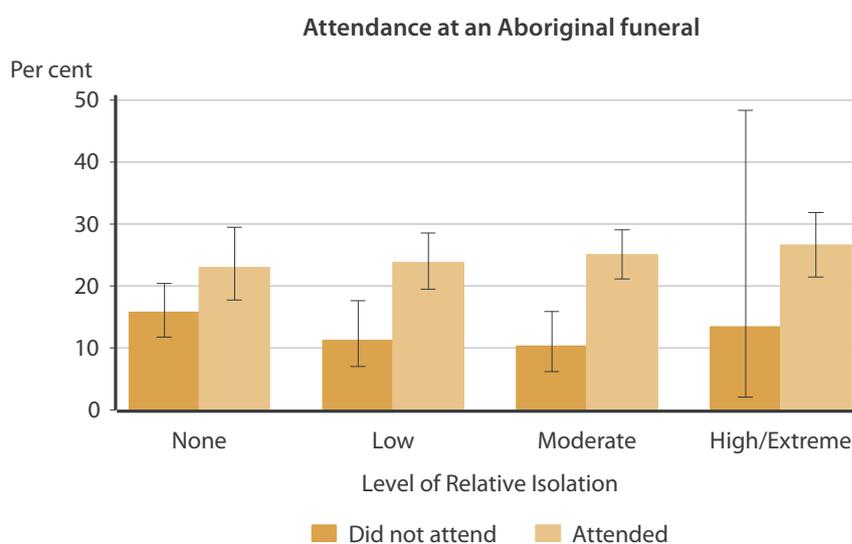


Aboriginal festival/carnival. Almost three in ten primary carers living in areas of moderate isolation who had attended an Aboriginal festival or carnival (27.0 per cent; CI: 22.3%–32.4%) reported 7–14 life stress events compared with 15.5 per cent (CI: 12.3%–19.2%) among carers who had not attended an Aboriginal festival or carnival in the 12 months prior to the survey (Figure 5.8).

When the effect of attendance at an Aboriginal festival or carnival was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with the likelihood of families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Aboriginal organisation. In areas of high/extreme isolation, a higher proportion of primary carers who had been involved in an Aboriginal organisation reported having experienced 7–14 life stress events (35.1 per cent; CI: 28.3%–42.3%) when compared with carers who had not been involved in any Aboriginal organisations in the 12 months prior to the survey (19.5 per cent; CI: 14.5%–25.8%) (Figure 5.8).

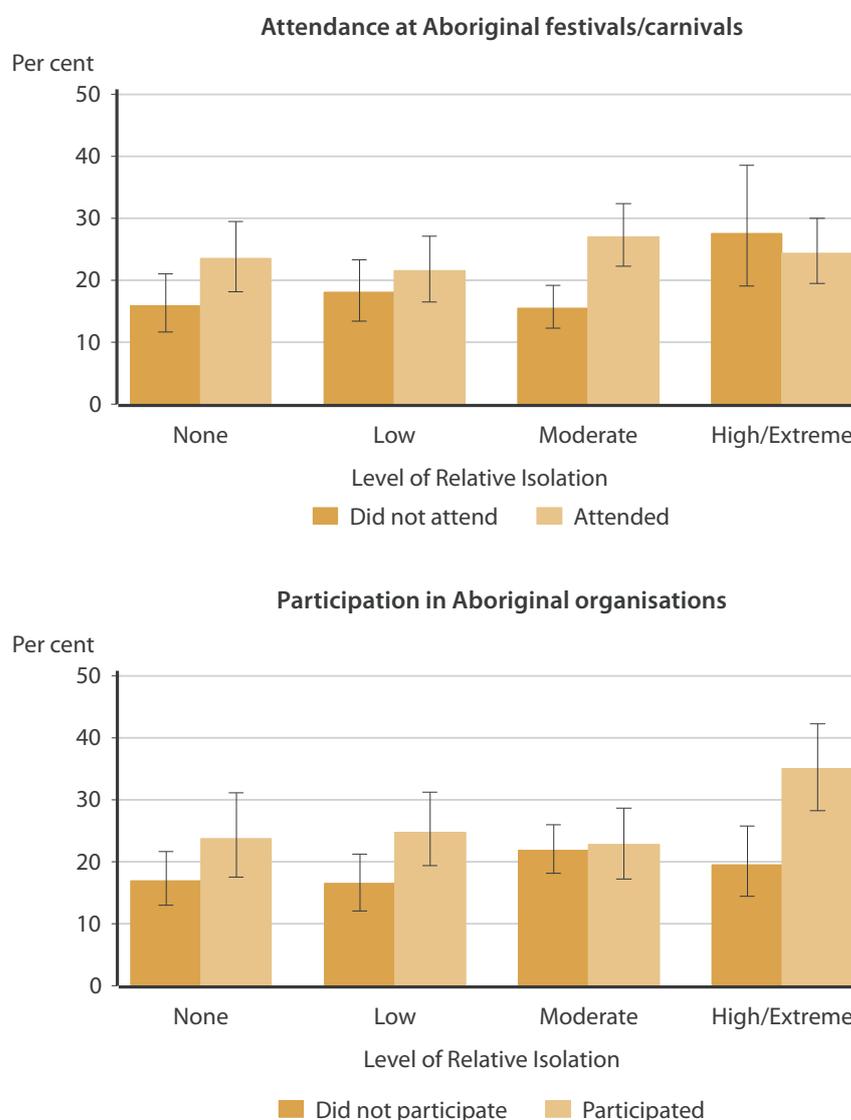
FIGURE 5.8: PRIMARY CARERS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY PRIMARY CARER PARTICIPATION/ INVOLVEMENT IN CULTURAL ACTIVITIES AND LEVEL OF RELATIVE ISOLATION



5



FIGURE 5.8 (continued): PRIMARY CARERS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY PRIMARY CARER PARTICIPATION/INVOLVEMENT IN CULTURAL ACTIVITIES AND LEVEL OF RELATIVE ISOLATION



Source: Tables 5.33–5.36

Importance of Aboriginal ceremonial business

Primary carers were asked how important Aboriginal ceremonial business was in their lives. This factor was significantly associated with life stress events. One-quarter (25.4 per cent; CI: 23.0%–28.0%) of carers who reported Aboriginal ceremonial business as important experienced 7–14 life stress events, significantly higher than the corresponding proportion of carers who reported ceremonial business as not important (13.5 per cent; CI: 10.2%–17.6%) or not relevant (14.3 per cent; CI: 10.6%–18.6%) (Table 5.37).



Aboriginal language spoken by the carer

Almost three in ten primary carers who could hold a conversation in an Aboriginal language (28.7 per cent; CI: 25.2%–32.6%) reported 7–14 life stress events. This was a significantly higher proportion than among carers who could not speak an Aboriginal language (15.0 per cent; CI: 12.6%–17.8%) (Table 5.38).

When the association between carer language and 7–14 life stress events was further analysed across LORI categories, no significant differences were found (Table 5.38).

OTHER CARER FACTORS

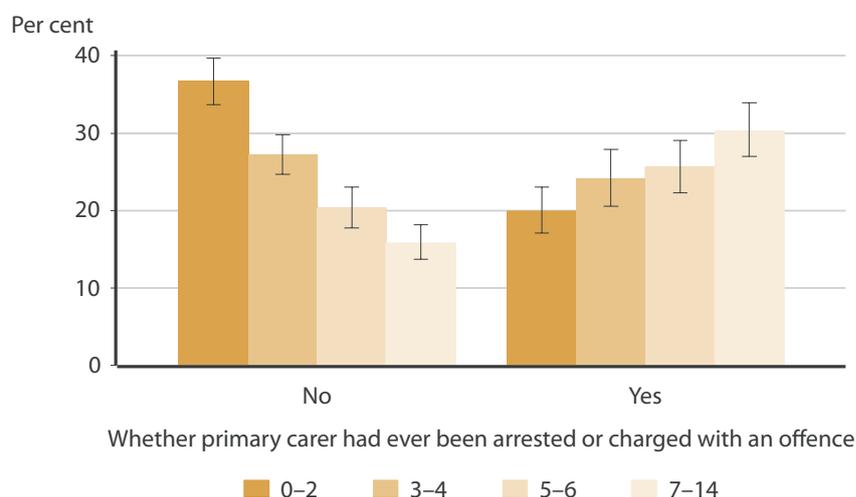
Forced separation

A comparison of primary carers who had been forcibly separated from their natural family by a mission, the government or welfare with primary carers who had not been forcibly separated revealed no significant difference in the proportion that had experienced 7–14 life stress events (Table 5.39).

Primary carer ever arrested or charged with an offence

An estimated 36.6 per cent (CI: 34.3%–38.9%) of primary carers had been arrested or charged with an offence at some stage in their lives. The proportion of these carers who had reported 7–14 life stress events in the last 12 months (30.3 per cent; CI: 27.0%–33.9%) was significantly higher than the 15.8 per cent (CI: 13.7%–18.2%) of primary carers who had never been arrested or charged with an offence (Figure 5.9).

FIGURE 5.9: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE PRIMARY CARER HAD EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE



Source: Table 5.40



Primary carer's partner/spouse ever arrested or charged with an offence

The arrest or charging with an offence of the primary carer's spouse or partner was also associated with life stress events. One-quarter (25.7 per cent; CI: 22.1%–29.4%) of primary carers whose partner/spouse had ever been arrested or charged had experienced 7–14 life stress events compared with 11.7 per cent (CI: 8.9%–15.1%) of primary carers whose partner/spouse had never been arrested or charged (Table 5.41).

Carer can discuss their problems with someone

No significant association was found between whether the primary carer had anyone they could yarn to about their problems and the number of life stress events experienced (Table 5.42).

Cigarette smoking

No significant association was found between whether the primary carer had ever smoked cigarettes regularly and number of life stress events (Table 5.43).

Importance of religion/spirituality

There was no significant difference in the proportion of primary carers reporting 7–14 life stress events and the importance of religion/spirituality in the life of the primary carer (Table 5.44).

Age of the primary carer

No association was found between age of the primary carer and number of life stress events (Table 5.45).

FAMILY AND HOUSEHOLD FACTORS AND LIFE STRESS EVENTS

FAMILY ENVIRONMENT

Household composition

No significant association was found between household composition (e.g. two original parent family, sole parent, etc.) and number of life stress events (Table 5.46).

Number of children in the household

A relationship was found between the number of life stress events experienced by families and the number of children in the household. Over one-quarter (26.4 per cent; CI: 22.8%–30.2%) of carers living in households with four or more children reported 7–14 life stress events. This was significantly higher than the corresponding proportion for carers with only one child in the household (17.9 per cent; CI: 14.2%–22.3%) (Table 5.47).

When the effect of number of children in the household was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).



EFFECTS OF STRESS ON EARLY CHILD DEVELOPMENT

The quality of a child's early experiences has long been known to be important in shaping children's behaviour, competency and learning. However, recent advances in the study of human development, and the brain-sciences in particular, have shown that socio-environmental factors during pregnancy, infancy and early childhood have significant long-term effects on the quality of populations, and play a much greater role in determining adult health outcomes than previously realised.¹⁹

Early brain development in the first two years of life is now understood to be closely dependent on the nature of the child's experience — especially the social-emotional communications involved in the attachment relationship between the infant and the mother (or other primary carer). It has only recently been discovered that the hormone oxytocin plays a vital role in strengthening the emotional bonding between an infant and their mother, or other principal carer. When a mother and infant are engaged in primary parenting behaviours such as breastfeeding, face-to-face eye gaze, physical stroking, and gentle rocking, oxytocin is released into the bloodstream of both the mother and infant and is believed to be one of the principal physiological mechanisms allowing the child to settle when subject to feelings of internal distress (e.g. hunger or other discomfort).²⁰

Severe family stress during this period of a child's life can potentially disrupt these 'experience-dependent' processes through which the child becomes progressively more able to self-regulate their negative internal feeling states. This aspect of early brain development has far-reaching implications for children's future socialisation — particularly through the role which the social environment plays in mediating the growth of the brain circuitry involved in the self-regulation of feelings, behaviour and attention.

Family functioning

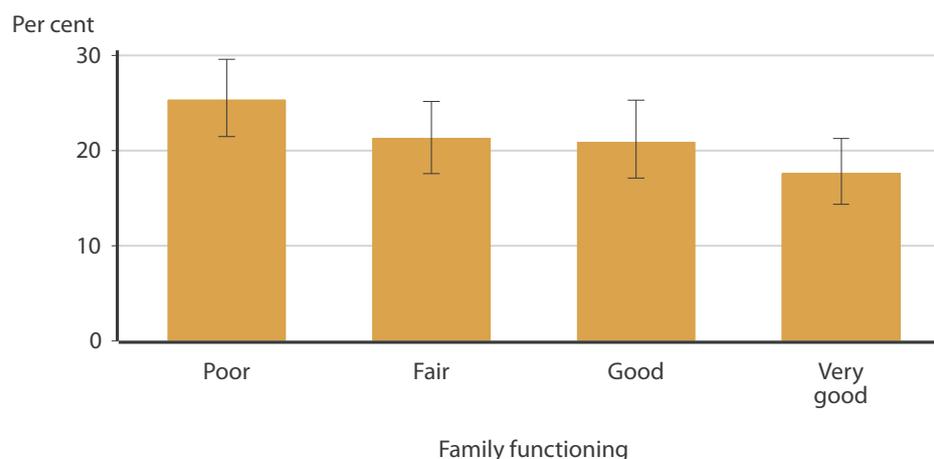
The WAACHS used a nine item scale to measure the extent to which families have established a climate of cooperation, emotional support and good communication. For further details on the family functioning measure analysed below, see the commentary box entitled *How family functioning was measured in the WAACHS* in Chapter Four.

Family functioning was significantly associated with levels of life stress. The highest proportion of carers reporting 7–14 life stress events were living in families with poor family functioning (25.3 per cent; CI: 21.5%–29.6%). This was significantly higher than the 17.6 per cent (CI: 14.4%–21.3%) of carers in families with very good family functioning (Figure 5.10).

When the effect of family functioning was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).



FIGURE 5.10: PRIMARY CARERS — PROPORTION THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY LEVEL OF FAMILY FUNCTIONING



Source: Table 5.48

Quality of parenting

The WAACHS asked a series of questions of carers about their relationship with each of their children. An index of parenting quality (see comment box entitled *Defining quality of parenting* in Chapter Four) has been derived from three of these items.

Quality of parenting was significantly associated with life stress events. Over one-quarter of Aboriginal children aged 0–17 years (26.6 per cent; CI: 23.2%–30.3%) in families with poor parenting quality had experienced 7–14 life stress events. This was significantly higher than the corresponding proportion of children in families with very good quality of parenting (17.5 per cent; CI: 14.9%–20.4%) (Table 5.49).

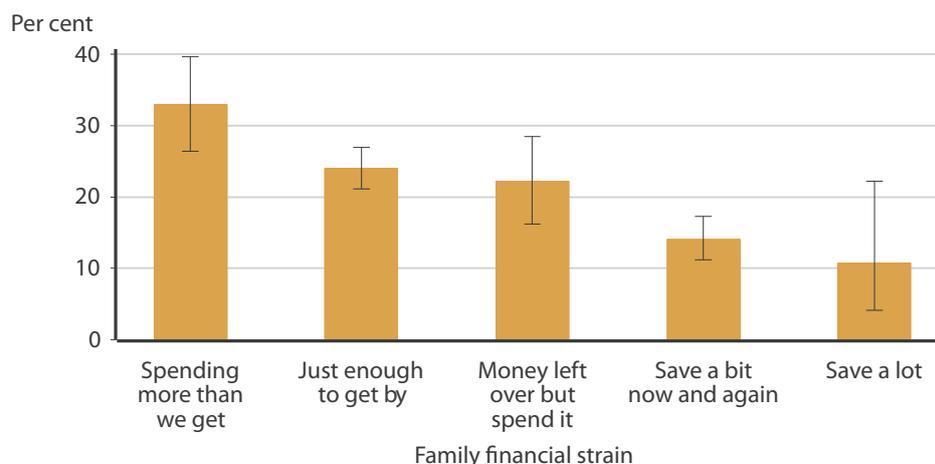
When the effect of quality of parenting was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Family financial strain

A relationship was also found between family financial strain and life stress events. A higher proportion of carers living in families with the most financial strain (‘spending more money than we get’) reported 7–14 life stress events (33.0 per cent; CI: 26.4%–39.7%) than carers living in families that could ‘save a lot’ (10.7 per cent; CI: 4.1%–22.2%) or ‘can save a bit now and again’ (14.1 per cent; CI: 11.2%–17.3%) (Figure 5.11).



FIGURE 5.11: PRIMARY CARERS — PROPORTION LIVING IN FAMILIES THAT EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY FAMILY FINANCIAL STRAIN



Source: Table 5.50

Household occupancy level

Household occupancy levels (see *Glossary*) were significantly associated with life stress events. A higher proportion of carers living in households with high household occupancy (28.2 per cent; CI: 24.1%–32.9%) experienced 7–14 life stress events compared with carers in homes with low household occupancy (19.4 per cent; CI: 17.3%–21.6%) (Table 5.51).

When the effect of household occupancy level was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Housing tenure

Housing tenure was significantly associated with life stress events in families with Aboriginal children. Around one in eight carers (12.2 per cent; CI: 8.5%–17.1%) living in homes that were being paid off experienced 7–14 life stress events. This was significantly lower than the proportion for carers renting (22.5 per cent; CI: 20.3%–24.7%) and living in other housing arrangements (35.6 per cent; CI: 25.4%–45.9%) (Table 5.52).

Victim of crime

Almost three in ten primary carers (29.4 per cent; CI: 25.3%–33.8%) who reported that a household member had been a victim of theft, assault, property damage or any other crime in the last three years were living in families that experienced 7–14 life stress events. This was significantly higher than the corresponding proportion where no household members were a victim of crime (18.1 per cent; CI: 16.0%–20.2%) (Table 5.53).

5



SOCIAL ENVIRONMENT OF THE HOUSEHOLD

Overuse of alcohol causing problems in the household

A strong association was found between overuse of alcohol causing problems and the number of life stress events experienced by families. The proportion of carers reporting overuse of alcohol as a problem and experiencing 7–14 life stress events (40.7 per cent; CI: 34.7%–46.6%) was over twice as high as the proportion of carers who did not report such problems (18.1 per cent; CI: 16.2%–20.1%) (Table 5.54).

Betting or gambling causing problems in the household

A similar finding was evident when analysing the association between gambling causing problems and life stress events. Over four in ten carers (45.3 per cent; CI: 31.1%–59.7%) in households where gambling caused problems had experienced 7–14 life stress events compared with 20.2 per cent (CI: 18.3%–22.1%) of carers who did not report such problems (Table 5.55).

When the effect of betting or gambling causing problems in the household was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Primary carer and partner/spouse argue or quarrel

For primary carers who had a spouse or partner, almost three in ten (28.6 per cent; CI: 22.9%–35.0%) who quite often or almost always argued with each other were living in families that experienced 7–14 life stress events. The comparable proportion for carers who never or hardly ever argued with their partner was 12.4 per cent (CI: 9.2%–16.3%) (Table 5.56).

When the effect of primary carer and spouse arguments was further investigated in a multivariate logistic regression model, it was *not* found to be independently associated with families with Aboriginal children experiencing 7–14 life stress events (Figure 5.15).

Carers show signs they care for each other

No significant association was found between how often the primary carer and spouse showed signs they care for each other and life stress events (Table 5.57).

NEIGHBOURHOOD/COMMUNITY ENVIRONMENT AND LIFE STRESS EVENTS

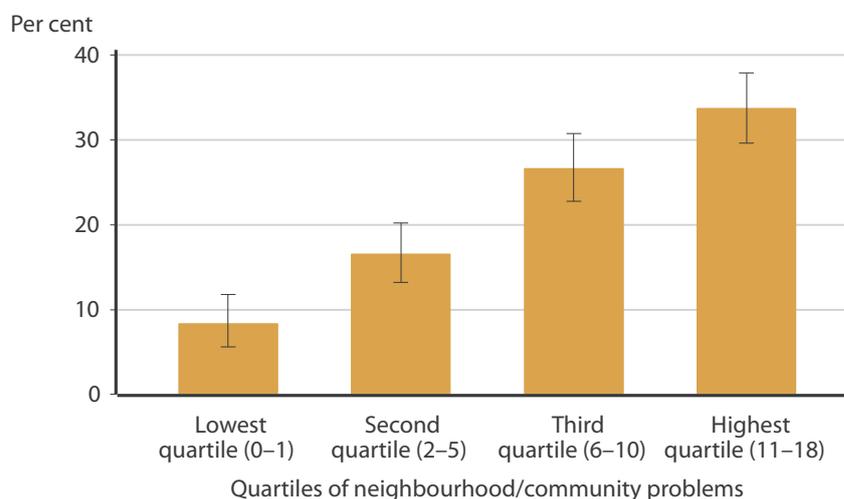
As reported in Chapter Two, primary carers were asked if they were bothered by any of 18 problems occurring in their neighbourhood/community. These problems included: vandalism and graffiti, break-ins, family violence, drug abuse, kids not going to school and racism. The number of neighbourhood/community problems reported by primary carers was grouped into four categories: 0–1, 2–5, 6–10 and 11–18. Each category contained approximately one-quarter of primary carers.

A strong association was found between carer perceptions of neighbourhood/community problems and the number of life stress events experienced in the previous 12 months. Less than one in ten primary carers (8.3 per cent; CI: 5.6%–11.8%) who reported



0–1 neighbourhood/community problems were living in families with 7–14 life stress events. This proportion was significantly lower than the 33.7 per cent (CI: 29.6%–37.9%) among carers who reported 11–18 neighbourhood/community problems (Figure 5.12).

FIGURE 5.12: PRIMARY CARERS – PROPORTION WHO EXPERIENCED 7–14 LIFE STRESS EVENTS IN THE LAST 12 MONTHS, BY NUMBER OF NEIGHBOURHOOD/COMMUNITY PROBLEMS



Source: Table 5.58

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH 7–14 LIFE STRESS EVENTS

Multivariate logistic modelling (see *Glossary*) has been used to assess the simultaneous impact of multiple factors on the likelihood of primary carers reporting 7–14 life stress events. This model adjusts for the independent effects of the other variables in the model. For example, in the model reported below, the association between Aboriginal language spoken by the carer and the likelihood of 7–14 life stress events is the effect after controlling for other possible confounding factors such as Level of Relative Isolation. The relationships observed with this method are referred to as ‘independent associations’, and no causal relationship is suggested.

Earlier in this chapter results from cross-tabulation analyses were presented, which showed the proportion of the study population that exhibited a particular characteristic. For an explanation of the differences between cross-tabulation and logistic regression analysis, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

FACTORS INDEPENDENTLY ASSOCIATED WITH 7–14 LIFE STRESS EVENTS

Independent of the level of relative isolation, multivariate logistic modelling identified 15 factors associated with experiencing 7–14 life stress events in the last 12 months (Figure 5.15). These included:

- ◆ Aboriginal language spoken by the primary carer
- ◆ attendance at an Aboriginal funeral in the past 12 months
- ◆ participation in an Aboriginal organisation in the past 12 months
- ◆ importance of Aboriginal ceremonial business
- ◆ family financial strain



- ◆ whether the primary carer was limited in the activities of daily living because of a medical condition
- ◆ overuse of alcohol causing problems in the household
- ◆ primary carer ever arrested or charged with an offence
- ◆ primary carer's partner ever arrested or charged with an offence
- ◆ housing tenure
- ◆ whether a member of the household was a victim of crime in the last three years
- ◆ number of neighbourhood and community problems reported by the primary carer
- ◆ whether the carer had one or more children at high risk of clinically significant emotional or behavioural difficulties
- ◆ whether the carer had one or more children that needed to stay away overnight with other family or friends because of a family crisis or behaviour problem in the past 6 months.

In addition, while the result for carer use of Mental Health Services in Western Australia did not reach statistical significance (Odds Ratio 1.32; CI: 0.99–1.75), it was retained in the final model as it appeared to be independently associated with 7–14 life stress events when considering the modelled estimates and earlier cross-tabulation analysis.

FACTORS NOT INDEPENDENTLY ASSOCIATED WITH 7–14 LIFE STRESS EVENTS

A number of factors that were shown to be related to 7–14 life stress events in the cross-tabulation analysis were not significantly associated with 7–14 life stress events after controlling for these and other factors in the statistical model. In other words, the association between these factors and life stress events can be explained by the existence of one or more of the factors that were found to be significant in the modelled results. The factors that were tested but not retained in the final model of life stress events included:

- ◆ whether the primary carer used alcohol, marijuana or tobacco during one or more pregnancies
- ◆ whether the primary carer had one or more children that had ever had runny ears, physical pain or discomfort, recurring chest, ear or gastrointestinal infections, trouble getting enough sleep or any other serious health problem
- ◆ whether the primary carer had one or more children who had seen the Aboriginal Medical Service, the Department for Community Development, a school psychologist, or an Aboriginal and Islander Education Officer
- ◆ number of Aboriginal children in the household
- ◆ household occupancy level
- ◆ whether gambling caused problems in the household
- ◆ how often the primary carer and spouse/partner argued
- ◆ number of indicators of socioeconomic disadvantage (see Chapter Three for an explanation of how this measure was constructed).



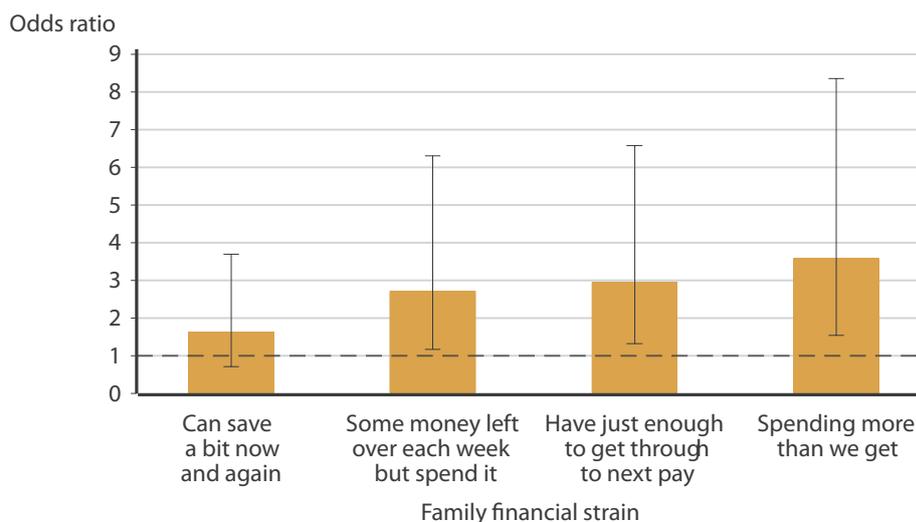
KEY ASSOCIATIONS WITH 7–14 LIFE STRESS EVENTS

Multivariate logistic modelling identified two major factors associated with families experiencing 7–14 life stress events. These were family financial strain and the number of neighbourhood problems reported by the carer.

Family financial strain. A strong association was found between family financial strain and 7–14 life stress events. Primary carers who reported their families money situation as ‘spending more than we get’ were over three times more likely (Odds Ratio 3.58; CI: 1.54–8.37) to be living in families that experienced 7–14 life stress events compared with families that could ‘save a lot’. Primary carers in families that ‘have just enough to get through to next pay’ (Odds Ratio 2.96; CI: 1.33–6.59) and have ‘some money left over each week but spend it’ (Odds Ratio 2.71; CI: 1.17–6.31) were also at an increased likelihood of experiencing 7–14 life stress events (Figure 5.13).

As noted in Chapter Three, the majority of primary carers of Aboriginal children reported some form of family financial strain. Almost one in ten carers (9.5 per cent; CI: 8.2%–11.0%) reported that they were spending more than they got. A further 43.9 per cent (CI: 41.6%–46.4%) had just enough money to get through to the next pay.

FIGURE 5.13: PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS, BY FAMILY FINANCIAL STRAIN(a)



(a) The odds ratios presented describe the likelihood of 7–14 life stress events relative to the reference category. The reference category in this figure is primary carers who stated that their families ‘could save a lot’ (i.e. the dotted line at the value of 1 in the figure above).

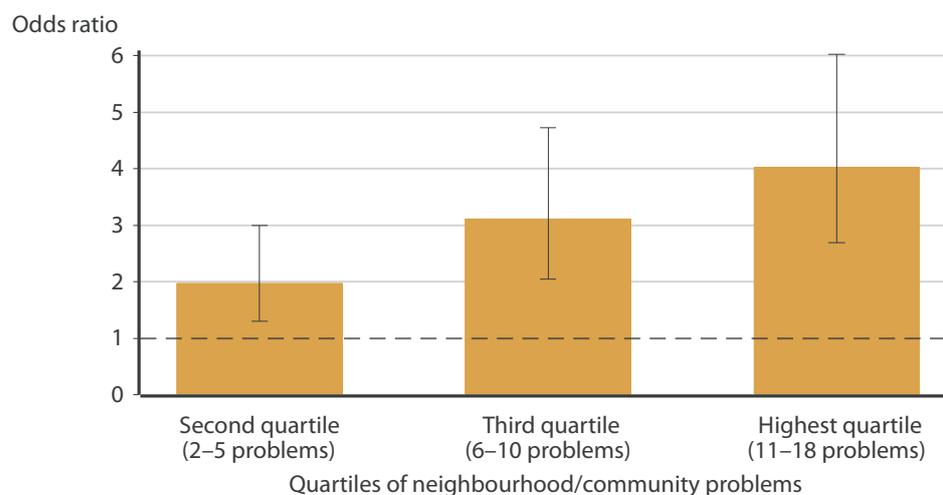
Source: Figure 5.15

Number of neighbourhood/community problems. Over one-quarter of primary carers (25.8 per cent; CI: 23.6%–28.0%) reported being bothered by 11–18 neighbourhood/community problems.

Primary carers who reported being bothered by 11–18 neighbourhood/community problems were four times more likely (Odds Ratio 4.03; CI: 2.69–6.03) to have experienced 7–14 life stress events than carers who were bothered by 0–1 neighbourhood/community problems. Primary carers reporting 2–5 and 6–10 neighbourhood/community problems were also at an elevated risk of 7–14 life stress events (Figure 5.14).



FIGURE 5.14: PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS, BY NUMBER OF NEIGHBOURHOOD/COMMUNITY PROBLEMS(a)



(a) The odds ratios presented describe the likelihood of 7–14 life stress events relative to the reference category. The reference category in this figure is primary carers who reported 0–1 neighbourhood/community problems (i.e. the dotted line at the value of 1 in the figure above).

Source: Figure 5.15

Other factors associated with 7–14 life stress events

In addition to family financial strain and number of neighbourhood/community problems, multivariate logistic modelling identified a further 13 factors independently associated with 7–14 life stress events. These factors can be broadly categorised as cultural issues, physical and mental health, contact with the justice system and housing tenure issues.

Aboriginal language spoken by the carer. Around one in five primary carers (21.7 per cent; CI: 19.4%–24.1%) reported being able to hold a conversation in an Aboriginal language.

Primary carers conversant in an Aboriginal language were over one and a half times more likely (Odds Ratio 1.76; CI: 1.18–2.61) to have 7–14 life stress events than carers who could not speak an Aboriginal language.

Attendance at an Aboriginal funeral. Almost seven in ten primary carers (68.2 per cent; CI: 65.8%–70.5%) had attended an Aboriginal funeral in the 12 months prior to the survey.

Primary carers who attended an Aboriginal funeral in the past 12 months were around one and a half times more likely (Odds Ratio 1.55; CI: 1.15–2.10) to have 7–14 life stress events compared with carers who had not attended an Aboriginal funeral.

Participation in Aboriginal organisations. Around four in ten primary carers (38.6 per cent; CI: 36.2%–41.0%) had participated in an Aboriginal organisation in the 12 months prior to the survey.

Primary carers who had been involved in Aboriginal organisations in the past 12 months were almost one and a half times more likely (Odds Ratio 1.42; CI: 1.10–1.83) to report 7–14 life stress events relative to primary carers that had not participated in Aboriginal organisations.



Importance of Aboriginal ceremonial business. Over six in ten primary carers (63.0 per cent; CI: 60.7%–65.3%) reported that Aboriginal ceremonial business was important in their life. In contrast, 19.6 per cent (CI: 17.8%–21.6%) stated Aboriginal ceremonial business was not important, with a similar proportion reporting that Aboriginal ceremonial business was not relevant (17.3 per cent; CI: 15.4%–19.3%).

Regarding Aboriginal ceremonial business as not important was associated with a reduced likelihood of 7–14 life stress events (Odds Ratio 0.60; CI: 0.42–0.85) when compared with carers who considered Aboriginal ceremonial business as important.

Primary carer's physical health. An estimated 15.4 per cent (CI: 13.7%–17.1%) of primary carers were limited in normal daily activities because of a medical or health problem.

Primary carers who suffered from a long term limiting medical condition were almost one and a half times more likely (Odds Ratio 1.40; CI: 1.01–1.93) to have experienced 7–14 life stress events than carers who did not suffer a long term medical condition.

Overuse of alcohol causing problems in the household. A little over one in eight primary carers (13.6 per cent; CI: 12.0%–15.2%) were living in households where overuse of alcohol caused problems.

Where overuse of alcohol caused problems in the household, primary carers were over one and a half times more likely (Odds Ratio 1.69; CI: 1.23–2.31) to report 7–14 life stress events relative to carers who did not live in households with these problems.

Primary carer ever arrested or charged with an offence. Over one-third of primary carers (36.6 per cent; CI: 34.3%–38.9%) had ever been arrested or charged with an offence.

An association was found between primary carer arrest and life stress events. Primary carers who had ever been arrested or charged with an offence were almost two times more likely (Odds Ratio 1.79; CI: 1.39–2.30) to report 7–14 life stress events than carers who had never been arrested.

Primary carer's partner/spouse ever arrested or charged with an offence. Half of the primary carers who had a partner reported that their partner had been arrested or charged with an offence at some stage (51.5 per cent; CI: 48.4%–54.7%).

Primary carers whose partner had ever been arrested or charged were over one and a half times more likely (Odds Ratio 1.66; CI: 1.15–2.39) to be living in families that experienced 7–14 life stress events relative to primary carers whose partner had never been arrested or charged with an offence.

Housing tenure. The majority of primary carers (72.9 per cent; CI: 70.5%–75.3%) were living in dwellings that were rented. A lower proportion of carers were living in dwellings owned outright (7.3 per cent; CI: 5.9%–9.0%) or being paid off (15.4 per cent; CI: 13.6%–17.4%).

Primary carers living in houses that were being paid off were around two times less likely (Odds Ratio 0.51; CI: 0.29–0.87) to report 7–14 life stress events compared with primary carers living in dwellings that were owned outright. A similar finding was evident among primary carers living in rented dwellings, these carers being around one and a half times less likely (Odds Ratio 0.64; CI: 0.43–0.96) to have experienced 7–14 life stress events compared with carers living in dwellings owned outright.



Victim of crime in the past three years. Over one-quarter of primary carers (27.3 per cent; CI: 25.1%–29.5%) were living in households where any member had been a victim of crime in the three years prior to the survey.

Where a member of the household had been a victim of crime in the past three years, the primary carer was one and a half times more likely (Odds Ratio 1.51; CI: 1.15–1.98) to report 7–14 life stress events than carers living in households where no member had been a victim of crime.

Primary carer contact with Western Australian Mental Health Services. Although not quite reaching statistical significance, primary carers who had contact with Mental Health Services in Western Australia were over one and a quarter times more likely (Odds Ratio 1.32; CI: 0.99–1.75) to report 7–14 life stress events compared with carers who had no contact with Western Australia's Mental Health Services.

Almost a quarter of primary carers (24.4 per cent; CI: 22.2%–26.6%) had ever had contact with Mental Health Services in Western Australia.

Carer has one or more children at high risk of clinically significant emotional or behavioural difficulties. Around three in ten carers (28.2 per cent; CI: 25.9%–30.6%) had one or more children in their care at high risk of clinically significant emotional or behavioural difficulties.

Where this was the case, carers were almost two times more likely (Odds Ratio 1.87; CI: 1.45–2.43) to report 7–14 life stress events compared with carers who had no children at high risk of clinically significant emotional or behavioural difficulties.

Carer has one or more children who needed to stay away overnight with other family and friends due to a family crisis in the last 12 months. One in eight primary carers (12.8 per cent; CI: 11.1%–14.6%) had one or more children in their care who needed to stay away overnight with other family or friends due to a family crisis. These primary carers were almost one and a half times more likely (Odds Ratio 1.42; CI: 1.03–1.96) to have experienced 7–14 life stress events compared with other carers.



FIGURE 5.15: PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS IN THE PREVIOUS 12 MONTHS, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

7–14 life stress events		
Parameter	Odds Ratio	95% CI
Level of Relative Isolation		
None	1.00	
Low	1.01	(0.74 – 1.38)
Moderate	0.95	(0.68 – 1.33)
High	0.89	(0.53 – 1.47)
Extreme	1.33	(0.80 – 2.20)
Does the carer speak an Aboriginal language?		
No	1.00	
A few words	1.18	(0.88 – 1.58)
A conversation	1.76	(1.18 – 2.61)
Attendance at an Aboriginal funeral?		
No	1.00	
Yes	1.55	(1.15 – 2.10)
Participation in an Aboriginal organisation?		
No	1.00	
Yes	1.42	(1.10 – 1.83)
Importance of Aboriginal ceremonial business		
Important	1.00	
Not important	0.60	(0.42 – 0.85)
Not relevant	0.72	(0.49 – 1.04)
Family's money situation		
Spending more money than we get	3.58	(1.54 – 8.37)
Have just enough to get through to next pay	2.96	(1.33 – 6.59)
Some money left over each week but spend it	2.71	(1.17 – 6.31)
Can save a bit now and again	1.63	(0.72 – 3.70)
Can save a lot	1.00	
Primary carer limited in daily activities due to a medical condition		
Medical condition – not limiting	0.94	(0.69 – 1.29)
Medical condition – limiting	1.40	(1.01 – 1.93)
No medical condition	1.00	
Overuse of alcohol a cause of problems?		
No	1.00	
Yes	1.69	(1.23 – 2.31)
Primary carer ever arrested or charged with an offence?		
No	1.00	
Yes	1.79	(1.39 – 2.30)
Partner ever arrested or charged with an offence?		
No	1.00	
Yes	1.66	(1.15 – 2.39)
No partner/spouse	1.55	(1.09 – 2.22)
Home ownership		
Owned	1.00	
Being paid off	0.51	(0.29 – 0.87)
Rented	0.64	(0.43 – 0.96)
Other	1.37	(0.73 – 2.57)

Continued . . .



FIGURE 5.15 (continued): PRIMARY CARERS — LIKELIHOOD OF 7–14 LIFE STRESS EVENTS IN THE PREVIOUS 12 MONTHS, ASSOCIATED WITH CHILD, CARER, FAMILY AND HOUSEHOLD FACTORS

7–14 life stress events		
Parameter	Odds Ratio	95% CI
Victims of crime in past 3 years?		
No	1.00	
Yes	1.51	(1.15 – 1.98)
Carer had contact with Mental Health Services in Western Australia?		
No	1.00	
Yes	1.32	(0.99 – 1.75)
Not stated	0.35	(0.14 – 0.87)
Neighbourhood problems quartile		
Lowest quartile (0–1)	1.00	
Second quartile (2–5)	1.97	(1.30 – 3.00)
Third quartile (6–10)	3.11	(2.05 – 4.73)
Highest quartile (11–18)	4.03	(2.69 – 6.03)
Does the carer have one or more children at high risk of clinically significant emotional or behavioural difficulties?		
No	1.00	
Yes	1.87	(1.45 – 2.43)
At least one child has stayed overnight with other family or friends because of a family crisis or behaviour problems?		
No	1.00	
Yes	1.42	(1.03 – 1.96)

LIFE STRESS EVENTS AND CULTURAL AFFILIATION AND PARTICIPATION

The WAACHS data show that the experience of life stress events in families with Aboriginal children was associated with indicators of cultural affiliation and participation. Results from the statistical modelling (Figure 5.15) in this chapter indicate that the likelihood of families experiencing 7–14 life stress events was higher where primary carers said they could hold a conversation in an Aboriginal language. Carers who had attended an Aboriginal funeral or participated in an Aboriginal organisation were also more likely to report high levels of life stress events. As discussed in Chapter One, it is also important to note that these factors do not necessarily cause life stress events in families with Aboriginal children. The reported results only indicate an association between these cultural affiliation factors and the experience of life stress events.

While it is commonly believed that some level of cultural engagement and traditional cultural engagement is beneficial to wellbeing, these attachments are not without personal costs. ‘Acculturative stress’ refers to the stresses inherent in simultaneously striving to preserve one’s ethnic and cultural heritage, negotiating ones relationship with the dominant culture and having to deal with the racism and discrimination which one might encounter on a regular basis²¹ – in short, the stress

Continued



LIFE STRESS EVENTS AND CULTURAL AFFILIATION AND PARTICIPATION *(continued)*

associated with ‘living in two worlds’. These pressures can be experienced differently by children, young people and their adult caregivers. They depend on the nature of their past and ongoing contact with the dominant culture. Three ways in which traditional (e.g. ethnic minority) and mainstream culture are usually transmitted have been characterised as: a) vertically, through the learning and influence of one’s parents; b) horizontally via peer interactions; and c) obliquely through interactions with adults and institutions in one’s society or community.²²

The international cross-cultural literature suggests that the main factors influencing acculturative stress experienced by children and families are: First, the nature of the dominant society, e.g. how the values of the dominant society affect the acceptance or rejection of minority groups; secondly, the nature of the acculturating group, e.g. the willingness for movement towards integration or permanent contact with the dominant group, and; thirdly, the mode of adaptation chosen, e.g. whether the chosen path is one of assimilation and integration, bi-culturalism, or separatism.²³

For further discussion of the implications of these ‘acculturative stresses’ experienced by Aboriginal families, see *Chapter Eight — Strengthening the capacity of Aboriginal families and communities*.

ENDNOTES

1. Silburn SR, Zubrick SR, Garton AF, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D. *Western Australian Child Health Survey: Family and community health*. Perth: Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research; 1996.
2. Sandler IN, Block M. Life stress and maladaptation of children. *American Journal of Community Psychology*. 1979, 7: 425–439.
3. Rahe RH, Meyer M, Smith M, Kjaer G, Holmes TH. Social stress and illness onset. *Journal of Psychomatic Research*. 1964, 8: 35.
4. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal child health survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and telethon Institute for Child Health Research, 2005.
5. Shonkoff J, Phillips D. *From neurones to neighbourhood: The science of early development*. Committee on Integrating the Science of Early Childhood Development. Board on Children, Youth and Families. Washington, DC: National Academy Press. 2000.
6. Friedman D. *Stress and the architecture of the brain*. National Scientific Council on the Developing Child. 2005.
7. McEwan B, Lasley EN. *The end of stress as we know it*. Washington: Joseph Henry Press. 2002.
8. McEwan B. Stress, adaptation, and disease: Allostasis and allostatic load. *Annals of the New York Academy of Sciences*, S840, 33-44, 1998.
9. Brown GW, Harris TO. (Eds.). *Life Events and Illness*. New York: Guilford Press. 1989.
10. Brugha TS, Cragg D. The List of Threatening Experiences: the reliability and validity of a brief life events questionnaire. *Acta Psychiatrica Scandanavia*, 82, 77-81, 1990.



11. Cohen S. *Life events and psychological functioning: Theoretical and methodological issues*. Newberry Park: CA: Sage. 1988.
12. Dohrenwend BS, Krasnoff L, Askenasy AR, Dohrenwend BP. Exemplification of a method for scaling life events: the PERI life events scale. *Journal of Health and Social Behavior*, 19, 205-229. 1978.
13. Holmes TH, Rahe R. The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218. 1967.
14. Sarason IG, Johnson JH, Siegel JM. Assessing the impact of life change: development of the Life Experiences Survey. *Journal of Clinical and Consulting Psychology*, 46, 32-46. 1978.
15. Wethington E, Brown G, Kessler R. Interview measurement of stressful life events. In Cohen S, Kessler R, Underwood GL. (Eds.), *Measuring Stress* (pp. 59-79). New York: Oxford University Press, 1995.
16. Stephens T, Dulberg C, Joubert N. Mental health of the Canadian population: A comprehensive analysis. *Chronic Diseases in Canada*, 20(3), 118-126. 1999.
17. Rijdsdijk FV, Sham PC, Sterne A, Purcell S, McGuffin P, Farmer A, Goldberg D, Mann A, Cherny SS, Webster M, Ball D, Eley TC, Plomin R. Life events and depression in a community sample of siblings. *Psychological Medicine*, 31, 401-410. 2001.
18. Rutter M, Champion L, Quinton D, Maughan B, Pickles A. Understanding individual differences in environmental risk exposure. In Moen P, Elder GH. (Eds.), *Examining lives in context: Perspectives on the ecology of human development*. Washington, D.C.: American Psychological Association. 1995.
19. Young EM. *From early child development to human development: Investing in our children's future*. Washington DC: The World Bank Human Development Network. 2002.
20. Schore AN. Effects of a secure attachment relationship on right brain development, affect regulation and infant mental health. *Infant Mental Health Journal*. 22: 1-2, 7-6. 2001.
21. Berry JW, Poortinga YH, Segall MH, Dasen PR. *Cross-cultural psychology: Research and applications*. New York: Cambridge University Press. 2002.
22. Berry J. Immigration, acculturation and adaptation. *Applied Psychology: An International Review*. 46(1), 5-34. 1997.
23. Roysircar-Sodowsky G, Maestas MV. Acculturation, ethnic identity, and acculturative stress: Evidence and measurement. In Dana RH, (Ed.) *Handbook of cross-cultural and multicultural assessment* (pp. 131-172). Mahwah, New Jersey: Lawrence Erlbaum. 2000.



DETAILED TABLES

DEMOGRAPHIC FACTORS AND LIFE STRESS EVENTS

TABLE 5.1: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS

Number of life stress events	Number	95% CI	%	95% CI
0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.2: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS

Number of life stress events	Number	95% CI	%	95% CI
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.3: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

Number of life stress events	Number	95% CI	%	95% CI
LORI — None				
0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
Total	2 690	(2 300 - 3 110)	100.0	

Continued . . .



TABLE 5.3 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

Number of life stress events	Number	95% CI	%	95% CI
LORI — High				
0–2	330	(210 - 520)	31.2	(21.9 - 41.1)
3–4	280	(180 - 410)	26.4	(19.9 - 33.2)
5–6	220	(110 - 380)	20.7	(12.5 - 32.9)
7–14	230	(140 - 350)	21.7	(14.8 - 29.6)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
0–2	330	(220 - 480)	28.8	(21.9 - 37.3)
3–4	220	(120 - 370)	19.1	(11.8 - 28.6)
5–6	270	(180 - 370)	23.0	(18.3 - 27.9)
7–14	340	(230 - 480)	29.1	(23.1 - 35.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.4: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY CATEGORIES OF SOCIOECONOMIC DISADVANTAGE(a)

Number of life stress events	Number	95% CI	%	95% CI
Bottom 5%				
0–2	970	(780 - 1 190)	30.9	(26.3 - 35.7)
3–4	720	(550 - 900)	22.8	(18.8 - 27.2)
5–6	730	(580 - 890)	23.2	(19.7 - 26.9)
7–14	730	(580 - 900)	23.1	(19.4 - 27.2)
Total	3 150	(2 680 - 3 620)	100.0	
5%–10%				
0–2	520	(390 - 680)	32.6	(26.7 - 38.8)
3–4	410	(310 - 520)	25.4	(20.9 - 30.2)
5–6	310	(200 - 460)	19.0	(13.4 - 26.3)
7–14	370	(280 - 480)	23.0	(18.6 - 27.9)
Total	1 600	(1 300 - 1 970)	100.0	
10%–25%				
0–2	1 020	(850 - 1 220)	31.9	(28.1 - 35.9)
3–4	840	(680 - 1 010)	26.1	(22.4 - 30.3)
5–6	760	(610 - 940)	23.8	(19.9 - 27.8)
7–14	580	(450 - 740)	18.2	(14.7 - 22.0)
Total	3 200	(2 780 - 3 650)	100.0	
25%–50%				
0–2	860	(690 - 1 060)	27.0	(22.8 - 31.7)
3–4	840	(680 - 1 030)	26.5	(22.4 - 31.1)
5–6	770	(600 - 980)	24.3	(19.9 - 29.0)
7–14	710	(550 - 900)	22.1	(18.0 - 26.5)
Total	3 180	(2 750 - 3 640)	100.0	

Continued...



TABLE 5.4 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY CATEGORIES OF SOCIOECONOMIC DISADVANTAGE(a)

Number of life stress events	Number	95% CI	%	95% CI
Top 50%				
0-2	460	(300 - 660)	32.1	(24.0 - 40.5)
3-4	470	(320 - 650)	32.7	(24.8 - 41.2)
5-6	230	(130 - 390)	15.9	(9.3 - 24.4)
7-14	280	(190 - 390)	19.2	(13.8 - 25.7)
Total	1 430	(1 090 - 1 820)	100.0	
Total				
0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

(a) See *Index of Relative Socio-economic Disadvantage* in *Glossary*. The bottom 5% category refers to the most disadvantaged areas.

CHILD FACTORS AND LIFE STRESS EVENTS

TABLE 5.5: ABORIGINAL CHILDREN AGED 0-17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY SUBSTANCE USE DURING PREGNANCY

Number of life stress events	Number	95% CI	%	95% CI
No alcohol or tobacco				
0-2	3 290	(2 860 - 3 750)	30.7	(27.0 - 34.5)
3-4	2 840	(2 450 - 3 280)	26.4	(23.2 - 30.0)
5-6	2 580	(2 210 - 3 000)	24.1	(20.8 - 27.7)
7-14	1 820	(1 510 - 2 160)	17.0	(14.2 - 20.1)
Not stated	200	(130 - 290)	1.8	(1.2 - 2.7)
Total	10 700	(10 100 - 11 400)	100.0	
Alcohol, no tobacco used				
0-2	340	(180 - 550)	24.0	(14.5 - 36.4)
3-4	330	(200 - 480)	23.0	(14.6 - 32.4)
5-6	310	(200 - 450)	22.2	(14.9 - 30.9)
7-14	380	(260 - 540)	27.1	(19.4 - 36.9)
Not stated	50	(30 - 80)	3.7	(2.0 - 6.2)
Total	1 420	(1 150 - 1 720)	100.0	
Tobacco, no alcohol used				
0-2	2 190	(1 860 - 2 550)	28.2	(24.5 - 32.2)
3-4	1 930	(1 610 - 2 310)	24.9	(21.1 - 28.9)
5-6	1 690	(1 420 - 1 980)	21.7	(18.5 - 25.3)
7-14	1 790	(1 540 - 2 080)	23.1	(19.9 - 26.4)
Not stated	170	(70 - 330)	2.2	(0.9 - 4.2)
Total	7 770	(7 210 - 8 340)	100.0	
Alcohol and tobacco used				
0-2	990	(800 - 1 210)	24.4	(19.9 - 29.4)
3-4	870	(660 - 1 120)	21.6	(16.8 - 26.9)
5-6	1 050	(820 - 1 310)	26.0	(20.9 - 31.6)
7-14	1 060	(820 - 1 350)	26.1	(20.9 - 32.3)
Not stated	80	(50 - 130)	2.0	(1.1 - 3.1)
Total	4 040	(3 620 - 4 500)	100.0	

Continued . . .



TABLE 5.5 (continued): ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY SUBSTANCE USE DURING PREGNANCY

Number of life stress events	Number	95% CI	%	95% CI
Primary carer is not birth mother				
0–2	1 760	(1 430 - 2 120)	30.0	(24.9 - 35.1)
3–4	1 140	(890 - 1 430)	19.5	(15.5 - 24.0)
5–6	1 200	(940 - 1 520)	20.5	(16.3 - 25.2)
7–14	1 450	(1 200 - 1 730)	24.7	(20.6 - 28.9)
Not stated	310	(190 - 460)	5.3	(3.3 - 7.7)
Total	5 860	(5 360 - 6 390)	100.0	
Total				
0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.6: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PERCENTAGE OF OPTIMAL BIRTH WEIGHT (POBW)

Number of life stress events	Number	95% CI	%	95% CI
POBW less than 85%				
0–2	1 390	(1 190 - 1 630)	25.7	(22.0 - 29.5)
3–4	1 250	(1 030 - 1 520)	23.1	(19.1 - 27.4)
5–6	1 350	(1 090 - 1 650)	24.8	(20.6 - 29.4)
7–14	1 290	(1 050 - 1 570)	23.8	(19.8 - 28.4)
Not stated	140	(90 - 200)	2.5	(1.6 - 3.8)
Total	5 420	(4 970 - 5 880)	100.0	
POBW 85% or more				
0–2	5 670	(5 120 - 6 260)	29.2	(26.5 - 31.9)
3–4	4 710	(4 220 - 5 260)	24.3	(21.8 - 26.9)
5–6	4 570	(4 120 - 5 050)	23.5	(21.2 - 25.9)
7–14	4 120	(3 690 - 4 580)	21.2	(19.0 - 23.5)
Not stated	360	(260 - 480)	1.8	(1.3 - 2.4)
Total	19 400	(18 800 - 20 000)	100.0	
Not stated				
0–2	1 500	(1 250 - 1 800)	30.2	(25.6 - 34.9)
3–4	1 140	(940 - 1 380)	23.0	(19.2 - 27.2)
5–6	920	(690 - 1 200)	18.5	(14.3 - 23.2)
7–14	1 090	(910 - 1 310)	22.0	(18.3 - 26.0)
Not stated	320	(160 - 520)	6.3	(3.6 - 10.7)
Total	4 980	(4 500 - 5 500)	100.0	
Total				
0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.7: ABORIGINAL CHILDREN AGED 0–17 YEARS WHOSE PRIMARY CARER IS THE BIRTH MOTHER — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD EVER BREASTFED

<i>Breastfed?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	970	(740 - 1 240)	33.9	(27.1 - 41.2)
	3–4	770	(580 - 980)	26.7	(20.6 - 33.0)
	5–6	620	(480 - 790)	21.7	(16.7 - 27.0)
	7–14	460	(310 - 670)	15.9	(10.7 - 22.3)
	Not stated	50	(10 - 140)	1.8	(0.5 - 4.9)
	Total	2 870	(2 520 - 3 240)	100.0	
Yes	0–2	5 830	(5 300 - 6 390)	27.7	(25.2 - 30.2)
	3–4	5 200	(4 690 - 5 750)	24.7	(22.4 - 27.1)
	5–6	5 010	(4 500 - 5 550)	23.8	(21.5 - 26.2)
	7–14	4 600	(4 130 - 5 100)	21.8	(19.7 - 24.1)
	Not stated	450	(310 - 620)	2.1	(1.5 - 2.9)
	Total	21 100	(20 500 - 21 600)	100.0	
Total	0–2	6 810	(6 220 - 7 420)	28.4	(26.0 - 30.9)
	3–4	5 960	(5 410 - 6 540)	24.9	(22.6 - 27.2)
	5–6	5 630	(5 100 - 6 200)	23.5	(21.3 - 25.8)
	7–14	5 060	(4 550 - 5 590)	21.1	(19.1 - 23.3)
	Not stated	500	(350 - 680)	2.1	(1.5 - 2.9)
	Total	24 000	(23 400 - 24 500)	100.0	

TABLE 5.8: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD EVER HAD RUNNY EARS

<i>Had runny ears?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	7 070	(6 470 - 7 710)	30.4	(27.9 - 33.0)
	3–4	5 660	(5 140 - 6 210)	24.3	(22.1 - 26.7)
	5–6	5 210	(4 690 - 5 780)	22.4	(20.2 - 24.8)
	7–14	4 650	(4 190 - 5 140)	20.0	(18.0 - 22.1)
	Not stated	670	(490 - 920)	2.9	(2.0 - 3.9)
	Total	23 300	(22 800 - 23 700)	100.0	
Yes	0–2	1 470	(1 260 - 1 700)	22.6	(19.6 - 25.9)
	3–4	1 440	(1 210 - 1 720)	22.2	(18.9 - 25.8)
	5–6	1 610	(1 380 - 1 860)	24.7	(21.4 - 28.2)
	7–14	1 850	(1 600 - 2 110)	28.4	(25.1 - 32.0)
	Not stated	130	(90 - 190)	2.1	(1.4 - 2.9)
	Total	6 510	(6 090 - 6 940)	100.0	
Too young	0–2	20	(10 - 40)	46.5	(15.7 - 84.3)
	3–4	0	(0 - 60)	0.0	(0.0 - 70.8)
	5–6	20	(0 - 40)	39.2	(8.5 - 75.5)
	7–14	10	(0 - 40)	14.3	(0.6 - 80.6)
	Not stated	0	(0 - 60)	0.0	(0.0 - 70.8)
	Total	40	(20 - 70)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.9: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS PHYSICAL PAIN OR DISCOMFORT

<i>Pain/discomfort?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	8 160	(7 510 - 8 850)	29.6	(27.2 - 32.0)
	3–4	6 590	(6 020 - 7 190)	23.9	(21.8 - 26.0)
	5–6	6 320	(5 740 - 6 930)	22.9	(20.8 - 25.0)
	7–14	5 800	(5 270 - 6 350)	21.0	(19.1 - 23.0)
	Not stated	750	(560 - 970)	2.7	(2.0 - 3.5)
	Total	27 600	(27 300 - 27 900)	100.0	
Yes	0–2	400	(280 - 550)	18.3	(13.3 - 24.6)
	3–4	520	(370 - 720)	23.7	(17.1 - 30.8)
	5–6	520	(380 - 680)	23.7	(17.8 - 30.0)
	7–14	700	(550 - 880)	31.9	(25.5 - 38.8)
	Not stated	50	(20 - 120)	2.5	(1.1 - 5.4)
	Total	2 190	(1 910 - 2 490)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.10: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS A RECURRING CHEST INFECTION

<i>Chest infection?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	7 860	(7 210 - 8 550)	30.1	(27.6 - 32.6)
	3–4	6 170	(5 620 - 6 740)	23.6	(21.5 - 25.8)
	5–6	5 980	(5 420 - 6 580)	22.8	(20.7 - 25.1)
	7–14	5 460	(4 950 - 6 000)	20.9	(18.9 - 22.9)
	Not stated	700	(500 - 940)	2.7	(1.9 - 3.6)
	Total	26 200	(25 800 - 26 500)	100.0	
Yes	0–2	700	(550 - 890)	19.2	(15.1 - 23.6)
	3–4	940	(730 - 1 200)	25.8	(20.7 - 31.4)
	5–6	860	(700 - 1 050)	23.5	(19.1 - 28.1)
	7–14	1 050	(860 - 1 260)	28.6	(24.0 - 33.5)
	Not stated	110	(60 - 180)	2.9	(1.6 - 5.0)
	Total	3 660	(3 310 - 4 030)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.11: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS A RECURRING EAR INFECTION

<i>Ear infection?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	7 300	(6 680 - 7 940)	29.9	(27.4 - 32.5)
	3–4	5 850	(5 330 - 6 420)	24.0	(21.8 - 26.2)
	5–6	5 590	(5 050 - 6 190)	22.9	(20.7 - 25.2)
	7–14	5 030	(4 530 - 5 550)	20.6	(18.6 - 22.7)
	Not stated	640	(450 - 870)	2.6	(1.8 - 3.6)
	Total	24 400	(24 000 - 24 800)	100.0	
Yes	0–2	1 260	(1 070 - 1 480)	23.4	(19.9 - 27.0)
	3–4	1 250	(1 010 - 1 530)	23.3	(19.3 - 27.5)
	5–6	1 240	(1 060 - 1 460)	23.0	(19.8 - 26.6)
	7–14	1 470	(1 270 - 1 700)	27.3	(23.8 - 31.0)
	Not stated	160	(100 - 260)	3.0	(1.9 - 4.8)
	Total	5 400	(5 000 - 5 810)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.12: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS A RECURRING GASTROINTESTINAL INFECTION

<i>Gastrointestinal infection?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	8 310	(7 630 - 9 010)	29.5	(27.1 - 32.0)
	3–4	6 690	(6 090 - 7 320)	23.8	(21.6 - 26.0)
	5–6	6 450	(5 850 - 7 080)	22.9	(20.8 - 25.1)
	7–14	5 950	(5 400 - 6 520)	21.1	(19.2 - 23.2)
	Not stated	740	(560 - 990)	2.6	(2.0 - 3.5)
	Total	28 100	(27 800 - 28 400)	100.0	
Yes	0–2	250	(160 - 360)	15.1	(10.0 - 20.8)
	3–4	420	(290 - 560)	24.9	(18.5 - 32.9)
	5–6	390	(270 - 520)	23.2	(17.0 - 30.0)
	7–14	550	(400 - 730)	33.1	(25.9 - 40.6)
	Not stated	60	(30 - 120)	3.7	(1.7 - 7.5)
	Total	1 670	(1 410 - 1 970)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.13: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS TROUBLE GETTING ENOUGH SLEEP

<i>Sleeping problems?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	7 960	(7 310 - 8 630)	29.4	(27.1 - 31.9)
	3–4	6 480	(5 890 - 7 090)	24.0	(21.8 - 26.2)
	5–6	6 200	(5 630 - 6 810)	22.9	(20.9 - 25.1)
	7–14	5 630	(5 130 - 6 160)	20.8	(18.9 - 22.8)
	Not stated	770	(570 - 1 020)	2.8	(2.1 - 3.8)
	Total	27 000	(26 600 - 27 400)	100.0	
Yes	0–2	610	(420 - 870)	21.8	(15.7 - 29.5)
	3–4	630	(480 - 800)	22.5	(17.4 - 28.1)
	5–6	640	(450 - 870)	22.9	(17.1 - 30.1)
	7–14	870	(670 - 1 110)	31.4	(24.7 - 38.1)
	Not stated	40	(20 - 80)	1.5	(0.6 - 2.9)
	Total	2 780	(2 400 - 3 190)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.14: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE CHILD HAS ANY OTHER SERIOUS HEALTH PROBLEMS

<i>Other serious health problems?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	7 950	(7 300 - 8 620)	29.0	(26.6 - 31.4)
	3–4	6 610	(6 030 - 7 230)	24.1	(22.0 - 26.3)
	5–6	6 350	(5 760 - 6 960)	23.1	(21.0 - 25.4)
	7–14	5 780	(5 250 - 6 350)	21.1	(19.1 - 23.1)
	Not stated	740	(550 - 990)	2.7	(2.0 - 3.6)
	Total	27 400	(27 100 - 27 700)	100.0	
Yes	0–2	620	(460 - 790)	25.9	(20.6 - 32.2)
	3–4	500	(340 - 720)	20.9	(14.9 - 28.2)
	5–6	490	(390 - 610)	20.4	(16.1 - 25.1)
	7–14	720	(570 - 890)	30.1	(24.4 - 36.7)
	Not stated	60	(30 - 120)	2.7	(1.2 - 5.0)
	Total	2 390	(2 100 - 2 710)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.15: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY CHILD’S RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	4 910	(4 410 - 5 450)	33.2	(30.0 - 36.5)
3–4	3 550	(3 150 - 3 980)	24.0	(21.3 - 26.7)
5–6	3 510	(3 110 - 3 950)	23.7	(21.1 - 26.5)
7–14	2 440	(2 130 - 2 790)	16.5	(14.4 - 18.8)
Not stated	380	(260 - 550)	2.6	(1.7 - 3.7)
Total	14 800	(14 300 - 15 300)	100.0	
Moderate				
0–2	600	(480 - 730)	22.8	(18.5 - 27.5)
3–4	650	(490 - 820)	24.7	(19.7 - 30.5)
5–6	680	(540 - 840)	26.0	(21.1 - 31.3)
7–14	640	(520 - 790)	24.6	(20.1 - 29.6)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 610	(2 360 - 2 890)	100.0	
High				
0–2	890	(700 - 1 140)	16.2	(12.7 - 20.1)
3–4	1 150	(910 - 1 430)	21.0	(16.9 - 25.5)
5–6	1 340	(1 120 - 1 600)	24.4	(20.6 - 28.7)
7–14	1 960	(1 660 - 2 310)	35.7	(31.0 - 40.6)
Not stated	150	(70 - 260)	2.7	(1.2 - 4.7)
Total	5 490	(5 020 - 5 980)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.16: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL SYMPTOMS

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	4 910	(4 410 - 5 450)	32.8	(29.7 - 36.0)
3–4	3 600	(3 200 - 4 040)	24.0	(21.4 - 26.8)
5–6	3 750	(3 340 - 4 190)	25.0	(22.4 - 27.8)
7–14	2 370	(2 060 - 2 700)	15.8	(13.8 - 18.0)
Not stated	350	(240 - 510)	2.3	(1.6 - 3.3)
Total	15 000	(14 400 - 15 500)	100.0	
Moderate				
0–2	620	(480 - 790)	24.2	(19.2 - 29.9)
3–4	650	(480 - 870)	25.5	(19.7 - 32.3)
5–6	510	(390 - 660)	19.9	(15.5 - 25.4)
7–14	690	(560 - 850)	27.0	(22.1 - 32.4)
Not stated	90	(40 - 150)	3.4	(1.5 - 6.2)
Total	2 560	(2 270 - 2 880)	100.0	
High				
0–2	870	(680 - 1 110)	16.3	(12.8 - 20.2)
3–4	1 090	(810 - 1 420)	20.3	(15.6 - 25.5)
5–6	1 270	(1 070 - 1 490)	23.7	(20.0 - 27.7)
7–14	1 990	(1 700 - 2 310)	37.1	(32.2 - 41.8)
Not stated	140	(60 - 310)	2.7	(1.1 - 5.7)
Total	5 370	(4 910 - 5 860)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.17: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT CONDUCT PROBLEMS

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	4 250	(3 780 - 4 770)	34.2	(30.7 - 37.8)
3–4	3 140	(2 790 - 3 530)	25.3	(22.6 - 28.2)
5–6	2 760	(2 420 - 3 120)	22.2	(19.6 - 25.0)
7–14	2 000	(1 720 - 2 320)	16.1	(13.8 - 18.5)
Not stated	280	(150 - 440)	2.2	(1.2 - 3.5)
Total	12 400	(11 900 - 13 000)	100.0	
Moderate				
0–2	650	(500 - 830)	23.7	(18.3 - 29.4)
3–4	550	(380 - 770)	20.3	(14.4 - 27.0)
5–6	760	(610 - 940)	27.8	(22.5 - 33.4)
7–14	720	(560 - 890)	26.2	(21.0 - 31.8)
Not stated	50	(20 - 100)	1.9	(0.9 - 3.8)
Total	2 730	(2 440 - 3 040)	100.0	
High				
0–2	1 500	(1 280 - 1 750)	19.4	(16.7 - 22.5)
3–4	1 650	(1 370 - 1 990)	21.3	(17.8 - 25.1)
5–6	2 020	(1 740 - 2 320)	26.0	(22.7 - 29.7)
7–14	2 330	(1 990 - 2 700)	30.1	(26.3 - 34.0)
Not stated	250	(150 - 390)	3.2	(2.0 - 5.1)
Total	7 750	(7 250 - 8 270)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.18: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT HYPERACTIVITY

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	5 200	(4 690 - 5 710)	30.1	(27.3 - 32.9)
3–4	4 100	(3 650 - 4 560)	23.7	(21.2 - 26.4)
5–6	4 070	(3 640 - 4 530)	23.6	(21.1 - 26.1)
7–14	3 470	(3 090 - 3 890)	20.1	(17.9 - 22.4)
Not stated	440	(290 - 640)	2.5	(1.7 - 3.7)
Total	17 300	(16 800 - 17 700)	100.0	
Moderate				
0–2	450	(330 - 610)	21.1	(15.7 - 27.3)
3–4	520	(390 - 690)	24.6	(19.0 - 31.0)
5–6	560	(450 - 700)	26.5	(21.4 - 32.1)
7–14	540	(400 - 710)	25.2	(19.2 - 31.8)
Not stated	60	(10 - 180)	2.7	(0.6 - 8.0)
Total	2 130	(1 870 - 2 420)	100.0	
High				
0–2	750	(570 - 970)	21.6	(16.7 - 26.9)
3–4	730	(540 - 960)	20.8	(15.7 - 26.5)
5–6	890	(730 - 1 090)	25.6	(21.2 - 30.5)
7–14	1 040	(830 - 1 280)	29.7	(24.8 - 35.4)
Not stated	80	(40 - 140)	2.3	(1.3 - 4.1)
Total	3 490	(3 120 - 3 890)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.19: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT PEER PROBLEMS

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	4 190	(3 710 - 4 690)	30.8	(27.5 - 34.1)
3–4	3 210	(2 800 - 3 640)	23.5	(20.7 - 26.5)
5–6	3 290	(2 900 - 3 700)	24.1	(21.4 - 27.1)
7–14	2 520	(2 220 - 2 840)	18.5	(16.3 - 20.9)
Not stated	420	(280 - 590)	3.1	(2.1 - 4.3)
Total	13 600	(13 100 - 14 200)	100.0	
Moderate				
0–2	720	(560 - 900)	24.8	(19.9 - 30.0)
3–4	610	(480 - 770)	21.1	(16.6 - 26.4)
5–6	790	(650 - 940)	27.1	(22.8 - 31.8)
7–14	730	(560 - 950)	25.1	(19.9 - 31.1)
Not stated	60	(20 - 120)	1.9	(0.6 - 4.1)
Total	2 910	(2 600 - 3 230)	100.0	
High				
0–2	1 490	(1 240 - 1 780)	23.4	(19.7 - 27.3)
3–4	1 530	(1 250 - 1 840)	23.9	(20.1 - 28.3)
5–6	1 460	(1 200 - 1 730)	22.9	(19.2 - 27.0)
7–14	1 800	(1 510 - 2 100)	28.2	(24.3 - 32.5)
Not stated	110	(50 - 180)	1.7	(0.8 - 2.9)
Total	6 380	(5 890 - 6 880)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.20: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY RISK OF CLINICALLY SIGNIFICANT PROBLEMS WITH PROSOCIAL BEHAVIOUR

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low				
0–2	5 990	(5 440 - 6 550)	28.2	(25.7 - 30.8)
3–4	5 060	(4 560 - 5 590)	23.9	(21.5 - 26.3)
5–6	5 000	(4 520 - 5 490)	23.5	(21.3 - 25.9)
7–14	4 640	(4 180 - 5 120)	21.9	(19.7 - 24.2)
Not stated	520	(350 - 740)	2.5	(1.7 - 3.5)
Total	21 200	(21 000 - 21 400)	100.0	
Moderate				
0–2	190	(130 - 260)	25.5	(17.9 - 34.7)
3–4	120	(70 - 190)	15.3	(8.9 - 24.2)
5–6	230	(150 - 320)	30.0	(20.3 - 40.2)
7–14	180	(90 - 330)	24.0	(12.3 - 38.0)
Not stated	40	(20 - 60)	5.2	(3.1 - 8.4)
Total	750	(600 - 930)	100.0	
High				
0–2	220	(130 - 320)	23.2	(15.5 - 33.1)
3–4	170	(90 - 290)	18.0	(9.7 - 28.2)
5–6	310	(230 - 400)	33.0	(25.0 - 41.5)
7–14	230	(160 - 310)	24.0	(16.7 - 32.2)
Not stated	20	(0 - 70)	1.7	(0.2 - 7.2)
Total	940	(780 - 1 110)	100.0	
Total				
0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.21: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD HAS USED THE BEST START PROGRAMME

Used Best Start programme?	Number of life stress events	Number	95% CI	%	95% CI
No	0–2	8 480	(7 800 - 9 180)	28.8	(26.5 - 31.2)
	3–4	6 990	(6 390 - 7 640)	23.8	(21.7 - 25.9)
	5–6	6 810	(6 200 - 7 450)	23.1	(21.1 - 25.3)
	7–14	6 340	(5 760 - 6 930)	21.5	(19.6 - 23.6)
	Not stated	800	(590 - 1 050)	2.7	(2.0 - 3.6)
	Total	29 400	(29 300 - 29 500)	100.0	
Yes	0–2	90	(50 - 140)	21.5	(12.7 - 34.5)
	3–4	120	(40 - 250)	29.0	(12.1 - 49.4)
	5–6	30	(10 - 70)	7.2	(2.5 - 16.6)
	7–14	160	(100 - 260)	40.4	(25.6 - 56.7)
	Not stated	10	(0 - 30)	1.8	(0.2 - 5.6)
	Total	410	(280 - 560)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.22: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD HAS SEEN DEPARTMENT FOR COMMUNITY DEVELOPMENT (DCD) SERVICES IN THE PAST SIX MONTHS

Seen DCD services?	Number of life stress events	Number	95% CI	%	95% CI
No	0–2	8 050	(7 380 - 8 740)	29.9	(27.5 - 32.4)
	3–4	6 380	(5 790 - 7 000)	23.7	(21.5 - 26.0)
	5–6	6 120	(5 550 - 6 730)	22.7	(20.7 - 25.0)
	7–14	5 600	(5 060 - 6 150)	20.8	(18.8 - 22.9)
	Not stated	770	(560 - 1 020)	2.9	(2.1 - 3.8)
	Total	26 900	(26 500 - 27 300)	100.0	
Yes	0–2	510	(380 - 680)	17.8	(13.2 - 23.1)
	3–4	730	(520 - 980)	25.2	(18.7 - 32.2)
	5–6	710	(580 - 870)	24.6	(19.9 - 29.6)
	7–14	900	(690 - 1 160)	31.2	(25.1 - 38.2)
	Not stated	40	(10 - 70)	1.2	(0.4 - 2.5)
	Total	2 900	(2 540 - 3 280)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.23: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CHILD HAS NEEDED TO STAY AWAY OVERNIGHT WITH FAMILY OR FRIENDS BECAUSE OF A FAMILY CRISIS OR BEHAVIOURAL PROBLEM

<i>Stayed overnight with family/friends?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	8 270	(7 600 - 8 980)	30.7	(28.3 - 33.3)
	3–4	6 430	(5 840 - 7 050)	23.9	(21.7 - 26.2)
	5–6	6 100	(5 520 - 6 720)	22.7	(20.6 - 24.9)
	7–14	5 380	(4 870 - 5 930)	20.0	(18.1 - 22.0)
	Not stated	720	(510 - 970)	2.7	(2.0 - 3.6)
	Total	26 900	(26 400 - 27 300)	100.0	
Yes	0–2	300	(220 - 390)	10.1	(7.5 - 13.2)
	3–4	680	(460 - 970)	23.2	(16.3 - 31.2)
	5–6	740	(530 - 1 000)	25.2	(18.5 - 32.4)
	7–14	1 120	(860 - 1 450)	38.5	(30.9 - 46.3)
	Not stated	90	(50 - 140)	2.9	(1.6 - 4.9)
	Total	2 920	(2 480 - 3 390)	100.0	
Total	0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
	3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
	5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
	7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
	Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
	Total	29 800	(29 800 - 29 800)	100.0	

TABLE 5.24: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CARER HAS NEEDED TO SEE A SCHOOL PSYCHOLOGIST IN THE PAST SIX MONTHS ABOUT A PROBLEM THE CHILD HAD AT SCHOOL

