



Australian Government

Australian Institute of Health and Welfare

Australian Institute of Family Studies



What works to overcome Indigenous disadvantage

Key learnings and gaps in the evidence

2010-11



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1. Main findings: early childhood, healthy homes, and governance and leadership

The Closing the Gap Clearinghouse was established by the Council of Australian Governments (COAG) to bring together evidence-based research on overcoming disadvantage for Indigenous Australians. The Clearinghouse provides access to information on what works to improve Indigenous people's lives across the building blocks identified by COAG. The Clearinghouse collects, and systematically analyses and synthesises this evidence.

This paper provides policy makers with key findings about what works, and assesses the gaps in the evidence for the following three of the seven COAG building blocks that were the focus of the Clearinghouse in Year 2:

- Early childhood
- Healthy homes
- Governance and leadership.

Evidence from other building blocks was covered in the What works to overcome Indigenous disadvantage: Key learnings and gaps in the evidence 2009-10 report.

Early childhood

What works

The following principles and practices are linked with improved early childhood outcomes:

- High-quality, holistic and early intervention and education. These can improve children's lifelong outcomes across all areas — for example, education, health and wellbeing (both mental and physical).
- **Involvement of families**. Effective programs provide a role for families as a support for their children, a welcoming environment for family members, and mechanisms for twoway communication with families.
- Teacher training. Appropriate teacher training and support contributes to the uptake of early learning programs by Indigenous families.
- **Cultural competence and cultural safety.** These are an integral part of effective service delivery. Cultural competence is manifested by employing Indigenous workers, culturally aware non-Indigenous staff, emphasising strengths and empowerment and honest engagement, building trust and working with community members.
- Local involvement in program development. It is important to involve local community members and leaders in developing a program that is culturally sensitive, ensuring local priorities are attended to, and local leaders are engaged.

What doesn't work

Lack of engagement of families. Programs that do not integrate families' access in to programs reduce the potential benefits for children.



- Services that do not fully engage the Indigenous community. For example, services provided by non-Indigenous agencies that do not employ Indigenous facilitators.
- Programs that have not been adapted to the local cultural context. Mainstream services
 offering generic support without taking into account issues of cultural competence or
 cultural safety for Indigenous children and families do not benefit those most in need of
 these services. Similarly, developing a one-size-fits-all approach does not result in
 effective services.

Implications for program design and implementation

- **Flexibility and tailoring of services.** Where family circumstances pose a barrier to accessing services, program designs need to be flexible and tailored to the needs of individuals and to the context of the community as a whole.
- Employment of Indigenous staff. To reduce barriers to participation in early childhood services and programs, Indigenous facilitators are a crucial part of programs run by non-Indigenous agencies.
- Local community participation. Local people should play a key role in determining what child care services are needed, and the structure of programs, to ensure local ownership, maximise program impact, and close the gap in Indigenous early childhood outcomes.

Gaps in the evidence

- There is a large body of evidence on effective early childhood service delivery in the general population, but less evidence on best practice in delivering early childhood programs specifically to Indigenous families and their children.
- There is little evidence on how to increase significantly the Indigenous early childhood workforce.
- While there is a large body of evidence on how to improve governance of service agencies to improve early childhood service delivery to the general population, there is little evidence on how to achieve this in an Indigenous-specific context.

Healthy homes

What works

The following principles and practices are linked with improved housing outcomes:

- **Design and construction of Indigenous housing.** There needs to be meaningful consultation with Indigenous communities in each local context, as well as utilisation of established standards and accumulated knowledge.
- Culturally appropriate design. Indigenous housing needs to be designed to meet the cultural requirements of Indigenous communities and households. This includes allowing space to accommodate kin visitation, and to negotiate avoidance relationships. The requirements may vary between cultural groups, so housing design for one geographic region should not be predicated on the cultural practices of another. Likewise, construction methods and materials that are appropriate to the particular local



- environment, especially in rural and remote locations, improve the appropriateness and sustainable functioning of housing.
- **Prioritisation of safety and health.** Where there are limited maintenance budgets, prioritising safety and health items improves the functional performance of the house.
- **Local capacity building.** Using local community Indigenous labour in the planning and implementation of construction and maintenance programs increases workforce capacity, and may contribute to improved labour force participation. It also increases ownership of home improvements.
- **Inspection of housing refurbishment and construction.** Conduct rigorous inspection programs at handover to ensure that house construction complies with the drawings and specifications, and is functional at the time of handover.
- Homelessness prevention and support programs. Early intervention can prevent young
 families from becoming homeless, and can break the cycle of homelessness. This may
 involve provision of culturally relevant and safe tenancy support programs for families,
 or the provision of housing services which incorporate wrap-around supports for
 residents.
- Supporting homeless Indigenous people with a mental illness, physical or intellectual disability. Supported accommodation for Indigenous people with a physical or intellectual disability or mental illness requires provision of a range of flexible supports tailored to their individual needs. These can help maintain tenancies otherwise at risk of failing, thereby preventing a return to homelessness. Well-maintained housing is linked with lower mental health-care costs in the general housing literature.

What doesn't work

- **Short-term or piecemeal programs.** Programs that are not implemented for long enough to make a significant impact, including fixed, short-term deadlines for any program do not work.
- **Design and construction.** A one-size-fits-all approach that doesn't allow for particular local cultural, social and environmental circumstances.
- Relocation of households during urban renewal. A small amount of urban renewal literature indicates that relocation of Indigenous households away from local kinship networks can have adverse social effects.
- Inappropriate maintenance programs. A fixed maintenance schedule that does not meet the immediate, perceived maintenance needs of a household is inappropriate.

 Maintenance programs for rural and remote areas based on models applied in capital cities, and programs based only on responsive maintenance rather, than on periodic or cyclical maintenance are also problematic.
- Top-down interventions or disingenuous consultation processes. Programs that are implemented without collaborating with Indigenous communities to provide a real opportunity for them to let their views be known are unlikely to be effective.
- **Failure to employ Indigenous staff.** Agencies that appear to employ only non-Indigenous Australians can intimidate potential Indigenous service recipients, and may act as a barrier to achieving Indigenous participation in maintenance or home ownership programs.



Implications for program design and implementation

- Participation and consultation. Participatory programs and genuine consultation are fundamental to effective and sustainable provision of Indigenous housing and homelessness services.
- Adequate time frames. Sufficient time should be allowed for consultation and practical works, particularly in remote areas where longer time frames may be needed for local capacity building and procurement of housing materials.
- Culturally and physically appropriate housing design and construction. Indigenous
 involvement in the design and construction of culturally appropriate housing has
 multiple benefits from producing appropriate housing that better meets needs, to
 increased potential for participation in the housing labour force. Use of appropriate
 materials for construction (that is, using materials appropriate to the local physical
 context) may ensure that housing has the potential to last longer, thereby reducing costs
 associated with premature replacement and maintenance.

Gaps in the evidence

- There is some literature exploring the desirability of, barriers to and prevalence of home ownership among Indigenous Australians, but little is known about the social and cultural effects of individual home ownership on Indigenous communities.
- There is a lack of systematic national data on construction and maintenance programs.
- There is evidence that assertive community treatment is effective in reducing the incidence of long-term and recurring homelessness among those with mental illness in the general population, but it is unclear whether it would prove effective among Indigenous homeless clients.
- There is a lack of evidence to demonstrate whether Indigenous-specific supported accommodation is more effective than incorporating Indigenous clients into programs designed for the general public.

Governance and leadership

What works

The following principles and practices are linked with effective governance and leadership:

- Culturally appropriate and culturally 'safe' services. These approaches are tailored to suit the local community and communicate acceptance of the local culture, without in any way demeaning the service recipient's cultural identity.
- Culturally competent service delivery. Cultural competence is manifested by employing Indigenous workers and culturally aware non-Indigenous staff, emphasising strengths, empowerment, honest engagement, building trust and working with community members.
- Suitably qualified and experienced field staff. Employing staff who understand the local conditions, have the necessary technical skill, and have established relationships within communities is shown to provide good outcomes.



- A flexible approach to designing and funding initiatives. This allows for contextspecific factors and a range of different ways to address a specific need. Innovative approaches are needed to secure required funding.
- A community development approach. Specifically, this entails applying a strengths-based approach, a commitment to empower the community, supporting Indigenous staff, and investing the time and resources into ongoing community consultations to ensure relevance of programs and a shared vision. Sufficient lead times are necessary to allow local ownership of programs to be developed. Community trust needs to be built, with program and community leadership demonstrating a commitment to work through and resolve conflict.
- Leadership development that incorporates core facets of Indigenous leadership styles. In particular, the research suggests that natural leaders should be encouraged to emerge and then be provided with culturally appropriate leadership training. Likewise, the evidence demonstrates that mentoring is a key component of effective leadership development. A modest investment in capacity building of community organisations can yield a significant return.

What doesn't work

- **Power inequalities.** A failure to recognise and seek to overcome power inequalities is a barrier to effective community development.
- **Inflexible funding and program requirements.** This does not allow for local variation in need, context and service delivery styles.

Implications for program design and implementation

- Capacity building is crucial. Development of Indigenous leadership and governance capacity is crucial in building healthy, functioning communities and delivering services that meet the needs of these communities.
- Flexible and open organisational structures and processes. These are needed to maximise the full potential of the local population and draw in regional partners. Collective leadership processes help to build and sustain a shared vision.
- Integrating two cultures. A challenge is to combine processes and practices relevant and meaningful to Indigenous communities with the requirements of non-Indigenous service providers and funding agencies. Learning and leadership programs for Indigenous council/board members need to be culturally appropriate (that is, incorporate leadership practices from the local culture), and should incorporate sustainable resourcing over time and collaboration with Indigenous people.
- Long-term program time frames. The development of leadership capacity is a long-term process, requiring attitudinal and behavioural change, the rebuilding of confidence and self-belief, and the transfer of knowledge and skills.
- Providing leadership development opportunities to the whole community. Some evidence suggests that the best Indigenous leaders may not necessarily be the most obvious ones to non-Indigenous observers or trainers. Communities should be consulted in the selection of the most appropriate people for leadership programs.
- **Conflict resolution.** Training in conflict resolution is considered highly valuable for Indigenous council members.



