

# 17 YEARS OF CLOSING THE GAP

Data review and  
change report

## **The National Agreement on Closing the Gap – 17 Years In**

It has been 17 years since the commencement of the National Agreement on Closing the Gap (the Agreement). “The objective of this Agreement is to overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians” (1). To achieve this goal, the Agreement identifies four priority reform areas which the parties agreed to, with a commitment to “mobilising all avenues and opportunities available to them to meet the objective of this Agreement” (1). These four priority reform areas are:

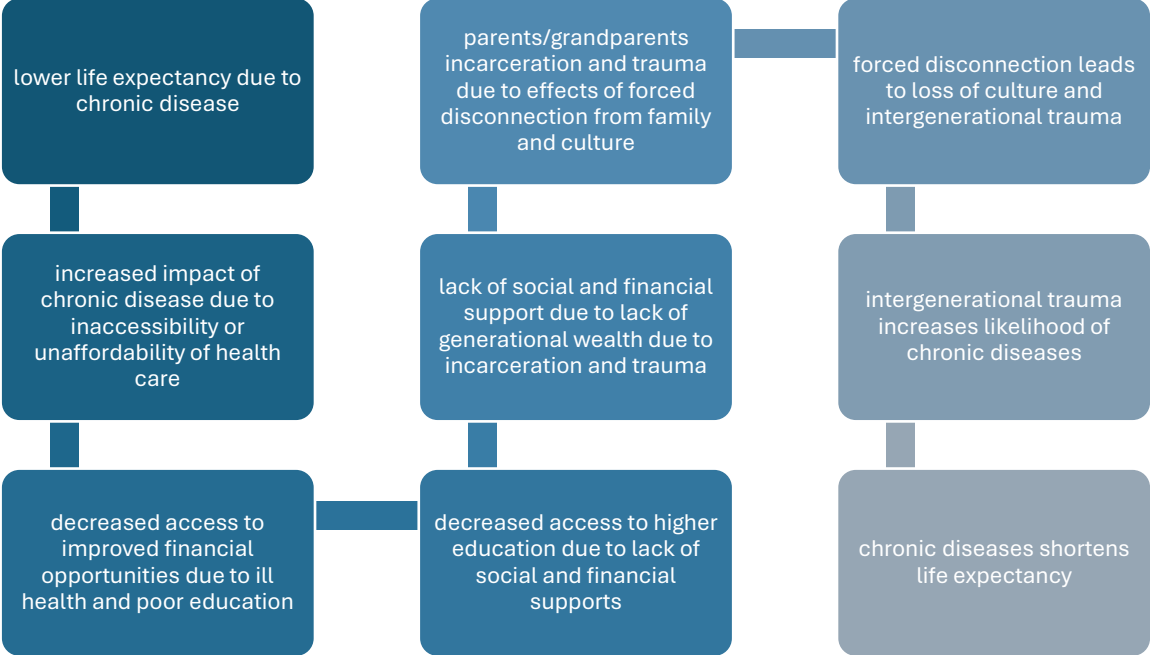
- 1) Formal partnerships and shared decision-making
- 2) Building the Community-controlled sector
- 3) Transforming Government Organisations
- 4) Shared Access to Data and Information at a Regional Level

These priority reforms encompass the 17 targets that the Agreement aims to achieve by 2031 (2). These targets cover topics from life expectancy and chronic disease prevention to education and employment, to criminal justice and child removal. So, after 17 years, how close are we to achieving these 17 targets? According to the most recent Productivity Commission review, we’re not doing nearly as well as we might have hoped. “The Productivity Commission’s first 3-yearly Review of the National Agreement (Productivity Commission’s Review) released on 7 February 2024 found that governments are not adequately delivering on the commitments in the National Agreement and have not fully grasped the scale of change required to their systems, culture, operations and ways of working to deliver the unprecedented shift they have committed to. (3)” Many goodwill efforts have been made and many measures have commenced in an effort to improve these outcomes, some of which have been shown to make a difference so far. So, how far have we come? Are we on track in any of the targets?

This report will explore all 17 targets, separating the targets into four major categories: Health and Wellness, Education and Economic Participation, Cultural Rights and Wellbeing, and Criminal Justice and Family Safety. As each of these categories are intrinsically integrated and impact each other, it would be impossible to meet any of the targets set in the Agreement if any of the other targets are neglected. To extrapolate upon this point, let’s look at how the complexly interlinking nature of these factors would impact an individual.

A person's life expectancy cannot be expected to increase if they have chronic diseases that impact mortality > A person's health cannot improve enough to prevent or minimise impact of chronic diseases if they cannot afford or access health services or healthy food >

A person cannot access higher paying jobs without an education > A person cannot access a quality education without social and financial supports > A person is unlikely to have social and financial support if their parents are poor or incarcerated (lack of generational wealth) > Parents are more likely to be poor or incarcerated if they live with intergenerational trauma and didn't have access to equal education/employment opportunities due to the prevalence of racism in their lifetimes > Intergenerational trauma from being separated from family and cultural practices impacts multiple generations and increases likelihood of chronic disease > Chronic disease shortens life expectancy > and we're back to the start of the ouroboros, the endless cycle repeats. This is just one example of the ways that several targets will impact each other, and more importantly how each of these interlinked targets will impact a human life.



A vital factor that must be remembered when reading this report is that though the data is focused on negative factors impacting the lives, health, welfare and longevity of Aboriginal and Torres Strait Islander peoples, this should be viewed through a culturally and historically competent lens. While the populations identified within the data are affected by the data points, it is essential that we understand they are not the *cause* of the data. These disparities are resultant of 237 years of colonial violence, discrimination, deprivation and assimilation, and not a natural outcome of Aboriginal and Torres Strait Islander peoples “life choices” or cultures.

---

## YOUR ROLE IN CLOSING THE GAP

---

The role of the Agreement is to make efforts to correct some of the fall-out of this country's historical and current cycles of systematic and systemic racism and attempted genocide. And although no single practitioner, health service or organisation can achieve this, you still have a part to play. Your role, as a health professional, is to provide quality, safe and accessible care to your Aboriginal and Torres Strait Islander patients. Understanding the historical context, current data and cultural sensitivities surrounding this data is vital to your capacity to do so. Through this review and change report, you will read about the current data and disparities, some of the correlative causes for them and, most importantly, what steps and changes you can take to improve the health and wellbeing of Aboriginal and Torres Strait Islander patients you serve.