<i>Seen school psychologist?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	5 380	(4 880 - 5 920)	29.3	(26.7 - 32.2)
	3–4	4 320	(3 860 - 4 820)	23.5	(21.1 - 26.1)
	5–6	4 410	(3 980 - 4 880)	24.0	(21.7 - 26.5)
	7–14	3 820	(3 420 - 4 250)	20.8	(18.6 - 23.2)
	Not stated	420	(280 - 610)	2.3	(1.6 - 3.4)
	Total	18 400	(18 000 - 18 700)	100.0	
Yes	0–2	250	(150 - 400)	16.3	(10.0 - 24.0)
	3–4	320	(250 - 410)	21.3	(16.3 - 26.8)
	5–6	350	(250 - 480)	23.3	(17.2 - 31.0)
	7–14	550	(420 - 710)	36.1	(28.7 - 43.6)
	Not stated	50	(20 - 90)	3.0	(1.1 - 5.7)
	Total	1 520	(1 290 - 1 770)	100.0	
Not applicable	0–2	770	(620 - 940)	25.4	(20.6 - 30.4)
	3–4	700	(500 - 950)	23.2	(17.2 - 29.9)
	5–6	770	(620 - 930)	25.3	(20.9 - 30.1)
	7–14	680	(540 - 850)	22.4	(17.7 - 27.5)
	Not stated	110	(40 - 220)	3.6	(1.4 - 7.0)
	Total	3 030	(2 700 - 3 380)	100.0	
Total	0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
	3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
	5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
	7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.25: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CARER HAS NEEDED TO SEE AN ABORIGINAL AND ISLANDER EDUCATION OFFICER (AIEO) IN THE PAST SIX MONTHS ABOUT A PROBLEM THE CHILD HAD AT SCHOOL

<i>Seen AIEO?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	5 270	(4 750 - 5 800)	29.7	(27.0 - 32.6)
	3–4	4 160	(3 710 - 4 650)	23.5	(21.1 - 26.1)
	5–6	4 250	(3 830 - 4 710)	24.0	(21.6 - 26.5)
	7–14	3 640	(3 240 - 4 070)	20.5	(18.3 - 22.9)
	Not stated	400	(260 - 590)	2.2	(1.5 - 3.3)
	Total	17 700	(17 300 - 18 100)	100.0	
Yes	0–2	360	(240 - 520)	16.8	(11.8 - 23.4)
	3–4	480	(360 - 610)	22.2	(17.1 - 27.6)
	5–6	510	(380 - 670)	23.7	(18.1 - 30.0)
	7–14	730	(570 - 920)	34.0	(27.7 - 40.6)
	Not stated	70	(30 - 150)	3.4	(1.2 - 6.9)
	Total	2 150	(1 880 - 2 440)	100.0	
Not applicable	0–2	770	(620 - 940)	25.4	(20.6 - 30.4)
	3–4	700	(500 - 950)	23.2	(17.2 - 29.9)
	5–6	770	(620 - 930)	25.3	(20.9 - 30.1)
	7–14	680	(540 - 850)	22.4	(17.7 - 27.5)
	Not stated	110	(40 - 220)	3.6	(1.4 - 7.0)
	Total	3 030	(2 700 - 3 380)	100.0	
Total	0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
	3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
	5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
	7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	



TABLE 5.26: ABORIGINAL CHILDREN AGED 4–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CARER HAS NEEDED TO SEE A SCHOOL PRINCIPAL IN THE PAST SIX MONTHS ABOUT A PROBLEM THE CHILD HAD AT SCHOOL

<i>Seen school principal?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	5 130	(4 630 - 5 650)	30.2	(27.5 - 33.2)
	3–4	3 980	(3 540 - 4 440)	23.4	(21.0 - 26.1)
	5–6	3 970	(3 570 - 4 410)	23.4	(21.0 - 25.9)
	7–14	3 470	(3 090 - 3 880)	20.5	(18.2 - 22.8)
	Not stated	420	(280 - 600)	2.5	(1.7 - 3.6)
	Total	17 000	(16 500 - 17 400)	100.0	
Yes	0–2	500	(380 - 660)	17.2	(12.9 - 21.9)
	3–4	660	(490 - 860)	22.9	(17.8 - 29.0)
	5–6	790	(630 - 980)	27.3	(22.0 - 32.8)
	7–14	900	(700 - 1 120)	30.9	(24.9 - 37.1)
	Not stated	50	(10 - 140)	1.7	(0.3 - 4.7)
	Total	2 900	(2 580 - 3 250)	100.0	
Not in school	0–2	770	(620 - 940)	25.4	(20.6 - 30.4)
	3–4	700	(500 - 950)	23.2	(17.2 - 29.9)
	5–6	770	(620 - 930)	25.3	(20.9 - 30.1)
	7–14	680	(540 - 850)	22.4	(17.7 - 27.5)
	Not stated	110	(40 - 220)	3.6	(1.4 - 7.0)
	Total	3 030	(2 700 - 3 380)	100.0	
Total	0–2	6 400	(5 830 - 6 990)	27.9	(25.5 - 30.5)
	3–4	5 350	(4 820 - 5 880)	23.3	(21.1 - 25.7)
	5–6	5 530	(5 020 - 6 050)	24.1	(21.9 - 26.4)
	7–14	5 050	(4 560 - 5 550)	22.0	(19.9 - 24.2)
	Not stated	580	(410 - 810)	2.5	(1.8 - 3.5)
	Total	22 900	(22 800 - 22 900)	100.0	



CARER FACTORS AND LIFE STRESS EVENTS
TABLE 5.27: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PRIMARY CARER LABOUR FORCE STATUS

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Employed				
0–2	2 180	(1 940 - 2 430)	33.2	(29.9 - 36.7)
3–4	1 660	(1 470 - 1 860)	25.2	(22.5 - 28.1)
5–6	1 460	(1 260 - 1 680)	22.2	(19.3 - 25.3)
7–14	1 270	(1 110 - 1 450)	19.4	(16.9 - 22.0)
Total	6 570	(6 260 - 6 860)	100.0	
Unemployed				
0–2	330	(240 - 430)	23.1	(17.4 - 29.3)
3–4	370	(270 - 500)	25.6	(19.3 - 32.7)
5–6	330	(250 - 440)	23.0	(17.2 - 29.3)
7–14	410	(320 - 510)	28.4	(22.6 - 34.8)
Total	1 440	(1 260 - 1 640)	100.0	
Not in labour force				
0–2	1 320	(1 170 - 1 490)	29.0	(25.8 - 32.4)
3–4	1 250	(1 060 - 1 450)	27.4	(23.9 - 31.4)
5–6	1 010	(860 - 1 160)	22.1	(19.2 - 25.3)
7–14	980	(830 - 1 150)	21.5	(18.3 - 24.9)
Total	4 550	(4 280 - 4 840)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.28: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER CARER HAS EVER HAD A PAID JOB

<i>Ever in paid work?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	590	(480 - 730)	33.8	(28.1 - 39.6)
	3–4	340	(260 - 440)	19.4	(15.2 - 24.4)
	5–6	420	(310 - 540)	23.9	(18.7 - 29.9)
	7–14	400	(310 - 510)	22.9	(18.1 - 28.3)
	Total	1 760	(1 560 - 1 970)	100.0	
Yes	0–2	3 240	(2 980 - 3 520)	30.0	(27.6 - 32.4)
	3–4	2 930	(2 680 - 3 200)	27.1	(24.9 - 29.5)
	5–6	2 380	(2 140 - 2 630)	22.0	(19.8 - 24.3)
	7–14	2 250	(2 040 - 2 490)	20.9	(18.9 - 23.0)
	Total	10 800	(10 600 - 11 000)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.29: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PRIMARY CARER LEVEL OF EDUCATION

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Did not attend school				
0–2	50	(20 - 100)	13.9	(6.1 - 25.4)
3–4	80	(40 - 140)	22.9	(11.5 - 37.8)
5–6	110	(70 - 180)	33.1	(19.5 - 48.0)
7–14	100	(60 - 160)	30.2	(20.5 - 42.4)
Total	340	(250 - 460)	100.0	
1–9 years				
0–2	870	(730 - 1 040)	31.0	(26.5 - 36.0)
3–4	710	(580 - 850)	25.2	(21.1 - 29.6)
5–6	640	(520 - 760)	22.6	(19.0 - 26.8)
7–14	590	(480 - 730)	21.1	(17.3 - 25.2)
Total	2 820	(2 580 - 3 070)	100.0	
10 years				
0–2	1 710	(1 520 - 1 900)	31.3	(28.2 - 34.7)
3–4	1 360	(1 190 - 1 550)	25.0	(22.1 - 28.2)
5–6	1 220	(1 040 - 1 420)	22.4	(19.4 - 25.7)
7–14	1 150	(980 - 1 350)	21.2	(18.2 - 24.5)
Total	5 440	(5 160 - 5 720)	100.0	
11–12 years				
0–2	1 000	(860 - 1 170)	31.4	(27.1 - 35.8)
3–4	850	(710 - 1 010)	26.8	(22.8 - 31.2)
5–6	710	(560 - 890)	22.3	(18.0 - 27.2)
7–14	620	(510 - 750)	19.5	(16.0 - 23.2)
Total	3 190	(2 940 - 3 450)	100.0	
13 years or more				
0–2	210	(120 - 340)	26.7	(16.6 - 39.7)
3–4	270	(170 - 410)	34.7	(23.9 - 48.2)
5–6	120	(70 - 170)	14.9	(8.9 - 22.1)
7–14	180	(120 - 270)	23.7	(15.5 - 33.1)
Total	780	(620 - 970)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.30: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER HAD A MEDICAL CONDITION LASTING SIX MONTHS OR MORE

Number of life stress events	Number	95% CI	%	95% CI
No medical condition				
0-2	2 660	(2 430 - 2 900)	33.5	(30.7 - 36.3)
3-4	2 160	(1 940 - 2 380)	27.2	(24.6 - 29.8)
5-6	1 680	(1 460 - 1 920)	21.2	(18.6 - 24.0)
7-14	1 450	(1 270 - 1 650)	18.2	(16.0 - 20.7)
Total	7 940	(7 640 - 8 230)	100.0	
Medical condition – not limiting				
0-2	800	(660 - 960)	29.7	(25.1 - 34.8)
3-4	720	(580 - 870)	26.6	(22.0 - 31.5)
5-6	610	(490 - 750)	22.7	(18.6 - 27.1)
7-14	570	(470 - 670)	21.0	(17.5 - 24.9)
Total	2 690	(2 460 - 2 940)	100.0	
Medical condition – limiting				
0-2	380	(280 - 500)	19.6	(14.7 - 25.2)
3-4	400	(300 - 520)	20.8	(16.1 - 26.2)
5-6	510	(410 - 620)	26.2	(21.6 - 31.6)
7-14	650	(520 - 790)	33.4	(27.8 - 39.3)
Total	1 930	(1 720 - 2 150)	100.0	
Total				
0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.31: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PRIMARY CARER CONTACT WITH MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

Primary carer has had contact with Mental Health Services in WA?	Number of life stress events	Number	95% CI	%	95% CI
No (a)	0-2	3 080	(2 830 - 3 350)	32.4	(29.9 - 35.0)
	3-4	2 590	(2 370 - 2 820)	27.3	(25.0 - 29.6)
	5-6	2 060	(1 830 - 2 310)	21.7	(19.3 - 24.2)
	7-14	1 770	(1 580 - 1 980)	18.7	(16.7 - 20.8)
	Total	9 500	(9 220 - 9 770)	100.0	
Yes	0-2	760	(630 - 900)	24.7	(21.0 - 28.9)
	3-4	680	(520 - 890)	22.3	(17.6 - 27.9)
	5-6	740	(610 - 890)	24.1	(20.2 - 28.5)
	7-14	880	(740 - 1 050)	28.9	(24.7 - 33.5)
	Total	3 060	(2 790 - 3 340)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

(a) Includes 440 (CI: 330-580) primary carers who were not linked or did not consent to record linkage.



TABLE 5.32: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE PRIMARY CARER HAD BOTH A LIMITING LONG TERM MEDICAL CONDITION AND CONTACT WITH MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA

<i>Whether had a limiting medical condition as well as contact with Mental Health Services?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	3 730	(3 460 - 4 020)	31.6	(29.3 - 34.0)
	3–4	3 130	(2 880 - 3 390)	26.5	(24.4 - 28.7)
	5–6	2 570	(2 310 - 2 840)	21.7	(19.6 - 24.0)
	7–14	2 380	(2 150 - 2 610)	20.1	(18.3 - 22.1)
	Total	11 800	(11 700 - 11 900)	100.0	
Yes	0–2	100	(70 - 150)	13.8	(9.0 - 20.1)
	3–4	140	(70 - 250)	18.5	(10.2 - 30.9)
	5–6	230	(170 - 300)	30.5	(22.5 - 38.9)
	7–14	280	(190 - 390)	37.2	(27.4 - 48.1)
	Total	760	(620 - 910)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.33: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL FUNERAL IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended an Aboriginal funeral?	Number of life stress events	Number	95% CI	%	95% CI
LORI — None					
No	0–2	850	(700 - 1 010)	37.9	(32.2 - 43.9)
	3–4	630	(500 - 790)	28.4	(22.9 - 34.4)
	5–6	400	(300 - 520)	17.9	(13.6 - 22.8)
	7–14	350	(260 - 460)	15.8	(11.8 - 20.4)
	Total	2 230	(2 030 - 2 440)	100.0	
Yes	0–2	480	(370 - 610)	21.1	(16.1 - 26.4)
	3–4	590	(470 - 740)	26.0	(20.8 - 31.9)
	5–6	680	(550 - 840)	29.9	(24.6 - 36.1)
	7–14	530	(400 - 690)	23.0	(17.8 - 29.5)
	Total	2 290	(2 090 - 2 500)	100.0	
Total	0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
	3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
	5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
	7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
	Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low					
No	0–2	490	(390 - 620)	46.0	(36.9 - 54.7)
	3–4	300	(200 - 410)	27.7	(20.2 - 36.2)
	5–6	160	(90 - 260)	15.0	(8.7 - 22.9)
	7–14	120	(70 - 190)	11.3	(7.0 - 17.7)
	Total	1 070	(910 - 1 270)	100.0	
Yes	0–2	550	(430 - 680)	26.5	(21.5 - 31.9)
	3–4	580	(470 - 710)	28.3	(23.7 - 33.1)
	5–6	440	(330 - 580)	21.3	(16.5 - 27.2)
	7–14	490	(400 - 610)	23.9	(19.5 - 28.6)
	Total	2 060	(1 840 - 2 310)	100.0	
Total	0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
	3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
	5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
	7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
	Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate					
No	0–2	250	(180 - 350)	49.0	(39.5 - 59.5)
	3–4	140	(110 - 190)	28.1	(21.6 - 35.5)
	5–6	60	(40 - 100)	12.6	(7.9 - 18.5)
	7–14	50	(30 - 90)	10.3	(6.2 - 15.9)
	Total	510	(400 - 630)	100.0	
Yes	0–2	550	(420 - 690)	25.3	(21.1 - 30.0)
	3–4	520	(410 - 650)	23.9	(20.0 - 28.3)
	5–6	560	(430 - 710)	25.8	(21.3 - 30.8)
	7–14	540	(440 - 670)	25.1	(21.2 - 29.1)
	Total	2 170	(1 850 - 2 540)	100.0	
Total	0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
	3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
	5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
	7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
	Total	2 690	(2 300 - 3 110)	100.0	

Continued...



TABLE 5.33 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL FUNERAL IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended an Aboriginal funeral?	Number of life stress events	Number	95% CI	%	95% CI
LORI — High/Extreme					
No	0–2	70	(30 - 140)	37.2	(10.9 - 69.2)
	3–4	40	(20 - 80)	24.8	(9.1 - 51.2)
	5–6	40	(0 - 270)	24.5	(0.6 - 80.6)
	7–14	20	(0 - 80)	13.4	(2.1 - 48.4)
	Total	180	(80 - 320)	100.0	
Yes	0–2	600	(450 - 780)	29.3	(23.6 - 35.4)
	3–4	460	(320 - 630)	22.4	(16.9 - 28.4)
	5–6	440	(330 - 580)	21.7	(17.4 - 26.1)
	7–14	540	(410 - 710)	26.6	(21.5 - 31.9)
	Total	2 050	(1 680 - 2 470)	100.0	
Total	0–2	670	(510 - 870)	30.0	(24.5 - 36.4)
	3–4	500	(370 - 680)	22.6	(17.7 - 28.3)
	5–6	490	(350 - 660)	21.9	(17.0 - 27.4)
	7–14	570	(430 - 730)	25.5	(20.9 - 30.6)
	Total	2 220	(1 810 - 2 660)	100.0	
Western Australia					
No	0–2	1 660	(1 460 - 1 870)	41.5	(37.1 - 45.9)
	3–4	1 120	(950 - 1 310)	28.0	(24.2 - 32.2)
	5–6	670	(510 - 840)	16.8	(13.2 - 20.8)
	7–14	550	(440 - 680)	13.8	(11.0 - 16.9)
	Total	4 000	(3 710 - 4 290)	100.0	
Yes	0–2	2 180	(1 960 - 2 410)	25.4	(22.9 - 28.0)
	3–4	2 160	(1 940 - 2 390)	25.2	(22.7 - 27.7)
	5–6	2 130	(1 900 - 2 360)	24.8	(22.4 - 27.4)
	7–14	2 110	(1 900 - 2 340)	24.6	(22.3 - 27.1)
	Total	8 570	(8 270 - 8 860)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.34: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL CEREMONY IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended Aboriginal ceremony?	Number of life stress events	Number	95% CI	%	95% CI
LORI — None					
No	0–2	1 250	(1 080 - 1 430)	30.8	(26.7 - 35.1)
	3–4	1 110	(930 - 1 290)	27.2	(22.9 - 31.5)
	5–6	950	(800 - 1 130)	23.4	(19.6 - 27.4)
	7–14	760	(610 - 930)	18.6	(15.0 - 22.6)
	Total	4 070	(3 930 - 4 210)	100.0	
Yes	0–2	70	(20 - 170)	16.6	(5.8 - 35.8)
	3–4	120	(80 - 160)	27.1	(18.6 - 37.8)
	5–6	130	(80 - 210)	29.5	(17.3 - 42.2)
	7–14	120	(70 - 190)	26.8	(16.4 - 40.3)
	Total	450	(340 - 570)	100.0	
Total	0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
	3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
	5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
	7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
	Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low					
No	0–2	1 000	(850 - 1 170)	35.2	(30.4 - 40.0)
	3–4	780	(650 - 920)	27.2	(23.1 - 31.6)
	5–6	530	(400 - 680)	18.7	(14.3 - 23.4)
	7–14	540	(430 - 680)	18.9	(15.2 - 23.2)
	Total	2 850	(2 600 - 3 120)	100.0	
Yes	0–2	40	(10 - 90)	13.9	(5.1 - 31.9)
	3–4	100	(70 - 160)	36.4	(25.3 - 49.8)
	5–6	70	(40 - 120)	23.8	(14.1 - 37.8)
	7–14	70	(50 - 100)	26.0	(17.3 - 36.6)
	Total	290	(220 - 370)	100.0	
Total	0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
	3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
	5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
	7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
	Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate					
No	0–2	670	(540 - 840)	33.6	(28.9 - 38.8)
	3–4	540	(430 - 680)	27.2	(23.1 - 31.6)
	5–6	430	(330 - 560)	21.6	(17.4 - 26.1)
	7–14	350	(280 - 440)	17.6	(14.8 - 20.8)
	Total	2 000	(1 690 - 2 340)	100.0	
Yes	0–2	130	(80 - 200)	18.7	(12.1 - 26.9)
	3–4	120	(80 - 160)	17.4	(12.3 - 23.2)
	5–6	190	(140 - 250)	28.1	(21.9 - 35.4)
	7–14	240	(170 - 330)	35.8	(28.3 - 43.2)
	Total	680	(550 - 830)	100.0	
Total	0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
	3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
	5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
	7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
	Total	2 690	(2 300 - 3 110)	100.0	

Continued...



TABLE 5.34 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL CEREMONY IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended Aboriginal ceremony?	Number of life stress events	Number	95% CI	%	95% CI
LORI — High/Extreme					
No	0-2	300	(200 - 420)	29.1	(21.0 - 38.8)
	3-4	250	(150 - 410)	24.9	(16.2 - 34.4)
	5-6	190	(90 - 320)	18.5	(10.7 - 29.7)
	7-14	280	(190 - 390)	27.5	(19.7 - 35.7)
	Total	1 020	(790 - 1 310)	100.0	
Yes	0-2	370	(260 - 500)	30.7	(24.5 - 37.9)
	3-4	250	(160 - 350)	20.6	(15.2 - 27.2)
	5-6	300	(220 - 400)	24.8	(19.3 - 31.4)
	7-14	290	(210 - 380)	23.9	(19.0 - 29.6)
	Total	1 200	(940 - 1 480)	100.0	
Total	0-2	670	(510 - 870)	30.0	(24.5 - 36.4)
	3-4	500	(370 - 680)	22.6	(17.7 - 28.3)
	5-6	490	(350 - 660)	21.9	(17.0 - 27.4)
	7-14	570	(430 - 730)	25.5	(20.9 - 30.6)
	Total	2 220	(1 810 - 2 660)	100.0	
Western Australia					
No	0-2	3 230	(2 960 - 3 500)	32.4	(29.9 - 35.0)
	3-4	2 680	(2 440 - 2 940)	27.0	(24.5 - 29.4)
	5-6	2 110	(1 870 - 2 360)	21.2	(18.8 - 23.6)
	7-14	1 930	(1 720 - 2 160)	19.4	(17.3 - 21.6)
	Total	9 950	(9 700 - 10 200)	100.0	
Yes	0-2	610	(470 - 770)	23.3	(19.0 - 28.1)
	3-4	590	(490 - 710)	22.6	(19.2 - 26.5)
	5-6	690	(580 - 820)	26.4	(22.6 - 30.6)
	7-14	720	(610 - 850)	27.7	(24.0 - 31.8)
	Total	2 620	(2 360 - 2 880)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.35: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL FESTIVAL OR CARNIVAL IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended Aboriginal festival or carnival?	Number of life stress events	Number	95% CI	%	95% CI
LORI — None					
No	0–2	900	(760 - 1 070)	37.6	(32.1 - 43.5)
	3–4	640	(510 - 800)	26.6	(21.4 - 32.6)
	5–6	480	(370 - 620)	19.9	(15.3 - 25.0)
	7–14	380	(280 - 520)	15.9	(11.7 - 21.1)
	Total	2 410	(2 200 - 2 620)	100.0	
Yes	0–2	420	(300 - 570)	20.0	(14.5 - 26.1)
	3–4	590	(460 - 720)	27.8	(22.2 - 33.7)
	5–6	610	(480 - 750)	28.7	(23.3 - 34.8)
	7–14	500	(380 - 640)	23.5	(18.2 - 29.5)
	Total	2 110	(1 910 - 2 320)	100.0	
Tot	0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
	3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
	5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
	7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
	Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low					
No	0–2	660	(540 - 800)	36.3	(30.2 - 42.7)
	3–4	510	(400 - 640)	28.0	(22.3 - 33.8)
	5–6	320	(210 - 480)	17.5	(11.5 - 24.4)
	7–14	330	(240 - 440)	18.1	(13.4 - 23.3)
	Total	1 830	(1 620 - 2 050)	100.0	
Yes	0–2	380	(280 - 490)	28.9	(22.9 - 35.5)
	3–4	370	(280 - 470)	28.1	(22.9 - 33.8)
	5–6	280	(210 - 370)	21.4	(16.6 - 26.8)
	7–14	280	(220 - 370)	21.6	(16.5 - 27.1)
	Total	1 310	(1 130 - 1 500)	100.0	
Total	0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
	3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
	5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
	7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
	Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate					
No	0–2	440	(350 - 550)	39.5	(33.1 - 45.8)
	3–4	280	(200 - 370)	24.6	(19.4 - 30.4)
	5–6	230	(160 - 310)	20.4	(15.5 - 26.3)
	7–14	170	(130 - 230)	15.5	(12.3 - 19.2)
	Total	1 120	(920 - 1 330)	100.0	
Yes	0–2	360	(260 - 470)	22.8	(18.0 - 28.6)
	3–4	390	(300 - 500)	24.8	(19.8 - 30.2)
	5–6	400	(290 - 520)	25.3	(19.7 - 32.0)
	7–14	420	(320 - 540)	27.0	(22.3 - 32.4)
	Total	1 560	(1 310 - 1 840)	100.0	
Total	0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
	3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
	5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
	7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
	Total	2 690	(2 300 - 3 110)	100.0	

Continued...



TABLE 5.35 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY ATTENDANCE AT AN ABORIGINAL FESTIVAL OR CARNIVAL IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Attended Aboriginal festival or carnival?	Number of life stress events	Number	95% CI	%	95% CI
LORI — High/Extreme					
No	0-2	250	(160 - 370)	31.5	(22.6 - 41.8)
	3-4	180	(90 - 350)	22.4	(12.0 - 37.3)
	5-6	150	(100 - 220)	18.5	(12.6 - 25.8)
	7-14	220	(150 - 320)	27.6	(19.1 - 38.6)
	Total	800	(590 - 1 060)	100.0	
Yes	0-2	410	(290 - 570)	29.1	(22.4 - 36.1)
	3-4	320	(240 - 430)	22.7	(18.5 - 27.5)
	5-6	340	(230 - 490)	23.8	(17.4 - 31.9)
	7-14	350	(260 - 460)	24.4	(19.5 - 30.0)
	Total	1 420	(1 130 - 1 760)	100.0	
Total	0-2	670	(510 - 870)	30.0	(24.5 - 36.4)
	3-4	500	(370 - 680)	22.6	(17.7 - 28.3)
	5-6	490	(350 - 660)	21.9	(17.0 - 27.4)
	7-14	570	(430 - 730)	25.5	(20.9 - 30.6)
	Total	2 220	(1 810 - 2 660)	100.0	
Western Australia					
No	0-2	2 260	(2 040 - 2 500)	36.8	(33.5 - 40.1)
	3-4	1 610	(1 400 - 1 840)	26.1	(22.9 - 29.5)
	5-6	1 180	(990 - 1 380)	19.1	(16.2 - 22.1)
	7-14	1 110	(950 - 1 290)	18.0	(15.5 - 20.8)
	Total	6 150	(5 830 - 6 480)	100.0	
Yes	0-2	1 570	(1 370 - 1 790)	24.5	(21.6 - 27.6)
	3-4	1 670	(1 480 - 1 860)	26.0	(23.4 - 28.7)
	5-6	1 620	(1 420 - 1 840)	25.3	(22.4 - 28.4)
	7-14	1 550	(1 370 - 1 740)	24.2	(21.6 - 27.0)
	Total	6 410	(6 090 - 6 730)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.36: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PARTICIPATION IN ABORIGINAL ORGANISATIONS IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

Participated in Aboriginal organisations?	Number of life stress events	Number	95% CI	%	95% CI
LORI — None					
No	0–2	980	(830 - 1 150)	34.5	(29.4 - 39.8)
	3–4	740	(600 - 910)	26.1	(21.2 - 31.4)
	5–6	640	(510 - 780)	22.5	(18.2 - 27.1)
	7–14	480	(360 - 620)	16.9	(13.0 - 21.7)
	Total	2 840	(2 640 - 3 050)	100.0	
Yes	0–2	350	(250 - 480)	20.7	(15.1 - 27.8)
	3–4	490	(370 - 620)	28.9	(22.5 - 35.8)
	5–6	450	(330 - 600)	26.6	(19.7 - 34.0)
	7–14	400	(290 - 540)	23.7	(17.6 - 31.2)
	Total	1 680	(1 480 - 1 880)	100.0	
Total	0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
	3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
	5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
	7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
	Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low					
No	0–2	710	(590 - 860)	35.9	(30.5 - 41.6)
	3–4	590	(480 - 720)	29.9	(24.9 - 35.1)
	5–6	350	(250 - 470)	17.7	(13.1 - 23.1)
	7–14	330	(240 - 440)	16.5	(12.1 - 21.3)
	Total	1 980	(1 760 - 2 210)	100.0	
Yes	0–2	330	(240 - 440)	28.6	(21.6 - 35.8)
	3–4	290	(210 - 380)	25.0	(19.0 - 32.1)
	5–6	250	(160 - 370)	21.6	(14.8 - 30.4)
	7–14	290	(220 - 370)	24.8	(19.4 - 31.3)
	Total	1 160	(1 000 - 1 350)	100.0	
Total	0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
	3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
	5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
	7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
	Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate					
No	0–2	500	(390 - 630)	32.2	(27.3 - 37.2)
	3–4	400	(320 - 500)	26.2	(22.2 - 30.6)
	5–6	300	(220 - 400)	19.7	(14.9 - 25.0)
	7–14	340	(260 - 430)	21.9	(18.2 - 26.0)
	Total	1 540	(1 280 - 1 810)	100.0	
Yes	0–2	300	(220 - 420)	26.5	(20.5 - 32.8)
	3–4	260	(200 - 340)	22.7	(18.1 - 28.0)
	5–6	320	(240 - 420)	28.1	(22.2 - 34.2)
	7–14	260	(190 - 350)	22.8	(17.2 - 28.7)
	Total	1 150	(950 - 1 370)	100.0	
Total	0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
	3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
	5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
	7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
	Total	2 690	(2 300 - 3 110)	100.0	

Continued....



TABLE 5.36 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY PARTICIPATION IN ABORIGINAL ORGANISATIONS IN THE PAST 12 MONTHS AND LEVEL OF RELATIVE ISOLATION (LORI)

<i>Participated in Aboriginal organisations?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — High/Extreme					
No	0–2	450	(340 - 610)	33.3	(26.5 - 41.2)
	3–4	350	(230 - 510)	25.6	(18.4 - 33.8)
	5–6	290	(190 - 430)	21.6	(14.9 - 29.4)
	7–14	270	(190 - 370)	19.5	(14.5 - 25.8)
	Total	1 360	(1 080 - 1 670)	100.0	
Yes	0–2	210	(140 - 300)	24.7	(17.2 - 33.2)
	3–4	150	(100 - 220)	17.8	(12.2 - 23.9)
	5–6	190	(120 - 290)	22.4	(15.7 - 30.9)
	7–14	300	(220 - 410)	35.1	(28.3 - 42.3)
	Total	860	(670 - 1 090)	100.0	
Total	0–2	670	(510 - 870)	30.0	(24.5 - 36.4)
	3–4	500	(370 - 680)	22.6	(17.7 - 28.3)
	5–6	490	(350 - 660)	21.9	(17.0 - 27.4)
	7–14	570	(430 - 730)	25.5	(20.9 - 30.6)
	Total	2 220	(1 810 - 2 660)	100.0	
Western Australia					
No	0–2	2 640	(2 400 - 2 890)	34.2	(31.4 - 37.1)
	3–4	2 080	(1 860 - 2 320)	27.0	(24.4 - 29.8)
	5–6	1 590	(1 390 - 1 800)	20.5	(18.0 - 23.2)
	7–14	1 410	(1 230 - 1 600)	18.2	(16.1 - 20.7)
	Total	7 720	(7 410 - 8 010)	100.0	
Yes	0–2	1 200	(1 030 - 1 390)	24.7	(21.5 - 28.2)
	3–4	1 190	(1 030 - 1 360)	24.5	(21.5 - 27.8)
	5–6	1 210	(1 030 - 1 410)	25.0	(21.6 - 28.7)
	7–14	1 250	(1 080 - 1 430)	25.8	(22.6 - 29.2)
	Total	4 850	(4 550 - 5 160)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.37: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY IMPORTANCE OF ABORIGINAL CEREMONIAL BUSINESS

<i>Importance of ceremonial business</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Important	0–2	2 050	(1 840 - 2 280)	26.0	(23.4 - 28.6)
	3–4	2 030	(1 820 - 2 250)	25.6	(23.1 - 28.3)
	5–6	1 820	(1 610 - 2 070)	23.0	(20.4 - 25.9)
	7–14	2 010	(1 800 - 2 230)	25.4	(23.0 - 28.0)
	Total	7 920	(7 620 - 8 210)	100.0	
Not important	0–2	960	(820 - 1 120)	38.7	(33.9 - 43.7)
	3–4	690	(570 - 830)	28.0	(23.4 - 32.7)
	5–6	490	(390 - 610)	19.8	(16.1 - 24.2)
	7–14	330	(250 - 440)	13.5	(10.2 - 17.6)
	Total	2 470	(2 240 - 2 710)	100.0	
Not relevant	0–2	820	(670 - 1 000)	37.9	(32.1 - 44.3)
	3–4	560	(430 - 710)	25.6	(20.2 - 31.4)
	5–6	480	(370 - 620)	22.2	(17.3 - 27.6)
	7–14	310	(230 - 420)	14.3	(10.6 - 18.6)
	Total	2 180	(1 940 - 2 430)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.38: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER SPEAKS AN ABORIGINAL LANGUAGE AND LEVEL OF RELATIVE ISOLATION (LORI)

<i>Carer speaks an Aboriginal language?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None					
No	0–2	940	(780 - 1 110)	36.1	(30.7 - 42.1)
	3–4	660	(530 - 820)	25.6	(20.6 - 30.9)
	5–6	600	(490 - 740)	23.2	(18.8 - 27.9)
	7–14	390	(290 - 510)	15.0	(11.4 - 19.3)
	Total	2 590	(2 390 - 2 800)	100.0	
A few words	0–2	350	(260 - 450)	20.0	(15.3 - 25.8)
	3–4	520	(400 - 660)	29.7	(23.4 - 36.9)
	5–6	440	(320 - 580)	25.1	(18.5 - 32.1)
	7–14	440	(320 - 590)	25.2	(18.6 - 32.3)
	Total	1 740	(1 550 - 1 950)	100.0	
A conversation	0–2	40	(10 - 140)	23.8	(5.5 - 57.2)
	3–4	50	(20 - 110)	24.5	(6.8 - 49.9)
	5–6	50	(20 - 80)	25.2	(11.1 - 46.3)
	7–14	50	(10 - 130)	26.6	(5.0 - 53.8)
	Total	180	(110 - 290)	100.0	
Total	0–2	1 330	(1 150 - 1 520)	29.4	(25.6 - 33.6)
	3–4	1 230	(1 050 - 1 420)	27.2	(23.3 - 31.4)
	5–6	1 080	(920 - 1 260)	24.0	(20.5 - 28.0)
	7–14	880	(720 - 1 050)	19.4	(16.1 - 23.3)
	Total	4 520	(4 430 - 4 600)	100.0	

Continued...



TABLE 5.38 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER SPEAKS AN ABORIGINAL LANGUAGE AND LEVEL OF RELATIVE ISOLATION (LORI)

<i>Carer speaks an Aboriginal language?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — Low					
No	0–2	690	(570 - 830)	39.2	(33.4 - 45.6)
	3–4	550	(440 - 690)	31.3	(25.3 - 37.6)
	5–6	260	(180 - 370)	14.7	(10.3 - 20.6)
	7–14	260	(180 - 370)	14.8	(10.5 - 19.9)
	Total	1 760	(1 560 - 1 980)	100.0	
A few words	0–2	300	(200 - 410)	24.9	(17.8 - 33.4)
	3–4	300	(220 - 390)	24.8	(19.1 - 31.4)
	5–6	290	(200 - 410)	24.5	(17.4 - 32.2)
	7–14	310	(230 - 400)	25.8	(19.7 - 32.4)
	Total	1 190	(1 020 - 1 390)	100.0	
A conversation	0–2	60	(30 - 100)	29.2	(16.1 - 45.5)
	3–4	40	(10 - 90)	18.8	(5.0 - 38.8)
	5–6	50	(20 - 100)	27.0	(13.7 - 46.7)
	7–14	50	(30 - 70)	25.0	(14.7 - 39.0)
	Total	190	(130 - 260)	100.0	
Total	0–2	1 040	(880 - 1 220)	33.2	(28.7 - 37.7)
	3–4	880	(740 - 1 040)	28.1	(24.2 - 32.3)
	5–6	600	(460 - 760)	19.2	(15.2 - 23.8)
	7–14	610	(500 - 750)	19.6	(16.2 - 23.5)
	Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate					
No	0–2	330	(240 - 440)	42.6	(34.9 - 50.4)
	3–4	180	(140 - 240)	23.7	(18.5 - 29.3)
	5–6	140	(80 - 230)	18.5	(12.2 - 26.2)
	7–14	120	(80 - 170)	15.2	(10.3 - 20.6)
	Total	780	(600 - 980)	100.0	
A few words	0–2	240	(170 - 330)	25.1	(18.7 - 33.0)
	3–4	320	(230 - 430)	32.8	(26.0 - 39.8)
	5–6	210	(150 - 290)	21.8	(16.1 - 27.9)
	7–14	200	(130 - 280)	20.3	(14.4 - 26.8)
	Total	960	(770 - 1 170)	100.0	
A conversation	0–2	230	(160 - 310)	24.0	(18.2 - 30.2)
	3–4	160	(120 - 210)	17.3	(13.1 - 22.1)
	5–6	270	(190 - 370)	28.6	(21.9 - 35.9)
	7–14	280	(210 - 380)	30.0	(24.9 - 35.2)
	Total	950	(770 - 1 150)	100.0	
Total	0–2	800	(650 - 980)	29.8	(26.1 - 33.7)
	3–4	660	(540 - 800)	24.7	(21.4 - 28.4)
	5–6	620	(490 - 780)	23.2	(19.3 - 27.3)
	7–14	600	(480 - 730)	22.2	(19.1 - 25.6)
	Total	2 690	(2 300 - 3 110)	100.0	

Continued . . .



TABLE 5.38 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER SPEAKS AN ABORIGINAL LANGUAGE AND LEVEL OF RELATIVE ISOLATION (LORI)

<i>Carer speaks an Aboriginal language?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — High/Extreme					
No	0–2	130	(60 - 230)	46.9	(32.0 - 63.6)
	3–4	60	(30 - 120)	23.0	(10.4 - 40.1)
	5–6	40	(20 - 80)	14.0	(4.3 - 27.4)
	7–14	40	(20 - 80)	16.2	(7.9 - 27.3)
	Total	270	(180 - 420)	100.0	
A few words	0–2	140	(80 - 220)	25.1	(15.0 - 38.4)
	3–4	150	(70 - 300)	28.2	(15.1 - 47.5)
	5–6	130	(50 - 270)	24.5	(10.3 - 43.5)
	7–14	120	(70 - 200)	22.3	(12.5 - 35.3)
	Total	540	(370 - 780)	100.0	
A conversation	0–2	400	(280 - 550)	28.6	(22.1 - 35.2)
	3–4	290	(200 - 400)	20.4	(15.1 - 26.1)
	5–6	320	(230 - 420)	22.5	(17.9 - 27.8)
	7–14	400	(300 - 530)	28.6	(23.5 - 34.1)
	Total	1 410	(1 120 - 1 760)	100.0	
Total	0–2	670	(510 - 870)	30.0	(24.5 - 36.4)
	3–4	500	(370 - 680)	22.6	(17.7 - 28.3)
	5–6	490	(350 - 660)	21.9	(17.0 - 27.4)
	7–14	570	(430 - 730)	25.5	(20.9 - 30.6)
	Total	2 220	(1 810 - 2 660)	100.0	
Western Australia					
No	0–2	2 090	(1 860 - 2 330)	38.6	(35.1 - 42.3)
	3–4	1 460	(1 280 - 1 670)	27.1	(23.9 - 30.5)
	5–6	1 040	(880 - 1 220)	19.3	(16.4 - 22.3)
	7–14	810	(680 - 970)	15.0	(12.6 - 17.8)
	Total	5 400	(5 080 - 5 720)	100.0	
A few words	0–2	1 020	(870 - 1 200)	23.0	(19.6 - 26.7)
	3–4	1 280	(1 090 - 1 490)	28.9	(25.1 - 32.9)
	5–6	1 070	(880 - 1 280)	24.1	(20.2 - 28.2)
	7–14	1 060	(900 - 1 250)	24.0	(20.5 - 27.8)
	Total	4 430	(4 120 - 4 760)	100.0	
A conversation	0–2	730	(590 - 880)	26.7	(22.6 - 31.2)
	3–4	530	(430 - 660)	19.5	(16.0 - 23.2)
	5–6	680	(570 - 810)	25.1	(21.4 - 29.0)
	7–14	780	(650 - 920)	28.7	(25.2 - 32.6)
	Total	2 730	(2 440 - 3 030)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.39: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER WAS FORCIBLY SEPARATED FROM THEIR NATURAL FAMILY BY A MISSION, THE GOVERNMENT OR WELFARE

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not separated				
0–2	2 510	(2 290 - 2 750)	29.3	(26.8 - 31.9)
3–4	2 200	(1 980 - 2 430)	25.6	(23.3 - 28.1)
5–6	1 970	(1 760 - 2 210)	23.0	(20.7 - 25.6)
7–14	1 890	(1 690 - 2 100)	22.0	(19.9 - 24.3)
Total	8 580	(8 250 - 8 890)	100.0	
Separated				
0–2	280	(190 - 400)	21.9	(14.9 - 29.8)
3–4	290	(200 - 420)	22.9	(16.0 - 30.8)
5–6	320	(230 - 420)	24.7	(18.0 - 31.7)
7–14	390	(290 - 520)	30.5	(23.0 - 38.3)
Total	1 280	(1 090 - 1 490)	100.0	
Not known				
0–2	160	(90 - 260)	31.5	(18.7 - 45.1)
3–4	140	(80 - 200)	26.2	(15.3 - 39.0)
5–6	150	(60 - 290)	28.0	(14.2 - 48.0)
7–14	70	(30 - 150)	14.3	(6.1 - 27.8)
Total	520	(360 - 710)	100.0	
Not applicable				
0–2	880	(730 - 1 060)	40.2	(34.5 - 46.4)
3–4	650	(510 - 810)	29.5	(24.1 - 35.7)
5–6	360	(270 - 470)	16.5	(12.5 - 21.0)
7–14	300	(220 - 420)	13.8	(10.1 - 18.5)
Total	2 190	(1 950 - 2 440)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.40: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER THE PRIMARY CARER HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Ever arrested or charged?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	2 920	(2 660 - 3 190)	36.7	(33.7 - 39.7)
	3–4	2 160	(1 950 - 2 390)	27.2	(24.7 - 29.8)
	5–6	1 620	(1 410 - 1 850)	20.3	(17.8 - 23.0)
	7–14	1 260	(1 090 - 1 450)	15.8	(13.7 - 18.2)
	Total	7 960	(7 670 - 8 260)	100.0	
Yes	0–2	920	(780 - 1 070)	19.9	(17.1 - 23.0)
	3–4	1 110	(930 - 1 310)	24.1	(20.6 - 27.9)
	5–6	1 180	(1 020 - 1 360)	25.6	(22.3 - 29.1)
	7–14	1 400	(1 220 - 1 580)	30.3	(27.0 - 33.9)
	Total	4 600	(4 310 - 4 890)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.41: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER'S PARTNER/SPOUSE HAS EVER BEEN ARRESTED OR CHARGED WITH AN OFFENCE

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Partner never arrested or charged				
0–2	1 400	(1 200 - 1 620)	38.5	(33.6 - 43.7)
3–4	1 110	(930 - 1 300)	30.6	(26.1 - 35.3)
5–6	690	(530 - 880)	19.1	(15.1 - 23.9)
7–14	420	(320 - 550)	11.7	(8.9 - 15.1)
Total	3 620	(3 340 - 3 920)	100.0	
Partner had been arrested or charged				
0–2	1 040	(890 - 1 190)	25.8	(22.5 - 29.4)
3–4	980	(830 - 1 140)	24.3	(20.9 - 28.0)
5–6	970	(820 - 1 130)	24.1	(20.7 - 27.7)
7–14	1 030	(870 - 1 200)	25.7	(22.1 - 29.4)
Total	4 010	(3 740 - 4 300)	100.0	
No partner/spouse				
0–2	1 400	(1 240 - 1 580)	28.5	(25.5 - 31.7)
3–4	1 190	(1 030 - 1 360)	24.1	(21.1 - 27.3)
5–6	1 140	(980 - 1 320)	23.1	(20.0 - 26.4)
7–14	1 200	(1 040 - 1 370)	24.3	(21.4 - 27.4)
Total	4 930	(4 650 - 5 210)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.42: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER HAS SOMEONE THEY CAN YARN TO ABOUT THEIR PROBLEMS

<i>Someone to yarn to about problems?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0-2	430	(340 - 540)	27.9	(22.3 - 33.7)
	3-4	360	(270 - 470)	23.1	(17.8 - 29.2)
	5-6	370	(290 - 470)	24.0	(19.2 - 29.6)
	7-14	390	(290 - 510)	25.1	(19.4 - 31.9)
	Total	1 550	(1 370 - 1 760)	100.0	
Yes	0-2	3 400	(3 140 - 3 680)	30.9	(28.5 - 33.3)
	3-4	2 910	(2 660 - 3 170)	26.5	(24.3 - 28.8)
	5-6	2 420	(2 180 - 2 690)	22.0	(19.8 - 24.3)
	7-14	2 270	(2 050 - 2 500)	20.6	(18.7 - 22.7)
	Total	11 000	(10 800 - 11 200)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.43: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER PRIMARY CARER EVER SMOKED CIGARETTES REGULARLY

<i>Ever smoked regularly?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0-2	1 480	(1 280 - 1 700)	33.9	(29.9 - 38.2)
	3-4	1 090	(930 - 1 270)	25.1	(21.7 - 28.7)
	5-6	960	(810 - 1 130)	22.0	(18.6 - 25.5)
	7-14	830	(680 - 1 000)	19.0	(15.8 - 22.4)
	Total	4 350	(4 060 - 4 660)	100.0	
Yes	0-2	2 360	(2 150 - 2 580)	28.7	(26.3 - 31.3)
	3-4	2 180	(1 960 - 2 420)	26.6	(24.1 - 29.2)
	5-6	1 840	(1 620 - 2 070)	22.4	(19.9 - 25.1)
	7-14	1 830	(1 650 - 2 030)	22.3	(20.2 - 24.6)
	Total	8 210	(7 900 - 8 510)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.44: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY IMPORTANCE OF RELIGION/SPIRITUALITY

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not at all/None				
0-2	630	(500 - 760)	37.2	(30.3 - 44.3)
3-4	450	(310 - 640)	26.7	(19.1 - 35.1)
5-6	330	(230 - 460)	19.8	(14.3 - 26.7)
7-14	270	(190 - 380)	16.3	(11.4 - 22.2)
Total	1 680	(1 460 - 1 920)	100.0	
A little				
0-2	620	(500 - 740)	35.8	(30.0 - 41.7)
3-4	460	(370 - 570)	27.0	(22.2 - 32.6)
5-6	350	(260 - 460)	20.4	(15.8 - 26.0)
7-14	290	(200 - 400)	16.8	(12.1 - 22.3)
Total	1 720	(1 520 - 1 930)	100.0	
Some				
0-2	840	(720 - 990)	36.0	(31.1 - 41.2)
3-4	630	(520 - 760)	26.8	(22.4 - 31.5)
5-6	400	(290 - 530)	17.0	(12.7 - 22.5)
7-14	470	(360 - 610)	20.2	(15.7 - 25.1)
Total	2 350	(2 130 - 2 580)	100.0	
Quite a lot				
0-2	570	(440 - 710)	26.5	(21.6 - 32.3)
3-4	680	(570 - 810)	31.8	(26.9 - 36.9)
5-6	440	(340 - 560)	20.5	(16.1 - 25.4)
7-14	450	(350 - 570)	21.1	(16.9 - 25.7)
Total	2 140	(1 930 - 2 370)	100.0	
Very much				
0-2	1 180	(1 010 - 1 380)	25.3	(21.9 - 29.0)
3-4	1 050	(890 - 1 220)	22.5	(19.3 - 25.9)
5-6	1 280	(1 100 - 1 480)	27.3	(23.7 - 31.0)
7-14	1 170	(1 020 - 1 330)	25.0	(22.0 - 28.3)
Total	4 670	(4 390 - 4 960)	100.0	
Total				
0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.45: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY AGE OF THE PRIMARY CARER

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
19 years or under				
0–2	260	(210 - 330)	42.4	(34.4 - 50.5)
3–4	170	(120 - 220)	26.9	(20.3 - 34.8)
5–6	80	(40 - 120)	12.3	(7.4 - 19.1)
7–14	110	(70 - 170)	18.4	(12.0 - 25.8)
Total	620	(530 - 720)	100.0	
20–24 years				
0–2	590	(490 - 700)	32.5	(27.2 - 37.9)
3–4	510	(380 - 670)	28.4	(22.2 - 35.4)
5–6	330	(240 - 430)	18.1	(13.7 - 23.5)
7–14	380	(290 - 500)	21.1	(16.2 - 27.1)
Total	1 810	(1 610 - 2 020)	100.0	
25–29 years				
0–2	640	(530 - 760)	29.3	(24.7 - 34.3)
3–4	610	(490 - 740)	28.1	(23.3 - 33.2)
5–6	520	(410 - 660)	24.0	(19.2 - 29.4)
7–14	400	(310 - 510)	18.6	(14.6 - 23.1)
Total	2 170	(1 950 - 2 400)	100.0	
30–34 years				
0–2	830	(680 - 1 010)	32.4	(26.9 - 37.8)
3–4	610	(490 - 760)	23.8	(19.4 - 28.7)
5–6	570	(460 - 680)	22.0	(18.1 - 26.1)
7–14	560	(440 - 710)	21.8	(17.5 - 26.8)
Total	2 570	(2 330 - 2 820)	100.0	
35–39 years				
0–2	570	(460 - 700)	27.7	(22.6 - 33.1)
3–4	530	(420 - 660)	25.8	(20.8 - 31.5)
5–6	530	(370 - 720)	25.6	(19.4 - 33.3)
7–14	430	(340 - 550)	20.9	(16.3 - 26.0)
Total	2 060	(1 830 - 2 310)	100.0	
40 years or more				
0–2	890	(720 - 1 090)	28.5	(23.7 - 33.5)
3–4	810	(670 - 960)	25.8	(21.7 - 30.2)
5–6	720	(590 - 870)	22.8	(18.9 - 27.0)
7–14	720	(600 - 860)	22.9	(19.5 - 26.8)
Total	3 140	(2 870 - 3 420)	100.0	
No age given				
0–2	50	(20 - 90)	26.3	(11.9 - 44.6)
3–4	30	(10 - 50)	15.3	(7.4 - 25.7)
5–6	60	(40 - 100)	33.4	(20.9 - 49.3)
7–14	50	(20 - 80)	24.9	(13.9 - 40.3)
Total	190	(130 - 250)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



FAMILY AND HOUSEHOLD FACTORS AND LIFE STRESS EVENTS
TABLE 5.46: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY HOUSEHOLD COMPOSITION

Number of life stress events	Number	95% CI	%	95% CI
Two original parent family				
0-2	1 620	(1 420 - 1 840)	34.4	(30.4 - 38.4)
3-4	1 310	(1 130 - 1 510)	27.8	(24.3 - 31.5)
5-6	980	(800 - 1 180)	20.6	(17.1 - 24.5)
7-14	810	(660 - 980)	17.1	(14.1 - 20.4)
Total	4 720	(4 410 - 5 030)	100.0	
Sole parent				
0-2	1 340	(1 170 - 1 530)	28.0	(24.8 - 31.5)
3-4	1 230	(1 070 - 1 420)	25.7	(22.6 - 29.2)
5-6	1 110	(950 - 1 280)	23.1	(20.0 - 26.4)
7-14	1 110	(950 - 1 290)	23.2	(20.1 - 26.5)
Total	4 790	(4 500 - 5 090)	100.0	
Two parent step/blended family				
0-2	540	(430 - 660)	25.6	(21.0 - 30.7)
3-4	550	(430 - 700)	26.4	(21.1 - 32.0)
5-6	500	(380 - 640)	23.7	(18.5 - 29.3)
7-14	510	(410 - 620)	24.2	(19.8 - 29.2)
Total	2 090	(1 870 - 2 330)	100.0	
Other (e.g. aunts/uncles, grandparents)				
0-2	330	(240 - 440)	34.9	(26.9 - 43.2)
3-4	170	(110 - 260)	18.2	(11.6 - 25.8)
5-6	220	(150 - 300)	22.7	(16.0 - 30.8)
7-14	230	(160 - 340)	24.2	(17.2 - 33.2)
Total	950	(800 - 1 130)	100.0	
Total				
0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.47: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY NUMBER OF CHILDREN IN THE HOUSEHOLD

Number of life stress events	Number	95% CI	%	95% CI
One child				
0-2	950	(790 - 1 130)	34.4	(29.4 - 39.7)
3-4	720	(600 - 860)	26.2	(21.9 - 30.5)
5-6	590	(470 - 750)	21.5	(17.2 - 26.4)
7-14	500	(390 - 630)	17.9	(14.2 - 22.3)
Total	2 760	(2 510 - 3 020)	100.0	
Two children				
0-2	1 060	(910 - 1 240)	31.1	(26.9 - 35.3)
3-4	1 070	(910 - 1 260)	31.4	(27.2 - 35.8)
5-6	700	(570 - 840)	20.4	(16.9 - 24.2)
7-14	590	(480 - 720)	17.2	(14.1 - 20.8)
Total	3 420	(3 160 - 3 700)	100.0	

Continued...



TABLE 5.47 (continued): PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY NUMBER OF CHILDREN IN THE HOUSEHOLD

Number of life stress events	Number	95% CI	%	95% CI
Three children				
0–2	780	(650 - 920)	28.7	(24.4 - 33.4)
3–4	690	(570 - 830)	25.5	(21.5 - 29.7)
5–6	640	(530 - 770)	23.5	(19.8 - 27.7)
7–14	610	(480 - 750)	22.3	(18.3 - 27.0)
Total	2 710	(2 480 - 2 960)	100.0	
Four children or more				
0–2	1 050	(890 - 1 210)	28.5	(24.7 - 32.5)
3–4	790	(640 - 950)	21.4	(17.8 - 25.3)
5–6	870	(700 - 1 060)	23.6	(19.6 - 28.2)
7–14	970	(830 - 1 120)	26.4	(22.8 - 30.2)
Total	3 670	(3 380 - 3 970)	100.0	
Total				
1	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
2	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
3	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
4	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.48: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY LEVEL OF FAMILY FUNCTIONING

Number of life stress events	Number	95% CI	%	95% CI
Poor				
0–2	770	(650 - 900)	25.9	(22.2 - 29.9)
3–4	790	(660 - 940)	26.7	(22.7 - 31.1)
5–6	650	(510 - 820)	22.1	(17.9 - 27.1)
7–14	750	(630 - 890)	25.3	(21.5 - 29.6)
Total	2 960	(2 720 - 3 220)	100.0	
Fair				
0–2	980	(830 - 1 150)	29.8	(25.9 - 33.9)
3–4	840	(710 - 980)	25.5	(21.8 - 29.6)
5–6	770	(640 - 930)	23.4	(19.4 - 27.7)
7–14	700	(570 - 850)	21.3	(17.6 - 25.2)
Total	3 290	(3 030 - 3 560)	100.0	
Good				
0–2	970	(810 - 1 150)	32.8	(27.9 - 37.9)
3–4	730	(580 - 910)	24.8	(20.2 - 30.2)
5–6	640	(510 - 790)	21.6	(17.5 - 26.2)
7–14	620	(500 - 760)	20.9	(17.1 - 25.3)
Total	2 960	(2 700 - 3 230)	100.0	
Very good				
0–2	1 120	(950 - 1 320)	33.4	(28.9 - 38.1)
3–4	910	(760 - 1 080)	27.2	(23.1 - 31.4)
5–6	730	(590 - 890)	21.8	(18.0 - 26.1)
7–14	590	(480 - 720)	17.6	(14.4 - 21.3)
Total	3 350	(3 080 - 3 630)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.49: ABORIGINAL CHILDREN AGED 0–17 YEARS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY QUALITY OF PARENTING

Number of life stress events	Number	95% CI	%	95% CI
Very good				
0–2	3 170	(2 740 - 3 640)	31.8	(28.0 - 35.9)
3–4	2 420	(2 050 - 2 850)	24.3	(20.9 - 28.2)
5–6	2 340	(1 960 - 2 760)	23.5	(19.9 - 27.3)
7–14	1 740	(1 480 - 2 030)	17.5	(14.9 - 20.4)
Not stated	290	(180 - 460)	2.9	(1.8 - 4.6)
Total	9 970	(9 400 - 10 600)	100.0	
Good				
0–2	2 200	(1 860 - 2 560)	28.4	(24.6 - 32.4)
3–4	1 960	(1 690 - 2 260)	25.3	(22.0 - 28.9)
5–6	1 800	(1 510 - 2 130)	23.2	(19.7 - 26.9)
7–14	1 590	(1 320 - 1 890)	20.6	(17.3 - 24.0)
Not stated	200	(90 - 380)	2.6	(1.2 - 4.8)
Total	7 750	(7 230 - 8 310)	100.0	
Fair				
0–2	1 170	(950 - 1 430)	26.4	(21.7 - 31.4)
3–4	880	(730 - 1 060)	19.8	(16.4 - 23.6)
5–6	1 080	(890 - 1 310)	24.3	(20.2 - 28.8)
7–14	1 200	(930 - 1 520)	27.1	(21.8 - 32.8)
Not stated	110	(60 - 190)	2.4	(1.3 - 4.3)
Total	4 440	(4 040 - 4 860)	100.0	
Poor				
0–2	1 820	(1 530 - 2 140)	25.6	(21.9 - 29.7)
3–4	1 690	(1 350 - 2 100)	23.7	(19.4 - 28.5)
5–6	1 530	(1 290 - 1 810)	21.5	(18.3 - 25.1)
7–14	1 890	(1 650 - 2 180)	26.6	(23.2 - 30.3)
Not stated	190	(120 - 280)	2.6	(1.7 - 3.9)
Total	7 120	(6 600 - 7 660)	100.0	
Not stated				
0–2	200	(130 - 280)	37.3	(26.9 - 49.0)
3–4	160	(110 - 230)	30.2	(21.3 - 40.9)
5–6	80	(60 - 130)	16.1	(10.2 - 23.5)
7–14	70	(20 - 160)	13.1	(4.2 - 26.8)
Not stated	20	(0 - 50)	3.4	(0.3 - 9.9)
Total	530	(420 - 650)	100.0	
Total				
0–2	8 560	(7 880 - 9 270)	28.7	(26.4 - 31.1)
3–4	7 110	(6 490 - 7 750)	23.8	(21.8 - 26.0)
5–6	6 840	(6 220 - 7 480)	22.9	(20.9 - 25.1)
7–14	6 500	(5 940 - 7 110)	21.8	(19.9 - 23.8)
Not stated	810	(590 - 1 050)	2.7	(2.0 - 3.5)
Total	29 800	(29 800 - 29 800)	100.0	



TABLE 5.50: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY FAMILY FINANCIAL STRAIN

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Spending more money than we get				
0–2	230	(150 - 330)	19.0	(12.5 - 26.5)
3–4	280	(190 - 400)	23.1	(16.6 - 31.3)
5–6	300	(220 - 390)	24.9	(18.9 - 31.7)
7–14	400	(310 - 490)	33.0	(26.4 - 39.7)
Total	1 200	(1 030 - 1 390)	100.0	
Have just enough to get through to next pay				
0–2	1 500	(1 330 - 1 690)	27.3	(24.3 - 30.3)
3–4	1 380	(1 200 - 1 570)	25.0	(21.9 - 28.2)
5–6	1 310	(1 130 - 1 510)	23.8	(20.7 - 27.1)
7–14	1 320	(1 160 - 1 510)	24.0	(21.1 - 27.0)
Total	5 520	(5 220 - 5 830)	100.0	
Some money left over each week but spend it				
0–2	470	(360 - 610)	27.8	(21.8 - 34.3)
3–4	420	(330 - 530)	24.8	(19.7 - 30.9)
5–6	420	(300 - 580)	25.2	(18.7 - 32.8)
7–14	370	(270 - 510)	22.2	(16.2 - 28.5)
Total	1 690	(1 460 - 1 930)	100.0	
Can save a bit now and again				
0–2	1 370	(1 190 - 1 570)	38.3	(33.9 - 42.9)
3–4	1 010	(870 - 1 180)	28.3	(24.4 - 32.4)
5–6	690	(560 - 850)	19.4	(15.9 - 23.2)
7–14	500	(400 - 630)	14.1	(11.2 - 17.3)
Total	3 590	(3 330 - 3 850)	100.0	
Can save a lot				
0–2	260	(190 - 360)	45.6	(32.8 - 58.3)
3–4	180	(100 - 310)	32.2	(19.5 - 48.0)
5–6	70	(30 - 130)	11.5	(4.4 - 20.9)
7–14	60	(20 - 130)	10.7	(4.1 - 22.2)
Total	570	(440 - 730)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.51: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY HOUSEHOLD OCCUPANCY LEVEL

Household occupancy level	Number of life stress events	Number	95% CI	%	95% CI
Low	0-2	3 180	(2 920 - 3 450)	31.6	(29.1 - 34.2)
	3-4	2 740	(2 500 - 3 000)	27.3	(24.9 - 29.6)
	5-6	2 190	(1 950 - 2 430)	21.7	(19.5 - 24.1)
	7-14	1 950	(1 740 - 2 180)	19.4	(17.3 - 21.6)
	Total	10 100	(9 800 - 10 300)	100.0	
High	0-2	650	(530 - 800)	26.1	(21.6 - 31.4)
	3-4	530	(400 - 680)	21.2	(16.8 - 26.4)
	5-6	610	(470 - 780)	24.4	(19.6 - 29.9)
	7-14	700	(590 - 840)	28.2	(24.1 - 32.9)
	Total	2 500	(2 220 - 2 790)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.52: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY HOUSING TENURE

Number of life stress events	Number	95% CI	%	95% CI
Owned				
0-2	310	(220 - 430)	33.6	(24.0 - 43.7)
3-4	270	(180 - 390)	29.2	(20.6 - 38.2)
5-6	170	(120 - 240)	18.9	(14.2 - 24.9)
7-14	170	(110 - 250)	18.4	(11.9 - 25.6)
Total	920	(740 - 1 130)	100.0	
Being paid off				
0-2	700	(550 - 880)	36.3	(29.9 - 42.9)
3-4	650	(530 - 790)	33.6	(27.8 - 39.5)
5-6	350	(250 - 470)	18.0	(13.4 - 23.7)
7-14	240	(160 - 330)	12.2	(8.5 - 17.1)
Total	1 940	(1 710 - 2 180)	100.0	
Rented				
0-2	2 710	(2 490 - 2 960)	29.6	(27.2 - 32.1)
3-4	2 230	(2 000 - 2 470)	24.3	(21.9 - 26.8)
5-6	2 160	(1 920 - 2 410)	23.6	(21.1 - 26.1)
7-14	2 060	(1 850 - 2 270)	22.5	(20.3 - 24.7)
Total	9 160	(8 850 - 9 460)	100.0	
None of these				
0-2	110	(60 - 180)	20.3	(11.7 - 30.1)
3-4	130	(80 - 200)	23.3	(14.9 - 34.6)
5-6	110	(70 - 170)	20.8	(13.8 - 30.3)
7-14	200	(120 - 290)	35.6	(25.4 - 45.9)
Total	550	(420 - 710)	100.0	
Total				
0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.53: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER ANY HOUSEHOLD MEMBERS HAVE BEEN A VICTIM OF CRIME IN PAST THREE YEARS

<i>Victim of crime in past three years?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0-2	3 180	(2 920 - 3 450)	34.8	(32.1 - 37.6)
	3-4	2 410	(2 170 - 2 650)	26.3	(23.8 - 28.9)
	5-6	1 910	(1 680 - 2 140)	20.8	(18.5 - 23.3)
	7-14	1 650	(1 460 - 1 860)	18.1	(16.0 - 20.2)
	Total	9 140	(8 860 - 9 400)	100.0	
Yes	0-2	660	(550 - 790)	19.2	(16.2 - 22.6)
	3-4	870	(740 - 1 020)	25.3	(21.7 - 29.2)
	5-6	890	(750 - 1 060)	26.0	(22.0 - 30.2)
	7-14	1 010	(840 - 1 190)	29.4	(25.3 - 33.8)
	Total	3 430	(3 160 - 3 700)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.54: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER OVERUSE OF ALCOHOL CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Overuse of alcohol causes problems?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0-2	3 630	(3 360 - 3 910)	33.4	(31.0 - 36.0)
	3-4	2 940	(2 690 - 3 200)	27.1	(24.8 - 29.4)
	5-6	2 330	(2 090 - 2 590)	21.5	(19.3 - 23.8)
	7-14	1 960	(1 760 - 2 180)	18.1	(16.2 - 20.1)
	Total	10 900	(10 700 - 11 100)	100.0	
Yes	0-2	210	(140 - 290)	12.2	(8.4 - 16.9)
	3-4	340	(240 - 450)	19.7	(14.6 - 25.9)
	5-6	470	(380 - 570)	27.4	(22.4 - 32.5)
	7-14	690	(560 - 840)	40.7	(34.7 - 46.6)
	Total	1 700	(1 510 - 1 910)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.55: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY WHETHER GAMBLING CAUSES PROBLEMS IN THE HOUSEHOLD

<i>Gambling causes problems?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	0–2	3 770	(3 500 - 4 060)	31.2	(29.0 - 33.5)
	3–4	3 200	(2 940 - 3 460)	26.5	(24.3 - 28.6)
	5–6	2 670	(2 430 - 2 930)	22.1	(20.1 - 24.3)
	7–14	2 440	(2 210 - 2 670)	20.2	(18.3 - 22.1)
	Total	12 100	(11 900 - 12 200)	100.0	
Yes	0–2	60	(30 - 110)	13.2	(7.0 - 23.0)
	3–4	80	(50 - 110)	15.9	(9.5 - 23.6)
	5–6	130	(40 - 300)	25.6	(10.2 - 48.4)
	7–14	220	(160 - 310)	45.3	(31.1 - 59.7)
	Total	490	(360 - 650)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	

TABLE 5.56: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY HOW OFTEN CARERS ARGUE OR QUARREL

<i>How often do carers argue or quarrel?</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never/Hardly ever	0–2	910	(760 - 1 080)	37.7	(32.4 - 43.6)
	3–4	740	(590 - 920)	30.6	(25.2 - 36.5)
	5–6	460	(340 - 620)	19.3	(14.3 - 24.9)
	7–14	300	(220 - 390)	12.4	(9.2 - 16.3)
	Total	2 410	(2 160 - 2 670)	100.0	
Once in a while	0–2	1 220	(1 040 - 1 410)	32.7	(28.4 - 37.3)
	3–4	960	(800 - 1 130)	25.7	(21.9 - 29.7)
	5–6	840	(670 - 1 020)	22.5	(18.5 - 27.0)
	7–14	710	(580 - 870)	19.1	(15.7 - 22.9)
	Total	3 730	(3 440 - 4 020)	100.0	
Quite often/ Almost always	0–2	350	(270 - 440)	20.9	(16.3 - 25.8)
	3–4	440	(350 - 560)	26.6	(21.2 - 32.2)
	5–6	400	(310 - 500)	23.9	(19.1 - 29.5)
	7–14	470	(360 - 600)	28.6	(22.9 - 35.0)
	Total	1 660	(1 470 - 1 850)	100.0	
No partner/spouse	0–2	1 360	(1 200 - 1 540)	28.6	(25.4 - 31.8)
	3–4	1 140	(980 - 1 310)	23.8	(20.8 - 27.1)
	5–6	1 100	(940 - 1 270)	23.0	(19.9 - 26.4)
	7–14	1 170	(1 010 - 1 340)	24.6	(21.6 - 27.7)
	Total	4 770	(4 490 - 5 050)	100.0	
Total	0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



TABLE 5.57: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY HOW OFTEN CARERS SHOW SIGNS THEY CARE FOR EACH OTHER

<i>How often do carers show signs they care for each other</i>	<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Never/Hardly ever	0-2	170	(110 - 250)	29.8	(20.8 - 40.6)
	3-4	90	(50 - 140)	15.0	(8.2 - 23.3)
	5-6	180	(120 - 260)	31.5	(22.3 - 42.6)
	7-14	130	(100 - 180)	23.6	(17.5 - 31.3)
	Total	570	(460 - 700)	100.0	
Once in a while	0-2	330	(260 - 430)	26.9	(20.8 - 33.7)
	3-4	350	(280 - 450)	28.5	(22.3 - 35.0)
	5-6	260	(190 - 370)	21.3	(15.4 - 28.3)
	7-14	290	(210 - 390)	23.4	(17.6 - 30.1)
	Total	1 240	(1 090 - 1 410)	100.0	
Quite often/ Almost always	0-2	1 970	(1 750 - 2 210)	32.9	(29.5 - 36.6)
	3-4	1 700	(1 480 - 1 920)	28.4	(25.1 - 31.8)
	5-6	1 250	(1 060 - 1 470)	21.0	(17.9 - 24.3)
	7-14	1 060	(900 - 1 250)	17.7	(15.1 - 20.7)
	Total	5 980	(5 680 - 6 280)	100.0	
Not applicable	0-2	1 360	(1 200 - 1 540)	28.6	(25.4 - 31.8)
	3-4	1 140	(980 - 1 310)	23.8	(20.8 - 27.1)
	5-6	1 100	(940 - 1 270)	23.0	(19.9 - 26.4)
	7-14	1 170	(1 010 - 1 340)	24.6	(21.6 - 27.7)
	Total	4 770	(4 490 - 5 050)	100.0	
Total	0-2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
	3-4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
	5-6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
	7-14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
	Total	12 600	(12 500 - 12 600)	100.0	



NEIGHBOURHOOD/COMMUNITY ENVIRONMENT AND LIFE STRESS EVENTS

TABLE 5.58: PRIMARY CARERS — NUMBER OF LIFE STRESS EVENTS EXPERIENCED BY THE FAMILY IN THE LAST 12 MONTHS, BY NUMBER OF NEIGHBOURHOOD/COMMUNITY PROBLEMS

<i>Number of life stress events</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Lowest Quartile (0–1 problems)				
0–2	1 500	(1 310 - 1 710)	48.9	(43.5 - 54.2)
3–4	860	(700 - 1 030)	27.9	(23.2 - 33.0)
5–6	460	(300 - 660)	15.0	(10.1 - 20.7)
7–14	250	(170 - 360)	8.3	(5.6 - 11.8)
Total	3 070	(2 780 - 3 370)	100.0	
Second Quartile (2–5 problems)				
0–2	1 160	(990 - 1 340)	33.0	(28.7 - 37.5)
3–4	970	(820 - 1 140)	27.7	(23.9 - 31.9)
5–6	790	(670 - 930)	22.7	(19.3 - 26.2)
7–14	580	(460 - 720)	16.5	(13.2 - 20.2)
Total	3 500	(3 220 - 3 780)	100.0	
Third Quartile (6–10 problems)				
0–2	610	(500 - 730)	22.0	(18.5 - 25.7)
3–4	670	(530 - 840)	24.4	(19.9 - 29.1)
5–6	740	(620 - 870)	26.9	(23.0 - 31.2)
7–14	740	(610 - 870)	26.6	(22.8 - 30.8)
Total	2 760	(2 510 - 3 020)	100.0	
Highest Quartile (11–18 problems)				
0–2	570	(450 - 710)	17.7	(14.3 - 21.5)
3–4	780	(660 - 910)	24.0	(20.8 - 27.4)
5–6	800	(650 - 970)	24.7	(20.8 - 28.9)
7–14	1 090	(940 - 1 260)	33.7	(29.6 - 37.9)
Total	3 240	(2 960 - 3 520)	100.0	
Total				
0–2	3 840	(3 560 - 4 120)	30.5	(28.3 - 32.8)
3–4	3 270	(3 020 - 3 540)	26.1	(24.0 - 28.2)
5–6	2 800	(2 540 - 3 070)	22.3	(20.2 - 24.4)
7–14	2 660	(2 420 - 2 900)	21.2	(19.3 - 23.1)
Total	12 600	(12 500 - 12 600)	100.0	

5



Chapter 6

HOUSING

- Summary 421**
- Introduction 425**
- Dwelling characteristics and conditions 425**
 - Dwelling structure 428
 - Water supply 428
 - Laundry facilities 428
 - Waste removal. 428
 - Cooking facilities 429
 - Protection from vermin and pests. 429
 - Reducing the impact of dust. 430
 - Temperature control 430
- Housing tenure 431**
 - Factors associated with housing tenure 433
 - Renter households 437
 - Relative importance of factors associated with home ownership. 438
- Household occupancy. 442**
 - Factors associated with the level of household occupancy 443
 - Relative importance of factors associated with high household occupancy. . . 445
- Housing quality 449**
 - Index of housing quality 450
 - Factors associated with poor housing quality 454
 - Relative importance of factors associated with poor housing quality. 458
- Homelessness. 461**
- Concluding comments. 461**
- Endnotes 462**
- Detailed tables. 464**





Chapter 6

HOUSING

Access to adequate housing is a basic human right and is fundamental to child health and family wellbeing. It is a regrettable reality that many Aboriginal families live in housing which is inadequate to their needs and local environmental circumstances. Historically, there have been problems in the way houses for Aboriginal people have been financed, built and maintained. Until quite recently, most Aboriginal communities have not had enforceable building codes or standards which address the particular requirements of Aboriginal people living in remote or very isolated regions. In some areas, high household occupancy levels place excessive strain on housing hardware with resultant breakdown of facilities critical to environmental health, such as the water supply, waste removal and power facilities. This chapter details the characteristics of the housing available to families with Aboriginal children and describes how this varies across Western Australia. It also examines some of the 'non-shelter' benefits of housing through an analysis of how housing quality is associated with family health and functioning as well as indicators of children's health, development and wellbeing.

SUMMARY

The Western Australian Aboriginal Child Health Survey (WAACHS) collected a range of information about the characteristics of the dwelling that was home to each Aboriginal child involved in the survey.

The vast majority of dwellings with Aboriginal children reported having functional facilities for washing people and clothing, to remove waste, and enable food to be stored and prepared. Fewer dwellings had flyscreens fitted to keep out vermin and pests, plants to reduce the impact of dust, or facilities to control the temperature of the living environment, although this varied considerably depending on the level of relative isolation.

Housing tenure

The majority of households with Aboriginal children were renting (71 per cent). Another 16 per cent of households were paying off the dwelling they were living in, while 7 per cent owned the dwelling outright.

Statistical modelling identified nine factors independently associated with home ownership (that is, owning the home outright or paying it off):

- ◆ *Level of Relative Isolation.* Relative to those households in the Perth metropolitan area, the likelihood of homes being owned was reduced in all other areas of relative isolation. This was particularly evident in areas of high and extreme relative isolation, where households were five and 20 times less likely to be owned, respectively, than in Perth.
- ◆ *Education level.* Relative to households where the household carer had completed ten years of education, households where the carer had completed 11–12 years were over one and a half times more likely to be owned by someone in the house. The likelihood increased to two and a half times in households where the carer had completed 13 years or more of education.



SUMMARY (continued)

- ◆ *Employment status.* When the household carer was employed at the time of the survey, the household was over one and a half times more likely to be owned than when the carer was not employed.
- ◆ *Aboriginal status of the household carer.* When the household carer identified as being Aboriginal, the dwelling was two times less likely to be owned than households with a non-Aboriginal household carer.
- ◆ *Age of the household carer.* The likelihood of a home being owned increased with the age of the household carer.
- ◆ *Household composition.* Households were almost three times more likely to be owned when classified as two original parent type or two parent step/blended type, relative to households classified as sole parent type.
- ◆ *Housing quality.* There was a significantly reduced likelihood of home ownership in houses with one or more indicator of poor quality relative to those with none.
- ◆ *Financial strain.* Households where the household carer indicated no financial strain (i.e. where carers could save a lot, save a bit every now and again, or have some money left over but spend it) were around one and a half times more likely to be owned than households under financial strain.
- ◆ *Overuse of alcohol causing problems in the household.* When overuse of alcohol was causing problems in the household, there was an almost two times lower likelihood of home ownership than when this type of problem was not present.