 Recognising women. The literature suggests that the leadership and contributions of Indigenous women in their communities is often overlooked. Recognition of the significant role they play by involving them in community leadership is critical for Indigenous programs.

Gaps in the evidence

- There is a range of literature on governance and leadership development that support the view that culturally appropriate programs, services and governance/leadership models are essential for effectively building community leadership capacity and delivering effective services. But this literature is frequently vague about how specific programs have been implemented in a culturally appropriate manner.
- Further research that specifically investigates what cultural appropriateness looks like across a range of diverse locations and cultures is needed. In particular, research leading to the development of practical manuals for policy makers and program implementers would assist them to make services more culturally appropriate.



2. Evidence in the Clearinghouse

Background

In April 2007 the Council of Australian Governments (COAG) agreed to establish a clearinghouse for evidence on what works to close the gap on Indigenous disadvantage. The Closing the Gap Clearinghouse was jointly funded by all Australian governments for five years under the National Partnership on an Indigenous Clearinghouse. The Clearinghouse Board met for the first time in September 2009 and operations began in October 2009.

The Clearinghouse collects and assesses resources that cover the seven COAG building blocks: early childhood, schooling, health, economic participation, healthy homes, safe communities, and governance and leadership. The Clearinghouse focuses on what works to overcome problems rather than outlining the nature or extent of them. It is unique, as the quality or rigour of the evidence from each item in the collection is assessed by experts, and summaries of what works to close the gap in Indigenous disadvantage are on the website. The Clearinghouse resources include Indigenous and non-Indigenous research, as well as research from overseas that is relevant to the COAG building blocks.

This section provides an overview of the evidence available from the Clearinghouse at the end of its second year. Section 3 provides in-depth analyses of the three building blocks that were the focus of Year 2: early childhood, healthy homes, and governance and leadership.

Governance

Board

The board provides strategic directions and oversees the operations of the Clearinghouse. The Hon. Jenny Macklin MP, Minister for Indigenous Affairs, appointed the chair and academic advisers to the board.

Scientific Reference Group

The Scientific Reference Group provides technical advice to the Clearinghouse on operational matters. It comprises academic members with subject matter expertise relevant to the COAG targets, and representatives from the Australian Institute of Health and Welfare (AIHW) and the Australian Institute of Family Studies (AIFS).

Panel of subject specialists

Subject specialists assist the Clearinghouse by examining the evidence in a selected range of programs, evaluations or activities. The Clearinghouse acknowledges their contribution.

Clearinghouse products and resources

Publications

The Clearinghouse produces issues papers and resource sheets that synthesise the evidence on key topics. To date, one issues paper and nine resource sheets have been produced for the second year (Table 2.1). These publications added to the two issues papers and six resource



sheets produced in Year 1. Appendix A provides summary extracts from the Year 2 publications.

Table 2.1: List of Clearinghouse publications

Year 2 publications

Issues paper

Increasing Indigenous employment rates by Gray M, Hunter B & Lohoar S (no. 3)

Resource sheets

Early childhood education services for Indigenous children prior to starting school by Sims M (no. 7)

Effective practices for service delivery coordination in Indigenous communities by Stewart J, Lohoar S & Higgins D (no. 8)

Healthy lifestyle programs, including addressing mortality risk behaviour by The Closing the Gap Clearinghouse (no. 9)

Improving Indigenous community governance through strengthening Indigenous and government organisational capacity by Tsey K, McCalman J, Bainbridge R & Brown C (no. 10)

Strategies to enhance employment after release from correctional institutions by Graffam J & Shinkfield A (no. 11)

Constructing and maintaining houses by Pholeros P & Phibbs P (forthcoming)

Early learning programs that promote children's developmental and educational outcomes by Harrison L, Goldfeld S, Metcalfe E & Moore T (forthcoming)

Engaging Indigenous students through school-based health education by McCuaig L & Nelson A (forthcoming)

Education programs for Indigenous Australians about sexually transmitted infections and blood borne viruses by Strobel N & Ward J (forthcoming)

Year 1 publications

Issues papers

School attendance and retention of Indigenous Australian students by Purdie N & Buckley S (no. 1)

School readiness: what does it mean for Indigenous children, families, schools and communities? by Dockett S, Perry B & Kearney E (no. 2)

Resource sheets

Community development approaches to safety and wellbeing of Indigenous children by Higgins D (no. 1)

Pathways for Indigenous school leavers to undertake training or gain employment by Hunter B (no. 2)

Reducing alcohol and other drug related harm by Gray D & Wilkes E (no. 3)

Anti-tobacco programs for Aboriginal and Torres Strait Islander people by Ivers R (no. 4)

Teacher and school leader quality and sustainability by Mulford B (no. 5)

Closing the school completion gap for Indigenous students by Helme S & Lamb S (no. 6)

The Assessed collection

The Assessed collection comprises research and evaluations that have been assessed by subject specialists. Each assessment identifies the type of research, and considers the quality and strength of evidence, as well as the implications of the research, for overcoming Indigenous disadvantage.

In Year 2 of Clearinghouse operations, there were 304 items added to the Assessed collection relating to all seven COAG building blocks (Table 2.2), bringing the total Assessed collection to 602 items at 30 June 2011. At the end of the second year, the schooling building block had the largest number of items (140 or 23%) followed by the health building block (94 or 16%) (Table 2.2).



Table 2.2: Assessed collection items by building block

	Early childhood	Schooling	Health	Economic participation	Healthy homes	Safe communities	Governance/ leadership	Total
				Number				
Year 1	26	113	54	52	0	53	0	298
Year 2	61	27	40	35	51	39	51	304
Total	87	140	94	87	51	92	51	602
				Per cent				
Year 1	8.7	37.9	18.1	17.5	0.0	17.8	0.0	100.0
Year 2	20.1	8.9	13.2	11.5	16.8	12.8	16.8	100.0
Total	14.5	23.3	15.6	14.4	8.4	15.3	8.5	100.0

Characteristics of the research

Categorisation of items by type of research (Table 2.3) showed that more than 3 in 10 items in the collection involved quantitative analyses with some form of comparison group. Just over one-third involved other quantitative analyses (that is, with no comparison group), while 20% involved qualitative research only. Schooling had the highest proportion of items that used quantitative analyses with a comparison group.

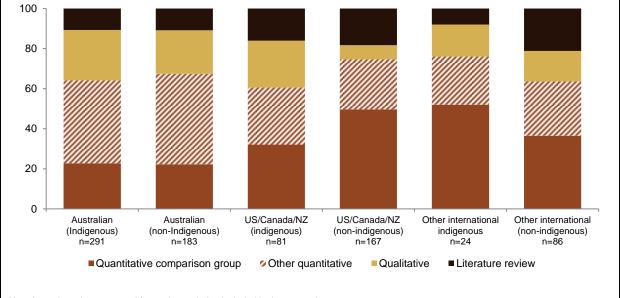
Table 2.3: Assessed items by type of research, at 30 June 2011

	Quantitative comparison group		Other quantitative		Qua	Qualitative		erature review		Total
	No.	%	No.	%	No.	%	No.	%	No.	%
Early childhood	38	43.7	29	33.3	12	13.8	8	9.2	87	100.0
Schooling	69	49.3	45	32.1	16	11.4	10	7.1	140	100.0
Health	33	35.1	37	39.4	15	16.0	9	9.6	94	100.0
Economic participation	28	32.2	40	46.0	15	17.2	4	4.6	87	100.0
Healthy homes	9	17.6	25	49.0	13	25.5	4	7.8	51	100.0
Safe communities	23	25.0	28	30.4	22	23.9	19	20.7	92	100.0
Governance & leadership	7	13.7	11	21.6	29	56.9	4	7.8	51	100.0
Total	207	34.4	215	35.7	122	20.3	58	9.6	602	100.0

Categorisation of the items by type of research and the Indigenous status and country of study participants (Figure 2.1) showed:

- The highest number of items (291) involved Indigenous Australian participants, followed by Australian non-Indigenous (183) and United States, Canada and New Zealand (non-indigenous) (167).
- The majority of Australian studies (Indigenous and non-Indigenous) involved other quantitative analyses.
- In relation to country and Indigenous status, the highest proportion of quantitative studies with a comparison group were in the categories 'Other international indigenous', and 'United States, Canada and New Zealand (non-indigenous)'.





Note: Items have been counted for each population included in the research

Figure 2.1: Assessed items by country and indigenous status and research type, at 30 June 2011 (per cent)

Other characteristics of the research in the Assessed collection (Figure 2.2) are:

- Health (80%) had the highest proportion of items that were journal articles.
- Just under 20% of items in the collection included a cost analysis, with healthy homes having the highest proportion of these items (35%).
- Most items in the collection had an evaluation component (83%).
- Just over a quarter of items (27%) related to programs or strategies designed specifically for Indigenous Australians, with health (49%) and safe communities (45%) having the highest proportion of these items.
- Health had the highest proportion of research with Indigenous Australian participants (56%).
- Just under 60% of all items in the collection were Australian studies, with safe communities (84%) having the highest proportion, followed by health (73%).