Cover art: "Sunrise to Sunset" by Ngiyampaa artist Sarah Richards, Marrawuy Journeys. The concept as a whole is an abstract representation of a First Nation individual surrounded by community and how the journey CHN is on will positively contribute to the social and emotional wellbeing of the individual and the community. The sunrise represents new beginnings, the rain represents a renewed commitment to how services are delivered to First Nation people, and the stars represent the future opportunities to advance how healthcare is delivered in the ACT.

This review and change report was written by Taylor Carriage, Indigenous Health Program Officer and published by Capital Health Network on 10 March 2025.

For enquiries, email [primarycare@chnact.org.au](mailto:primarycare@chnact.org.au)

# Contents

## Category One – Health & Wellness

Target 1 – Close the Gap in life expectancy within a generation, by 2031

Target 2 – By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a health birthweight to 91%.

Target 9A – By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%.

Target 9B – By 2031, all Aboriginal and Torres Strait Islander households receive essential services that meet or exceed relevant jurisdictional and/or local standards.

Target 14 – Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

## Category Two – Education & Economic Participation

Target 3 - By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Full time Schooling (YBFS) early childhood education to 95%.

Target 4 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55%.

Target 5 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96%.

Target 6 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70%.

Target 7 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67%.

Target 8 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62%.

Target 17 - By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.

## Category Three – Cultural Rights & Cultural Wellbeing

Target 15A - By 2030, a 15% increase in Australia’s land mass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests.

Target 15B - By 2030, a 15% increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea.

Target 16 - By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.

## Category Four – Criminal Justice & Family Safety

Target 10 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15%.

Target 11 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by at least 30%.

Target 12 - By 2031, reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children (0–17 years old) in out-of-home care by 45%.

Target 13 - By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.

## References






Capital Health Network acknowledges the Traditional Custodians of the country on which we work and live, and recognises their continuing connect to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.

Included within the report are the ‘at a glance’ check-in of all 17 targets, showing which are on-track, improving but not on-track, no improvement, going backwards, or no data available on each target (see key).

At a glance	
On track	
Not on-track	
No improvement	
Going backwards	
No data available	

## Category One - Health & Wellness

Targets in this category cover life expectancy, birthweight, housing, and social and emotional wellbeing.

<p><b>Category One - Health and Wellness</b></p>	
<p>Target 1 - Close the Gap in life expectancy within a generation, by 2031.</p>	
<p>Target 2 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.</p>	
<p>Target 9A - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%.</p>	
<p>Target 9B - Target 9B - By 2031, all Aboriginal and Torres Strait Islander households meet or exceed the standards of their jurisdiction or meet or exceed the standards of applies generally within the surrounding townships.</p>	
<p>Target 14 - Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.</p>	

### Target 1 - Close the Gap in life expectancy within a generation, by 2031.

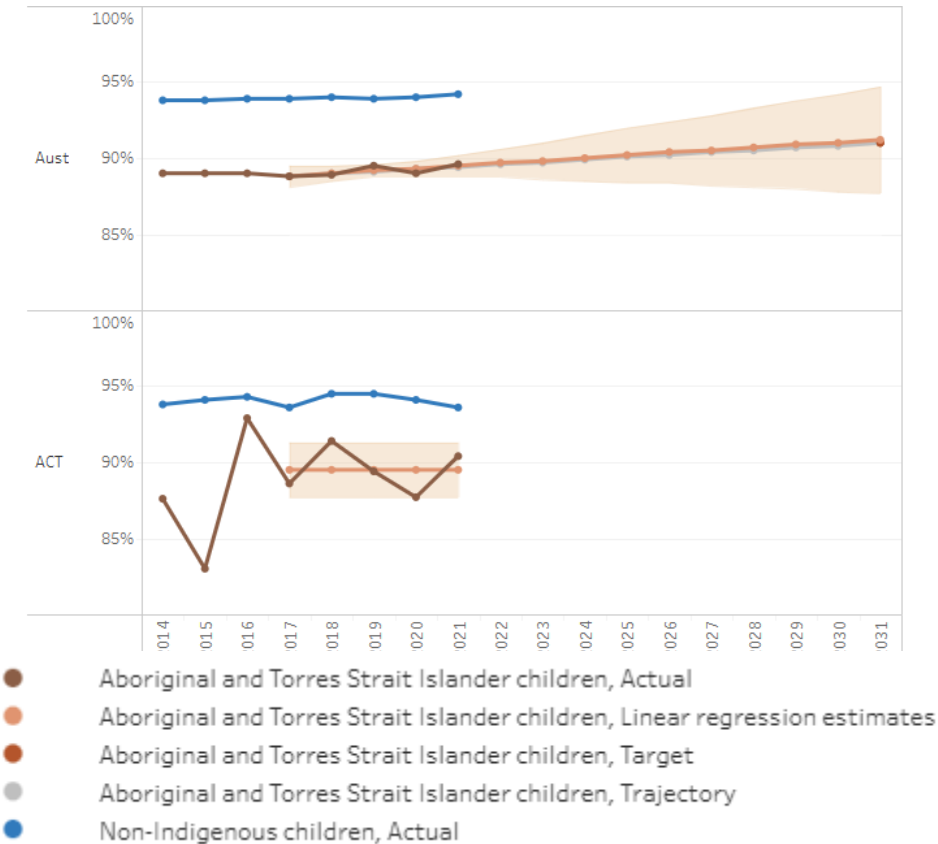
In 2020–2022 the gap in life expectancy for Aboriginal and Torres Strait Islander males and females was 8.8 years and 8.1 years, respectively. These gaps are lower than estimated in 2005–2007 (11.4 years and 9.6 years) but are higher than the gaps estimated in 2015–2017 (8.7 years and 8.0 years) (4). Unsurprisingly, the life expectancy estimates are different



dependant on the populations relative socioeconomic disadvantage, with those in middle to least disadvantaged brackets living longer than those experiencing greater levels of socioeconomic disadvantage (4a). Given then that in 2021, over one in 3 Aboriginal and Torres Strait Islander adults were living in households in the lowest quintile of equivalised gross weekly household income, the correlative nature of socioeconomic disparity and health disparity continues to be a central factor in the gap in life expectancy (4b.)