Level of household occupancy

Overall, 15 per cent of dwellings with Aboriginal children were classified as households with high occupancy levels (overcrowded).

Statistical modelling identified ten factors independently associated with high household occupancy:

- ◆ *Level of Relative Isolation.* There was an increased likelihood of high household occupancy in areas of moderate, high and extreme isolation, relative to the Perth metropolitan area.
- ◆ *Whether the household carer spoke an Aboriginal language.* Households were less likely to be overcrowded when the household carer did not speak an Aboriginal language or spoke a few words relative to households where the household carer could speak an Aboriginal language in conversation.
- ◆ *Household composition.* Households were less likely to be overcrowded when the household was classified as sole parent type, and more likely to be overcrowded when classified as two parent step/blended type, than when classified as two original parent type.
- ◆ *Housing quality.* There was a significantly greater likelihood of high household occupancy in houses with one or more indicators of poor housing quality relative to those with none.



SUMMARY (continued)

- ◆ *Housing tenure.* Households that were rented were almost two times less likely to be overcrowded than those households that were owned outright.
- ◆ *Life stress events.* Higher levels of life stress were positively associated with high household occupancy. Specifically, those households that had experienced seven or more life stress events in the 12 months prior to the survey were almost twice as likely to have high household occupancy than households reporting 0–2 life stress events.
- ◆ *Overuse of alcohol causing problems in the household.* When overuse of alcohol was causing problems in the household, there was an increased likelihood of overcrowded conditions relative to other households.
- ◆ *Difficulty renting.* Households where the household carer reported difficulty in renting the dwelling were more than three times less likely to have overcrowded living conditions than rented households where the carers had no such difficulties.
- ◆ *Number of neighbourhood problems.* Relative to households with 0–1 reported neighbourhood problems, (i.e. households in the lowest quartile of problems), those with 2–5 (second quartile), and 11–18 (fourth quartile) problems were almost two times less likely to be in overcrowded living conditions.
- ◆ *Crime victimisation.* Households with at least one member who had been the victim of a crime (theft, assault, property damage or any other crime) in the last three years were more than two times less likely to be overcrowded than other households.

Housing quality

To measure the standard of housing quality a set of indicators was constructed based on the healthy living practices outlined in the National Framework for Indigenous Housing. In addition, an overall index of housing quality was derived from these indicators. The term ‘poor housing quality’ is used to describe the 16 per cent of dwellings with three or more indicators of poor housing quality.

Statistical modelling identified eight factors independently associated with poor housing quality:

- ◆ *Level of Relative Isolation.* Dwellings in areas of extreme isolation were over five times more likely to have three or more indicators of poor housing quality than dwellings in areas of no isolation. In areas of moderate and high isolation, the likelihoods were four times and three times, respectively, while in areas of low isolation dwellings were over one and a half times more likely to have three or more indicators of poor housing quality.
- ◆ *Socioeconomic status.* Dwellings in areas within the bottom 5% category of the Index of Relative Socio-economic Disadvantage were over four times more likely to have three or more indicators of poor housing quality than dwellings in areas within the top 50% of disadvantage.



SUMMARY *(continued)*

- ◆ *Overuse of alcohol causing problems in the household.* Where overuse of alcohol was causing problems in the household, there was almost twice the likelihood of having three or more indicators of poor housing quality than in other households.
- ◆ *Housing tenure.* Households that were being rented were two and a half times more likely to have three or more indicators of poor housing quality than households that were paying off their dwelling.
- ◆ *Choice of housing.* In households that had little or no choice when they moved into their current house, there was an increased likelihood of the dwelling having three or more indicators of poor housing quality.
- ◆ *Number of life stress events.* Households experiencing seven or more life stress events were over twice as likely to have poor housing quality than those who had experienced less than three life stress events in the past 12 months.
- ◆ *Family functioning.* Households with 'good' or 'fair' family functioning were over one and a half times as likely to report three or more indicators of poor housing quality as households with family functioning that was described as 'very good'.
- ◆ *Number of indicators of poor economic wellbeing.* Dwellings in which there were three indicators of poor economic wellbeing (household carer never been in paid work, household carer with below Year 10 education, and family financial strain) were four times more likely to have poor housing quality than dwellings with none of these indicators of poor economic wellbeing.



INTRODUCTION

Any discussion of the current housing circumstances of Western Australian Aboriginal families needs to be considered in the context of its history in the Aboriginal ‘protection’ laws that applied in Western Australia during the first half of the last century. This resulted in many Aboriginal people being confined to camps, missions and reserves without access to the kind of housing infrastructure or services generally available to non-Aboriginal people. When assimilation was abandoned as official government policy in the early 1970s, government-funded Aboriginal housing (except in reserves) was ‘mainstreamed’ and the State Housing Commission of Western Australia (now the Department of Housing and Works) assumed responsibility and control of housing for Aboriginal people in 1972.¹

At the time of the survey the majority (71 per cent) of families with Aboriginal and Torres Strait Islander children were living in rental accommodation. While Aboriginal people comprise just 3.5 per cent of the overall Western Australian population, they make up 18 per cent of tenants of public housing provided by Homeswest (the rental accommodation section of the Department of Housing and Works).² While the disadvantaged socioeconomic circumstances of Aboriginal families is one of the main reasons for this high level of public housing tenancy, it is also the case that communal ownership of land within discrete Aboriginal communities has precluded the possibility of individual home ownership for those living in such communities.

Access to affordable and appropriate housing is critical to breaking the cycle of disadvantage experienced by Aboriginal people. This was one of the key recommendations of the 2002 Gordon Inquiry report (the Inquiry into *Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*).³ The Gordon Inquiry identified poor housing as a key factor that both causes, and results from, family violence and child abuse, and called for improved collaboration between government departments (i.e. the Department of Housing and Works, Department for Community Development, Department of Justice and Department of Health) to achieve individual departmental objectives and more effectively coordinated services to Aboriginal communities.

DWELLING CHARACTERISTICS AND CONDITIONS

The Western Australian Aboriginal Child Health Survey (WAACHS) collected a range of information about the characteristics of the dwelling that was home to each Aboriginal child involved in the survey. An overview of these characteristics, including dwelling structure, housing tenure (including government housing), ease of acquisition of rental property, crowding, and other places of residence was reported in Volume One.² This section recaps some of these characteristics, provides additional details on the condition of housing facilities and the dwelling environment, and provides a more extensive analyses of two important aspects of housing — housing tenure and occupancy levels. The concept of housing quality is covered separately later in this chapter.



ANALYSIS OF HOUSEHOLD AND DWELLING LEVEL DATA IN THIS CHAPTER

Differentiating households and dwellings in the WAACHS

In the Census of Population and Housing, allowance is made for the possibility of more than one household living in a single dwelling and, indeed, for a household to comprise more than one family.⁴ However, in the WAACHS, the distinction between dwellings, households and families was found to have little importance. Recognising that Aboriginal families living together often contain extended family relationships, there were hardly any cases where two or more unrelated families were found to be living in the same household. There were also no cases found where multiple households were residing in the same dwelling. See *Dwellings* in the *Glossary* for more information.

In this chapter, the terms household and family are used interchangeably, while the term dwelling is used to describe the physical structure in which a household or family is living.

Reporting data at the household/dwelling level

A significant proportion of analysis in earlier chapters is based on data reported by the 12,600 primary carers of Aboriginal children in Western Australia. However, this chapter differs to previous chapters in that it reports on the 11,400 households and dwellings with Aboriginal children. In order to analyse the characteristics of these households and dwellings, primary carers were asked a series of questions relating to the quality, nature and condition of their housing (in the Carer's questionnaire). The results from analysing these primary carer responses have been presented in this chapter at the household/dwelling level — that is, data have been presented for the 11,400 households with Aboriginal children in Western Australia and not for the 12,600 primary carers that responded to these questions.

As noted in Volume One — *The Health of Aboriginal Children and Young People*, there were some instances where more than one primary carer was living in the same dwelling. Therefore, in order to exclude multiple assessments of individual dwellings in these instances, the analyses in this chapter are restricted to assessments of one carer per dwelling.

A single assessment for each household was achieved by nominating a 'household carer', whose assessment of the housing items was used to analyse dwelling level outcomes. The 'household carer' was identified by selecting the primary carer listed first in the Household Record Form (HRF). It was assumed that the 'household carer', being the first primary carer listed on the HRF when the household was interviewed, would be the most likely to have good knowledge about the characteristics of the dwelling.

The efficacy of this approach was tested by analysing primary carer responses to dwelling level variables in households that had more than one primary carer.

Continued



ANALYSIS OF HOUSEHOLD AND DWELLING LEVEL DATA IN THIS CHAPTER (continued)

Of the 11,400 households with Aboriginal children, 760 households (6.7 per cent; CI: 5.5%–8.0%) contained more than one primary carer. When comparing the separate primary carer responses to dwelling level variables in each of these 760 households, some variation was observed. While the amount of variation differed for each question, there was generally a high level of agreement between primary carers who shared the same dwelling.

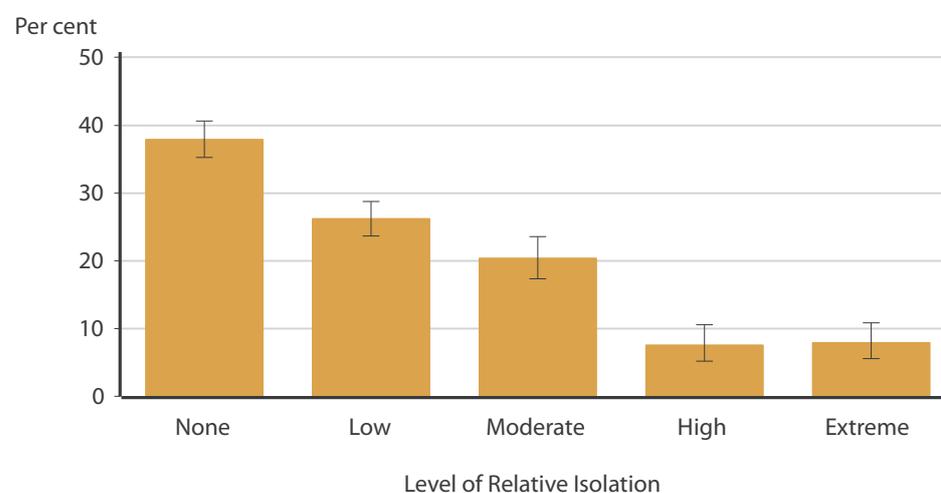
Further, at an aggregate level, the responses of the 11,400 ‘household carers’ were compared with those of all 12,600 primary carers across the same range of housing variables. The aggregate differences were negligible, with no significant difference observed in the pattern of relationships nor the relative sizes of the estimates.

While it would be ideal to include the opinions of all carers in a dwelling, it was simply not possible to do so in any meaningful way in the context of a dwelling level analysis. For example, certain elements of a dwelling, such as the number of bedrooms it contains, can only have one correct observation. Conflicting responses to these types of questions are unable to be resolved. Therefore we used the method described above to obtain a dwelling level dataset that could be analysed meaningfully, and with a minimum of bias.

While analysis of key housing variables in this chapter has been conducted at the dwelling level (11,400 dwellings), additional analysis of dwelling outcomes was required using characteristics associated with the primary carer (such as education level, labour force status and level of family functioning). This was achieved by using the responses of the 11,400 ‘household carers’.

At the time of the survey there were 11,400 dwellings with Aboriginal children in Western Australia. Figure 6.1 illustrates how these dwellings are distributed across levels of relative isolation. Just over one-third (37.9 per cent; CI: 35.3%–40.6%) of dwellings with Aboriginal children were located in the Perth metropolitan area (no isolation), while the proportions in areas of high isolation and extreme isolation were 7.6 per cent (CI: 5.2%–10.6%) and 7.9 per cent (CI: 5.6%–10.9%), respectively.

FIGURE 6.1: DWELLINGS, BY LEVEL OF RELATIVE ISOLATION



Source: Table 6.1



DWELLING STRUCTURE

The WAACHS and 1993 Western Australian Child Health Survey (WA CHS) data indicate that over 90 per cent of both families with Aboriginal children and all families were living in a separate house — 91.4 per cent (CI: 89.6%–93.0%) and 91.1 per cent (CI: 88.1%–94.1%), respectively (Table 6.2). While the data for dwelling structure were similar for these two population groups, there were vast differences in other aspects of housing, such as housing tenure and occupancy levels.

WATER SUPPLY

Dwellings with running water

At the time of the survey, 96.7 per cent (CI: 95.8%–97.5%) of the 11,400 dwellings in Western Australia with Aboriginal children had running water (Table 6.3). One in ten (9.2 per cent; CI: 7.3%–11.5%) dwellings had their running water supplied from sources other than town or scheme water supplies (Table 6.4).

For 98.7 per cent (CI: 98.0%–99.2%) of the 11,000 dwellings with running water, the supply was in the house, and in 98.3 per cent (CI: 97.6%–96.8%) of dwellings the running water was working OK (Tables 6.5 & 6.6).

Dwellings with bath or shower facilities

Primary carers were asked whether their house had a bath or shower that allowed both adults and children to wash. Such facilities were available in 97.0 per cent (CI: 96.0%–97.8%) of dwellings, and in almost all of these cases they were located inside the house (98.1 per cent; CI: 97.4%–98.7%) (Tables 6.7 & 6.8).

In the majority of dwellings with bath or shower facilities, the facilities were reported to be working OK (97.6 per cent; CI: 96.8%–98.4%) (Table 6.9). However, one in twenty houses (5.8 per cent; CI: 4.6%–7.0%) had no hot water for bath or shower facilities (Table 6.10).

LAUNDRY FACILITIES

Primary carers were asked whether the house had a laundry area. In 95.6 per cent (CI: 94.6%–96.5%) of dwellings, laundry facilities were available — and 96.0 per cent (CI: 94.8%–97.2%) of these were located inside the house (Tables 6.11, 6.12). For the 240 dwellings without a laundry area, 89.1 per cent (CI: 75.4%–96.2%) had a laundry area nearby that they could use if needed (Table 6.13).

WASTE REMOVAL

Toilet facilities

Almost all dwellings with Aboriginal children had a toilet that worked (96.7 per cent; CI: 95.9%–97.4%) (Table 6.14). In 96.1 per cent (CI: 95.0%–97.1%) of these dwellings the working toilet was located inside the house (Table 6.15). Carers were also asked whether another toilet was available for their use if their toilet was not working. The residents of almost three in ten (29.3 per cent; CI: 26.8%–32.0%) dwellings with a working toilet had no alternative toilet facilities in the event that theirs ceased to work (Table 6.16).



Organised household rubbish removal

The majority of dwellings with Aboriginal children had an organised rubbish removal facility (95.3 per cent; CI: 93.9%–96.6%) (Table 6.17). One in twelve households (7.8 per cent; CI: 6.5%–9.1%) said that rubbish was not removed often enough (Table 6.18).

COOKING FACILITIES

Somewhere to cook and prepare a meal

At the time of the survey, 96.8 per cent (CI: 95.9%–97.6%) of dwellings had somewhere to cook a meal. For dwellings in areas of extreme isolation, this proportion was 92.2 per cent (CI: 87.4%–95.7%), which was lower than the proportion reported in the Perth metropolitan area (97.4 per cent; CI: 96.4%–98.3%) (Table 6.19).

Somewhere to store food and cooking utensils

An estimated 94.8 per cent (CI: 93.5%–95.8%) of dwellings had somewhere cold to store food (Table 6.20), and 95.8 per cent (CI: 94.7%–96.8%) had somewhere to store food and cooking gear (Table 6.21). The proportion of dwellings that had somewhere cold to store food tended to decrease with increasing isolation. In the Perth metropolitan area, 97.4 per cent (CI: 96.3%–98.3%) had this facility, compared with 81.7 per cent (CI: 74.4%–87.2%) in areas of extreme isolation (Table 6.20).

Similarly, for storage of food and cooking utensils, 97.3 per cent (CI: 96.1%–98.2%) of dwellings in the Perth metropolitan area had such storage facilities, compared with 84.7 per cent (CI: 74.7%–91.8%) in areas of extreme isolation (Table 6.21).

Somewhere to wash up cooking utensils

Across the state, 97.3 per cent (CI: 96.5%–98.0%) of dwellings had washing up facilities. There was no difference across levels of relative isolation (Table 6.22).

PROTECTION FROM VERMIN AND PESTS

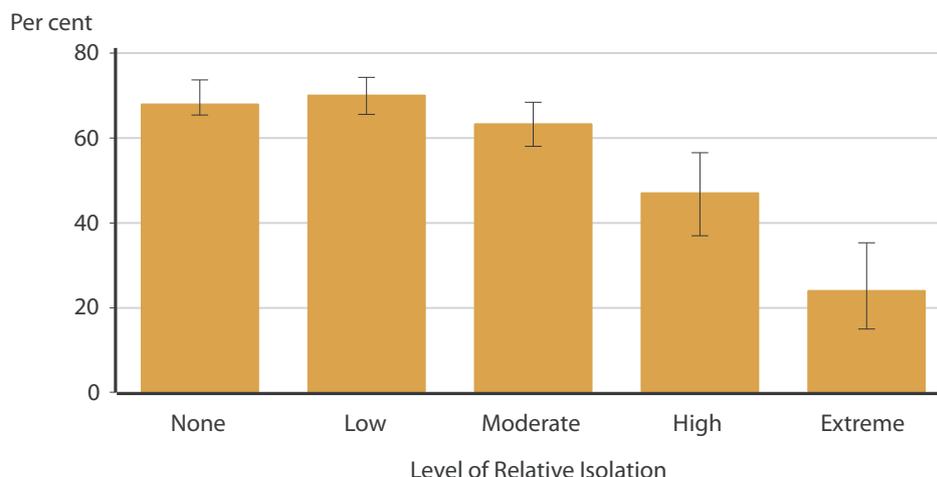
Flyscreens on the doors and windows to keep insects and pests out

Almost one in five dwellings (19.1 per cent; CI: 16.8%–21.5%) had no flyscreens fitted on the doors and windows to keep out insects and pests (Table 6.23). Of the 8,930 dwellings that had flyscreens, the screens for one in five (19.7 per cent; CI: 17.5%–22.0%) were not considered to be in good condition (Table 6.24).

The proportion of dwellings with flyscreens in good condition varied considerably across levels of relative isolation. In areas of extreme isolation, less than a quarter (24.0 per cent; CI: 14.9%–35.3%) of dwellings had flyscreens that were in good condition, compared with 70.1 per cent (CI: 65.6%–74.3%) in areas of low isolation and 69.6 per cent (CI: 65.4%–73.7%) in the Perth metropolitan area (Figure 6.2).



FIGURE 6.2: DWELLINGS — PROPORTION WITH FLYSCREENS IN GOOD CONDITION FITTED TO WINDOWS AND DOORS TO KEEP OUT VERMIN AND PESTS



Source: Table 6.25

REDUCING THE IMPACT OF DUST

At the time of the survey, 75.2 per cent (CI: 72.7%–77.5%) of dwellings had plants to keep the dust down. A significantly smaller proportion of dwellings in areas of extreme isolation had plants to keep the dust down (57.6 per cent; CI: 47.3%–67.7%) (Table 6.26).

The proportion of dwellings with plants was lowest in the region formerly known as Warburton ATSIC region (51.9 per cent; CI: 39.0%–66.0%) (see commentary box entitled *ICC regions* in Chapter One). This was significantly lower than the proportion in the regions of Derby (80.7 per cent; CI: 69.9%–89.1%), Narrogin (79.9 per cent; CI: 74.3%–84.8%) and Perth (78.8 per cent; CI: 74.8%–82.3%) (Table 6.27).

TEMPERATURE CONTROL

Household heating

At the time of the survey, 60.9 per cent (CI: 58.6%–63.1%) of dwellings had heating for warmth in cold weather. However there was a significant difference across the former ATSIC regions (see commentary box entitled *ICC regions* in Chapter One). In the warmer northern regions very few dwellings had heating (Table 6.28).

Among the 6,910 dwellings across the state that did have heating, 96.8 per cent (CI: 95.7%–97.7%) of households reported that the heating was working OK (Table 6.29).

Shade or insulation to keep the house cool

Seven in ten dwellings across the state (71.7 per cent; CI: 69.4%–73.9%) had shade or insulation to keep the house cool. Again there was some variation across the former ATSIC regions (Table 6.30). In 4.4 per cent (CI: 3.4%–5.7%) of dwellings the shade or insulation was considered to be ineffective (Table 6.31).



Trees for shade

Over three-quarters (77.0 per cent; CI: 74.8%–79.1%) of dwellings had trees for shade. This was highest in areas of moderate isolation (85.1 per cent; CI: 81.9%–87.9%) and lowest in areas of extreme isolation (69.1 per cent; CI: 60.7%–76.5%) (Table 6.32). There were no significant differences across ATSI regions.

HOUSING TENURE

Housing tenure describes the right of a household to occupy the dwelling in which they live. Those who own their own home or are in the process of purchasing it generally have greater security of tenure and scope to modify the dwelling. Further, results from earlier chapters and previous survey volumes have highlighted that housing tenure is a contributor to some important child and family outcomes, independent of a range of other contributing factors. For example:

- ◆ students aged 4–17 years living in rental accommodation were twice as likely to miss 26 days or more of school during the year than students living in homes that were owned or being bought⁵
- ◆ primary carers who were renting were three times less likely to have ever had a paid job than those who were paying off their own house (see Chapter Three)
- ◆ primary carers were one and a half times as likely to report family financial strain if they were renting compared with dwellings that were being purchased (see Chapter Three).

MEASURING HOME OWNERSHIP

To estimate the level of home ownership among households with Aboriginal children, the survey asked primary carers to describe the tenure type of the house in which they were living. Housing tenure reflects the legal right of a household to occupy a dwelling.

Primary carers were asked, ‘is your dwelling’:

- ◆ owned by you or any usual member of the household
- ◆ being paid off by you or any usual member of the household
- ◆ rented by you or any usual member of the household
- ◆ none of these
- ◆ don’t know.

It should be noted that the responses to this question are based at the household level. Hence, in cases where there was more than one family in a household, tenure type is dependent on whether one or more persons in the household owned, were purchasing or renting the dwelling.

The WAACHS data indicate that 15.9 per cent (CI: 14.0%–17.9%) of households with Aboriginal children were paying off the dwelling they were living in, while 7.4 per cent (CI: 6.0%–9.1%) owned the dwelling outright. The vast majority of households with Aboriginal children were renting (70.7 per cent; CI: 68.2%–73.2%). A small proportion of households said that they had some other tenure type (3.6 per cent; CI: 2.6%–4.8%) (Table 6.33).



The 2001 Census told a similar story, with 65.6 per cent of the 14,464 Western Australian dwellings containing Indigenous households being rented, 19.0 per cent being purchased and 7.5 per cent fully owned. For the total population of Western Australia, the equivalent proportions were 24.0 per cent renting, 33.7 per cent being purchased and 37.5 per cent fully owned.⁶

PROSPECTS FOR INCREASING ABORIGINAL HOME OWNERSHIP

As shown in this chapter, almost three times the proportion of Aboriginal families rent their dwelling compared with non-Aboriginal families (66 per cent compared with 24 per cent).⁶ Assisting low-income families to make the transition from rental accommodation to home ownership has been shown to be an effective poverty-reduction strategy in developed and developing countries.⁷ Both the Western Australian and the Australian Government operate programs to assist Aboriginal people to build assets and become financially self-sufficient through owning their own homes.

Since 1995, the Western Australian Department of Housing and Works (DHW) has operated the *Aboriginal Home Ownership Scheme* as an initiative to assist more Aboriginal people to build assets and become financially self-sufficient through owning their own homes. Since its inception, this scheme has approved close to 600 housing loans totalling over \$60 million up to June 30, 2006. This included 86 approved loans in 2004–05. However, due to significant price increases in the Western Australian housing market, only 62 loans were approved under this scheme in 2005–06.⁸ The DHW has other schemes designed to assist low income earners into home ownership, such as *Keystart* and *Landstart*, but unlike the *Aboriginal Home Ownership Scheme*, these are not Aboriginal specific. *Keystart* offers low deposit home loans and *Landstart* provides vacant land and refurbished public housing for sale to existing tenants and the general public.⁸

The Australian Government also provides an alternative to mainstream financing for Aboriginal homebuyers via the *Home Ownership Programme* run by Indigenous Business Australia (IBA). IBA home loans are low deposit (minimum \$3,000) and interest is kept below market rates, usually commencing at 4.5 per cent and rising to a capped maximum of 1 per cent below the market rate. In 2004–05 a total of 64 home loans were approved for Western Australian Aboriginal households under this programme.⁹

While these state and federal programs have produced tangible benefits for those families able to participate, their rate of take-up has not been sufficient to appreciably reduce the overall disparity between Aboriginal and non-Aboriginal rates of home ownership at the population level. If the operation of the *Aboriginal Home Ownership Scheme* and the *IBA Home Ownership Programme* continue at their present rates, the longer term prospects for narrowing this gap remain limited. These schemes together approve around 130 home loans to Western Australian Aboriginal families per year. Assuming zero population growth, it will be many years before they enable the approximately 8,000 families with Aboriginal children presently in rental accommodation to purchase their own home.

Continued . . .



PROSPECTS FOR INCREASING ABORIGINAL HOME OWNERSHIP *(continued)*

For example, if a target was set for 50 per cent of all Western Australian Aboriginal families with children now renting to be supported in purchasing their own home through either of these schemes, it would take around 30 years to achieve under their present operating conditions. However, given the projected growth of the Aboriginal population, its relative youthfulness and low levels of education and income,¹⁰ this may take even longer.

This suggests the need for creating greater opportunities and incentives to encourage Aboriginal families to derive the social and economic benefits of asset-building through home ownership. These should include broader policy initiatives to raise the level and reliability of Aboriginal family income and savings, increasing the suitability and affordability of housing stock in areas where Indigenous people want to live and developing social marketing strategies to promote community awareness of the benefits and means of achieving home ownership.

FACTORS ASSOCIATED WITH HOUSING TENURE

The following section outlines some of the key demographic factors associated with housing tenure. The material presented here is based on cross-tabulation analysis. This type of analysis allows us to observe what proportion of our study population exhibits a particular characteristic. Later in this chapter results from multivariate logistic regression models are presented, which report on the factors that are independently associated with home ownership (see the section entitled *Relative importance of factors associated with home ownership*). For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

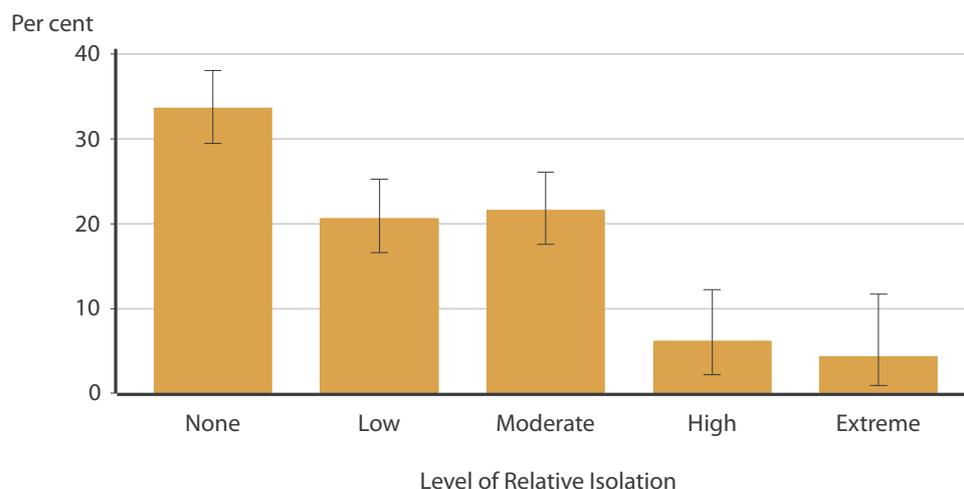
The term 'home ownership' is used in this chapter to collectively describe households that owned their dwelling outright or were purchasing their dwelling at the time of the survey.

Housing tenure by LORI

Levels of renting and home ownership vary by level of relative isolation. Less than one in ten households in areas of extreme (4.3 per cent; CI: 0.9%–11.7%) and high (6.1 per cent; CI: 2.2%–12.2%) relative isolation owned their own home or were paying it off. This proportion increased to around one in five in areas of moderate (21.6 per cent; CI: 17.6%–26.1%) and low isolation (20.6 per cent; CI: 16.6%–25.3%) and further, to one in three in the Perth metropolitan area (33.6 per cent; CI: 29.5%–38.1%) (Figure 6.3).



FIGURE 6.3: HOUSEHOLDS WITH ABORIGINAL CHILDREN — PROPORTION WHO OWNED OR WERE PAYING OFF THEIR OWN HOME, BY LEVEL OF RELATIVE ISOLATION



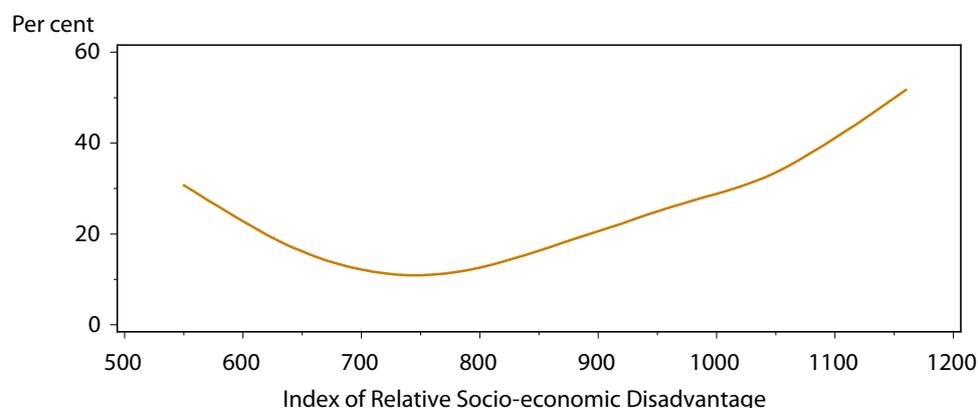
Source: Table 6.34

Housing tenure by socioeconomic status

There appeared to be a positive relationship between home ownership and socioeconomic status. The proportion of households that owned or were paying off their home was 13.4 per cent (CI: 9.6%–18.0%) in areas within the bottom 5% of the Index of Relative Socio-economic Disadvantage (that is, the most disadvantaged areas); this increased to 24.4 per cent (CI: 20.2%–28.9%) for households in areas within the 10th to 25th percentile, and to 31.3 per cent (CI: 21.7%–41.2%) for those in areas within the top 50% of the index (Table 6.35).

The figure below shows the proportion of households with Aboriginal children who owned or were paying off their home by a continuous area-based scale of scores on the Index of Relative Socio-economic Disadvantage (see *Glossary*). Note that lower values indicate greater levels of disadvantage.

FIGURE 6.4: HOUSEHOLDS WITH ABORIGINAL CHILDREN — PROPORTION WHO OWNED OR WERE PAYING OFF THEIR OWN HOME, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE



6



It should be noted that despite the association between socioeconomic status and home ownership outlined above, no significant *independent* association was found between these two factors. That is, the association between these two factors is explained, or accounted for, by the existence of one or more other factors (see section entitled *Relative importance of factors associated with home ownership* later in this chapter).

Housing tenure by age of household carer

Renting was by far the most common tenure arrangement for households with Aboriginal children, regardless of the age of the household carer (this is in contrast to the total Western Australian population). Notwithstanding this fact, levels of home ownership increased with the age of the household carer.

Fewer than one in six households with a primary carer aged below 30 years were either purchasing their home or owned it outright. By age 30–39 years, a quarter (25.5 per cent; CI: 21.8%–29.3%) of households owned their home, with the proportion peaking, at around one-third, from 40 years of age onwards (32.3 per cent; CI: 26.7%–38.3%) (Table 6.36).

Housing tenure by household composition

There were some significant differences in the levels of home ownership when household composition was considered (see Chapter Two section entitled *Household composition and child care arrangements* for more information on this classification). Notably, two original parent households (29.7 per cent; CI: 26.4%–33.3%) more commonly reported owning their home than sole parent households (16.8 per cent; CI: 13.7%–20.3%) or households where children were cared for by aunts, uncles, grandparents, etc. (15.8 per cent; CI: 8.4%–26.0%) (Table 6.37).

Housing tenure by Aboriginal status of the household carer

Households with a non-Aboriginal household carer reported owning their home (41.5 per cent; CI: 35.5%–47.9%) twice as often as those with an Aboriginal household carer (20.0 per cent; CI: 17.6%–22.5%) (Table 6.38).



LAND RIGHTS AND SOCIOECONOMIC DISADVANTAGE IN REMOTE AUSTRALIA

The low rates of Aboriginal home ownership in metropolitan and regional centres is largely accounted for by the relative socioeconomic disadvantage experienced by Aboriginal people. However, in more remote areas where people live more traditional lifestyles, there are significant cultural and historical factors that affect the motivation and ability of Aboriginal people to own their own home. In such settings, families may not be inclined to purchase their own home as there may be differing cultural expectations of where and how different family members reside, and the communal ownership of traditional lands generally preclude freehold individual home ownership.^{11,12,13} These are among the factors which have curtailed the opportunities for Aboriginal people in remote areas to overcome disadvantage by building assets through home ownership.

While land rights were initially seen as offering possibilities for wealth creation through land ownership, this has not been realised to the extent which was originally hoped. The following excerpt from the OXFAM report *Land rights and development reform in remote Australia*¹³ summarises the situation of remote living Aboriginal people in this regard:

‘Both Indigenous and non-Indigenous commentators have focused recent discussion of policy failure on land rights and native title, particularly on the question of why restitution of land has not resulted in marked improvements in Indigenous socio-economic status. The logic underlying this question is: the dispossession of Indigenous Australians from their land without agreement or treaty since 1788 has resulted in their socio-economic marginalisation. Therefore, restoration of lands since 1966 should have seen an improvement in socio-economic status. Yet recent statistics indicate that Indigenous people in remote and very remote Australia — where most land transfers have occurred — have the lowest socio-economic status relative to both other Indigenous Australians and non-Indigenous Australians.’^{11,14}

This can in part be explained by the remoteness of these areas, but also by the failure of successive governments to provide adequate services to these communities. It is also the case that the Aboriginal reserve areas and un-alienated Crown land that has formed the vast majority of land returned to Indigenous ownership has mostly had only marginal commercial value — hence its availability for claim in the case of unallocated Crown land. While substantial tracts of land have been returned, this did not generally include property rights in commercially valuable resources. Finally, it is often overlooked that land rights policy historically encompasses both social justice and development goals; as Justice Woodward — the Commissioner charged with inquiring into Northern Territory land rights — noted before the *Aboriginal Land Rights (Northern Territory) Act (1976)* was passed, ‘...land rights was but a first tentative step to economic and social equality for Indigenous people.’¹³



RENTER HOUSEHOLDS

Landlord type

Of the 8,030 households that were renting their dwelling at the time of the survey, most were renting from the state government housing authority (Homeswest) (54.6 per cent; CI: 50.8%–58.4%), while 20.2 per cent (CI: 17.5%–22.9%) were renting from a private landlord and 15.5 per cent (CI: 12.5%–19.1%) were renting from a Community Housing provider (Table 6.39).

Difficulty renting

Over one in ten (9.2 per cent; CI: 7.6%–10.9%) renter households said that they had difficulty in renting their current dwelling (although the survey did not ask any specific details as to the nature of these difficulties). A similar proportion indicated that they had been forced out of a place in the last 12 months (9.2 per cent; CI: 7.6%–11.0%) — while these households had an elevated chance of having difficulty renting, most were nevertheless able to secure their current rental agreement (Tables 6.40, 6.41, 6.42).

Choice of dwelling

Half of all households (51.1 per cent; CI: 48.5%–53.8%) with Aboriginal children in Western Australia said that they did not have much choice when moving into their current dwelling. This was more often the case in households that were renting (60.5 per cent; CI: 57.5%–63.5%) than in households that were owned (27.9 per cent; CI: 23.3%–32.7%) (Tables 6.43).

RENTAL HOUSING FOR ABORIGINAL FAMILIES

The importance of adequate housing for the health of children and family functioning has been extensively documented by national and international research.^{15,16,17} As noted in this chapter, a high proportion of Aboriginal families in the survey reported difficulty in finding rental accommodation as well as having a limited choice in what accommodation was available to them. Such difficulties are consistent with other recent Australian research regarding discrimination by landlords against groups such as single mothers, renters with children, people with disabilities and Aboriginal people.¹⁸

At the time of the survey (2000–2001) most accommodation rented by Aboriginal people was either funded and managed by the Department of Housing and Works, or funded by the former ATSIC and managed by Aboriginal communities. In July 2004 the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) took over ATSIC's former role in Aboriginal housing, including the *Community Housing and Infrastructure Program* (CHIP). With the signing of the 2003–2008 Commonwealth–State Bilateral Aboriginal Housing Agreement, all funds from the state and FaCSIA CHIP are now pooled.¹⁹

Continued



RENTAL HOUSING FOR ABORIGINAL FAMILIES *(continued)*

Homeswest continues to manage the majority of Aboriginal rental accommodation through its existing mainstream programs for people on low incomes with special needs, and the allocation of 2,500 additional rental homes which are exclusively reserved for Aboriginal people. The Department of Housing and Works now supports Aboriginal communities in remote areas in managing and maintaining their housing stock through its Housing Management and Maintenance Programs and Strategies. A new Aboriginal Housing and Infrastructure Council to oversee all publicly funded Aboriginal housing in Western Australia was also established as part of the 2003 Bilateral Aboriginal Housing Agreement.²⁰

RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH HOME OWNERSHIP

Multivariate logistic regression modelling (see *Glossary*) was undertaken to examine the association between the various carer, family and household factors and home ownership in households with Aboriginal children. A final model of factors was developed by testing each factor to determine the extent to which it was associated with home ownership independently of the effects of demographic and other relevant factors.

Multiple factors are often related to a particular characteristic of the study population, and multivariate logistic regression modelling allows us to assess the independent effect of each factor in relation to the likelihood of the study population possessing a given characteristic. The relationships observed with this method are referred to as ‘independent associations’, and no causal relationship is suggested. Earlier in this chapter results from cross-tabulation analyses were presented, which show the proportion of our study population that exhibits a particular characteristic. For an explanation of the differences between the two analysis methods, and how to interpret the results of each, see the section entitled *Analysis methods used in this volume* in Chapter One.

In addition to LORI, nine carer, family and household factors were found to be significantly independently associated with home ownership. There were some common threads among the set of factors significantly associated with home ownership — factors related to socioeconomic status (employment status, education level, financial situation, etc.) and household characteristics (overcrowding, quality of housing, etc.) were prominent and appeared to be strongly associated with home ownership. While these results appear to be intuitive and as expected, the analyses below highlight the degree to which each of these factors is independently associated with home ownership.

The highest relative odds of home ownership was found in situations where: households were in areas of none or low relative isolation; the household had no indicators of poor housing quality; the household was a two parent type (original or step/blended); and household carers were 30 years of age or older (Figure 6.5). It should be borne in mind that, although higher odds ratios equate to a higher relative likelihood, it does not necessarily mean that a factor with a higher odds ratio of home ownership will have the largest effect on home ownership at the population level. That is, the presence of some factors may indicate a high likelihood of home ownership, but may only affect a small number of people/families.



The results are further described below, with reference to the odds ratios calculated from the estimated logistic models. Readers are reminded that this model is calculated at the 'household carer' level (see *Glossary*), not the 'primary carer' level more commonly used in this volume.

Level of Relative Isolation

There was a strong association between LORI and home ownership, independent of the other factors that impacted on home ownership. Relative to those households in the Perth metropolitan area, the likelihood of homes being owned was reduced in all other areas of relative isolation. This was particularly evident in areas of high and extreme relative isolation, where households were around six (Odds Ratio 0.18; CI: 0.06–0.51) and 20 times (Odds Ratio 0.05; CI: 0.01–0.19) less likely to be owned, respectively, than in Perth.

Carer factors

Education level. Relative to households where the household carers had completed ten years of education, households where the carer had completed 11–12 years were over one and a half times more likely to be owned by someone in the house (Odds Ratio 1.59; CI: 1.15–2.20). The likelihood of the home being owned increased where the carer had completed 13 years or more of education (Odds Ratio 2.45; CI: 1.49–4.02).

It should be noted that household carers most commonly reported (42.9 per cent; CI: 40.6%–45.3%) having completed a maximum of ten years of education, with 24.2 per cent (CI: 22.3%–26.2%) completing 11–12 years of education and 6.4 per cent (CI: 5.1%–7.8%), or around 730 household carers, completing 13 years or more.

Employment status. Close to half of all household carers (46.8 per cent; CI: 44.3%–49.3%) were not working in a paid job at the time of the survey, while 38.4 per cent (CI: 36.0%–40.9%) were working.

When the primary carer was employed, the household was more likely to be owned than when the carer was not currently employed (Odds Ratio 1.67; CI: 1.24–2.24).

Aboriginal status of the household carer. Some 18.1 per cent (CI: 16.2%–20.2%), or around 2,010 household carers, said they were non-Aboriginal. These carers were twice as likely (Odds Ratio 1.99; CI: 1.45–2.73) to be in a household that was owned by them or someone in the house than Aboriginal household carers.

Age of the household carer. The likelihood of a home being owned increased with the age of the household carer. Relative to households with a household carer aged 30–39 years, carers aged 40–49 years (Odds Ratio 1.52; CI: 1.05–2.20) or 50 years and over (Odds Ratio 1.92; CI: 1.07–3.46) were more likely to live in a dwelling owned by them or someone in the house.

By comparison, carers aged 19 years and under were almost three times less likely (Odds Ratio 0.37; CI: 0.15–0.94) to be living in a dwelling owned by them or someone in the house, while carers aged 20–24 years (Odds Ratio 0.61; CI: 0.38–0.97) or 25–29 years (Odds Ratio 0.50; CI: 0.33–0.76) were around two times less likely.

In considering these data, it should be noted that the most common age bracket for household carers was 30–39 years (37.6 per cent; CI: 35.2%–40.0%). Only 3.3 per cent (CI: 2.7%–4.0%) of household carers were aged 19 years and under, while 8.8 per cent (CI: 7.5%–10.2%) were aged 50 years and over.



Family and household factors

Household composition. Households most commonly contained two original parent families (38.0 per cent; CI: 35.6%–40.4%) or sole parent families (37.6 per cent; CI: 35.3%–40.0%). Smaller proportions had two parent step/blended families (16.3 per cent; CI: 14.6%–18.2%). For an explanation of WAACHS household composition measures see Chapter Two.

Compared with households classified as sole parent type, the dwelling occupied by the household was almost three times more likely to be owned by the household carer or someone in the household when that household was classified as either two original parent family type (Odds Ratio 2.96; CI: 2.15–4.07) or two parent step/blended family type (Odds Ratio 2.89; CI: 1.90–4.40).

Housing quality. The number of indicators of poor housing quality was strongly associated with home ownership. There was a significantly reduced likelihood of home ownership in houses with one (Odds Ratio 0.46; CI: 0.33–0.63), two (Odds Ratio 0.19; CI: 0.12–0.29) and three or more (Odds Ratio 0.31; CI: 0.19–0.51) indicators of poor housing quality relative to those with none.

It should be noted that the majority of dwellings either did not exhibit any indicators of poor housing quality (33.9 per cent; CI: 31.4%–36.4%) or had one indicator (28.3 per cent; CI: 26.2%–30.5%). An estimated 16.2 per cent (CI: 14.2%–18.2%) reported three or more indicators.

Financial strain. Households where the primary carer indicated that their family could save a lot, save a bit every now and again, or have some money left over each week but spend it (i.e. no family financial strain) were more than one and a half times as likely (Odds Ratio 1.61; CI: 1.22–2.13) to be owned than households indicating some financial strain.

Overuse of alcohol causing problems in the household. An estimated 13.0 per cent (CI: 11.4%–14.7%) of household carers, representing 1,470 (CI: 1,300–1,660) dwellings, said that overuse of alcohol caused problems in their household.

Dwellings where household carers reported that overuse of alcohol did *not* cause problems were almost twice as likely to be owned than households where overuse of alcohol did cause problems (Odds Ratio 1.87; CI: 1.15–3.04).



FIGURE 6.5: DWELLINGS — LIKELIHOOD OF HOME OWNERSHIP (OWNED OR BEING PAID OFF BY ANY USUAL MEMBER OF THE HOUSEHOLD), ASSOCIATED WITH CARER, FAMILY AND HOUSEHOLD CHARACTERISTICS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Level of Relative Isolation		
None	1.00	
Low	0.46	(0.31 - 0.66)
Moderate	0.66	(0.41 - 1.06)
High	0.18	(0.06 - 0.51)
Extreme	0.05	(0.01 - 0.19)
Aboriginal status of household carer		
Aboriginal	1.00	
Non-Aboriginal	1.99	(1.45 - 2.73)
Not stated	1.30	(0.24 - 6.98)
Number of indicators of poor housing quality		
None	1.00	
One	0.46	(0.33 - 0.63)
Two	0.19	(0.12 - 0.29)
Three or more	0.31	(0.19 - 0.51)
Household carer level of education		
Year 9 or less	0.75	(0.49 - 1.16)
Year 10	1.00	
Years 11 or 12	1.59	(1.15 - 2.20)
13 years or more	2.45	(1.49 - 4.02)
Did not attend school	2.01	(0.75 - 5.38)
Current employment status		
Employed	1.67	(1.24 - 2.24)
Not employed	1.00	
Never had a paid job	0.61	(0.36 - 1.05)
Family financial strain?		
No	1.61	(1.22 - 2.13)
Yes	1.00	
Household composition		
Two original parent family	2.96	(2.15 - 4.07)
Sole parent	1.00	
Two parent step/blended family	2.89	(1.90 - 4.40)
Other (e.g. aunts, uncles, grandparents)	1.64	(0.90 - 2.99)
Age of household carer		
19 years and under	0.37	(0.15 - 0.94)
20-24 years	0.61	(0.38 - 0.97)
25-29 years	0.50	(0.33 - 0.76)
30-39 years	1.00	
40-49 years	1.52	(1.05 - 2.20)
50 years and over	1.92	(1.07 - 3.46)
Overuse of alcohol causing problems in the household?		
No	1.87	(1.15 - 3.04)
Yes	1.00	



HOUSEHOLD OCCUPANCY

High household occupancy (or overcrowding) affects many Aboriginal households, particularly those in more remote areas of Western Australia. The impact of living in overcrowded conditions has been well documented — in particular, overcrowding can create an unhealthy and stressful family and household environment which can have a direct influence on the physical, mental and developmental health of the inhabitants of the household. Research suggests that overcrowding can increase the risk of: transferring infectious diseases; family violence; antisocial behaviour; being evicted from the home; and the quality of the dwelling infrastructure and facilities. In addition, overcrowding may also jeopardise children's ability to sleep and study and therefore contribute to poor educational outcomes.²¹

Further, results from earlier chapters and previous survey volumes have highlighted that household occupancy is a significant contributor to some important child and family outcomes. For example:

- ◆ primary carers living in households with high occupancy were around one and a half times less likely to have ever had a paid job than carers living in households with low occupancy (see Chapter Three)
- ◆ children living in homes with a high level of household occupancy were half as likely to be at high risk of clinically significant emotional or behavioural difficulties than children living in homes with a low level of household occupancy. (See Volume Two — *The Social and Emotional Wellbeing of Aboriginal Children and Young People*).

CONCEPTS OF CROWDING

Crowding has been variously defined to include occupancy rate, persons per room, persons per bedroom, and measures using other defined standards. While such statistical definitions are easy to use, they do not properly take into account the complexity of contemporary Aboriginal household composition. The high rates of social upheaval, along with unmet housing need, combine to produce chronic exposures to overcrowding. A recent report noted the much greater housing needs of Aboriginal children, and that existing housing policies, far from being favourable to them, have been, on balance, inequitable and inadequate. This would justify increased resources being put into programs directed specifically towards addressing their housing needs.²²

Concepts of crowding have been said to have a high degree of cultural relativity leading Meyers et al to conclude 'after a century of debate, it is still in question whether so-called overcrowding is harmful to the affected, or merely socially distasteful to outsiders who observe its presence'.²³ Other international and national literature, however, stand in stark contrast to this claim, confirming that overcrowding is directly linked with diseases affecting Aboriginal children — particularly in rural and remote areas. These diseases include suppurative ear infections, rheumatic fever, trachoma and skin infections, many of which are linked to later chronic renal disease.²⁴



Overall, 15.1 per cent (CI: 13.2%–17.3%) of dwellings with Aboriginal children were classified as households with high occupancy levels (see *Glossary*) (Table 6.44).

FACTORS ASSOCIATED WITH THE LEVEL OF HOUSEHOLD OCCUPANCY

The following section outlines some of the key demographic, carer, family, household and community factors associated with the level of household occupancy. For an analysis of the factors that are independently associated with high household occupancy, see the section entitled *Relative importance of factors associated with high household occupancy* later in this chapter.

Household occupancy and Level of Relative Isolation

A strong association was found between high household occupancy and levels of relative isolation. Less than one in ten households (7.0 per cent; CI: 4.4%–10.4%) in the Perth metropolitan area were classified as high occupancy households; the corresponding proportions in areas of high and extreme isolation were 42.6 per cent (CI: 31.0%–54.6%) and 39.7 per cent (CI: 29.7%–49.7%), respectively (Table 6.45).

HOW HOUSEHOLD OCCUPANCY LEVEL WAS MEASURED IN THE WAACHS

A two-level index of household occupancy (in homes with Aboriginal children) was created based on the number of bedrooms in the home and the number of people usually sleeping in the home. A household was considered to have a high level of household occupancy if it had the following attributes in terms of the number of bedrooms and number of people sleeping in the home.

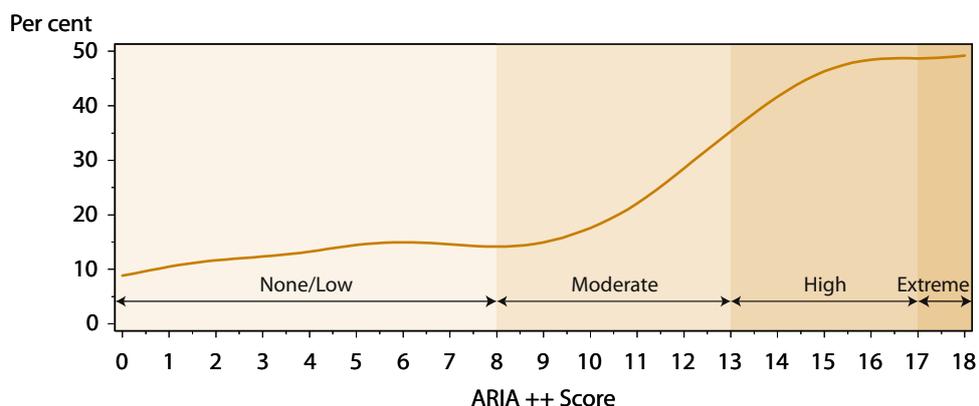
Number of bedrooms	Number of people sleeping there
One	5 or more
Two	6 or more
Three	7 or more
Four	8 or more
Five or more	9 or more

The relationship between relative isolation and high household occupancy was also examined by looking at the ARIA++ scores on a continuous scale. Figure 6.6 provides a clearer indication of how high household occupancy varies by relative isolation. The proportion of households with high occupancy only begins to increase appreciably in areas of moderate relative isolation (ARIA++ scores of 8–13), reaching a peak in areas of high relative isolation (ARIA++ scores of 13–17).

For an explanation of how to interpret ARIA++ spline charts, see section entitled *Interpreting measures of geographical isolation* in Chapter One.



FIGURE 6.6: DWELLINGS — PROPORTION OF HOUSEHOLDS WITH HIGH OCCUPANCY, BY ARIA++ SCORE (AND LEVEL OF RELATIVE ISOLATION)



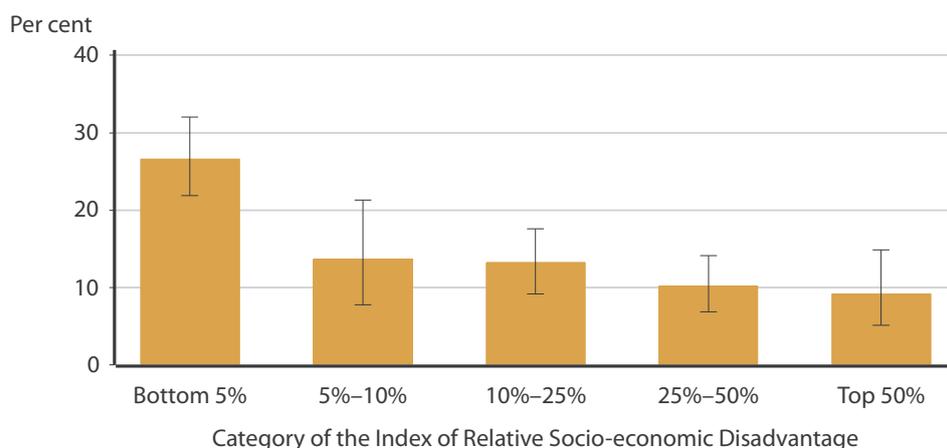
Household occupancy and socioeconomic disadvantage

The SEIFA Index of Relative Socio-economic Disadvantage has been used as one measure of the socioeconomic characteristics of neighbourhoods and communities where Aboriginal children live (see *Glossary*).

Over a quarter of dwellings (26.6 per cent; CI: 21.9%–32.0%) in areas within the bottom 5% of Socio-economic Disadvantage were households with high occupancy. This proportion was significantly higher than the 9.2 per cent (CI: 5.1%–14.9%) of dwellings in areas within the top 50% of Socio-economic Disadvantage (Figure 6.7).

It should be noted that despite the association between socioeconomic status and household occupancy outlined above, no significant *independent* association was found between these two factors. That is, the association between these two factors is explained, or accounted for, by the existence of one or more other factors. For more details, see section entitled *Relative importance of factors associated with high household occupancy* later in this chapter.

FIGURE 6.7: DWELLINGS — PROPORTION OF HOUSEHOLDS WITH HIGH OCCUPANCY, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE



Source: Table 6.46



RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH HIGH HOUSEHOLD OCCUPANCY

Multivariate logistic regression modelling (see *Glossary*) was undertaken to examine the association between the various carer, family and household factors and high occupancy (overcrowding) in households with Aboriginal children. A final model of factors was developed by testing each factor to determine the extent to which it was associated with high household occupancy independently of the effects of demographic and other relevant factors.

For an explanation of multivariate logistic regression modelling, how it differs from cross-tabulation analysis, and how to interpret the results presented here, see the section entitled *Analysis methods used in this volume* in Chapter One.

In addition to LORI, ten carer, family and household factors were found to be significantly independently associated with high household occupancy. Not surprisingly, factors describing the characteristics of the household tended to be associated with high household occupancy (for example, housing tenure and quality of housing). Issues concerning the neighbourhood environment were also prominent among the list of significantly associated factors (for example, number of neighbourhood problems and crime victimisation).

The highest relative risk (odds ratio) of high household occupancy was found in areas of high and extreme relative isolation, as well as situations where: the dwelling had two or more indicators of poor housing quality; the household carer indicated that they had difficulty renting the dwelling; and the household composition was classified as two parent step/blended family (Figure 6.9). It should be borne in mind that, although higher odds ratios equate to a higher relative risk, it does not necessarily mean that a risk factor with higher odds of high household occupancy will have the greatest detrimental effect on household occupancy at the population level. That is, the presence of some risk factors may indicate a high likelihood of overcrowding, but may only affect a small number of people/families.

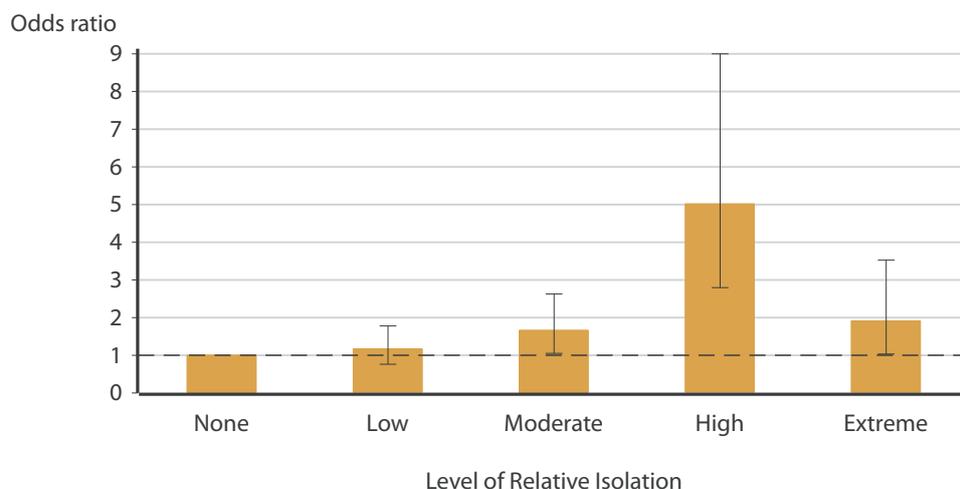
The results are further described below, with reference to the odds ratios calculated from the estimated logistic models.

Level of Relative Isolation

There was a strong association between LORI and high household occupancy, independent of the other factors that impact on high household occupancy. There was an increased likelihood of high household occupancy in areas of moderate (Odds Ratio 1.66; CI: 1.05–2.63), high (Odds Ratio 5.03; CI: 2.81–9.00) and extreme (Odds Ratio 1.92; CI: 1.04–3.53) isolation, relative to the Perth metropolitan area (Figure 6.8).



FIGURE 6.8: DWELLINGS — RELATIVE LIKELIHOOD OF HIGH HOUSEHOLD OCCUPANCY, BY LEVEL OF RELATIVE ISOLATION (a)



(a) As LORI—None is the base category in the multivariate logistic regression model there is no confidence interval displayed.

Source: Figure 6.9

Carer factors

Whether the primary carer spoke an Aboriginal language. The majority of household carers did not speak an Aboriginal language (43.9 per cent; CI: 41.3%–46.5%) or could only speak a few words (34.8 per cent; CI: 32.4%–37.4%), while 19.0 per cent (CI: 16.9%–21.3%) could speak a conversation.

Households were less likely to be overcrowded when the primary carer did *not* speak an Aboriginal language (Odds Ratio 0.39; CI: 0.25–0.61) or spoke a few words (Odds Ratio 0.53; CI: 0.35–0.81) relative to households where they primary carer could speak an Aboriginal language in conversation.

Family and household factors

Household composition. The most common household compositions were two original parent families (38.0 per cent; CI: 35.6%–40.4%) and sole parent families (37.6 per cent; CI: 35.3%–40.0%). A smaller proportion were classified as two parent step/blended families (16.3 per cent; CI: 14.6%–18.2%). For an explanation of WAACHS household composition measures see Chapter Two.

Compared with households classified as two original parent families, households classified as sole parent were less likely to be overcrowded (Odds Ratio 0.69; CI: 0.48–0.99), and households classified as two parent step/blended families were over one and a half times more likely to be overcrowded (Odds Ratio 1.63; CI: 1.09–2.43).

Housing quality. The number of indicators of poor housing quality was strongly associated with household occupancy. There was a significantly greater likelihood of high household occupancy in houses with one (Odds Ratio 1.63; CI: 1.09–2.45), two (Odds Ratio 1.91; CI: 1.20–3.04) and three (Odds Ratio 3.80; CI: 2.39–6.03) indicators of poor housing quality relative to those with none.

6



It should be noted that information from household carers showed that the majority of dwellings either did not exhibit any indicators of poor housing quality (37.9 per cent; CI: 35.3%–40.5%) or had one indicator (30.6 per cent; CI: 28.3%–32.9%). An estimated 13.6 per cent (CI: 11.8%–15.6%) reported three or more indicators (see section on *Index of housing quality*; note that, in this instance, the measure of housing quality excludes the indicator of household occupancy. Hence the proportions in each category differ from those in model of home ownership earlier in this chapter).

Housing tenure. The majority of household carers lived in a dwelling that was being rented at the time of the survey (70.7 per cent; CI: 68.2%–73.2%). These households were almost two times less likely to be overcrowded (Odds Ratio 0.59; CI: 0.44–0.80) than those households that were owned outright.

Life stress events. The families of 29.8 per cent (CI: 27.5%–32.1%) of household carers experienced 0–2 life stress event in the 12 months before the survey, compared with 20.2 per cent (CI: 18.3%–22.2%) who had 7–14 life stress events.

Higher levels of life stress were positively associated with high household occupancy. Specifically, those households that had experienced seven or more life stress events in the 12 months prior to the survey were almost twice as likely (Odds Ratio 1.83; CI: 1.17–2.86) to have high household occupancy than households reporting 0–2 life stress events.

Overuse of alcohol causing problems in the household. Some 13.0 per cent (CI: 11.4%–14.7%) of household carers, representing 1,470 (CI: 1,300–1,660) dwellings, said that overuse of alcohol caused problems in their household. These households had an elevated likelihood (Odds Ratio 1.64; CI: 1.11–2.44) of overcrowded conditions relative to other households.

Difficulty renting. Around 9.2 per cent (CI: 7.6%–10.9%) of household carers living in rented accommodation said they had difficulty renting the dwelling

Households where the household carer reported difficulty in renting the dwelling were more than three times less likely (Odds Ratio 0.27; CI: 0.12–0.61) to have overcrowded living conditions than rented households where the carers had no such difficulties.

Community factors

Number of neighbourhood problems. Greater numbers of neighbourhood problems were associated with a reduced likelihood of overcrowding. Relative to households with 0–1 reported neighbourhood problems (i.e. households in the lowest quartile of problems), those with 2–5 problems (Odds Ratio 0.62; CI: 0.41–0.94) and 11–18 problems (Odds Ratio 0.58; CI: 0.37–0.92) were less likely to be in overcrowded living conditions.

Crime victimisation. Household carers reported that around one-quarter of households (27.5 per cent; CI: 25.3%–29.7%) had at least one member who had been a victim of crime (theft, assault, property damage or any other crime) in the three years prior to the survey.

Households with at least one member who had been the victim of a crime in the last three years were more than two times less likely (Odds Ratio 0.42; CI: 0.27–0.63) to be overcrowded than other households.



FIGURE 6.9: DWELLINGS — LIKELIHOOD OF HIGH HOUSEHOLD OCCUPANCY, ASSOCIATED WITH CARER, FAMILY, HOUSEHOLD AND COMMUNITY CHARACTERISTICS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Level of Relative Isolation		
None	1.00	
Low	1.17	(0.76 - 1.79)
Moderate	1.66	(1.05 - 2.63)
High	5.03	(2.81 - 9.00)
Extreme	1.92	(1.04 - 3.53)
Neighbourhood problems quartiles		
Lowest quartile (0–1 problems)	1.00	
Second quartile (2–5 problems)	0.62	(0.41 - 0.94)
Third quartile (6–10 problems)	0.84	(0.55 - 1.30)
Highest quartile (11–18 problems)	0.58	(0.37 - 0.92)
Victims of crime in past three years?		
No	1.00	
Yes	0.42	(0.27 - 0.63)
Overuse of alcohol causing problems in the household?		
No	1.00	
Yes	1.64	(1.11 - 2.44)
Number of life stress events		
0–2	1.00	
3–4	0.94	(0.61 - 1.43)
5–6	1.49	(0.96 - 2.29)
7–14	1.83	(1.17 - 2.86)
Renting difficulties?		
No	1.00	
Yes	0.27	(0.12 - 0.61)
Not applicable	0.48	(0.32 - 0.72)
Household composition		
Two original parent family	1.00	
Sole parent	0.69	(0.48 - 0.99)
Two parent step/blended family	1.63	(1.09 - 2.43)
Other (e.g. aunts, uncles, grandparents)	0.62	(0.35 - 1.12)
Number of indicators of poor housing quality (excluding high household occupancy)		
None	1.00	
One	1.63	(1.09 - 2.45)
Two	1.91	(1.20 - 3.04)
Three or more	3.80	(2.39 - 6.03)
Does the carer speak an Aboriginal language?		
No	0.39	(0.25 - 0.61)
A few words	0.53	(0.35 - 0.81)
A conversation	1.00	
Housing tenure		
Owned	1.00	
Being paid off	1.17	(0.58 - 2.39)
Rented	0.59	(0.44 - 0.80)
None of these	0.83	(0.37 - 1.84)



HOUSING QUALITY

This section provides a snapshot of the quality and effectiveness of the housing that Aboriginal children live in. In an attempt to elucidate the key factors that impact on the concept of housing quality, a composite index of poor housing quality has been constructed. This measure is tested against a range of family, household and community variables — see section on *Relative importance of factors associated with poor housing quality*.

HOUSING QUALITY AND HEALTH

According to the World Health Organisation, ‘Healthy housing is not just concerned with sanitary and hygienic design of the shelter but with the whole health spectrum of physical health, mental health and social well-being both within the dwelling and the residential environment.’ Housing adequacy thus spans a number of inter-related factors including the effects of crowding, the physical condition and type of housing, socioeconomic and geographic factors, lifestyle factors, access to services such as power and safe water, the presence and functionality of ‘health–infrastructure’ such as cooking, laundry, bathing and toilet facilities.¹⁵

While raising the standard of Aboriginal housing to that enjoyed by most non-Aboriginal Australians has been a stated priority of successive Australian and state governments, the actual progress in achieving this objective has been regrettably slow.¹⁰ In 2000, a national framework for the design, construction and maintenance of Indigenous housing to address the health, social and economic costs associated with poor housing was endorsed by all Australian, state and territory housing ministers.²⁵ This framework is based on four key principles: safety, health, quality control and sustainability. Most particularly, this framework defined the need for houses to support nine healthy living practices (listed in order of priority):

- (a) washing people, particularly children under five years of age
- (b) washing clothes and bedding
- (c) removing waste safely from the living area
- (d) improving nutrition — the ability to store, prepare and cook food
- (e) reducing crowding and the spread of infectious disease
- (f) reducing negative contact between people and animals, vermin or insects
- (g) reducing the negative impact of dust
- (h) controlling the temperature of the living environment
- (i) reducing trauma (or minor injury) around the house or living environment.

Continued



HOUSING QUALITY AND HEALTH *(continued)*

To support these basic practices, the national framework requires housing for Indigenous people to have the following elements:

- ◆ safe in-house delivery of water
- ◆ functioning bathroom and hot water suitable for adults and children
- ◆ functioning laundry with water
- ◆ functioning toilet(s), sinks, drains and rubbish removal
- ◆ functioning kitchen with stove, including reliable power, safe hygienic food preparation and storage areas
- ◆ sufficient internal and external space to prevent crowding
- ◆ vegetation for dust control, shade and yard development (as a living area)
- ◆ sustainable energy design for location, shade, insulation and heating
- ◆ quality design and materials, designed-for-safety gas and electrical wiring and appliances, smoke alarms and general safety.

INDEX OF HOUSING QUALITY

To measure the standard of housing quality a set of eight indicators was constructed based on the healthy living practices outlined in the National Framework for Indigenous Housing.²⁵ In addition, an overall index of housing quality was derived from these eight indicators (see commentary box entitled *Housing quality and health*). For details on how these indicators and the index were constructed, see commentary box entitled *Housing quality indicators*.

Among the eight indicators, the lowest prevalence of reported problems was found for Indicator 2: Washing clothes and bedding (2.1 per cent; CI: 1.4%–2.8%), and Indicator 4: Improving nutrition — the ability to store, prepare and cook food (3.7 per cent; CI: 2.7%–4.7%) (Tables 6.48 and 6.51).

Over a third of primary carers (34.6 per cent; CI: 32.0%–37.2%) reported that their housing did not meet Indicator 6: Reducing negative contact between people and animals. Housing that did not meet Indicator 8: Controlling the temperature of the living environment, was the next most common problem reported by primary carers (29.9 per cent; CI: 27.6%–32.2%) (Tables 6.52, 6.54).

The number of indicators that each dwelling failed to meet was then summed. As shown in Table 6.55, 33.9 per cent (CI: 31.4%–36.4%) of primary carers did not report any indicators of poor housing quality, 28.3 per cent (CI: 26.2%–30.5%) had 1 indicator, 19.3 per cent (CI: 17.4%–21.5%) had 2 indicators, while 9.3 per cent (CI: 8.0%–10.6%) reported 3 indicators of poor housing quality. A very small proportion of dwellings reported all 8 indicators (0.2 per cent; CI: 0.0%–0.5%).



For later analysis, the number of indicators was grouped into four categories:

- ◆ no indicators of poor housing quality
- ◆ one indicator of poor housing quality
- ◆ two indicators of poor housing quality
- ◆ three or more indicators of poor housing quality.

The term 'poor housing quality' is used to describe dwellings with three or more indicators of poor housing quality.

HOUSING QUALITY INDICATORS

The WAACHS asked primary carers a series of questions relating to facilities in their household. These housing items were then mapped as closely as possible to the indicators of healthy living practices identified in the National Indigenous Housing Guide²⁵ (see commentary box entitled *Housing quality and health*).

Indicator 1: Washing people, particularly children under five years of age — was considered not to be met if:

- ◆ primary carers reported that their household did not have a bath or shower which allowed both adults and children to wash; or
- ◆ the bath or shower was not working; or
- ◆ hot water was not available for the bath and shower.

Indicator 2: Washing clothes and bedding — was considered not to be met if:

- ◆ the house did not have a laundry area.

Indicator 3: Removing waste safely from the living area — was considered not to be met if:

- ◆ the house did not have a working toilet; or
- ◆ the house did not have organised household rubbish removal; or
- ◆ the rubbish removal was not done often enough.

Indicator 4: Improving nutrition — the ability to store, prepare and cook food — was considered not to be met if:

- ◆ the house did not have somewhere to cook a meal; or
- ◆ the house did not have somewhere to get a meal ready; or
- ◆ the house did not have somewhere cold to store food.

Continued



HOUSING QUALITY INDICATORS (continued)

Indicator 5: Reducing crowding and the potential for the spread of infectious diseases — was considered not to be met if the household had the following attributes in terms of the number of people sleeping in the home:

Number of bedrooms	Number of people sleeping there
One	5 or more
Two	6 or more
Three	7 or more
Four	8 or more
Five or more	9 or more

Indicator 6: Reducing negative contact between people and animals, vermin or insects — was considered not to be met if:

- ◆ the household did not have flyscreens on the doors and windows to keep insects out; or
- ◆ flyscreens were not in good condition.

Indicator 7: Reducing the negative impact of dust — was considered not to be met if:

- ◆ the house did not have plants to keep the dust down.

Indicator 8: Controlling the temperature of the living environment — was considered not to be met if:

- ◆ the house had heating, and the heating was being used but the heating was not working OK; or
- ◆ the house did not have insulation; or
- ◆ the house had insulation but it was not working.

No questions were asked on the WAACHS relating to **Indicator 9:** Reducing trauma (or minor injury) around the house and the living environment.

Poor housing quality and Level of Relative Isolation

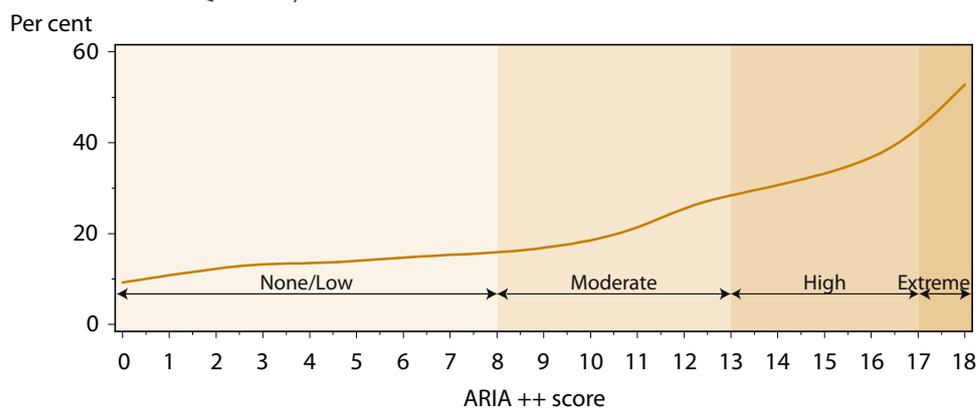
Overall, 16.2 per cent (CI: 14.2%–18.2%) of dwellings with Aboriginal children had poor housing quality (i.e. housing with three or more indicators of poor housing quality, as reported by the household carer) (Table 6.56).

There was a strong association between poor housing quality and Level of Relative Isolation. In areas of extreme isolation, 46.6 per cent (CI: 35.5%–58.4%) of dwellings were classified as being of poor quality compared with 8.1 per cent (CI: 5.9%–11.0%) in areas of no isolation (i.e. the Perth metropolitan area) (Table 6.56).

Figure 6.10 provides more detail on this association using a spline chart, plotting poor housing quality against a continuous scale of ARIA++ scores. See section entitled *Interpreting measures of geographical isolation* in Chapter One to understand more about interpreting spline charts.



FIGURE 6.10: DWELLINGS — PROPORTION WITH THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, BY ARIA++ SCORE



Poor housing quality and ATSI regions

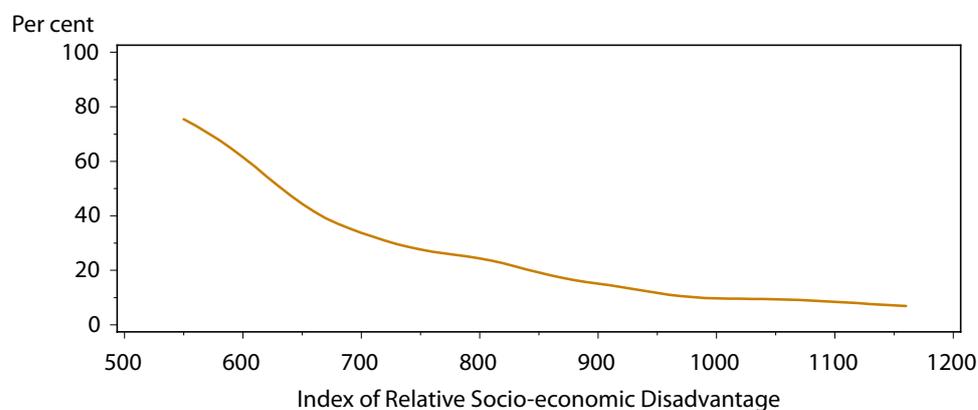
The proportion of dwellings with three or more indicators of poor housing quality (see *Glossary*) ranged from less than one in ten (8.2 per cent; CI: 5.9%–10.9%) in the former Perth ATSI region (see commentary box entitled *ICC regions* in Chapter One), to one in three (35.3 per cent; CI: 24.7%–47.7%) in the Kununurra ATSI region and half of dwellings in the Warburton ATSI region (47.9 per cent; CI: 32.9%–61.5%) (Table 6.57).

Poor housing quality and socioeconomic status

Households in areas within the bottom 5% category of the Index of Relative Socio-economic Disadvantage reported having a poor quality of housing (31.3 per cent; CI: 25.6%–37.0%) more often than those in areas within the top 50% category of Socio-economic Disadvantage (10.9 per cent; CI: 7.2%–15.8%) (Table 6.58).

When the Index of Relative Socio-economic Disadvantage is analysed on a continuous scale (as shown in Figure 6.11), it can be seen that as levels of Socio-economic Disadvantage decreased (i.e. index scores increased) the proportion with three or more indicators of poor housing quality decreased.