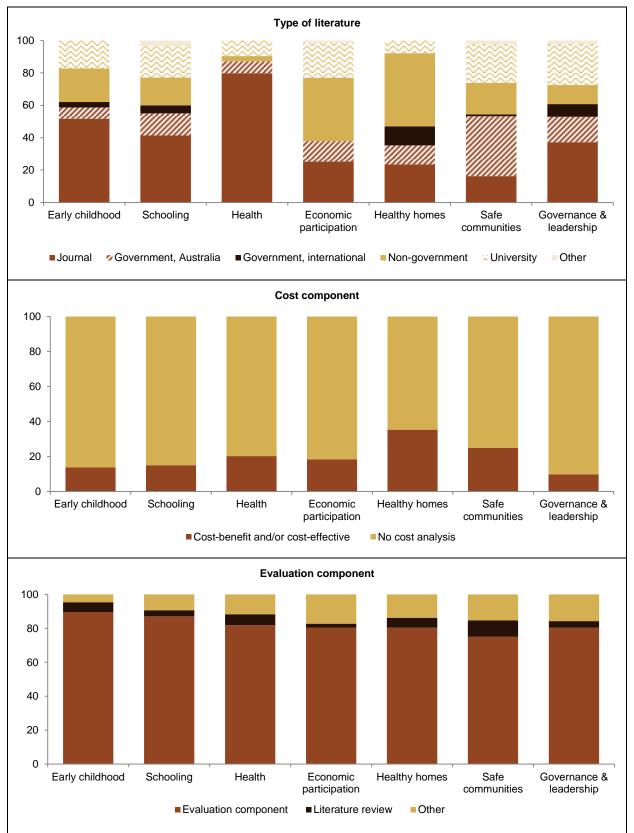


Figure 2.2: Characteristics of the Assessed collection by building block, at 30 June 2011 (per cent)

(continued)



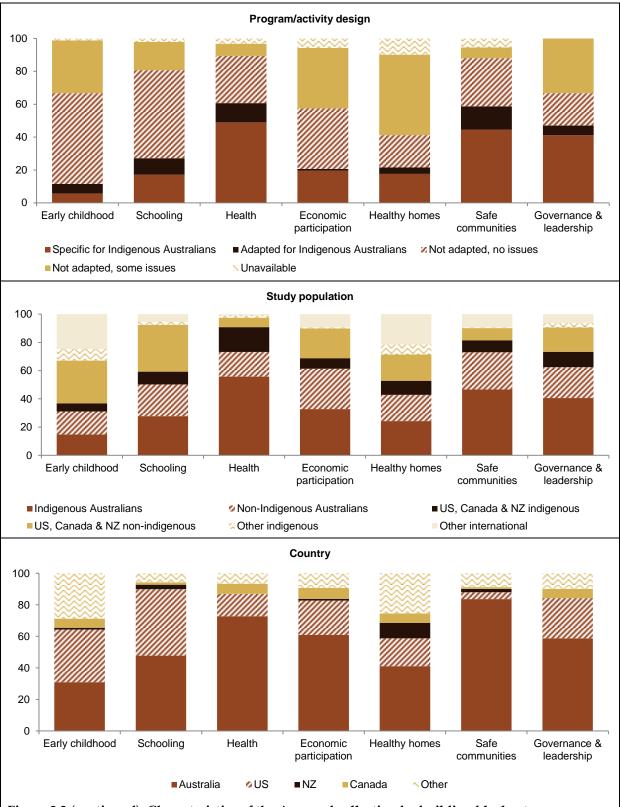


Figure 2.2 (continued): Characteristics of the Assessed collection by building block, at 30 June 2011 (per cent)



The Research and Evaluation Register

The Research and Evaluation Register is a list of government research and evaluations relating to Indigenous disadvantage. At the end of June 2011, the register had 639 items. Table 2.4 shows the distribution across the COAG building blocks. Health had the largest number of studies (350), followed by safe communities (147) and schooling (145). The building block with the smallest number was governance and leadership (72).

Table 2.4: Research and Evaluation Register items by individual building blocks, at 30 June 2011

Early childhood	Schooling	Health	Economic participation	Healthy homes	Safe communities	Governance and leadership	Total *
118	145	350	128	118	147	72	639

Note: There was a total of 639 items on the register, but totals for the building blocks add to 1,000 as items could be counted against more than one building block.

Items in the register can be counted in more than one building block. However, the majority were assigned to only one (389), while 250 were studies that were assigned to two or more (Table 2.5). Most items were classified as research (65%) or evaluations (24%) (Table 2.6).

Table 2.5: Research and Evaluation Register items by one or more building blocks, at 30 June 2011

One building block	Two building blocks	Three building blocks	Four or more building blocks	Total
389	154	48	48	639

Table 2.6: Research and Evaluation Register items by type of study, at 30 June 2011

	Research	Evaluation	Performance Audit	Cost-benefit analysis	Review	Unspecified	Total
Number	413	156	20	3	27	20	639
Per cent	64.6	24.4	3.1	0.5	4.2	3.1	100.0



3. In-depth analysis by building block

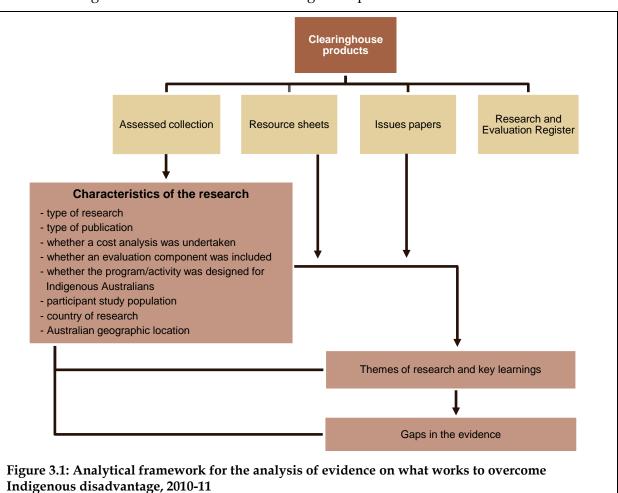
The in-depth analyses included in this paper is for the three COAG building blocks that were the focus of the Clearinghouse in Year 2:

- Early childhood
- Healthy homes
- Governance and leadership.

The other COAG building blocks were the focus of What works to overcome Indigenous disadvantage: key learning and gap in the evidence 2009-2010.

Analytical approach

The analytical framework outlined below was used to synthesise the evidence relevant to the three building blocks from the various Clearinghouse products.



The approach taken to synthesise the findings included:

Analyses of the themes of the research and key learnings for policy makers—as
identified in the issues papers and resource sheets, as well as through qualitative
analysis of items in the Assessed collection.



- An outline of the characteristics of the assessed research—including research type, type of publication, participant study population, country and location of the research.
- Identification of the gaps in the evidence from the resource sheets and issues papers, as well as from the analyses of the Assessed collection outlined above.

Early childhood

What works

These findings are drawn from synthesised evidence in the 2 resource sheets on topics related to early childhood.

Early childhood and education services for Indigenous children prior to starting school

- Services are more effective for Indigenous children and families when they are aware and address cultural competence/cultural safety in their service delivery.
- A key component of cultural competence/safety often rests on employing Indigenous workers.
- It is critical that non-Indigenous staff have awareness of how to engage and support all cultures, but particularly Indigenous cultures.
- Honest engagement, building trust, working with community members is essential.
- A focus on empowerment, and working from strengths makes a difference (Sims 2011).

Early learning programs that promote children's developmental and educational outcomes

- Children at risk of poor developmental and educational outcomes benefit from attending high-quality, universally provided education and care programs in the prior-to-school years.
- Early learning programs that are supported by the community, well-attended, well-resourced and evidence-based are a key contributor to good early childhood outcomes.
- Helping families and communities to be supportive and effective in their roles in children's lives is a key protective factor for the early years and a key component in the design and delivery of high-quality, effective early years programs.
- Uptake of early learning programs by Indigenous families is enhanced by community partnerships, culturally relevant practice that values local Indigenous knowledge, and appropriate teacher training and support (Harrison, Goldfeld, Metcalfe & Moore 2012).

For further information, see Appendix A.

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies. Some of the key themes that emerged from the early childhood building block are:

 High-quality centre-based child care can reduce the negative impact of family conflict on a child's psychosocial outcomes, improve cognitive and social skills and improve parentchild relationships.



- Home visits by nurses during pregnancy and after childbirth can improve both mother and child health outcomes during and after pregnancy.
- Brief motivational intervention targeting at-risk and high-risk female drinkers can be a successful strategy for changing drinking behaviour, reducing the risk of alcoholexposed pregnancies and improving health outcomes in women.
- Oral health promotion programs, including motivational interviewing, written information and follow-up phone calls to mothers, are useful in promoting preventive behaviours in mothers.
- The evidence demonstrates a range of benefits from participation in early childhood and education services in the general population it was important in building social and cognitive development, as well as school readiness. It can also reduce social isolation of both parents and children, and help improve parenting skills and confidence. Teaching parents to become a child's earliest teacher can improve later literacy and numeracy rates, as well as contribute to positive self-esteem and a ready disposition to learn. Family instability is a major barrier to participation in early childhood and maternal health services.
- In early intervention evaluations, there appears to be a shortage of sufficient and appropriate data to fully assess the ratio of cost-benefit. Programs appear to provide a range of cost-effective benefits beyond the program itself (for example, reduction in family violence and abuse, improved quality of parents' lives, reduced delinquency and crime rates), but these cannot be definitively proven by the existing data.
- Group work interventions for teenage parents can improve family relationships and outcomes for babies and parents. Programs that improve parenting skills and strategies can have long-term benefits for the child's health and welfare and reduce visits to primary health-care services and social workers.
- Parenting skills programs aimed specifically at fathers can greatly improve their understanding of, and their efficacy in, their parenting role, particularly for non-resident and first-time fathers. Involving Aboriginal men in program development contributes to its success.

