

Indigenous Children Growing Up Strong

A Longitudinal Study of Aboriginal and Torres Strait Islander Families

Edited by Maggie Walter, Karen L. Martin, Gawaian Bodkin-Andrews



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Maggie Walter • Karen L. Martin • Gawaian Bodkin-Andrews Editors

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Strait Islander Families



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This book uses unit record data from the Longitudinal Study of Indigenous Children (LSIC). LSIC was initiated and is funded and managed by the Australian Government Department of Social Services (DSS). The findings and views reported in this book, however, are those of the authors and should not be attributed to DSS or the Indigenous people and their communities involved in the study.

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xvi Notes on the Contributors

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List of Abbreviations

ABS Australian Bureau of Statistics

ACER Australian Council of Educational Research

AIATSIS Australian Institute of Aboriginal and Torres Strait Islander

Studies

AIHW Australian Institute of Health and Welfare

AMS Aboriginal Medical Services aPR Adjusted prevalence rate

ATSIC Aboriginal and Torres Strait Islander Commission

BMI Body Mass Index
CRT Critical race theory
CTG Close the Gap Cam

CTG Close the Gap Campaign
DSS Department of Social Services

FAHCSIA (Commonwealth Department of) Families, Housing,

Community Services and Indigenous Affairs (now DSS)

HREC Human Research Ethics Committee

LORI Level of relative isolation

LSAC Longitudinal Study of Australian Children
LSIC Longitudinal Study of Indigenous Children

NATSISS National Aboriginal and Torres Strait Islander Social Survey

NHMRC National Health and Medical Research Council

NPA Northern Peninsula Area PCA Principal components analysis

PEEM Parental empowerment and efficacy measure

xx List of Abbreviations

PHRA Aboriginal and Torres Strait Islander Health Practice Board of

Australia

RAOs Research administration officers

SC Study Child

SCRGSP Steering Committee for the Review of Government Service

Provision

SDQ Strengths and Difficulties Questionnaire

TSRA Torres Strait Regional Authority

WAACHS Western Australian Aboriginal Child Health Survey

WHO World Health Organization

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1

Introduction

Maggie Walter, Karen L. Martin, and Gawaian Bodkin-Andrews

How do Aboriginal and Torres Strait Islander children grow up strong? This question is the impetus and underpinning rationale of this book. Growing up strong is a multidimensional and multilayered concept that intrinsically extends across histories, our contemporary contexts and our futures. The authors within this book capture some of these varying facets of growing up strong across a range of contexts that are critically important to the future of our Aboriginal and Torres Strait Islander families and children. Using data from the first six waves of *Footprints in*

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Time: The Longitudinal Study of Indigenous Children (LSIC),¹ a globally unique longitudinal dataset, each chapter presents a high level analysis of different sets of variables.

Our aim is not to answer all of the questions that can be asked and answered using LSIC. Rather, what we seek is to provide a distinctive, policy informing, insight into the factors and life circumstances that contribute to Aboriginal and Torres Strait Islander children growing up strong. More particularly, we place our analysis within the social, cultural, economic and political realities of being an Aboriginal or Torres Strait Islander child in contemporary Australia.

Aboriginal and Torres Strait Islander peoples are a young and growing population. At the 2011 census, the median age was 21 years compared to 37 years for the non-Indigenous population. More than one-third of the Aboriginal or Torres Strait Islander population are aged under 15 years, with similar proportions in this age group across all states and territories (ABS 2012). Knowing how Aboriginal or Torres Strait Islander children can grow up strong is critical, not only for the health and wellbeing of the current generation, but also for the next generation soon to be born to the growing young adult population.

LSIC is an Australian study. The data, analyses and results presented in each chapter are, consequently, particular to Australia. We make no claim to wider generalisability. Yet, the social, political, economic and cultural positioning of Aboriginal and Torres Strait Islander people in Australia is very similar to that of other First Nations populations, especially those peoples who form minorities in other Anglo-colonised nation states such as Aotearoa (New Zealand), the USA and Canada. Therefore, while the stories each chapter tells and the policy framework they inform are Australian nation state specific, it is also likely that many of our findings will have salience for other Indigenous peoples.

¹The terms LSIC and *Footprints in Time* are used interchangeably in this and subsequent chapters to describe the study.

Our Research Methodological Frame

Each set of analyses in this book is framed within an Indigenous quantitative methodology. This means, in summary, that we epistemologically prioritise Aboriginal and Torres Strait Islander voices and bring an Indigenous worldview to our understanding of what the research problematic might be and how that problematic should be approached. All first named chapter authors are Aboriginal scholars. We all work within the Australian university system but come from different Aboriginal nations and from a wide variety of academic disciplines.

An Indigenous methodological framework is central to how the multidimensional concept of growing up strong is understood and interpreted in this book. To grow up strong, Aboriginal and Torres Strait Islander children need to be strong in health, in education, in family, in culture, in their identity and in how they see their own place within Australian society. Within this conceptualisation, growing up strong cannot be separated from what it is to be an Aboriginal or Torres Strait Islander child, culturally or socially.