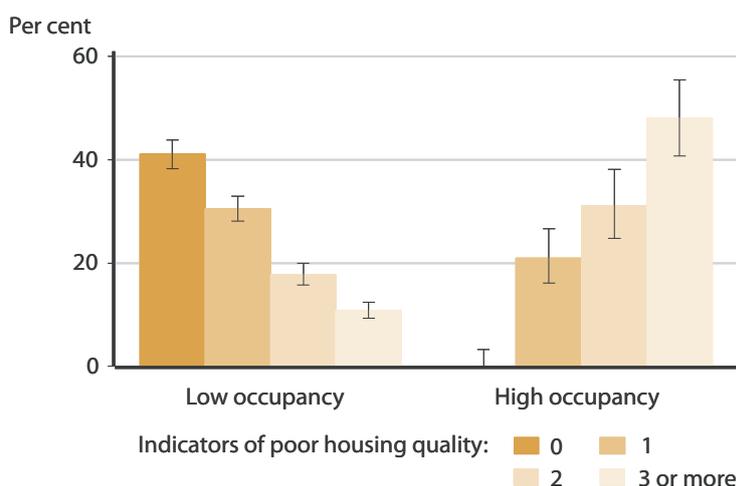
FIGURE 6.11: DWELLINGS — PROPORTION WITH THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE



FACTORS ASSOCIATED WITH POOR HOUSING QUALITY

Household occupancy. Almost half of the dwellings in Western Australia (48.0 per cent; CI: 40.8%–55.5%) with a high occupancy level had three or more indicators of poor housing. This was almost five times higher than in dwellings with low occupancy level (10.8 per cent; CI: 9.3%–12.4%) (Figure 6.12).

FIGURE 6.12: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY LEVEL OF HOUSEHOLD OCCUPANCY



Source: Table 6.59

Family functioning. The only difference in the number of indicators of poor housing quality between households classified as having very good, good, fair and poor family functioning was found in the proportion of dwellings with no indicators of poor housing. In dwellings with very good family functioning one in four (42.8 per cent; CI: 37.7%–47.9%) had no indicators of poor housing compared with 28.8 per cent (CI: 24.7%–33.3%) in dwellings with poor family functioning and 32.6 per cent (CI: 28.3%–37.0%) in dwellings with fair family functioning (Table 6.60).

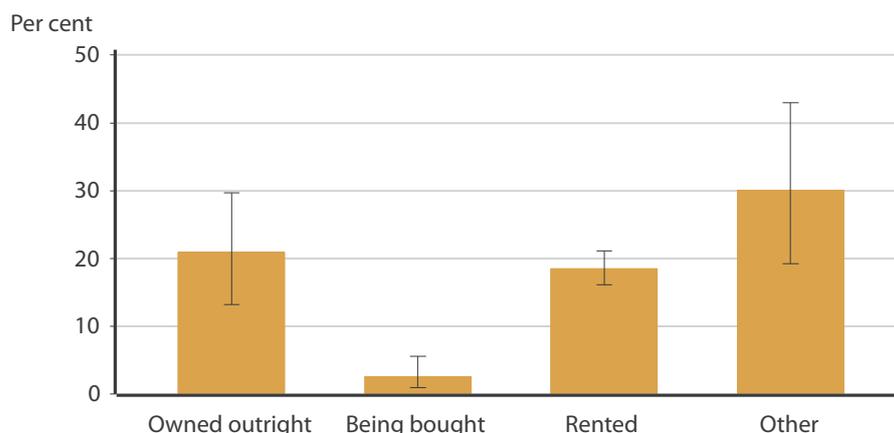
Life stress events. The proportion of dwellings with three or more indicators of poor housing quality increased with higher numbers of life stress events experienced by the family. Where 0–2 life stress events had been experienced, 12.4 per cent (CI: 9.6%–15.6%) of dwellings had poor housing quality. This increased to 16.5 per cent (CI: 13.2%–20.4%) among families with 5–6 life stress events, and 25.6 per cent (CI: 21.3%–30.2%) when seven or more life stress events had been experienced (Table 6.61).

Housing tenure. A considerably lower proportion of dwellings that were being bought had three or more indicators of poor housing quality (2.6 per cent; CI: 1.0%–5.6%) compared with dwellings that were being rented (18.5 per cent; CI: 16.1%–21.1%) or owned outright (20.9 per cent; CI: 13.2%–29.7%). In dwellings that fitted none of these categories (e.g. Community Housing), the proportion with poor housing quality was even higher (30.1 per cent; CI: 19.2%–43.0%) (Figure 6.13).

6



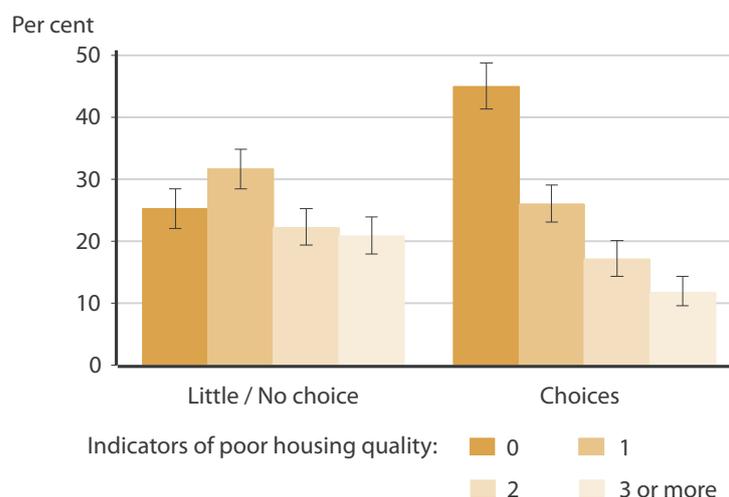
FIGURE 6.13: DWELLINGS — PROPORTION WITH THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, BY HOUSING TENURE



Source: Table 6.62

Choice of housing. As shown in Figure 6.14, households that indicated they had some choice available to them when moving into their current dwelling more commonly reported having no indicators of poor housing quality (45.0 per cent; CI: 41.4–48.8%), when compared with households that had little or no choice of dwelling (25.3 per cent; CI: 22.1%–28.5%). Conversely, a significantly higher proportion of dwellings were found to have three or more indicators of poor housing quality when the household carer had little or no choice of housing (20.9 per cent; CI: 18.0%–24.0%) than when they had choices available (11.8 per cent; CI: 9.6%–14.4%) (Figure 6.14).

FIGURE 6.14: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY WHETHER THE HOUSEHOLD HAD ANY CHOICE WHEN MOVING INTO THEIR CURRENT DWELLING

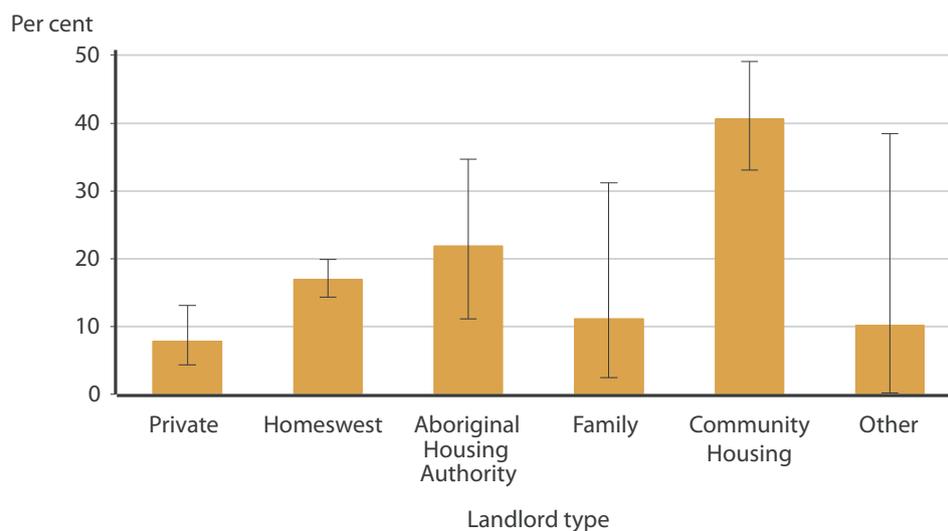


Source: Table 6.63



Rental dwellings. Among the 8,030 dwellings rented by Aboriginal families, the highest proportion with three or more indicators of poor housing quality was reported by households in Community Housing (40.6 per cent; CI: 33.1%–49.1%), while the lowest was among private rental properties (7.8 per cent; CI: 4.0%–13.1%). In Homeswest properties, 17.0 per cent (CI: 14.3%–19.9%) of dwellings had three or more indicators of poor housing quality (Figure 6.15).

FIGURE 6.15 RENTED DWELLINGS — PROPORTION WITH THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, BY LANDLORD TYPE



Source: Table 6.64

6

Factors *not* associated with poor housing quality

A number of other variables were examined and found not to be associated with having three or more indicators of poor housing quality. These included:

- ◆ family financial strain
- ◆ forced separation
- ◆ importance of religion
- ◆ whether rental dwellers had been forced out of a place for any reason within the past 12 months and reasons for having been forced to move
- ◆ whether any members of the household had been the victim of theft, assault, property damage or any other crime in the last three years.



THE *FINDING A PLACE* REPORT

The data reported in this chapter highlight the extent to which Aboriginal people are over-represented in the rental market in general and in the public housing sector more specifically. In December 2004 the Western Australian Equal Opportunity Commission (EOC) launched *Finding a Place* — a report of the findings of an investigation into the provision of public housing to Aboriginal and Torres Strait Islander people in Western Australia.¹⁸ This investigation was prompted by the historically high number of complaints by Aboriginal clients of systematic discrimination towards them by Homeswest — the Department of Housing and Works' (DHW) public housing arm.

The *Finding a Place* report identifies key issues and concerns of Aboriginal people, and the community at large from the submissions from current, prospective and past Homeswest tenants, people and organisations involved in public housing. It reviews the history of public housing in Western Australia and the relationship between Aboriginal people and state and Commonwealth obligations to house them since 1945. Its wide-ranging findings resulted in 165 specific recommendations to State and Australian governments to ensure that the policy and practice surrounding public housing provision is: (a) free of discrimination, (b) supports minimum housing standards, (c) recognises the diversity of Aboriginal family structures, (d) addresses housing stock shortages, and (e) includes Aboriginal representation at an administrative level, among a range of other key areas addressed.

In June 2006, the DHW officially responded to the *Finding a Place* report by releasing a joint statement with the EOC detailing DHW's recognition of past failings and its attempts to move forward using the evidence contained in the report.²⁶ This acknowledged the need for governments to address the confronting observations and conclusions of the report and the level of effort which will need to be sustained over the long term, including the need to review funding levels to reflect the real need of Aboriginal clients. It also highlighted a number of new policies and programmes and foreshadowed future directions. These included:

- ◆ improved maintenance services through an additional \$5 million annually
- ◆ capital works programme targeting areas of greatest demand and renewed effort to reduce waiting lists
- ◆ contracting of community legal services in Kununurra, Port Hedland, Geraldton, Kalgoorlie and Bunbury to employ and train Aboriginal Tenant Advocates
- ◆ establishment of an *In-Home Practical Support (Homemaker)* programme to develop the home living skills, family budgeting and knowledge of tenancy obligations of Aboriginal tenants
- ◆ maintenance of the ongoing objective to employ Aboriginal employees in 10 per cent of DHW positions
- ◆ provision of opportunities for Aboriginal trainees and supporting them with a mentoring scheme
- ◆ maintaining an ongoing commitment to participation by all staff in cross-cultural training.



RELATIVE IMPORTANCE OF FACTORS ASSOCIATED WITH POOR HOUSING QUALITY

Multivariate logistic regression modelling (see *Glossary*) was undertaken to examine the simultaneous impact of the various carer, family, household and dwelling factors described in the preceding analyses on poor housing quality. This model adjusts for the independent effects of the other variables in the model. For example, in the model reported below, the association between housing tenure and the likelihood of having poor housing quality is the effect after controlling for other possible confounding factors such as level of relative isolation. For an explanation of multivariate logistic regression modelling, how it differs from cross-tabulation analysis, and how to interpret the results presented here, see the section entitled *Analysis methods used in this volume* in Chapter One.

Nine factors were found to be independently associated with poor housing quality (Figure 6.16):

Level of Relative Isolation. Dwellings in areas of extreme isolation were over five times more likely (Odds Ratio 5.60 ; CI: 2.90–10.80) to have three or more indicators of poor housing quality than dwellings in areas of no isolation. In areas of moderate and high isolation, the likelihoods were four times (Odds Ratio 4.07; CI: 2.41–6.85) and three times (Odds Ratio 3.16; CI: 1.56–6.40), respectively, while in areas of low isolation, dwellings were over one and a half times more likely (Odds Ratio 1.68; CI: 1.05–2.67) to have three or more indicators of poor housing quality.

Socioeconomic status. Almost a quarter (23.6 per cent; CI: 20.1%–27.3%) of households with Aboriginal children were in the bottom 5% of the Index of Relative Socio-economic Disadvantage (see *Glossary*), while only 11.5 per cent (CI: 8.9%–14.7%) were in the top 50% category (which corresponds to the least relative disadvantage).

Dwellings in areas within the bottom 5% category of the Index of Relative Socio-economic Disadvantage were over four times more likely (Odds Ratio 4.15; CI: 2.25–7.66) than dwellings in areas within the top 50% category to have poor housing quality. Dwellings in areas within the 5%–10% and 10%–25% categories of Socio-economic Disadvantage were more than twice as likely to have three or more indicators of poor housing quality (Odds Ratio 2.38; CI: 1.15–4.93, and Odds Ratio 2.09; CI: 1.14–3.81, respectively).

Overuse of alcohol causing problems in the household. An estimated 13.0 per cent (CI: 11.4%–14.7%) of household carers, representing 1,470 (CI: 1,300–1,660) dwellings, said that overuse of alcohol caused problems in their household. These households had a one and a half times greater likelihood (Odds Ratio 1.95; CI: 1.33–2.87) of having three or more indicators of poor housing quality than other households.

Housing tenure. As described earlier, the majority (70.7 per cent; CI: 68.2%–73.2%) of dwellings with Aboriginal children were being rented. These dwellings were over two and a half times more likely (Odds Ratio 2.64; CI: 1.24–5.60) to have three or more indicators of poor housing quality than dwellings that were being paid off.

Choice of housing. Over half of household carers (51.1 per cent; CI: 48.5%–53.8%) said they had little or no choice of dwelling when they moved into their current house. These households had an increased likelihood of the dwelling having three or more indicators of poor housing quality (Odds Ratio 1.75; CI: 1.26–2.41).



Number of life stress events. The families that experienced 7–14 life stress event in the 12 months before the survey (20.2 per cent; CI: 18.3%–22.2%) were twice as likely (Odds Ratio 2.18; CI: 1.42–3.33) to have poor housing quality than those who had experienced less than three life stress events.

Family functioning. Households with ‘fair’ or ‘good’ family functioning were almost twice as likely to report three or more indicators of poor housing quality (Odds Ratio 1.74; CI: 1.13–2.68, and Odds Ratio 1.74; CI: 1.12–2.72, respectively) as households with family functioning that was described as ‘very good’.

Number of indicators of poor economic wellbeing. Chapter Three provides an analysis of multiple socioeconomic disadvantage in families with Aboriginal children. The measure defined in this analysis focuses on three indicators — carers having never been in paid work, carers with below Year 10 education, and family financial strain. Around a quarter (23.2 per cent; CI: 21.2%–25.3%) of household carers reported no indicators of poor economic wellbeing, with most (50.4 per cent; CI: 48.0%–52.8%) indicating they had one indicator. A small proportion (3.6 per cent; CI: 2.9%–4.6%) had three indicators of poor economic wellbeing.

Dwellings in which there were three indicators of poor economic wellbeing were four times more likely (Odds Ratio 4.17; CI: 2.05–8.48) than dwellings with none of these indicators of economic wellbeing to have poor housing quality.



FIGURE 6.16: DWELLINGS — LIKELIHOOD OF THREE OR MORE INDICATORS OF POOR HOUSING QUALITY, ASSOCIATED WITH CARER, FAMILY, HOUSEHOLD AND DWELLING CHARACTERISTICS

<i>Parameter</i>	<i>Odds Ratio</i>	<i>95% CI</i>
Level of Relative Isolation		
None	1.00	
Low	1.68	(1.05 - 2.67)
Moderate	4.07	(2.41 - 6.85)
High	3.16	(1.56 - 6.40)
Extreme	5.60	(2.90 - 10.80)
Categories of Index of Relative Socio-economic Disadvantage		
Bottom 5%	4.15	(2.25 - 7.66)
5%–10%	2.38	(1.15 - 4.93)
10%–25%	2.09	(1.14 - 3.81)
25%–50%	0.97	(0.52 - 1.82)
Top 50%	1.00	
Overuse of alcohol causing problems in the household		
No	1.00	
Yes	1.95	(1.33 - 2.87)
Housing tenure		
Owned	3.84	(1.57 - 9.43)
Being paid off	1.00	
Rented	2.64	(1.24 - 5.60)
None of these	4.26	(1.60 - 11.40)
Any choice when first moved into current house?		
No	1.75	(1.26 - 2.41)
Yes	1.00	
Number of life stress events		
0–2	1.00	
3–4	1.14	(0.74 - 1.76)
5–6	1.30	(0.83 - 2.05)
7–14	2.18	(1.42 - 3.33)
Family functioning		
Poor	1.06	(0.66 - 1.69)
Fair	1.74	(1.13 - 2.68)
Good	1.74	(1.12 - 2.72)
Very good	1.00	
Number of indicators of poor economic wellbeing		
None	1.00	
One	1.22	(0.79 - 1.88)
Two	1.47	(0.90 - 2.40)
Three	4.17	(2.05 - 8.48)

6



HOMELESSNESS

The WAACHS field methodology was not designed to identify the proportion of Aboriginal children living with families that were homeless at the time of the survey. However, it did allow for the recruitment of families living in non-permanent arrangements, such as a caravan or various forms of improvised dwelling. With the limitations of the WAACHS field methodology to report rates of homelessness in mind, of the 11,400 households with Aboriginal children in Western Australia around 70 (CI: 30–110) were living in a caravan or cabin and around 60 (CI: 30–110) were living in an improvised home, tent or other ‘sleeping out’ arrangement (Table 6.2). These numbers were too low to support meaningful analysis.

While homelessness is generally understood to refer to having no housing or living in temporary or emergency accommodation, it must be recognised that concepts of ‘home’ and ‘homelessness’ can be very different for Aboriginal and non-Aboriginal people. The definition currently employed by the Australian Bureau of Statistics to officially record ‘homelessness’ refers to people whose accommodation ‘falls below the minimum community standard of a small rental flat with a bedroom, living-room, kitchen, bathroom, and an element of tenure security.’^{27,28}

The breadth of this definition means that it encompasses people who are temporarily living in public areas such as parks or who camp on the outskirts of towns for various reasons — such as visiting town to access services or temporarily escaping unstable family or community circumstances. However, the definition is not sufficient for reliable estimates to be made of the number of individuals and families usually living in such circumstances.²⁷ Local government and housing authorities need access to information describing the causes and numbers of such ‘homeless’ people. This is vital for adequate planning and budgeting to reduce the health and social problems resulting from people having inadequate shelter, security and access to basic amenities.

CONCLUDING COMMENTS

The findings reported in this chapter describe the complex way in which Aboriginal housing quality, housing tenure (renting and home ownership) and household occupancy (overcrowding) interrelate with one another, and the ways in which they each are associated with parent/carer, family, household, dwelling and community factors.

While the cross-sectional nature of the WAACHS data and the methods of analysis used to explore these relationships do not permit any firm conclusions to be drawn as to the causal direction of the associations observed, they nevertheless provide some of the first empirical evidence of their kind demonstrating the extent to which Aboriginal families have access to appropriate housing and the ways in which this is related to other aspects of Aboriginal family and community life and children’s wellbeing outcomes.

The survey findings confirm the commonly held community perception that poor housing quality, rental tenancy and overcrowding are all significantly more prevalent in remote and isolated areas of Western Australia. All three of these housing attributes were significantly more likely to be associated with households in which the overuse of alcohol was reported to be causing problems in the household.

After taking into account LORI, family type and financial strain, poor quality of housing was one of the most significant factors associated with the occupancy levels



of households with Aboriginal children. Further, the survey results highlight the connection between these two factors and family life stress. Independently of LORI and other potential confounding factors, families which had experienced seven or more major life stress events in the past year were 2.2 times more likely to have poor housing quality (Figure 6.16) and 1.8 times more likely to have high household occupancy (Figure 6.9).

The findings on home ownership support the potential social and economic benefits of current policy initiatives to increase the proportion of Aboriginal families owning their own homes. These show that regardless of the level of geographic isolation (LORI), families paying off or owning their own home have significantly better family socioeconomic circumstances in terms of carers' employment circumstances and the family's financial situation.

ENDNOTES

1. O'Dea DJ [Commissioner] *Royal Commission into Aboriginal Deaths in Custody. Regional report of inquiry into underlying issues in Western Australia Vols 1 and 2.* Canberra: AGPS; 1991.
2. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The health of Aboriginal children and young people.* Perth: Telethon Institute for Child Health Research; 2004.
3. Gordon S, Hallahan K, Henry D. *Putting the picture together. Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities.* Perth: State Law Publisher; 2002.
4. Australian Bureau of Statistics. *2001 Census Directory.* Canberra: Australian Bureau of Statistics (Catalogue 2901.0); 2001.
5. Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A. *The Western Australian Aboriginal Child Health Survey: Improving the educational experiences of Aboriginal children and young people.* Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2006.
6. Australian Bureau of Statistics. *2001 Census of Population and Housing. Indigenous Community Profile, Western Australia.* Canberra: Australian Bureau of Statistics; 2002.
7. Organisation for Economic Co-operation and Development (OECD). *Asset building and the escape from poverty: A new welfare policy debate.* [Online] [cited 2006 Sept 7]; Available from: URL: [http://www.tessproject.com/products/seminars&training/seminar%20series/ Assets Materials/Asset Building and the Escape from Poverty.pdf](http://www.tessproject.com/products/seminars&training/seminar%20series/Assets%20Materials/Asset%20Building%20and%20the%20Escape%20from%20Poverty.pdf)
8. Department of Housing and Works. Personal communication; 2006.
9. Indigenous Business Australia (Australian Government). *Annual Report 2004 – 2005.* [Online] 2005 [cited 2006 Sept 15] Available from URL: [http://www.iba.gov.au/files/AnnualReport 2004 2005.pdf](http://www.iba.gov.au/files/AnnualReport%202004%202005.pdf)
10. Australian Bureau of Statistics. *Western Australian Statistical Indicators.* Canberra: Australian Bureau of Statistics (Catalogue 1367.5); 2006.
11. Australian Bureau of Statistics. *National Aboriginal and Torres Strait Islander Social Survey 2002 Western Australia.* Canberra: Australian Bureau of Statistics (Catalogue 4714.5.55.001); 2004.
12. Department of Indigenous Affairs. *Overcoming Indigenous Disadvantage in Western Australia Report.* Perth: Department of Indigenous Affairs; 2005.
13. Altman J, Linkhorn C, Clarke J, Fogarty B, Napier K. *Land rights and development reform in remote Australia.* Fitzroy: Oxfam Australia; 2005.
14. Australian Bureau of Statistics. *Australian Social Trends.* Canberra: Australian Bureau of Statistics (Catalogue 4102.0); 2004.



15. Australian Bureau of Statistics and Australian Institute of Health and Welfare. *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Bureau of Statistics and Australian Institute of Health and Welfare (ABS Catalogue 4704.0; AIHW Catalogue IHW11); 2003.
16. Gray A. *Definitions of crowding and the effects of crowding on health: A Literature Review*. Wellington: New Zealand Ministry of Social Policy Te Manatu mo nga Kaupapa Orana Tangata; 2001.
17. Ranson R. *Healthy housing: A practical guide*. London: World Health Organisation & E & F Spon; 1991.
18. Equal Opportunity Commission. *Finding a place: An inquiry into the existence of discriminatory practices in relation to the provision of public housing and related services to Aboriginal people in Western Australia*. Perth: Government of Western Australia; 2004.
19. Department of Family and Community Services (Australian Government) and Department of Housing and Works (Government of Western Australia). *Commonwealth State Housing Agreement — Bilateral Agreement between the Australian Government and the Government of Western Australia July 2003 to June 2008*. Canberra and Perth: Australian Government and Government of Western Australia; 2003.
20. Department of Housing and Works. *Aboriginal Housing Infrastructure Council*. [Online] [cited 2006 Sept 7]; Available from: URL: http://www.dhw.wa.gov.au/402_480.asp
21. Department of Housing and Works and Aboriginal and Torres Strait Islander Commission. *Western Australia's Aboriginal Housing and Infrastructure Operational Plan 2002–2003*. [Online] [cited 2006 Sept 12]; Available from: URL: http://www.dhw.wa.gov.au/Files/abor_operational.pdf
22. Neutze M, Sanders W, Jones G. *Public expenditure on services for Indigenous people: Education, employment, health and housing*. Canberra: The Australia Institute; 1999.
23. Meyers D, Baer WC, Choi Seong-Youn. The changing problem of overcrowding housing, *Journal of the American Planning Association* 1996;62:1.
24. Couzos S, Murray R. *Aboriginal primary health care: An evidence-based approach*. Melbourne: Oxford University Press; 2003.
25. Commonwealth, State and Territory Housing Ministers' Working Group on Indigenous Housing. *National framework for the design, construction and maintenance of Indigenous housing — Incorporating the National Indigenous Housing Guide*. Canberra: Commonwealth Department of Family and Community Services; 1999.
26. Department of Housing and Works and Equal Opportunity Commission. *Aboriginal Housing — Joint Statement: Working together, and with Aboriginal people, to make the best use of our combined resources to address their housing needs*. [Online] [cited 2006 Aug 1]; Available from: URL: http://www.equalopportunity.wa.gov.au/pdf/s80_jointstatement.pdf
27. Australian Bureau of Statistics and Australian Institute of Health and Welfare. *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Bureau of Statistics and Australian Institute of Health and Welfare (ABS Catalogue 4704.0; AIHW Catalogue IHW14); 2005.
28. Chamberlain C, MacKenzie D. *Australian census analytic program: Counting the homeless*, Canberra: Australian Bureau of Statistics; 2003.



DETAILED TABLES

TABLE 6.1: DWELLINGS — BY LEVEL OF RELATIVE ISOLATION

<i>Level of Relative Isolation</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
None	4 310	(4 230 - 4 390)	37.9	(35.3 - 40.6)
Low	2 970	(2 730 - 3 220)	26.2	(23.7 - 28.8)
Moderate	2 320	(1 990 - 2 680)	20.4	(17.4 - 23.6)
High	860	(600 - 1 210)	7.6	(5.2 - 10.6)
Extreme	900	(620 - 1 220)	7.9	(5.6 - 10.9)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.2: DWELLINGS — DWELLING STRUCTURE

<i>Dwelling structure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Separate house	10 400	10 200 - 10 600	91.4	(89.6 - 93.0)
Semi-detached, row or terrace house, townhouse	470	(350 - 600)	4.1	(3.1 - 5.3)
Flat, unit, apartment	260	(160 - 420)	2.3	(1.4 - 3.7)
Caravan, cabin	70	(30 - 110)	0.6	(0.3 - 1.0)
Improvised home, tent, sleepers out	60	(30 - 110)	0.6	(0.3 - 0.9)
Not stated	120	(70 - 200)	1.0	(0.6 - 1.7)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.3: DWELLINGS — WHETHER THE HOUSE HAD RUNNING WATER

<i>House has running water?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	110	(60 - 180)	1.0	(0.6 - 1.5)
Yes	11 000	(10 900 - 11 100)	96.7	(95.8 - 97.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.4: DWELLINGS — SOURCE OF WATER SUPPLY

<i>Scheme/town water</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have running water				
Total	110	(60 - 180)	100.0	
House has running water				
No	1 010	(800 - 1 260)	9.2	(7.3 - 11.5)
Yes	9 970	(9 700 - 10 200)	90.8	(88.5 - 92.7)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	1 010	(800 - 1 260)	8.9	(7.1 - 11.1)
Yes	9 970	(9 700 - 10 200)	87.8	(85.4 - 89.9)
No running water	110	(60 - 180)	1.0	(0.6 - 1.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.5: DWELLINGS — WHETHER RUNNING WATER WAS INSIDE THE HOUSE

<i>Water in the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have running water				
Total	110	(60 - 180)	100.0	
House has running water				
No	150	(90 - 220)	1.3	(0.8 - 2.0)
Yes	10 800	(10 700 - 10 900)	98.7	(98.0 - 99.2)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	150	(90 - 220)	1.3	(0.8 - 1.9)
Yes	10 800	(10 700 - 10 900)	95.4	(94.3 - 96.4)
No running water	110	(60 - 180)	1.0	(0.6 - 1.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.6: DWELLINGS — WHETHER RUNNING WATER WAS WORKING OK

<i>Water working OK?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have running water				
Total	110	(60 - 180)	100.0	
House has running water				
No	180	(130 - 260)	1.7	(1.2 - 2.4)
Yes	10 800	(10 700 - 10 900)	98.3	(97.6 - 98.8)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	180	(130 - 260)	1.6	(1.1 - 2.3)
Yes	10 800	(10 700 - 10 900)	95.1	(94.0 - 96.1)
No running water	110	(60 - 180)	1.0	(0.6 - 1.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.7: DWELLINGS — WHETHER THE HOUSE HAD A BATH OR SHOWER WHICH ALLOWED BOTH ADULTS AND CHILDREN TO WASH

<i>Bath or shower?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	80	(50 - 130)	0.7	(0.4 - 1.2)
Yes	11 000	(10 900 - 11 100)	97.0	(96.0 - 97.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.8: DWELLINGS — WHETHER BATH OR SHOWER LOCATED INSIDE THE HOUSE

<i>Bath/shower in the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a bath or shower				
Total	80	(50 - 130)	100.0	
House has a bath or shower				
No	210	(140 - 290)	1.9	(1.3 - 2.7)
Yes	10 800	(10 700 - 10 900)	98.1	(97.4 - 98.7)
Total	11 000	(10 900 - 11 100)	100.0	

Continued ...



TABLE 6.8 (continued): DWELLINGS — WHETHER BATH OR SHOWER LOCATED INSIDE THE HOUSE

<i>Bath/shower in the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	210	(140 - 290)	1.8	(1.3 - 2.6)
Yes	10 800	(10 700 - 10 900)	95.1	(93.9 - 96.1)
No bath/shower	80	(50 - 130)	0.7	(0.4 - 1.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.9: DWELLINGS — WHETHER THE BATH OR SHOWER WAS WORKING OK

<i>Bath/shower working OK?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a bath or shower				
Total	80	(50 - 130)	100.0	
House has a bath or shower				
No	260	(180 - 370)	2.4	(1.6 - 3.2)
Yes	10 800	(10 600 - 10 900)	97.6	(96.8 - 98.4)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	260	(180 - 370)	2.3	(1.6 - 3.2)
Yes	10 800	(10 600 - 10 900)	94.7	(93.4 - 95.8)
No bath/shower	80	(50 - 130)	0.7	(0.4 - 1.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.10: DWELLINGS — WHETHER HOT WATER AVAILABLE FOR THE BATH AND SHOWER

<i>Hot water available for bath/shower?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a bath or shower				
Total	80	(50 - 130)	100.0	
House has a bath or shower				
No	630	(510 - 770)	5.8	(4.6 - 7.0)
Yes	10 400	(10 200 - 10 500)	94.2	(93.0 - 95.4)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	630	(510 - 770)	5.6	(4.5 - 6.8)
Yes	10 400	(10 200 - 10 500)	91.4	(89.9 - 92.7)
No bath/shower	80	(50 - 130)	0.7	(0.4 - 1.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.11: DWELLINGS — WHETHER THE HOUSE HAD A LAUNDRY AREA

<i>House has laundry area?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	240	(160 - 320)	2.1	(1.4 - 2.8)
Yes	10 900	(10 700 - 11 000)	95.6	(94.6 - 96.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.12: DWELLINGS — WHETHER THERE WAS A LAUNDRY AREA INSIDE THE HOUSE

<i>Laundry in the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a laundry area				
Total	240	(160 - 320)	100.0	
House has a laundry area				
No	430	(310 - 570)	4.0	(2.8 - 5.2)
Yes	10 400	(10 300 - 10 600)	96.0	(94.8 - 97.2)
Total	10 900	(10 700 - 11 000)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	430	(310 - 570)	3.8	(2.7 - 5.0)
Yes	10 400	(10 300 - 10 600)	91.9	(90.3 - 93.2)
No laundry area	240	(160 - 320)	2.1	(1.4 - 2.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.13: DWELLINGS — WHETHER THERE WAS A LAUNDRY AREA NEARBY WHICH COULD BE USED IF NEEDED

<i>Other laundry nearby which can be used?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a laundry area				
No	30	(10 - 60)	10.9	(3.9 - 25.1)
Yes	210	(150 - 300)	89.1	(75.4 - 96.2)
Total	240	(160 - 320)	100.0	
House has a laundry area				
No	1 700	(1 480 - 1 940)	15.6	(13.6 - 17.8)
Yes	9 170	(8 920 - 9 390)	84.4	(82.2 - 86.4)
Total	10 900	(10 700 - 11 000)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	1 720	(1 500 - 1 960)	15.2	(13.2 - 17.2)
Yes	9 380	(9 130 - 9 600)	82.6	(80.4 - 84.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.14: DWELLINGS — WHETHER THE HOUSE HAD A TOILET THAT WORKED

<i>House has toilet that works?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	110	(80 - 160)	1.0	(0.6 - 1.4)
Yes	11 000	(10 900 - 11 100)	96.7	(95.9 - 97.4)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.15: DWELLINGS — WHETHER THE TOILET WAS INSIDE THE HOUSE

<i>Toilet in the house?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have a toilet				
Total	110	(80 - 160)	100.0	
House has a toilet				
No	420	(320 - 550)	3.9	(2.9 - 5.0)
Yes	10 600	(10 400 - 10 700)	96.1	(95.0 - 97.1)
Total	11 000	(10 900 - 11 100)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	420	(320 - 550)	3.7	(2.8 - 4.9)
Yes	10 600	(10 400 - 10 700)	93.0	(91.6 - 94.1)
No toilet	110	(80 - 160)	1.0	(0.6 - 1.4)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.16: DWELLINGS — WHETHER THERE WAS ANOTHER TOILET THAT COULD BE USED IF OWN TOILET NOT WORKING, BY WHETHER THIS DWELLING HAS A TOILET THAT WORKS

<i>Another toilet available?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House has a toilet				
No	3 220	(2 950 - 3 520)	29.3	(26.8 - 32.0)
Yes	7 760	(7 470 - 8 050)	70.7	(68.0 - 73.2)
Total	11 000	(10 900 - 11 100)	100.0	
House does not have a toilet				
Total	110	(80 - 160)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	3 220	(2 950 - 3 520)	28.4	(26.0 - 31.0)
Yes	7 760	(7 470 - 8 050)	68.3	(65.8 - 70.9)
No toilet	110	(80 - 160)	1.0	(0.6 - 1.4)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.17: DWELLINGS — WHETHER HOUSE HAD ORGANISED HOUSEHOLD RUBBISH REMOVAL

<i>House has organised rubbish removal?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	270	(160 - 420)	2.4	(1.5 - 3.7)
Yes	10 800	(10 700 - 11 000)	95.3	(93.9 - 96.6)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.18: DWELLINGS — WHETHER THE ORGANISED HOUSEHOLD RUBBISH REMOVAL WAS DONE OFTEN ENOUGH

<i>Rubbish removal done often enough?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have an organised rubbish removal				
Total	270	(160 - 420)	100.0	
House does have an organised rubbish removal				
No	840	(700 - 990)	7.8	(6.5 - 9.1)
Yes	9 990	(9 800 - 10 200)	92.2	(90.9 - 93.5)
Total	10 800	(10 700 - 11 000)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	840	(700 - 990)	7.4	(6.2 - 8.7)
Yes	9 990	(9 800 - 10 200)	87.9	(86.1 - 89.6)
No rubbish removal	270	(160 - 420)	2.4	(1.5 - 3.7)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.19: DWELLINGS — WHETHER THERE WAS SOMEWHERE TO COOK A MEAL, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Somewhere to cook a meal?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	10	(0 - 10)	0.1	(0.1 - 0.3)
Yes	4 200	(4 110 - 4 290)	97.4	(96.4 - 98.3)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	20	(10 - 40)	0.7	(0.3 - 1.5)
Yes	2 890	(2 650 - 3 130)	97.0	(95.7 - 98.1)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	10	(0 - 40)	0.2	(0.0 - 1.9)
Yes	2 270	(1 950 - 2 610)	98.2	(96.7 - 99.1)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	30	(10 - 80)	3.5	(0.7 - 9.3)
Yes	810	(570 - 1 140)	94.3	(83.1 - 98.7)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	40	(10 - 80)	4.1	(1.8 - 8.9)
Yes	830	(580 - 1 120)	92.2	(87.4 - 95.7)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	100	(60 - 160)	0.9	(0.5 - 1.4)
Yes	11 000	(10 900 - 11 100)	96.8	(95.9 - 97.6)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.20: DWELLINGS — WHETHER THERE WAS SOMEWHERE COLD TO STORE FOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Somewhere cold to store food?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	10	(0 - 10)	0.1	(0.1 - 0.3)
Yes	4 200	(4 110 - 4 290)	97.4	(96.3 - 98.3)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	50	(30 - 80)	1.7	(1.0 - 2.8)
Yes	2 860	(2 620 - 3 100)	96.0	(94.5 - 97.2)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	90	(40 - 170)	3.8	(1.8 - 7.5)
Yes	2 190	(1 870 - 2 530)	94.6	(91.1 - 97.2)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	60	(10 - 130)	6.7	(2.4 - 16.3)
Yes	790	(540 - 1 090)	91.1	(80.8 - 97.8)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	130	(70 - 220)	14.6	(9.1 - 21.1)
Yes	730	(510 - 1 000)	81.7	(74.4 - 87.2)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	330	(240 - 450)	2.9	(2.1 - 4.0)
Yes	10 800	(10 600 - 10 900)	94.8	(93.5 - 95.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.21: DWELLINGS — WHETHER THERE WAS SOMEWHERE TO STORE FOOD AND COOKING GEAR, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Somewhere to store food and cooking gear?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	10	(0 - 40)	0.3	(0.1 - 0.8)
Yes	4 190	(4 100 - 4 280)	97.3	(96.1 - 98.2)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	20	(0 - 60)	0.8	(0.1 - 2.0)
Yes	2 880	(2 650 - 3 130)	97.0	(95.4 - 98.2)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	50	(30 - 100)	2.3	(1.2 - 4.2)
Yes	2 220	(1 910 - 2 570)	96.1	(94.2 - 97.6)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	20	(0 - 60)	1.9	(0.2 - 6.2)
Yes	830	(580 - 1 160)	95.9	(82.7 - 99.4)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	100	(50 - 220)	11.6	(5.4 - 22.5)
Yes	760	(530 - 1 050)	84.7	(74.7 - 91.8)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	210	(140 - 320)	1.9	(1.2 - 2.8)
Yes	10 900	(10 800 - 11 000)	95.8	(94.7 - 96.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.22: DWELLINGS — WHETHER THERE WAS SOMEWHERE TO WASH UP DISHES AND COOKING GEAR, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Somewhere to wash up?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	10	(0 - 10)	0.1	(0.1 - 0.3)
Yes	4 200	(4 110 - 4 290)	97.4	(96.4 - 98.3)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	10	(0 - 20)	0.3	(0.1 - 0.7)
Yes	2 900	(2 660 - 3 140)	97.4	(96.2 - 98.4)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	10	(0 - 40)	0.2	(0.0 - 1.9)
Yes	2 270	(1 950 - 2 610)	98.2	(96.7 - 99.1)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	20	(0 - 60)	1.9	(0.2 - 6.2)
Yes	830	(580 - 1 160)	95.9	(82.7 - 99.4)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	10	(0 - 40)	1.1	(0.1 - 4.2)
Yes	850	(590 - 1 150)	95.2	(90.7 - 97.7)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	50	(20 - 90)	0.4	(0.2 - 0.8)
Yes	11 000	(11 000 - 11 100)	97.3	(96.5 - 98.0)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.23: DWELLINGS — WHETHER THE HOUSE HAD FLYSCREENS ON THE DOORS AND WINDOWS TO KEEP INSECTS AND PESTS OUT

<i>House has flyscreens?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
No	2 170	(1 910 - 2 440)	19.1	(16.8 - 21.5)
Yes	8 930	(8 640 - 9 200)	78.6	(76.1 - 81.0)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.24: DWELLINGS — WHETHER THE HOUSE HAD FLYSCREENS IN GOOD CONDITION

<i>Flyscreens in good condition?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have flyscreens				
Total	2 170	(1 910 - 2 440)	100.0	
House has flyscreens				
No	1 760	(1 560 - 1 970)	19.7	(17.5 - 22.0)
Yes	7 170	(6 870 - 7 470)	80.3	(78.0 - 82.5)
Total	8 930	(8 640 - 9 200)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	1 760	(1 560 - 1 970)	15.5	(13.7 - 17.4)
Yes	7 170	(6 870 - 7 470)	63.1	(60.5 - 65.8)
No flyscreens	2 170	(1 910 - 2 440)	19.1	(16.8 - 21.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.25: DWELLINGS — WHETHER THE HOUSE HAD FLYSCREENS IN GOOD CONDITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Whether flyscreens fitted and condition</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No screens or screens in poor condition	1 210	(1 030 - 1 390)	28.0	(24.1 - 32.3)
Screens in good condition	3 000	(2 820 - 3 190)	69.6	(65.4 - 73.7)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No screens or screens in poor condition	820	(690 - 970)	27.6	(23.5 - 32.1)
Screens in good condition	2 090	(1 880 - 2 310)	70.1	(65.6 - 74.3)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No screens or screens in poor condition	810	(650 - 990)	35.1	(30.2 - 40.3)
Screens in good condition	1 470	(1 230 - 1 730)	63.3	(58.0 - 68.5)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No screens or screens in poor condition	440	(290 - 630)	50.7	(41.9 - 59.6)
Screens in good condition	410	(260 - 590)	47.0	(37.0 - 56.6)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	

Continued . . .



TABLE 6.25 (continued): DWELLINGS — WHETHER THE HOUSE HAD FLYSCREENS IN GOOD CONDITION, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Whether flyscreens fitted and condition</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — Extreme				
No screens or screens in poor condition	650	(450 - 920)	72.3	(61.4 - 82.6)
Screens in good condition	220	(120 - 350)	24.0	(14.9 - 35.3)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No screens or screens in poor condition	3 930	(3 640 - 4 230)	34.6	(32.0 - 37.2)
Screens in good condition	7 170	(6 870 - 7 470)	63.1	(60.5 - 65.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.26: DWELLINGS— WHETHER THE HOUSE HAD PLANTS TO KEEP THE DUST DOWN, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Plants to keep dust down?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	780	(630 - 960)	18.2	(14.7 - 22.2)
Yes	3 420	(3 250 - 3 590)	79.4	(75.5 - 83.1)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	650	(520 - 810)	22.0	(17.9 - 26.4)
Yes	2 250	(2 050 - 2 470)	75.7	(71.4 - 79.9)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	520	(400 - 670)	22.3	(17.9 - 27.1)
Yes	1 760	(1 500 - 2 060)	76.2	(71.0 - 80.6)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	260	(150 - 430)	30.2	(19.6 - 43.7)
Yes	580	(390 - 850)	67.6	(52.5 - 80.1)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	350	(230 - 510)	38.7	(28.4 - 50.0)
Yes	520	(350 - 750)	57.6	(47.3 - 67.7)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	2 560	(2 310 - 2 840)	22.6	(20.3 - 25.0)
Yes	8 540	(8 260 - 8 800)	75.2	(72.7 - 77.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.27: DWELLINGS — WHETHER THE HOUSE HAD PLANTS TO KEEP THE DUST DOWN, BY ATSI REGION

<i>Plants to keep dust down?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Broome				
No	70	(30 - 130)	15.0	(7.6 - 24.7)
Yes	370	(230 - 580)	82.0	(62.6 - 95.3)
Not stated	10	(0 - 160)	3.0	(0.0 - 30.8)
Total	450	(270 - 690)	100.0	
Derby				
No	120	(70 - 200)	17.4	(10.4 - 26.3)
Yes	540	(360 - 780)	80.7	(69.9 - 89.1)
Not stated	10	(0 - 50)	1.9	(0.3 - 7.6)
Total	670	(450 - 950)	100.0	
Geraldton				
No	270	(190 - 380)	24.9	(18.5 - 32.4)
Yes	790	(620 - 990)	73.1	(65.7 - 79.4)
Not stated	20	(10 - 40)	2.0	(1.1 - 3.5)
Total	1 080	(870 - 1 330)	100.0	
Kalgoorlie				
No	170	(90 - 270)	29.2	(18.5 - 42.6)
Yes	390	(250 - 580)	68.7	(56.6 - 80.1)
Not stated	10	(0 - 30)	2.2	(0.6 - 5.7)
Total	570	(380 - 800)	100.0	
Kununurra				
No	240	(140 - 380)	29.2	(18.4 - 40.6)
Yes	550	(380 - 750)	66.6	(55.6 - 77.3)
Not stated	30	(10 - 70)	4.2	(1.7 - 8.6)
Total	820	(600 - 1 120)	100.0	
Narrogin				
No	310	(220 - 430)	18.0	(13.3 - 23.5)
Yes	1 380	(1 240 - 1 530)	79.9	(74.3 - 84.8)
Not stated	40	(20 - 80)	2.1	(0.8 - 4.1)
Total	1 730	(1 550 - 1 910)	100.0	
Perth				
No	850	(700 - 1 030)	18.7	(15.3 - 22.7)
Yes	3 580	(3 410 - 3 750)	78.8	(74.8 - 82.3)
Not stated	110	(70 - 160)	2.4	(1.6 - 3.4)
Total	4 540	(4 480 - 4 600)	100.0	
South Hedland				
No	280	(170 - 440)	29.8	(20.8 - 41.1)
Yes	640	(470 - 870)	69.3	(59.0 - 79.0)
Not stated	10	(0 - 30)	0.8	(0.1 - 3.9)
Total	930	(690 - 1 240)	100.0	
Warburton				
No	260	(150 - 410)	46.2	(32.4 - 59.3)
Yes	300	(160 - 470)	51.9	(39.0 - 66.0)
Not stated	10	(0 - 30)	1.9	(0.4 - 5.7)
Total	570	(360 - 840)	100.0	
Western Australia				
No	2 560	(2 310 - 2 840)	22.6	(20.3 - 25.0)
Yes	8 540	(8 260 - 8 800)	75.2	(72.7 - 77.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.28: DWELLINGS — WHETHER THE HOUSE HAD HEATING TO KEEP IT WARM WHEN THE WEATHER WAS COLD, BY ATSIK REGION

<i>House has heating?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Broome				
No	410	(250 - 620)	89.6	(72.5 - 96.7)
Yes	30	(20 - 60)	7.4	(3.7 - 12.1)
Not stated	10	(0 - 160)	3.0	(0.0 - 30.8)
Total	450	(270 - 690)	100.0	
Derby				
No	600	(400 - 850)	89.8	(84.5 - 93.6)
Yes	60	(30 - 90)	8.3	(4.9 - 13.3)
Not stated	10	(0 - 50)	1.9	(0.3 - 7.6)
Total	670	(450 - 950)	100.0	
Geraldton				
No	500	(380 - 640)	45.7	(39.0 - 52.9)
Yes	570	(430 - 730)	52.3	(45.3 - 59.6)
Not stated	20	(10 - 40)	2.0	(1.1 - 3.5)
Total	1 080	(870 - 1 330)	100.0	
Kalgoorlie				
No	100	(60 - 150)	17.0	(10.7 - 24.1)
Yes	460	(300 - 680)	80.9	(72.9 - 87.6)
Not stated	10	(0 - 30)	2.2	(0.6 - 5.7)
Total	570	(380 - 800)	100.0	
Kununurra				
No	670	(470 - 910)	81.3	(72.5 - 87.9)
Yes	120	(70 - 200)	14.5	(8.3 - 22.0)
Not stated	30	(10 - 70)	4.2	(1.7 - 8.6)
Total	820	(600 - 1 120)	100.0	
Narrogin				
No	150	(100 - 220)	8.7	(5.9 - 12.4)
Yes	1 540	(1 370 - 1 720)	89.2	(85.3 - 92.4)
Not stated	40	(20 - 80)	2.1	(0.8 - 4.1)
Total	1 730	(1 550 - 1 910)	100.0	
Perth				
No	900	(740 - 1 080)	19.8	(16.4 - 23.7)
Yes	3 530	(3 370 - 3 700)	77.8	(74.1 - 81.4)
Not stated	110	(70 - 160)	2.4	(1.6 - 3.4)
Total	4 540	(4 480 - 4 600)	100.0	
South Hedland				
No	690	(500 - 930)	74.2	(65.8 - 81.8)
Yes	230	(140 - 340)	25.0	(17.4 - 33.9)
Not stated	10	(0 - 30)	0.8	(0.1 - 3.9)
Total	930	(690 - 1 240)	100.0	
Warburton				
No	190	(100 - 340)	32.7	(18.6 - 47.6)
Yes	370	(230 - 570)	65.4	(48.8 - 78.1)
Not stated	10	(0 - 30)	1.9	(0.4 - 5.7)
Total	570	(360 - 840)	100.0	
Western Australia				
No	4 190	(3 930 - 4 440)	36.9	(34.6 - 39.1)
Yes	6 910	(6 650 - 7 160)	60.9	(58.6 - 63.1)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.29: DWELLINGS — WHETHER HEATING IN THE HOUSE WAS WORKING

<i>Is the heating working OK?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have heating				
Total	4 190	(3 930 - 4 440)	100.0	
House has heating				
No	220	(160 - 300)	3.2	(2.3 - 4.3)
Yes	6 690	(6 430 - 6 950)	96.8	(95.7 - 97.7)
Total	6 910	(6 650 - 7 160)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	220	(160 - 300)	2.0	(1.4 - 2.7)
Yes	6 690	(6 430 - 6 950)	58.9	(56.6 - 61.2)
No heating	4 190	(3 930 - 4 440)	36.9	(34.6 - 39.1)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.30: DWELLINGS — WHETHER THE HOUSE HAD SHADE OR INSULATION TO KEEP IT COOL, BY ATSIK REGION

<i>House has shade/insulation for cooling?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Broome				
No	20	(0 - 90)	4.2	(0.1 - 16.2)
Yes	420	(270 - 650)	92.8	(55.5 - 99.7)
Not stated	10	(0 - 160)	3.0	(0.0 - 30.8)
Total	450	(270 - 690)	100.0	
Derby				
No	90	(50 - 150)	13.8	(7.3 - 21.6)
Yes	560	(360 - 800)	84.4	(76.2 - 90.6)
Not stated	10	(0 - 50)	1.9	(0.3 - 7.6)
Total	670	(450 - 950)	100.0	
Geraldton				
No	370	(270 - 500)	34.3	(27.2 - 42.6)
Yes	690	(530 - 870)	63.7	(55.8 - 71.2)
Not stated	20	(10 - 40)	2.0	(1.1 - 3.5)
Total	1 080	(870 - 1 330)	100.0	
Kalgoorlie				
No	150	(80 - 240)	25.8	(15.3 - 37.9)
Yes	410	(260 - 600)	72.0	(60.4 - 83.0)
Not stated	10	(0 - 30)	2.2	(0.6 - 5.7)
Total	570	(380 - 800)	100.0	
Kununurra				
No	160	(110 - 230)	19.1	(12.9 - 26.4)
Yes	630	(440 - 870)	76.6	(69.5 - 82.7)
Not stated	30	(10 - 70)	4.2	(1.7 - 8.6)
Total	820	(600 - 1 120)	100.0	

Continued....



TABLE 6.30 (continued): DWELLINGS — WHETHER THE HOUSE HAD SHADE OR INSULATION TO KEEP IT COOL, BY ATSI REGION

<i>House has shade/insulation for cooling?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Narrogin				
No	650	(520 - 800)	37.4	(31.5 - 43.7)
Yes	1 040	(920 - 1 180)	60.5	(54.4 - 66.6)
Not stated	40	(20 - 80)	2.1	(0.8 - 4.1)
Total	1 730	(1 550 - 1 910)	100.0	
Perth				
No	1 170	(1 010 - 1 350)	25.8	(22.2 - 29.7)
Yes	3 260	(3 080 - 3 430)	71.7	(67.8 - 75.4)
Not stated	110	(70 - 160)	2.4	(1.6 - 3.4)
Total	4 540	(4 480 - 4 600)	100.0	
South Hedland				
No	190	(120 - 300)	20.3	(13.4 - 29.0)
Yes	730	(520 - 980)	78.9	(70.4 - 85.6)
Not stated	10	(0 - 30)	0.8	(0.1 - 3.9)
Total	930	(690 - 1 240)	100.0	
Warburton				
No	160	(90 - 270)	28.8	(18.5 - 40.1)
Yes	390	(240 - 610)	69.3	(57.9 - 80.4)
Not stated	10	(0 - 30)	1.9	(0.4 - 5.7)
Total	570	(360 - 840)	100.0	
Western Australia				
No	2 960	(2 710 - 3 220)	26.0	(23.9 - 28.3)
Yes	8 140	(7 880 - 8 400)	71.7	(69.4 - 73.9)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.31: DWELLINGS — WHETHER THE HOUSE SHADE OR INSULATION WAS EFFECTIVE

<i>Is shade/insulation effective?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
House does not have shade or insulation				
Total	2 960	(2 710 - 3 220)	100.0	
House has shade or insulation				
No	360	(280 - 460)	4.4	(3.4 - 5.7)
Yes	7 780	(7 500 - 8 040)	95.6	(94.3 - 96.6)
Total	8 140	(7 880 - 8 400)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	360	(280 - 460)	3.2	(2.4 - 4.1)
Yes	7 780	(7 500 - 8 040)	68.5	(66.1 - 70.8)
No shade/insulation	2 960	(2 710 - 3 220)	26.0	(23.9 - 28.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.32: DWELLINGS — WHETHER THE HOUSE HAD TREES FOR SHADE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Trees for shade?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	890	(740 - 1 060)	20.6	(17.2 - 24.5)
Yes	3 320	(3 150 - 3 490)	76.9	(73.1 - 80.5)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
No	750	(620 - 890)	25.1	(21.2 - 29.3)
Yes	2 160	(1 960 - 2 380)	72.7	(68.6 - 76.6)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
No	310	(230 - 390)	13.3	(10.7 - 16.4)
Yes	1 970	(1 680 - 2 280)	85.1	(81.9 - 87.9)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
No	160	(90 - 270)	19.1	(11.3 - 29.1)
Yes	680	(460 - 980)	78.7	(64.7 - 88.7)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
No	240	(150 - 370)	27.2	(19.3 - 36.3)
Yes	620	(420 - 860)	69.1	(60.7 - 76.5)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
No	2 350	(2 130 - 2 590)	20.7	(18.8 - 22.8)
Yes	8 750	(8 500 - 8 980)	77.0	(74.8 - 79.1)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.33: DWELLINGS — HOUSING TENURE

<i>Housing tenure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned	840	(690 - 1 030)	7.4	(6.0 - 9.1)
Being paid off	1 810	(1 600 - 2 030)	15.9	(14.0 - 17.9)
Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.34: DWELLINGS — HOUSING TENURE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Housing tenure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Owned or being paid off	1 450	(1 270 - 1 640)	33.6	(29.5 - 38.1)
Rented	2 690	(2 500 - 2 890)	62.4	(57.9 - 66.7)
None of these	70	(30 - 130)	1.5	(0.7 - 2.9)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
Owned or being paid off	610	(480 - 770)	20.6	(16.6 - 25.3)
Rented	2 240	(2 030 - 2 460)	75.4	(71.0 - 79.6)
None of these	50	(30 - 90)	1.8	(1.0 - 2.9)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
Owned or being paid off	500	(390 - 630)	21.6	(17.6 - 26.1)
Rented	1 690	(1 430 - 1 980)	73.1	(68.2 - 77.8)
None of these	90	(40 - 170)	3.8	(1.8 - 6.7)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
Owned or being paid off	50	(20 - 110)	6.1	(2.2 - 12.2)
Rented	730	(500 - 1 030)	85.1	(74.2 - 93.1)
None of these	60	(20 - 150)	6.5	(1.9 - 16.5)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
Owned or being paid off	40	(10 - 110)	4.3	(0.9 - 11.7)
Rented	680	(450 - 940)	75.4	(63.5 - 84.9)
None of these	150	(80 - 260)	16.7	(9.4 - 26.4)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
Owned or being paid off	2 650	(2 400 - 2 920)	23.4	(21.1 - 25.7)
Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.35: DWELLINGS — HOUSING TENURE, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

<i>Housing tenure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%				
Owned or being paid off	360	(250 - 490)	13.4	(9.6 - 18.0)
Rented	2 120	(1 780 - 2 490)	79.0	(73.5 - 83.6)
None of these	120	(60 - 220)	4.6	(2.3 - 7.9)
Not stated	80	(40 - 130)	3.0	(1.7 - 4.8)
Total	2 680	(2 280 - 3 100)	100.0	
5%–10%				
Owned or being paid off	300	(210 - 400)	20.5	(15.7 - 26.1)
Rented	1 070	(860 - 1 320)	73.0	(66.2 - 78.8)
None of these	40	(20 - 80)	2.5	(1.1 - 5.0)
Not stated	60	(20 - 140)	4.0	(1.3 - 8.9)
Total	1 460	(1 180 - 1 770)	100.0	
10%–25%				
Owned or being paid off	700	(560 - 850)	24.4	(20.2 - 28.9)
Rented	2 090	(1 770 - 2 410)	72.9	(68.2 - 77.1)
None of these	70	(40 - 100)	2.4	(1.5 - 3.7)
Not stated	10	(0 - 60)	0.4	(0.0 - 2.2)
Total	2 860	(2 480 - 3 260)	100.0	
25%–50%				
Owned or being paid off	890	(730 - 1 070)	29.2	(24.8 - 34.0)
Rented	1 930	(1 630 - 2 250)	63.3	(58.3 - 68.0)
None of these	140	(80 - 240)	4.6	(2.5 - 7.5)
Not stated	90	(60 - 130)	3.0	(1.9 - 4.3)
Total	3 040	(2 660 - 3 460)	100.0	
Top 50%				
Owned or being paid off	410	(270 - 610)	31.3	(21.7 - 41.2)
Rented	830	(630 - 1 100)	63.7	(53.6 - 73.0)
None of these	50	(10 - 140)	3.5	(0.8 - 10.6)
Not stated	20	(10 - 40)	1.5	(0.6 - 3.3)
Total	1 310	(1 020 - 1 670)	100.0	
Total				
Owned or being paid off	2 650	(2 400 - 2 920)	23.4	(21.1 - 25.7)
Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.36: DWELLINGS — HOUSING TENURE, BY AGE OF THE PRIMARY CARER

<i>Housing tenure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
19 years and younger				
Owned or being paid off	50	(30 - 80)	12.8	(7.7 - 20.0)
Rented	290	(230 - 370)	78.2	(68.8 - 86.1)
None of these	30	(10 - 70)	9.1	(3.9 - 18.8)
Total	370	(300 - 450)	100.0	
20–24 years				
Owned or being paid off	230	(180 - 300)	15.9	(12.0 - 20.5)
Rented	1 200	(1 040 - 1 390)	81.6	(76.7 - 85.7)
None of these	40	(20 - 60)	2.5	(1.3 - 4.4)
Total	1 480	(1 300 - 1 660)	100.0	
25–29 years				
Owned or being paid off	310	(210 - 440)	16.1	(11.5 - 21.9)
Rented	1 520	(1 340 - 1 710)	79.3	(73.6 - 84.6)
None of these	90	(50 - 140)	4.6	(2.7 - 7.1)
Total	1 920	(1 710 - 2 140)	100.0	
30–39 years				
Owned or being paid off	1 090	(920 - 1 280)	25.5	(21.8 - 29.3)
Rented	3 010	(2 760 - 3 270)	70.5	(66.4 - 74.3)
None of these	170	(110 - 250)	4.0	(2.6 - 6.0)
Total	4 270	(3 990 - 4 540)	100.0	
40–49 years				
Owned or being paid off	670	(530 - 810)	32.3	(26.7 - 38.3)
Rented	1 340	(1 150 - 1 540)	65.1	(59.1 - 71.0)
None of these	50	(20 - 140)	2.6	(0.9 - 6.5)
Total	2 060	(1 830 - 2 300)	100.0	
50 years and over				
Owned or being paid off	310	(230 - 390)	30.9	(24.2 - 38.2)
Rented	670	(540 - 810)	66.6	(58.9 - 73.5)
None of these	30	(10 - 50)	2.5	(1.1 - 5.1)
Total	1 000	(850 - 1 160)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
Owned or being paid off	2 650	(2 400 - 2 920)	23.4	(21.1 - 25.7)
Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.37: DWELLINGS — HOUSING TENURE, BY HOUSEHOLD COMPOSITION

<i>Housing tenure</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Two original parent family				
Owned or being paid off	1 620	(1 430 - 1 840)	29.7	(26.4 - 33.3)
Rented	3 640	(3 380 - 3 910)	66.8	(63.1 - 70.3)
None of these	190	(120 - 290)	3.5	(2.2 - 5.4)
Total	5 450	(5 190 - 5 730)	100.0	
Sole parent				
Owned or being paid off	710	(570 - 870)	16.8	(13.7 - 20.3)
Rented	3 320	(3 070 - 3 570)	78.9	(75.4 - 82.4)
None of these	180	(120 - 240)	4.2	(3.0 - 5.8)
Total	4 200	(3 940 - 4 470)	100.0	
Two parent step/blended family				
Owned or being paid off	150	(100 - 220)	25.7	(17.3 - 34.6)
Rented	410	(320 - 520)	71.5	(62.1 - 80.0)
None of these	20	(0 - 40)	2.8	(0.6 - 7.8)
Total	580	(470 - 700)	100.0	
Aunts, uncles, grandparents				
Owned or being paid off	100	(50 - 170)	15.8	(8.4 - 26.0)
Rented	490	(390 - 590)	80.5	(70.6 - 88.6)
None of these	20	(10 - 50)	3.7	(1.3 - 8.9)
Total	600	(490 - 730)	100.0	
Other				
Owned or being paid off	80	(30 - 160)	30.0	(13.2 - 48.7)
Rented	180	(110 - 260)	67.3	(47.6 - 84.1)
None of these	10	(0 - 30)	2.6	(0.0 - 10.3)
Total	260	(180 - 370)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
Owned or being paid off	2 650	(2 400 - 2 920)	23.4	(21.1 - 25.7)
Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.38: DWELLINGS — HOUSING TENURE, BY ABORIGINAL STATUS OF THE PRIMARY CARER

Aboriginal status of the primary carer?	Housing tenure	Number	95% CI	%	95% CI
Aboriginal	Owned or being paid off	1 800	(1 590 - 2 040)	20.0	(17.6 - 22.5)
	Rented	6 840	(6 550 - 7 130)	75.9	(73.2 - 78.5)
	None of these	370	(270 - 510)	4.2	(3.0 - 5.6)
	Total	9 010	(8 770 - 9 240)	100.0	
Non-Aboriginal	Owned or being paid off	830	(690 - 1 010)	41.5	(35.5 - 47.9)
	Rented	1 140	(970 - 1 320)	56.7	(50.4 - 62.9)
	None of these	40	(10 - 70)	1.8	(0.7 - 3.6)
	Total	2 010	(1 790 - 2 250)	100.0	
Not stated	Owned or being paid off	20	(0 - 60)	5.6	(1.3 - 17.2)
	Rented	50	(30 - 90)	16.4	(9.1 - 25.5)
	None of these	0	(0 - 60)	0.0	(0.0 - 15.4)
	Not stated	260	(190 - 350)	77.9	(67.1 - 87.5)
	Total	260	(260 - 430)	100.0	
Total	Owned or being paid off	2 650	(2 400 - 2 920)	23.4	(21.1 - 25.7)
	Rented	8 030	(7 750 - 8 310)	70.7	(68.2 - 73.2)
	None of these	410	(300 - 550)	3.6	(2.6 - 4.8)
	Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
	Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.39: RENTER HOUSEHOLDS — LANDLORD TYPE

Landlord type	Number	95% CI	%	95% CI
Private rental	1 620	(1 400 - 1 860)	20.2	(17.5 - 22.9)
Homeswest	4 390	(4 050 - 4 720)	54.6	(50.8 - 58.4)
Aboriginal Housing Authority	260	(180 - 390)	3.3	(2.1 - 4.7)
Family's place	110	(60 - 190)	1.4	(0.8 - 2.4)
Community Housing	1 250	(990 - 1 530)	15.5	(12.5 - 19.1)
Other	400	(280 - 560)	5.0	(3.5 - 7.0)
Total	8 030	(7 750 - 8 310)	100.0	

TABLE 6.40: RENTER HOUSEHOLDS — WHETHER ANY DIFFICULTY RENTING CURRENT DWELLING

Difficulty renting dwelling?	Number	95% CI	%	95% CI
No	7 300	(7 010 - 7 580)	90.8	(89.1 - 92.4)
Yes	740	(620 - 880)	9.2	(7.6 - 10.9)
Total	8 030	(7 750 - 8 310)	100.0	

TABLE 6.41: RENTER HOUSEHOLDS — WHETHER FORCED TO MOVE OUT OF A PLACE IN THE LAST 12 MONTHS

Forced to move?	Number	95% CI	%	95% CI
No	7 290	(7 010 - 7 570)	90.8	(89.0 - 92.4)
Yes	740	(610 - 890)	9.2	(7.6 - 11.0)
Total	8 030	(7 750 - 8 310)	100.0	



TABLE 6.42: RENTER HOUSEHOLDS — WHETHER THERE WAS ANY DIFFICULTY RENTING CURRENT DWELLING, BY WHETHER HOUSEHOLD FORCED TO MOVE OUT OF A PLACE IN THE LAST 12 MONTHS

<i>Difficulty renting dwelling?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Forced to move in last 12 months — No				
No	6 690	(6 400 - 6 970)	91.7	(89.9 - 93.2)
Yes	610	(490 - 740)	8.3	(6.8 - 10.1)
Total	7 290	(7 010 - 7 570)	100.0	
Forced to move in last 12 months — Yes				
No	610	(490 - 750)	82.4	(75.4 - 88.4)
Yes	130	(80 - 190)	17.6	(11.6 - 24.6)
Total	740	(610 - 890)	100.0	
Total				
No	7 300	(7 010 - 7 580)	90.8	(89.1 - 92.4)
Yes	740	(620 - 880)	9.2	(7.6 - 10.9)
Total	8 030	(7 750 - 8 310)	100.0	

TABLE 6.43: DWELLINGS — WHETHER PRIMARY CARER HAD ANY CHOICE WHEN MOVING INTO CURRENT DWELLING, BY HOUSING TENURE

<i>Any choice when first moved here?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned or being paid off				
No	740	(610 - 880)	27.9	(23.3 - 32.7)
Yes	1 910	(1 690 - 2 160)	72.1	(67.3 - 76.7)
Total	2 650	(2 400 - 2 920)	100.0	
Rented				
No	4 860	(4 570 - 5 160)	60.5	(57.5 - 63.5)
Yes	3 170	(2 920 - 3 440)	39.5	(36.5 - 42.5)
Total	8 030	(7 750 - 8 310)	100.0	
None of these				
No	210	(140 - 280)	50.1	(37.3 - 64.4)
Yes	210	(120 - 310)	49.9	(35.6 - 62.7)
Total	410	(300 - 550)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
No	5 810	(5 500 - 6 110)	51.1	(48.5 - 53.8)
Yes	5 290	(5 000 - 5 590)	46.6	(44.0 - 49.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.44: DWELLINGS — HOUSEHOLD OCCUPANCY LEVEL

<i>Level of household occupancy</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low	9 380	(9 130 - 9 620)	82.6	(80.4 - 84.7)
High	1 720	(1 500 - 1 960)	15.1	(13.2 - 17.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.45: DWELLINGS — HOUSEHOLD OCCUPANCY LEVEL, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Level of household occupancy</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Low	3 900	(3 760 - 4 050)	90.6	(87.2 - 93.3)
High	300	(190 - 450)	7.0	(4.4 - 10.4)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
Low	2 610	(2 380 - 2 840)	87.8	(84.9 - 90.3)
High	300	(230 - 380)	10.0	(7.7 - 12.7)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
Low	1 880	(1 600 - 2 180)	81.3	(77.1 - 85.2)
High	400	(300 - 510)	17.1	(13.6 - 21.3)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	
LORI — High				
Low	480	(320 - 690)	55.2	(41.8 - 66.9)
High	370	(220 - 570)	42.6	(31.0 - 54.6)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
Low	510	(350 - 700)	56.6	(47.0 - 66.1)
High	360	(230 - 550)	39.7	(29.7 - 49.7)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
Low	9 380	(9 130 - 9 620)	82.6	(80.4 - 84.7)
High	1 720	(1 500 - 1 960)	15.1	(13.2 - 17.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.46: DWELLINGS — HOUSEHOLD OCCUPANCY LEVEL, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

<i>Level of household occupancy</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%				
Low	1 890	(1 610 - 2 190)	70.4	(65.1 - 75.2)
High	710	(540 - 920)	26.6	(21.9 - 32.0)
Not stated	80	(40 - 130)	3.0	(1.7 - 4.8)
Total	2 680	(2 280 - 3 100)	100.0	
5%–10%				
Low	1 200	(980 - 1 470)	82.4	(73.6 - 89.2)
High	200	(100 - 330)	13.6	(7.8 - 21.3)
Not stated	60	(20 - 140)	4.0	(1.3 - 8.9)
Total	1 460	(1 180 - 1 770)	100.0	
10%–25%				
Low	2 470	(2 150 - 2 820)	86.4	(81.7 - 90.2)
High	380	(260 - 530)	13.2	(9.2 - 17.6)
Not stated	10	(0 - 60)	0.4	(0.0 - 2.2)
Total	2 860	(2 480 - 3 260)	100.0	
25%–50%				
Low	2 640	(2 300 - 3 010)	86.9	(82.7 - 90.2)
High	310	(210 - 450)	10.2	(6.9 - 14.1)
Not stated	90	(60 - 130)	3.0	(1.9 - 4.3)
Total	3 040	(2 660 - 3 460)	100.0	
Top 50%				
Low	1 170	(890 - 1 480)	89.3	(83.3 - 93.4)
High	120	(60 - 210)	9.2	(5.1 - 14.9)
Not stated	20	(10 - 40)	1.5	(0.6 - 3.3)
Total	1 310	(1 020 - 1 670)	100.0	
Total				
Low	9 380	(9 130 - 9 620)	82.6	(80.4 - 84.7)
High	1 720	(1 500 - 1 960)	15.1	(13.2 - 17.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.47: DWELLINGS — WHETHER INDICATOR 1: WASHING PEOPLE (PARTICULARLY CHILDREN UNDER THE AGE OF FIVE YEARS) WAS MET

<i>Indicator for washing people (particularly children under the age of five years) met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	10 200	(10 000 - 10 400)	89.8	(88.2 - 91.2)
No	900	(760 - 1 050)	7.9	(6.7 - 9.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.48: DWELLINGS — WHETHER INDICATOR 2: WASHING CLOTHING AND BEDDING WAS MET

<i>Indicator for washing clothes and bedding met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	10 900	(10 700 - 11 000)	95.6	(94.6 - 96.5)
No	240	(160 - 320)	2.1	(1.4 - 2.8)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.49: DWELLINGS — WHETHER INDICATOR 3: REMOVING WASTE SAFELY FROM THE LIVING AREA WAS MET

<i>Indicator for removing waste safely from the living area met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	9 900	(9 700 - 10 100)	87.2	(85.4 - 88.9)
No	1 190	(1 010 - 1 390)	10.5	(8.9 - 12.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.50: DWELLINGS — WHETHER INDICATOR 4: IMPROVING NUTRITION – THE ABILITY TO STORE, PREPARE AND COOK FOOD WAS MET IN THEIR HOUSE

<i>Indicator for improving nutrition – the ability to store, prepare and cook food met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	10 700	(10 500 - 10 800)	94.1	(92.7 - 95.2)
No	420	(310 - 540)	3.7	(2.7 - 4.7)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.51: DWELLINGS — WHETHER INDICATOR 5: REDUCING CROWDING AND THE POTENTIAL FOR THE SPREAD OF INFECTIOUS DISEASES WAS MET

<i>Indicator for reducing crowding and the potential for the spread of infectious diseases met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	9 380	(9 130 - 9 620)	82.6	(80.4 - 84.7)
No	1 720	(1 500 - 1 960)	15.1	(13.2 - 17.3)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.52: DWELLINGS — WHETHER INDICATOR 6: REDUCING NEGATIVE CONTACT BETWEEN PEOPLE AND ANIMALS, VERMIN OR INSECTS WAS MET

<i>Indicator for reducing negative contact between people and animals, vermin or insects met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	7 170	(6 870 - 7 470)	63.1	(60.5 - 65.8)
No	3 930	(3 640 - 4 230)	34.6	(32.0 - 37.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.53: DWELLINGS — WHETHER INDICATOR 7: REDUCING THE NEGATIVE IMPACT OF DUST WAS MET

<i>Indicator for reducing the negative impact of dust met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	8 540	(8 260 - 8 800)	75.2	(72.7 - 77.5)
No	2 560	(2 310 - 2 840)	22.6	(20.3 - 25.0)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.54: DWELLINGS — WHETHER INDICATOR 8: CONTROLLING THE TEMPERATURE OF THE LIVING ENVIRONMENT WAS MET

<i>Indicator for controlling the temperature of the living environment met?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Yes	7 700	(7 430 - 7 980)	67.8	(65.4 - 70.2)
No	3 390	(3 130 - 3 660)	29.9	(27.6 - 32.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.55: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3	1 050	(910 - 1 200)	9.3	(8.0 - 10.6)
4	510	(390 - 660)	4.5	(3.4 - 5.8)
5	170	(110 - 250)	1.5	(1.0 - 2.2)
6	40	(20 - 80)	0.4	(0.2 - 0.7)
7	40	(20 - 60)	0.3	(0.2 - 0.5)
8	20	(0 - 60)	0.2	(0.0 - 0.5)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.56: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
0	1 870	(1 690 - 2 080)	43.5	(39.0 - 48.0)
1	1 170	(1 000 - 1 360)	27.2	(23.3 - 31.5)
2	810	(660 - 960)	18.7	(15.5 - 22.4)
3 or more	350	(250 - 470)	8.1	(5.9 - 11.0)
Not stated	100	(70 - 150)	2.4	(1.6 - 3.6)
Total	4 310	(4 230 - 4 390)	100.0	
LORI — Low				
0	1 060	(900 - 1 230)	35.5	(30.8 - 40.2)
1	910	(790 - 1 050)	30.7	(26.9 - 34.8)
2	580	(460 - 730)	19.4	(15.6 - 23.7)
3 or more	360	(270 - 470)	12.1	(9.3 - 15.5)
Not stated	70	(40 - 110)	2.3	(1.3 - 3.5)
Total	2 970	(2 730 - 3 220)	100.0	
LORI — Moderate				
0	730	(580 - 910)	31.7	(26.7 - 36.8)
1	670	(550 - 800)	28.8	(25.1 - 32.6)
2	390	(290 - 510)	16.8	(13.1 - 21.0)
3 or more	490	(380 - 610)	21.1	(17.3 - 25.2)
Not stated	40	(20 - 70)	1.6	(0.8 - 3.0)
Total	2 320	(1 990 - 2 680)	100.0	

Continued...