Box 3.1: Case study: Hey, Dad! Program for Indigenous dads, uncles and pops

The Hey, Dad! for Indigenous Dads, Uncles and Pops manual was designed to be delivered to groups of Indigenous men as a weekly program, series of workshops or a weekend program. A trial of the program was held in 2006 and 2007 in a number of areas in New South Wales. The aim was to increase communication and parenting skills and family and social connections, improve conflict resolution skills, and increase community participation in, and knowledge in the community about, maintaining strong and resilient relationships. Some of the positive feedback from participants included that the program was an all-Aboriginal group and that very few of these were available to men at the time, the delivery and session design was flexible and could be modified to individual needs (including within correctional and remand centres), there was great diversity of participants, the style and language was positive and relaxed, and the use of Aboriginal facilitators was beneficial. Participants were also encouraged by positive coverage in the community and the media, and the use of celebrations and certificates to recognise their participation. Most participants felt that Hey, Dad! had enhanced their parenting, communication, conflict resolution and relationship skills. The evaluation report detailed a number of recommendations regarding the successful roll-out of the program to other areas.



Characteristics of the research

The Assessed collection for the early childhood building block had 87 items, and 26 of those were from the first year.

- The majority of items were quantitative with a comparison group (43%), followed by other quantitative (34%), qualitative (18%) and literature reviews (5%).
- More than half (53%) of items were journal publications.
- Most (92%) items did not include an analysis of the cost of the program/activity.
- Most (90%) items were evaluations of programs/activities (Figure 3.2).

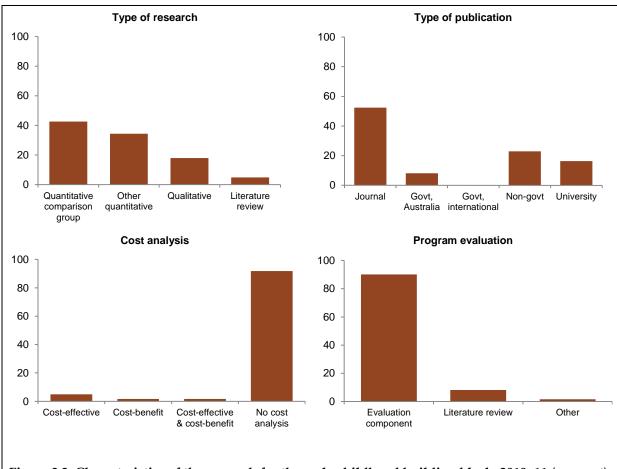
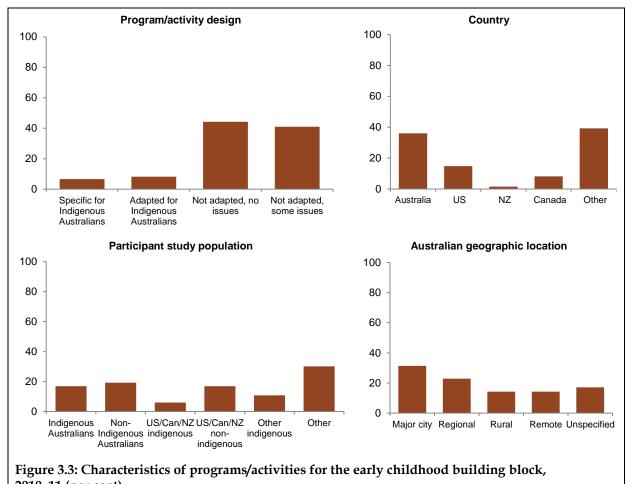


Figure 3.2: Characteristics of the research for the early childhood building block, 2010-11 (per cent)

- A large proportion (44%) of items were not adapted for use in an Indigenous Australian population but could be, and it is unknown whether many (41%) early childhood programs/activities could be adapted.
- Non-Indigenous Australians comprised 19% of study participants, followed by Indigenous Australians (17%), US, Canada or New Zealand non-indigenous (17%). A large proportion (30%) of items involved 'other' non-indigenous participants.
- Thirty-six per cent of items were conducted in Australia, 15% in the United States, 8% in Canada and 2% in New Zealand. A large proportion of items were conducted in 'other' countries (39%).

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• Of those studies conducted in Australia, 31% were in major city areas, 23% in regional areas, and 14% each in rural and remote areas (Figure 3.3).



- 2010-11 (per cent)
 More than four in 10 early childhood items used a quantitative method with some form
- Almost two-thirds of parental education items used quantitative analyses with a comparison group, followed by health (53%) and parental support (50%) (Table 3.1).

of comparison group.



Table 3.1: Early childhood items by research themes and type of research, 2010-11

	Quantii compa groi	rison	Oth quanti		Qualitative ^a		Literature reviews ^b		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Health	9	52.9	4	23.5	2	11.8	2	11.8	17	100.0
Parental Education	7	63.6	2	18.2	2	18.2	0	0.0	11	100.0
Parental Support	5	50.0	4	40.0	1	10.0	0	0.0	10	100.0
Industry Development	3	33.3	3	33.3	2	22.2	1	11.1	9	100.0
Access to Services	0	0.0	4	50.0	4	50.0	0	0.0	8	100.0
Early Childhood Education	2	40.0	3	60.0	0	0.0	0	0.0	5	100.0
Cost-Effective/Benefit	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
Total	26	42.6	21	34.4	11	18.0	3	4.9	61	100.0

Notes:

- a. This value is understated as some qualitative research is included in quantitative research.
- b. Literature reviews include systematic, meta-analysis and other reviews.
- One in 5 Indigenous Australian studies were a quantitative with a comparison group study, while a large proportion (43%) of Indigenous Australian items used other quantitative methods (Table 3.2).

Table 3.2: Early childhood items by type of research and Indigenous status and country of study, 2010–11

		stralian enous)		stralian (non- enous)		anada/ NZ jenous)	N	anada/ Z (non- enous)	indi	Other genous	intern	Other ational
	No.	%	No.	%	No.	%	No.	%			No.	%
Quantitative comparison group	3	21.4	3	18.8	2	40.0	9	64.3	5	55.5	9	36.0
Other quantitative	6	42.9	7	43.8	1	20.0	2	14.3	2	22.2	9	36.0
Qualitative	3	21.4	4	25.0	1	20.0	2	14.3	2	22.2	5	20.0
Literature review	2	14.3	2	12.5	1	20.0	1	7.1	0	0.0	2	8.0
Total	14	100.0	16	100.0	5	100.0	14	100.0	9	100.0	25	100.0

Note: Items may be counted in multiple categories.

Gaps in the evidence

There is little evidence on how to significantly increase the Indigenous early childhood workforce, how to train and support Indigenous workers who will remain in their communities, and how to build structures to enable Indigenous workers to develop a career path.

While there is a large body of evidence on how to improve governance of service agencies to improve early childhood service delivery to the general population, there is little evidence on how to achieve this in an Indigenous-specific context. This includes how to:

 develop unique Indigenous services for Indigenous families rather than rely on models developed for, and tested with, non-Indigenous groups



- create the funding and management structures required to operate truly integrated services
- increase trust of Indigenous families in mainstream services with non-Indigenous staff. There is a large body of evidence on effective early childhood service delivery in the general population. However, best practice in delivering early childhood programs specifically to Indigenous families and their children in the various Australian contexts, including across geography and subcultures, represents a gap in the evidence.



Healthy homes

What works

These findings were drawn from synthesised evidence in the resource sheet *Constructing and maintaining houses* (Pholeros & Phibbs 2012). The following are important when constructing and maintaining housing for Indigenous populations:

- Designing and constructing housing based on established standards and the accumulated knowledge in the *National Indigenous housing guide* (FaHCSIA 2008). This includes a process of consultation with the local community and designing housing that meets the social and cultural needs of its occupants.
- Targeting limited maintenance budgets for safety and health items first to improve the functional performance of the house.
- Using construction methods and materials that are appropriate, given the particular local environment, especially in rural and remote locations.
- Involving Indigenous communities in the planning and implementation of construction and maintenance programs.
- Using local community Indigenous labour to assist with construction and maintenance programs.
- Carefully documenting the performance of Indigenous housing using a set of standard, repeatable tests linked to the *National Indigenous housing guide* principles.
- Having rigorous inspection programs at handover to ensure that house construction complies with the drawings and specifications, and that the new house or house that has had a major upgrade functions at the time of handover.

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or other studies with common or consistent findings. The main themes that emerged from the analyses of the research in the healthy homes building block are:

- The importance of building capacity by simultaneously addressing governance, human resources and financial issues is critical, as is the availability of on-site services, programs and facilities.
- Success in building capacity in Indigenous organisations relies not only on training and development for existing staff but on training and development of people in the wider community with potential for future involvement in the organisation.
- The availability of tools, training and support for staff to undertake outcomes measurement will contribute to capacity building.
- Housing policies and programs need to address Indigenous culture-specific issues.
 Examples cited in the research include that Indigenous tradition-oriented men feel shamed if they have to act on their own behalf to obtain housing, while Indigenous women are sometimes unwilling to report violent men to the police and may instead become homeless.
- Services for Indigenous people are more effective when they are culturally appropriate.