**Target 2 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.**

Nationally in 2021, 89.6% of Aboriginal and Torres Strait Islander babies born were of a healthy birthweight. This is an increase from 88.8% in 2017 (the baseline year). The proportion was gradually trending upward between 2017 and 2020, decreased in 2020, but increased again in 2021 (5). In the ACT in particular, birthweight data has seen big swings both in positive and negative directions since 2014 compared with the national averages (see chart below) (5).



More recent data (2023-2024) indicates that healthy birthweight has decreased to 85.6% of Aboriginal and Torres Strait Islander births. This data also indicates a clear correlation between remoteness of the birth and the likelihood of being below or above the healthy

birthweight range, with remote and very remote birthweights being 80.7% and 83.6% within healthy range respectively (5a). This aligns with the likelihood of socioeconomic disadvantage, given that 71% of Aboriginal and Torres Strait Islander people living in ‘very remote’ areas lived in the most disadvantaged conditions (5b).

Aboriginal and Torres Strait Islander infants are 1.8 times as likely to die during infancy than non-indigenous infants, with over 50% of those deaths due to conditions originating in the perinatal period. Studies show that Aboriginal and Torres Strait Islander parents who have access to continuity of care prior to pregnancy and giving birth are far more likely to access early antenatal care and 5 or more antenatal visits. This significantly reduces pre-term births and neonatal nursery admissions (5c).

**Target 9A - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%.**

Nationally in 2021, 81.4% of Aboriginal and Torres Strait Islander people were living in appropriately sized (not overcrowded) housing. This is an increase from 78.9% in 2016 (6). However, in 2021, 24,930 Aboriginal and Torres Strait Islander people were estimated to be experiencing homelessness, representing a 6.4% increase from 2016. Of those 24,930 people, 60% were living in ‘severely’ crowded dwellings, 19.1% were in supported accommodation for the homeless, and 9.3% were living in improvised dwellings, tents or sleeping out (6a).

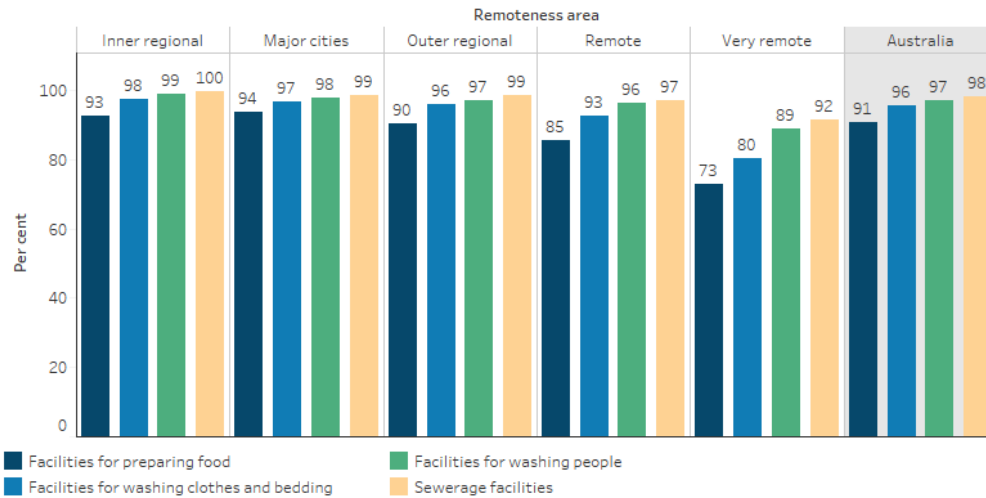
**Target 9B - By 2031, all Aboriginal and Torres Strait Islander households:**

- i. within discrete Aboriginal or Torres Strait Islander communities receive essential services that meet or exceed the relevant jurisdictional standard;**
- ii. in or near to a town receive essential services that meet or exceed the same standard as applies generally within the town (including if the household might be classified for other purposes as a part of a discrete settlement such as a “town camp” or “town based reserve”).**

According to the Productivity Commission, Target 9B is not able to be reported against as there is no data source currently available which includes all required data elements (6). According to the Australian Government’s ‘Aboriginal and Torres Strait Islander Health Performance Framework’, in 2018-2019, 80% of Aboriginal and Torres Strait Islander households were living in houses defined as being of acceptable standards (6b). However, the same source noted that 33% of Indigenous households were living in houses with major structural problems, with this rate being higher in very remote areas (50%) compared with major cities (32%). Moreover, 79% of households in remote areas reported having functioning facilities for preparing food and 86% reported having facilities for

washing clothes and linen (6b). The impacts of homelessness and living in unsafe housing on health and wellbeing are further contributing factors to the overall gaps in health and life expectancy, as well as contributing negatively to the educational and economic opportunities available to individuals forced to live in these conditions.

**Figure 2.02.4: Proportion of Indigenous households reporting working facilities for healthy living practices by remoteness, 2018-19**



**Target 14 - Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.**

In 2022, the suicide age-standardised rate for Aboriginal and Torres Strait Islander people was 29.9 per 100,000 people. This is above the rate in the previous two years and also above the baseline in 2018 (25.1 per 100,000 people) (7). In 2018-19, 67% of Aboriginal and Torres Strait Islander people had low to moderate levels of psychological distress, and a further 31% had high to very high levels (7a). This increased to 36% having high to very high levels of psychological distress according to the Mayi Kuwayu study, 2022-23 (7b). Significant changes to these statistics can also be observed during periods where certain government policies are in the spotlight.

During and after the recent referendum vote, for example, studies indicated that 73% of Indigenous adults experienced a marked increase in experiences of ‘everyday’ discrimination, an increase of 9% from baseline. Reports also state that 50% of Indigenous adults experienced racism or discrimination in health care settings during this time, a 10% increase from baseline. As a result of the increases of racism, discrimination and the general increase of stress on communities during and after the referendum, prevalence of high to very high psychological distress, mental ill health and psychosocial support needs all increased substantially over the same period (7c).