TABLE 6.56 (continued): DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

Number of indicators of poor housing quality	Number	95% CI	%	95% CI
LORI — High				
0	130	(70 - 210)	14.6	(9.0 - 22.3)
1	240	(140 - 380)	28.3	(19.6 - 38.6)
2	260	(160 - 390)	29.7	(21.5 - 39.9)
3 or more	220	(110 - 360)	25.1	(15.5 - 36.6)
Not stated	20	(0 - 180)	2.2	(0.1 - 19.6)
Total	860	(600 - 1 210)	100.0	
LORI — Extreme				
0	60	(20 - 130)	6.7	(2.4 - 13.4)
1	220	(140 - 320)	24.6	(18.4 - 31.9)
2	170	(100 - 260)	18.5	(12.7 - 26.1)
3 or more	420	(260 - 610)	46.6	(35.5 - 58.4)
Not stated	30	(10 - 70)	3.7	(1.4 - 8.0)
Total	900	(620 - 1 220)	100.0	
Western Australia				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.57: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY ATSI REGION

Number of indicators of poor housing quality	Number	95% CI	%	95% CI
Perth				
0	1 980	(1 790 - 2 190)	43.6	(39.3 - 48.0)
1	1 240	(1 060 - 1 420)	27.2	(23.4 - 31.3)
2	840	(700 - 1 000)	18.5	(15.4 - 22.0)
3 or more	370	(270 - 490)	8.2	(5.9 - 10.9)
Not stated	110	(70 - 160)	2.4	(1.6 - 3.4)
Total	4 540	(4 480 - 4 600)	100.0	
Narrogin				
0	620	(530 - 740)	36.2	(30.8 - 42.1)
1	550	(450 - 650)	31.7	(26.8 - 36.8)
2	340	(240 - 470)	19.8	(14.8 - 25.9)
3 or more	180	(120 - 250)	10.2	(6.9 - 14.1)
Not stated	40	(20 - 80)	2.1	(0.8 - 4.1)
Total	1 730	(1 550 - 1 910)	100.0	
Kalgoorlie				
0	180	(90 - 310)	31.1	(18.7 - 45.1)
1	170	(100 - 270)	30.0	(20.8 - 40.6)
2	130	(70 - 230)	23.1	(13.1 - 34.2)
3 or more	80	(40 - 130)	13.7	(8.4 - 20.4)
Not stated	10	(0 - 30)	2.2	(0.6 - 5.7)
Total	570	(380 - 800)	100.0	

Continued . . .



TABLE 6.57 (continued): DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY ATSI REGION

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Geraldton				
0	350	(250 - 470)	32.0	(25.3 - 39.7)
1	330	(250 - 430)	30.2	(24.4 - 36.2)
2	200	(130 - 280)	18.3	(13.4 - 23.8)
3 or more	190	(120 - 280)	17.5	(11.8 - 24.0)
Not stated	20	(10 - 40)	2.0	(1.1 - 3.5)
Total	1 080	(870 - 1 330)	100.0	
Broome				
0	180	(100 - 280)	39.3	(25.6 - 56.7)
1	90	(50 - 140)	20.0	(13.1 - 28.9)
2	90	(30 - 210)	20.9	(8.0 - 39.7)
3 or more	80	(30 - 160)	16.7	(8.4 - 29.0)
Not stated	10	(0 - 160)	3.0	(0.0 - 30.8)
Total	450	(270 - 690)	100.0	
South Hedland				
0	220	(160 - 310)	23.8	(18.4 - 29.9)
1	290	(190 - 410)	31.0	(23.2 - 40.1)
2	220	(130 - 360)	23.7	(16.0 - 33.6)
3 or more	190	(120 - 310)	20.6	(14.1 - 29.4)
Not stated	10	(0 - 30)	0.8	(0.1 - 3.9)
Total	930	(690 - 1 240)	100.0	
Derby				
0	150	(70 - 260)	22.3	(12.0 - 35.6)
1	190	(130 - 270)	28.4	(22.3 - 34.9)
2	120	(80 - 190)	18.6	(13.7 - 24.7)
3 or more	190	(100 - 350)	28.8	(17.1 - 43.1)
Not stated	10	(0 - 50)	1.9	(0.3 - 7.6)
Total	670	(450 - 950)	100.0	
Kununurra				
0	130	(80 - 220)	16.1	(9.4 - 24.7)
1	240	(160 - 360)	29.3	(22.5 - 37.5)
2	120	(80 - 200)	15.0	(10.0 - 21.4)
3 or more	290	(190 - 440)	35.3	(24.7 - 47.7)
Not stated	30	(10 - 70)	4.2	(1.7 - 8.6)
Total	820	(600 - 1 120)	100.0	
Warburton				
0	40	(0 - 200)	6.9	(0.2 - 30.2)
1	130	(70 - 220)	22.3	(12.9 - 32.7)
2	120	(60 - 210)	21.0	(12.4 - 30.8)
3 or more	270	(160 - 430)	47.9	(32.9 - 61.5)
Not stated	10	(0 - 30)	1.9	(0.4 - 5.7)
Total	570	(360 - 840)	100.0	
Western Australia				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.58: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Bottom 5%				
0	470	(360 - 610)	17.5	(13.7 - 22.0)
1	690	(550 - 850)	25.5	(21.2 - 30.1)
2	610	(470 - 780)	22.7	(18.5 - 27.6)
3 or more	840	(650 - 1 070)	31.3	(25.6 - 37.0)
Not stated	80	(40 - 130)	3.0	(1.7 - 4.8)
Total	2 680	(2 280 - 3 100)	100.0	
5%–10%				
0	460	(350 - 600)	31.4	(24.8 - 38.3)
1	440	(330 - 580)	30.3	(24.7 - 36.2)
2	300	(210 - 400)	20.6	(16.2 - 25.8)
3 or more	200	(120 - 310)	13.8	(8.9 - 19.6)
Not stated	60	(20 - 140)	4.0	(1.3 - 8.9)
Total	1 460	(1 180 - 1 770)	100.0	
10%–25%				
0	1 040	(880 - 1 230)	36.5	(32.1 - 41.1)
1	850	(690 - 1 030)	29.8	(25.8 - 34.1)
2	560	(440 - 700)	19.5	(16.0 - 23.3)
3 or more	400	(280 - 540)	13.8	(10.4 - 18.0)
Not stated	10	(0 - 60)	0.4	(0.0 - 2.2)
Total	2 860	(2 480 - 3 260)	100.0	
25%–50%				
0	1 250	(1 060 - 1 480)	41.2	(36.4 - 46.2)
1	890	(730 - 1 080)	29.3	(25.3 - 33.6)
2	550	(410 - 710)	18.0	(14.2 - 22.1)
3 or more	260	(180 - 350)	8.4	(6.2 - 11.2)
Not stated	90	(60 - 130)	3.0	(1.9 - 4.3)
Total	3 040	(2 660 - 3 460)	100.0	
Top 50%				
0	620	(430 - 850)	47.7	(38.2 - 58.1)
1	340	(240 - 490)	26.2	(19.1 - 34.7)
2	180	(80 - 320)	13.8	(6.8 - 22.5)
3 or more	140	(90 - 210)	10.9	(7.2 - 15.8)
Not stated	20	(10 - 40)	1.5	(0.6 - 3.3)
Total	1 310	(1 020 - 1 670)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.59: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY HOUSING OCCUPANCY LEVEL (OVERCROWDING)

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Low household occupancy				
0	3 850	(3 570 - 4 140)	41.1	(38.3 - 43.8)
1	2 860	(2 620 - 3 100)	30.5	(28.1 - 32.9)
2	1 660	(1 470 - 1 870)	17.7	(15.7 - 19.9)
3 or more	1 010	(870 - 1 160)	10.8	(9.3 - 12.4)
Total	9 380	(9 130 - 9 620)	100.0	
High household occupancy				
0	0	(0 - 60)	0.0	(0.0 - 3.2)
1	360	(270 - 470)	20.9	(16.1 - 26.7)
2	540	(420 - 670)	31.1	(24.8 - 38.1)
3 or more	830	(660 - 1 030)	48.0	(40.8 - 55.5)
Total	1 720	(1 500 - 1 960)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.60: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY FAMILY FUNCTIONING

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Family functioning quartile — Poor				
0	730	(610 - 860)	28.8	(24.7 - 33.3)
1	810	(680 - 960)	32.1	(27.4 - 36.9)
2	540	(410 - 680)	21.2	(16.8 - 26.4)
3 or more	450	(360 - 560)	17.9	(14.2 - 21.8)
Total	2 530	(2 310 - 2 760)	100.0	
Family functioning quartile — Fair				
0	950	(820 - 1 100)	32.6	(28.3 - 37.0)
1	880	(740 - 1 030)	30.1	(26.1 - 34.5)
2	560	(440 - 690)	19.2	(15.5 - 23.5)
3 or more	530	(420 - 650)	18.1	(14.6 - 21.8)
Total	2 910	(2 680 - 3 150)	100.0	
Family functioning quartile — Good				
0	900	(740 - 1 060)	33.5	(28.4 - 38.8)
1	750	(630 - 900)	28.1	(23.7 - 32.8)
2	530	(420 - 660)	19.9	(15.9 - 24.0)
3 or more	500	(370 - 640)	18.5	(14.4 - 23.5)
Total	2 680	(2 440 - 2 920)	100.0	
Family functioning quartile — Very good				
0	1 270	(1 090 - 1 480)	42.8	(37.7 - 47.9)
1	780	(650 - 920)	26.1	(22.1 - 30.5)
2	570	(450 - 700)	19.0	(15.6 - 23.1)
3 or more	360	(280 - 450)	12.1	(9.5 - 15.1)
Total	2 980	(2 740 - 3 240)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.61: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY NUMBER OF LIFE STRESS EVENTS

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
0–2				
0	1 410	(1 230 - 1 610)	41.7	(37.2 - 46.2)
1	960	(820 - 1 100)	28.3	(24.7 - 32.1)
2	600	(470 - 730)	17.6	(14.3 - 21.4)
3 or more	420	(320 - 530)	12.4	(9.6 - 15.6)
Total	3 380	(3 130 - 3 640)	100.0	
3–4				
0	1 110	(960 - 1 280)	37.8	(33.1 - 42.6)
1	850	(710 - 1 010)	28.8	(24.6 - 33.3)
2	560	(450 - 700)	19.2	(15.6 - 23.4)
3 or more	420	(310 - 560)	14.2	(10.5 - 18.5)
Total	2 940	(2 700 - 3 190)	100.0	
5–6				
0	790	(640 - 950)	31.6	(26.6 - 37.2)
1	710	(600 - 830)	28.5	(24.2 - 32.8)
2	580	(450 - 730)	23.4	(18.8 - 28.7)
3 or more	410	(330 - 510)	16.5	(13.2 - 20.4)
Total	2 480	(2 250 - 2 720)	100.0	
7–14				
0	550	(440 - 670)	23.8	(19.4 - 28.3)
1	710	(580 - 850)	30.8	(26.1 - 36.0)
2	450	(360 - 560)	19.8	(16.0 - 24.0)
3 or more	590	(480 - 710)	25.6	(21.3 - 30.2)
Total	2 300	(2 080 - 2 520)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.62: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY HOUSING TENURE

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Owned				
0	380	(280 - 510)	44.8	(35.0 - 55.3)
1	170	(120 - 230)	20.1	(13.8 - 27.1)
2	120	(60 - 210)	14.1	(7.9 - 23.4)
3 or more	180	(110 - 270)	20.9	(13.2 - 29.7)
Not stated	0	(0 - 60)	0.0	(0.0 - 6.4)
Total	840	(690 - 1 030)	100.0	
Being paid off				
0	1 160	(990 - 1 360)	64.2	(57.6 - 70.2)
1	480	(370 - 590)	26.3	(21.1 - 31.9)
2	130	(60 - 220)	6.9	(3.5 - 11.9)
3 or more	50	(20 - 100)	2.6	(1.0 - 5.6)
Not stated	0	(0 - 60)	0.0	(0.0 - 3.0)
Total	1 810	(1 600 - 2 030)	100.0	
Rented				
0	2 210	(1 980 - 2 440)	27.5	(24.8 - 30.2)
1	2 450	(2 240 - 2 680)	30.5	(28.0 - 33.1)
2	1 890	(1 680 - 2 110)	23.5	(21.1 - 26.1)
3 or more	1 490	(1 300 - 1 710)	18.5	(16.1 - 21.1)
Not stated	0	(0 - 60)	0.0	(0.0 - 0.7)
Total	8 030	(7 750 - 8 310)	100.0	
None of these				
0	100	(60 - 170)	25.1	(14.7 - 37.9)
1	120	(70 - 180)	29.1	(19.5 - 39.4)
2	60	(30 - 120)	15.7	(8.5 - 25.0)
3 or more	120	(70 - 200)	30.1	(19.2 - 43.0)
Not stated	0	(0 - 60)	0.0	(0.0 - 12.8)
Total	410	(300 - 550)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



TABLE 6.63: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY WHETHER THE HOUSEHOLD CARER HAD MUCH CHOICE WHEN THEY MOVED INTO CURRENT HOUSE

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Did not have much choice				
0	1 470	(1 270 - 1 680)	25.3	(22.1 - 28.5)
1	1 840	(1 640 - 2 050)	31.7	(28.5 - 34.9)
2	1 290	(1 110 - 1 480)	22.2	(19.4 - 25.3)
3 or more	1 210	(1 040 - 1 410)	20.9	(18.0 - 24.0)
Not stated	0	(0 - 60)	0.0	(0.0 - 1.0)
Total	5 810	(5 500 - 6 110)	100.0	
Did have a choice				
0	2 380	(2 150 - 2 620)	45.0	(41.4 - 48.8)
1	1 380	(1 210 - 1 560)	26.0	(23.1 - 29.1)
2	910	(760 - 1 080)	17.1	(14.4 - 20.1)
3 or more	620	(500 - 770)	11.8	(9.6 - 14.4)
Not stated	0	(0 - 60)	0.0	(0.0 - 1.0)
Total	5 290	(5 000 - 5 590)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
3 or more	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	

TABLE 6.64: DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY RENTAL PROPERTY OWNERS

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Private				
0	700	(560 - 860)	43.3	(36.2 - 51.0)
1	450	(340 - 580)	27.6	(21.4 - 34.2)
2	350	(240 - 470)	21.3	(15.8 - 27.8)
Three or more 3	130	(70 - 220)	7.8	(4.0 - 13.1)
Total	1 620	(1 400 - 1 860)	100.0	
Homeswest				
0	1 110	(960 - 1 280)	25.4	(22.3 - 28.6)
1	1 420	(1 250 - 1 630)	32.5	(29.0 - 36.2)
2	1 100	(940 - 1 290)	25.2	(21.8 - 28.7)
Three or more 3	740	(610 - 890)	17.0	(14.3 - 19.9)
Total	4 390	(4 050 - 4 720)	100.0	
Aboriginal Housing Authority				
0	50	(20 - 110)	18.1	(6.6 - 39.4)
1	80	(40 - 130)	28.9	(16.8 - 42.3)
2	80	(40 - 130)	31.1	(21.6 - 43.1)
Three or more 3	60	(30 - 100)	21.9	(11.1 - 34.7)
Total	260	(180 - 390)	100.0	

Continued . . .



TABLE 6.64 (continued): DWELLINGS — NUMBER OF INDICATORS OF POOR HOUSING QUALITY, BY RENTAL PROPERTY OWNERS

<i>Number of indicators of poor housing quality</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Family				
0	40	(20 - 90)	39.1	(18.4 - 67.1)
1	40	(10 - 100)	34.0	(12.8 - 64.9)
2	20	(10 - 40)	15.9	(4.4 - 34.9)
Three or more 3	10	(0 - 30)	11.1	(2.5 - 31.2)
Not stated	0	(0 - 60)	0.0	(0.0 - 36.9)
Total	110	(60 - 190)	100.0	
Community Housing				
0	140	(90 - 200)	11.0	(7.5 - 15.7)
1	320	(240 - 430)	25.7	(20.7 - 31.1)
2	280	(200 - 390)	22.7	(17.2 - 28.7)
Three or more 3	510	(370 - 670)	40.6	(33.1 - 49.1)
Total	1 250	(990 - 1 530)	100.0	
Other				
0	160	(90 - 290)	40.3	(22.7 - 59.4)
1	150	(90 - 220)	35.9	(20.6 - 51.7)
2	60	(30 - 110)	13.6	(5.9 - 24.6)
Three or more 3	40	(0 - 200)	10.2	(0.2 - 38.5)
Total	400	(280 - 560)	100.0	
Not rental				
0	1 640	(1 440 - 1 860)	53.6	(48.3 - 58.7)
1	760	(640 - 900)	25.0	(21.3 - 29.1)
2	310	(210 - 430)	10.1	(7.0 - 13.7)
Three or more 3	350	(250 - 480)	11.3	(8.3 - 15.2)
Total	3 060	(2 790 - 3 340)	100.0	
Not stated				
Total	260	(190 - 350)	100.0	
Total				
0	3 850	(3 570 - 4 140)	33.9	(31.4 - 36.4)
1	3 220	(2 970 - 3 460)	28.3	(26.2 - 30.5)
2	2 200	(1 980 - 2 440)	19.3	(17.4 - 21.5)
Three or more 3	1 830	(1 610 - 2 070)	16.2	(14.2 - 18.2)
Not stated	260	(190 - 350)	2.3	(1.7 - 3.1)
Total	11 400	(11 300 - 11 400)	100.0	



Chapter 7

PROFILING COMMUNITIES WITH ABORIGINAL CHILDREN

- Summary 501**
- Introduction 503**
 - The concept of community 503
 - Defining community in the WAACHS 503
 - Measuring the geographic isolation of communities 503
 - Culture and community 504
 - Discrete Aboriginal communities 504
- The wellbeing of children and families in discrete Aboriginal communities 504**
 - Associations between community-level factors and child and family outcomes 504
- Language and cultural participation 505**
 - Language 507
 - Cultural participation 511
- Neighbourhood/community problems 516**
 - Neighbourhood problems reported in areas of *moderate* isolation 517
 - Neighbourhood problems reported in areas of *no* isolation 519
 - Neighbourhood problems reported in areas of *extreme* isolation 520
- Access to services and facilities 521**
 - Access to services and facilities and LORI 522
- Endnotes 533**
- Detailed tables 535**





Chapter 7

PROFILING COMMUNITIES WITH ABORIGINAL CHILDREN

Healthy communities provide the physical and social environments which support children and young people in building the personal strengths and capacities that define healthy development and successful learning. They place a high priority on supporting families to ensure that the developmental needs of children and young people are appropriately met and that community issues which could jeopardise healthy child development are addressed.

The concepts of community and community life have always held special significance for Aboriginal people but have taken on additional meaning as a consequence of the historical events since colonisation. These events have so significantly disrupted the structures and fabric of traditional Aboriginal society. Most particularly, the widespread displacement of Aboriginal people (through forced removal of children and relocation of communities) has impacted on not only the emotional wellbeing of the individuals directly affected but also on the social wellbeing and functioning of communities. These dislocations have been documented as contributing to the current high rates of child abuse and the over-representation of Aboriginal people in the justice system.¹

This chapter explores the functioning of communities with Aboriginal children. It has a particular focus on indicators of the maintenance of Aboriginal languages and aspects of traditional culture, the experience of neighbourhood problems, and the level of access to services and facilities.

SUMMARY

There are significant differences in characteristics of communities with Aboriginal children across the spectrum of geographic isolation. As the level of relative isolation changes from no isolation (Perth) to areas of extreme isolation, so too does the maintenance of language and traditional cultures, the experience of neighbourhood/community problems, and access to services and facilities.

Language and cultural participation

- ◆ In areas of extreme relative isolation, 80 per cent of primary carers of Aboriginal children reported being conversant in an Aboriginal language. Less than one in ten carers living in areas of no isolation (4 per cent) or low isolation (6 per cent) reported being conversant in an Aboriginal language.
- ◆ In areas of moderate to extreme isolation, the proportion of Aboriginal children who were conversant in an Aboriginal language was between 15 and 20 percentage points lower than proportions of primary carers who were conversant. This gap supports concern about traditional language loss as discussed in Volume One of the Western Australian Aboriginal Child Health Survey (WAACHS).
- ◆ The proportion of primary carers who had participated in Aboriginal funerals, Aboriginal ceremonies, Aboriginal festivals and carnivals and who considered Aboriginal ceremonial business to be important also declined significantly with lower levels of relative isolation.



SUMMARY *(continued)*

Neighbourhood/community problems

Primary carers were asked whether they had been bothered by any of 18 problems in their neighbourhood or community, such as vandalism and graffiti, break-ins, family violence, drug abuse, alcohol abuse, kids not going to school and racism. Neighbourhood problems were generally most pronounced in areas of moderate isolation.

- ◆ Being bothered by drug abuse, alcohol abuse, family violence and families splitting up were commonly reported by primary carers living in areas of moderate isolation.
- ◆ Break-ins, car stealing, noisy and/or reckless driving and youth gangs were most commonly reported by primary carers living in Perth. Racism as a neighbourhood problem was also prevalent in the Perth metropolitan area and in areas of moderate isolation.
- ◆ Concerns about people leaving the area were most commonly expressed by primary carers living in areas of extreme isolation.

Access to services and facilities

- ◆ The proportion of primary carers reporting being happy with access to community services and facilities was, in most cases, significantly below that reported by carers of non-Aboriginal children in the 1993 Western Australian Child Health Survey (WA CHS).
- ◆ As the level of relative isolation increased, there was an increase in the proportions of carers of Aboriginal children who were satisfied with access to a community or child health clinic and church. This trend was not evident in the rates of reported satisfaction among carers of non-Aboriginal children.
- ◆ There was also an increase in satisfaction with access to the Aboriginal Medical Service, as the level of relative isolation increased.
- ◆ Around half of the carers of Aboriginal children were happy with access to a police station or regular patrols — a proportion that showed little variation across levels of isolation. In comparison, two-thirds of carers of non-Aboriginal children were happy with access to a police station, with more carers reporting satisfaction in country areas than in Perth.
- ◆ Lower proportions of primary carers reported being satisfied with access to shopping, banking and entertainment facilities (such as movie theatres and halls for live theatre) as isolation increased. In areas of moderate, high and extreme isolation, satisfaction also declined in respect of access to school bus services and swimming pools.



INTRODUCTION

THE CONCEPT OF COMMUNITY

There are many ways to define the concept of ‘community’. The term ‘community’ can be used to define a group of people with shared belief systems, a shared sense of cultural identity, a common language or dialect, or can be based on family or extended family relationships, among others (see commentary box entitled *How is community perceived in an Aboriginal context* in Chapter Two). The concept of community can also be described through population demographics such as the size, location and the geographic dispersion of a population group.

DEFINING COMMUNITY IN THE WAACHS

As previously stated in Chapter Two, the design of the WAACHS did not allow for the collection of data for individual communities. The smallest geographic unit used in the sample design was the census collection district (CD). CDs are an administrative unit and are not designed to explicitly capture a neighbourhood boundary or defined community. In the absence of other data in the WAACHS, CDs are the best available measure of the community or neighbourhood level.

Compiling CDs into larger geographic areas, such as the CDs that make up each of the five Levels of Relative Isolation (LORI), results in a population large enough to support meaningful statistical analysis. In lieu of a specific community level data source, LORI forms the basis for WAACHS analysis at the community level. Therefore, 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, along with other factors that were common to each individual LORI category (see *Appendix C — Determination of Levels of Relative Isolation (LORI) based on ARIA++*).

While it is desirable to gather information about neighbourhoods or communities independent of the individuals sampled within households, this was not done in the WAACHS. Primary carers of Aboriginal children provided their perceptions of the characteristics of the communities and neighbourhoods that they lived in. This has enabled a description of broad trends in maintenance of Aboriginal languages and aspects of traditional culture, in experience of neighbourhood/community problems, and in access to services and facilities, which are the focus of this chapter. As discussed later in this section, it was also possible to link WAACHS data with other data collected from discrete Aboriginal communities to investigate other aspects of Aboriginal community life.

MEASURING THE GEOGRAPHIC ISOLATION OF COMMUNITIES

The Level of Relative Isolation (LORI) and ARIA++ measures are used to separate communities with different levels of access to services (see *Glossary*). Typically, communities in more isolated parts of Western Australia have less access to goods and services, including health infrastructure and professionals. This has implications for the cost of these goods and services and the timeliness of accessing them. Further, while community size and location affect issues of access, other factors, such as a lack of culturally appropriate services, can also inhibit access.

LORI and ARIA++ are used extensively in this chapter to highlight the differences in the characteristics of communities, across the spectrum of geographic isolation. See Chapter One for a detailed explanation of LORI, ARIA++, and a list of localities, with their associated ARIA++ scores, to aid interpretation of results in this chapter.



CULTURE AND COMMUNITY

The survey questions that asked about aspects of Aboriginal culture focused on participation. Responses to this set of questions providing a general indication of the level of family involvement in aspects of Aboriginal culture. However, it needs to be acknowledged that culture is dynamic and evolving and is lived as an everyday experience and is not just a matter of participating in traditional ceremonies or attending cultural events.

Access to land and land ownership are pivotal elements of cultural participation and connectedness for Aboriginal people and communities. In addition to the obvious economic benefits that can be derived from owning and managing land, there is often considerable religious and spiritual significance attached to traditional land. Having access to the land enables Aboriginal people to practice traditional cultural activities and look after places of significance.²

Previously reported results from the survey have highlighted that some aspects of cultural loss have been greatest in larger rural communities (e.g. Kalgoorlie, Broome, Carnarvon) that are service centres for more remote, outlying traditional Aboriginal communities.³ It has been noted that Aboriginal children in these communities experience more acculturative stress than those within more traditional communities and those in larger metropolitan centres. These issues are explored in more detail in this chapter.

DISCRETE ABORIGINAL COMMUNITIES

Although WAACHS data was not able to describe discrete Aboriginal communities, two other data sets — the Community Housing and Infrastructure Needs Survey and the Environmental Health Needs Survey — do provide reliable community-level information. This chapter begins by examining the results from linking WAACHS data to data from each of these surveys.

THE WELLBEING OF CHILDREN AND FAMILIES IN DISCRETE ABORIGINAL COMMUNITIES

In order to assess the impact of community characteristics on wellbeing outcomes for Aboriginal children and families, WAACHS data were linked to two reliable sources of community-level data for discrete Aboriginal communities in Western Australia — the Community Housing and Infrastructure Needs Survey (CHINS) and the Environmental Health Needs Survey (EHNS). The section entitled *Record linkage between survey data and administrative data for discrete Aboriginal communities* in Chapter One provides more information about each of these surveys.

Around one in five of the WAACHS children were living in discrete Aboriginal communities covered by the CHINS (20.6 per cent) or the EHNS (20.4 per cent). Alternatively, of the 283 discrete communities in Western Australia surveyed by the CHINS, 68 (or 24.0 per cent) were linked to the WAACHS. The EHNS surveyed 274 discrete Indigenous communities within the state, of which 64 (or 23.4 per cent) were linked.

ASSOCIATIONS BETWEEN COMMUNITY-LEVEL FACTORS AND CHILD AND FAMILY OUTCOMES

The CHINS and EHNS are unique surveys that differ in their scope, methodology and survey content. However, there is a degree of overlap in the range of questions they asked of Aboriginal communities. The following analysis focuses on community-level factors common to both the CHINS and EHNS surveys and measured the effect of these factors



on a range of WAACHS indicators of child and family wellbeing. It should be noted that the analysis described here is exploratory in nature and is therefore not an exhaustive assessment of the interactions between children, families and communities.

The community-level risk factors chosen for analysis can be broadly classified as pertaining to: the size of the community population; the water source and quality of water used in the community; the source of electricity and the reliability of this source; and the quality of the sewerage and waste systems in the community. These factors were cross-tabulated with a number of WAACHS outcome measures, including: family functioning; the number of physical health problems of the child; the emotional and behavioural wellbeing of the child; and the experience of recurring infections among children.

As a general rule, the CHINS and EHNS community-level variables did not appear to be related to child-level and family-level outcomes in a cross-tabulation analysis. While the subset of the sample used in this analysis provided for limitations to the robustness of some of the findings, there appeared to be few discernible associations in the data. The exceptions to this were significant associations between the physical health of children and both the main type of sewerage system used by the community and the frequency of rubbish removal. In addition, there was a trend toward worse outcomes for children of smaller communities in relation to life stress, financial strain, education and the experience of skin and ear infections.

When modelling (see *Multivariate logistic regression modelling* in the Glossary) the limited number of significantly associated factors from the cross-tabulation analysis (with age and sex), none were found to be independently associated with the key child and family outcomes that are the focus of the WAACHS volumes.

LANGUAGE AND CULTURAL PARTICIPATION

Language and culture are fundamental to the intrinsic fabric of communities. Since European settlement, however, continuity in Aboriginal languages and cultures has been significantly disrupted. This disruption may carry with it a commensurate cost for Aboriginal communities.

In respect of language, over 100 Aboriginal languages have been spoken in Western Australia. Relatively small groups traditionally spoke these languages but each had its territory, culture and transmission assured.³ Since European settlement, however, the situation has changed drastically — some languages are still spoken by adults and children, some have very few speakers while many others are now extinct (see comment box below entitled *Indigenous language loss in Australia*).

The effect of European settlement extends to the state's Aboriginal cultures. These cultures encompass a wide variety of beliefs, customs and laws that inform identity, spiritual connection to the land and the social functioning of group and kinship systems. These traditional cultures have had to adapt to extensive political, social and ecological change since European settlement — most particularly the policies of assimilation, forced separation of children and relocation of communities. These changes have resulted in unprecedented cultural dislocation. To gain an appreciation of the scale of cultural adaptation that Aboriginal peoples have made with their increasing contact with non-Aboriginal people, see the comment box entitled *A Perspective on the cultural adaptations made by Aboriginal peoples*.

This section examines the extent to which speaking of Aboriginal languages and involvement in certain Aboriginal cultural activities diminishes across the spectrum of remoteness (or relative isolation).



A PERSPECTIVE ON THE CULTURAL ADAPTATIONS MADE BY ABORIGINAL PEOPLES

Prior to European settlement, the central characteristics of Western Australian Aboriginal social organisation and modes of living were largely based on their semi-nomadic subsistence economies, the sparseness of the population distribution and the centrality of the sacred and mythical significance of group attachments to land. There are many other ways in which the traditional Aboriginal languages and cultures of these peoples differ from the contemporary dominant cultural mainstream of contemporary Australia. It is useful therefore to consider a few of these to place into perspective the scale of cultural adaptation which Aboriginal peoples have made with their increasing contact with non-Aboriginal people. Among the key differences highlighted by Schapper (1969)⁴ which were strengths of, and essential to, Aboriginal cultures are:

- ◆ there were several hundred tribal and semi-tribal groups with a similar number of dialects and no overall national identity linked by a lingua franca
- ◆ there was wide dispersal of power and authority within and between tribes; not centralised leadership based on royal or hereditary power, or on election
- ◆ patterns of behaviour and thought were in accordance with limited choices in static to slow-changing traditional society oriented to harmony with nature; not decision-making in a fast-changing society presenting wide ranges of alternatives oriented to a mastery over nature
- ◆ inter-group interactions of a ceremonial and ritualistic nature and limited and occasional cooperation in fishing and hunting and seed gathering; not inter-group discipline for work or war
- ◆ some trade of ceremonial and other items of weaponry and implements; not continual interchange of goods and materials
- ◆ local and unwritten laws; not a formal legal code
- ◆ compromise and consensus rather than confrontation in the settlement of disputes
- ◆ interpersonal obligations discharged through the kinship system; present-day society demands loyalties beyond kinship groups — between employer and employee, teacher and child, and to elected leaders
- ◆ inalienable personal and group identification with the total physical environment; not individual alienable rights to land
- ◆ traditional behavioural rights and responsibilities; not contractual behavioural rights and extensive personal property rights
- ◆ informal cooperative mode of group living; not interpersonal competition.
- ◆ the marriage unit was commonly one of a cluster of families living together; not separate household units

Continued



A PERSPECTIVE ON THE CULTURAL ADAPTATIONS MADE BY ABORIGINAL PEOPLES

(continued)

- ◆ Past and present-time oriented; not future-time oriented, i.e. hourly time as distinct from seasonal time was irrelevant
- ◆ Investment was limited to the essential requirements of a semi-nomadic pattern of life
- ◆ The work-leisure dichotomy was non-existent
- ◆ Politics, law and religion were one.

LANGUAGE

Primary carers were asked if they, or any of their children, spoke an Aboriginal language (either spoke a few words, could hold a conversation, or did not speak an Aboriginal language).

The proportion of primary carers who were able to converse in an Aboriginal language decreased dramatically with decreasing relative isolation. In areas of extreme isolation, 80.0 per cent (CI: 69.5%–88.9%) of carers reported being conversant in an Aboriginal language. In areas of high and moderate isolation, the proportion fell significantly to less than half of primary carers — 45.4 per cent (CI: 32.1%–58.4%) and 35.2 per cent (CI: 29.9%–40.7%), respectively. In areas of low or no isolation, less than one in ten carers were conversant — 6.0 per cent (CI: 4.2%–8.1%) and 4.1 per cent (CI: 2.4%–6.5%), respectively (Table 7.1). The very low proportions in areas of low and no isolation may be partly due to higher proportions of non-Aboriginal primary carers living in these areas, as discussed previously in this volume (see Chapter Two) — around one in five in areas of low isolation and one in four in the Perth metropolitan area. It may also reflect that non-Aboriginal cultures are dominant in these areas (as discussed in Chapter Two).

The proportion of Aboriginal children reported to be conversant in an Aboriginal language also declined with decreasing levels of relative isolation. In areas of moderate, high and extreme isolation, the proportion of Aboriginal children able to hold a conversation in an Aboriginal language was markedly lower than proportions reported for their primary carers — differences of 15 to 20 percentage points. The difference was most significant in areas of moderate isolation — 35.2 per cent (CI: 29.9%–40.7%) of primary carers compared with 15.7 per cent (CI: 12.4%–19.6%) of children (Table 7.2).

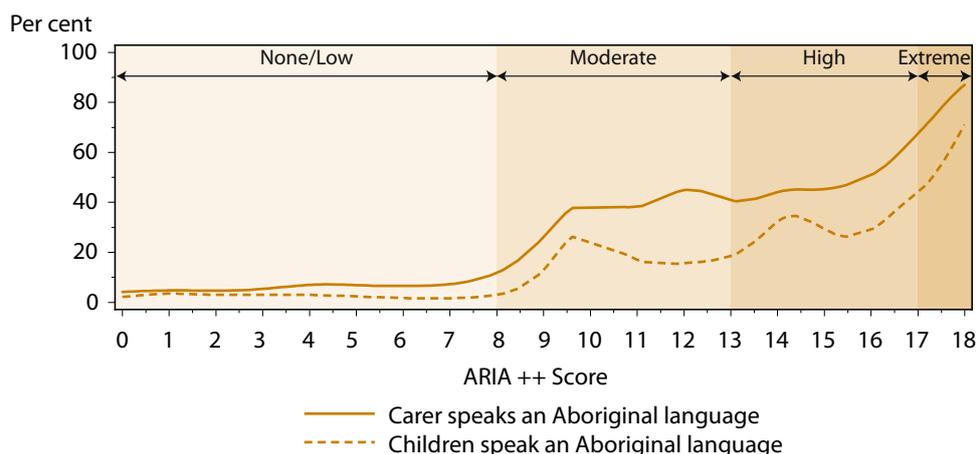
Figure 7.1 illustrates two significant issues in the changing demography of Aboriginal language use by Aboriginal children and their primary carers.

- ◆ There are two points where a steep decline in the proportion of primary carers and Aboriginal children conversant in an Aboriginal language occurs. The first takes place from the most extremely isolated communities through to communities in areas of high isolation. The second occurs between communities in areas of moderate isolation and those in areas of low isolation through to the Perth metropolitan area. Each case coincides with increased exposure to, and the need to coexist with, a predominantly English-speaking Western culture, services, and associated infrastructure, albeit at different levels of exposure.



- ◆ The gap between proportions of primary carers and children conversant in an Aboriginal language across the majority of areas of moderate to extreme isolation is strongly indicative of loss of traditional Aboriginal language from one generation to the next. This loss is highest in areas of moderate isolation, where the gap is in the order of 30 percentage points at the ARIA++ score of 12 (Figure 7.1).

FIGURE 7.1: PRIMARY CARERS AND ABORIGINAL CHILDREN CONVERSANT IN AN ABORIGINAL LANGUAGE — ARIA++ AND LEVEL OF RELATIVE ISOLATION



The highest average proportion of primary carers conversant in an Aboriginal language in Western Australia were in LORI—Extreme (80.0 per cent; CI: 69.5%–88.9%), which equates to 920 (CI: 670–1,250) carers. In LORI—Moderate, the proportion of carers conversant in an Aboriginal language was significantly lower, at 35.2 per cent (CI: 29.9%–40.7%) yet it represents a similar number of carers (950; CI: 770–1,150). In the Perth metropolitan area, a much lower 180 carers (CI: 110–290) were conversant in an Aboriginal language, representing 4.1 per cent (CI: 2.4%–6.5%) of carers in this area (Table 7.1).

INDIGENOUS LANGUAGE LOSS IN AUSTRALIA

In November 2001 Environment Australia released its report on the state of Indigenous languages in Australia.⁵ The report was commissioned as part of the *State of the Environment* reporting programme by Environment Australia, and carried out as a consultancy by the Australian Institute of Aboriginal and Torres Strait Islander Studies. This report noted that:

- ◆ There had been a decrease of 90 per cent in the number of Indigenous languages spoken fluently and regularly by all age groups in Australia since 1800.
- ◆ There had been a decrease in the percentage of Indigenous people speaking Indigenous languages from 100 per cent in 1800 to 13 per cent in 1996.

Continued . . .



INDIGENOUS LANGUAGE LOSS IN AUSTRALIA *(continued)*

- ◆ If these trends continue unchecked, by 2050 there will no longer be any Indigenous languages spoken in Australia. While it is unlikely that this prediction will be borne out in exactly this way — the trend will probably level out so that a handful of strong languages are spoken for another generation or two — the overall scenario is nevertheless bleak.
- ◆ While precise estimates are impossible, there may actually be in the order of 55,000 speakers of Indigenous languages in Australia.
- ◆ There was an unprecedented recognition in Australia of the rights of Indigenous languages and the need for support for them in the 1980s–90s. This has not however been reflected in any legislation guaranteeing rights or funding either nationally or in the states and territories. There has been a general tailing off in the support of Aboriginal languages over the last decade.
- ◆ Particularly significant and productive has been the establishment of Regional Aboriginal Language Centres and language management committees under Indigenous control from the mid-1980s onwards; there are few parallels to this development elsewhere in the world.

Why preserve language diversity?

Language diversity is essential to the human heritage.⁶ Each and every language embodies the unique cultural wisdom of a people. Language codes history, experience, knowing, and ways of thinking and being, and is intimately tied to culture. The loss of any language is thus a loss for all humanity.

What is an endangered language?

A language is endangered when its speakers cease to use it, use it in an increasingly reduced number of communicative domains, and cease to pass it on from one generation to the next. Language endangerment may be the result of external forces such as military, economic, religious, cultural or educational subjugation, or it may be caused by internal forces, such as a community's negative attitude towards its own language. Internal pressures often have their source in external ones, and both halt the intergenerational transmission of linguistic and cultural traditions.

The endangerment status of a language can be assessed by using a set of nine factors:

Factor 1: Intergenerational language transmission

Factor 2: Absolute number of speakers

Factor 3: Proportion of speakers within the total population

Factor 4: Shifts in domains of language use

Factor 5: Response to new domains and media

Factor 6: Materials for language education and literacy

Continued



INDIGENOUS LANGUAGE LOSS IN AUSTRALIA *(continued)*

Factor 7: Governmental and institutional language attitudes and policies, including official status and use

Factor 8: Community member's attitudes towards their own language

Factor 9: Type and quality of documentation

Taken together, these nine factors are useful for characterising a language's viability and its function in society. No single factor alone can be used to assess the state of a community's language and the type of support needed for its maintenance, revitalisation and transmission. In addition, the need of ensuring access to digital local content adds an important new component for consideration in preserving languages.

What can be done to address language loss?

There are five essential areas for sustaining endangered languages:

- ◆ **Basic linguistic and pedagogical training.** Providing language teachers with training in basic linguistics, language teaching methods and techniques, curriculum development, and teaching materials development.
- ◆ **Sustainable development in literacy and local documentation skills.** Training local language workers to develop orthographies if needed, and to read, write and analyse their own languages, and produce pedagogical materials. One of the effective strategies here is the establishment of local research centres, where speakers of endangered languages will be trained to study, document and archive their own language materials. Literacy is useful to the teaching and learning of such languages.
- ◆ **Supporting and developing national language policy.** National language policies must support linguistic diversity, including endangered languages. More social scientists and humanists, and speakers of endangered languages themselves should be actively involved in the formulation of national language policies.
- ◆ **Supporting and developing educational policy.** The most common educational model for teaching endangered language minority children in schools still uses locally or nationally dominant languages as the medium of instruction. *Teaching exclusively in these languages supports their spread, at the expense of endangered languages* (emphasis added). The general approach favoured is to include regional languages (often called 'mother tongues') in formal education, but not at the expense of ethnolinguistic minorities.⁷ A great deal of research shows that acquiring bilingual capability need in no way diminish competence in (either the official or minority) language.
- ◆ **Improving living conditions and respect for the human rights of speaker communities.** Language documenters, linguists and educators can be vital mediators by supporting the communities in formulating claims about their linguistic and other human rights. Conversely, materials such as those on health care, community development or language education produced for marginalised communities require specialist input. Concepts and content need to be conveyed in a culturally meaningful way.

Continued . . .



INDIGENOUS LANGUAGE LOSS IN AUSTRALIA *(continued)***Language loss and the WAACHS**

Data from the WAACHS illustrate the extent of the threat to Australian Aboriginal languages in Western Australia. The data show significant language loss as measured by intergenerational language transmission, absolute number of speakers, the proportion of speakers in the total population, and uncertainty in the governmental and institutional language attitudes and policies governing official status and use of Aboriginal languages.

Programmes and activities that have the capacity to promote language restoration and preservation offer considerable scope to authorities in family and community, education and other sectors where specific program implementation can use language restoration and preservation as a broad strategy. These programmes build and sustain cultural connection, respect, and appreciation for Aboriginal peoples and their heritage. Such programmes also have the capacity to involve a wide range of individuals (Aboriginal and non-Aboriginal) of varying ages and whose Aboriginal language knowledge varies from negligible to knowledgeable.

CULTURAL PARTICIPATION

Primary carers were asked if they had participated in certain Aboriginal cultural activities over the previous twelve months. These activities included attending Aboriginal funerals, participating in Aboriginal ceremonies, attending Aboriginal festivals/carnivals, and involvement in Aboriginal organisations. The level of involvement by primary carers in Aboriginal organisations appeared to be fairly similar across LORI areas. However, participation in the other three cultural activities increased significantly with increasing isolation. The extent of these changes is examined in the following sections.

Aboriginal funerals

Around seven in ten primary carers (68.2 per cent; CI: 65.8%–70.5%) had attended an Aboriginal funeral in the 12 months prior to the survey, indicating the generally high levels of family bereavement and the cultural and communal importance placed on attending funerals. Almost all primary carers living in areas of extreme isolation (93.1 per cent; CI: 86.6%–96.9%) and high isolation (90.7 per cent; CI: 78.8%–97.5%) had attended a funeral (Table 7.3). These proportions were significantly lower for primary carers living in less isolated areas.

As Figure 7.2 shows, there was a steady decline in attendance at funerals in areas of moderate isolation (the overall attendance rate in areas of moderate isolation was 80.9 per cent (CI: 77.3%–84.2%)). The decline persisted into the majority of areas with low or no isolation, with the overall attendance among carers in the Perth metropolitan area being 50.6 per cent (CI: 46.2%–55.2%) (Table 7.3).

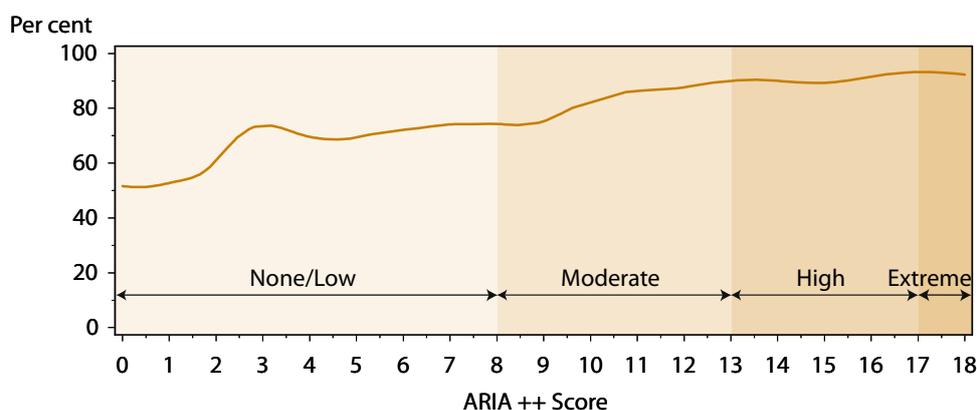
While the proportion of primary carers in areas of extreme isolation who had attended an Aboriginal funeral was higher than in Perth, there was a greater actual number of carers in Perth (2,290; CI: 2,090–2,500) and areas of low relative isolation (2,170;



CI: 1,850–2,540) who had attended than in areas of extreme isolation (1,070 (CI: 780–1,440) (Table 7.3).

Note, these data do not necessarily reflect differences in death rates across LORI categories, merely different rates of funeral attendance among carers.

FIGURE 7.2: PRIMARY CARERS — ATTENDANCE AT ABORIGINAL FUNERALS IN THE 12 MONTHS PRIOR TO THE SURVEY, BY ARIA++ AND LEVEL OF RELATIVE ISOLATION



Aboriginal ceremonies

The rates of participation in Aboriginal ceremonies across levels of relative isolation provide a clear indication of the cultural dislocation that confronts Aboriginal communities. In areas of extreme isolation, 60.7 per cent (CI: 49.9%–70.3%) of primary carers had participated in Aboriginal ceremonies in the last 12 months. The proportion decreased to 46.7 per cent (CI: 36.4%–57.4%) in areas of high isolation and was significantly lower in areas of moderate isolation (25.4 per cent; CI: 21.7%–29.4%) (Table 7.4). In areas of low or no isolation, participation in Aboriginal ceremonies fell to around one in ten primary carers.

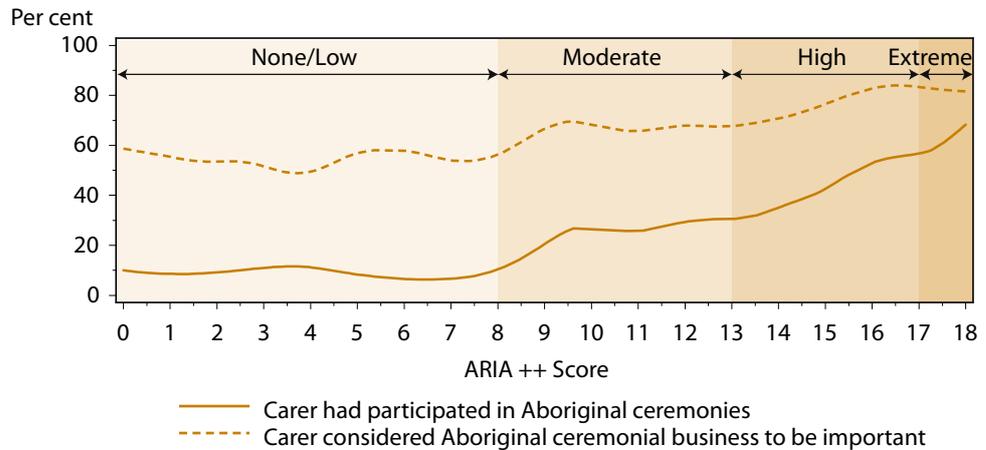
Primary carers were also asked how important Aboriginal ceremonial business was to them. Within each LORI category, the proportion who reported Aboriginal ceremonial business to be important was significantly higher than that reported for actual participation in Aboriginal ceremonies. In areas of extreme isolation, 81.1 per cent (CI: 76.1%–85.7%) of primary carers reported that Aboriginal ceremonial business was important to them decreasing to 58.3 per cent (CI: 53.9%–62.5%) in the Perth metropolitan area (Table 7.5). Figure 7.3 shows that, as the level of relative isolation decreases, the gap between the stated importance of ceremonial business and participation in ceremonies increases, with the largest gap evident at the ARIA++ score of 8 (e.g. locations with a similar ARIA++ score to Carnarvon).

In areas of extreme isolation, where participation in Aboriginal ceremonies was highest, an estimated 700 (CI: 490–960) primary carers reported having participated while 940 (CI: 670–1,290) considered Aboriginal ceremonial business to be important. In the Perth metropolitan area, where participation was lowest, 450 (CI: 340–570) primary carers reported having participated while 2,630 (CI: 2,440–2,830) considered Aboriginal ceremonial business to be important. In areas of moderate isolation, the respective number of primary carers was 680 (CI: 550–830) and 1,820 (CI: 1,540–2,120) (Tables 7.4 and 7.5).

7



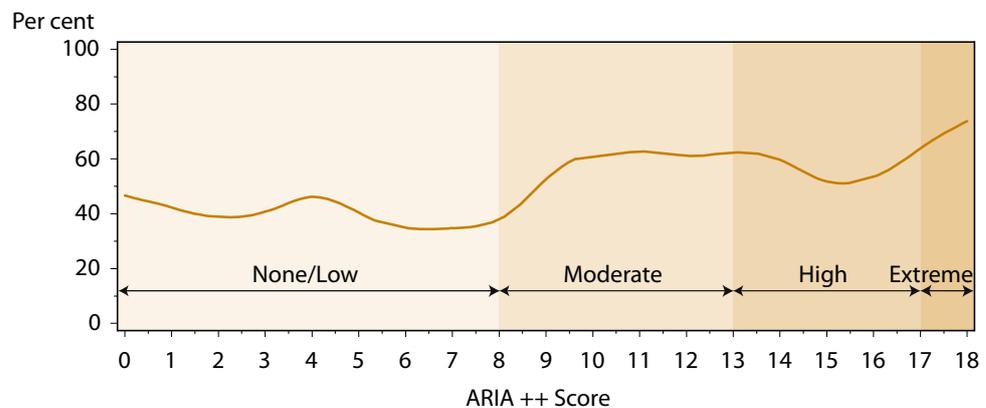
FIGURE 7.3: PRIMARY CARERS — PARTICIPATION IN, AND STATED IMPORTANCE OF, ABORIGINAL CEREMONIES, BY ARIA++ AND LEVEL OF RELATIVE ISOLATION



Aboriginal festivals/carnivals

Participation in Aboriginal festivals/carnivals that involved arts and crafts, music, dance or sport also declined at lower levels of relative isolation. However, as Figure 7.4 shows, the decline would appear to be most pronounced between people in areas of extreme isolation and those in areas of high isolation, and from areas of moderate isolation to areas of low isolation. Participation in festivals/carnivals appeared to increase following each of these transition points.

FIGURE 7.4: PRIMARY CARERS — PARTICIPATION IN ABORIGINAL FESTIVALS/CARNIVALS IN THE LAST 12 MONTHS, BY ARIA++ AND LEVEL OF RELATIVE ISOLATION



Overall, participation in festivals/carnivals was highest in areas of extreme isolation (72.7 per cent; CI: 61.8%–82.1%) and moderate isolation (58.2 per cent; CI: 53.7%–62.5%), and lowest in areas of low or no isolation (41.9 per cent; CI: 37.3%–46.7%, and 46.7 per cent; CI: 42.2%–51.2%, respectively) (Table 7.6).

The three in four primary carers in areas of extreme isolation who had participated in an Aboriginal festival/carnival equated to 840 (CI: 590–1,140) carers. While the proportion participating in the Perth metropolitan area was significantly lower, this translated to 2,110 (CI: 1,910–2,320) carers (Table 7.6).



TELEVISION, THE MEDIA AND INDIGENOUS CULTURE

In commenting upon Australian and Canadian Indigenous television and newspaper developments, Avison and Meadows (2000) and Meadows (1995a) highlight the importance of access by Indigenous peoples to democratic institutions like the media. Any cursory inspection of Australian mainstream media reveals Aboriginal voices outnumbered by non-Indigenous sources.⁸ Moreover, mainstream representation of Aboriginal people and their circumstance typically veers from 'inappropriate . . . (to) . . . racist'.⁹ As noted by Langton (1993) and Meadows (1995b), 'alien radio or television broadcasts for Aboriginal people in Australia and Canada represent a double-edged sword constituting both a threat to and information source for communities'.^{10,11}

Amid the cultural hegemony imposed by Australian media over the Indigenous circumstance, there is now a growing opportunity to challenge this domination by providing greater Indigenous access to, and control of, television content and programming for Indigenous communities specifically, Indigenous people more generally, and the Australian community widely.

In May 2004, the Australian Government Department of Communications, Information Technology and the Arts invited comment on the viability of creating an Indigenous television broadcasting service. Since then the Australian Government announced that it would fund the establishment of an Indigenous television service from 1 July 2006. The National Indigenous Television Committee is charged with the implementation of the new service, provisionally named National Indigenous Television.

The NITV Committee is a voluntary, industry representative group which was formed by the Australian Indigenous Communications Association to develop an effective strategy for the establishment of a national Indigenous television service. The group comprises representatives from the Australian Indigenous Communications Association, Indigenous Remote Communications Association Aboriginal and Torres Strait Islanders Corporation, Indigenous Screen Australia, IMPARJA Television and others with industry expertise.

This development is part of the scope of a wider inquiry by the House Standing Committee on Communications, Information, Technology and the Arts¹² to investigate and report on:

- ◆ the scope and role of Australian community broadcasting across radio, television, the internet and other broadcasting technologies
- ◆ content and programming requirements that reflect the character of Australia and its cultural diversity
- ◆ technological opportunities, including digital, to expand community broadcasting networks
- ◆ opportunities and threats to achieving a diverse and robust network of community broadcasters.

Continued



TELEVISION, THE MEDIA AND INDIGENOUS CULTURE *(continued)*

Provision of access to community television and, specifically, Indigenous community broadcasting represents a potentially significant step in empowering Aboriginal people — as consumers and creators and as participants in an essential democratic institution. There are potential opportunities to provide Aboriginal leadership and control over the communication of a broad range of cultural, language, educational, documentary, dramatic and current affairs content. There are also potentially significant vocational and occupational opportunities for Indigenous people associated with these developments.

The history of Australian media is not one characteristically associated with ‘good news’ for Indigenous Australians. In the move toward the development and implementation of Indigenous broadcasting there are considerable opportunities.

There are also very significant and substantial challenges in securing rural and remote coverage, participation in and technical capacity for a sustainable service.

The WAACHS data reveal the challenges of reaching the Indigenous population in both urban and remote areas and the potential that broadcasting has in reducing disadvantage due to geographic and social isolation. Notwithstanding the challenges in implementation and philosophy,¹³ the penetration of these technologies is potentially high with the possibility of addressing aspects of community isolation as well as supporting specific community identity. As discussed in Chapter Eight, the education and training of a skilled Indigenous workforce will be a key to the development of Indigenous broadcasting to enable regional and remote roll-out and the sustainability of the enterprise. There are significant synergies with Indigenous language restoration, training and language preservation as well as increased archival and documentary opportunities. There are very important child development ‘contents’ that could be developed and implemented in the delivery of community based broadcasting.



NEIGHBOURHOOD/COMMUNITY PROBLEMS

One aspect of community life measured in the WAACHS was whether primary carers had been bothered by any of the following 18 items in their neighbourhood or community:

- ◆ vandalism/graffiti
- ◆ break-ins
- ◆ car stealing
- ◆ unemployment
- ◆ family violence
- ◆ violence in the streets
- ◆ families not having enough money
- ◆ drug abuse
- ◆ families splitting up
- ◆ youth gangs
- ◆ child abuse
- ◆ kids not going to school
- ◆ alcohol abuse
- ◆ isolation from family and friends
- ◆ noisy and/or reckless driving
- ◆ people leaving the area
- ◆ racism
- ◆ other problems.

Responses to these questions should not be compared with official statistics or notifications for these specific events or incidences. In the WAACHS, carers simply reported whether or not any of these community issues had bothered them, which differs in both concept and method to the measurement of actual rates of prevalence of these issues within communities.

As reported in Chapter Five, neighbourhood problems were significantly associated with the experience of life stress events. Primary carers who reported being bothered by 11–18 neighbourhood problems were four times more likely to have experienced 7–14 life stress events than carers who reported 0–1 neighbourhood problems.

In this section, carer-reported neighbourhood problems are analysed through the framework of geographical isolation. As shown in Tables 7.7 to 7.24, the pattern of neighbourhood problems varies across distinct levels of relative isolation, with different areas (in terms of isolation) experiencing different types of neighbourhood problems. Generally, neighbourhood problems were most commonly reported in areas of moderate isolation. The one neighbourhood problem which showed no variation across the five levels of relative isolation was vandalism/graffiti (Table 7.7).



NEIGHBOURHOOD PROBLEMS REPORTED IN AREAS OF MODERATE ISOLATION

Areas of moderate isolation in Western Australia include communities in and around Derby, Broome, Kununurra, Fitzroy Crossing, Halls Creek, Karratha, Port Hedland, Carnarvon, Ravensthorpe, Meekatharra, Menzies, Mount Magnet, Hyden and Morawa. They are situated across the state in areas of the far northwest as well as in the central wheatbelt and southeastern coastal areas.

Violence

Family violence. A higher proportion of primary carers living in areas of moderate isolation reported being bothered by family violence (50.4 per cent; CI: 45.3%–55.4%) than carers in areas of no relative isolation (33.7 per cent; CI: 29.6%–38.0%) or in areas of low isolation (32.1 per cent; CI: 27.6%–36.9%) (Table 7.8).

While a higher proportion of carers living in areas of moderate isolation reported being bothered by family violence, the number of carers reporting this type of neighbourhood problem in areas of no isolation (1,520; CI: 1,340–1,720) was similar to that in areas of moderate isolation (1,350; CI: 1,140–1,600) (Table 7.8).

Violence in the streets. Being bothered by violence in the streets was also more prevalent in areas of moderate isolation. Over half of all primary carers (53.7 per cent; CI: 49.1%–58.4%) living in areas of moderate isolation reported being bothered by this neighbourhood problem. This was significantly higher than the corresponding proportion of primary carers living in the Perth metropolitan area (37.2 per cent; CI: 32.9%–41.4%) and in areas of low relative isolation (34.0 per cent; CI: 29.5%–38.6%) (Table 7.9).

When looking at the number of carers reporting such problems, 1,440 (CI: 1,210–1,700) carers living in areas of moderate isolation reported being bothered by violence in the streets. A similar number of carers living in the Perth metropolitan area also reported this types of problem (1,680 carers; CI: 1,490–1,880) (Table 7.9).

Drug abuse

Drug abuse was another problem commonly reported by primary carers living in areas of moderate isolation. Almost half (49.2 per cent; CI: 44.1%–54.5%) of all primary carers living in areas of moderate isolation stated they were bothered by drug abuse in their neighbourhood or community. This was significantly higher than the proportion reported in areas of low (34.3 per cent; CI: 30.1%–38.8%) and extreme isolation (28.9 per cent; CI: 21.4%–37.6%), but only marginally higher than in the Perth metropolitan area (46.8 per cent; CI: 42.2%–51.3%) (Table 7.10).

Although the highest proportion of carers who reported being bothered by drug abuse were living in areas of moderate isolation, this did not equate to the highest number of carers reporting such problems. There were 2,110 carers (CI: 1,910–2,330) living in the Perth metropolitan area who reported being bothered by drug abuse, significantly higher than the corresponding number of carers in areas of moderate isolation (1,320; CI: 1,100–1,560) (Table 7.10).

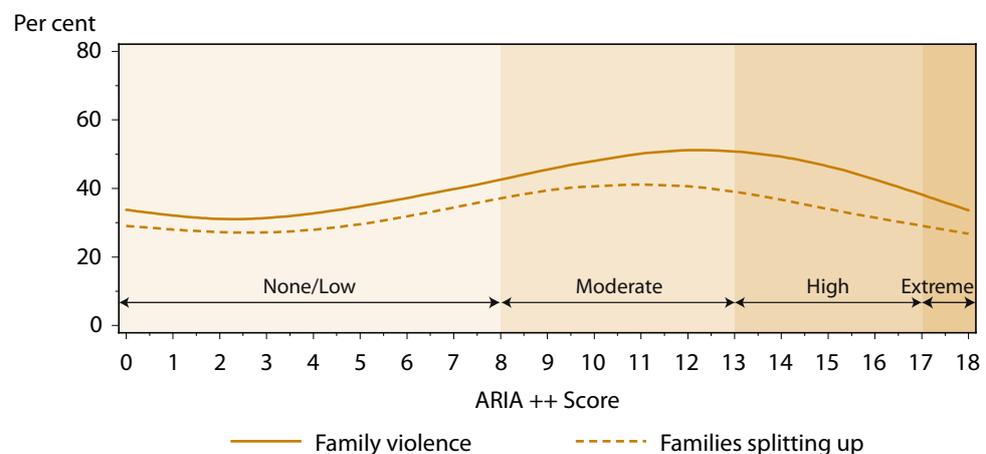
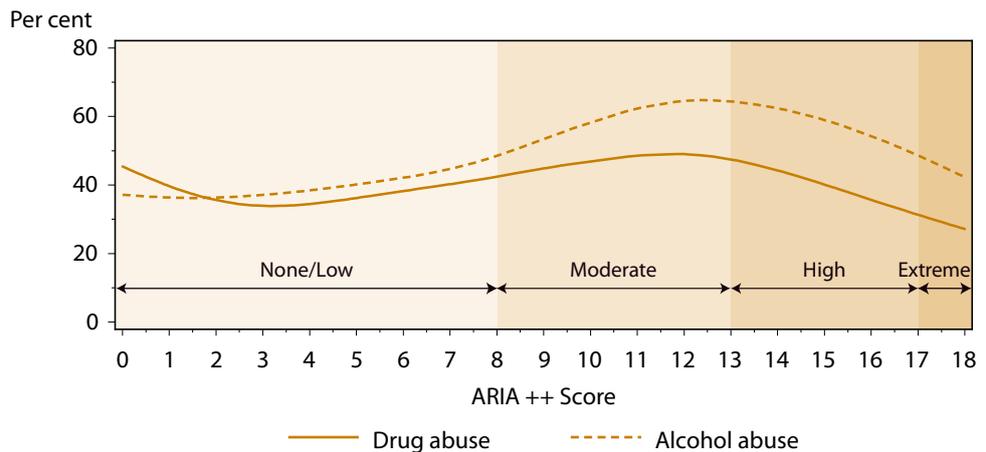


Other problems

A higher proportion of primary carers living in areas of moderate isolation also reported being bothered by unemployment, families not having enough money, families splitting up, child abuse, alcohol abuse, and ‘other’ problems in their neighbourhood or community when compared with carers living in other areas. While a higher proportion of primary carers living in areas of moderate isolation also reported being bothered by isolation from family and friends and by kids not going to school, these problems were also of significant concern for primary carers living in more isolated areas. Data relating to these neighbourhood problems are provided in Tables 7.11 to 7.18.

The incidence of selected neighbourhood problems has been further analysed by looking at ARIA++ scores on a continuous scale. As shown in Figure 7.5, the proportion of carers who reported being bothered by drug abuse, alcohol abuse, family violence and families splitting up peaks in areas with an ARIA++ score between 12 (i.e. locations with a similar ARIA++ score to Fitzroy Crossing, Halls Creek, Kununurra) and 13 (i.e. locations with a similar ARIA++ score to Laverton).

FIGURE 7.5: PRIMARY CARERS — PROPORTION BOTHERED BY SELECTED PROBLEMS IN THEIR NEIGHBOURHOOD OR COMMUNITY, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



NEIGHBOURHOOD PROBLEMS REPORTED IN AREAS OF NO ISOLATION

Primary carers living in areas of no isolation (the Perth metropolitan area) were most commonly bothered by crime-related neighbourhood problems.

Break-ins

Over half of all primary carers residing in the Perth metropolitan area (51.5 per cent; CI: 47.1%–55.9%) reported being bothered by break-ins in their neighbourhood or community compared with 41.9 per cent (CI: 37.0%–46.9%) of primary carers in areas of low isolation (Table 7.19).

In addition to having the highest proportion of carers being bothered by break-ins, the Perth metropolitan area also had the highest number of carers who reported such problems — 2,320 carers (CI: 2,130–2,530). This number was significantly higher than the 1,320 carers (CI: 1,140–1,510) in areas of low isolation and the 480 carers (CI: 320–690) in areas of extreme isolation who reported break-ins as a problem in their neighbourhood (Table 7.19).

Car stealing

A higher proportion of primary carers in the Perth metropolitan area also reported being bothered by car stealing (34.0 per cent; CI: 30.0%–38.2%) compared with carers residing in areas of low isolation (23.1 per cent; CI: 19.3%–27.2%), high isolation (13.4 per cent; CI: 7.5%–21.4%) and extreme isolation (22.0 per cent; CI: 14.9%–29.8%) (Table 7.20).

The Perth metropolitan area also had the highest number of carers who reported being bothered by car stealing in their neighbourhood — an estimated 1,530 carers (CI: 1,360–1,730). This number was significantly higher than the corresponding number of carers in areas of moderate isolation (750; CI: 600–920) and in areas of extreme isolation (250; CI: 170–390) (Table 7.20).

Noisy and/or reckless driving

Around six in ten (58.8 per cent; CI: 54.3%–63.4%) primary carers living in the Perth metropolitan area reported being bothered by noisy and/or reckless driving. As could be expected, the data suggest that this was seen as less of a problem in the more remote areas — 47.6 per cent (CI: 36.4%–58.9%) and 45.3 per cent (CI: 36.0%–55.7%) in areas of high and extreme isolation, respectively (Table 7.21).

In the Perth metropolitan area, 2,660 (CI: 2,450–2,870) primary carers reported noisy and/or reckless driving as a problem compared with an estimated 510 (CI: 330–730) and 520 (CI: 350–730) primary carers in areas of high and extreme isolation, respectively (Table 7.21).

Youth gangs

Primary carers living in areas of no isolation, and to a lesser extent moderate isolation, most commonly reported being bothered by youth gangs. Around a third of all primary carers living in the Perth metropolitan area (33.5 per cent; CI: 29.5%–37.9%) reported youth gangs as a neighbourhood problem while around a quarter (26.3 per cent; CI: 22.2%–30.7%) of carers in areas of moderate relative isolation reported this as a problem. The proportion in Perth was significantly higher than the corresponding



proportion of primary carers in areas of low isolation (16.9 per cent; CI: 13.1%–21.0%), high isolation (16.1 per cent; CI: 9.1%–24.7%) and extreme isolation (16.9 per cent; CI: 11.0%–25.1%) (Table 7.22).

The one in three primary carers living in the Perth metropolitan area who reported youth gangs as a problem in the neighbourhood represented 1,510 carers (CI: 1,330–1,710). This compares with 710 carers (CI: 570–860) living in areas of moderate isolation and 190 carers (CI: 110–310) living in areas of extreme isolation (Table 7.22).

Racism

As shown in Table 7.23 and Figure 7.6, primary carer reports of racism were prevalent in areas of no, low and moderate relative isolation. Over four in ten primary carers residing in the Perth metropolitan area (42.0 per cent; CI: 37.6%–46.4%) reported being bothered by racism in their neighbourhood or community while 44.9 per cent (CI: 40.8%–49.0%) in areas of moderate isolation were bothered by this problem. These proportions were significantly higher than the corresponding figure for carers in areas of high isolation (25.9 per cent; CI: 16.8%–36.1%) and extreme isolation (24.1 per cent; CI: 15.5%–33.6%). The greater representation of Aboriginal people, as a proportion of all people, in remote areas may provide better opportunities for positive racial identity and inter-racial socialisation in these areas. This may partly explain the lower rates of perceived racism in remote areas.

Along with having the highest proportion of carers reporting racism as a problem in the neighbourhood, the Perth metropolitan area also had the highest number of carers stating that racism was a neighbourhood problem (1,900; CI: 1,700–2,100). This was significantly higher than the corresponding number of carers in areas of moderate isolation (1,210; CI: 1,010–1,420) and in areas of extreme isolation (280; CI: 170–430) (Table 7.23).

NEIGHBOURHOOD PROBLEMS REPORTED IN AREAS OF *EXTREME* ISOLATION

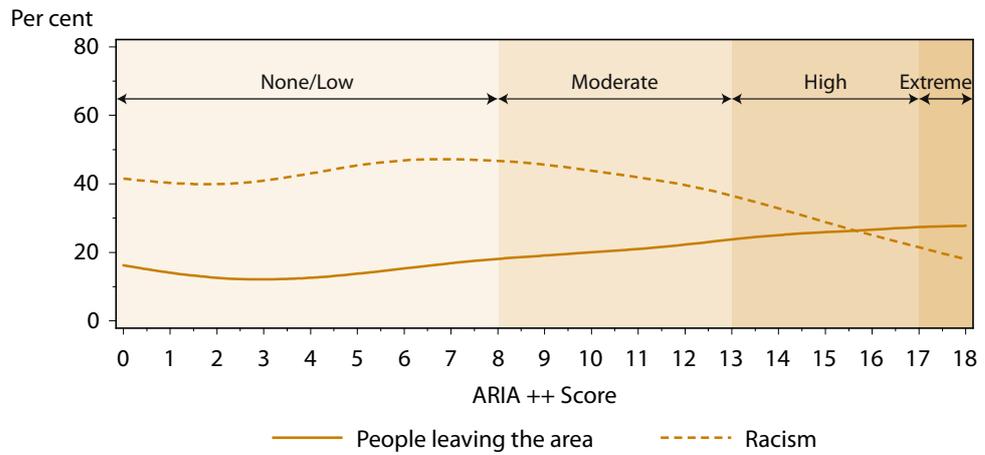
Areas of extreme isolation in Western Australia include communities such as Shay Gap, Christmas Creek, Jigalong, Balgo, Mulan, Warakurna, Punmu, Yiyili, Ringers Soak, Nullagine, Tjukurla and Eyre. They are situated to the east of the state in areas of the far northeast, the central desert and south east coastal areas.

Primary carers living in areas of extreme isolation were most likely to report being bothered by people leaving the area (Figure 7.6). Over one-third of primary carers living in areas of extreme isolation (33.8 per cent; CI: 25.1%–43.0%) reported being bothered by this neighbourhood problem; significantly higher than the proportion of carers in areas of no relative isolation (16.5 per cent; CI: 13.6%–19.8%), low isolation (13.4 per cent; CI: 10.5%–16.6%), and moderate isolation (19.3 per cent; CI: 16.1%–23.0%) (Table 7.24).

The three in ten carers in areas of extreme isolation that reported people leaving the area as a neighbourhood problem represented 390 (CI: 250–590) carers. This compared with 750 (CI: 620–900) carers, or one in six, in areas of no isolation (Table 7.24).



FIGURE 7.6: PRIMARY CARERS — PROPORTION BOTHERED BY RACISM IN THEIR NEIGHBOURHOOD OR COMMUNITY AND PEOPLE LEAVING THE AREA, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



ACCESS TO SERVICES AND FACILITIES

In Chapter Two — *Characteristics of families and communities with Aboriginal children*, primary carers indicated a general level of satisfaction with access to community services and facilities that, in most cases, was significantly below the level of satisfaction reported by carers of non-Aboriginal children in the 1993 WA CHS.

The measure of satisfaction was derived by asking primary carers in the WAACHS to rate how happy they were with access to a range of services and facilities on a five-point scale:

- ◆ very unhappy
- ◆ a little bit unhappy
- ◆ neither unhappy nor happy
- ◆ a little bit happy
- ◆ very happy.

To simplify analysis, this scale was divided into three categories:

- ◆ unhappy, i.e. a little bit unhappy or very unhappy
- ◆ neither unhappy nor happy
- ◆ happy, i.e. a little bit happy or very happy.

Note that there were instances where a ‘not applicable’ response was given. These proportions are shown in the detailed tables in Chapter Two and refer to either a question not asked of the carer (e.g. remote community not asked this question) or the carer stated that the question was not applicable to them (e.g. ‘Access to child care facilities’ may not be applicable to a carer whose youngest child was 16 years or older). Also note that some services — such as access to the Flying Doctor for people living in Perth, and access to taxis for people living in extreme isolation — would not be services associated with such levels of isolation. A high ‘neither unhappy nor happy’ response was often reported in these instances.

The following analysis indicates how happy primary carers were with access to a range of community services and facilities as reported across levels of geographic isolation.



ACCESS TO SERVICES AND FACILITIES AND LORI

Figure 7.7 summarises the proportion of primary carers living in each LORI category who reported that they were happy with access to community services and facilities. Primary carers living in discrete remote communities were not required to report for some services/facilities as they these were deemed irrelevant to their unique living circumstances. This group of carers were asked a few extra questions designed to take account of their circumstances.

FIGURE 7.7: PRIMARY CARERS OF ABORIGINAL CHILDREN — PROPORTION HAPPY(a) WITH ACCESS TO COMMUNITY SERVICES AND FACILITIES, BY LEVEL OF RELATIVE ISOLATION

	Level of Relative Isolation				
	None	Low	Moderate	High	Extreme
	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)
Health and medical services					
Community or child health clinic	49.8 (45.1 - 54.4)	58.9 (54.0 - 63.8)	67.5 (62.3 - 72.4)	73.5 (63.9 - 82.1)	81.1 (69.9 - 88.7)
Ambulance service (b)	50.8 (46.4 - 55.3)	64.9 (59.9 - 69.5)	49.3 (42.7 - 55.7)	(c)	—
The Flying Doctor	7.8 (5.4 - 11.0)	41.0 (35.6 - 46.4)	60.7 (54.3 - 67.0)	60.3 (46.4 - 71.9)	77.5 (65.0 - 87.1)
General Practitioner (b)	80.1 (76.5 - 83.3)	71.3 (66.8 - 75.6)	61.8 (55.6 - 67.5)	(c)	—
Aboriginal Medical Service (AMS)	24.6 (20.6 - 29.0)	29.5 (24.8 - 34.7)	56.0 (50.2 - 61.5)	46.3 (33.3 - 60.1)	36.6 (24.7 - 49.6)
Transport and communication services					
Public transport systems (b)	69.9 (65.8 - 73.8)	40.6 (35.3 - 45.9)	15.4 (10.7 - 21.3)	(c)	—
School bus service	31.9 (27.5 - 36.6)	43.4 (38.4 - 48.3)	43.2 (37.9 - 48.9)	30.3 (18.8 - 44.1)	24.2 (15.2 - 34.3)
Public telephone	43.6 (39.0 - 48.3)	52.1 (46.8 - 57.1)	43.0 (37.6 - 48.6)	46.8 (33.7 - 60.0)	55.7 (44.1 - 67.8)
Taxis	47.0 (42.4 - 51.7)	48.4 (42.4 - 54.4)	44.1 (38.5 - 49.6)	10.8 (4.2 - 22.6)	4.3 (1.8 - 8.8)
Shops, banking and entertainment facilities					
Banking facilities	62.5 (58.1 - 66.7)	61.9 (56.8 - 66.6)	54.0 (47.9 - 60.3)	45.5 (34.0 - 58.0)	44.5 (33.4 - 55.9)
Movie theatre or outdoor pictures	52.9 (48.2 - 57.8)	41.1 (35.6 - 46.8)	33.2 (28.1 - 38.5)	10.6 (5.3 - 20.3)	20.4 (12.7 - 31.5)
Hall for live theatre or performances	24.0 (19.9 - 28.5)	41.5 (36.7 - 46.2)	36.5 (31.7 - 41.6)	23.0 (13.1 - 34.2)	26.8 (19.3 - 35.4)
Shops or a shopping centre	87.6 (84.0 - 90.6)	74.7 (69.9 - 79.0)	70.6 (65.7 - 75.0)	46.3 (34.3 - 58.8)	61.7 (49.7 - 73.2)
Community services					
Schools	84.4 (81.2 - 87.4)	80.8 (77.3 - 84.0)	75.6 (71.4 - 79.6)	86.9 (79.7 - 92.4)	93.1 (80.5 - 98.5)
Community centre (b)	49.8 (45.4 - 54.4)	48.4 (43.4 - 53.2)	34.0 (28.5 - 39.9)	(c)	—
Family and children's services (Welfare)	36.0 (31.8 - 40.5)	38.0 (33.4 - 42.6)	43.2 (37.9 - 48.5)	31.7 (23.3 - 41.4)	39.5 (28.8 - 50.5)
After school care/vacation care (b)	29.4 (25.3 - 33.9)	23.2 (19.2 - 27.6)	22.3 (17.2 - 28.6)	(c)	—
Child care facilities (b)	39.3 (34.9 - 43.7)	37.7 (33.1 - 42.5)	27.2 (22.4 - 32.6)	(c)	—
Police station or regular patrols	51.9 (47.3 - 56.3)	55.3 (49.8 - 60.5)	50.2 (45.1 - 55.5)	58.9 (48.1 - 69.5)	43.5 (33.3 - 53.7)
A public library (b)	67.6 (63.1 - 71.8)	62.5 (57.3 - 67.3)	47.4 (41.1 - 53.8)	(c)	—

Continued . . .