- The connection between a series of healthy living practices and the quality and condition of housing is accepted, however, many more resources need to be committed to household infrastructure to improve Indigenous health.
- Community members with basic building maintenance skills have the potential to help build higher level capacity in housing provision.
- Those who received housing maintenance and support interventions have a significantly reduced rate of hospital separations for infectious diseases. Such gains have direct and indirect cost benefits to the health system and more broadly to society.
- Homelessness prevention and support programs operating in Western Australia have resulted in positive outcomes for clients in relation to health, housing and improved quality of life. They are also highly cost-effective and have the potential to significantly reduce health and justice budget outlays.
- Other evidence around Indigenous homelessness suggests that high mobility due to unstable housing can have a major deleterious effect on school/education outcomes for young Indigenous people.
- Extensive consultation with Indigenous communities, and the inclusion of Indigenous
 people in the delivery of the service is critical. Processes by which services are
 established are primary determinants of outcomes in Indigenous communities.
 Collaborative developmental approaches are more appropriate than, for example,
 competitive tendering.

Box 3.2: Case study: Housing for Health

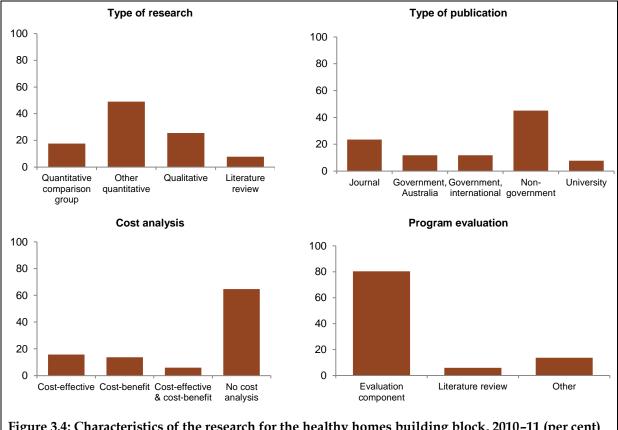
The Housing for Health Program was a joint NSW Department of Health and Department of Aboriginal Affairs project in the Aboriginal community housing sector across NSW. The program involved repairs and maintenance of Aboriginal community housing, with a focus on improving safety and health for residents. The program led to measurable changes in the conditions of houses to support healthy living. Since the first project trial in 1997, Housing for Health projects have been run in 2,230 houses across 71 communities in NSW, benefiting 9,258 people. Well over 51,700 items that specifically relate to improved safety and health have been fixed in these houses. The program evaluation showed that residents of houses where Housing for Health was implemented had a 40% lower rate of hospital separation for infectious diseases than the rest of the rural NSW Aboriginal population where it was not.

Characteristics of the research

The Assessed collection for the healthy homes building block contained 51 items, which were all collected in Year 2.

- Just under half of items in this building block used other quantitative studies (49%), and over a quarter used qualitative methods (26%).
- A large proportion of items were non-government publications (45%), and just under a quarter were journal publications (24%).
- Thirty-five per cent included a cost-effectiveness or cost-benefit analysis, or both.
- Eighty per cent of items were evaluations of programs/activities (Figure 3.4).





- Figure 3.4: Characteristics of the research for the healthy homes building block, 2010-11 (per cent)
- Only 18 per cent of the programs/activities were specifically designed for Indigenous Australians. The majority (49%) were not adapted and it is unclear if they could be, 20% could be adapted, and 4% were adapted.
- Indigenous Australians comprised almost one-quarter of study participants, followed by 'other indigenous' participants (21%), non-Indigenous Australians (19%) and US, Canada or New Zealand non-Indigenous participants (19%).
- A large proportion of items were Australian (41%), followed by United States (26%) and 'other' countries (26%).
- A similar proportion of studies were conducted in major city, regional and rural areas of Australia (Figure 3.5).



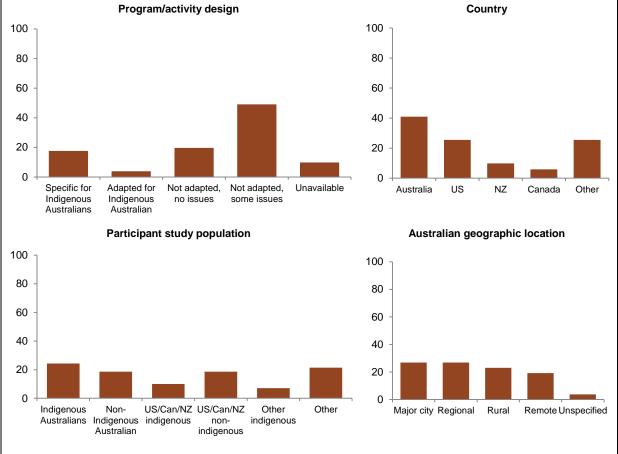


Figure 3.5: Characteristics of programs/activities for the healthy homes building block, 2010-11 (per cent)

- Just under half of healthy homes items used other quantitative methods (49%) and over a quarter used qualitative methods (26%).
- More than 80 per cent of maintenance and infrastructure items were quantitative with a comparison group or used other quantitative methods (Table 3.3).

Table 3.3: Healthy homes items by research themes and type of research, 2010-11

	Quantitative comparison group			Other quantitative		ative ^a	Litera revie			tal
	No.	%	No.	%	No.	%	No.	%	No.	%
Early intervention programs	2	11.8	10	58.8	3	17.6	2	11.8	17	100.0
Accommodation	3	23.1	5	38.5	5	38.5	0	0.0	13	100.0
Maintenance and infrastructure	4	33.3	6	50.0	1	8.3	1	8.3	12	100.0
Design	0	0.0	4	66.7	2	33.3	0	0.0	6	100.0
Cultural	0	0.0	0	0.0	2	66.7	1	33.3	3	100.0
Total	9	17.6	25	49.0	13	25.5	4	7.8	51	100.0

Notes

- a. This value is understated as some qualitative research is included in quantitative research.
- b. Literature reviews include systematic, meta-analysis and other reviews.



• Just under two-thirds of Indigenous Australian items used other quantitative methods (Table 3.4).

Table 3.4: Healthy homes items by type of research, Indigenous status and country of study, 2010–11

		ralian enous)	,	ralian on- enous)	US/Ca N (indige	Z	Z NZ (non-		intern	her ational enous	Otl interna (no indige	ational on-
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Quantitative comparison group	1	5.9	1	14.3	0	0.0	4	30.8	2	40.0	4	26.7
Other quantitative	11	64.7	5	71.4	8	61.5	7	53.8	2	40.0	5	33.3
Qualitative	4	23.5	1	14.3	5	38.5	0	0.0	1	20.0	5	33.3
Literature review	1	5.9	0	0.0	0	0.0	2	15.4	0	0.0	1	6.7
Total	17	100.0	7	100.0	13	100.0	13	100.0	5	100.0	15	100.0

Note: Items may be counted in multiple categories.

Gaps in the evidence

Systematic national data on construction and maintenance programs would help evaluate the performance of different designs and construction methods, and also provide information on the long-term cost-effectiveness of capital investment and maintenance systems.

There is some literature exploring the desirability of, barriers to and prevalence of home ownership among Indigenous Australians, but little is known about the social and cultural effects of individual home ownership on broader Indigenous communities. There is also a gap in the understanding of how to implement home ownership in the context of community land title in some regions. Communal home ownership is a little explored concept in the literature.

The evidence on the efficacy of assertive community treatment for Indigenous Australians is limited. Assertive community treatment '... is an approach to the organisation and delivery of mental health services that seeks to provide a comprehensive range of treatment, rehabilitation, and support services through a multidisciplinary team within the community. Basic characteristics include frequent client contacts by staff, delivery of services within the community, 24-hour availability of services, and ongoing responsibility of staff for the care of their clients. This is a program with a high level of service intensity. It requires caseloads with high staff-client ratios, with brief and frequent contact' (Scott & Dixon 1997: section 4 of 6). While there is evidence that assertive community treatment is effective in reducing the incidence of long-term and recurring homelessness among those with mental illness in the general population, it is unclear whether it would prove more effective among Indigenous homeless clients, and if so how it should/could be implemented.

Lastly, there is a lack of evidence to demonstrate whether Indigenous-specific supported accommodation is more effective than incorporating Indigenous clients into programs designed for the general public.



Governance and leadership

What works

These findings were drawn from synthesised evidence produced in the 2 resource sheets on topics related to governance and leadership.

Effective practices for service delivery co-ordination in Indigenous communities

Service delivery coordination initiatives designed with, and for, Indigenous populations must:

- focus on outcomes
- be culturally appropriate
- invest time and resources into community consultations
- acknowledge and draw on a community's strengths; that is, apply a strengths-based approach
- support both Indigenous and non-Indigenous staff.

Additionally, initiatives work best when they are targeting a specific issue or problem that demands coordination across organisations; that is, they must be fit-for-purpose (Stewart, Lohoar & Higgins 2011).

Improving Indigenous community governance through strengthening Indigenous and government organisational capacity

- Community ownership of governance improvement with organisational change led by Indigenous people utilising existing community capacity.
- Long-term partnerships between government and Indigenous people, with a focus on strengthening capacity.
- Collaborative developmental approaches between Indigenous people and government that aim to strengthen existing capacity through long-term partnering.
- Tailored, situational approaches that take into account the complexities of Indigenous governance.
- Capacity strengthening programs with clarity of purpose; that is, with a clear notion of
 what type of capacity is being strengthened and for whom, and how the effectiveness of
 the program will be measured.
- Building trust and respect between government agencies and Indigenous communities (Tsey, McCalman, Bainbridge & Brown 2012).

Key evidence from the Assessed collection

The key evidence was primarily drawn from quantitative studies with comparison groups, or where there were common findings across a number of studies. Some of the key themes that emerged from the governance and leadership building block were:

- Short-term projects are shown to require long-term planning with a realistic strategy which emphasised sustainability.
- Flexible and open organisational structures and processes are needed to maximise the full potential of the local population and draw in regional partners.