## Summary of Category One data

Across the targets in this category, the Productivity Commission has reported that only one target – healthy birthweights – is on track to meet the 2031 target. Life expectancy and housing have been deemed improving but not on track, and social and emotional wellbeing is worsening (particularly noticeable during and post referendum period).








## Actions for health practitioners

There are some simple steps you can take as a primary care professional to help improve the health and wellness of your Aboriginal and Torres Strait Islander patients.

1. Improve the cultural safety and responsiveness of yourself and your team by attending training, undertaking cultural safety [education](#), and ensuring your practice has anti-discrimination policies and procedures in place to protect your patients.
2. Increase the number of specialised health interventions you promote and provide to your patients. This can include increased [Indigenous Health Assessments \(715 Health Checks\)](#), [GPMP's](#), [TCA's](#), [MHCC's](#), and referrals to specialised local services.
3. Implement more [flexible/mixed billing arrangements](#) for your priority population patients.
4. Partner with local Indigenous health programs and organisations to develop better [integration of care](#) for patients with complex chronic disease management needs, [mental health or AoD care](#), or programs to [improve self-management](#) of their chronic conditions (Check [Health Pathways](#) and [DoHAC's directory](#) for other local services).
5. Offer alternative methods of access for clients who face barriers to accessing care services (e.g. [telehealth](#) or [home visits](#)).
6. Build continuity and [therapeutic relationships with Indigenous patients](#), especially expectant parents.

## Category Two – Education & Economic Participation

Targets in this category cover early childhood education, children thriving, student learning potential, further education pathways, youth engagement, economic participation and access to information.

Category Two – Education and Economic Participation	
Target 3 - By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Full time Schooling (YBFS) early childhood education to 95%.	
Target 4 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55%.	
Target 5 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96%.	
Target 6 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70%.	
Target 7 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67%.	
Target 8 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62%.	
Target 17 - By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.	

**Target 3 - By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Full time Schooling (YBFS) early childhood education to 95%.**

Unfortunately, the data provided for this target appears unreliable, with the Productivity

Commission stating that “Nationally in 2023, 101.8% of Aboriginal and Torres Strait Islander children in the Year Before Fulltime Schooling (YBFS) age cohort were enrolled in a preschool program (8)”.

As it is impossible for more than 100% of children in this cohort to be enrolled in a preschool program, we must assume that the different data sources used to find this total do not align with each other. It is possible that the differences could be due to some children being double counted because they attend multiple preschool programs. It is still promising that this data indicates a probability that almost 100% of First Nations children are in YBFS early childhood education.

**Target 4 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55%.**

Nationally in 2021, 34.3% of Aboriginal and Torres Strait Islander children commencing school were assessed as being developmentally on track in all five Australian Early Development Census (AEDC) domains. This is a decrease from 35.2% in 2018 (the baseline year) (9). The 2021 AEDC results showed that among First Nations children assessed, 64% were on track in the emotional maturity domain, 63% in the physical health and wellbeing domain, 63% in the communication skills and general knowledge domain, 61% in the social competence domain, and 59% in the language and cognitive skills (schools based) domain (9a). Despite these promising domain-specific results, only 34% were assessed as on track across all five of these domains.

**Target 5 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96%.**

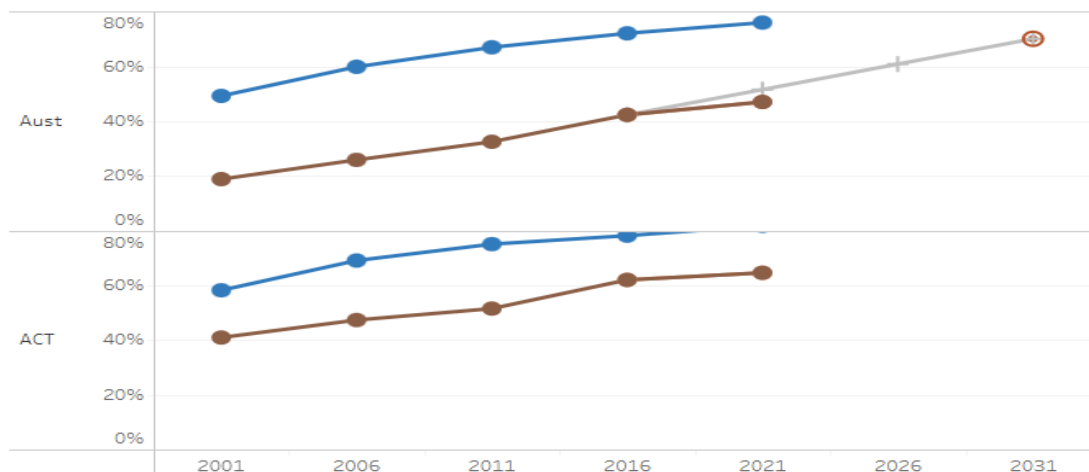
Nationally in 2021, 68.1% of Aboriginal and Torres Strait Islander people aged 20–24 years had attained Year 12 or equivalent qualification. This is an increase from 63.2% in 2016 (the baseline year) (10), and a 16-percentage point increase from 2011, compared with a 6% increase from 2011 in the non-Indigenous populous (10a). This finding is likely to change in the next two years, as indicated by population studies and census analysis from Torrens University, which states that in 2021, 71.4% of Aboriginal and Torres Strait Islander people at age 16 were in full-time secondary school education (10b).

**Target 6 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25–34 years who have completed a tertiary qualification (Certificate III and above) to 70%.**

Nationally in 2021, 47.0% of Aboriginal and Torres Strait Islander people aged 25–34 years had completed non-school qualifications of Certificate III or above. This is an increase from 42.3% in 2016 (the baseline year) (11). Between 2011 and 2021, the number of First

Nations students enrolled in university more than doubled (from 11,800 to 24,000). There was also a 97% increase in the number of higher education course completions by First Nations students in the same period (from 1,800 to 3,500) (11a).

Figure CtG6.1 Completion of non-school qualifications of AQF Certificate level III or above, 25-34 years old (a)



Source: Productivity Commission, Closing the Gap dashboard, table CtG6A.1

(a) Targets and trajectories are only available nationally.