FIGURE 7.7 (continued): PRIMARY CARERS OF ABORIGINAL CHILDREN — PROPORTION HAPPY(a) WITH ACCESS TO COMMUNITY SERVICES AND FACILITIES, BY LEVEL OF RELATIVE ISOLATION

	Level of Relative Isolation				
	None	Low	Moderate	High	Extreme
	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)	Per cent (95% CI)
Recreation facilities					
Playing field where children can play	78.6 (74.9 - 82.1)	74.0 (69.2 - 78.4)	59.5 (54.1 - 64.8)	61.4 (48.4 - 72.4)	77.6 (67.2 - 85.3)
Outdoor playing fields for organised sport	71.9 (67.7 - 75.6)	73.6 (68.5 - 78.3)	67.8 (63.3 - 72.2)	55.1 (41.7 - 67.2)	76.1 (65.8 - 85.2)
Swimming complex (indoor or outdoor)	62.4 (57.7 - 66.9)	66.5 (60.9 - 72.1)	67.7 (61.4 - 73.8)	36.8 (22.4 - 52.2)	32.6 (19.5 - 46.7)
Indoor sports centre for games	55.1 (50.4 - 59.7)	55.5 (49.9 - 61.1)	41.4 (35.8 - 47.2)	36.0 (25.6 - 48.5)	55.7 (44.0 - 68.1)
Other services, facilities and opportunities					
Street lighting	67.4 (63.1 - 71.5)	56.2 (51.2 - 61.4)	49.3 (44.1 - 54.7)	48.6 (36.1 - 62.3)	58.1 (44.9 - 71.4)
Church	37.9 (33.5 - 42.5)	47.3 (42.5 - 52.4)	47.4 (41.9 - 53.0)	54.2 (41.8 - 66.9)	63.1 (51.3 - 75.0)
Activities for children outside school	42.4 (37.9 - 46.9)	40.4 (35.3 - 45.6)	36.1 (31.1 - 41.2)	42.8 (31.7 - 53.6)	60.4 (50.4 - 70.6)
Places where teenagers can get together (b)	20.2 (16.6 - 24.4)	20.8 (16.8 - 25.6)	24.5 (19.3 - 30.2)	(c)	—
Work or opportunities for work	34.7 (30.4 - 39.5)	40.2 (35.7 - 44.8)	48.6 (43.1 - 54.0)	45.3 (30.9 - 58.6)	45.7 (34.3 - 57.9)
Remote communities only					
Access to airstrips (d)	—	—	(c)	41.1 (25.6 - 57.9)	70.1 (59.7 - 80.0)
Roads within the community (d)	—	—	(c)	40.5 (25.6 - 56.7)	61.4 (49.5 - 72.8)
Post box or postal service (d)	—	—	(c)	38.6 (24.2 - 55.5)	59.5 (47.9 - 70.4)
Roads to the community (d)	—	—	(c)	36.4 (22.1 - 53.1)	51.6 (38.4 - 64.8)

(a) Primary carers who reported being 'a little bit happy' or 'very happy' with their access to a service.

(b) Not asked in discrete remote Aboriginal communities.

(c) Contained too high a proportion of 'Not applicable' responses for fair comparison.

(d) Only asked in discrete remote Aboriginal communities.

The analyses below highlight how satisfaction with access to a number of selected services and facilities varies by remoteness. Note that both the LORI and the ARIA++ scale are used here to describe disparities in access.

Access to health and medical services

Community or child health clinic. While six in ten (60.7 per cent: CI: 58.1%–63.3%) primary carers indicated that they were happy with their access to a community or child health clinic, the proportion varied significantly with increasing relative isolation. In the Perth metropolitan area, 49.8 per cent (CI: 45.1%–54.4%) were happy (representing an estimated 2,250 (CI: 2,040–2,460) carers). This proportion was significantly lower than the 67.5 per cent (CI: 62.3%–72.4%) in areas of moderate isolation (representing 1,810 (CI: 1,520–2,140) carers), the 73.5 per cent (CI: 63.9%–82.1%) in areas of high isolation (representing 790 (CI: 520–1,110) carers) and the 81.1 per cent (CI: 69.9%–88.7%) in areas of extreme isolation (representing 940



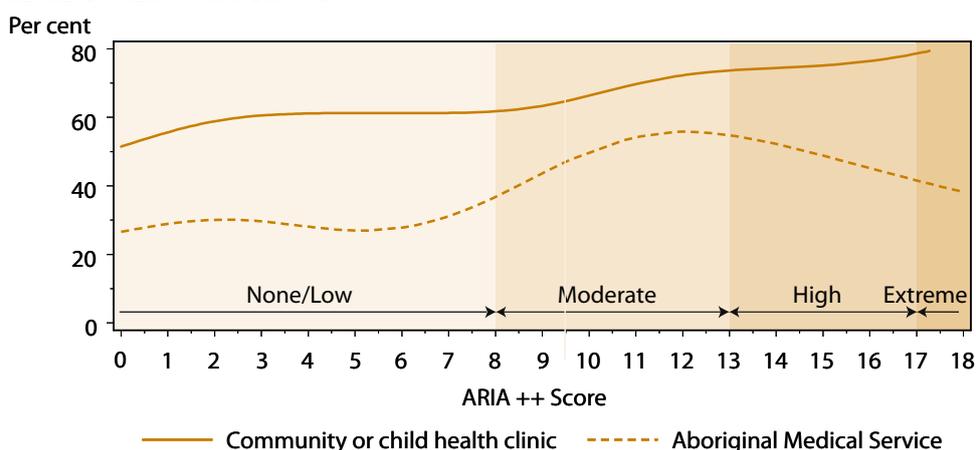
(CI: 660–1,280) carers) (Table 2.26 and Figure 7.7). The steady decline in the proportion of primary carers happy with their access to a community or child health clinic with decreasing isolation is highlighted on the continuous ARIA++ scale shown in Figure 7.8, below.

Aboriginal Medical Service (AMS). Just over one in three (35.5 per cent; CI: 32.8%–38.3%) primary carers in Western Australia were happy with their access to the AMS. A significantly higher proportion of carers living in areas of moderate relative isolation (56.0 per cent; CI: 50.2%–61.5%) were happy with their access to the AMS compared with carers in the Perth metropolitan area (24.6 per cent; CI: 20.6%–29.0%) or areas of low relative isolation (29.5 per cent; CI: 24.8%–34.7%). Note that while 36.6 per cent (CI: 24.7%–49.6%) of primary carers in areas of extreme isolation were happy with access to the AMS, a notable proportion (15.3 per cent; CI: 6.6%–30.1%) of carers in these areas recorded a ‘Not applicable’ response (Table 2.29).

In addition to having the highest proportion of carers happy with access to the AMS, areas of moderate isolation also had the highest number of carers (1,500; CI: 1,250–1,790) who reported they were happy with access to this service. This estimate was significantly higher than the 930 (CI: 760–1,110) carers in areas of low isolation, but not significantly higher than the 1,110 (CI: 940–1,320) carers in the Perth metropolitan area (Table 2.29).

As shown in Figure 7.8, the proportion happy with access to the AMS remained low between the Perth metropolitan area and ARIA++ score 6, before increasing to a peak around the ARIA++ score of 12 (which includes localities such as Halls Creek, Fitzroy Crossing and Kununurra). The majority of AMSs are located in areas of low and moderate relative isolation — see Volume One for more information on AMSs and how their location varies by LORI.³

FIGURE 7.8: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO COMMUNITY OR CHILD HEALTH CLINICS AND ABORIGINAL MEDICAL SERVICE, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Shops and banking

Shops or shopping centre. Three-quarters (74.8 per cent; CI: 72.2%–77.3%) of primary carers were happy with access to shopping facilities, a proportion significantly below that reported by carers of non-Aboriginal children (87.4 per cent; CI: 84.6%–90.0%). As expected, the proportion of satisfied primary carers was highest in the Perth metropolitan area (87.6 per cent; CI: 84.0%–90.6%), when compared with all other



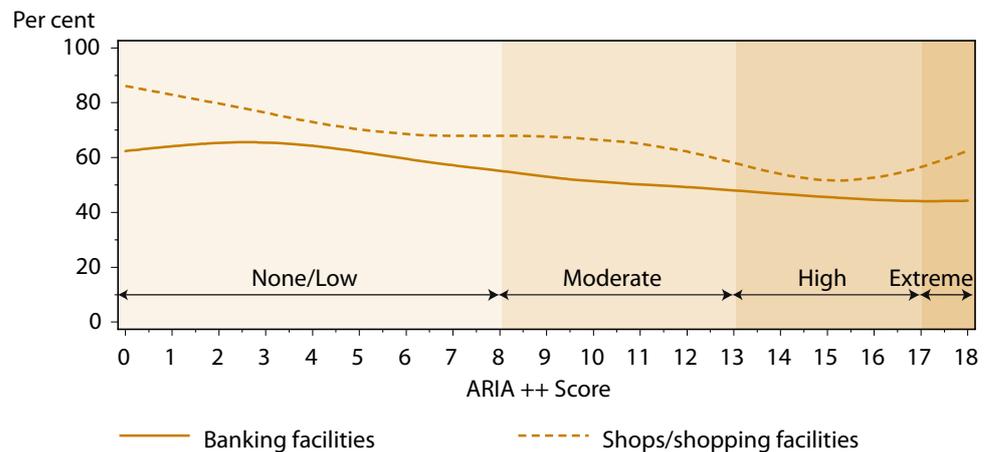
LORI categories. Satisfaction was lowest in areas of high relative isolation (46.3 per cent; CI: 34.3%–58.8%) (Table 2.34). The steady decline in satisfaction with shopping facilities with increasing remoteness is evident in Figure 7.9, although the trend is reversed in areas with ARIA++ scores from 16 to 18 (which includes such localities as Jigalong, Christmas Creek and Balgo).

When happiness with access to shops or shopping facilities was analysed in terms of numbers of carers rather than proportions a similar story emerged. An estimated 3,950 carers (CI: 3,790–4,120) living in the Perth metropolitan area reported being happy with their access to shopping facilities. This number declined to 1,900 (CI: 1,610–2,220) in areas of moderate isolation and 500 (CI: 320–730) in areas of high isolation. An estimated 710 carers (CI: 510–970) in areas of extreme isolation were happy with their access to these facilities (Table 2.34).

Banking facilities. Satisfaction with access to banking facilities was also significantly lower for primary carers of Aboriginal children (57.4 per cent; CI: 54.7%–60.2%) than for carers of non-Aboriginal children (80.0 per cent; CI: 76.2%–83.4%). Primary carers in areas of no isolation (62.5 per cent; CI: 58.1%–66.7%) and low isolation (61.9 per cent; CI: 56.8%–66.6%) were most likely to report satisfaction with access to these facilities (Table 2.35), with levels of satisfaction steadily decreasing with increasing remoteness (Figure 7.9).

The number of carers happy with their access to banking facilities also declined with increasing relative isolation. An estimated 2,820 carers (CI: 2,630–3,020) in the Perth metropolitan area were happy with their access to this service. An estimated 1,450 carers (CI: 1,200–1,720) in areas of moderate isolation and 510 carers (CI: 340–720) in areas of extreme isolation were happy with their access to banking facilities (Table 2.35).

FIGURE 7.9: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO SHOPS AND BANKING FACILITIES, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Entertainment

Movie theatre or outdoor pictures. Around four in ten (39.2 per cent; CI: 36.4%–41.9%) primary carers throughout Western Australia were satisfied with their access to a movie theatre (including outdoor theatres). Not surprisingly, satisfaction with access to these facilities was highest in the Perth metropolitan area (no isolation) than in more isolated areas (Table 2.36 and Figure 7.10).

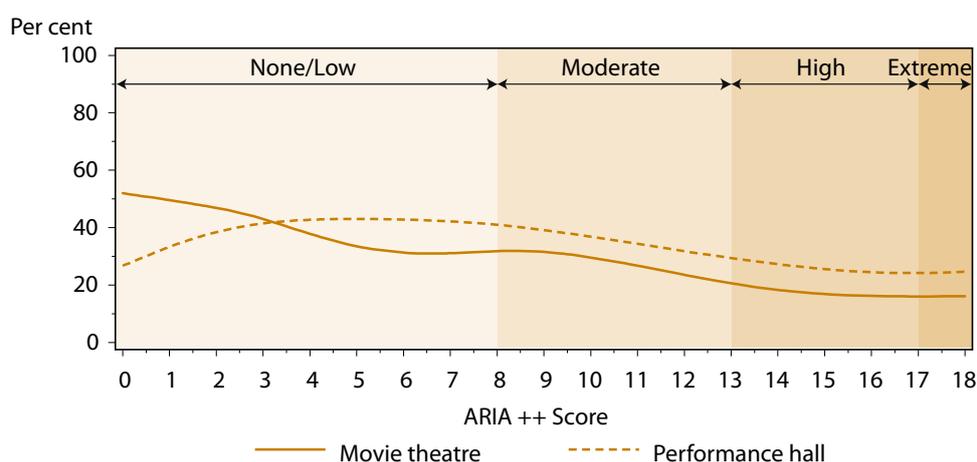


The number of carers happy with access to a movie theatre followed a similar trend, the highest numbers living in areas of no isolation (2,390; CI: 2,170–2,610). In areas of moderate isolation the corresponding number was 890 (CI: 710–1,100) and 240 (CI: 130–390) in areas of extreme isolation (Table 2.36).

Performance hall. Less than one-third (31.2 per cent; CI: 28.8%–33.7%) of primary carers reported being happy with access to a hall for live theatre or performances. The proportion satisfied with access was highest in areas of low isolation (41.5 per cent; CI: 36.7%–46.2%), when compared with areas of no isolation (24.0 per cent; CI: 19.9%–28.5%) and extreme isolation (26.8 per cent; CI: 19.3%–35.4%) (Table 2.37 and Figure 7.10).

The highest number of carers reporting satisfaction with access to a hall for live theatre or performance were living in areas of low isolation (1,300; CI: 1,130–1,490). This number declined as relative isolation increased, with 250 carers (CI: 140–430) in areas of high isolation reporting they were happy with access (Table 2.37).

FIGURE 7.10: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO MOVIE THEATRES AND PERFORMANCE HALLS, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Schools and school buses

Schools. Overall, 82.6 per cent (CI: 80.7%–84.5%) of primary carers were happy with their access to schools (Table 2.38). On the continuous ARIA++ scale (Figure 7.11), while the level of happiness was mostly around 80 to 90 per cent, the proportion happy with access to schools was lowest within areas of moderate isolation (i.e. between ARIA++ scores of 8 and 11, representing localities such as Port Hedland, Meekatharra and Karratha).

In terms of population totals, an estimated 2,030 carers (CI: 1,720–2,360) living in areas of moderate isolation were happy with their access to schools, along with 3,810 carers (CI: 3,660–3,970) in the Perth metropolitan area and 1,070 carers (CI: 790–1,450) in areas of extreme isolation (Table 2.38).

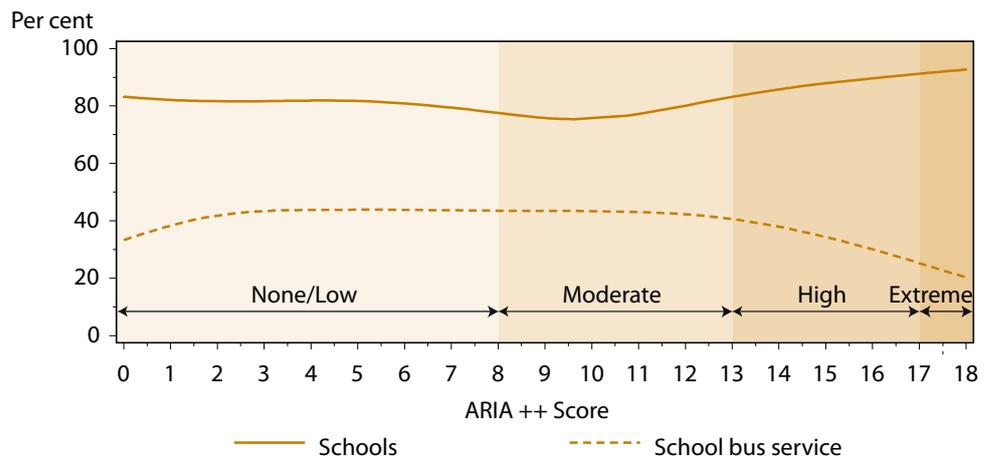
School bus service. The level of satisfaction with access to a school bus service was low throughout the state (36.3 per cent; CI: 33.6%–39.1%). However, although the proportion happy with access to school was lowest in LORI—Moderate this was not reflected in happiness with access to school bus services (Table 2.33). On the continuous ARIA++ scale (Figure 7.11), the level of happiness with access to a school



bus service was highest between ARIA++ scores of 2 and 13 after which there is a steady decline to the most remote ARIA++ score of 18. It should be noted that children in the most remote locations are generally within close walking distance to a school.

The number of carers happy with their access to a school bus service was similar in areas of no isolation (1,440; CI: 1,240–1,660), low isolation (1,360; CI: 1,180–1,570) and moderate isolation (1,160; CI: 940–1,410). In areas of high and extreme isolation, the corresponding number of carers was 320 (CI: 190–520) and 280 (CI: 170–440), respectively (Table 2.33).

FIGURE 7.11: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO SCHOOLS AND SCHOOL BUS SERVICE, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION

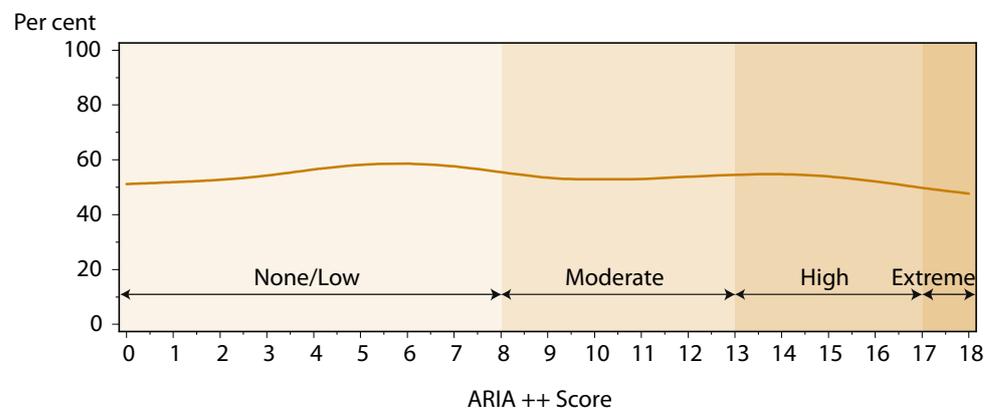


Access to a police station or regular patrols

Just over half (52.2 per cent; CI: 49.5%–54.9%) of primary carers throughout the state reported that they were happy with access to a police station or regular patrols. This compares with the 65.8 per cent (CI: 61.6%–69.7%) reported by carers of non-Aboriginal children in the 1993 WA CHS (Table 2.39).

Figure 7.12 shows that there was little variation in the proportion happy with access to these services across all ARIA++ scores.

FIGURE 7.12: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO A POLICE STATION OR REGULAR PATROLS, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



Recreation facilities

Playing fields for children. Throughout the state, around seven in ten (71.8 per cent; CI: 69.3%–74.2%) primary carers were happy with their access to playing fields for children. The proportion in areas of moderate isolation who were happy with access (59.5 per cent; CI: 54.1%–64.8%) was significantly lower than that for the Perth metropolitan area (78.6 per cent; CI: 74.9%–82.1%), areas of low relative isolation (74.0 per cent; CI: 69.2%–78.4%) and areas of extreme isolation (77.6 per cent; CI: 67.2%–85.3%) (Table 2.45).

This trend is shown clearly on the continuous scale of ARIA++ (Figure 7.13), where the proportion happy with access to playing field facilities reached its lowest point in areas of moderate isolation, between the scores of 10 and 11 (e.g. locations with a similar ARIA++ score to Meekatharra).

The Perth metropolitan area had the highest number of carers who were happy with access to playing fields for their children (3,550 carers; CI: 3,380–3,720). In comparison, while a similar proportion of carers in areas of extreme isolation were happy with access to playing fields, this represented 900 carers (CI: 640–1,230) (Table 2.45).

Indoor sports centre for games. Half (50.7 per cent; CI: 47.8%–53.5%) of primary carers in Western Australia were happy with their access to an indoor sports centre for games (Table 2.48). Satisfaction with access to indoor sports centres, while following a similar trend on the continuous ARIA++ scale (Figure 7.13) to access to playing fields, was over 20 percentage points lower than for playing fields. For indoor sports centres, the lowest point occurred in areas of moderate isolation between the ARIA++ scores of 11 and 12, which include localities such as Derby, Fitzroy Crossing and Halls Creek.

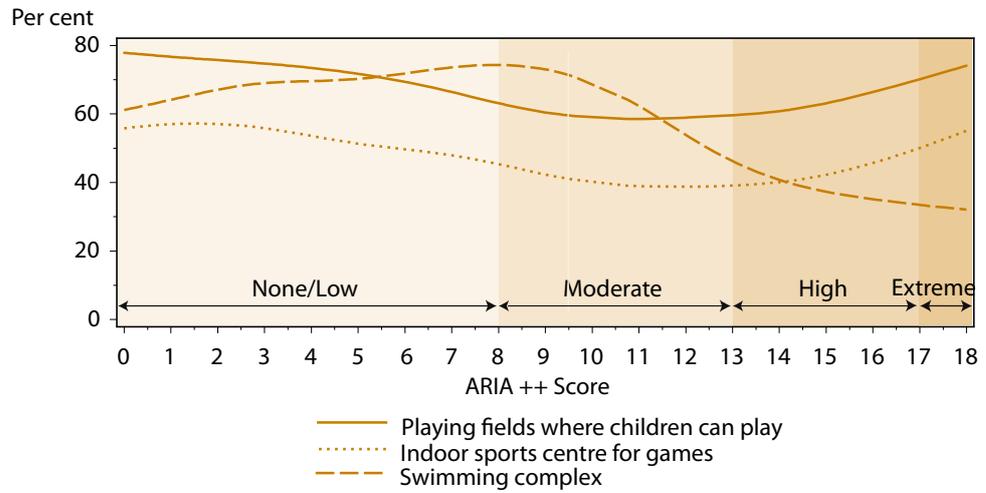
Swimming pool complex. The importance of swimming pools for the ear and skin health of Aboriginal children was assessed in the Swimming Pools Project conducted by the Telethon Institute for Child Health Research. This study, which was undertaken in two remote communities (Jigalong and Burringurrah), began in May 1999. A policy was adopted in the community of ‘no school, no pool’. Communities were visited every six months by researchers and the children’s health was assessed. Results show that from July 2000, prior to the pool opening, to August 2004 there was a dramatic reduction in the incidence of skin sores and a significant decline in the total number of ear perforations.¹⁴

Six in ten (59.7 per cent; CI: 56.3%–62.9%) primary carers of Aboriginal children in Western Australia were happy with their access to an indoor or outdoor swimming complex. There was little difference in satisfaction levels between areas of no, low or moderate relative isolation. However, in areas of high and extreme isolation the proportion satisfied was significantly lower, and represented around 400 carers in each of these areas (Table 2.47). In the Perth metropolitan area, there were 2,820 (CI: 2,610–3,030) carers satisfied with access to these facilities (Table 2.47).

On the continuous ARIA++ scale, the proportion happy with access to swimming pool facilities peaked in ARIA++ scores of 8 (i.e. locations with a similar ARIA++ score to Carnarvon) and thereafter declined markedly with increasing isolation (Figure 7.13).



FIGURE 7.13: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO RECREATION FACILITIES, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION

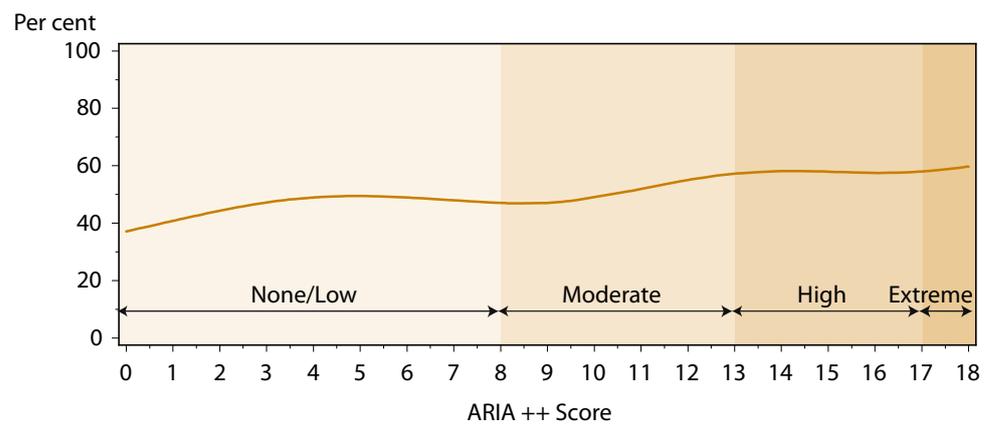


Church

Less than half (46.0 per cent; CI: 43.3%–48.7%) of all primary carers in Western Australia were happy with their access to church — a proportion significantly lower than that for carers of non-Aboriginal children (65.4 per cent; CI: 62.0%–68.8%) as reported in the 1993 WA CHS. As the level of relative isolation increased, so too did levels of satisfaction, rising from 37.9 per cent (CI: 33.5%–42.5%) in Perth to 63.1 per cent (CI: 51.3%–75.0%) in areas of extreme isolation (Table 2.50) (Figure 7.14).

The highest average proportion of carers happy with their access to church was recorded in LORI—Extreme and equated to 730 (CI: 520–1,010) carers. Although a significantly lower proportion of carers in the Perth metropolitan area were happy with access to church, this comprised a higher number of carers (1,710; CI: 1,520–1,930) (Table 2.50).

FIGURE 7.14: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO CHURCH, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION

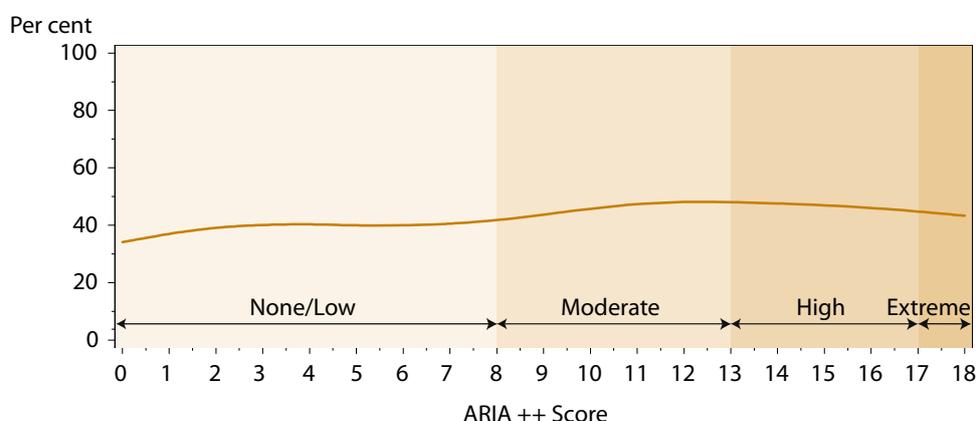


Work or work opportunities

Overall, 41.0 per cent (CI: 38.2%–43.7%) of primary carers were happy with their access to work opportunities. Another one-third (33.7 per cent; CI: 31.3%–36.1%) were neither happy nor unhappy. A lower proportion of primary carers in the Perth metropolitan area were happy with their access to work or opportunities for work (34.7 per cent; CI: 30.4%–39.5%) than in areas of moderate isolation (48.6 per cent; CI: 43.1%–54.0%) (Table 2.52).

There appeared to be an increasing trend in the proportion of carers who were happy with access to work opportunities, until ARIA++ scores of 12 and 13 (which depict, for example, localities such as Fitzroy Crossing, Kununurra, Laverton and Pannawonica), after which the proportion steadily declined (Figure 7.15).

FIGURE 7.15: PRIMARY CARERS — PROPORTION HAPPY WITH ACCESS TO WORK OR WORK OPPORTUNITIES, BY ARIA++ SCORE AND LEVEL OF RELATIVE ISOLATION



THE EFFECT OF COMMUNITY CHARACTERISTICS ON OUTCOMES FOR CARERS AND CHILDREN

This chapter has examined the way in which community conditions for child-rearing vary systematically by region and in response to differing levels of geographic isolation as defined by the 18 point ARIA++ classification. Findings show that there are systematic differences in carer perceptions of a range of community and neighbourhood characteristics and that these differences are linked to variations in relative isolation. Patterns of drug and alcohol use, crime and people leaving the community are not uniform across all settings in which families with Aboriginal children live — nor are language use and involvement in traditional Aboriginal ceremonies or organisations. The data show that communities in areas of moderate relative isolation are particularly challenged when compared with the metropolitan area or areas of extreme isolation.

The approach taken is largely descriptive and experimental. The descriptions of ‘community’ effects and characteristics are limited by the very nature of how the WAACHS data were gathered: the sample was an area based sample of households where areas were census districts rather than defined communities. Thus, the WAACHS was not deliberately designed to permit estimates of community effects where communities represent socially and spatially meaningful units with sufficient

Continued...

7



THE EFFECT OF COMMUNITY CHARACTERISTICS ON OUTCOMES FOR CARERS AND CHILDREN (continued)

numbers of participating children, carers and families in them. Additionally, most (but not all) of the community-level measures were gathered from household respondents. This violates an important principal of measuring community effects because it confounds effects measured by the individual level indicators (for example, a carer's perceptions of family stress) with those at the community-level (for example, neighbourhood problems as assessed by carers in the family).

What processes 'link' communities to outcomes for families and children?

It is widely believed that community characteristics and outcomes for children and parents are linked. In cities, regional centres and remote communities there is obvious variation in the quality of the immediate environment, social and physical amenity, and in the availability, quality and amount of services. It's reasonable to assume that better quality communities deliver better quality outcomes for children and families. Many of the existing services in health, education and family and community services are predicated on the belief that 'better' or 'stronger' communities result in quite particular patterns of outcomes that are beneficial. However, until recently the nature of the link between community and individual capacities tended to be assumed rather than empirically demonstrated.

The link between communities or neighbourhoods on one hand, and individual behaviours has several possible explanations. For example, in their review of the link between neighbourhoods and individual behaviour, Jenks and Mayer (1990) put forward five theoretical frameworks: (a) *neighbourhood institutional resource models* in which services and facilities provided to the area promote positive outcomes, (b) *collective socialisation models* in which adult supervision, monitoring and role models along with routines and expectations are seen to produce specific behavioural outcomes, (c) *contagion models* that operate through antisocial behaviour and amplification of deviant peer group behaviours, (d) *models of competition* in which neighbourhood residents compete for community resources, and (e) *relative deprivation models* in which individual perceptions of neighbourhood conditions influence behaviour.¹⁵

Currently, three structural dimensions of neighbourhoods have predominately been studied for their significance in explaining behavioural changes in individuals. These are: income and poverty (i.e. socioeconomic status (SES)), racial or ethnic diversity and residential instability. Leventhal and Brooks-Gunn (2000) suggest that the broad mechanisms that link communities/neighbourhoods to the development of children and young people, and which are complementary to the theoretical frameworks and structural dimensions of communities are: (a) institutional resources which make a difference in outcomes, (b) relationships among community members that enable social and material benefits, and (c) norms/collective efficacy that produce shared expectations and standards. They broadly conclude that there is evidence for links between neighbourhood SES and residential instability with school achievement, behaviour problems, juvenile delinquency, and less so with teenage sexuality and child bearing. The empirical evidence suggests that these effects are small to moderate.¹⁶

Continued....



THE EFFECT OF COMMUNITY CHARACTERISTICS ON OUTCOMES FOR CARERS AND CHILDREN *(continued)*

Challenges in the measurement of community-level processes

Theoretical and practical interests in the effects of communities and neighbourhoods on the development of families and children are now leading to more intensive study and the quality of the research is rapidly improving. At the moment, many of the published findings are based upon retrospective analyses using census data. The data were not necessarily created with specific samples and measures aimed at teasing out multilevel (i.e. community-level) associations (see Leventhal and Brooks-Gunn, 2000).¹⁶ While much of this work has demonstrated meaningful effects between neighbourhoods and individuals, there have been limits to what can be both studied and inferred. There is now a substantial need for better studies specifically designed to tease out causal associations. Such studies of neighbourhood and community processes will need to be carefully planned to avoid serious methodological constraints.¹⁷

More powerful research designs of community effects are those that have the capacity to enable linkage of individual-level data with administrative data that measure neighbourhood processes and those that ensure, that in face-to-face interview based surveys, the community-level measures are independent of the main study participants to prevent confounding of individual-level indicators with community-level indicators.

In recent times, household survey methods have also combined opportunities to collect independent ratings of community phenomenon through social observations gathered concurrently or in temporal proximity to the individual measures (see Raudenbush and Sampson, 1999).¹⁸ Finally, while rare, direct experimental manipulation of families randomly assigned to neighbourhoods allows estimation of neighbourhood effects associated with levels of local poverty.¹⁹

WAACHS evidence

In the WAACHS, carer reports of their concerns about neighbourhood and community problems, their reported satisfaction with access to community services and facilities, and their levels of traditional language and cultural participation revealed area based differences.

Of particular note are the survey findings showing that communities within the 10–16 range of ARIA++ (i.e. having moderate to high levels of relative isolation) have generally higher levels of poor community functioning and psychosocial problems in contrast to more remote and urbanised areas. These communities are typically the larger, more remote service centres such as South Hedland, Halls Creek or Kununurra. Such communities have a relatively high proportion of Aboriginal families in ‘transitional living’ where traditional affiliations with land, language, kinship and culture co-exist with the demands of living and rearing children in a more ‘Westernised’ urban community. This finding draws attention to the special needs of these communities and the potential value of locating

Continued..



THE EFFECT OF COMMUNITY CHARACTERISTICS ON OUTCOMES FOR CARERS AND CHILDREN (*continued*)

language and cultural preservation programmes in such regions to promote children's positive racial socialisation and identity.

The availability of the CHINS and EHNS administrative data allowed some direct testing of associations at the community-level. These data were measured independently from the survey families, and in temporal proximity to the time of the survey. While not ideal, they comprise an important, albeit experimental, opportunity to assess some multilevel community effects in extremely remote settings.

These analyses were disappointing. Associations were generally negligible. However, it is important to note that these analyses were suboptimal largely because of the restriction in the variability of the area samples. These were confined to extremely remote communities. Nonetheless, it was surprising to see the general absence of associations. What is required therefore is the design of more optimal studies that specifically assess the presence or absence of these effects and estimate their size. Given the emphasis of many policies and programmes based upon community capacity building specifically in Aboriginal communities, obtaining reliable empirical estimates of these effects is essential.

Differences by ARIA++

The findings reported in this chapter highlight the need for regionally based planning and 'place-management' for better targeting and integrated delivery of policies and frameworks for community and human services. These should take particular account of the systematic way in which community disadvantage varies regionally with ARIA++. They should also be tailored to the capability profile of the local population.

ENDNOTES

1. Gordon S, Hallahan K, Henry D. *Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities*. Perth: Department of Premier and Cabinet; 2002.
2. Department of Indigenous Affairs. *Overcoming Indigenous disadvantage in Western Australia report*, Perth: Department of Indigenous Affairs; 2005.
3. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal child health survey: The health of Aboriginal children and young people*. Perth: Telethon Institute for Child Health Research; 2004.
4. Schapper HP. *Aboriginal advancement to integration: Conditions and plans for Western Australia*. Canberra: Australian National University Press; 1970.
5. McConvell P, Thieberger N. *State of Indigenous languages in Australia 2001*. Environment Australia. Canberra: Department of the Environment and Heritage; 2001.
6. UNESCO Ad Hoc Expert Group on Endangered Languages. *Language vitality and endangerment*. Paris: United Nations Scientific and Cultural Organisation; 2003.



7. The Hague Recommendations on the Education Rights of National Minorities. *International Journal on Minority and Group Rights* (Special Issue on the Education Rights of National Minorities) 4.2. (1996/1997). <http://www.osce.org/hcnm/>
8. Avison S, Meadows M. Speaking and hearing: Aboriginal newspapers and the public sphere in Canada and Australia. *Canadian Journal of Communication* 25(3); 2000: [Online] [cited 2006 Sep 21]; Available from: URL: <http://www.cjc-online.ca/viewarticle.php?id=586>.
9. Meadows M. Ideas from the bush: Indigenous television in Australia and Canada. *Canadian Journal of Communication* [Online] 20(2); 1995a.
10. Langton M. *Well, I heard it on the radio and I saw it on the television: An essay for the Australian Film Commission on the politics and aesthetics of filmmaking by and about Aboriginal people and things*. Sydney: Australian Film Commission; 1993.
11. Meadows M. Voice blo mipla all ilan man: Torres Strait Islander's struggle for television access. In: Craik J, Bailey JJ, Moran A. *Public voices, private interests: Australia's media*. Sydney, Allen and Unwin: 179-198; 1995b.
12. House Standing Committee on Communications, Information, Technology and the Arts. *Inquiry into Community Broadcasting*. [Online] [cited 2006 Sep 21]; Available from: URL: http://www.aph.gov.au/house/committee/cita/community_broadcasting/index.htm
13. Daly AE. *Implications of developments in telecommunications for Indigenous people in remote areas of Australia* (No. 219). Canberra: Centre for Aboriginal Economic Policy Research, Australian National University; 2001.
14. Lehmann D, Tennant DT, Silva DT, McAullay D, Lannigan F, Coates H, Stanley F. Benefits of swimming pools in two remote Aboriginal communities in Western Australia: Intervention study. *British Medical Journal*, vol. 327,2003, pp. 415-419.
15. Jencks C, Mayer S. The social consequence of growing up in a poor neighborhood. In: Lynn LE, McGeary MFH, editors. *Inner-city poverty in the United States* (pp. 111-186). Washington, DC: National Academy Press; 1990.
16. Leventhal T, Brooks-Gunn J. The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin* 2000, 126(2):309-337.
17. Duncan GJ, Connell JP, Klebanov PK. Conceptual and methodological issues in estimating causal effects of neighborhoods and family conditions on individual development. In: Brooks-Gunn J, Duncan GJ, Aber JL, editors. *Neighborhood poverty: Vol. 1. Context and consequences for children* (pp. 219-250). New York: Russell Sage Foundation; 1997.
18. Leventhal T, Brooks-Gunn J. A randomized study of neighborhood effects on low-income children's educational outcomes. *Developmental Psychology* 2004; 40(4):488-507.
19. Raudenbush SW, Sampson, RJ. Econometrics: Toward a science of assessing ecological settings, with application to the systematic social observation of neighborhoods. *Sociological Methodology* 1999; 29(1):1-41.



DETAILED TABLES

LANGUAGE AND CULTURAL PARTICIPATION

TABLE 7.1: PRIMARY CARERS — WHETHER THEY SPOKE AN ABORIGINAL LANGUAGE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Does carer speak an Aboriginal language?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 590	(2 390 - 2 800)	57.4	(52.8 - 61.8)
A few words	1 740	(1 550 - 1 950)	38.5	(34.2 - 43.1)
A conversation	180	(110 - 290)	4.1	(2.4 - 6.5)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 760	(1 560 - 1 980)	56.0	(51.0 - 61.1)
A few words	1 190	(1 020 - 1 390)	38.0	(33.4 - 42.7)
A conversation	190	(130 - 260)	6.0	(4.2 - 8.1)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	780	(600 - 980)	29.0	(23.6 - 34.7)
A few words	960	(770 - 1 170)	35.8	(31.2 - 40.6)
A conversation	950	(770 - 1 150)	35.2	(29.9 - 40.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	220	(120 - 360)	20.7	(12.4 - 30.1)
A few words	360	(220 - 580)	33.8	(23.1 - 44.9)
A conversation	490	(310 - 740)	45.4	(32.1 - 58.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	50	(30 - 80)	4.5	(2.6 - 6.9)
A few words	180	(70 - 330)	15.5	(7.6 - 26.5)
A conversation	920	(670 - 1 250)	80.0	(69.5 - 88.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	5 400	(5 080 - 5 720)	43.0	(40.4 - 45.6)
A few words	4 430	(4 120 - 4 760)	35.3	(32.8 - 37.9)
A conversation	2 730	(2 440 - 3 030)	21.7	(19.4 - 24.1)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.2: PRIMARY CARERS — WHETHER ANY OF THEIR CHILDREN SPOKE AN ABORIGINAL LANGUAGE, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Does any of carer's children speak an Aboriginal language?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 700	(2 510 - 2 910)	59.9	(55.5 - 64.2)
A few words	1 730	(1 550 - 1 930)	38.3	(34.2 - 42.7)
A conversation	80	(20 - 210)	1.8	(0.5 - 4.7)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 900	(1 690 - 2 130)	60.4	(55.2 - 65.5)
A few words	1 140	(960 - 1 340)	36.2	(31.4 - 41.5)
A conversation	100	(70 - 150)	3.3	(2.3 - 4.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 150	(950 - 1 390)	42.9	(38.2 - 47.9)
A few words	1 110	(920 - 1 320)	41.4	(37.5 - 45.4)
A conversation	420	(310 - 540)	15.7	(12.4 - 19.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	280	(170 - 450)	26.3	(17.0 - 37.3)
A few words	460	(290 - 710)	43.2	(32.4 - 54.2)
A conversation	330	(190 - 520)	30.4	(18.3 - 44.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	160	(90 - 230)	13.5	(8.7 - 18.9)
A few words	310	(170 - 520)	26.8	(16.8 - 39.1)
A conversation	690	(480 - 950)	59.7	(48.0 - 71.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	6 190	(5 870 - 6 520)	49.3	(46.7 - 51.9)
A few words	4 750	(4 440 - 5 070)	37.8	(35.3 - 40.4)
A conversation	1 620	(1 360 - 1 900)	12.9	(10.9 - 15.1)
Total	12 600	(12 500 - 12 600)	100.0	

7



TABLE 7.3: PRIMARY CARERS — WHETHER ATTENDED AN ABORIGINAL FUNERAL IN THE PAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Attended Aboriginal funeral?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 230	(2 030 - 2 440)	49.4	(44.8 - 53.8)
Yes	2 290	(2 090 - 2 500)	50.6	(46.2 - 55.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 070	(910 - 1 270)	34.2	(29.5 - 39.4)
Yes	2 060	(1 840 - 2 310)	65.8	(60.6 - 70.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	510	(400 - 630)	19.1	(15.8 - 22.7)
Yes	2 170	(1 850 - 2 540)	80.9	(77.3 - 84.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	100	(30 - 270)	9.3	(2.5 - 21.2)
Yes	970	(690 - 1 350)	90.7	(78.8 - 97.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	80	(30 - 160)	6.9	(3.1 - 13.4)
Yes	1 070	(780 - 1 440)	93.1	(86.6 - 96.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	4 000	(3 710 - 4 290)	31.8	(29.5 - 34.2)
Yes	8 570	(8 270 - 8 860)	68.2	(65.8 - 70.5)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.4: PRIMARY CARERS — WHETHER ATTENDED AN ABORIGINAL CEREMONY IN THE PAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Attended Aboriginal ceremonies?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	4 070	(3 930 - 4 210)	90.1	(87.4 - 92.5)
Yes	450	(340 - 570)	9.9	(7.5 - 12.6)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 850	(2 600 - 3 120)	90.8	(88.2 - 93.1)
Yes	290	(220 - 370)	9.2	(6.9 - 11.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	2 000	(1 690 - 2 340)	74.6	(70.6 - 78.3)
Yes	680	(550 - 830)	25.4	(21.7 - 29.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	570	(380 - 830)	53.3	(42.6 - 63.6)
Yes	500	(330 - 730)	46.7	(36.4 - 57.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	450	(300 - 680)	39.3	(29.7 - 50.1)
Yes	700	(490 - 960)	60.7	(49.9 - 70.3)
Total	1 150	(840 - 1 540)	100.0	

Continued...



TABLE 7.4 (continued): PRIMARY CARERS — WHETHER ATTENDED AN ABORIGINAL CEREMONY IN THE PAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Attended Aboriginal ceremonies?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	9 950	(9 700 - 10 200)	79.2	(77.0 - 81.2)
Yes	2 620	(2 360 - 2 880)	20.8	(18.8 - 23.0)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.5: PRIMARY CARERS — IMPORTANCE OF ABORIGINAL CEREMONIAL BUSINESS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Importance of Aboriginal ceremonial business</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
Important	2 630	(2 440 - 2 830)	58.3	(53.9 - 62.5)
Not important	890	(740 - 1 050)	19.7	(16.4 - 23.3)
Not relevant	990	(830 - 1 170)	22.0	(18.6 - 26.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
Important	1 700	(1 490 - 1 920)	54.0	(49.2 - 58.9)
Not important	770	(650 - 900)	24.5	(21.0 - 28.3)
Not relevant	680	(530 - 850)	21.5	(17.2 - 26.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
Important	1 820	(1 540 - 2 120)	67.9	(63.4 - 72.1)
Not important	450	(330 - 600)	16.8	(13.0 - 21.4)
Not relevant	410	(310 - 520)	15.3	(12.4 - 18.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
Important	830	(570 - 1 150)	77.7	(68.7 - 84.5)
Not important	160	(90 - 280)	15.1	(9.3 - 23.6)
Not relevant	80	(40 - 150)	7.2	(3.4 - 12.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
Important	940	(670 - 1 290)	81.1	(76.1 - 85.7)
Not important	200	(140 - 280)	17.2	(12.9 - 22.1)
Not relevant	20	(10 - 40)	1.7	(0.7 - 3.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
Important	7 920	(7 620 - 8 210)	63.0	(60.7 - 65.3)
Not important	2 470	(2 240 - 2 710)	19.6	(17.8 - 21.6)
Not relevant	2 180	(1 940 - 2 430)	17.3	(15.4 - 19.3)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.6: PRIMARY CARERS — WHETHER ATTENDED AN ABORIGINAL FESTIVAL/CARNIVAL IN THE PAST 12 MONTHS, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Attended Aboriginal festival/carnival?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 410	(2 200 - 2 620)	53.3	(48.8 - 57.8)
Yes	2 110	(1 910 - 2 320)	46.7	(42.2 - 51.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 830	(1 620 - 2 050)	58.1	(53.3 - 62.7)
Yes	1 310	(1 130 - 1 500)	41.9	(37.3 - 46.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 120	(920 - 1 330)	41.8	(37.5 - 46.3)
Yes	1 560	(1 310 - 1 840)	58.2	(53.7 - 62.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	490	(300 - 720)	45.5	(33.6 - 56.6)
Yes	580	(380 - 830)	54.5	(43.4 - 66.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	320	(180 - 500)	27.3	(17.9 - 38.2)
Yes	840	(590 - 1 140)	72.7	(61.8 - 82.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	6 150	(5 830 - 6 480)	49.0	(46.4 - 51.6)
Yes	6 410	(6 090 - 6 730)	51.0	(48.4 - 53.6)
Total	12 600	(12 500 - 12 600)	100.0	

NEIGHBOURHOOD PROBLEMS

TABLE 7.7: PRIMARY CARERS — WHETHER BOTHERED BY VANDALISM/GRAFFITI IN THEIR NEIGHBOURHOOD/COMMUNITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by vandalism/graffiti</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 930	(2 740 - 3 130)	64.9	(60.6 - 68.8)
Yes	1 590	(1 400 - 1 780)	35.1	(31.2 - 39.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 270	(2 030 - 2 530)	72.4	(67.7 - 76.9)
Yes	870	(720 - 1 040)	27.6	(23.1 - 32.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 800	(1 510 - 2 130)	67.0	(61.6 - 71.8)
Yes	890	(720 - 1 090)	33.0	(28.2 - 38.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	740	(500 - 1 040)	69.1	(59.8 - 77.9)
Yes	330	(210 - 490)	30.9	(22.1 - 40.2)
Total	1 070	(750 - 1 480)	100.0	

Continued...



TABLE 7.7 (continued): PRIMARY CARERS — WHETHER BOTHERED BY VANDALISM/GRAFFITI IN THEIR NEIGHBOURHOOD/COMMUNITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by vandalism/graffiti?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — Extreme				
No	770	(560 - 1 050)	66.5	(56.9 - 75.0)
Yes	390	(250 - 580)	33.5	(25.0 - 43.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	8 510	(8 200 - 8 800)	67.7	(65.2 - 70.1)
Yes	4 060	(3 760 - 4 370)	32.3	(29.9 - 34.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.8: PRIMARY CARERS — WHETHER BOTHERED BY FAMILY VIOLENCE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by family violence?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 990	(2 800 - 3 190)	66.3	(62.0 - 70.4)
Yes	1 520	(1 340 - 1 720)	33.7	(29.6 - 38.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 130	(1 900 - 2 380)	67.9	(63.1 - 72.4)
Yes	1 010	(850 - 1 180)	32.1	(27.6 - 36.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 330	(1 090 - 1 600)	49.6	(44.6 - 54.7)
Yes	1 350	(1 140 - 1 600)	50.4	(45.3 - 55.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	580	(380 - 840)	54.3	(42.1 - 65.5)
Yes	490	(320 - 740)	45.7	(34.5 - 57.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	730	(510 - 1 010)	62.9	(54.2 - 71.1)
Yes	430	(290 - 600)	37.1	(28.9 - 45.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	7 760	(7 450 - 8 070)	61.8	(59.3 - 64.3)
Yes	4 800	(4 490 - 5 110)	38.2	(35.7 - 40.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.9: PRIMARY CARERS — WHETHER BOTHERED BY VIOLENCE IN THE STREETS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by violence in the streets?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 840	(2 640 - 3 040)	62.8	(58.6 - 67.1)
Yes	1 680	(1 490 - 1 880)	37.2	(32.9 - 41.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 070	(1 850 - 2 310)	66.0	(61.4 - 70.5)
Yes	1 070	(910 - 1 240)	34.0	(29.5 - 38.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 240	(1 030 - 1 490)	46.3	(41.6 - 50.9)
Yes	1 440	(1 210 - 1 700)	53.7	(49.1 - 58.4)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	630	(420 - 910)	59.0	(47.1 - 69.3)
Yes	440	(280 - 650)	41.0	(30.7 - 52.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	740	(510 - 1 010)	64.2	(52.9 - 74.0)
Yes	410	(260 - 610)	35.8	(26.0 - 47.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	7 520	(7 210 - 7 840)	59.9	(57.3 - 62.4)
Yes	5 040	(4 720 - 5 360)	40.1	(37.6 - 42.7)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.10: PRIMARY CARERS — WHETHER BOTHERED BY DRUG ABUSE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by drug abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 400	(2 200 - 2 620)	53.2	(48.7 - 57.8)
Yes	2 110	(1 910 - 2 330)	46.8	(42.2 - 51.3)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 060	(1 840 - 2 300)	65.7	(61.2 - 69.9)
Yes	1 080	(920 - 1 240)	34.3	(30.1 - 38.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 360	(1 120 - 1 640)	50.8	(45.5 - 55.9)
Yes	1 320	(1 100 - 1 560)	49.2	(44.1 - 54.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	670	(450 - 930)	62.2	(51.7 - 71.5)
Yes	400	(260 - 620)	37.8	(28.5 - 48.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	820	(570 - 1 120)	71.1	(62.4 - 78.6)
Yes	330	(220 - 480)	28.9	(21.4 - 37.6)
Total	1 150	(840 - 1 540)	100.0	

Continued . . .



TABLE 7.10 (continued): PRIMARY CARERS — WHETHER BOTHERED BY DRUG ABUSE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by drug abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	7 320	(6 990 - 7 630)	58.2	(55.7 - 60.7)
Yes	5 250	(4 940 - 5 570)	41.8	(39.3 - 44.3)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.11: PRIMARY CARERS — WHETHER BOTHERED BY UNEMPLOYMENT IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by unemployment?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 880	(2 680 - 3 080)	63.7	(59.4 - 68.0)
Yes	1 640	(1 450 - 1 840)	36.3	(32.0 - 40.6)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 070	(1 850 - 2 300)	66.0	(61.6 - 70.3)
Yes	1 070	(920 - 1 240)	34.0	(29.7 - 38.4)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 590	(1 330 - 1 890)	59.3	(54.5 - 64.0)
Yes	1 090	(900 - 1 300)	40.7	(36.0 - 45.5)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	780	(530 - 1 100)	72.8	(62.2 - 81.4)
Yes	290	(170 - 460)	27.2	(18.6 - 37.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	830	(590 - 1 120)	71.9	(65.9 - 77.8)
Yes	320	(220 - 460)	28.1	(22.2 - 34.1)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	8 150	(7 850 - 8 440)	64.9	(62.5 - 67.2)
Yes	4 410	(4 120 - 4 710)	35.1	(32.8 - 37.5)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.12: PRIMARY CARERS — WHETHER BOTHERED BY FAMILIES NOT HAVING ENOUGH MONEY IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by families not having enough money?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 510	(2 300 - 2 720)	55.6	(51.0 - 60.1)
Yes	2 010	(1 810 - 2 220)	44.4	(39.9 - 49.0)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 760	(1 540 - 1 980)	56.0	(51.2 - 60.7)
Yes	1 380	(1 210 - 1 580)	44.0	(39.3 - 48.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 180	(970 - 1 420)	44.1	(39.4 - 48.8)
Yes	1 500	(1 270 - 1 760)	55.9	(51.2 - 60.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	540	(350 - 780)	50.8	(40.5 - 60.5)
Yes	530	(340 - 750)	49.2	(39.5 - 59.5)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	570	(400 - 790)	49.6	(40.4 - 59.6)
Yes	580	(390 - 830)	50.4	(40.4 - 59.6)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	6 560	(6 250 - 6 880)	52.3	(49.7 - 54.7)
Yes	6 000	(5 690 - 6 320)	47.7	(45.3 - 50.3)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.13: PRIMARY CARERS — WHETHER BOTHERED BY FAMILIES SPLITTING UP IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by families splitting up?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	3 180	(2 990 - 3 370)	70.3	(66.1 - 74.2)
Yes	1 340	(1 160 - 1 530)	29.7	(25.8 - 33.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 280	(2 050 - 2 530)	72.6	(68.3 - 76.4)
Yes	860	(730 - 1 010)	27.4	(23.6 - 31.7)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 520	(1 270 - 1 810)	56.6	(51.8 - 61.2)
Yes	1 170	(980 - 1 390)	43.4	(38.8 - 48.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	720	(490 - 1 010)	67.6	(58.3 - 75.8)
Yes	350	(220 - 520)	32.4	(24.2 - 41.7)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	810	(570 - 1 090)	69.9	(63.1 - 76.0)
Yes	350	(240 - 490)	30.1	(24.0 - 36.9)
Total	1 150	(840 - 1 540)	100.0	

Continued . . .



TABLE 7.13 (continued): PRIMARY CARERS — WHETHER BOTHERED BY FAMILIES SPLITTING UP IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by families splitting up?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	8 500	(8 220 - 8 780)	67.7	(65.4 - 69.9)
Yes	4 060	(3 780 - 4 340)	32.3	(30.1 - 34.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.14: PRIMARY CARERS — WHETHER BOTHERED BY CHILD ABUSE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by child abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	3 300	(3 120 - 3 490)	73.2	(69.2 - 76.9)
Yes	1 210	(1 040 - 1 390)	26.8	(23.1 - 30.8)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 430	(2 200 - 2 690)	77.5	(73.2 - 81.3)
Yes	710	(570 - 850)	22.5	(18.7 - 26.8)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 620	(1 350 - 1 910)	60.4	(55.4 - 65.4)
Yes	1 060	(870 - 1 290)	39.6	(34.6 - 44.6)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	800	(530 - 1 110)	74.4	(64.6 - 82.4)
Yes	270	(170 - 430)	25.6	(17.6 - 35.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	840	(590 - 1 130)	72.9	(62.2 - 81.4)
Yes	310	(190 - 490)	27.1	(18.6 - 37.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	9 000	(8 700 - 9 280)	71.6	(69.2 - 73.9)
Yes	3 570	(3 280 - 3 870)	28.4	(26.1 - 30.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.15: PRIMARY CARERS — WHETHER BOTHERED BY KIDS NOT GOING TO SCHOOL IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by kids not going to school?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 680	(2 480 - 2 890)	59.5	(55.1 - 63.9)
Yes	1 830	(1 640 - 2 040)	40.5	(36.1 - 44.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 970	(1 740 - 2 220)	62.7	(57.6 - 67.5)
Yes	1 170	(1 000 - 1 350)	37.3	(32.5 - 42.4)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 020	(820 - 1 250)	38.1	(33.2 - 43.3)
Yes	1 660	(1 400 - 1 940)	61.9	(56.7 - 66.8)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	450	(270 - 690)	41.6	(30.2 - 54.5)
Yes	620	(410 - 880)	58.4	(45.5 - 69.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	500	(340 - 720)	43.6	(34.1 - 52.7)
Yes	650	(450 - 900)	56.4	(47.3 - 65.9)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	6 630	(6 300 - 6 950)	52.7	(50.1 - 55.3)
Yes	5 940	(5 610 - 6 260)	47.3	(44.7 - 49.9)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.16: PRIMARY CARERS — WHETHER BOTHERED BY ALCOHOL ABUSE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by alcohol abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 820	(2 610 - 3 020)	62.4	(57.8 - 66.7)
Yes	1 700	(1 510 - 1 910)	37.6	(33.3 - 42.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 020	(1 790 - 2 260)	64.3	(59.5 - 68.8)
Yes	1 120	(970 - 1 300)	35.7	(31.2 - 40.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	990	(790 - 1 230)	37.0	(32.0 - 42.2)
Yes	1 690	(1 430 - 1 970)	63.0	(57.8 - 68.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	490	(330 - 730)	46.1	(37.0 - 56.1)
Yes	580	(380 - 820)	53.9	(43.9 - 63.0)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	620	(420 - 880)	53.8	(43.8 - 63.7)
Yes	530	(370 - 750)	46.2	(36.3 - 56.2)
Total	1 150	(840 - 1 540)	100.0	

Continued . . .



TABLE 7.16 (continued): PRIMARY CARERS — WHETHER BOTHERED BY ALCOHOL ABUSE IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by alcohol abuse?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	6 940	(6 620 - 7 260)	55.3	(52.7 - 57.8)
Yes	5 620	(5 300 - 5 950)	44.7	(42.2 - 47.3)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.17: PRIMARY CARERS — WHETHER BOTHERED BY ISOLATION FROM FAMILY AND FRIENDS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by isolation from family and friends?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	3 510	(3 350 - 3 680)	77.8	(74.1 - 81.1)
Yes	1 000	(860 - 1 170)	22.2	(18.9 - 25.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 400	(2 170 - 2 640)	76.4	(72.5 - 80.1)
Yes	740	(620 - 890)	23.6	(19.9 - 27.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 770	(1 500 - 2 070)	65.9	(62.1 - 69.7)
Yes	910	(750 - 1 090)	34.1	(30.3 - 37.9)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	760	(520 - 1 070)	71.1	(63.4 - 78.0)
Yes	310	(200 - 460)	28.9	(22.0 - 36.6)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	770	(540 - 1 030)	66.6	(59.6 - 73.2)
Yes	390	(270 - 550)	33.4	(26.8 - 40.4)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	9 210	(8 960 - 9 450)	73.3	(71.3 - 75.2)
Yes	3 350	(3 110 - 3 600)	26.7	(24.8 - 28.7)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.18: PRIMARY CARERS — WHETHER BOTHERED BY OTHER PROBLEMS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by other community problems?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	4 140	(4 010 - 4 260)	91.6	(89.2 - 93.7)
Yes	380	(290 - 490)	8.4	(6.3 - 10.8)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 950	(2 690 - 3 230)	94.0	(91.0 - 96.3)
Yes	190	(110 - 280)	6.0	(3.7 - 9.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	2 400	(2 040 - 2 790)	89.2	(86.0 - 92.0)
Yes	290	(210 - 390)	10.8	(8.1 - 14.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	1 030	(730 - 1 430)	96.6	(89.7 - 99.2)
Yes	40	(10 - 110)	3.4	(0.8 - 10.3)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	1 110	(790 - 1 470)	95.9	(92.5 - 98.1)
Yes	50	(20 - 90)	4.1	(1.9 - 7.5)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	11 600	(11 500 - 11 800)	92.5	(91.2 - 93.7)
Yes	940	(790 - 1 110)	7.5	(6.3 - 8.8)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.19: PRIMARY CARERS — WHETHER BOTHERED BY BREAK-INS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by break-ins?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 190	(2 000 - 2 400)	48.5	(44.1 - 52.9)
Yes	2 320	(2 130 - 2 530)	51.5	(47.1 - 55.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 820	(1 610 - 2 060)	58.1	(53.1 - 63.0)
Yes	1 320	(1 140 - 1 510)	41.9	(37.0 - 46.9)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 480	(1 230 - 1 750)	55.1	(49.7 - 60.3)
Yes	1 210	(980 - 1 450)	44.9	(39.7 - 50.3)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	620	(400 - 890)	58.1	(47.2 - 69.6)
Yes	450	(290 - 670)	41.9	(30.4 - 52.8)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	670	(490 - 920)	58.3	(49.7 - 66.9)
Yes	480	(320 - 690)	41.7	(33.1 - 50.3)
Total	1 150	(840 - 1 540)	100.0	

Continued . . .



TABLE 7.19 (continued): PRIMARY CARERS — WHETHER BOTHERED BY BREAK-INS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by break-ins?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	6 790	(6 460 - 7 110)	54.0	(51.4 - 56.6)
Yes	5 770	(5 460 - 6 100)	46.0	(43.4 - 48.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.20: PRIMARY CARERS — WHETHER BOTHERED BY CAR STEALING IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by car stealing?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 980	(2 790 - 3 180)	66.0	(61.8 - 70.0)
Yes	1 530	(1 360 - 1 730)	34.0	(30.0 - 38.2)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 410	(2 160 - 2 670)	76.9	(72.8 - 80.7)
Yes	730	(600 - 860)	23.1	(19.3 - 27.2)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 940	(1 640 - 2 270)	72.2	(67.8 - 76.5)
Yes	750	(600 - 920)	27.8	(23.5 - 32.2)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	930	(640 - 1 290)	86.6	(78.6 - 92.5)
Yes	140	(70 - 250)	13.4	(7.5 - 21.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	900	(640 - 1 230)	78.0	(70.2 - 85.1)
Yes	250	(170 - 390)	22.0	(14.9 - 29.8)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	9 160	(8 880 - 9 430)	72.9	(70.7 - 75.1)
Yes	3 400	(3 130 - 3 680)	27.1	(24.9 - 29.3)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.21: PRIMARY CARERS — WHETHER BOTHERED BY NOISY AND/OR RECKLESS DRIVING IN THEIR NEIGHBOURHOOD/COMMUNITY, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by noisy and/or reckless driving?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	1 860	(1 660 - 2 080)	41.2	(36.6 - 45.7)
Yes	2 660	(2 450 - 2 870)	58.8	(54.3 - 63.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 690	(1 480 - 1 920)	53.9	(48.7 - 59.0)
Yes	1 450	(1 250 - 1 650)	46.1	(41.0 - 51.3)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 280	(1 060 - 1 540)	47.8	(42.9 - 52.6)
Yes	1 400	(1 180 - 1 660)	52.2	(47.4 - 57.1)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	560	(370 - 840)	52.4	(41.1 - 63.6)
Yes	510	(330 - 730)	47.6	(36.4 - 58.9)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	630	(420 - 880)	54.7	(44.3 - 64.0)
Yes	520	(350 - 730)	45.3	(36.0 - 55.7)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	6 030	(5 700 - 6 360)	48.0	(45.4 - 50.6)
Yes	6 530	(6 200 - 6 860)	52.0	(49.4 - 54.6)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.22: PRIMARY CARERS — WHETHER BOTHERED BY YOUTH GANGS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by youth gangs?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	3 000	(2 810 - 3 200)	66.5	(62.1 - 70.5)
Yes	1 510	(1 330 - 1 710)	33.5	(29.5 - 37.9)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 610	(2 370 - 2 870)	83.1	(79.0 - 86.9)
Yes	530	(400 - 670)	16.9	(13.1 - 21.0)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 980	(1 670 - 2 330)	73.7	(69.3 - 77.8)
Yes	710	(570 - 860)	26.3	(22.2 - 30.7)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	900	(630 - 1 260)	83.9	(75.3 - 90.9)
Yes	170	(90 - 290)	16.1	(9.1 - 24.7)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	960	(680 - 1 280)	83.1	(74.9 - 89.0)
Yes	190	(110 - 310)	16.9	(11.0 - 25.1)
Total	1 150	(840 - 1 540)	100.0	

Continued . . .



TABLE 7.22 (continued): PRIMARY CARERS — WHETHER BOTHERED BY YOUTH GANGS IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by youth gangs?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
Western Australia				
No	9 450	(9 170 - 9 720)	75.2	(73.0 - 77.3)
Yes	3 120	(2 850 - 3 400)	24.8	(22.7 - 27.0)
Total	12 600	(12 500 - 12 600)	100.0	

TABLE 7.23: PRIMARY CARERS — WHETHER BOTHERED BY RACISM IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by racism?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	2 620	(2 420 - 2 830)	58.0	(53.6 - 62.4)
Yes	1 900	(1 700 - 2 100)	42.0	(37.6 - 46.4)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	1 870	(1 650 - 2 110)	59.4	(54.5 - 64.3)
Yes	1 270	(1 100 - 1 460)	40.6	(35.7 - 45.5)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	1 480	(1 240 - 1 750)	55.1	(51.0 - 59.2)
Yes	1 210	(1 010 - 1 420)	44.9	(40.8 - 49.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	790	(530 - 1 110)	74.1	(63.9 - 83.2)
Yes	280	(170 - 450)	25.9	(16.8 - 36.1)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	880	(610 - 1 200)	75.9	(66.4 - 84.5)
Yes	280	(170 - 430)	24.1	(15.5 - 33.6)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	7 630	(7 310 - 7 940)	60.8	(58.2 - 63.2)
Yes	4 930	(4 620 - 5 250)	39.2	(36.8 - 41.8)
Total	12 600	(12 500 - 12 600)	100.0	



TABLE 7.24: PRIMARY CARERS — WHETHER BOTHERED BY PEOPLE LEAVING THE AREA IN THEIR NEIGHBOURHOOD, BY LEVEL OF RELATIVE ISOLATION (LORI)

<i>Bothered by people leaving the area?</i>	<i>Number</i>	<i>95% CI</i>	<i>%</i>	<i>95% CI</i>
LORI — None				
No	3 770	(3 620 - 3 930)	83.5	(80.2 - 86.4)
Yes	750	(620 - 900)	16.5	(13.6 - 19.8)
Total	4 520	(4 430 - 4 600)	100.0	
LORI — Low				
No	2 720	(2 480 - 2 980)	86.6	(83.4 - 89.5)
Yes	420	(320 - 530)	13.4	(10.5 - 16.6)
Total	3 140	(2 880 - 3 420)	100.0	
LORI — Moderate				
No	2 170	(1 850 - 2 530)	80.7	(77.0 - 83.9)
Yes	520	(410 - 650)	19.3	(16.1 - 23.0)
Total	2 690	(2 300 - 3 110)	100.0	
LORI — High				
No	830	(580 - 1 180)	77.9	(69.6 - 84.4)
Yes	240	(140 - 360)	22.1	(15.6 - 30.4)
Total	1 070	(750 - 1 480)	100.0	
LORI — Extreme				
No	760	(550 - 1 030)	66.2	(57.0 - 74.9)
Yes	390	(250 - 590)	33.8	(25.1 - 43.0)
Total	1 150	(840 - 1 540)	100.0	
Western Australia				
No	10 300	(10 000 - 10 500)	81.6	(79.7 - 83.5)
Yes	2 310	(2 080 - 2 550)	18.4	(16.5 - 20.3)
Total	12 600	(12 500 - 12 600)	100.0	





Chapter 8

STRENGTHENING THE CAPACITY OF ABORIGINAL FAMILIES AND COMMUNITIES

- Summary of recommended actions** 555
- Introduction** 560
- A global perspective** 560
- Principles for implementing policies and services** 562
 - Involve Aboriginal people in improving Indigenous outcomes 562
 - Adjust programme content to the capability profile of the Aboriginal population 563
 - Develop programmes that account for the Aboriginal population distribution 564
 - Adjust programmes for the diversity of the Aboriginal population 565
 - Test strategies and programme content against developmental evidence and theory 566
- Actions needed to improve family and community outcomes for Aboriginal people** 567
 - Actions to reorient family and community development approaches to improve human development. 567
 - Actions to enrich programme content to build capability in families and communities with Aboriginal children 569
 - Actions that address the effects of stress 573
 - Actions for the housing sector 579
 - Actions to improve financial transparency and accountability 581
- Concluding comments** 588
- Endnotes** 590





Chapter 8

STRENGTHENING THE CAPACITY OF ABORIGINAL FAMILIES AND COMMUNITIES

This chapter describes the context and sets out recommendations based upon the findings from the Western Australian Aboriginal Child Health Survey (WAACHS). These recommendations are aimed at improving the capabilities of families and communities with Aboriginal children. In doing this, we recognise that leaders, policy makers and service providers will want a clear rationale for, and guidance on, what actions to take based upon these findings. While the circumstances that they face are urgent, and the demands for change are great, there are key leverage points that if addressed would result in considerable improvement in the capacity of Aboriginal families to reduce their disadvantage.

SUMMARY OF RECOMMENDED ACTIONS

In order to successfully address and improve outcomes for Aboriginal children and families, leaders, policy makers and service providers must recognise the following five principles:

- ◆ 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.

Based on the findings reported in this volume and the learnings of the previous three volumes, the following recommendations have been formulated to offer a basis of forming strategies to strengthen the capacity of Aboriginal children, families and communities.



SUMMARY OF RECOMMENDED ACTIONS *(continued)*

Improve human development opportunities

- Action 1** Reorient existing Indigenous health, education, family and community development policy frameworks and strategies to improve the human development opportunities for Aboriginal people.
- Action 2** Evaluate and test health, education, family and community development policy, programme and service implementation and content for evidence of its efficacy and effectiveness in promoting the development of Aboriginal children, families and their communities.
- Action 3** Ensure the ongoing measurement and reporting of key human development outcome indicators including: age of mother at first pregnancy, birthweight, life expectancy, the number of children attending formal child care, enrolment and attendance at kindergarten and pre-primary school, Year 1–12 literacy and numeracy, school retention, VET/university enrolment, training and employment status, and justice contact.

Ensure programmes build capability in families and communities with Aboriginal children

- Action 4** Deliver evidence-based parent, infant and child care programmes in the family and community development sector designed to expand human capability generally and build human capital specifically in the child.
- Benefit is likely to be greatest where:
- ◆ programmes simultaneously target both the child and the parent
 - ◆ programmes provide specific training (parenting, educational and vocational) to the parent
 - ◆ programmes provide language and cognitive enrichment to the child.
- Action 5** Establish a clear departmental authority, leadership and accountability in the provision of enriched educational infant and early childhood care that has, as a priority, the targeting of disadvantaged children.
- Action 6** Design and implement workforce and professional development programmes in the health, education, family and community sectors that allow staff to distinguish, design, select and implement developmental prevention programmes and services for Aboriginal children, families and communities.
- Action 7** Develop specific developmental prevention training curricula and formulate policies to guide the content, implementation and access to workforce and professional development programmes, as well as direct measures of staff attitudes, knowledge and skills, and frequency or extent of participation in them.



SUMMARY OF RECOMMENDED ACTIONS *(continued)*

Addressing the effects of stress associated with cultural affiliation and participation

- Action 8** All levels of government should give high priority to community development initiatives aimed at building and sustaining safer communities and neighbourhoods. Particular priority should be given to efforts in the following areas:
- ◆ leadership training for Aboriginal people
 - ◆ community governance training and support
 - ◆ establishing, and funding of, community patrols
 - ◆ establishing neighbourhood support and places of safety
 - ◆ provision of 'time out' and respite opportunities for families (e.g. school vacation programmes)
 - ◆ opportunities for young people to have supported relationships with appropriate adults.
- Action 9** Schools should be charged with an express responsibility to ensure that all children learn to cope well with the experience of race. Pre- and in-service training of teachers and other school personnel should ensure that new teachers understand the positive role they can play in communicating the message to all children that prejudice is potentially harmful and that discussion of such issues can help in reducing this harm.
- Action 10** Practical strategies to assist parents' and carers' understanding of the benefits of positive racial socialisation for their children's educational success and behavioural adjustment should be promoted through cultural organisations, community education strategies and schools.
- Action 11** The teaching and learning of traditional Aboriginal languages should be encouraged within schools and adult education as a key strategy for cultural preservation and promotion of cultural identification and intercultural understanding and respect.



SUMMARY OF RECOMMENDED ACTIONS *(continued)*

Improving family classification

- Action 12** The Australian Bureau of Statistics should be encouraged to review its existing family classification system for describing Indigenous and non-Indigenous families, with a view to the Census and other official collections being more encompassing of the variety of family structures now present within contemporary Australian society.