- Reinforcing a participant's feelings of cultural connectedness must include a focus on positive images, and preferably be delivered by Indigenous people in places where Indigenous people feel at ease.
- Culturally appropriate practices must extend beyond governance and leadership to: education and training, crisis intervention, counselling, and workshops that promote healthy family life.
- Tensions need to be managed between culturally appropriate practices and Western governance structures.
- Financial diversity and an innovative approach are needed to secure required funding.
- Using suitably qualified and experienced field staff who have a knowledge of local conditions and have established relationships within communities is shown to provide good outcomes.
- Leadership in school-community partnerships is needed to realise a shared vision.
- Cross-disciplinary and experienced teams are necessary to lead the community planning initiative, including the capacity to negotiate, to think strategically and to hold a longterm focus.
- The development of leadership capacity is a long-term process that requires attitudinal and behavioural change, the rebuilding of confidence and self-belief, and the transfer of knowledge and skills.
- Leadership programs should focus their recruiting efforts not only on those with obvious talents but also on those who may appear less suited for training because they may be the ones who can benefit most.
- Training in conflict resolution is considered highly valuable.
- Recognising the significant role women play in community leadership is critical for Indigenous programs.
- Learning and leadership programs must incorporate cultural appropriateness, sustainable resourcing over time and collaboration with Indigenous people.

Box 3.3: Case study: An integrated strategy building economic, human and social capital in an Indigenous community

A 5-year community development pilot project was undertaken in Lockhart River from 2004 to develop social capital, community engagement, empowerment, capacity building, partnership and leadership development. One of the key components to its success was the building of trust between community members and the project participants. The project report acknowledged that it took time to establish and grow strong relationships that could withstand the complexities of developing and implementing community plans, community leadership and empowerment. Other key factors were the need for flexibility in the development and implementation of planning, and being able to respond to learnings and outcomes as they arose. This could only occur with open sharing of information and collaboration. The role of the senior government employee in leading the pilot in the community was a critical factor in its success.



Characteristics of the research

- The Assessed collection for the governance and leadership building block contained 51 items, that were all collected in Year 2.
- More than half of items used qualitative methods (57%).
- More than a third of items were journal publications (37%) and more than one-quarter were university publications (26%).
- One in 10 items conducted at least one type of cost analysis (10%).
- Eighty per cent of items were evaluations of programs/activities (Figure 3.6).

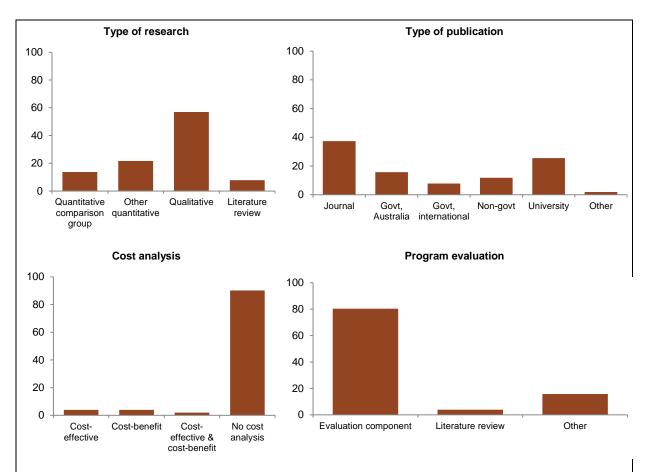
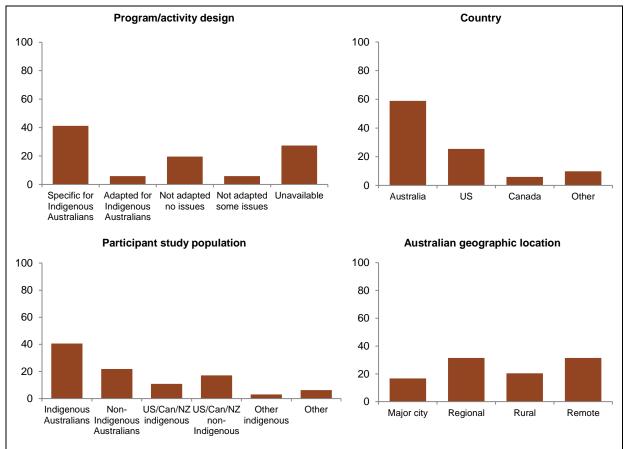


Figure 3.6: Characteristics of the research for the governance and leadership building block, 2011–10 (per cent)

- A large proportion of items were designed specifically for Indigenous Australians (41%).
- Indigenous Australians comprised 41% of program/activity participants, a further 22% of participants were non-Indigenous Australian.
- More than half of governance and leadership studies were conducted in Australia (59%), followed by more than a quarter in the United States (26%).
- Of the studies conducted in Australia, 32% were in regional areas, 32% in remote areas, 20% in rural areas and 17% in metropolitan areas (Figure 3.7).





- Figure 3.7: Characteristics of programs/activities for the governance and leadership building block, 2010–11 (per cent)
- More than half of governance and leadership items used qualitative methods (57%).
- Just over a third of planning for process and structure items were quantitative with a comparison group or used other quantitative methods (Table 3.5).

Table 3.5: Governance and leadership items by research themes and type of research, 2010-11

	Quantitative comparison group		Other quantitative		Qualitative ^a		Literature reviews ^b		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Planning for process and structure	3	13.0	5	21.7	13	56.5	2	8.7	23	100.0
Leadership and learning programs	2	16.7	2	16.7	6	50.0	2	16.7	12	100.0
Collaboration	0	0.0	2	22.2	7	77.8	0	0.0	9	100.0
Resourcing	2	50.0	1	25.0	1	25.0	0	0.0	4	100.0
Cultural appropriateness	0	0.0	1	33.3	2	66.7	0	0.0	3	100.0
Total	7	13.7	11	21.6	29	56.9	4	7.8	51	100.0

Notes

- a. This value is understated as some qualitative research is included in quantitative research.
- b. Literature reviews include systematic, meta-analysis and other reviews.



• Just under two-thirds of studies with Indigenous Australian participants used qualitative methods (Table 3.6).

Table 3.6: Governance and leadership items by type of research, Indigenous status and country of study, 2010–11

	Australian (Indigenous)		Australian (non- Indigenous)		US/Canada/ NZ (indigenous)		US/Canada/ NZ (non- indigenous)		Other International indigenous		Other international (non- indigenous)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Quantitative comparison group	1	3.8	1	7.1	2	28.6	4	36.4	1	50.0	1	25.0
Other quantitative	5	19.2	3	21.4	2	28.6	2	18.2	0	0.0	1	25.0
Qualitative	17	65.4	7	50.0	3	42.9	5	45.5	1	50.0	2	50.0
Literature review	3	11.5	3	21.4	0	0.0	0	0.0	0	0.0	0	0.0
Total	26	100.0	14	100.0	7	100.0	11	100.0	2	100.0	4	100.0

Note: Items may be counted in multiple categories.

Gaps in the evidence

There is a range of literature on governance and leadership development that support the view that culturally appropriate programs, services and governance/leadership models are essential for effectively building community leadership capacity and delivering effective services. But this literature is frequently vague about how specific programs have been implemented in a culturally appropriate manner.

Further research that specifically investigates what cultural appropriateness looks like across a range of diverse locations and cultures is needed. In particular, research leading to the development of practical manuals for policy makers and program implementers would assist them to make services more culturally appropriate.

Further synthesis of internationally and locally established principles of effective community development, particularly the 'strengths-based approach', could be explored to provide practical operational principles for those who implement programs and policy makers.



Appendix A: Summary extracts from Clearinghouse publications

Increasing Indigenous employment rates (Gray, Hunter & Lohoar 2012): Issues paper no. 3

This paper provides an overview of the research-based evidence on the reasons for Indigenous Australians having much lower employment rates than non-Indigenous Australians and the evidence of what has been most successful in increasing Indigenous employment.

What we know

- Indigenous Australians have much lower employment rates than other Australians.
- Reasons for the lower employment rates include lower levels of education, training and skill levels (human capital), poorer health, living in areas with fewer labour market opportunities, higher levels of arrest and interactions with the criminal justice system, discrimination, and lower levels of job retention.
- There has been a substantial increase in Indigenous employment over the period 1994 to 2008, especially in the private sector. It is important to have policies that both increase the demand for Indigenous workers and increase the number of Indigenous people who want paid employment and have the necessary skills to fill available vacancies.

- Increasing the skill levels of Indigenous Australians via formal education and training.
- Pre-employment assessment and customised training for individuals in order to get Indigenous job seekers employment-ready.
- Non-standard recruitment strategies that give Indigenous people who would be screened out from conventional selection processes the opportunity to win jobs.
- The provision of cross-cultural training by employers.
- Multiple and complementary support mechanisms to improve the retention of Indigenous employees is crucial. These may include:
 - on-going mentoring and support
 - flexible work arrangements to allow Indigenous employees to meet their work, family and/or community obligations
 - provision of family support
 - addressing racism in the workplace via initiatives such as the provision of cross-cultural training.
- Wage subsidy and other labour market programs can be effective for Indigenous job seekers.
- A strong macro-economy which creates a range of new jobs.
- Having explicit Indigenous employment goals for government programs which deliver goods or environmental or personal services.



What we don't know

There is only a limited understanding of the causes of Indigenous labour market disadvantage. In particular, relatively little is known about the following:

- What influences whether Indigenous people seek paid employment and whether these influences are different from the non-Indigenous population.
- The impacts on Indigenous Australians of changes to the income support system designed to encourage work force participation.
- The role played by employer practices and policies.
- The effectiveness of labour market programs which are not specifically targeted to Indigenous job seekers at increasing employment rates of Indigenous Australians.
- Why more Indigenous Australians are not moving to areas with better employment opportunities.
- The extent of labour market discrimination against Indigenous Australians and how to reduce the levels of discrimination.
- Whether for some Indigenous people, there is a tension between cultural practices and maintaining paid employment.