- Aboriginal and Torres Strait Islander people, Actual
- Aboriginal and Torres Strait Islander people, Linear regression estimates
- Aboriginal and Torres Strait Islander people, Target
- + Aboriginal and Torres Strait Islander people, Trajectory
- Non-Indigenous people, Actual

**Target 7 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67%.**

Nationally in 2021, 58.0% of Aboriginal and Torres Strait Islander people aged 15–24 years were fully engaged in employment, education or training. This is an increase of less than 1% from 57.2% in 2016 (the baseline year) (12). Alternate sources show a much higher rate of Aboriginal and Torres Strait Islander youth engaged in education, training or employment. Torrens University of Australia’s social health atlases indicate that nationally, 68.9% of Aboriginal and Torres Strait Islander people aged 15-24 were ‘learning or earning’ in 2021 (12a).

**Target 8 - By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62%.**

Nationally in 2021, 55.7% of Aboriginal and Torres Strait Islander people aged 25–64 years were employed. This is an increase from 51.0% in 2016 (the baseline year) (13). Alternately, according to the 2021 Census, the national employment rate for Aboriginal and Torres Strait Islander people aged 25-64 was 64% (13a).

**Target 17 - By 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion.**

Nationally in 2014-15, 73.5% of Aboriginal and Torres Strait Islander people aged 15 years

and over accessed the internet in their home. There is no new data since the baseline year of 2014-15 (14). However, the Australian Bureau of Statistics has more recent data showing that among Aboriginal and Torres Strait Islander people aged 15 years and over, access to/use of internet varies greatly depending on remoteness. In non-remote locations, 85.3% used the internet daily, while only 60.8% in remote regions used the internet daily. A further 7.8% of non-remote Indigenous people had never used the internet, while 23.6% of Indigenous people living in remote regions had never used the internet. Nationally, 37.3% of Indigenous people who did not use the internet in the last 3 months stated this was due to cost, lack of access to computer/mobile technology, or unavailability/too poor-quality internet in their local area, and 45.8% did not want/need to use the internet (14a).

### **Summary of Category Two data**

Across the targets in this category, the Productivity Commission has reported that only two targets – early childhood education and economic participation – are on track to meet the 2031 target. Access to internet in the home was unable to be assessed. Student learning potential, further education pathways and youth engagement have been deemed improving but not on track, and children thriving (childhood development at kindergarten level) is worsening.

## **Actions for health practitioners**

There are some simple steps you can take as a primary care professional to help improve the accessibility and attainability of education and employment for your Aboriginal and Torres Strait Islander patients.




1. Provide early education to expectant parents on [ways to improve the likelihood of having strong and healthy babies](#) and decrease chances of premature births which may cause health and development complications for their children.
2. Check in regularly with the [health and development of any paediatric Aboriginal and Torres Strait Islander patients](#).
3. Offer telehealth or [flexible clinical hours](#) for patients currently engaged in education, training, or employment.
4. Offer support letters to patients with disabilities to ensure their accessibility needs are supported by programs like [NDIS](#), or by their education institutions or employers.
5. Help patients with chronic diseases to create self-management and [action plans](#) and skills to ensure their enrolment or employment is not impacted by frequent acuity of their illness.



6. Refer patients to local services that can help manage their chronic conditions better through [care coordination](#) or [self-management education](#).
7. If you have the ability to do so, seek opportunities to [employ](#) or offer clinical placement hours for Indigenous health professionals and [students](#).

## Category Three – Cultural Rights & Cultural Wellbeing

Targets in this category cover land and waters, culture and languages.

<p><b>Category Three – Cultural Rights and Cultural Wellbeing</b></p>	
<p>Target 15A - By 2030, a 15% increase in Australia’s land mass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests.</p>	
<p>Target 15B - By 2030, a 15% increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea.</p>	
<p>Target 16 - By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.</p>	

### **Target 15A - By 2030, a 15% increase in Australia’s land mass subject to Aboriginal and Torres Strait Islander people’s legal rights or interests.**

As of 30 June 2023, 4,213,978 square kilometres of the land mass of Australia were subject to Aboriginal and Torres Strait Islander people’s rights or interests (15).

### **Target 15B - By 2030, a 15% increase in areas covered by Aboriginal and Torres Strait Islander people’s legal rights or interests in the sea.**

As of 30 June 2023, 113,461 square kilometres of the sea country of Australia were subject to Aboriginal and Torres Strait Islander people’s rights or interests (15).

Nationally, based on progress from the baseline, both the land mass target and sea mass target show good improvement and are on track to be met. However, these assessments should be used with caution as they are based on a limited number of data points (15).

### **Target 16 - By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.**

Nationally in 2018-19, there were 123 Aboriginal and Torres Strait Islander languages being spoken, with 14 considered strong. There is no new data since the baseline year of 2018-19

(16). For context, pre-colonisation there were at least 250 distinct languages spoken by Aboriginal and Torres Strait Islander peoples, and within those over 250 languages there were a further 800 regional dialects (16a).

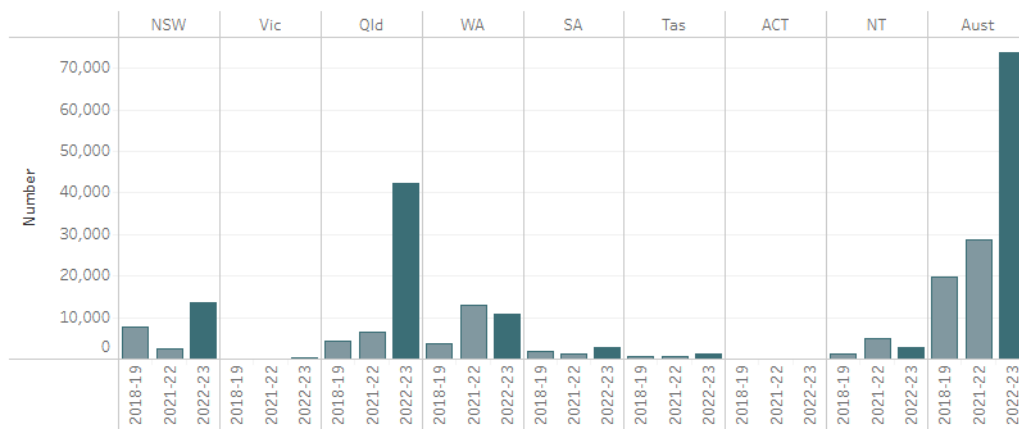


Targets in this category may seem unrelated or tangential to health and wellness, however studies show that building strong cultural connections and identity have a profound impact on the overall health and wellness of Aboriginal and Torres Strait Islander people. Four central cultural determinants on health and wellbeing outcomes have been identified; family/community, Country and place, cultural identity and self-determination (16b). These determinants often intertwine and are found to mutually reinforce their effects on Aboriginal and Torres Strait Islander health and wellbeing outcomes.