Addressing the effects of family financial strain

- Action 13** Strategies for overcoming structural and attitudinal disincentives to proper employment need to be further developed to be applicable to the changing needs and opportunities for employment and training in remote, rural and metropolitan settings. These should include:
- ◆ Regular review of the rules for CDEP, unemployment and Abstudy benefits
 - ◆ Extending the financial and other incentives to employers to provide workplace training and apprenticeship and traineeship opportunities, particularly in remote areas
 - ◆ Instituting programme and funding incentives to encourage strategic partnerships between government departments and other sectors, e.g. between DEST, FaCSIA, community and business organisations, and employers.
- Action 14** Current social welfare policies regarding child support, family payments and emergency family financial support should be adjusted to take account of household structural factors which appear to result in higher levels of disadvantage for some families with Aboriginal children. These include households where children are not with either of their natural parents, households where children's primary carers are aged 40 years or older, and households having three or more children.
- Action 15** Practical interventions should be available to protect the income for both Aboriginal and non-Aboriginal children in dysfunctional families, e.g. where it has been established that problems with alcohol, drugs or gambling in the household are diverting family income from meeting essential family needs. Such interventions could include the requirement that all or some of child support or family payments are made in the form of vouchers.
- Action 16** Proactive 'Homemaker' type programmes should be available in a culturally appropriate manner to support parents developing home and financial management skills to reduce financial strain. Optimally, these could be developed and delivered in conjunction with the vocational and educational training sector.



SUMMARY OF RECOMMENDED ACTIONS *(continued)*

Improving housing

- Action 17** Continue and extend the implementation of public housing policies that seek to increase the proportion of Indigenous people who own their own home.
- Action 18** Monitor and report the proportion of Indigenous people owning or purchasing their own home.
- Action 19** An independent body, such as the Equal Opportunity Commission, should monitor and report on rental housing availability, access, replacement, suitability and quality.
- Action 20** Implement and report the results of independent audits of public housing quality.
- Action 21** The federal, state and territory government housing agencies and authorities seek to establish a common occupancy standard for public housing.

Improving financial accountability and transparency

- Action 22** The ongoing implementation of the Overcoming Indigenous Disadvantage (OID) framework should require Australian governments to identify the dollar amounts and proportions of spending dedicated to addressing each of the OID headline indicators and their respective strategic change indicators.
- Action 23** Governments should be encouraged to build OID indicators into the key performance indicators (KPIs) for departments and into the performance reporting of ICC regions and community agency funding agreements.



INTRODUCTION

The findings in this and the previous Western Australian Aboriginal Child Health Survey (WAACHS) volumes reflect a critical reality: unless leaders, policy makers and service providers in the family and community development sector understand the population context that defines the current Aboriginal circumstance, their approaches to adopting and implementing recommendations will fail. This context requires a fundamental change in the orientation, philosophy and rigour of family and community sector policies, programmes and services aimed at improving the lives of Australian Aboriginal people. Because of this, we commence with a description of the current conditions that confront those who seek to formulate, implement and assess programmes aimed at improving the Australian Aboriginal circumstance.

A GLOBAL PERSPECTIVE

Globally, Australia has high levels of human development, regularly ranking among the top five countries in the world on the Human Development Index.¹

The Human Development Index (HDI) is used to measure a country's achievements in three broad areas:

- ◆ longevity (life expectancy at birth)
- ◆ knowledge (adult literacy rate)
- ◆ the combined gross primary, secondary and tertiary enrolment ratio and standard of living (gross domestic product per capita).

The data used to calculate the HDI are taken from national-level collections that include census, administrative and economic sources. The HDI is a measure of achievement and is principally used to focus attention on, and advocate for, human outcomes rather than merely the economic performance of a country. Australia can boast enviably high levels of achievement in human development as measured by this index.

FIGURE 8.1: HUMAN DEVELOPMENT INDEX RANKING FOR SELECTED COUNTRIES AND SELECTED ABORIGINAL POPULATIONS, 2003

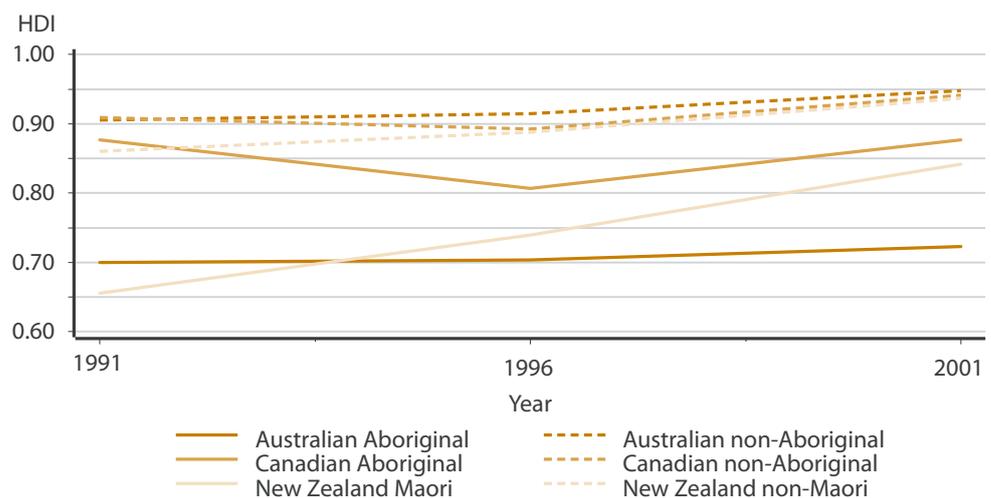
HDI Rank	Country	HDI score	HDI Rank	Country	HDI score
1	Norway	.944	30	Republic of Korea	.879
2	Iceland	.942		Canadian Aboriginal population	.877
3	Sweden	.941	32	Czech Republic	.861
4	Australia	.939	34	Argentina	.849
5	Netherlands	.938		U.S. Aboriginal population	.847
6	Belgium	.937		New Zealand Maori	.842
7	United States	.937	42	Costa Rica	.831
8	Canada	.937	43	Chile	.831
9	Japan	.932	52	Cuba	.806
10	Switzerland	.932	53	Belarus	.804
13	United Kingdom	.930		Canadian Registered Indian	.802
16	Austria	.929	54	Trinidad and Tobago	.802
17	France	.925	55	Mexico	.800
19	Spain	.925	103	Cape Verde	.727
20	New Zealand	.917		Australian Aboriginal population	.723
23	Portugal	.896	104	China	.721

Source: Cooke, Beavon and Guimond 2004.²



Australian Aboriginal people do not enjoy equity in their human development outcomes when compared to the total Australian population. When separately calculated and compared with 2003 HDI scores, the HDI for Australian Indigenous people ranked among countries such as Cape Verde (103rd) and China (104th), well down in the list of countries reported to have medium levels of human development. Just as importantly, when compared with four other colonised nations, the disparity between levels of human development in the total Australian population and the Australian Indigenous population specifically, are the largest measured. This is particularly so when compared to other developed countries with Indigenous populations such as Canada, United States and New Zealand. Little progress has been made over a ten year period in addressing human development in the Australian Indigenous population. While the notable progress achieved in New Zealand in closing the HDI gap could be a reflection of differences in the proportion of the total population who are Maori, as well as that country's different geographic and population dispersion circumstances, these factors alone do not account for the nature of this progress. In short, Australia has much to do in achieving greater equity in Indigenous outcomes – particularly in light of such international comparisons.

FIGURE 8.2: HUMAN DEVELOPMENT INDEX (HDI) TRENDS — 1991–2001



Source: Cooke, Beavon and Guimond 2004.²

In the face of these observations, and in the presence of the failure of successive Australian governments to appreciably advance the Australian Indigenous circumstance, it is hard not to argue that the severity of the social and health consequences now constitute a humanitarian failure as defined by Darcy and Hofmann.³ Averting this looming crisis will require major investment in rebuilding human capital and expanding the choices available to Australian Aboriginal people. This expansion rests upon the continued responsibility of governments to achieve greater equality in human development outcomes for Aboriginal people. The current human development literature is replete with international evidence showing that improvements in childhood health, education and social development lead to population level improvements in sustainable productivity, empowerment and participation in social, civic and economic aspects of Australian society.⁴

In achieving this, five essential principles are proposed that should orient and guide policy, programmes, and service delivery for families and communities with Aboriginal children.



PRINCIPLES FOR IMPLEMENTING POLICIES AND SERVICES

In order to successfully address and improve outcomes for Aboriginal children and families, leaders, policy makers and service providers must:

- ◆ 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.

INVOLVE ABORIGINAL PEOPLE IN IMPROVING INDIGENOUS OUTCOMES

Historical and contemporary records of efforts to improve the lives of Australian Aboriginal people indicate that Aboriginal people wish to be consulted, and participate in, decisions that affect them. It would seem remarkable that such a request would even need a rationale or justification. This repeated request is based upon far more than acknowledging and using the preferences, wisdom, learning, local knowledge and cultures of Aboriginal people. The request for participation in decisions that affect them is a request for participation in the democratic process and access to the functions and benefits of a civil society. These benefits allow for the expansion of human capabilities and choice based upon human development principles.⁵

In meeting the request of Aboriginal people to participate in decisions that affect them, governments and their departments and services are mandated with the power to establish the basis of participation for all Australian citizens through the creation of legal and social frameworks and the implementation of policies.⁶ In this way, the Australian Government in concert with state and territory governments are charged with enforcing the framework that supports the expansion of human capability in populations. This is achieved by:

- ◆ enforcing legal frameworks that outlaw discrimination, reduce social exclusion and increase economic, social and civic participation
- ◆ promoting and strengthening local institutions that provide opportunities for participation and empowerment in a range of activities and services
- ◆ ensuring a fair distribution of opportunities through a fair distribution of income, wealth and the means of income and wealth generation
- ◆ setting benchmarks for, and monitoring, three internationally recognised sentinel indicators of human development: income, health and knowledge
- ◆ directing the creation or maintenance of data sources on which to base evidence of progress.



The participation of Aboriginal people in decisions made about them is a measure of the success with which Australian governments and their departments and agencies enforce and achieve the outcomes of this framework. Simply put, it is not possible to achieve these goals without the participation of Aboriginal people. As a result, the requirement for advancing the Australian Aboriginal circumstance rests firmly upon the involvement of Aboriginal people in the leadership, direction, development, implementation and accountability of strategies in the family and community sector to improve Indigenous outcomes.

ADJUST PROGRAMME CONTENT TO THE CAPABILITY PROFILE OF THE ABORIGINAL POPULATION

Any attempt to address the Aboriginal circumstance must take account of the diminished capability base of the Aboriginal population (for a definition of human capability, see the commentary box entitled *Population characteristics that influence human capability* in Chapter Two). In providing mainstream programmes, there is no evidence to suggest a 'level playing field' with respect to Aboriginal people's capacity to benefit. In Western Australia, the capability profile of families with Aboriginal children may be characterised as follows:

- ◆ Compared with the general population, carers of Aboriginal children have lower levels of education. About one-third of carers of Aboriginal children left school prior to the completion of Year 10.⁷
- ◆ The median age of the Aboriginal population is about 20 years of age.⁷
- ◆ Amid a significantly higher rate of unemployment for Aboriginal people, employment that is available and undertaken is generally at a lower level of occupational skill and qualification.⁷
- ◆ About 60 per cent of Aboriginal children aged 0–3 years were living with both original parents. This proportion decreased to about 40 per cent for children aged 12–17 years.⁷ While the WAACHS data are cross-sectional, these observations suggest considerable transition for most Aboriginal children to either sole parent family structures or more diverse family structures before completing compulsory schooling.
- ◆ Nearly one in four Aboriginal children (24 per cent) were at high risk of clinically significant emotional or behavioural difficulties.⁶ These difficulties impact on overall academic performance.⁸
- ◆ At Year 1 more than 60 per cent of Aboriginal children had below average academic performance as rated by their teacher.⁸ There is no evidence that this proportion is reduced among older students.
- ◆ The impact of the high fertility rate in the Aboriginal population, along with high rates of premature adult death, mean that there are only 1.2 Aboriginal adults for every Aboriginal child under the age of 18 years. This compares with three non-Aboriginal adults for every child in the non-Aboriginal population (see Chapter Two).
- ◆ In the 12 months prior to the survey, families with Aboriginal children experienced four times the number of major life stress events relative to families with non-Aboriginal children in the 1993 Western Australian Child Health Survey (1993 WA CHS) (see Chapter Five).



As we have previously noted, this combination of circumstances not only generates impoverishment of the environments in which children are raised, but also compromises the human, psychological and social capital that forms the wider pool of resources essential for child growth and development. Impoverishment across these resource domains is accompanied by a reduction in the choice, capacity and flexibility of carers, families and communities to meet the demands and challenges of daily living. The present rate of change attributable to advances in income, education and training within the Australian Aboriginal population is simply too slow to reap the human capability benefits needed at a population level.⁹ Some of this reflects the low overall population base from which gain is being measured. However, a great deal of this effect reflects the inadequate effort being spent in quality care for children, and education, training and employment. This is why there is a requirement to focus on improvements in fundamental aspects of Aboriginal human capital — care, health, education and income — as a central, strategy in improving capability.^{6,7,8}

At present, family and community development policies and programmes of all agencies and departments with responsibilities for families with Aboriginal children need a greater focus on child development and on enabling the capacities of families and communities as they apply to the development of children. Improving the prospects for Aboriginal children is contingent on how all human service systems (i.e. including Department of Indigenous Affairs, Health, Department for Community Development, Education and Training, and Regional Development) respond by developing programmes, interventions and policies that can effectively address these needs. Prevention, promotion and community development programmes need to be implemented on the basis of either developmental theory or an evidence-base (preferably both) that are sufficiently designed and delivered to expand the capability of individuals (i.e. carers and the children themselves) specifically, and families more generally. All human service departments and agencies need to make clear the evidence-base and/or theoretical grounds on which their programmes and interventions are based. While this would be of benefit with respect to mainstream efforts, it is absolutely essential for efforts targeting Aboriginal families and communities. It is vital that policy makers, programme designers and service providers adjust both the programme content and the level and modes of service delivery in the family, community and other human services sectors to take account of the capability profile of the Aboriginal population.

DEVELOP PROGRAMMES THAT ACCOUNT FOR THE ABORIGINAL POPULATION DISTRIBUTION

The WAACHS findings tell an important story about the size of the Western Australian Aboriginal population relative to its geographical distribution across a third of Australia's land mass. These findings reveal a tiny Aboriginal population that is predominately based in metropolitan and regional centres with only a small proportion living in the extremely remote areas. Understanding the size and dispersion of the Western Australian Aboriginal population is essential to the success of programmes and services designed to target Aboriginal people.

For example, of the 11,400 families in Western Australia with Aboriginal children, about 4,300 of these families with 10,200 children are in Perth. This means that over one-third of all families with Aboriginal children live in the Perth metropolitan area — an area of about 1,400 square kilometres. While this is the largest concentration of Aboriginal children in Western Australia, it also means that these 10,200 Aboriginal children are living alongside 300,300 non-Aboriginal children in the same area.



In contrast, about 900 families containing 2,830 children (less than 10 per cent of the total population of Aboriginal children) are living in the extremely remote communities scattered across an area approximately 1.3 million square kilometres. Based on this knowledge, a programme intended for four-year old Aboriginal children in extremely remote areas would be directed at just 130 four year-old children scattered across more than a million square kilometres.

Leaders, policy makers, and service providers must justify their programme development in terms of population density and then measure the reach of these programmes (i.e. measure the number of Aboriginal people who receive services and for how long) in terms of actual population distribution. Without direction to do this, there is no guarantee that sufficient effort is being expended at a population level to lift developmental outcomes for children and families. This central principle is as relevant in the Perth Indigenous Coordination Centre (ICC) region as it is in ICC regions that have Aboriginal populations living in greater levels of geographic isolation.

ADJUST PROGRAMMES FOR THE DIVERSITY OF THE ABORIGINAL POPULATION

At some level, all families — including those with and those without Aboriginal children — are different. All families differ on the basis of individual biology and personal histories, and adjustments for these differences should be included in any generic or mainstream service. For Aboriginal children however, three characteristics of diversity that require particular focus in the design of programmes and services are adjustments for language and culture, for household composition, and for transitional living.

Language and culture. WAACHS data reveal striking differences in the preservation of traditional languages associated with levels of relative isolation. Both traditional language use and language preservation are important indicators (although not exclusively so) of a more general preservation of tradition, culture and custom. At present it is essential that programmes and services be designed and delivered to take into account and reflect the cultural and language diversity that is present in the Western Australian Aboriginal population. Programmes for language restoration (particularly in the metropolitan area) and programmes for language conservation (in areas where Aboriginal languages are more widely spoken) represent major opportunities for programme development in the family and community sector.

Household composition. The findings on families with Aboriginal children in Western Australia reveal significant differences in family composition with respect to the geographical location of these families. Of the 11,400 families (which account for 29,800 Aboriginal children under the age of 18):

- ◆ 3,500 (31 per cent) were two original parent families - nuclear type
- ◆ 3,900 (35 per cent) were sole mother families (either sole mothers on their own, sole mother step family, or sole mother living with extended family members)
- ◆ 1,850 (16 per cent) are two parent step/blended families.

These three family types comprise around 80 per cent of all families with Aboriginal children. The WAACHS data show how the proportions of these family types vary in response to relative isolation: sole parentage is a predominant household composition of Aboriginal children living in the metropolitan area, while greater variety in household composition is a characteristic of those children living in more regional and remote areas.



Transitional living. The survey findings showing generally higher levels of poor community functioning and family problems in areas within the 10–16 range of the ARIA++ scale, highlight the special needs of these communities — particularly larger service centres in more remote areas. These communities have a relatively high proportion of Aboriginal families in ‘transitional living’ where traditional affiliations with land, language, kinship and culture co-exist with the demands of living and rearing children in a more ‘Westernised’ urban community. It is vital that this aspect of diversity is properly acknowledged and addressed. This will require differential resourcing and targeting of programmes and services to bring about more substantive equality in the developmental outcomes of Aboriginal children growing up in such settings.

TEST STRATEGIES AND PROGRAMME CONTENT AGAINST DEVELOPMENTAL EVIDENCE AND THEORY

As discussed in the commentary box entitled *The effect of community characteristics on outcomes for carers and children* in Chapter Seven, in comparison to family effects, community-level effects upon children’s abilities are relatively small. However, more of the abilities and circumstances of carers are associated with community-level effects. This suggests that children are buffered, to some extent, from community effects (both positive and negative) by the experiences and opportunities afforded within their families. These findings suggest community characteristics tend to exert larger influences upon carers and then indirectly upon children.

As children mature, they participate more fully in the community and community influences have a greater impact on their developmental outcomes. For Aboriginal children particularly, this is likely to occur at younger ages and in circumstances of considerable family change. This suggests that community development policies for families and communities must be examined for their efficacy and effectiveness in:

- ◆ expanding the capabilities of carers
- ◆ expanding the capabilities of children
- ◆ improving those aspects of communities that are most likely to positively flow to carers and children.

With respect to the Western Australian Aboriginal population, community capacity building, as a general strategy, is too diffuse an approach to elevate the specific capabilities of carers and children within them. Without improving Aboriginal carer and child capabilities, community capacity building alone lacks focus as a strategy to impart equality, sustainability, productivity and empowerment in outcomes for Aboriginal people.

If current family and community development policies and programmes for families with Aboriginal children require more focus on the developmental drivers of change, then what should policy makers, designers of programmes, and service providers look for in more appropriately targeting policies and programmes for families and communities with Aboriginal children?

Three broad capacity tests are proposed that policy makers and human service contract managers should make in assessing the suitability of programmes and services that seek to improve outcomes for Aboriginal families and communities. In evaluating family and community development programmes, policy makers and human service contract managers should ask:



- ◆ How does the proposed policy or service prompt parent and child development through the provision of evidence-based opportunities, expectations and better health?
- ◆ How does the proposed policy or service specifically support enriched child language development, enriched cognitive development in the child, and expand emotional support for the child and carer in the face of challenge?
- ◆ How does the proposed policy or service promote developmental stability, social equality, social inclusion, and lower occurrences of stress?

The particular strategies that can be capitalised upon to achieve a better fit between the evidence for building capability on one hand and existing policy and programmes on the other form the basis of the recommendations that follow.

ACTIONS NEEDED TO IMPROVE FAMILY AND COMMUNITY OUTCOMES FOR ABORIGINAL PEOPLE

ACTIONS TO REORIENT FAMILY AND COMMUNITY DEVELOPMENT APPROACHES TO IMPROVE HUMAN DEVELOPMENT

Earlier in this volume we defined the concept of ‘human capability’ as describing ‘... the capacity of populations to improve their health, wealth, knowledge and cultural security, and the opportunities available to facilitate those improvements.’ (See comment box entitled *Population characteristics that influence human capability* in Chapter Two). The WAACHS data provide evidence for the need for health, education, family and community development policies, programme development and implementation to:

- ◆ adjust programme content and delivery for the capability profile of the Aboriginal population
- ◆ match the density, population distribution and diversity of the Aboriginal population
- ◆ deliberately test policy and programme content against the evidence for its efficacy and effectiveness in building human capability.

Essential for this to succeed is Aboriginal participation in the leadership, direction, development, implementation and accountability of strategies to improve Aboriginal outcomes.

Designing policy and programmes that meet these criteria requires a significant reorientation of the existing family and community development approach to families with Aboriginal children. Reorienting family and community development policy frameworks to do this will require confronting the need for resources to fulfil statutory responsibilities to protect children on one hand, with the need to address ‘upstream’ determinants that require designing and implementing evidence-based prevention strategies on the other. This gives rise to considerable tension where agencies or departments are expected to deliver both child protection or remedial services and concurrently deliver community development programmes ostensibly aimed at prevention. This conflict in mission can also give rise to unintended consequences.



For example, recent suggestions to withhold family benefits in lieu of school attendance for Aboriginal children have gained some notoriety. Apart from the significant equity issues entailed in the application of such a policy, this does nothing to address the circumstances of those Aboriginal children who do not attend school, for perhaps reasons completely out of their control, and who consequently find themselves living in households where benefits are withheld resulting in additional stress and further disadvantage. One example of non-punitive measures to help improve school attendance can be found in Volume Three⁸ which proposed a number of recommendations for improving educational outcomes for Aboriginal students. Similar consequences occur in the public housing sector where eviction processes often result in families moving into households with other family members leading to problems of overcrowding with consequent risks for dysfunction and distress for both families. This can lead, in turn, to complaint notifications and onward eviction processes. Such policies may be seen to serve short term pragmatic goals. However, in the main, they create unintended developmental effects for families and children, and perpetuate the cycle of disadvantage.

What can be said with certainty is that, unless departments and agencies in the family and community development sector seriously consider the evidence of efficacy and effectiveness in their prevention efforts, and refine their prevention approaches for Aboriginal children and families, there will be an increase in the burden of need that confronts these agencies and departments to protect children — Aboriginal and non-Aboriginal alike. Moreover, for some departments and agencies, the statutory requirement to protect children will demand budget priority over any concerted move to implement higher standards of evidence-based prevention. This tension in the mission of these departments and agencies requires serious direction and leadership to develop coherent strategic approaches and budgets. It will also require workforce development to enable better policy implementation and practice based upon more coherent developmental theory and evidence.

Action 1 Reorient existing Indigenous health, education, family and community development policy frameworks and strategies to improve the human development opportunities for Aboriginal people.

Action 2 Evaluate and test health, education, family and community development policy, programme and service implementation and content for evidence of its efficacy and effectiveness in promoting the development of Aboriginal children, families and their communities.



Action 3 Ensure the ongoing measurement and reporting of key human development outcome indicators including age of mother at first pregnancy, birthweight, life expectancy, the number of children attending formal child care, enrolment and attendance at kindergarten and pre-primary school, Year 1–12 literacy and numeracy, school retention, VET/university enrolment, training and employment status, and justice contact.

ACTIONS TO ENRICH PROGRAMME CONTENT TO BUILD CAPABILITY IN FAMILIES AND COMMUNITIES WITH ABORIGINAL CHILDREN

What type of programme content should family and community development programmes for Aboriginal children, families and communities contain (see comment box entitled *Evidence-based development content for programmes and services*)?

Broadly the WAACHS data in this and previous volumes show that family and community development programme content should seek to increase carer education and improve family functioning, improve family economic circumstances, increase cultural connectedness and reduce levels of stress.

Action 4 Deliver evidence-based parent, infant and child care programmes in the family and community development sector designed to expand human capability generally and build human capital specifically in the child.

Benefit is likely to be greatest where:

- ◆ programmes simultaneously target both the child and the parent
- ◆ programmes provide specific training (parenting, educational and vocational) to the parent
- ◆ programmes provide language and cognitive enrichment to the child.

The child care sector is varied and includes programmes and services offered by different levels of government, some of which are Indigenous specific. In contrast to mainstream child care, Indigenous child care also entails a greater focus on primary needs, such as the provision of nutritious food, family friendly atmosphere and ‘cultural safety/appropriateness’. The very low levels of satisfaction with access to child care, as demonstrated in the survey, needs to be addressed. Child care is the link between early childhood, post-natal services and starting pre-school/kindergarten. Child care also connects families to other services, e.g. health, child protection as well as other opportunities, such as training/education or employment opportunities. While there is a need to promote an understanding of the importance of early childhood learning and development within Indigenous communities, there is also a need to increase access to child care and to ensure it is culturally appropriate and welcoming for Indigenous families (both Indigenous specific and mainstream services) as well as affordable. Forms of child care, such as playgroups, may be more appropriate and non-threatening for communities/families that have little experience of child care. These need to be accompanied by an increase in the number of Aboriginal workers in the community services sector, and child care workers in particular. Indigenous



families may be reluctant to use services if there are no Indigenous workers and the workers themselves need high and ongoing levels of support/mentoring. There remains a clear need for training all child care workers/services in cultural appropriateness/awareness, particularly in mainstream services.

There is an urgent requirement for the community services sector to enter into discussions with the education sector on the need to introduce enriched educational content in the provision of care to all infants and children aged birth to six years generally, and Aboriginal infants and children of this age specifically. From the viewpoint of children and families, current services for family and community sector departments and agencies and the education sector are failing to deliver a coherent programme of developmentally appropriate content to infants and young children. Persistent attempts to distinguish services that provide 'child care' from those that provide 'education' simply ignore the needs of children of this age and, instead, pose significant departmental barriers to the design and delivery of developmental benefits to children and families. This is particularly vital in addressing the early developmental disadvantage of Aboriginal children and the onward effects of this on their abilities in kindergarten, pre-school and early primary school.

Action 5

Establish a clear departmental authority, leadership and accountability in the provision of enriched educational infant and early childhood care that has, as a priority, the targeting of disadvantaged children.

The delivery of quality, evidence-based parent, infant and child care programmes in the family and community sector will require a workforce better trained to distinguish, select and implement developmental prevention programmes. In order to better deliver these programmes in the family and community development sector, workforce and organisational development with a specific focus on the Aboriginal population will be required along with appropriate professional development curricula.

Action 6

Design and implement workforce and professional development programmes in the health, education, family and community sectors that allow staff to distinguish, design, select and implement developmental prevention programmes and services for Aboriginal children, families and communities.

Action 7

Develop specific developmental prevention training curricula and formulate policies to guide the content, implementation and access to workforce and professional development programmes, as well as direct measures of staff attitudes, knowledge and skills and frequency or extent of participation in them.



EVIDENCE-BASED DEVELOPMENTAL CONTENT FOR PROGRAMMES AND SERVICES

What should policy makers and contract managers look for in terms of evidence-based ‘developmental content’ in policies and contracts for services that are specifically focused on increasing immediate and long term social, civic and economic participation of children, families and communities?

Specific programme content needs to develop and improve social functioning in Aboriginal children with respect to: regulation of emotions; engagement in exploratory behaviour; language acquisition and communication; self-direction; intellectual flexibility; some degree of introspection; and self-efficacy in meeting life’s challenges.

As a result of this, for Aboriginal children and young people there is particular value in programme content that provides:

- ◆ development of life skills, including racial socialisation, and positive cultural identification
- ◆ appropriate exposures to stress and challenge that are modulated by emotional support and mentoring
- ◆ encouragement of exploration
- ◆ celebration of developmental milestones
- ◆ guided rehearsal and extension of new skills
- ◆ protection from inappropriate disapproval, teasing or punishment
- ◆ facilitation of emotional competence.¹⁰

Some priority programmes

Enriched environments for language acquisition and development (in both Standard Australian English and in Aboriginal languages where appropriate). These programmes should be structured to provide increasing language complexity and sophistication and maintain the necessary communication skills for friendships, to negotiate needs and to resolve conflicts.⁸

Stimulating activities that prompt cognitive development and improve social capacities in children. Programme content should specifically focus on talking, playing, interacting, reading and story-telling, particularly to very young children. This improves their cognitive outcomes and has onward developmental benefits to the child, both in the form of improved academic achievement and improved social capacities.^{11,12}

Continued . . .



EVIDENCE-BASED DEVELOPMENTAL CONTENT FOR PROGRAMMES AND SERVICES *(continued)*

Mentoring in cognitive skills (i.e. labelling, sorting, sequencing, comparing and noting means-ends relationships) provides learning opportunities that change social capacities in children.^{10,13} These opportunities for stimulating children's cognitive development occur in the day-to-day interactions between parents and children and other care environments.

Explaining facts, talking about expectations, encouraging skills, and soliciting information about daily activities outside the home, produces improved social capacities in older children and young adolescents.^{14,15}

All of these opportunities entail social interactions that produce change in children and young people that are essential components for building family and community capability.

Programme principles for the development of children

In designing better evidence-based family and community services for Aboriginal populations there are specific programme principles that should be given priority, particularly where children are concerned.¹⁶

- ◆ Interventions that begin earlier in development and continue longer afford greater benefits to the participants.
- ◆ Programmes that are more intensive (as measured by number of home visits per week, number of hours per day, days per week, weeks per year) produce larger positive effects and children who receive more, benefit more.
- ◆ Children who receive direct educational experiences (i.e. as in educational day care, enriched home care, kindergarten and pre-primary experiences) show larger benefits than do children in programmes that rely on intermediate routes to change child competencies (i.e. parent training alone).
- ◆ Interventions that provide more comprehensive services and use multiple routes to enhance child development generally have larger effects than do programmes that have a narrower focus. For example, an early educational child care programme delivered in a VET setting not only provides a direct benefit to the child but also provides training (e.g. parenting and employment) opportunities for the carer. This results in a larger developmental gain relative to the use of one or the other of these strategies alone.
- ◆ Environmental supports, when designed, need to maintain children's positive attitudes and behaviours and encourage continued learning related to school.
- ◆ Interventions that are perceived as culturally relevant and welcomed are more likely to be valued, used and incorporated into participant's everyday lives.



ACTIONS THAT ADDRESS THE EFFECTS OF STRESS

The longer term effect of chronic stress on the child's developing brain, endocrine and immune systems is now understood to be a key mechanism in the process of the 'biological embedding' of disadvantage.¹⁷ The survey findings show that more than one in five (22 per cent) Aboriginal children were reared in households that had experienced 7–14 major life stress events in the 12 months prior to the survey. This is indicative of the extreme levels of stress experienced by many Aboriginal families and children. In comparison to the 1993 WA CHS, this level of family life stress was experienced by less than one per cent of non-Aboriginal Western Australian families with non-Aboriginal children.¹⁸

Social support helps the capacity of individuals and families to cope in the face of extreme levels of stress. In this respect, the WAACHS findings confirm the critical importance of family resiliency factors. These promote the family's ability to maintain its established patterns of functioning in the face of challenge and support the family's ability to recover from misfortune and crises. While the support of immediate and extended family is a key resource for individuals in dealing with stress, Indigenous policy must target the principal factors underpinning the present levels of family stress (see commentary box entitled *Understanding the impact of different levels of stress* in Chapter Five). At the same time it is also essential to ensure that policy makers, service providers, community leaders and parents are made aware of the potential harm which such stress exposures can have on children's development. This needs to be done in concert with supporting and encouraging the practical steps that can be taken to buffer them against the effects of 'toxic' levels of stress.

The WAACHS data show that the three leading factors associated with high family stress were:

- ◆ the total number of neighbourhood problems reported by the child's primary carer
- ◆ issues of cultural affiliation and acculturative stress
- ◆ high levels of family financial strain.

While these factors are not entirely independent of one another, they together account for the major portion of family stress. This suggests that policies and strategies targeting these particular factors would provide greatest leverage in reducing the stress-related effects of disadvantage.

Addressing neighbourhood problems

The communiqué from the 2006 Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities acknowledged that the levels of violence and child abuse in Indigenous communities warranted a comprehensive national response. It also reconfirmed the principles of the Council of Australian Governments' (COAG) 2004 National Framework on Indigenous and Family Violence and Child Protection. This called for accelerated and coordinated action by all Australian governments and, in particular, 'the imperative of giving Indigenous Australians confidence that the justice system will work for them' and that 'Indigenous people should enjoy the same level of law and order as applies in the broader community'.¹⁹

Current programmes administered by departments and agencies in the family, community and justice sectors are seeking to ensure higher levels of neighbourhood and community safety generally, and specifically for Aboriginal people and their



communities. Evidence from the WAACHS supports the general thrust and importance of these policies. These approaches should be the leading priority for the human development and health benefits they will bring. This should also be seen as a precondition to ensuring that expenditure by governments at all levels to overcome disadvantage is not dissipated but made sustainable.

Action 8

All levels of government should give high priority to community development initiatives aimed at building and sustaining safer communities and neighbourhoods. Particular priority should be given to efforts in the following areas:

- ◆ leadership training for Aboriginal people
- ◆ community governance training and support
- ◆ establishing, and funding of, community patrols
- ◆ establishing neighbourhood support and places of safety
- ◆ provision of 'time out' and respite opportunities for families (e.g. school vacation programmes)
- ◆ opportunities for young people to have supported relationships with appropriate adults.

Addressing stress associated with cultural affiliation and participation

While it is commonly believed that some level of cultural engagement and traditional cultural attachment is beneficial to wellbeing, these attachments are not without personal costs. Another leading factor independently associated with high levels of family stress was related to carers reporting higher levels of cultural affiliation and participation. This was more commonly reported in families where carers said they considered Aboriginal ceremonial business to be important and in those who had participated in Aboriginal organisations in the past 12 months. These associations were strongest in areas characterised by moderate to high relative geographic isolation. These are areas where there are high rates of transitional living (e.g. in areas where the rate of traditional language loss between the generations is highest). This would suggest that an appreciation of the nature and consequences of these 'acculturative stresses' experienced by Aboriginal families is important. This is because they could inform interventions and programmes in schools, communities and families to promote children's positive experience of culture and racial socialisation.

'Acculturative stress' refers to the stresses inherent in simultaneously striving to preserve one's cultural heritage, negotiating one's relationship with the dominant culture and having to deal with the racism and discrimination which one might encounter on a regular basis.²⁰ In short, it is the stress associated with 'living in two worlds'. These pressures can be experienced differently by children, young people and their adult carers. They depend on the nature of their past and ongoing contact with the dominant culture. Three ways in which traditional (i.e. ethnic minority) and mainstream culture are usually transmitted have been characterised as:

- ◆ vertically, through the learning and influence of one's parents
- ◆ horizontally through peer interactions



- ◆ obliquely through interactions with adults and institutions in one's society or community.²¹

The international cross-cultural literature suggests that the main factors influencing acculturative stress experienced by children and families are:

- ◆ the nature of the dominant society, i.e. how the values of the dominant society affect the acceptance or rejection of minority groups
- ◆ the nature of the acculturating group, i.e. the willingness for movement towards integration or permanent contact with the dominant group
- ◆ the mode of adaptation chosen, i.e. whether the chosen path is one of assimilation and integration, bi-culturalism, or separatism.²² This is of particular note given the research evidence showing the protective benefits of positive racial socialisation for the educational success and behavioural adjustment of children from minority cultures.²³

Johnson (2001) has described racial socialisation as including '... the intentional and unintentional messages, childrearing behaviour, and other interactions that communicate to the child how he or she is to perceive, process, and respond to discrimination, prejudice and other barriers based on race.'²⁴ Given that positive racial identity is generally predictive of higher self-esteem, less stress, less delinquent behaviour and better educational outcomes, recent research is now focusing on how this can be promoted through the agents of socialisation most proximal to the child's experience — the family, school and local neighbourhood/community.²⁵

Children internalise messages of racial socialisation from an early age and through the years of their formal schooling. At home, these messages are particularly influenced by parents and children's experiences of racial discrimination. At school, teachers can deliberately or unwittingly communicate racial socialisation messages in the classroom through their evaluations and attitudes towards race. This shapes both majority children's attitudes towards their own group and minority group self-evaluation.²⁶ Some minority-population children are socialised not to allow other's attitudes towards them to negatively influence the way they think about themselves. However, in the integrated classroom setting, majority-population attitudes can impact very negatively on children's sense of themselves — particularly their feelings of self-esteem and self-efficacy.²⁵

Families, schools and communities need to share the responsibility of helping all children cope well with the experience of race. Parents can assist in helping children to have pride in their Aboriginal cultural heritage and in preparing them for experiences of discrimination. At school, teachers and other school personnel including Aboriginal and Islander Education Officers have a particular responsibility to look out for, and to be willing to engage in discussions of, prejudice and stereotyping of all kinds. They also have a responsibility to take prompt action in dealing with incidents of racial bullying. Local government and other community organisations can also initiate positive racial socialisation opportunities through whole community participation in sport and recreation, the arts, cultural events and other community activities.

The diversity of Western Australian Aboriginal communities described in this volume underscores the obligation of governments in providing for all citizens and ameliorating all forms of racism including systemic racism. Governments have a responsibility to ensure that public services are provided in a fair and non-discriminatory manner. They also play an important leadership role in their



operational practices and employment policies which demonstrate the benefits of embracing diversity and acknowledging difference. In this respect, the Western Australian government's 2005 *Policy Framework for Substantive Equality* is of particular note.²⁷ This framework outlines a process of continuous improvement for public sector services in meeting its obligations to the *Equal Opportunity Act*²⁸ and the state government's statement of commitment to a *New and Just Relationship between the State Government and Aboriginal people*.²⁹ It articulates a vision for 'Creating an inclusive and harmonious Western Australia where all its members are treated equitably and fairly and are able to reach their full potential with dignity and respect.' Most specifically it draws the distinction between 'formal equality' and 'substantive equality' where the former refers to prescription of equal treatment of all peoples regardless of circumstances, on the understanding that all have the same rights and entitlements. 'Substantive equality' in contrast involves achieving equitable outcomes as well as equal opportunity. This takes account of past discrimination, recognises that rights, entitlements and opportunities are not equally distributed throughout society, and that equal or the same application of rules can produce unequal outcomes.

Action 9 Schools should be charged with an express responsibility to ensure that all children learn to cope well with the experience of race. Pre- and in-service training of teachers and other school personnel should ensure that new teachers understand the positive role they can play in communicating the message to all children that prejudice is potentially harmful and that discussion of such issues can help in reducing this harm.

Action 10 Practical strategies to assist parents' and carers' understanding of the benefits of positive racial socialisation for their children's educational success and behavioural adjustment should be promoted through cultural organisations, community education strategies and schools.

Action 11 The teaching and learning of traditional Aboriginal languages should be encouraged within schools and adult education as a key strategy for cultural preservation and promotion of cultural identification and intercultural understanding and respect.

Addressing the key factors associated with family financial strain

Addressing the financial strain experienced by families was another key factor which the survey identified as having considerable potential for reducing family stress. The analyses of the survey findings reported in Chapter Three of this volume provide a detailed description of the range of factors which are relevant to an understanding of this aspect of disadvantage. While the cross-sectional nature of the data do not permit confirmation of the direction of the observed associations, the sheer number of



factors found to make a significant independent contribution to the family's experience of financial strain is consistent with aspects of disadvantage that have a cumulative impact on family and individual stress.

Chapter Two of this volume outlines some of the population characteristics associated with the high levels of family financial strain observed in Aboriginal families. In addition to its relative youth and low adult-to-child ratio, two other family structural factors which contribute to the financial strain in families with Aboriginal children are family type and family size. For example, sole parent families with children are twice as common in the Aboriginal population than the non-Aboriginal population in Western Australia (33 per cent and 15 per cent, respectively).³⁰ Higher levels of sole parenthood are seen in families with Aboriginal children in the Perth metropolitan area and other urbanised areas of the state. Importantly, the WAACHS findings indicate that a variety of other family types — not presently recognised in official statistics — become increasingly prevalent as children enter their teenage years. Given the differential effect that combinations of these factors can have on the family financial resources, it is important that the current diversity and generational complexity in the care arrangements of families with children is properly recognised.

Action 12

The Australian Bureau of Statistics should be encouraged to review its existing family classification system for describing Indigenous and non-Indigenous families with a view to the Census and other official collections being more encompassing of the variety of family structures now present within contemporary Australian society.

The level of the current disparity in the educational outcomes of Aboriginal children and young people represents a major barrier to employment and opportunities for accumulation of financial and human capital through participation in the mainstream economy. While the education sector is generally looked to among human service agencies to provide leadership in initiating the changes needed, it is clear that what is required to break the present cycle of disadvantage cannot be achieved by the education sector alone.

At present, the population levels of successful secondary educational outcomes are simply insufficient to result in the intergenerational accumulation of human and financial capital which is seen to occur in non-Aboriginal families. The third volume of findings from the WAACHS recommended specific actions which are needed in the immediate and longer term to produce the generational change required.⁸ However, in the interim, it is vital to encourage young parents to capitalise on opportunities for 'second chance' alternative education through vocational education and training (VET) and other secondary and tertiary education providers. It is also important to encourage young people to increase their prospects for employment through participation in the skills development and educational opportunities available through the more flexible implementation of Community Development Employment Projects (CDEP), and some of the 'welfare-to-work' programmes currently funded through Centrelink in metropolitan and regional centres.

CDEP accounts for around a quarter of total Indigenous employment in Australia and has operated over the past 29 years in providing 'work for welfare' in remote areas with limited mainstream employment opportunities for Aboriginal people.³¹ While a 2002 study by the Centre for Aboriginal Economic Policy Research (CAEPR) concluded



that the scheme has been successful in delivering positive economic and community development outcomes for remote communities at minimal cost to the Australian taxpayer, other commentators argue that, at best, the scheme can only be said to have had very mixed results. They assert that while some communities have run very successful CDEP programmes, for too many others the scheme is not distinguishable from the 'dole' and is a 'poverty trap' which operates as a disincentive to 'real' employment.³²

The transfer of the CDEP programme from ATSIC to the Department of Employment and Workplace Relations (DEWR) in 2005 has afforded a practical means of addressing some of the above concerns. This transition was preceded by a nationwide consultation on the *Building on Success* discussion paper which outlined the intended directions for the operation of CDEP under the new arrangements in Indigenous affairs.³³ This paper outlined the Australian Government's intention to build on the existing strengths of the programme — particularly for areas and communities without strong labour markets where CDEP plays a vital role in fostering employment opportunities and skills, community and business development. It is anticipated that the closer integration of CDEP with the Job Network and other mainstream employment programmes funded by DEWR, could develop new pathways for Aboriginal people to be assisted into non-CDEP jobs — particularly in metropolitan and other areas with better job opportunities. It particularly stressed the need for greater flexibility in the implementation of the programme to better reflect local job opportunities, specific community needs and the capacity of the local CDEP administering organisations. Finally, it defined three key areas of overlapping activity which will be supported by the new arrangements. These include: (a) the *employment stream* — which promotes jobs off CDEP, (b) the *community activities stream* — which delivers activities identified by community priorities, and (c) the *business development stream* — which supports the development of viable local commercial enterprises. The implementation of these new policy directions is now being supported through DEWR's 2005–06 guidelines for CDEP organisational funding.³⁴

Action 13

Strategies for overcoming structural and attitudinal disincentives to proper employment need to be further developed to be applicable to the changing needs and opportunities for employment and training in remote, rural and metropolitan settings. These should include:

- ◆ regular review of the rules for CDEP, unemployment and Abstudy benefits
- ◆ extending the financial and other incentives to employers to provide workplace training and apprenticeship and traineeship opportunities, particularly in remote areas
- ◆ instituting programme and funding incentives to encourage strategic partnerships between government departments and other sectors, e.g. between DEST, FaCSIA, community and business organisations, and employers.



Action 14 Current social welfare policies regarding child support, family payments and emergency family financial support should be adjusted to take account of household structural factors which appear to result in higher levels of disadvantage for some families with Aboriginal children. These include households where children are not with either of their natural parents, households where children's primary carers are aged 40 years or older, and households having three or more children.

Action 15 Practical interventions should be available to protect the income for both Aboriginal and non-Aboriginal children in dysfunctional families, e.g. where it has been established that problems with alcohol, drugs or gambling in the household are diverting family income from meeting essential family needs. Such interventions could include the requirement that all or some of child support or family payments are made in the form of vouchers.

Action 16 Proactive 'Homemaker' type programmes should be available in a culturally appropriate manner to support parents developing home and financial management skills to reduce financial strain. Optimally, these could be developed and delivered in conjunction with the vocational and educational training sector.

ACTIONS FOR THE HOUSING SECTOR

Housing remains one of the most vexing features in the life and history of Aboriginal families. Having been deprived of their land, this termination of ownership and removal from traditional lands and food sources and, for some, removal from families, fuelled a consequent collapse of Aboriginal societies and economies and most particularly this has undermined spiritual and cultural practices intimately associated with land and place, self and family.

Home and land ownership are a principal form of wealth creation for the majority of the population. Through the establishment of equity, further wealth can be generated in the form of borrowings and investment. For Aboriginal people, the contemporary outcome is stark: over 70 per cent of families with Aboriginal children were in rental accommodation at the time of the survey. Home ownership by Aboriginal people in Western Australia is less than the national average for Aboriginal people. Non-Aboriginal people are four times more likely to own their own home than Aboriginal people.

Entering into home ownership requires substantial means, both in the form of available equity to borrow for home purchase as well as meeting mortgage payments. At the time of the writing of this volume, the median price for an established house in Perth was \$353,000 — an increase of 35 per cent in the twelve months to June 2006.³⁵ It should be noted that in 2002, the mean equivalised gross household income of Indigenous people aged 18 years or over was \$394 per week, compared with \$665 per week in the non-Aboriginal population.³⁶



In addition to the disparity between the Indigenous median income and the median price of a house in (for example) Perth, there are other significant barriers to home ownership by Aboriginal people. These are in the form of the actual availability of housing in places where Aboriginal people live, market constraints to building owing to the real costs of building a home in rural and remote regions relative to its final market value on completion, and the questionable appropriateness of home ownership where there is traditional (i.e. communal) ownership of the land.

Finally, among federal, state and territory government authorities, there is a need for a shared and agreed standard for public housing occupancy. The Australian Bureau of Statistics uses the 'Proxy Occupancy Standard' definition of overcrowding in relation to housing assistance.³⁷ This standard is based upon the Canadian National Occupancy Standard.^{38,39} However, at present this standard is not shared across federal, state and territory government housing agencies and authorities. In concert with increased availability and appropriateness of housing, a common occupancy standard for public housing would allow an improved audit and accountability function against a known and understood standard.

These current features impose substantial challenges for the Western Australian Department of Housing and Works and their rental accommodation division, 'Homeswest'. Of the 8,030 Aboriginal families renting, nearly 55 per cent were renting from Homeswest.

Across the suite of WAACHS volumes, the non-shelter benefits of housing have been documented in two important areas of child development: mental health and academic performance.^{6,7,8} Poorer housing quality was associated with a greater likelihood of emotional and behavioural difficulties and lower academic performance. The data also show that, regardless of housing tenure, housing quality matters for these aspects of child development. Additionally, these findings show that it is possible to efficiently gather meaningful housing quality information from survey respondents and that a housing quality index can be derived to measure associations.

The findings on home ownership support the potential social and economic benefits of current policy initiatives to increase the proportion of Aboriginal families owning their own homes. These show that, regardless of the level of geographic isolation, families paying off or owning their own home have significantly better family socioeconomic circumstances in terms of carer education, employment, and the likelihood that children were living with one or both of their original parents. These policies have significant implications for generating not only wealth for Aboriginal people, but associated health and wellbeing benefits attributable to quality housing. Recommendations arising from these findings reflect the need for continued policy implementation as well as the provision of timely information about the progress of Indigenous home ownership, the market status of rental housing, and the need for independent public housing quality audits.

Action 17

Continue and extend the implementation of public housing policies that seek to increase the proportion of Indigenous people who own their own home.



Action 18 Monitor and report the proportion of Indigenous people owning or purchasing their own home.

Action 19 An independent body, such as the Equal Opportunity Commission, should monitor and report on rental housing availability, access, replacement, suitability and quality.

Action 20 Implement and report the results of independent audits of public housing quality.

Action 21 That federal, state and territory government housing agencies and authorities seek to establish a common occupancy standard for public housing.

ACTIONS TO IMPROVE FINANCIAL TRANSPARENCY AND ACCOUNTABILITY

On 26 July 1999, both houses of Parliament adopted the ‘Motion of Reconciliation’ in which the current direction of Indigenous policy was articulated in terms of ‘practical reconciliation’. In that motion, the Australian Government declared its view that reconciliation would emerge from ‘practical measures leading to practical results’.⁴⁰ From 1 July 2004, a new Australian Government office, the Office of Indigenous Policy Coordination (OIPC), has been responsible for providing the primary source of advice on Aboriginal issues to the Minister for Indigenous Affairs. In addition, the OIPC coordinates and drives whole-of-government policy development and service delivery across the Australian Government; develops ways of engaging directly with Aboriginal Australians at the regional and local level; brokers relations with state and territory governments on Aboriginal issues; reports on performance; and communicates government policy directions to Aboriginal people and the wider community. The work of the OIPC is supported by Indigenous Coordination Centres in metropolitan and regional Australia (formerly ATSIC-ATSIS offices) that have become (or are becoming) multi-agency centres for coordination of Aboriginal specific programmes in the regions.

While it is easy to assert that policy is aimed at bringing about ‘practical results’, this begs the questions as to which results are most urgently needed, and how their impact will be measured?

The Service Delivery Principles for the Overcoming Indigenous Disadvantage (OID) framework were endorsed by the Council of Australian Governments (COAG) in June 2004. This has been a particularly important step in seeking to address both of these questions. Since all jurisdictions must now report against the indicators of the OID framework on a biennial basis, this represents a significant milestone in raising the transparency of governments for their accountability in improving the



future prospects of Aboriginal peoples. The long term commitment of Australian governments to further work to build clearer links between OID indicators and other policy frameworks, including the Service Delivery Framework, was endorsed in COAG's generational reform agenda approved at its July 2006 meeting⁴¹ (see commentary box entitled *A national framework of principles for delivering services to Indigenous Australians*). This signals genuine resolve at the highest level of government to improve coordination and deliver better programmes and services that build capacity and address the causes and consequence of disadvantage. However, the extent to which this is actually translating through government departments and Indigenous Coordination Centres (ICC) regions into 'practical action' and 'genuine progress' remains frustratingly slow.⁴²

Western Australia was the first state or territory to publish its jurisdictional OID report (in July 2005). The report compiled data from a wide variety of administrative and other sources for each of the OID outcome areas and not according to the 'traditional' functional areas of government departments.⁴³ This reflects one of the key principles of the framework — that no single government agency can expect to produce sustainable change in addressing these indicators in isolation from other agencies. It has also highlighted the fact that bringing about the needed changes is unlikely to be achievable without the commitment and active involvement of Indigenous peoples. Being the first jurisdictional report of its kind, it provided a 'baseline' reflecting the significant regional diversity of the Western Australian Indigenous population and highlights key areas for across-government and community action. The publication of the report and its findings highlight another of the fundamental principles of the OID framework, i.e. bringing about generational change will require an ongoing cycle of whole-of-government and across-sector engagement, collaborative planning, policy development, service delivery and evaluation.



A NATIONAL FRAMEWORK OF PRINCIPLES FOR DELIVERING SERVICES TO INDIGENOUS AUSTRALIANS

On the 14 July 2006, the Council of Australian Governments (COAG) reaffirmed its commitment to its *Overcoming Indigenous Disadvantage: Key Indicators Report*, setting out a national framework of principles for delivering services to Indigenous Australians.^{44,45} This framework sets out principals in six areas:

Sharing responsibility

- ◆ Committing to cooperative approaches on policy and service delivery between agencies, at all levels of government and maintaining and strengthening government effort to address Indigenous disadvantage
- ◆ Building partnerships with Indigenous communities and organisations based on shared responsibilities and mutual obligations
- ◆ Committing to Indigenous participation at all levels and a willingness to engage with representatives, adopting flexible approaches and providing adequate resources to support capacity at the local and regional levels
- ◆ Committing to cooperation between jurisdictions on native title, consistent with Commonwealth native title legislation.

Harnessing the mainstream

- ◆ Ensuring that Indigenous-specific and mainstream programmes and services are complementary
- ◆ Lifting the performance of programmes and services by:
 - reducing bureaucratic red tape
 - increasing flexibility of funding (mainstream and Indigenous-specific) wherever practicable
 - demonstrating improved access for Indigenous people
 - maintaining a focus on regional areas and local communities and outcomes
 - identifying and working together on priority issues
- ◆ Supporting Indigenous communities to harness the engagement of corporate, non-government and philanthropic sectors.

Streamlining service delivery

- ◆ Delivering services and programmes that are appropriate, coordinated, flexible and avoid duplication, including fostering opportunities for Indigenous delivered services

Continued



A NATIONAL FRAMEWORK OF PRINCIPLES FOR DELIVERING SERVICES TO INDIGENOUS AUSTRALIANS *(continued)*

Streamlining service delivery *(continued)*

- ◆ Addressing jurisdictional overlap and rationalising government interaction with Indigenous communities: negotiating bilateral agreements that provide for one level of government having primary responsibility for particular service delivery; or, where jurisdictions continue to have overlapping responsibilities, that services would be delivered in accordance with an agreed coherent approach
- ◆ Maximising the effectiveness of action at the local and regional level through whole-of-government(s) responses
- ◆ Recognising the need for services to take account of local circumstances and be informed by appropriate consultations and negotiations with local representatives.

Establishing transparency and accountability

- ◆ Strengthening the accountability of governments for the effectiveness of their programmes and services through regular performance review, evaluation and reporting
- ◆ Ensuring the accountability of organisations for the government funds that they administer on behalf of Indigenous people
- ◆ Tasking the Productivity Commission to continue to measure the effect of the COAG commitment through the jointly-agreed set of indicators.

Developing a learning framework

- ◆ Sharing information and experience about what is working and what is not
- ◆ Striving for best practice in the delivery of services to Indigenous people, families and communities.

Focusing on priority areas

- ◆ Tackling agreed priority issues, including those identified in the Overcoming Indigenous Disadvantage report: early childhood development and growth; early school engagement and performance, positive childhood and transition to adulthood; substance use and misuse; functional and resilient families and communities; effective environmental health systems; and economic participation and development.

Within this national framework, appropriate consultation and delivery arrangements will be agreed between the Australian Government and individual states and territories.



Much has been made of the poor financial accountability of some community controlled and previously ATSIC-funded services. It is also the case that the way in which government funding for Indigenous services is prioritised and delivered frequently lacks the level of transparency which one would expect for proper public accountability.

The Australian Government's 2006–07 Budget has made the largest ever investment in Indigenous affairs with over \$3.3 billion allocated for a range of programmes, services and strategies to improve the wellbeing and life opportunities of Indigenous Australians. However, it is not at all clear how the stated priorities and allocations of this funding can be expected to address the key objectives of the OID framework at the national, state and territory and community levels. The Western Australian Government is currently in the process of developing a 'whole-of-government' Indigenous affairs budget. While this is still in the early stages of development, it represents an important step towards more effective financial accountability.

THE CANADIAN APPROACH TO FINANCIAL ACCOUNTABILITY FOR FIRST NATIONS PROGRAMMES

Since 2004, the Treasury Board of Canada has implemented a nationally agreed accountability process for improving the social and economic circumstances of its Aboriginal peoples, entitled the 'Aboriginal Horizontal Framework'.⁴⁶ This is based on similar principles to those of Australia's OID framework and provides a government-wide view of Aboriginal direct programming and spending. It includes details of 360 federal programmes and services delivered by 34 federal departments and agencies and how they are coordinated fiscally to address key outcomes under seven thematic headings:

- ◆ Health
- ◆ Lifelong Learning
- ◆ Housing
- ◆ Safe and Sustainable Communities
- ◆ Economic Opportunities
- ◆ Lands and Resources and
- ◆ Governance and Relationships.

In addition to describing the strategic outcomes the Canadian Government is trying to achieve in each thematic area, the framework also provides an overview of programme expenditures for each financial year by themes, sub-themes and specific programmes broken down by the groups to whom they are specifically targeted (i.e. First Nations, Metis, Inuit or all Aboriginal Peoples).

Continued



THE CANADIAN APPROACH TO FINANCIAL ACCOUNTABILITY FOR FIRST NATIONS PROGRAMMES *(continued)*

The Horizontal Framework is considered to be at an initial formative stage. It currently does not describe the Aboriginal share of programmes which are available to the general Canadian population (e.g. unemployment benefits and other social transfers) nor does it cover general application programme spending in regions of Canada where First Nations and Metis people and the Inuit constitute the majority or a high proportion of the local population (e.g. in the Arctic north of the 60th parallel). Given these limitations it is expected that much further work will be needed to complete the overall spending picture, and to enhance its use by the governments of Canada as a management tool to drive improvements in each of the seven thematic areas of Aboriginal policy.⁴⁷

THE CANADIAN ABORIGINAL HORIZONTAL FRAMEWORK

Canadian Aboriginal Horizontal Framework Federal Government expenditures in Aboriginal programming by thematic area (2004-05)						
Health	Lifelong Learning	Safe and Sustainable Communities	Housing	Economic Opportunity	Lands and Resources	Governance and Relationships
Improved health of Aboriginal peoples	Maximised participation and success in early learning, education, training and skills development built on Aboriginal heritage	Aboriginal communities are safe, stable and sustainable	Aboriginal people have improved access to suitable, adequate, affordable housing and related support	Sustainable wealth creation and participation in the economy	Sustainable use and management of First Nations and Inuit lands and resources by First Nations people and Inuit	Sound Aboriginal governance and support of institutional capacity and clarification of respective roles in the relationship
\$1,838.5 million (23%)	\$1,940.7 million (24%)	\$2,430.5 million (30%)	\$438.8 million (5%)	\$231.5 million (3%)	\$144.8 million (2%)	\$1,145.6 million (14%)

Over and above the general need for Australian governments to increase allocations to be commensurate with the scale of the disparities to be addressed, failures in the delivery of funding for Indigenous programmes to achieve their intended aims would seem to be disconcertingly common. One such example revealed by the Senate estimates processes showed a \$182 million federal government underspend in Indigenous education during the 2004-05 financial year despite the acute need in Indigenous communities.⁴⁸ Another example is the recent report into government spending in the COAG trial site of Wadeye (Northern Territory) by the Centre for Aboriginal Economic Policy Research (CAEPR). This showed that, on average, for every dollar spent on the education of all Northern Territory children, just 26 cents was spent on the education of Aboriginal children in Wadeye.⁴⁹ Another example

8



of how limited financial transparency can operate as an impediment to effective government and community action can be gauged from our experience in preparing the third volume of findings from the WAACHS. In reporting on the educational outcomes of Aboriginal children, it was not possible to obtain officially verifiable data to describe the per capita state and federal funding for Aboriginal education and how this compared with the average allocation for other Western Australian children in achieving 'practical results'.

The 2006 National Framework of Principles for Delivering Services to Indigenous Australians identifies the need to establish greater transparency and accountability as one of its key principles. However, this should ideally encompass more explicit financial transparency of governments, departments and community agencies in how their funds are allocated and distributed for the provision of Indigenous programmes and services. Such information should be available in a form that can be used by governments as a management tool to prioritise, coordinate and monitor traditional departmental budgets to ensure they achieve the human development objectives of the OID framework.^{44,45}

Informed decisions about which set of investments are most likely to be effective in building the sustainable capacity of Indigenous people and communities ideally should occur at the points where government departments come together (e.g. Treasury) and where they are in dialogue with communities (e.g. regional planning forums). A logical next step in the ongoing development of the OID framework would therefore be to publicly identify funding allocations for Indigenous programmes targeting the OID strategic change areas.

Action 22

The ongoing implementation of the Overcoming Indigenous Disadvantage (OID) framework should require Australian governments to identify the dollar amounts and proportions of spending dedicated to addressing each of the OID headline indicators and their respective strategic change indicators.

Action 23

Governments should be encouraged to build OID indicators into the key performance indicators (KPIs) for departments and into the performance reporting of ICC regions and community agency funding agreements.



CONCLUDING COMMENTS

The following comments are provided by the Kulunga Research Network, the Aboriginal research unit within the Telethon Institute for Child Health Research. Kulunga has played central role in the development, implementation and reporting of the findings of the Western Australian Aboriginal Child Health Survey. As Aboriginal researchers we have been both a witness to and an active participant in the process of the study since its inception. Of all the volumes of findings published to date, the current volume is one in which we have a particular stake in the telling of its story — as it is the story of our children, families and the communities in which we live.

The centrality of the family in traditional Aboriginal society has enabled our cultures to thrive for at least the last 60,000 years but this has been severely tested over the past 200 years. Well-functioning families, which are supported and valued, have enabled generations of children to grow in health and skills to take on the excitement and challenges of life, and in turn, to fulfil their responsibilities as parents, grandparents, community members and effective leaders within their families. However, where this capacity has been undermined, the potential of successive generations has not been properly realised. At present, Aboriginal children face a future where they are much less likely to attain the levels of health, education, emotional and social wellbeing enjoyed by other Australians, and consequently, their opportunities for full economic and social participation.

Reduced life-chances should not be seen as the ‘automatic’ birthright of Aboriginal people simply because they are Aboriginal nor because they are ‘characteristic’ of Aboriginal people. These outcomes are what one would expect in any population of marginalised and oppressed people — and particularly in the life outcomes of other Indigenous peoples who have faced experiences comparable to those of Aboriginal Australians since colonisation. The post-colonial experiences and the health and wellbeing outcomes of the Maori, Canadian and American First Nations peoples all show striking parallels to those of Aboriginal Australians. But while there are similarities in the outcomes and experiences of different Indigenous peoples, the way in which their respective governments have taken responsibility and shown leadership in addressing the disadvantage of Indigenous peoples differ markedly. The efforts of the New Zealand and Canadian Governments in particular attest to the type of leadership and the level of sustained commitment which is required to effect meaningful change in these unacceptable circumstances.

The Aboriginal families who gave us the stories which are encompassed in this and the previous volumes of findings from the Western Australian Aboriginal Child Health Survey, asked us to use this information to get a better deal for their children, families and communities. As Aboriginal researchers, we have a particular responsibility to ensure that the findings are used to bring people together and that they enable careful consideration of the actions that must be employed to address the concerning outcomes reported here. However, our experience as Aboriginal people who have worked over decades within the Aboriginal community, the wider community and for the state and Australian governments, cautions us that the translation of evidence into action is never easily accomplished. It is all too easy for the findings and recommendations in this report to be overlooked or not considered seriously. Worse still, there is the risk that it may become yet another of the countless reports on Aboriginal issues gathering dust on library shelves.



The findings described in this volume detail the complexity and extent of the underlying issues involved. Addressing these issues will require more than notional changes in policies, programmes or services. Responding to the urgency of the circumstances experienced by Aboriginal families and communities will require strong compassionate leadership that draws together our common humanity. It is our sincere hope that the quality of the objective data provided in this volume will help to galvanize the resolve needed to tackle these hard issues and also inform a consensus on what actions are most critically needed to produce sustainable change. The proper use of these data can also ensure that the resources which are required to achieve improved outcomes for Aboriginal people are sufficient to the task at hand.

However there is an additional consideration — the relationship between Aboriginal people and other Australians. This relationship has been both a source of strength and sorrow for both parties that has either progressed or stifled the steps required to bring us together so Aboriginal and non-Aboriginal peoples can take their rightful place alongside each other.

In their preface to this volume, Dennis Eggington and Fiona Skyring draw our attention to our collective responsibility — as the responsible adults — and to the legacy which we will leave for our children and grandchildren. The actions recommended in this chapter describe a framework for action to address the current unacceptable circumstances for Aboriginal families and their children. This requires leadership which transcends political, religious, cultural and geographical differences because it needs to engage all people, at all levels, and all of those who are charged with responsibility for Aboriginal children and families.

The former Australian Governor General, Sir William Deane in his famous inaugural Lingiari lecture (Some Signposts From Daguragu) made the comment that ‘...there will be no true reconciliation until it can be seen that we are making real progress towards the position where the future prospects – in terms of health, education, life expectancy, living conditions and self esteem – of an Aboriginal baby are at least within the same discourse as the future prospects of a non Aboriginal baby’. He asked: ‘How can we hope to go forward as friends and equals while our children’s hands cannot touch?’⁵⁰

Australian children — black and white — deserve a better legacy than the one which is currently on offer.

How well we succeed in preparing the next generation to take on their responsibility will depend on the job we do today — as the responsible adults — in modelling the essential behaviours and practices of a society that places a central value on including all people as full members of the decision-making process.

We as a country can no longer respond in an unconnected or disassociated manner to the findings as listed in this volume as something that is happening to a faceless ‘other’. The story told here is an Australian story about Australian citizens and requires a humanitarian response to ensure that underlying issues contributing to this situation are resolved with some urgency. Not only because it is the right thing to do — it is the only thing to do if we as a nation aspire to arrive at some point as a healed country with a common history and a secured future. A future reflecting the full diversity of dreams of our children and grandchildren who are able to respond creatively to the demands of a thriving, responsible and civil society.



ENDNOTES

1. United Nations Development Program. *Human Development Report 2005: International cooperation at a crossroads – Aid, trade and security in an unequal world*. New York: United Nations Development Program; 2005.
2. Cooke M, Beavon D, Guimond E. Measuring Aboriginal Well-being in Four Countries; An application of the UNDP's Human Development Index to Canada, the United States, New Zealand and Australia, paper presented to the 18th World Conference on Health Promotion and Health Education. Melbourne April 26-30, 2004.
3. Darcy J, Hofmann C-A. *According to need? Needs assessment and decision making in the humanitarian sector*. London: Overseas Development Institute; 2003.
4. Fukuda-Parr S, Kumar AKS, editors. *Readings in human development: Concepts, measures and policies for a developmental paradigm*. New Delhi: Oxford University Press; 2003.
5. Haq M u. The human development paradigm. In: Fukuda-Parr S, Kumar AKS, editors. *Readings in human development: Concepts, measures and policies for a developmental paradigm*. New Delhi: Oxford University Press; 2003:17-34.
6. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2005.
7. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes E, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. *The Western Australian Aboriginal Child Health Survey: The health of Aboriginal children and young people*. Perth: Telethon Institute for Child Health Research; 2004.
8. Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A. *The Western Australian Aboriginal Child Health Survey: Improving the educational experiences of Aboriginal children and young people*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research; 2006.
9. Steering Committee for the Review of Government Service Provision. *Overcoming Indigenous Disadvantage: Key Indicators 2005*. Canberra: Productivity Commission SCRGSP Working Paper 2005. [cited 2006 Aug 25]. Available from: URL: <http://ssrn.com/abstract=925776>
10. Ramey CT, Ramey SL. Prevention of intellectual disabilities: Early interventions to improve cognitive development. *Preventive Medicine* 1998;27:224-232.
11. Smith JR, Brooks-Gunn J, Klebanov PK. Consequences of living in poverty for young children's cognitive and verbal ability and early school achievement. In: Duncan GJ, Brooks-Gunn J. *Consequences of growing up poor*. New York: Russell Sage Foundation: 1997;132-189.
12. Loeb S, Fuller B, Kagan SL, Carrol B. Child care in poor communities: Early learning effects of type, quality and stability. *Child Development* 2004;75(1):47-65.
13. Ramey CT, Ramey SL. Early learning and school readiness: Can early intervention make a difference? *Merrill-Palmer Quarterly* 2004;50:471-491.
14. Brody GH, Kim S, Murry VM, Brown AC. Protective longitudinal paths linking child competence to behavioral problems among African American siblings. *Child Development* 2004;75(2):455-467.
15. Brody GH, Murry VM, Gerrard M, Gibbons FX, Molgaard V, McNair L, Brown AC, Wills TA, Spoth RL, Zupei L, Chen Y-f, Neubaum-Carlan E. The Strong African American Families Program: Translating research into prevention programming. *Child Development* 2004;75(3):900-917.
16. Ramey CT, Ramey SL. Early intervention and early experience. *American Psychologist* 1998;53(2):109-120.
17. McEwan BS, Lasley EN. *The End of Stress As We Know It*. Washington, D.C: Joseph Henry Press; 2002.
18. Silburn SR, Zubrick SR, Garton A, Gurrin L, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D. *Western Australian Child Health Survey: Family and Community Health*. Perth, Western Australia: Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research; 1996.



19. Brough M. *Safer Kids – Safer Communities*. Communique from the Intergovernmental Summit on Violence and Child Abuse in Indigenous Communities. Canberra: Office of the Minister for Family and Community Services and Indigenous Affairs, 2006 Jun 6. [cited 2006 Aug 30]. Available from: URL: http://www.facs.gov.au/internet/minister3.nsf/content/safer_kids_communique_Jun06.htm
20. Berry JW, Poortinga YH, Segall MH, Dasen PR. *Cross-cultural psychology: Research and applications*. New York: Cambridge University Press; 2002.
21. Berry J. Immigration, acculturation and adaptation. *Applied Psychology: An International Review*; 1997;46(1):5-34.
22. Roysircar-Sodowsky G, Maestas MV. Acculturation, ethnic identity, and acculturative stress: Evidence and measurement. In Dana RH, editor. *Handbook of cross-cultural and multicultural assessment*. Mahwah NJ: Lawrence Erlbaum; 2000. p. 131-72.
23. Marshall S. Ethnic socialization of African American children: Implications for parenting, identity development, and academic achievement. *Journal of Youth and Adolescence* 1995;24(4):377-96.
24. Johnson DJ. *What Words Don't Say: Commentary*. Harvard Family Research Network 2001 [cited 2006 Aug 31]. Available from: URL: <http://www.gse.harvard.edu/hfrp/projects/fine/resources/teaching-case/wordscmm.html>
25. Spencer MB. Cultural cognition and social cognition as identity correlates of Black children's personal-social development. In Spencer MB, Brookins BK, Allen WR, Editors. *Beginnings: The social and affective development of Black children*. Hillsdale, NJ: Lawrence Erlbaum Associates; 1985. p. 215-30.
26. Corenblum B, Annis RC, Tanaka JS. Influence of cognitive development, self-competency, and teacher evaluations on the development of children's racial identity. *International Journal of Behavioral Development* 1997;20:269-86.
27. Department of the Premier and Cabinet, Equal Opportunity Commission, Office of Equal Employment Opportunity, Department of Indigenous Affairs, Office of Multicultural Interests (2005) *The Policy Framework for Substantive Equality*. Perth: Government of Western Australia. [cited 2006 Aug 31]. Available from: URL: <http://www.equalopportunity.wa.gov.au/pdf/framework.pdf>
28. Parliament of Western Australia. *Equal Opportunity Act 1984* (WA).
29. Government of Western Australia and ATSIC. *Statement of Commitment to a New and Just Relationship between the Government of Western Australia and Aboriginal Western Australians*. Perth: Government of Western Australia and ATSIC; 2001. [cited 2006 Aug 30]. Available from: URL: <http://www.dia.wa.gov.au/Policies/StateStrategy/Files/StatementOfCommitment.pdf>
30. Australian Bureau of Statistics, *Census of Population and Housing — Indigenous Community Profile, Western Australia*. Canberra: Australian Bureau of Statistics; 2001.
31. Altman J, Gray M. The Economic and Social Impacts of the CDEP Scheme in Remote Australia. *Australian Journal of Social Issues* 2005;40(3):399- 410.
32. Pearson N. *Our Right to Take Responsibility*. Cairns: Noel Pearson and Associates 2000.
33. Commonwealth of Australia (2005) *Building on Success: CDEP Discussion Paper 2005*. Canberra: Department of Employment and Workplace Relations. ISBN 0 642 32528 6. [cited 2006 Aug 25]. Available from: URL: http://www.workplace.gov.au/NR/rdonlyres/2B85D83B-63CC-4F94-93DB-4E0940D4328A/0/CDEP_discussion_paper.pdf
34. Australian Government (2005) *CDEP Guidelines 2005-06*. Canberra: Department of Employment and Workplace Relations. ISBN 0 642 325529. [cited 2006 Aug 31]. Available from: URL: http://www.workplace.gov.au/NR/rdonlyres/DA6EA99F-EB21-4C90-810F-405D3AC49A51/0/CDEP_Guidelines2005_06.pdf
35. Australian Bureau of Statistics. *Housing price indices: Eight capital cities*. Canberra: Australian Bureau of Statistics (Catalogue No. 6416.0); 2006.
36. Australian Bureau of Statistics. *National Aboriginal and Torres Strait Islander Social Survey 2002*. Canberra: Australian Bureau of Statistics (Catalogue No. 4714.0); 2004.



37. Australian Bureau of Statistics and Australian Institute of Health and Welfare. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. Canberra: Australian Bureau of Statistics (Catalogue No. 4707.0); 2005.
38. Australian Institute of Health and Welfare. *Indigenous housing indicators*. Canberra: Australian Institute of Health and Welfare (Catalogue. No. HOU 127); 2005.
39. Australian Bureau of Statistics. *Housing occupancy and costs*. Canberra: Australian Bureau of Statistics (Catalogue No. 4130.0.55.0010); 2006.
40. Commonwealth of Australia. *Commonwealth Government Response to the Council for Aboriginal Reconciliation Final Report – Reconciliation: Australia's Challenge*. Department of Immigration, Multicultural and Indigenous Affairs, Canberra; 2002.
41. Commonwealth of Australia. *Council of Australian Governments (COAG) communiqué*, 14 July 2006. [cited 2006 Aug 31]. Available from: URL: <http://www.coag.gov.au/meetings/140706/index.htm>
42. Hunter BH, Schwab RG. *Practical reconciliation and recent trends in Indigenous education*. Canberra: Centre for Aboriginal Economic Policy Research, The Australian National University; 2003. (CAEPR Report 249/2003, ISSN 1036-1774, ISBN 0 7315 5624 0).
43. Department for Indigenous Affairs (DIA). *Overcoming Indigenous Disadvantage in Western Australia Report 2005*, Perth: Department of Indigenous Affairs; 2005.
44. Steering Committee for the Review of Government Service Provision. *Overcoming Indigenous Disadvantage: Key Indicators*. Canberra: Productivity Commission; 2003.
45. Steering Committee for the Review of Government Service Provision. *Overcoming Indigenous Disadvantage: Key Indicators 2005*. Canberra: Productivity Commission; 2005.
46. Treasury Board of Canada (2005) Canada's Performance 2005: The Government of Canada's Contribution. [cited 2006 Aug 25]. Available from: URL: http://www.tbs-sct.gc.ca/report/govrev/05/cp-rc09_e.asp
47. Government of Canada (2005) Aboriginal Horizontal Framework: Programs and Spending Overview. [cited 2006 Aug 25]. Available from: URL: <http://www.tbs-sct.gc.ca/aaps-aapd>
48. Green C. Billion dollar question – Indigenous disadvantage. *Impact: Journal of the Australian Council of Social Services*, Autumn 2006.
49. Taylor J. (2005) *Social Indicators for Aboriginal Governance: Insights from the Thamarrurr Region, Northern Territory*, Canberra: Australian National University E Press; 2005. [cited 2006 Aug 25]. Available from: http://epress.anu.edu.au/caepr_series/no_24/whole_book.pdf.
50. Deane W (1996) *Some Signposts From Daguragu*. The Inaugural Lingiari Lecture delivered by Sir William Deane, Governor-General of the Commonwealth of Australia at the invitation of the Council for Aboriginal Reconciliation, Darwin: Council for Aboriginal Reconciliation. [cited 2006 Aug 31]. Available from: URL: <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/misc/daguragu.html>



APPENDICES

- Appendix A: History of Indigenous policy and administrative affairs in Western Australia 595**
 - Major policy developments..... 595
 - Developments in child and community welfare 597
 - Timeline of Aboriginal affairs in Western Australia 599
 - Endnotes 607
- Appendix B: A guide to the survey fieldwork instruments..... 608**
 - Content of the survey instruments 609
- Appendix C: Determination of Levels of Relative Isolation (LORI) based on ARIA++..... 612**
 - Introduction 612
 - ARIA Index..... 613
 - ARIA+ Index..... 613
 - ARIA++ Index 613
 - Development of categories for Level of Relative Isolation 614
 - Summary..... 617
 - Endnotes 617
- Appendix D: Reliability of estimates..... 618**
 - Measuring sampling error 618
 - Assessing statistical significance 618
 - Non-sampling errors 619
- Appendix E: Satisfaction with community services and facilities — WAACHS and 1993 WA CHS 620**
- Appendix F: Western Australian Aboriginal communities maps 622**





APPENDIX A: HISTORY OF INDIGENOUS POLICY AND ADMINISTRATIVE AFFAIRS IN WESTERN AUSTRALIA

The following is a summary of the major historical events and government legislative, administrative and policy changes affecting Aboriginal people, families and communities in Western Australia since colonisation. Western Australian State Government matters are the primary focus of this summary, although major Commonwealth (Australian Government) initiatives that impacted on Aboriginal affairs administration in Western Australia have also been discussed.