So what should governments do to continue to increase Indigenous employment rates? While the macro-economic conditions remain strong and there is employment growth, increasing the skills levels of as many Indigenous Australians so that they can find employment should remain the priority. During a time of economic recession the task will be much harder. A serious economic downturn is likely to have a bigger negative impact on the employment of Indigenous Australians. During such times it will be important for the government to do whatever it can to assist Indigenous Australians who lose their jobs to remain connected to the labour market, to become re-employed and to increase their skill levels via training and education.

Early childhood and education services for Indigenous children prior to starting school (Sims 2011): Resource sheet no. 7

What we know

- High-quality early intervention/education improves children's lifelong outcomes across all areas—education, health (mental and physical) and wellbeing.
- Early intervention/education is more effective, particularly for vulnerable families, when it is holistic—i.e. addresses children's and families' learning needs taking into account the contexts in which they live.
- Closing the gap in outcomes between Indigenous and non-Indigenous Australians requires a focus on early intervention/education of Indigenous young children (from birth), their families and communities.

- Services are more effective for Indigenous children and families when they are aware and address cultural competence/cultural safety in their service delivery.
- A key component of cultural competence/safety often rests on employing Indigenous workers.
- It is critical that non-Indigenous staff have awareness of how to engage and support all cultures, but particularly Indigenous cultures.



- Honest engagement, building trust, working with community members is essential.
- A focus on empowerment, and working from strengths makes a difference.

- We cannot assume that what works for families from the non-Indigenous culture can be used to successfully shape Indigenous programs.
- Mainstream services offering generic support without taking into account issues of cultural competence/safety for Indigenous children and families do not help.
- Developing a one-size-fits-all approach (e.g. rolling out across the country a program that is successful in one context on the assumption that it will be successful everywhere) does not result in effective services.
- Assuming we, as outsiders to a particular community, know what will work best in that community does not result in programs that meet community needs.

What we don't know

- How to significantly increase the early childhood Indigenous workforce; to train and support Indigenous workers who will remain in their communities; and to build structures to enable Indigenous workers to develop a career path.
- How to develop unique Indigenous services for Indigenous families rather than rely on models developed for and tested with non-Indigenous groups.
- How to increase trust of Indigenous families in mainstream services and non-Indigenous staff.
- How to improve governance of Indigenous organisations to improve service delivery.
- How to best deliver programs to Indigenous families and their children in the various Australian contexts, including across geography and subcultures.
- How to support Indigenous and non-Indigenous people to move forward together in partnership in service delivery.
- How to create the funding and management structures to operate truly integrated services.

Effective practices for service delivery coordination in Indigenous communities (Stewart, Lohoar & Higgins 2011): Resource sheet no. 8

What we know

Effective coordination of service delivery can enhance the quality of services and benefit service providers. Benefits include more efficient use of resources and improved working relationships.

What works

Evidence from process evaluations and documented practice experience reveal that service delivery coordination initiatives designed with, and for, Indigenous populations must:

- focus on outcomes
- be culturally appropriate
- invest time and resources into community consultations
- apply a strengths-based approach
- support Indigenous and non-Indigenous staff.

Initiatives work best when they are targeting a specific issue or problem that demands coordination across organisations: that is, they must be 'fit-for-purpose'.



Coordination initiatives will not usually work without considerable time and resources (human, capital and financial). Other barriers include:

- lack of skilled program leaders, practitioners and staff
- risk-averse organisational cultures
- inflexible organisational structures or service delivery models, including 'silo'-based frameworks
- 'one-size-fits-all' approaches that ignore local diversity
- program partners that lack clearly defined roles or responsibilities.

What we don't know

- There is only limited evidence to understand whether service delivery coordination leads directly to outcomes for service users in Australia and internationally:
 - it can be difficult to attribute changes (like improved employment outcomes) to a particular coordination initiative
 - where outcomes are measured, evaluations have been conducted before long-term effects are able to be fully realised.
- There is little evidence to show how models developed for non-Indigenous Australians or internationally might apply to Indigenous Australians.

Healthy lifestyle programs for physical activity and nutrition (The Closing the Gap Clearinghouse 2012): Resource sheet no. 9

What we know

- Over half (51%) of Indigenous people living in non-remote parts of Australia and aged 15 and over do very little or no exercise, compared with 33% of non-Indigenous Australians.
- Indigenous people are twice as likely to report no usual daily fruit consumption and seven times as likely to report no usual daily vegetable consumption as non-Indigenous people of the same age.
- While Indigenous adults are less likely to be overweight than non-Indigenous adults (31% compared with 36%), they are much more likely to be obese (34% compared with 18%).
- Being overweight or obese, being physically inactive and consuming a diet low in fruit and vegetables have been estimated to contribute 16%, 12% and 5% respectively to the health gap observed between Indigenous and non-Indigenous Australians. This is largely due to the influence of these factors on the development of cardiovascular disease, diabetes and chronic kidney disease.

- In the Indigenous context, the community managed and initiated all the programs which were shown to be effective.
- Individual, family-based and group-based Indigenous lifestyle programs had positive health effects for periods of up to two years.
- Intensive lifestyle programs have been shown to be effective in reducing the incidence of diabetes developing among overweight non-Indigenous people with pre-diabetes.



- Programs that do not have a high level of community ownership and support.
- Programs that operate in isolation from, or do not address, broader structural issues, such as poverty and lack of access to a healthy food supply.

What we don't know

- What is required for a program that is successful in one community or setting to be successfully implemented in other communities or settings.
- Whether intensive lifestyle programs that are effective in reducing the incidence of diabetes among overweight non-Indigenous people with pre-diabetes would also be effective for Indigenous pre-diabetic Australians.
- Whether individual, family and group programs that show promising results in the short term (up to two years) are effective in the longer term (over five years).
- Whether sport promotion programs increase participation in sport among Indigenous children and adults.
- What strategies are effective to promote participation in sport by older men, and adult and older women.

Improving Indigenous community governance through strengthening Indigenous and government organisational capacity (Tsey, McCalman, Bainbridge & Brown 2012): Resource sheet no. 10

What we know

- Strengthening the organisational capacity of both Indigenous and government organisations is critical to raising the health, wellbeing and prosperity of Indigenous Australian communities.
- Improving the governance processes of Indigenous organisations is likely to require an incremental strengthening of Indigenous and government organisational values, goals, structures and arrangements that influence employees' behaviour and wellbeing.
- Involvement of Indigenous people in decision-making about their own development is critical.

- Community ownership of governance improvement with organisational change led by Indigenous people utilising existing community capacity.
- Long-term partnerships between government and Indigenous people, with a focus on strengthening capacity.
- Collaborative developmental approaches between Indigenous people and government that aim to strengthen existing capacity through long-term partnering.
- Tailored, situational approaches that take into account the complexities of Indigenous governance.
- Capacity strengthening programs with clarity of purpose; that is, with a clear notion of
 what type of capacity is being strengthened and for whom, and how the effectiveness of
 the program will be measured.
- Building trust and respect between government agencies and Indigenous communities.



- Programs that do not reflect community priorities.
- Attempts to improve Indigenous governance structures, such as through amalgamation, without attending to the processes by which people govern.
- Fragmented government or rapidly changing government processes; overload of reform and change initiatives; ad hoc, poorly coordinated, funded and monitored delivery of programs, and multiple accountability requirements (red tape).

What we don't know

- How to reach agreed understandings of community governance taking into consideration the diversity of Indigenous governance levels, sectors and institutions.
- How to strengthen the intercultural processes associated with contemporary Indigenous governance arrangements both within Indigenous organisations and mainstream governance systems.
- How combinations of capacity strengthening can best be implemented, such as 'hard' capacity strengthening (including technical skills, infrastructure and finance), and 'soft' capacity strengthening (for example, morale, values and motivations).
- How informal processes of Indigenous governance work, what influence they have and how they could be strengthened.
- How to improve leadership succession, including to young people.
- Whether the benefits of organisational change and other community governance strengthening processes outweigh the costs (that is, value for money).

Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions (Graffam & Shinkfield, 2012)

What we know

- Indigenous Australians are over-represented in all Australian state and territory correctional systems.
- On release, adult Indigenous prisoners typically experience complex, wide-ranging limitations to employment.
- Indigenous Australians are one of the most disadvantaged groups in the Australian labour market. Criminal history adds a layer of complexity to employment in addition to the socioeconomic disadvantage Indigenous ex-offenders experience.
- There are numerous prison-based and community-based programs aimed at improving employability and sustained employment for which Indigenous prisoners and exprisoners are eligible. However, only a small number of Indigenous-specific programs have been developed.



What works

- Programs incorporating Indigenous knowledge and practices, particularly those involving Indigenous facilitators or traditional elders in delivery.
- Programs with a long-term focus (minimum one-year) and a strong case-management approach. A comprehensive and personalised case-management approach can have a significant positive impact on employment outcomes for individuals.
- Transition programs that begin pre-release and continue for several months post-release, with clearly stated program objectives and individualised assistance.
- Programs that take a broad approach to post-release support by tackling issues relating to social disadvantage as well as employment.
- Programs that incorporate on-the-job work experience with other forms of support, such as mentoring.

What doesn't work

• Leaving individuals unassisted to overcome all the known barriers to employment success and achieve sustained employment.