**Summary of Category Three data**

Across the targets in this category, the Productivity Commission have reported that one target – land and waters – are on track to meet the 2031 target. Access to or revival of culture and languages is unable to be assessed, however the number of people accessing activities at Commonwealth-funded Indigenous Language Centres grows year over year as more people participate in the revitalisation of languages and dialects (17).

Figure SE16e.1 Number of times people accessed an activity at Indigenous Language Centres By jurisdiction, by year







## **Actions for health practitioners**

There are some simple steps you can take as a primary care professional to help improve the cultural rights and wellbeing for your Aboriginal and Torres Strait Islander patients.

1. Improve the cultural safety and responsiveness of yourself and your team by attending training, undertaking cultural safety education, and ensuring your practice has anti-discrimination policies and procedures in place to protect your patients.
2. Seek opportunities to learn more about the local area, communities, significant sites, local histories.
3. If you have established a healthy, trusting relationship with your Aboriginal and Torres Strait Islander patients, ask them about their cultural health, and if there's anything you can do to improve their cultural safety and wellbeing in your practice.
4. Audit your practice, policies, procedures, and self for cultural safety/competence.

## Category Four – Criminal Justice and Family Safety

Targets in this category cover criminal justice, youth justice, child protection and family safety.

Category Four – Criminal Justice and Family Safety	
Target 10 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15%.	
Target 11 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by at least 30%.	
Target 12 - By 2031, reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children (0–17 years old) in out-of-home care by 45%.	
Target 13 - By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero	

### Target 10 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15%.

The 2023 age-standardised rate of Aboriginal and Torres Strait Islander prisoners was 2,265.8 per 100,000 adult population. This is an increase from the previous year (2,151.1 per 100,000 adult population in 2022) and an increase from 2,142.9 per 100,000 adult population in 2019 (the baseline year). Nationally, based on progress from the baseline, the target is worsening (18). According to more recent census data, this rate has continued to increase, with the age-standardised imprisonment rate of Aboriginal and Torres Strait Islander prisoners being 2,559 per 100,000. This is a 15% increase between June 2023 and June 2024 (18a). These findings maintain the ongoing truth that Aboriginal and Torres Strait Islander people are imprisoned at the highest rate of any people in the world (18b).

Population-based data linkage studies found that one in 3 (32%) people with a psychiatric illness have been arrested during a 10-year period, with their first arrest often occurring before their first contact with mental health services (18c).

Another important fact of incarceration for First Nations peoples is the likelihood of death, with First Nations people representing 31% of deaths in ‘police custody and custody related operations’ and 29.6% of deaths in prison custody between 2020-2024 (18d), despite only representing 3.8% of the Australian population (18e).

**Target 11 - By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10–17 years) in detention by at least 30%.**

Nationally in 2022-23, the rate of Aboriginal and Torres Strait Islander young people aged 10–17 years in detention on an average day was 29.8 per 10,000 young people. This is above the previous three years (from a low of 23.6 per 10,000 young people in 2020-21) but it is a decrease from 32.1 per 10,000 young people in 2018-19 (the baseline year) (19). On average in 2021-22, First Nations young people represented 47% of young people under community-based supervision, and 55% of young people in secure detention facilities (19a). This was an increase compared to 2020, when First Nations young people made up 48% of the youth prison population (19b). More recently, in the June quarter of 2024, on average 60% of young people in detention were First Nations young people (19c). This means that First Nations young people are 27 times more likely to be in detention than non-indigenous young people. Again, death in custody remains a fact for Aboriginal and Torres Strait Islander youths. Between 1980 and 2024, Aboriginal and Torres Strait Islander people represented 28% of deaths of people under 25 years old in prison settings (19d). In the same period, Aboriginal and Torres Strait Islander youths represented 40.5% of deaths of people aged 10-17 years in ‘police custody and custody related operations’ (19e). 90% of Aboriginal and Torres Strait Islander youths who appeared in a children’s court went on to appear in an adult court within eight years—with 36% of these receiving a prison sentence later in life (19f).

**Target 12 - By 2031, reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children (0–17 years old) in out-of-home care by 45%.**

Nationally in 2023, the rate of Aboriginal and Torres Strait Islander children aged 0–17 years in out-of-home care was 57.2 per 1,000 Aboriginal and Torres Strait Islander children. This is below the rate in 2021 (57.6 per 1,000 children) but it is an increase from 54.2 per 1,000 children in 2019 (the baseline year) (20). This rate of 57.2 per 1,000 is more than ten times that of non-indigenous children (5 in 1,000) in 2023 (20a). More recent reports show that 41% of children in out-of-home care in 2024 were Aboriginal and Torres Strait Islander children (20b). A fact faced by children in out-of-home care is the likelihood of abuse in the

care setting. In 2021-22, 46% of children who were the subject of substantiated abuse in out-of-home care were Aboriginal and Torres Strait Islander (20c). The Royal Commission into Aboriginal Deaths in Custody reported in 1991 that almost half of the 99 Aboriginal and Torres Strait Islander people whose deaths were reviewed by that Commission had previously been removed from their parents (20d).

**Target 13 - By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.**

Nationally in 2018-19, 8.4% of Aboriginal and Torres Strait Islander females aged 15 years and over experienced domestic physical or face-to-face threatened physical harm. According to the Productivity Commissions reports, there is no new data since the baseline year of 2018-19 (21).