The concept of growing up strong also has additional specific cultural dimensions that are critical to how the concept is operationalised within analyses. Being healthy or being educated, for example, is inclusive of, but definitively not limited to, Western conceptualisations of what these states may mean. And rather than being some compromise between Western conceptualisations plus Aboriginal and Torres Strait Islander conceptualisations, the Indigenous conceptualisations are prioritised within this book's chapters. This hierarchical placement is not to suggest that Western and Indigenous understandings of "healthy" and "educated" are incompatible and mutually exclusive. Rather we argue that they are frequently highly compatible; however, what they are, is not the same. Good health, from an Aboriginal and Torres Strait Islander perspective, refers to the Aboriginal holistic view of health, which means not just physical wellbeing but also social, emotional, spiritual, environmental and cultural wellbeing (Freemantle et al. 2007). Good education, within an Indigenous conceptual framework, refers to cultural and community education as well as academic achievement to non-Indigenous

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median norms (Malin and Maidment 2003; Andersen and Walter 2010). Growing up strong therefore is a concept that has significant ontological and axiological complexity.

What Is the Footprints in Time Study and Why Is It Needed?

The story of, and details about, the *Footprints in Time* study are developed in Chaps. 2 and 3, but briefly it is a longitudinal national panel survey of a sample of Aboriginal and Torres Strait Islander children (known as the Study Children). The study is administered by the Australian Department of Social Services guided by a Steering Committee of Indigenous and non-Indigenous academic experts. In 2008 a team of Aboriginal and Torres Strait Islander research administration officers conducted face-to-face surveys with the primary carer (Parent 1) of 1677 Aboriginal or Torres Strait Islander Study Children selected from 11 sites across Australia. The Study Child sample in Wave 1 was divided into two cohorts: babies (n =968) aged between six months and two years and children (n = 709) aged between three and a half and five years. At the time of writing, Wave 9 of the LSIC study was being conducted in the field. However, the chapters in this book use data from Waves 1 (2008) to Wave 6 (2013) when the Baby cohort included those aged six to eight years and the Kid cohort those aged 9 to 11 years.

The study is of national importance because, in contemporary Australia, many Indigenous children do not grow up strong. Aboriginal or Torres Strait Islander marginalisation and inequality is an embedded aspect of Australian society despite a long history of plans, policies and interventions designed to reduce the scale of the disparity between Indigenous and non-Indigenous lives. Overwhelming evidence confirms that in contemporary Australia Indigenous children's physical, social, cultural and economic circumstances remain replete with hazards. The result, for an Indigenous child today, is an expected life trajectory of disadvantage across every socio-economic indicator. Health wise, Indigenous children are less likely to be immunised, have lower nutritional levels and have

higher rates of injury-related hospitalisations. In remote areas, 12% of Indigenous children suffer chronic suppurative otitis media (perforated eardrum with persistent drainage from the middle ear); and significant rates of trachoma and acute rheumatic fever are reported—diseases seldom found among non-Indigenous children (AIHW 2011). An Aboriginal and Torres Strait Islander child is still nearly three times as likely to die between the ages of one and four years as a non-Indigenous child (ABS 2011).

National data also confirm that Aboriginal or Torres Strait Islander households are likely to be poor, over-represented in the lowest income bracket (by 2.5:1) and under-represented in the top bracket (by 1:4) (AIHW 2011). Low income is compounded by a national unemployment rate that is triple those of non-Indigenous workers, ranging from 11% in Tasmania to 21% in New South Wales (ABS 2011). Most Indigenous families also live in rental housing (68%) and 25% live in what the ABS classifies as overcrowded conditions. This varies by location, with 58% of very remote households and 13% of major city households being overcrowded, a rate still three times the non-Indigenous rate (ABS 2011; AIHW 2011). Educationally, achievement disparity starts early. National Assessment Program Literacy and Numeracy NAPLAN Grade 3 reading results (2012) show Indigenous children to be heavily over-represented in Band 1, below national minimum standard, in every state and territory. Nationally, Indigenous children's reading results are nearly eight times as likely to be in this band as non-Indigenous children (ACARA 2012). Retention rates to Year 12 are rising (47% in 2010), but remain well below those for non-Indigenous youth (79%) (AIHW 2011).

The social, cultural and health context of risk is manifest in very high rates of Aboriginal or Torres Strait Islander out-of-home care (Smyth and Eardley 2008). Indigenous children are more than nine times more likely to be in out-of-home care and Indigenous youth are 15 times more likely to be under a supervision order and 24 times more likely to be in detention than non-Indigenous young people (AIHW 2012). Since 2008, the 'Closing the Gap' policy framework has directly addressed some of the major risk factors for Indigenous children. The Prime Minister's 2013 report notes an increase in remote Indigenous pre-school enrolments,