The information presented here (including the timeline of Aboriginal affairs in Western Australia) has been compiled from material provided by the Western Australian Departments of Indigenous Affairs and Community Development,^{1,2} and the report of the Task Force on Aboriginal Social Justice.³

MAJOR POLICY DEVELOPMENTS

It has been argued extensively that the past policies directed toward Aboriginal people in Australia have generated intergenerational social and economic disadvantage.⁴ There have been several landmark decisions and actions that have shaped the living circumstances of Aboriginal people since colonisation.

Early colonial policies and attitudes

Most of the policies formulated in the early, post-colonisation period that related to Aboriginal people in Western Australia had an underlying theme of restriction. This, and the prevailing attitudes of European settlers, prevented Aboriginal people from participating and developing economically, socially and culturally as citizens of Australia.³ The various restrictions placed on Aboriginal people, while gradually removed over time, still formed part of official policy into the second half of the twentieth century.

Aboriginal policies in the nineteenth century tended to be consistent with a belief that European culture was superior and more civilised, and should be imposed on the native people for their benefit. As such, policies throughout this period were generally concerned with providing Christianity and civilisation, providing Aboriginal people with the same status and legal rights as those of British subjects, and protecting the wellbeing of the Aboriginal people.³

At the beginning of the twentieth century, the *Aborigines Act* (1905) established a Chief Protector of Aboriginal people in Western Australia, who was the guardian of all Aboriginal children to the age of 16 years.⁵ The Chief Protector had the right to control the property and movements of Aboriginal people and enabled regulations to be made for the care, custody and education of the children of Aborigines and 'half-castes' and legalised removal of any Aboriginal or 'half caste' child to an Aboriginal institution, industrial school or orphanage.⁶

In addition to missions established between 1890 and 1910, a number of 'native settlements' were created in Western Australia by the Chief Protector (A.O. Neville) between 1915 and 1940.⁶

The Western Australian Government (via the *Native Administration Act 1936*) changed the title of the Chief Protector to Commissioner of Native Affairs and made the commissioner the legal guardian of all Aboriginal children in the state until they



turned 21.⁵ The Commissioner remained the legal guardian of ‘native children’ (except where the child had been made a ward under the *Child Welfare Act 1947*) until the proclamation of the *Native Welfare Act 1963*.⁶ This *Act* outlined the duties of the state Department of Native Welfare to provide for ‘the custody, maintenance and education of the children of natives’ and to assist in the ‘economic and social assimilation by the community’ of ‘natives’.⁶

The policies of racial assimilation were effectively responsible for the practice of forcibly removing children from their families and placing them in missions or institutions. As a result, there was a large number of Aboriginal children in Christian missions and institutions in Western Australia throughout the 1940s to 1970s. It has been well documented that the experiences of Aboriginal children in these institutions was far from ideal, with very little attention given to Aboriginal culture and languages.

The 1967 Referendum and beyond

The 1967 Referendum marked an important shift in the way government responsibilities for Aboriginal affairs were aligned, and coincided with a greater investment in formulating policies specifically geared toward improving the social and economic circumstances of Aboriginal people in Australia. Accordingly, the prevailing philosophies underpinning policy development at the time and in previous decades — that is, the beliefs that Aboriginal people should generally be excluded and segregated from mainstream white society — were gradually replaced with attitudes reflecting greater cultural inclusiveness.⁷

Prior to the Referendum, state and territory governments had sole responsibility for Aboriginal affairs, so the policies for Aboriginal people differed between Western Australia and other parts of Australia. However, the Referendum provided the Commonwealth Government with the power to legislate on issues directly affecting Aboriginal people and provided for a better alignment of policy initiatives across states and territories.

The abolition of the state Department of Native Welfare in 1972 and the transfer of their welfare responsibilities to the state Department of Community Welfare was an important step in alleviating the systemic discrimination toward Aboriginal people and improving self-determination. At the time, over 3,000 Aboriginal people in Western Australia, or around one in ten, were in institutions.

The current paradigm

In recent decades there have been a number of inquiries, at both the state and federal level, which have highlighted the considerable disparities between Aboriginal and non-Aboriginal people in most areas of social and economic concern. Key inquiries, such as those documented in the Gordon report (focusing on family violence and child abuse in Aboriginal communities)⁸, the *Bringing Them Home* report (detailing the impact of the practice of forced separation of Aboriginal children from their families),⁶ and the report of the *Royal Commission into Aboriginal Deaths in Custody*,⁹ have highlighted that many serious problems were endemic with little or no measurable improvement in years prior.

The Council of Australian Governments (COAG) has recently agreed to a framework for monitoring the disparities in outcomes between Aboriginal and non-Aboriginal people — known as the Overcoming Indigenous Disadvantage reporting framework.



This framework is designed to be used as a tool to measure progress and provide a positive strategic focus for policy and service delivery.⁴ More recently, COAG made a generational commitment to overcome the prevailing disadvantage faced by Aboriginal Australians, acknowledging that the reform agenda must reflect the diversity of the Aboriginal circumstance, and focus on actions which have the greatest capacity to benefit Aboriginal peoples.¹¹

The current paradigm for Aboriginal affairs in Australia recognises that self-determination and a holistic approach to policy and programme development are pivotal requirements for reducing Aboriginal disadvantage. These theories are part of the rationale for recent changes to the structure of Aboriginal affairs at the national level¹⁰, which include the formation of the Office of Indigenous Policy Coordination (OIPC). The OIPC aims to ensure a whole-of-government approach to policy development, while managing a network of Indigenous Coordination Centres for the effective delivery of programmes and services throughout the states and territories.

DEVELOPMENTS IN CHILD AND COMMUNITY WELFARE

Providing services for children in need of care

Western Australia's state Children's Department was established by the *State Children's Act 1907*, with a secretary having power over the care, management and control of all 'state' children.⁶ The *Act* transferred the payment of foster parents to the state, outlawing private fostering arrangements, and provided for the establishment of children's courts and for the boarding out of children in private homes.⁵

The name of the department was changed to Child Welfare Department in 1927 and developed into a full-time portfolio (under the control of its own minister) in 1934. With the proclamation of the *Child Welfare Act* in 1947, courts were able to commit children to the care of the department where they found a child to be destitute or neglected.⁶

From 1951, Aboriginal children were more likely to be removed under the *Child Welfare Act 1947* by the Child Welfare Department than by the Department of Native Welfare acting under the *1936 Act*. This practice was formalised when the *Native Welfare Act 1954* was passed, revoking the removal power of the Commissioner for Native Affairs. The Commissioner remained the legal guardian of all Aboriginal children except state wards until the *Native Welfare Act 1963* was passed.⁶

The child welfare legislation required a court to be satisfied that the child was destitute or neglected. However, the definition of destitution applied to the situation of many Aboriginal families with few material resources. Aboriginal families who had moved to towns and cities following the closure of some of the missions and settlements and had to re-establish themselves were particularly vulnerable to action under the *1947 Act*.⁶

In 1961, the *Welfare and Assistance Act* empowered the Department to make monetary payments to persons in distress and having the care of children. In 1967, an amending bill was passed which allowed parents who were having difficulty managing their child to apply to the Minister for the committal of that child to the Department for a specified time only, to receive appropriate treatment or advice.

A Community Welfare portfolio was created in 1971 and work began on the *Community Welfare Bill* and the amalgamation with sections of the Native Welfare Department.⁶



Shifting focus to community welfare

The *Community Services Act 1972* established the Department for Community Welfare, amalgamating the Child Welfare and Native Welfare Departments.⁵ Around this time, a child placement service was set up to oversee children who lived apart from their families in foster homes, group homes, hostels, boarding houses and residential facilities.

The *Child Welfare Act 1947* was amended in 1976 to repeal 'destitution' and 'neglect' as grounds for removal and to introduce the concept of being 'in need of care and protection'. Despite this, Aboriginal children remained over-represented in the state care system.⁶

In 1985 a new approach was adopted, which promoted self-sufficiency with a focus on services that were preventative, accessible, local and participatory. With it, there was a shift from institutional care to a greater emphasis on community-based programmes and services. The restrictions which prohibited local government authorities from being involved in welfare services were removed.⁵

The Aboriginal Child Placement principle was developed in 1984 to enable placement policies to be responsive to the cultural needs of Aboriginal children. The aim of this principle was to ensure Aboriginal children who were taken into care were appropriately placed within their immediate or extended family, local Aboriginal community or wider Aboriginal community, so as to maintain connection with family and culture. A 1989 review highlighted that there had been a 58 per cent reduction over the previous five years in the number of Aboriginal children in departmentally subsidised foster care, with most Aboriginal children being placed with Aboriginal caregivers (mostly relatives).⁶

Recent catalysts for change

In 1997, *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* was tabled in the federal parliament. As part of the State Government's response to this report, funds were allocated to operate a central service to help Aboriginal people access family information held by government agencies.

The state government's Machinery of Government Taskforce undertook public sector reforms in 2001, which led to the creation of the Department for Community Development (DCD) in July 2001. The recommendations of the Machinery of Government Report shifted DCD's strategic directions, from a predominant focus on the provision of welfare and safety-net services in response to problems, to a greater emphasis on building the capacities and strengths of individuals, families and communities, allowing them to shape their own lives positively. DCD's work was subsequently based on four key principles — engagement, inclusiveness, cooperation/collaboration and capacity building, which form the basis from which communities are developed and services are delivered to individuals, families and communities.¹²

In 2002, the Government of Western Australia received the Gordon Inquiry — *Putting the Picture Together: Inquiry in Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*. The inquiry identified the need for collaborative and holistic responses to address child abuse and family violence issues in Aboriginal communities.



New legislation — *The Children and Community Services Act 2005* — was proclaimed in March 2006. The *Act* increased DCD's accountability and transparency in its responses to families in the case of concern for a child's wellbeing, its responsibility for children in its care, and incorporated the Aboriginal and Torres Strait Islander Child Placement Principle.¹³

Visions for the future of community development

DCD's Aboriginal and Torres Strait Islander Strategic Plan for 2004 to 2009, titled *Indigenous Vision*, provides a framework for the way the department works with Aboriginal and Torres Strait Islander children, young people, women, men, Elders and communities. It was developed in collaboration with the department's Aboriginal and Torres Strait Islander staff, Aboriginal and Torres Strait Islander leaders, stakeholders and the community.²

The desired outcomes of the Strategic Plan reflect themes of community and country, care, relationships, partnerships and engagement. Within this, the five outcome areas are specified: safety and capacity building; cultural awareness; Aboriginal staff development; developing and engaging young people; and developing individuals, families and communities.

TIMELINE OF ABORIGINAL AFFAIRS IN WESTERN AUSTRALIA

The following timeline refers primarily to Western Australian State Government policy and administrative developments since colonisation, although major Commonwealth (Australian Government) initiatives are included where they impacted on the administration of Aboriginal affairs in Western Australia.

1829	Colonisation of Western Australia by the British. The welfare of Aboriginal people came under the direct responsibility of the Colonial Secretary.
1830	Aboriginal Protectors appointed.
1832	Superintendent of Tribes appointed to assist the Colonial Secretary.
1840	Colonial Government issues direction that Aboriginal people should not be admitted to towns.
1854	Role of Protectors temporarily abolished.
1880	An Act passed which prohibited the supply of liquor to Aboriginal people and the loitering of Aboriginal people in licensed premises.
1883	Royal Commission established to inquire into the treatment of Aboriginal prisoners — the Forrest Report.



1886	Aborigines Protection Board established under the <i>Aborigines Protection Act</i> to provide Aboriginal people with food and clothing when destitute, assist in their preservation and wellbeing, and provide for the education of Aboriginal children. The <i>Act</i> enabled regulation and control over the entire population of Aboriginal people in Western Australia.
1889	Section 70 introduced into the Constitution providing for one per cent of gross revenue to be appropriated to the welfare of Aboriginal natives.
1890	Western Australia attains self-government, although British Government continues to maintain control over Aboriginal affairs.
1898	Aboriginal Protection Board replaced by the Aborigines Department under a Chief Protector of Aborigines.
1904	Royal Commission into Aboriginal matters. The report found many abuses of Aboriginal people and their rights, and recommended their protection by strict controls.
1905	<i>Aborigines Act</i> (1905) enacted. This gave the Chief Protector the statutory power to institute measures for the relief, protection and control of Aboriginal people as recommended by the Royal Commission. The <i>Act</i> legalised the removal of Aboriginal children from their natural families, encouraged establishment of reserves and missions, and introduced many restrictive measures.
1915	Appointment of Mr A.O. Neville as Chief Protector of Aborigines. Neville was in charge of the various departments responsible for Aboriginal Affairs until his retirement in 1940.
1920	Responsibility for Aboriginal affairs was divided. The Department for the North West was responsible for Aboriginal people living above the 25th parallel and the Department of Aborigines and Fisheries for those below the 25th parallel.
1926	The Aborigines Department was re-established and became responsible for Aboriginal matters throughout the State.
1934	Royal Commission into Aboriginal Affairs established. The Commission inquired into the social and economic conditions of Aboriginal people, the law relating to Aboriginal people, the administration of the Aborigines Department, and the specific allegations of ill treatment of Aboriginal people.



<p>1936</p>	<p>As a result of the recommendations of the Royal Commission, the <i>Aborigines Act</i> was amended and became the <i>Native Administration Act</i> (1936). The Aborigines Department became Department of Native Affairs headed by a Commissioner for Native Affairs.</p> <p>The amendment incorporated the recommendations of the Royal Commission which resulted in greater control of the Aboriginal population, including: the imposition of penalties for actions which were not an offence for 'non-Aboriginals'; the placement of children of Aboriginal people under the guardianship of the Commissioner; and the imposition of a permit system for entry into certain towns and for employment.</p>
<p>1937</p>	<p>First conference of Commonwealth and state bodies concerned with Aboriginal matters held in Canberra.</p>
<p>1944</p>	<p><i>Native (Citizenship Rights) Act</i> gave limited rights to Aboriginal people who could prove, among other things, that they had adopted a 'civilised life' and did not associate with Aboriginal people who did not have citizenship rights. Such 'citizenship,' however, could be withdrawn at any time.</p>
<p>1947</p>	<p>The Bateman Report showed the deplorable conditions in which the Aboriginal population was living and advocated the abandonment of past protective measures in favour of a long term policy of positive welfare, and supported the assimilation of Aboriginal people into the general community. The report resulted in the decentralisation of the Aborigines Department.</p>
<p>1954</p>	<p><i>Native Administration Act</i> replaced by the <i>Native Welfare Act</i>, which repealed many of the strict controls and handouts featured in the previous <i>Act</i>. The Department's name changed to the Department of Native Welfare.</p>
<p>1959</p>	<p>Commonwealth <i>Social Service Act</i> amended to permit social service benefits to all Aboriginal people.</p>
<p>1962</p>	<p>Aboriginal people became eligible to vote in Western Australian elections, although voting was not compulsory.</p>
<p>1963</p>	<p>Slow but progressive liberalisation of the regulations affecting Aboriginal people culminated in the amendment of the <i>Native Welfare Act</i> in which the last restrictive provisions were removed. Some places in the North West, however, were still entitled to restrict the movements of Aboriginal people and refuse to supply liquor (these clauses were repealed in 1972).</p>



<p>1967</p>	<p>Commonwealth Referendum provided the Commonwealth Government with the power to legislate in relation to Aboriginal matters. Aboriginal people to be included in all future censuses.</p>
<p>1968</p>	<p>Formation of the Australian Aboriginal Affairs Council (AAAC) comprising Commonwealth, state and territory ministers with responsibility for Aboriginal Affairs.</p>
<p>1972</p>	<p>Repeal of the <i>Native Welfare Act</i> and the enactment of the <i>Aboriginal Affairs Planning Authority (AAPA) Act</i>. The Department of Native Welfare was abolished and replaced by the Aboriginal Affairs Planning Authority, with some of its functions taken over by the newly created Department of Community Welfare. Rather than having a single department with overriding responsibilities, housing, health, education, employment and welfare programmes were channelled to departments such as the State Housing Commission and the Public Health Department.</p> <p>The AAPA was established to retain the policy planning, coordination, ministerial advice and land management roles of the defunct Native Welfare Department. In addition, it provided administrative support to three statutory bodies: the Aboriginal Lands Trust, the Aboriginal Advisory Council and the Aboriginal Affairs Co-ordinating Committee. For the first time, a statutory mechanism was in place for Aboriginal people to be involved in government decision-making processes.</p> <p>The <i>Aboriginal Heritage Act</i> enacted giving the Western Australian Museum, through the Department of Aboriginal Sites, the responsibility to protect places and objects of significance to Aboriginal people.</p>
<p>1973</p>	<p>Royal Commission into all matters affecting the wellbeing of Aboriginal people in Western Australia affirms the existing policy of consultation and Aboriginal involvement in decision-making and that Aboriginal communities should be self-managing and able to choose their own manner of living. The report also recommends that tribal Aboriginal identity should be preserved while assisting the integration of non-tribal Aboriginals.</p> <p>National Aboriginal Consultative Committee (NACC) established.</p>
<p>1974</p>	<p>The federal government takes on greater responsibility for Aboriginal affairs throughout Australia. As a consequence, the <i>AAPA Act</i> is amended, with the Commonwealth becoming responsible for the administration of the <i>Act</i>.</p>
<p>1977</p>	<p>National Aboriginal Conference established as a result of a restructure of the NACC. This established the first Aboriginal elected body with direct access to government.</p>



1979	<i>Aboriginal Communities Act</i> was proclaimed, allowing certain Aboriginal communities to manage and control community affairs.
1984	AAPA became independent of the Commonwealth Department of Aboriginal Affairs. The AAPA also became responsible for administering the <i>Aboriginal Communities Act 1979</i> . This <i>Act</i> aimed to assist Aboriginal communities to manage and control their community lands.
1986	<p>For the first time since 1972, a separate Aboriginal Affairs portfolio was created in Western Australia. The Hon. Ernie Bridge MLA became the first Aboriginal Member of Parliament to be appointed to Cabinet when he became Minister for Aboriginal Affairs.</p> <p>Ms Sue Lundberg was appointed Commissioner for Aboriginal Planning, thereby becoming the first Aboriginal person to head a state department in Western Australia.</p> <p>Following the failure of the <i>Aboriginal Land Bill</i> in 1985 and the Commonwealth Government's decision not to introduce uniform land rights legislation, the state and Commonwealth Governments entered into an agreement in support of land initiatives within the terms of existing legislation. \$100m was allocated over five years (\$10m per year per government) for the <i>Aboriginal Communities Development Program (ACDP)</i>.</p>
1987	<p>Royal Commission into Aboriginal Deaths in Custody was established jointly by the Commonwealth, state and territory governments. The Commission investigated the deaths of 99 Aboriginal and Torres Strait Islander people in the custody of police, in prison or in juvenile detention institutions between 1 January 1980 and 31 May 1989.</p> <p>The Commonwealth Government launched the Aboriginal Employment Development Policy to assist Aboriginal people to achieve equity with other Australians in terms of employment and economic status. The policy was established to promote Aboriginal economic independence from government and to reduce Aboriginal dependency on welfare in accordance with their traditions, chosen way of life and cultural identity.</p>
1989	State Cabinet approved the establishment of a Cabinet Sub-Committee on Aboriginal Affairs.
1990	The Aboriginal and Torres Strait Islander Commission (ATSIC) commenced official operation on 6 March.



1991

Inquiry into Service and Resource Provision to Remote Communities examined the delivery of services in remote areas and highlighted the need to improve communication systems, planning and coordination for better safety and emergency situations for remote communities.

Both houses of federal parliament unanimously passed the *Council for Aboriginal Reconciliation Act* establishing a Council of 25 members.

1992

Commonwealth and state governments tabled a cooperative National Response and individual state responses to the recommendations of the Royal Commission into Aboriginal Deaths in Custody. The Western Australian State Government indicated its full, qualified or in principle support to all 339 recommendations.

An Aboriginal Women's Taskforce was formed as a reference group to the Aboriginal Advisory Council to provide advice to the AAPA and to the Minister on matters affecting Aboriginal women and families.

The High Court handed down its decision in the Mabo versus Queensland case. The decision rejected the doctrine that Australia was 'terra nullius' (land belonging to no-one) at the time of settlement.

The Council of Australian Governments (COAG) endorsed a National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islanders. This provided a framework for coordinated inter-government action to redress Aboriginal inequality and disadvantage. Bilateral agreements between governments now formed the basis of programmes and service delivery.

1993

The 'Aboriginal Plan' was published. This was the first time a plan had been produced which provided a clear statement of state government programmes in Aboriginal affairs, listed the departments responsible for them and the financial resources provided for their implementation.

The Task Force on Aboriginal Social Justice was established to review activities of government in relation to social conditions and the advancement of Aboriginal people.

The *Land Titles and Traditional Usage Act* replaced native title with rights of traditional usage of Crown land and provided for a system of objection, appeal and/or compensation if those traditional usage rights were extinguished or interfered with through the granting of other forms of title to land.

The Implementation Report of the Royal Commission into Aboriginal Deaths in Custody was tabled in state parliament. Western Australia is the only government to date that has tabled a formal and detailed progress report on the implementation of the Royal Commission's recommendations.



<p>1994</p>	<p>The Aboriginal Affairs Department (AAD) was created in response to the recommendations in the Report of the Task Force on Aboriginal Social Justice. It incorporated the roles of the former AAPA, the Department of Aboriginal Sites and the Office of Traditional Land Use. The Department's role in planning, target-setting and monitoring outcomes in Aboriginal Affairs across government was strengthened.</p>
<p>1995</p>	<p>The High Court of Australia handed down its decision on Native Title. As a result of this decision, the provisions of the <i>Land Titles and Traditional Usage Act</i> and sections of the <i>Mining and Lands Acts</i> relating to the rights of traditional usage become inoperative. Land and mining titles over most of Western Australia are now processed through the federal tribunal system.</p> <p>The Human Rights and Equal Opportunity Commission (HREOC) launched its Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families.</p> <p>The process of setting up regional Aboriginal Justice Councils commenced. The first were established in the Pilbara, the Goldfields and the Murchison/Gascoyne areas.</p>
<p>1997</p>	<p>The HREOC Inquiry released its report, entitled <i>Bringing Them Home: A Guide to the Finding and Recommendations of the National Inquiry into the Separation of Aboriginal and Torres Strait Island Children from their Families</i>.</p>
<p>1998</p>	<p>AAD restructured with two main roles: to assist Aboriginal people to access services and facilities available to the community at large; and to facilitate the coordination of the operations of mainstream agencies to ensure equitable access to their services by Aboriginal people in matters of land, heritage and culture.</p> <p><i>Native Title Amendment Act 1998</i> was introduced and implemented the government's Ten Point Plan in response to the High Court's decision in the Wik Case.</p> <p>May 26th – Sorry Day. This date was chosen as it was a year to the day since the tabling in Parliament of the HREOC report and it was the thirtieth Anniversary of the Referendum.</p>
<p>1999</p>	<p>Both houses of federal parliament adopt the 'Motion of Reconciliation' in which 'practical reconciliation' is articulated.</p> <p>The remote Kimberley community of Pandanus Park made history when it became the first reserve to be handed over under the state government's <i>Land Transfer Program</i>.</p>



2000	<p>COAG agrees on a 'Reconciliation Framework' to advance reconciliation and address Indigenous disadvantage through more coordinated action from governments, the private sector, non-government organisations, Indigenous communities and the wider community.</p>
2001	<p>Newly elected Kimberley MLA Carol Martin became the first Aboriginal woman in the Western Australian parliament.</p> <p>The AAD renamed as Department of Indigenous Affairs.</p> <p>The Statement of Commitment to a new and just relationship between the Government of Western Australia and Aboriginal Western Australians was signed. It articulated the principles under which the state government would engage with its Aboriginal citizens in addressing their needs and rights.</p>
2002	<p>Magistrate Sue Gordon submitted the report on the Inquiry Into The Government Response to Complaints on Family Violence and Child Abuse In Aboriginal Families entitled <i>Putting the Picture Together</i>.</p>
2004	<p>ATSIC abolished. Programmes formerly the responsibility of ATSIC are subsumed in mainstream agencies. The Office of Indigenous Policy Coordination (OIPC) is established, with programmes and services funded through the network of Indigenous Coordination Centres (ICCs) in urban, regional and rural Australia.</p> <p>Overcoming Indigenous Disadvantage (OID) framework endorsed by COAG.</p>
2005	<p>An Indigenous Land Use Agreement (ILUA) was negotiated for the central country zone of the Wheatbelt region. The ILUA provides for a comprehensive Aboriginal heritage management process as part of an alternative future Act regime under the <i>Native Title Act 1993</i>.</p>
2006	<p>COAG agrees to a long term, generational commitment to overcome Indigenous disadvantage and the importance of significantly closing the gap in outcomes between Indigenous people and other Australians in key areas for action as identified in the OID framework.</p> <p>Responsibility for Indigenous affairs at the national level transferred to Department of Families, Community Services and Indigenous Affairs.</p>



ENDNOTES

1. Department of Indigenous Affairs. Personal communication; 2006.
2. Department for Community Development, Policy Branch. Personal communication; 2006.
3. Task Force on Aboriginal Social Justice. *Report of the Taskforce*. Perth: Government of Western Australia; 1994.
4. Department of Indigenous Affairs. *Overcoming Indigenous disadvantage in Western Australia report*. Perth; Department of Indigenous Affairs; 2005.
5. Department for Community Development. *From crisis to prevention: The community services industry study*. Perth: Department for Community Development; 1994.
6. Human Rights and Equal Opportunity Commission. *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: HREOC; 1997.
7. Ministerial Council on Education, Employment, Training and Youth Affairs. *National statement of principles and standards for more culturally inclusive schooling in the 21st century*. [Online] MCEETYA; 2000.
8. Gordon S, Hallahan K, Henry D. *Putting the Picture Together. Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*. Perth: State Law Publisher; 2002.
9. O'Dea DJ [Commissioner]. *Royal Commission into Aboriginal deaths in custody. Regional report of inquiry into underlying issues in Western Australia Vols 1 and 2*. AGPS. Canberra; 1991.
10. Office of Indigenous Policy Coordination. *New arrangements in Indigenous affairs*. [Online] Canberra: Australian Government Department of Immigration and Multicultural and Indigenous Affairs. [cited 2005 Nov 15]; Available from: URL: http://www.oipc.gov.au/About_OIPC/Indigenous_Affairs_Arrangements/default.asp
11. Commonwealth of Australia. Council of Australian Governments (COAG) communiqué, 14 July 2006. [cited 2006 Sep 1]; Available from: URL: <http://www.coag.gov.au/meetings/140706/index.htm>
12. Machinery of Government Taskforce. *Government structures for better results: The report of the taskforce established to review the machinery of Western Australia's government*. Perth; 2001.
13. Government of Western Australia. *2006-07 Budget Statements* (Budget Paper No. 2, Volume 2). Perth; 2006.



APPENDIX B: A GUIDE TO THE SURVEY FIELDWORK INSTRUMENTS

TABLE B.1: OVERVIEW OF SURVEY FORMS

<i>Survey Form</i>	<i>Information about</i>	<i>Information provided by</i>	<i>Information recorded by</i>	<i>Number of forms required</i>
<p>1. HOUSEHOLD RECORD FORM (HRF)</p> <p>Names, sex, age, date of birth, relationship to carers, state/territory of birth and self-reported Indigenous status of each person in the household</p> <p>Primary and secondary carers of each child</p> <p>Duration that each child has lived with primary carer</p> <p>Relationships within the household</p> <p>Any other children aged 0–17 years who usually live at this address but who are temporarily away</p>	Number of people in the household and how they are related	Primary carer	Interviewer	One per family
<p>2a. CHILD HEALTH QUESTIONNAIRE (CHQLK)</p> <p>Collects information about children aged 0–3 years</p>	Child health information about children aged 0–3 years	Primary or secondary carer	Interviewer	One for each child aged 0–3 years
<p>2b. CHILD HEALTH QUESTIONNAIRE (CHQBK)</p> <p>Collects information about children and young people aged 4–17 years</p>	Child health information about children and young people aged 4–17 years	Primary or secondary carer	Interviewer	One for each child/young person aged 4–17 years
<p>3a. PRIMARY CARER'S QUESTIONNAIRE (CARER1)</p> <p>Collects information about the carer who is the main person looking after each child</p>	Family and community circumstances	Primary carer	Interviewer	One or more per family
	Family life and carer's health			
	Carer's background and experiences			
<p>3b. SECONDARY CARER'S QUESTIONNAIRE (CARER2)</p> <p>Collects information about secondary carer(s) of each child</p>	Carer's background and experiences	Secondary or primary carer	Interviewer	One or more per family
<p>4. YOUTH QUESTIONNAIRE (YSR-S/YSR-I)</p> <p>Collects information about young people aged 12–17 years</p> <p>Two administration methods are available:</p> <p>YSR-S (self-administered)</p> <p>YSR-I (administered by interviewer)</p>	Family and community circumstances	Young people aged 12–17 years	Young person or interviewer	One for each young person aged 12–17 years
	Schooling			
	Health risk factors			
<p>5. SCHOOL & TEACHER QUESTIONNAIRES</p>	Children and young people attending school	Teachers and school leadership team	Teachers and school leadership team	One for each child at school (consent required)



CONTENT OF THE SURVEY INSTRUMENTS

1. Household Record Form (HRF)
 - List of people currently living in the household
 - List of children about whom information needs to be collected
 - Whether any other children are temporarily away

- 2a. Child Health Questionnaire 0–3 years (CHQLK)
 - Information on birth and natural mother
 - Feeding, sleeping and early development
 - Immunisation and health care
 - Common chronic illnesses
 - Dental health
 - Breathing and asthma
 - Separations from family, accidents and hospitalisations
 - Disability and functional impairments
 - Use of medical and other services
 - Use of day care
 - Parenting practices

- 2b. Child Health Questionnaire 4–17 years (CHQBK)
 - Information on birth and natural mother
 - Immunisation and health care
 - Common chronic illnesses
 - Dental health
 - Breathing and asthma
 - Separations from family, accidents and hospitalisations
 - Disability and functional impairments
 - Use of medical and other services
 - Use of day care, kindergarten and pre-school
 - School and educational progress
 - Emotions, problem behaviours and social development
 - Emotional or behavioural difficulties – Strengths and Difficulties Questionnaire
 - Parenting practices
 - Diet and nutrition



3. Carer's Questionnaire (CARER1 and CARER2)

- Languages spoken at home
 - Participation and involvement in Aboriginal activities and culture
 - Education
 - Employment and training
 - Benefits, pensions and income support
 - Family financial strain, carer's income
 - Family stress from alcohol, gambling and violence
 - Experience of forced separation or relocation
 - Positive family interactions and family resilience*
 - Family life stress events *
 - Personal and social supports*
 - Religious beliefs and practice of religion*
 - Housing arrangements and housing standards*
 - Perception of local community problems*
 - Adequacy of, and access to, community amenities and services*
- * asked of primary carer only*

4. Youth Questionnaire (YSR-I and YSR-S)

- Knowledge of Aboriginal language, culture and heritage
- Health risk behaviour (smoking, sex, alcohol and drugs)
- Diet and nutrition
- Breathing and asthma
- Emotions, problem behaviours and social development
- Emotional or behavioural difficulties – Strengths and Difficulties Questionnaire
- Depression and suicidal behaviour
- Perceptions and experience of school
- Experience of racism and bullying
- Exposure to family violence, alcohol and gambling
- Physical fitness and participation in sport
- Religious beliefs and practice of religion
- Friends and peer influence
- Family support and encouragement



5a. Principal's Questionnaire — School Details

School contact information, school type and year range

Student enrolment (Aboriginal and non-Aboriginal students)

Number of teaching staff (Aboriginal and non-Aboriginal)

Number of non-teaching staff (Aboriginal and non-Aboriginal)

Number of support staff external to the school (Aboriginal and non-Aboriginal)

Proportion of new (inexperienced) teachers

Implementation of professional development and curriculum activities for Aboriginal education

Principal's ratings of:

- School, social and community problems affecting the overall school environment
- School morale and pastoral care arrangements
- School's resources for education of Aboriginal students

Whether school has access to an Aboriginal and Islander Education Officer (AIEO)

Whether school has an Aboriginal Student Support and Parent Awareness (ASSPA) Committee

5b. Principal's Questionnaire — Student Academic Details

Main language spoken – at home, in the playground, in the classroom

Rating of overall academic performance

Achievements in literacy and numeracy

Duration of current enrolment at current school

Attendance record this year

Whether boarding, hostel or day student

Whether removed from class for behaviour problems

Use and need of educational support services

5c. Teacher's Questionnaire — Student Behaviour

Emotional or behavioural difficulties – Strengths and Difficulties Questionnaire

Functional impairment (peer relations, classroom learning)

Burden and need for professional help

5d. Teacher's Questionnaire* — Student Skills

Matrices – Non-verbal reasoning skills

Word Definitions – English language proficiency

** For high school students this section was administered by a school counsellor, form teacher, year head, or year coordinator*



APPENDIX C: DETERMINATION OF LEVELS OF RELATIVE ISOLATION (LORI) BASED ON ARIA++

INTRODUCTION

In 1997 the Australian Government Department of Health and Aged Care (DHAC) commissioned the National Key Centre for Social Applications of Geographic Information Systems (GISCA) to develop an index of remoteness and accessibility to services. The result of this work was the ARIA index.¹ ARIA measures accessibility to services by calculating road distances to population centres of varying sizes. The ARIA index quickly became widely accepted within both research and policy settings. As a result, the Australian Bureau of Statistics (ABS) decided to incorporate ARIA into the Australian Standard Geographical Classification in time for the 2001 Census of Population and Housing.^{2,3} The ABS did this based on a revised version of ARIA, which GISCA have called ARIA+. ARIA+ had two major changes compared to the original ARIA — the incorporation of an extra class of service centres, and changes to the cut-off scores that defined the five broad categories of remoteness.

It is clear that remoteness plays a significant part in describing the circumstances of Aboriginal children in Western Australia, and has a key role in placing the wellbeing and development of Aboriginal children in the context of their environment. The WAACHS team looked to the ARIA index as a possible means of doing this. However, the ARIA has been defined in terms of the total population of Australia and was not specifically designed to describe the circumstances of Aboriginal children and families. In particular, the Very Remote category of ARIA and ARIA+ contain only one per cent of the total population of Australia, but over 25 per cent of the WAACHS children were living in areas classified as Very Remote. Analysis of the survey data showed that the families living in Very Remote WA could not be considered as a homogenous group in terms of their relative isolation and access to services. Geographically, the area classified as Very Remote represents almost three-quarters of the land mass of Western Australia. As an example, within the Kimberley region of Western Australia, only the area in the immediate vicinity of Broome is classified as Remote, the rest of the region being classified as Very Remote. Even at the level of the underlying index values, there is no discrimination between, for example, Halls Creek which has a small hospital, and the much smaller community of Balgo, several hours drive south of Halls Creek and much more isolated. Both receive the maximum score of 12 under the original ARIA. While Halls Creek is a small town, it does act as a regional service centre for a number of communities in the East Kimberley. In terms of WAACHS variables such as adherence to traditional culture and language, there was a considerable degree of variation within the Very Remote class that could not be described using ARIA.

The survey team approached GISCA who were already undertaking developmental work on a new product called ARIA++, which introduces another level of service centre and provides more flexibility in describing variations in isolation within the most remote regions of Australia. At the request of the survey team, GISCA produced a version of the ARIA++ based on 1996 Census Collection Districts (CDs) that were used as the sampling frame for WAACHS. This has allowed a much greater degree of discrimination within the Very Remote category. For the purposes of the survey, categories of relative isolation have been defined using the ARIA++ index that attempt to capture the diversity of locations where Aboriginal families live.



ARIA INDEX

The ARIA index measures remoteness by means of road distances from service centres of varying sizes. Four categories of service centre were defined based on population:

- A: 250,000 and greater
- B: 48,000 to 249,999
- C: 18,000 to 47,999
- D: 5,000 to 17,999.

The calculations were based on a set of 11,340 populated localities as defined by the Australian Surveying and Land Information Group (AUSLIG). These localities include some locations that are not permanently settled. For each populated locality, the road distance to the nearest service centre in each category was calculated. Scores were assigned based on the ratio of the distance to the nearest service centre compared to the mean distance for that category. These scores were assigned on a scale of 0 to 3, and a total score derived by summing the component scores to give a score between 0 and 12. The four categories of service centre were chosen to represent different levels of service availability, with an expected strong correlation between number and type of services offered in a service centre and the population of that service centre.

Once ARIA scores are calculated for each populated locality, the scores are interpolated onto a one kilometre square grid. The scores on this grid are then averaged over specific areas to produce scores for these areas, for example CDs.

ARIA+ INDEX

There are two major differences between the ARIA and the ARIA+. The first is the inclusion of an extra category of service centre with population:

- E: 1,000 to 4,999

This results in a score from 0 to 15. In addition, the cut-off scores for defining the categories of remoteness were altered. This reduced the size of the Highly Accessible category, while increasing the size of the Remote and Very Remote categories. The ABS felt the Remote and Very Remote categories needed to be enlarged to ensure sufficient sample would fall in these areas in population surveys to allow results to be tabulated at this level. Note that in the ABS adoption of ARIA+, slightly different labels have been given to the five categories of remoteness.

ARIA++ INDEX

The ARIA++ index includes a sixth category of service centre with population:

- F: 200 to 999

This results in scores over the range 0–18. Category F service centres do play a role in Aboriginal life. For instance, the Warburton community, with population around 450, is the major regional centre for the central desert communities. Under the ARIA++ classification, Halls Creek receives a score of 12, and Warburton receives a score of 15, with the maximum score of 18 being reserved for truly remote, small and isolated communities (e.g. Balgo).



DEVELOPMENT OF CATEGORIES FOR LEVEL OF RELATIVE ISOLATION

In order to use the ARIA++ index, the survey team looked at grouping the index values into a small number of classes that had the following attributes:

- ◆ were sufficiently large in population to allow analysis of results
- ◆ were as internally homogeneous as possible with respect to variables that were likely to be associated with remoteness and isolation from services.

To determine suitable cut-off values, an analysis was undertaken of survey data by ARIA++ for a range of variables that were potentially associated with access to services, and strength of adherence to traditional cultures. These included:

- ◆ whether carers can speak an Aboriginal language conversationally
- ◆ whether children can speak an Aboriginal language conversationally
- ◆ whether the carer has attended any Aboriginal ceremonies in the previous 12 months
- ◆ whether the carer has attended any Aboriginal festivals or carnivals in the previous 12 months
- ◆ whether the carer has been involved with any Aboriginal organisation in the previous 12 months
- ◆ carer-reported distance to nearest doctor and nearest hospital
- ◆ carer-reported condition of roads
- ◆ whether the community was classified as a remote Aboriginal community for the purposes of the survey. This was a binary classification determined at the time of the survey fieldwork that identified discrete Aboriginal communities that were isolated from medical services
- ◆ whether roads ever become unusable due to flooding.

The analysis involved producing detailed tables by fine classifications of ARIA++ as well as fitting spline curves to describe the shape of association between a variable and ARIA++. The method of Generalised Additive Models (GAM) was used to fit these spline curves (Hastie and Tibshirani, 1990)⁴. See, for example, Figure 7.1 in Chapter Seven which shows the proportion of children and carers who are conversant in Aboriginal languages by ARIA++.

A score of 0.2 was chosen as the cut-off for the most accessible category under ARIA+ — in Western Australia this area corresponds with the Perth metropolitan area. It made sense to retain this category as the least isolated category, as it covers over 30 per cent of the Aboriginal population and matches well with other geographic classifications. However, for the purposes of describing the Aboriginal population of Western Australia, it did not make sense to try to maintain the other existing category boundaries. Table C.1 shows the distribution of the WAACHS sample children by the five categories of ARIA and ARIA+. The geographical distribution of Aboriginal and Torres Strait Islander children is markedly different from non-Aboriginal children and there are only modest populations of the three middle categories. It made sense to consider distributing the categories further towards the remote end of the scale.



TABLE C.1: DISTRIBUTION OF WAACHS SURVEY CHILDREN, BY ARIA AND ARIA+

	ARIA	ARIA+(a)
	Per cent	
Highly accessible	41.0	31.3
Accessible	10.3	10.5
Moderately accessible	11.2	17.9
Remote	11.5	13.8
Very remote	26.0	26.5

(a) The ABS uses slightly different terminology to describe the five classes in their adoption of ARIA+ into the ASGC.

The results of these analyses suggested that there was a strong degree of homogeneity between ARIA++ values 0 and 8, another homogeneous group between 8 and 13, and a strong trend over the last few points of the scale, particularly between 17 and 18. As a result, the following groupings were proposed:

TABLE C.2: RELATIONSHIP OF LEVEL OF RELATIVE ISOLATION AND ARIA++

Level of Relative Isolation	ARIA++ range
None	0 – 0.2
Low	0.2 – 8
Moderate	8 – 13
High	13 – 17
Extreme	17 – 18

Table C.3 shows the distribution of the Aboriginal population of Western Australia, along with the survey sample, by these five levels of relative isolation. Although the size of each area, in terms of population numbers, declines with increasing level of relative isolation, the very strong differences between the Moderate, High and Extreme areas justified their establishment as separate regions. With almost 10 per cent of the population in areas of Extreme relative isolation, the smallest of the five areas, there are still large enough numbers to allow proper analysis by this classification.

TABLE C.3: WESTERN AUSTRALIAN ABORIGINAL POPULATION AND WAACHS SAMPLE, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	1996 Census – Children		1996 Census – Persons		WAACHS – Children		WAACHS – Carers	
	Number	%	Number	%	Number	%	Number	%
None	7 818	33.6	16 509	32.5	1 636	30.9	983	31.1
Low	5 754	24.7	12 152	23.9	1 680	31.7	1 036	32.8
Moderate	4 987	21.4	11 218	22.1	971	18.3	556	17.6
High	2 800	12.0	6 325	12.4	520	9.8	275	8.7
Extreme	1 885	8.1	4 524	8.9	482	9.1	303	9.6
Total	23 244	100.0	50 728	100.0	5 289	100.0	3 153	100.0

Table C.4 shows the distribution of selected characteristics used in the analysis, by Level of Relative Isolation. While areas of None or Low relative isolation are very similar, there are strong differences between the remaining areas for these characteristics.



TABLE C.4: SELECTED CHARACTERISTICS OF WAACHS CARERS AND CHILDREN, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	Remote community	Carer speaks Aboriginal language	Children speak Aboriginal language	Participate in Aboriginal cultural events	Roads ever become unusable	Roads in good condition
Per cent						
None	0.0	4.0	1.7	9.9	8.1	89.9
Low	0.0	6.0	3.3	9.4	13.2	87.8
Moderate	10.9	35.2	15.6	24.2	28.7	84.8
High	65.9	45.4	30.4	43.5	68.0	73.6
Extreme	100.0	80.0	59.6	61.7	82.2	69.0

To give an idea of how this index scores individual communities, values for selected localities in Western Australia are shown in Table C.5. The considerable differences between ARIA and ARIA++ can be clearly seen in this table. Under ARIA, small service centres such as Meekatharra and Derby are classified Very Remote, as well as the smaller and more outlying regions that these centres service.

TABLE C.5: ARIA++ AND ARIA VALUES FOR SELECTED LOCALITIES IN WESTERN AUSTRALIA

Locality	ARIA++ Score	LORI	Original ARIA value	Original ARIA category
Perth	0.00	None	0.00	Perth
Rockingham	0.04	None	0.29	Highly Accessible
Mandurah	0.21	Low	0.47	Highly Accessible
Bunbury	0.94	Low	1.14	Highly Accessible
Busseton	1.63	Low	1.84	Accessible
Albany	2.70	Low	2.69	Accessible
Geraldton	2.70	Low	2.76	Accessible
Kalgoorlie	3.97	Low	3.87	Moderately Accessible
Merredin	5.32	Low	5.31	Moderately Accessible
Kalbarri	6.61	Low	6.62	Remote
Esperance	7.51	Low	7.21	Remote
Carnarvon	8.15	Moderate	8.16	Remote
Port Hedland	9.00	Moderate	9.00	Remote
Broome	9.00	Moderate	9.00	Remote
Karratha	9.00	Moderate	9.00	Remote
Meekatharra	10.80	Moderate	10.79	Very Remote
Derby	11.10	Moderate	11.41	Very Remote
Newman	11.84	Moderate	8.80	Remote
Halls Creek	12.00	Moderate	12.00	Very Remote
Fitzroy Crossing	12.00	Moderate	12.00	Very Remote
Kununurra	12.00	Moderate	12.00	Very Remote
Laverton	13.07	High	10.17	Very Remote
Pannawonica	13.72	High	10.74	Very Remote
Wyndham	14.23	High	12.00	Very Remote
Coral Bay	14.44	High	12.00	Very Remote
Warburton	15.00	High	12.00	Very Remote
Oombulgurri	15.08	High	12.00	Very Remote
Kalumburu	15.10	High	12.00	Very Remote
Christmas Creek	17.12	Extreme	12.00	Very Remote
Jigalong	17.97	Extreme	10.52	Very Remote
Punmu	18.00	Extreme	12.00	Very Remote
Balgo	18.00	Extreme	12.00	Very Remote
Mulan	18.00	Extreme	12.00	Very Remote



SUMMARY

The ARIA++ index gives the opportunity to discriminate between levels of remoteness within remote Aboriginal communities. Compared to the original ARIA, which classified over one-quarter of the Western Australian Aboriginal population to the Very Remote category, the ARIA++ allows this group to be subdivided. These subdivisions reveal trends in Aboriginal culture and language, as well as trends in terms of access to medical services that would otherwise be obscured under the original ARIA. While ARIA can work well in describing non-Aboriginal populations, ARIA++ is clearly superior in describing the Aboriginal population. It is the basis of much of the analysis presented in this publication.

ENDNOTES

1. Department of Health and Aged Care, National Key Centre for Social Applications of Geographical Information Systems (GISCA). *Measuring Remoteness: Accessibility/Remoteness Index of Australia (ARIA) Revised Edition*. Occasional papers: New Series No. 14. DHAC. Canberra: 2001.
2. Australian Bureau of Statistics. *Information Paper: ABS Views on Remoteness*. (Catalogue Number 1244.0). Canberra: 2001.
3. Australian Bureau of Statistics. *Information Paper: Outcomes of ABS views on Remoteness Consultation, Australia*. (Catalogue Number 1244.0.00.001). Canberra: 2001.
4. Hastie TJ, Tibshirani RJ. *Generalised Additive Models*. Chapman and Hall. New York: 1990.



APPENDIX D: RELIABILITY OF ESTIMATES

MEASURING SAMPLING ERROR

Estimates from the WAACHS are based on information obtained from a sample of families, and are therefore subject to sampling variability. The figures from the sample may be different from the figures that would have been obtained had all families with Aboriginal children in Western Australia been included in the collection, just by virtue of random chance. This variability is known as sampling error. The size of the survey sample and the way the sample is designed are factors in determining the amount of sampling error.

Sampling errors can be estimated from the survey data. One measure of the sampling error is given by the 95% confidence interval. The confidence interval measures the degree to which an estimate may vary from the value that would have been obtained from a complete enumeration of the entire population. There are about nineteen chances in twenty (i.e. a 95% chance) that the population value will lie in the range indicated by the confidence interval.

For example, as noted in Chapter Five, the proportion of primary carers who reported 7–14 life stress events in the 12 months prior to the survey was estimated to be 21.2 per cent with a 95% confidence interval (CI) of (19.3%–23.1%). This means that there is a 95% chance that if the entire population had been enumerated, and not just the sample, the population value would lie between 19.3 per cent and 23.1 per cent (a range of 3.8 percentage points).

The size of a confidence interval is a measure of the accuracy of an estimate. The smaller the confidence interval the more accurate the estimate is. As a general rule, the smaller the sample size used for calculating an estimate, the less accurate that estimate will be. For instance, the proportion of carers living in the Perth metropolitan area who reported 7–14 life stress events was estimated to be 19.4 per cent with a 95% confidence interval of (16.1%–23.3%), a range of 7.2 percentage points. As only approximately 35 per cent of primary carers live in the Perth metropolitan area this estimate is based on a smaller sample size than the estimate for Western Australia overall. As shown above, the confidence interval for the Western Australia estimate has a range of 3.8 percentage points whereas, when restricted to the Perth metropolitan area only, the confidence interval has a range of 7.2 percentage points.

ASSESSING STATISTICAL SIGNIFICANCE

Confidence intervals provide a simple means to assess the statistical significance of differences between figures. When comparing different estimates, it is possible that differences could arise by chance alone because the data is based on a random sample. Differences between figures are said to be statistically significant when it is very unlikely that the difference could be attributed to random chance. The confidence interval gives a ready means of identifying the statistical significance of differences between figures.

For example, in Chapter Six it was noted that the proportion of dwellings in the Perth metropolitan area with high household occupancy was estimated to be 7.0 per cent. In areas of extreme relative isolation, the corresponding proportion was estimated at 39.7 per cent. The respective 95% confidence intervals are (4.4%–10.4%) and (29.7%–49.7%). If two confidence intervals overlap we conclude that there is a possibility



the difference could be due to chance variation. When there is no overlap, as in this example, we conclude that the difference is statistically significant. That is, it is likely to represent a real difference in the proportion of dwellings with high household occupancy between the two areas that cannot be explained by random chance alone. However, the proportion of dwellings with high household occupancy was estimated to be 10.0 per cent in areas of low relative isolation, with a 95% confidence interval of (7.7%–12.7%). As there is substantial overlap between this confidence interval and the confidence interval for the estimate from the Perth metropolitan area, it is possible that the difference in the estimates could be due to chance variation. The difference between the figures for the Perth metropolitan area and for areas of low relative isolation would be regarded as not statistically significant.

If a difference is not statistically significant, it does not necessarily mean that there is no real difference between the groups being compared. Where there is a true but small difference, it is possible that the difference is smaller than the accuracy of the estimates, as measured by the confidence interval. For instance, if there was a one per cent difference in the true population values of the proportion of students whose academic performance was average or above average between the Perth metropolitan area and areas of low relative isolation, the survey could not detect this, as the confidence intervals for the estimates are wider than one per cent. This is referred to as the power of the survey. Generally speaking, the survey does not have the power to detect differences in figures less than three to four per cent, and the power of the survey is reduced for small subsets of the survey population.

NON-SAMPLING ERRORS

In addition to sampling error, survey estimates can be subject to other inaccuracies which are referred to collectively as non-sampling error. Non-sampling errors can occur because of form design limitations, errors in reporting by respondents due to difficulties recalling certain data or lack of appropriate records for certain data, errors made in collection such as in recording and coding data by the interviewers, and errors in the processing of the data. Non-sampling errors may occur in any enumeration, whether it is a full census or a sample.

Every effort is made to reduce non-sampling error to a minimum by careful design and testing of questionnaires, thorough training of interviewers, efficient operating procedures including quality control procedures, editing of survey returns and use of appropriate survey methodologies.



APPENDIX E: SATISFACTION WITH COMMUNITY SERVICES AND FACILITIES — WAACHS AND 1993 WA CHS

Primary carers of Aboriginal children were asked a series of questions concerning their overall satisfaction with access to range of services and facilities. Primary carers living in discrete remote communities were not required to answer several of these questions, as they were deemed irrelevant to their unique living circumstances. This group of carers were asked a few extra questions designed to take account of these unique circumstances. As reported in Chapter Two, it has been possible to compare satisfaction with access to services and facilities as rated by carers of Aboriginal children with the carers of non-Aboriginal children, as a similar set of questions were asked on the 1993 Western Australian Child Health Survey (WA CHS).

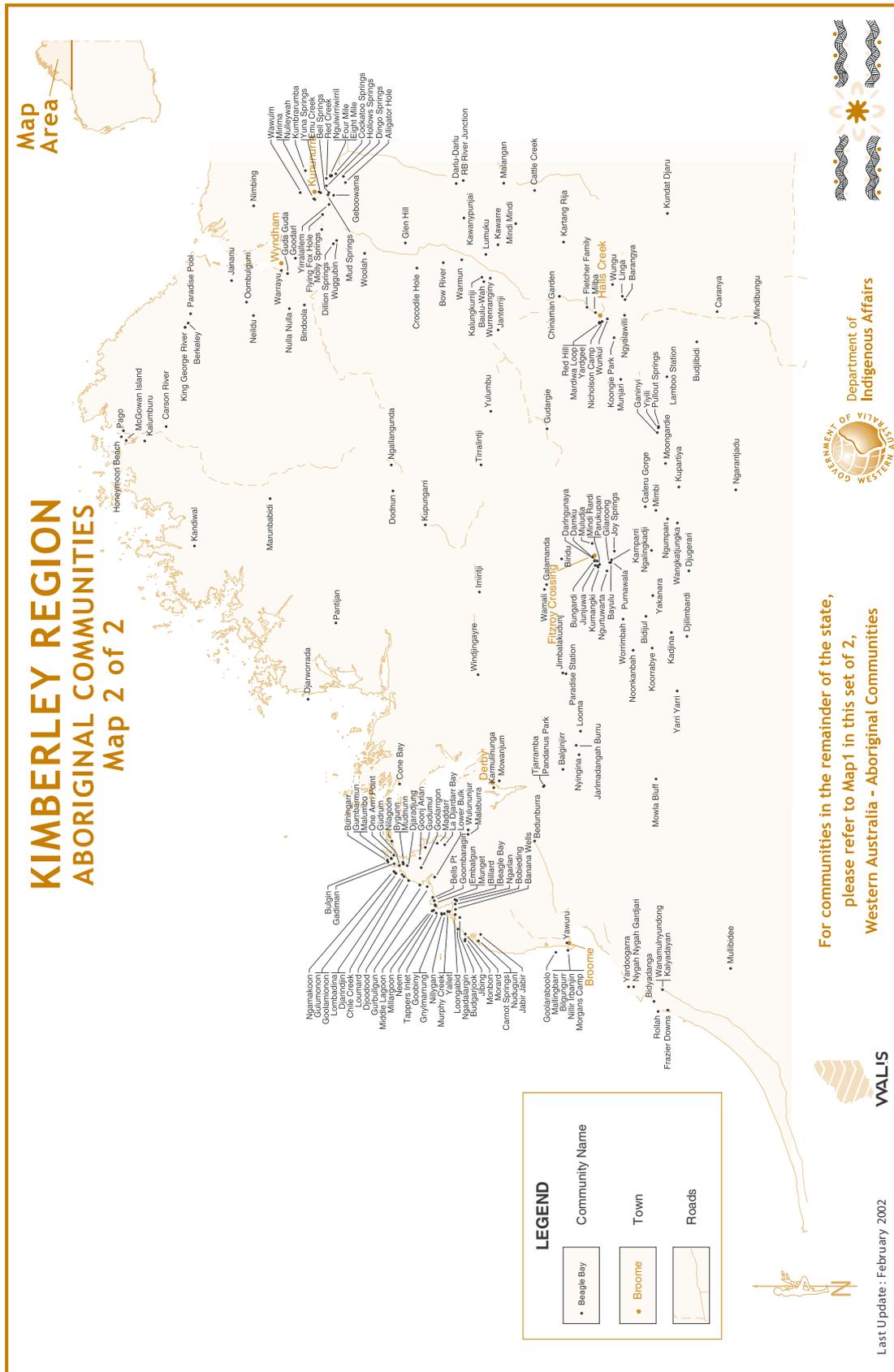
While some of the questions were identical between the WAACHS and WA CHS, there were minor wording variations across the other common items. Excluding the remote community questions, six questions asked in the WAACHS were not asked in the WA CHS. These differences are summarised in Table E.1.



TABLE E.1: DIFFERENCES BETWEEN SATISFACTION WITH ACCESS TO SERVICES AND FACILITIES QUESTIONS IN THE WAACHS AND 1993 WA CHS

<i>WAACHS item — Remote community</i>	<i>WAACHS item — Non-remote community</i>	<i>1993 WA CHS item</i>
Not asked	Public transport systems	Public transport systems
School bus service	School bus service	Not asked
Street lighting	Street lighting	The street lighting
Banking facilities	Banking facilities	A bank
A movie theatre/outdoor pictures	A movie theatre	A movie theatre
A hall for live theatre or performances	A hall for live theatre or performances	A hall for live theatre or performance
Shops or shopping centre	Shops or shopping centre	Shopping centres
A public telephone	A public telephone	A public telephone box
Schools	Schools	A school
Taxis	Taxis	Not asked
Church	Church	A church
Not asked	A general practitioner	General practitioner
Not asked	A community centre	Community centre
A community or child health clinic	A community or child health clinic	Community or child health clinic
Family and Children's Services (Welfare)	Family and Children's Services (Welfare)	Not asked
Activities of children outside school	Activities of children outside school	Organised activities for children e.g. PCYC, scouts
Not asked	After school care/vacation care	After school care/vacation care
Not asked	Child care facilities	Child care facilities
A police service/regular patrols	A police station	A police station
Not asked	Ambulance	An ambulance service
The Flying Doctor	The Flying Doctor	Not asked
Not asked	A public library	A public library
Not asked	Place where teenagers can get together	Place where teenagers can get together
A swimming complex (indoor or outdoor)	A swimming complex (indoor or outdoor)	A swimming complex (indoor or outdoor)
Sporting facilities	An indoor sports centre for games	An indoor sports centre
A playing field where your children can play	A playing field where your children can play	A playing field where your children can go
Outdoor playing fields for organised sport	Outdoor playing fields for organised sport	Outdoor playing fields, ovals
Aboriginal Medical Services	Aboriginal Medical Services	Not asked
Opportunities for work	Work	Not asked
Post box or postal service	Not asked	Not asked
Roads to the community	Not asked	Not asked
Roads within the community	Not asked	Not asked
Access to airstrips	Not asked	Not asked





Reproduced with permission from the Western Australian Department of Indigenous Affairs





GLOSSARY

ABORIGINAL STATUS

To be included in the survey, carers had to identify one or more of their children in their household as being of Aboriginal or Torres Strait Islander origin. Only Aboriginal or Torres Strait Islander children (under the age of 18 years) were included in the survey, even in those cases where there were both Aboriginal and non-Aboriginal children living in the same household. Note that the carers did not have to be Aboriginal for the family to be included in the survey.

Carers were also asked whether they were of Aboriginal or Torres Strait Islander descent. Approximately 17 per cent of primary carers and 21 per cent of secondary carers of Aboriginal and Torres Strait Islander children and young people were not of Aboriginal or Torres Strait Islander descent. As noted in Chapter Two, the vast majority of children whose primary carer was non-Aboriginal were also their natural birth mother (83.5 per cent; CI: 76.2%–88.8%).

CARER EDUCATION

The level of educational attainment achieved by carers was determined from two survey questions: ‘What was the highest grade you finished at school?’, and ‘What qualifications have you received since leaving school?’. Qualifications were classified as:

- ◆ Trade/apprenticeship
- ◆ Certificate from college
- ◆ Diploma (beyond Year 12)
- ◆ Bachelor degree
- ◆ Post-graduate diploma/higher degree
- ◆ Other.

Carers who had completed a diploma, bachelor degree, post-graduate diploma or higher degree were classified as having 13 years or more of education. Otherwise educational attainment was classified by highest grade finished at school. The following categories have been used in this publication:

- ◆ Did not attend school
- ◆ 1–9 years education
- ◆ 10 years education
- ◆ 11–12 years education
- ◆ 13 years or more education.

Note that educational attainment refers to highest level achieved, not the number of years taken to achieve the qualification.

DIETARY QUALITY INDICATORS

Carers were asked a number of questions relating to the diet of the Aboriginal children in their care, including information about how often children ate fruit and vegetables, and what types of beverages were consumed. The available data allowed a range of indicators of dietary quality to be devised. These indicators did not measure dietary



intake, but were designed to reflect whether the principles of a healthy diet were being observed. It must be noted that these indicators are based on interview responses, which were not further validated.

Indicator 1: met if water was usually drunk when thirsty.

Indicator 2: met if some form of unsweetened and unflavoured cow or soy milk was regularly consumed.

Indicator 3: met if fresh fruit was usually consumed on 6 or 7 days of the week.

Indicator 4: met if at least half a cup of a variety of at least three fresh vegetables, other than potato, were usually consumed on 6 or 7 days of the week.

The number of these indicators that were met was used as an overall indicator of dietary quality.

DWELLINGS

In household surveys a distinction is often made between dwellings, households and families as per the Census of Population and Housing, with allowance made for the possibility of more than one household living in a single dwelling, and for a household to comprise more than one family. In the census, a dwelling is a habitable structure, a household is a group of related or unrelated people who make common provision for food, while a family is a group of people related by blood, marriage, adoption, step or fostering who usually reside within a single family. Note that in a block of flats, for example, each flat is considered to be a separate dwelling.¹

In practice, the distinction between dwellings, households and families was found to have little importance in the WAACHS. Aboriginal families living together often contain extended family relationships. However, there were hardly any cases where two or more unrelated families were found to be living in the same household, and no cases were found where multiple households were residing in the same dwelling. In this volume, the terms household and family are used interchangeably, while the term dwelling is used to describe the physical structure in which a household or family is living.

FAMILY FUNCTIONING

Family disharmony is known to be associated with poorer child development outcomes. The survey used a nine-item scale to measure the extent to which families have established a climate of trust and cooperation, emotional support and good communication. Primary carers were asked to rate each of nine statements on a scale of 1–5 as to how accurately each statement described their family circumstances. The nine statements included items about communications and decision-making in the family, emotional support, time spent together, and family cooperation. These ratings were summed to produce an overall score. Families were then split into quartiles based on this score, with approximately 25 per cent of children in each category. These categories have been labelled poor, fair, good and very good family functioning in this publication. For details of the nine items and how they were combined to form the family functioning score, see *Appendix C of Volume Two² — Measures derived from multiple responses and scales*. This volume can be downloaded free from our website: www.ichr.uwa.edu.au/waachs.



HOUSEHOLD CARER

The term ‘household carer’ is used when referring to analyses at the dwelling level, as opposed to the more common primary carer-level or child-level analyses presented in this volume.

For analyses at the dwelling level a single response per dwelling was required. There were some instances where more than one primary carer was living in the same dwelling. In order to exclude multiple assessments of individual dwellings in these instances, the analyses in Chapter Six are restricted to assessments by one carer per dwelling.

A single assessment for each household was achieved by nominating a ‘household carer’, whose assessment of the housing items was used to analyse dwelling level outcomes. Therefore analysis at the dwelling level refers to 11,400 ‘household carers’ as opposed to the usual 12,600 ‘primary carers’ used elsewhere in this volume. See comment box entitled *Analysis of household and dwelling level data in this chapter* in Chapter Six for a more complete explanation.

HOUSEHOLD OCCUPANCY LEVEL

A two-level index of household occupancy was created based on the number of bedrooms and the number of people usually sleeping in the home. A household was considered to have a high level of household occupancy if it had the following attributes in terms of the number of bedrooms and the number of people sleeping in the home.

<i>Number of bedrooms</i>	<i>Number of people sleeping there</i>
1	5 or more
2	6 or more
3	7 or more
4	8 or more
5 or more	9 or more

Note that the definition of household occupancy level published on page 129 of Volume Two was incorrect. The above definition has been used consistently throughout all analysis of the survey data.

INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

The index of relative socio-economic disadvantage is one of five measures of socio-economic status calculated by the ABS in their SEIFA product.³ The index is a summary measure calculated from census data which ranks the relative level of disadvantage of each census collection district (CD). The index is derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect disadvantage rather than measure specific aspects of disadvantage (e.g. Indigenous and Separated/Divorced). As one of the factors included in the standard SEIFA product is proportion of Aboriginal and Torres Strait Islander people in each CD, the ABS produced a special version of the index for use in this survey that excluded this variable as a factor. The index is scaled to have a mean of 1,000 and a standard deviation of 100. Lower values indicate greater levels of disadvantage.



LEVEL OF RELATIVE ISOLATION (LORI)

A new classification of remoteness and isolation has been designed for this survey — the Level of Relative Isolation (LORI). The LORI is based on a product from the National Key Centre for Social Application of Geographic Information Systems at Adelaide University (GISCA) called ARIA++. The ARIA++ is an extension of ARIA (the Accessibility/Remoteness Index of Australia), which was first published in 1997 and has been widely adopted as the standard classification of remoteness in Australia. Because ARIA is based on describing the entire population of Australia, it has not been specifically designed to describe the circumstances of Aboriginal people living in remote areas. The ARIA++ gives much greater discrimination among more remote areas by including more service centres, of smaller sizes, in calculating its remoteness scores.

Based on the ARIA++ scores, five categories of isolation have been defined specifically for the survey that reflect differences in access to services for Aboriginal children. To avoid confusion with the original ARIA, the five categories are referred to as Levels of Relative Isolation (LORI) and range from None (the Perth metropolitan area) to Low (e.g. Albany), Moderate (e.g. Broome), High (e.g. Kalumburu) and Extreme (e.g. Yiyili).

See *Level of Relative Isolation* in Chapter 1, and *Appendix C — Determination of Levels of Relative Isolation (LORI) based on ARIA++* for more details.

LIFE STRESS EVENTS

The number of life stress events that occur in a single period can impact on a families' abilities to cope. Most people are able to cope with a single stressful event, but when multiple stressful or traumatic events occur simultaneously or over a relatively short time period it can be more and more difficult to cope.

In the WAACHS, primary carers were asked if any of fourteen major life stresses had occurred in the family in the preceding twelve months. These events included illness, hospitalisation or death of a close family member, family break up, arrests, job loss and financial difficulties.

For analysis, the number of life stress events in the previous 12 months were grouped as follows: 0–2, 3–4, 5–6, 7–14, with each category containing approximately one-quarter of survey children.

For details of the life stress events measured in the survey see *Appendix C of Volume Two — Measures derived from multiple response scales*. This volume can be downloaded free from our website: www.ichr.uwa.edu.au/waachs.

It has been possible to compare the experience of life stress events in families with non-Aboriginal children and in families with Aboriginal children as thirteen of the life stress events asked in the WAACHS were the same items (or with minor wording variations) as was asked in the 1993 Western Australian Child Health Survey.⁴

LOGISTIC REGRESSION

See **MULTIVARIATE LOGISTIC REGRESSION MODELLING**



MULTIVARIATE LOGISTIC REGRESSION MODELLING

Logistic regression is a modelling technique that is used to investigate the relationship between the probability of a certain outcome (for example, a child having a particular health condition) and a set of explanatory variables. Logistic regression is discussed in several statistical publications — see, for example, Hosmer and Lemeshow (2000).⁵ In this publication, logistic regression models have been fitted using a weighted version of multi-level modelling which allows for community level, family level and individual level factors to be included as explanatory variables in the models (see Pfeiffermann *et al*, 1998).⁶ This technique takes into account the survey weights and the hierarchical structure of the data with selection of children within families and communities.

Logistic regression modelling has been used in situations where multiple factors may all have an impact on an outcome of interest. If the factors themselves are inter-related, cross-tabulation analysis may not tell the full story. For each variable included in a logistic regression model, the model determines its effect on the outcome independent of the effect of all other variables included in the model.

ODDS RATIO

The odds of a given event is the ratio of the probability of its occurrence to the probability of its non-occurrence. For instance the odds of obtaining heads in a coin toss are one to one, the odds of any given face in the roll of a die are one to five. The odds ratios used in this publication are a measure of relative risk, derived from a formula which examines the association between, in most of the survey cases, a risk factor (exposure), and an adverse health outcome. In this publication, odds ratios have been estimated using logistic regression, which estimates the effect of each risk factor included in a model after adjusting for the independent effects of all other factors included in the model.

The statistical significance of an odds ratio can be judged by whether the confidence interval includes the reference value of one.

PERCENTAGE OF OPTIMAL BIRTHWEIGHT (POBW)

An infant's weight at birth depends on both the length of gestation and the rate at which it has grown in utero. Not all foetuses grow at the same rate. Boys grow faster than girls, children of tall mothers grow faster than those of short mothers, and a woman's first child grows more slowly than her subsequent children. However growth rate is also affected by a number of pathological conditions, most of which decrease growth rate (the exception being maternal diabetes, which increases growth rate). The appropriateness of an infant's growth can be estimated as the ratio of the infant's observed birth weight to the infant's optimal birthweight. Infants that have grown normally have a POBW close to 100 per cent and, in these analyses, percentages below 85 per cent are classified as having sub-optimal intrauterine growth.⁷

PRIMARY CARER

For each child in the survey, the family was asked to identify the primary carer of that child. This was the person who was considered to spend the most time with the child or who had primary responsibility for the upbringing of the child. In many cases, the primary carer was the child's mother. The primary carer was then asked to provide information about each of the children in their care for the survey.



QUALITY OF PARENTING

The nature of the relationship between a child and his or her primary carer, and the style and quality of the carer's parenting are important influences on the development and wellbeing of children. The survey asked a series of questions of carers about their relationship with each of their children. An index of quality of parenting has been derived from three of these items: how often carers praise their children, how often they hit or smack their children and how often they laugh together with their children. These three items, which measure the concepts of parenting warmth and harshness, were rated by carers on a five-point frequency scale from 'Never' through to 'Almost always'. An overall score was produced by summing these three items. Children were then ranked by score, and split into quartiles based on this score, with approximately 25 per cent of children in each category. These categories have been labelled poor, fair, good and very good quality of parenting in this publication.

For further details on the quality of parenting items, and how they were combined to form the quality of parenting score, see *Appendix C* of Volume Two² — *Measures derived from multiple responses and scales*. This volume can be downloaded free from our website: www.ichr.uwa.edu.au/waachs.

RECORD LINKAGE

Carers were asked for consent to access their hospital and medical records, as well as the birth, hospital and medical records of their children. Carers who consented were given the opportunity to opt out at any stage should they change their mind. The vast majority of carers consented to these records being accessed. Of primary carers, 96.7 per cent consented to allow access to their hospital records, while 92.8 per cent of secondary carers gave similar consent. Overall, 96.3 per cent of carers gave consent for their children's birth, hospital and medical records to be accessed.

The Western Australian Record Linkage System is unique in Australia, and one of only a handful of similar data collections in the world. It links together birth and death registrations with administrative hospital data from several sources to give a comprehensive record of health services contacts for the population of Western Australia. As there are no unique identifying numbers, probabilistic record linkage has been used to link the files together. This operates on matching names, dates of birth, hospital names and addresses. The procedure allows for possible changes in the matching fields by calculating the probabilities of records being correct matches. Records that are potential links are clerically reviewed, and the overall error rate has been estimated to be less than one per cent.

Key components of the record linkage system used in the survey are the birth records, the Hospital Morbidity Data System and the Mental Health Information System.

SECONDARY CARER

Each family was asked to identify the primary and secondary carer of each surveyed child. The secondary carer was often the father of the child, but may also have been a grandparent or other relative of the child, or other person involved in the upbringing of the child.



STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

In this survey, the Strengths and Difficulties Questionnaire (SDQ) was used to measure emotional or behavioural difficulties in Aboriginal children. The SDQ comprises twenty-five questions looking into five areas of emotional and behavioural difficulties: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. The responses from the twenty questions related to the first four of these areas are combined to produce the Strengths and Difficulties Total Score. This score can range from zero to a maximum score of 40.

Information about the emotional and behavioural difficulties of Aboriginal children was collected from three sources: their primary carer, school teacher, and young people aged 12–17 years themselves. In this publication, most of the analysis of Aboriginal children's emotional and behavioural difficulties are based on carer reported SDQ.

The Strengths and Difficulties Total Score can be grouped into three ranges — the *normal* range (0–13), *borderline* range (14–16) and *abnormal* range (17–40). These categories and their ranges are described by Goodman.⁸

Classification of the SDQ Total Score into normal, borderline and abnormal ranges is typically used within a clinical setting by mental health professionals to help identify and diagnose specific emotional or behavioural difficulties among children. In clinical settings, the SDQ may be used in conjunction with other techniques to assess an individual child in accordance with recognised diagnostic standards.

In household-based population surveys such as the WAACHS, where it is not possible to conduct comprehensive clinical assessments of individual children, the SDQ is more appropriately used to assess **risk status** for *clinically significant emotional or behavioural difficulties*. Thus, groups of children with SDQ scores in the range:

- ◆ 0–13 are identified as having low risk of clinically significant emotional or behavioural difficulties
- ◆ 14–16 are identified as having moderate risk
- ◆ 17–40 are identified as having high risk.

As described in Goodman,⁹ the cut-offs used to assess risk of clinically significant emotional or behavioural difficulties are slightly different when teachers of the child complete the SDQ. Volume Two of the WAACHS contains an extensive analysis of carer reported emotional and behavioural difficulties.

ENDNOTES

1. Australian Bureau of Statistics. *2001 Census dictionary*. Canberra: Australian Bureau of Statistics (Catalogue 2901.0); 2001.
2. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal child health survey: The social and emotional wellbeing of Aboriginal children and young people*. Perth: Curtin University of Technology and telethon Institute for Child Health Research; 2005.
3. Australian Bureau of Statistics. *Information paper. 1996 Census of Population and Housing. Socio-economic Index for Areas*. (Catalogue 2039.0). Canberra: Australian Bureau of Statistics; 1998.
4. Silburn SR, Zubrick SR, Garton AF, Burton P, Dalby R, Carlton J, Shepherd C, Lawrence D. *Western Australian Child Health Survey: Family and community health*. Perth: Australian Bureau of Statistics and the TVW Telethon Institute for Child Health Research; 1996



5. Hosmer D, Lemeshow S. *Applied logistic regression 2nd edition*. New York: Wiley; 2000.
6. Pfeiffermann D, Skinner CJ, Holmes DJ, Goldstein H, Rasbash J. Weighting for unequal selection probabilities in multi-level models. *Journal of the Royal Statistical Society, Series B* 1998;60:23–40.
7. Blair E. Why do Aboriginal neonates weigh less? II. Determinants of birthweight for gestation. *Journal of Paediatrics and Child Health* 1996;32.
8. Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *British Journal of Psychiatry* 2000;177:534–9.
9. Goodman R. *SDQ: Scoring the SDQ*. [Online] [cited 2005 Oct 28]; Available from: URL: <http://www.sdqinfo.com/ba3.html>