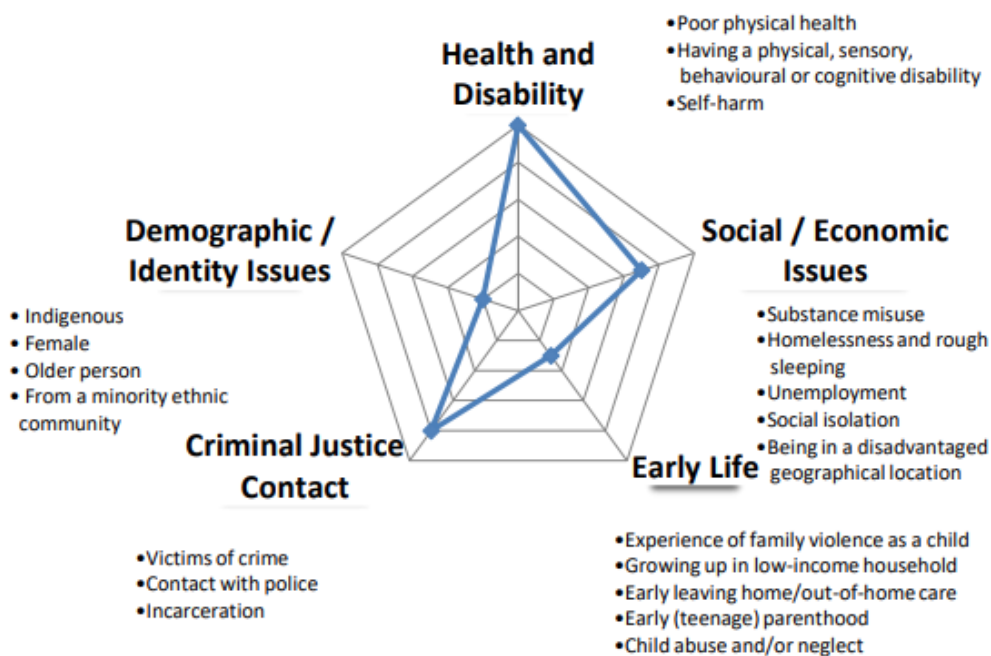
National findings in 2021/22 showed that one in 6 (16.7%) Australian women and one in 18 (7.1%) Australian men aged 15 or older had experienced physical and/or sexual violence by a current or previous cohabiting partner (21a). This has increased to 23% of women and 7.3% of men as of February 2024, approximately one in 3 Australian adults overall (21b). This figure is doubled (2 in 3) for First Nations people aged 15 and over (21c). While the statistics on the races within families or couples is not often recorded or reported on anymore, all historical indicators show that by 2011, 74% of all straight Aboriginal and/or Torres Strait Islander people in a marriage or de facto relationship were partnered with a non-Indigenous person (21d). This rate had steadily risen over decades of census taking, and it is an important distinction to note to ensure that it is understood that this is not a unilaterally 'Indigenous problem', but further evidence of the cause and effect of socio-economic disparities on family safety and lateral violence (21e).

2021/22 ABS data estimated that 22% of adults have experienced childhood abuse and/or witnessed parental violence before the age of 15 (21f). In 2021/22, about 45,500 children were found to be subjects of substantiations of maltreatment (proven to be maltreated upon finalised investigation (21g). Of these cases, 29.9% were Aboriginal and Torres Strait Islander children.

**Summary of Category Four data**

Across the targets in this category, the Productivity Commission have reported that 2 targets – criminal justice and child protection – are worsening, while one target – youth justice, has remained the same, and there was no data available to measure the final target - family safety.

Statistically and logically, no race or ethnicity can be said to be more dangerous, criminal or abusive than all others. Therefore, the natural inference from data in this category is that First Nations people are over-criminalised, over-incarcerated and over-represented across all aspects of the criminal justice system due to systemic policies and procedures, which target and punish populations most impacted by socio-economic disparities (22).



**Figure 1: Web of criminalisation (created by authors Baldry et al. 2013a)**

It's also important to remember that First Nations peoples are more likely to be victims of violence and less likely to receive justice as victims, and therefore less likely to seek assistance from the police. A recent parliamentary commission into missing and murdered First Nations women and children found that there is no consistent or reliable data on missing First Nations women and children, yet what data does exist still reflects a disproportionate number of missing First Nations women and children (23). Further to this, the commission found that despite only making up between 2-3% of the population, between 1990-2023 First Nations women represented over 23% of female murder victims, and First Nations children represented over 13% of child murder victims. The commission report examined many incidents in which First Nations women and children were missing or murdered and police response was “sluggish” or “casual”, leading to a failure to locate, protect or ensure justice for murder victims (24).

## **Actions for health practitioners**

There are some simple steps you can take as a primary care professional to help improve



family safety and reduce the likelihood of child-removal or incarceration for your Aboriginal and Torres Strait Islander patients.

1. Utilise [tools and resources](#) designed to help you better identify and safely handle indications or disclosures of child sexual abuse.
2. Utilise [tools and resources](#) designed to help you better identify and safely handle indications or disclosures of [family, domestic and sexual violence](#).
3. [Undertake training](#) to better identify and safely handle indications or disclosures of child abuse. First Nations specific training is also [available here](#).
4. Contact CHN's [Family Safety](#) team to ask about local training for general practices to better identify and safely handle indications or disclosures of family domestic violence.
5. Build referral pathways to [local support services](#) and programs that can [help improve healthy parenting skills for expectant, new, and/or first-time parents](#).
6. Early assessment and intervention for patients at risk of developing a psychiatric illness to help prevent interactions with the criminal justice system.
7. Complete and maintain [MHCPs](#) with your patients with mental health conditions.
8. Build referral pathways to local [Aboriginal and Torres Strait Islander youth programs](#) to help your young patients connect with community and leaders.
9. Implement [flexible/mixed billing arrangements](#) for your priority population patients.
10. Build referral pathways with [local mental health, psychosocial, and AoD services](#) to help and prevent criminalisation of patients struggling with mental illness and/or addiction.

## References

- (1) [3. Objective and Outcomes | Closing the Gap](#)
- (2) [Closing the Gap targets and outcomes | Closing the Gap](#)
- (3) [Closing the Gap](#)
- (4) [Aboriginal and Torres Strait Islander people enjoy long and healthy lives - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (5) [Aboriginal and Torres Strait Islander children are born healthy and strong - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (6) [Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (7) [Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (8) [Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (9) [Aboriginal and Torres Strait Islander children thrive in their early years - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (10) [Aboriginal and Torres Strait Islander students achieve their full learning potential - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (11) [Aboriginal and Torres Strait Islander students reach their full potential through further education pathways - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (12) [Aboriginal and Torres Strait Islander youth are engaged in employment or education - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (13) [Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (14) [Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision-making regarding their own lives - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)

- (15) [Aboriginal and Torres Strait Islander people maintain a distinctive cultural, spiritual, physical and economic relationship with their land and waters - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (16) [Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (17) [Number of Aboriginal and Torres Strait Islander people accessing Commonwealth funded language centres to maintain and preserve languages - Aboriginal and Torres Strait Islander cultures and languages are strong, supported and flourishing - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (18) [Aboriginal and Torres Strait Islander adults are not overrepresented in the criminal justice system - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (19) [Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (20) [Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (21) [Aboriginal and Torres Strait Islander families and households are safe - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)
- (22) [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj5\\_K2-h4GMAxX\\_zjgGHb0EPXMQFnoECA4QAQ&url=https%3A%2F%2Fwww.crimejusticejournal.com%2Farticle%2Fdownload%2F2504%2F1351%2F11915&usg=AOvVaw3CsViEA5yTINk4UjU5ocY&opi=89978449](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj5_K2-h4GMAxX_zjgGHb0EPXMQFnoECA4QAQ&url=https%3A%2F%2Fwww.crimejusticejournal.com%2Farticle%2Fdownload%2F2504%2F1351%2F11915&usg=AOvVaw3CsViEA5yTINk4UjU5ocY&opi=89978449)
- (23) [Chapter 2 - Current data – Parliament of Australia](#)
- (24) [Chapter 4 - Police culture and practices – Parliament of Australia](#)

4a) [Aboriginal and Torres Strait Islander life expectancy, 2020 - 2022 | Australian Bureau of Statistics](#)

4b) [2.08 Income - AIHW Indigenous HPF](#)

5a) <https://www.indigenoushpf.gov.au/getmedia/d94b22df-2fe6-483d-a66d-1feea5218ee/101-birthweight-mar-24.xlsx>

- 5b) [2.09 Socioeconomic indexes - AIHW Indigenous HPF](#)
- 5c) [1.20 Infant and child mortality - AIHW Indigenous HPF](#)
- 6a) [Estimating Homelessness: Census, 2021 | Australian Bureau of Statistics](#)
- 6b) [2.02 Access to functional housing with utilities - AIHW Indigenous HPF](#)
- 7a) [1.18 Social and emotional wellbeing - AIHW Indigenous HPF](#)
- 7b) [Latest information and statistics on Social and Emotional Wellbeing - Social and Emotional Wellbeing - Australian Indigenous HealthInfoNet](#)
- 7c) [Report-6-Research-Summary\\_Referendum-mental-health\\_for-website-4.pdf](#)
- 9a) [Education of First Nations people - Australian Institute of Health and Welfare](#)
- 10a) [Education of First Nations people - Australian Institute of Health and Welfare](#)
- 10b) [phidu\\_atsi\\_data\\_phn\\_aust.xls](#)
- 11a) [Education of First Nations people - Australian Institute of Health and Welfare](#)
- 12a) [phidu\\_atsi\\_data\\_phn\\_aust.xls](#)
- 13a) [Engagement in employment, education and training \(EETP\) | Australian Bureau of Statistics](#)
- 14a) [National Aboriginal and Torres Strait Islander Health Survey, 2022-23 financial year | Australian Bureau of Statistics](#)
- 16a) [Languages alive | AIATSIS corporate website](#)
- 16b) [Cultural determinants of health for Aboriginal and Torres Strait Islander people – a narrative overview of reviews](#)
- 18a) [Prisoners in Australia, 2024 | Australian Bureau of Statistics](#)
- 18b) [Stop mass incarceration to prevent deaths in custody | Australian Human Rights Commission](#)
- 18c) [A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness - PubMed](#)
- 18d) [Deaths in custody in Australia | Australian Institute of Criminology](#)
- 18e) [Estimates of Aboriginal and Torres Strait Islander Australians, 30 June 2021 | Australian Bureau of Statistics](#)

- 19a) [2.11 Contact with the criminal justice system - AIHW Indigenous HPF](#)
- 19b) [Australia's First Nations incarceration epidemic: origins of overrepresentation and a path forward - UNAA](#)
- 19c) [Youth detention population in Australia 2024, First Nations young people in detention - Australian Institute of Health and Welfare](#)
- 19d) [deaths\\_in\\_prison\\_custody\\_2023-24.xlsx](#)
- 19e) [deaths\\_in\\_police\\_custody\\_2023-24.xlsx](#)
- 19f) [Senate Select Committee on Regional and Remote Indigenous Communities – Parliament of Australia](#)
- 20a) [Global call for action on Aboriginal child removals in Australia - Commissioner for Aboriginal Children and Young People](#)
- 20b) [Family Matters | National Report | SNAICC](#)
- 20c) [Child protection Australia 2021–22, How many children were abused in care? - Australian Institute of Health and Welfare](#)
- 20d) [Crossover out-of-home care into detention | ALRC](#)
- 21a) [FDSV summary - Australian Institute of Health and Welfare](#)
- 21b) [Intimate partner violence - Australian Institute of Health and Welfare](#)
- 21c) [Aboriginal and Torres Strait Islander people - Australian Institute of Health and Welfare](#)
- 21d) [2077.0 - Census of Population and Housing: Understanding the Increase in Aboriginal and Torres Strait Islander Counts, 2006-2011](#)
- 21e) [Plan4Womenssafety.dss.gov.au/analytical-paper-3-Graph-3.pdf](#)
- 21f) [Childhood abuse, 2021-22 financial year | Australian Bureau of Statistics](#)
- 21g) [Child protection Australia 2021–22, The process of determining child maltreatment - Australian Institute of Health and Welfare](#)