What we don't know

- The area of employment services for Indigenous ex-offenders is broadly underresearched.
- Few evaluations of 'best practice' and effectiveness of employment services for Indigenous ex-offenders have been conducted, and there is a resultant lack of specific knowledge of employment programs for Indigenous ex-prisoners.
- Beyond what is suggested about performance by the Job Services Australia star rating system, the effectiveness of mainstream and specialist employment services in assisting Indigenous ex-prisoners to gain employment and other program goals compared with non-Indigenous participants is not well demonstrated.

Constructing and maintaining houses (Pholeros & Phibbs, forthcoming)

What we know

- The most recent available evidence on Indigenous housing suggests that there are significant problems with the standard of Indigenous housing in Australia:
 - The percentage of dwellings managed by Indigenous community housing organisations which required major repair or replacement increased from 27% in 2001 to 31% in 2006.
 - A data series compiled by Healthabitat on the performance of Indigenous dwellings identifies a similar trend.
 - On a more positive note the ABS national survey reported an improvement in the standard of Indigenous housing between 2002 and 2008.
- The poor performance is related to a number of significant challenges in the design, construction and maintenance of Indigenous housing.

What works

• Designing and constructing housing based on established standards and the accumulated knowledge in the *National Indigenous Housing Guide*. This includes a process of consultation with the local community and designing housing that meets the social and cultural needs of its occupants.



- Targeting limited maintenance budgets for safety and health items first to improve the functional performance of the house.
- Using construction methods and materials that are appropriate, given the particular local environment, especially in rural and remote locations.
- Involving Indigenous communities in the planning and implementation of construction and maintenance programs.
- Using local community Indigenous labour to assist with construction and maintenance programs.
- Carefully documenting the performance of Indigenous housing using a set of standard, repeatable tests linked to the *National Indigenous Housing Guide* principles.
- Having rigorous inspection programs at handover to ensure that house construction complies with the drawings and specifications, and that the new house or house that has had a major upgrade, functions at the time of handover.

Unfortunately, there is a great deal of evidence about what doesn't work based on decades of experience. Common characteristics of a number of troubled construction and maintenance programs include:

- a one-size-fits-all approach that doesn't allow for particular local cultural, social and environmental circumstances
- short-term or piecemeal interventions that are not implemented for long enough to make a significant impact
- fixed, short-term deadlines for any construction program
- interventions that are adopted without considering local needs nor involve collaborating with Indigenous communities to provide a real opportunity for them to let their views be known
- maintenance programs for rural and remote areas based on models applied in capital cities
- maintenance programs that are based on responsive maintenance (that is, maintenance only occurs when a tenant notifies the landlord), rather than on periodic or cyclical maintenance supplemented with local, ongoing testing of houses.

What we don't know

- Although there is a good national database on dwellings that have been maintained through the Healthabitat program, there is no equivalent national database for new construction at the level of the individual dwelling.
- Given improvements in technology, especially in the area of geographical information systems, it would be possible to develop such a database and to update this database as systematic maintenance of properties occurs.
- This would help in evaluating the performance of different designs and construction methods, and also provide information on the long-term cost effectiveness of capital investment and maintenance systems. This database could be augmented by postoccupancy evaluation studies so that successes and mistakes in design could be established.



Early learning programs that promote children's developmental and educational outcomes (Harrison, Goldfeld, Metcalfe & Moore, forthcoming)

What we know

The early years are a critical period where the pathways to a child's lifetime social, emotional and educational outcomes begin. Although early experiences do not determine children's ongoing development, the patterns laid down early tend to be very persistent and some have lifelong consequences.

- Australian and international studies have shown that children's literacy and numeracy skills at age 4–5 years predict academic achievement in the primary school years.
- Gradients in language and literacy, communication and socio-emotional functioning emerge early for children across socio-economic backgrounds, and these social gradients persist into the school years.
- According to Australian Early Development Index (AEDI) data, Indigenous children start school with relative strengths in social and emotional functioning, but with higher rates of developmental vulnerability in relation to literacy and numeracy.
- Indigenous children and economically disadvantaged families are less likely to attend an early childhood program than their non-Indigenous and more advantaged peers.
- Indigenous families want a culturally safe environment for their children in prior-toschool education and care programs.

What works

- Children at risk of poor developmental and educational outcomes benefit from attending high-quality, universally provided education and care programs in the prior-to-school years.
- Early learning programs that are supported by the community, well-attended, well-resourced and evidence-based are a key contributor to good early childhood outcomes.
- Helping families and communities to be supportive and effective in their roles in children's lives is a key protective factor for the early years and a key component in the design and delivery of high-quality, effective early years programs.
- Uptake of early learning programs by Indigenous families is enhanced by community partnerships, culturally relevant practice that values local Indigenous knowledge, and appropriate teacher training and support.

What doesn't work

- Children attending early learning programs of poor quality show poorer outcomes at school entry, particularly when poor quality programs are combined with long hours of attendance or poorer home learning environments.
- Too-narrowly targeted service delivery approaches can miss many of the children and families who need support.
- Programs that lack stability and continuity of staffing, and/or do not integrate families' access in to programs, reduce the potential benefits for children
- Early learning programs that do not reflect the culture and knowledge of the Indigenous community are not seen as culturally safe and tend not to be used by families in that community.



What we don't know

- There are limited national data on attendance rates of children in early learning programs in the years prior to entering formal schooling.
- There have been no rigorous trials or evaluations of early childhood programs in Australia, particularly programs for Indigenous and at-risk children.
- There is no Australian research that has examined:
 - the relative benefits of targeted and universal programs for early learning
 - the long-term effects of attending an early learning program through a costbenefit analysis.
- There is little Australian or international research that has evaluated the components, characteristics and determinants of high-quality early learning programs for young children.

Engaging Indigenous students through school-based health education (McCuaig L & Nelson A, forthcoming)

What we know

- Indigenous Australians, including young Indigenous people, are disadvantaged according to a range of health outcomes and morbidity profiles.
- Indigenous young people have access to a range of resources in their cultural, social and cognitive lives that educators can recognise and build upon.
- Schools are uniquely placed to teach the knowledge, skills and attitudes that underpin healthy living.
- Adoption of the World Health Organization's Health Promoting Schools framework, which uses a whole-of-school approach to school-based health initiatives, can lead to positive health outcomes for Indigenous students.
- Effective health education policy and practice recognises the:
 - mutual benefits for students of health and education initiatives
 - importance of students' engagement with, and achievement in, core curriculum competencies
 - significance of quality teachers and teaching
 - positive benefit of school connectedness
 - value of programs embedded within family, community and cultural contexts.

What works

Quality teaching and teachers lie at the heart of initiatives that have successfully enhanced Indigenous students' health and education performance. Positive health outcomes can be achieved when health education programs are:

- delivered and assessed within the context of the core school curriculum
- provided by trained and well-resourced classroom teachers
- implemented across a substantial time frame and through at least two Health Promoting Schools dimensions
- informed by local health issues, values and beliefs of individual students and their community
- delivered within the context of safe and supportive classroom and school environments



- underpinned by positive partnerships with parents, community members and health professionals
- designed and evaluated according to sound health and educational theory and practice.

Past and current initiatives seeking to reduce the educational and health disparities of Indigenous youth have provided some clear indications of what does not work. These suboptimal programs are typically characterised by:

- 'quick fix' strategies that adopt a 'one-size-fits-all' approach
- ad hoc approaches and a lack of processes for accountability and sustainability
- a reliance on external speakers or isolated individuals to deliver programs
- practices that reinforce deficit models of Indigenous students
- limited or non-existent quality partnerships with Indigenous families and communities.

What we don't know

There are significant gaps in our knowledge about what works, for whom and in what circumstances. Currently, we have gaps in our understanding about:

- whether specific health education practices that contribute to positive health-related outcomes for Indigenous students
- the barriers and facilitators that influence the successful detailed implementation of broader policy
- the development of health risk or resilience among Indigenous young people
- the impact of school-based health education (i.e. conclusive evidence is limited
- what indicators that are most effective in assessing the impact of school-based health education
- uniquely Indigenous approaches to the development of health literacy.

Education programs for Indigenous Australians about sexually transmitted infections and blood borne viruses (Strobel NA & Ward J, forthcoming)

What we know

- Undiagnosed and untreated sexually transmissible infections (STIs) and blood-borne viruses (BBVs) can have serious health consequences for the individuals involved and for the broader community.
- Indigenous Australians are over-represented in STI and BBV notification data, particularly for chlamydia, gonorrhoea, infectious syphilis, hepatitis B and hepatitis C. Human Immunodeficiency Virus continues to be diagnosed at similar rates to non-Indigenous Australians.
- Sexual health education programs can positively influence behaviour, and thereby reduce STIs, BBVs and unwanted pregnancies.

- International evidence shows that sexual health education can lead to delayed initiation of sex and increased condom use among young people.
- There is some Australian evidence that sexual health education programs were effective in increasing levels of knowledge and changing attitudes to STIs and BBVs, but only a small amount of evidence that showed changes in behaviour.



- In the Indigenous context, there was evidence that a multi-faceted approach that included community education and health promotion reduced rates of STIs.
- The best interventions are those based on a sound understanding of the behaviours, knowledge, beliefs and practices that they are trying to influence.
- A well- trained and resourced workforce to implement sexual health education programs in the community, clinical and school settings is paramount to the successful implementation and maintenance of these programs.

- Mainstream social marketing messages for sexual health education do not always reach or influence Indigenous communities.
- Short one-off education sessions that are not reinforced.
- Imparting sexual health knowledge without focussing on behaviours.

What we don't know

- There is limited evidence available to support the effectiveness of sexual health education programs for Indigenous Australians, including:
 - peer-led and peer-based sexual health education programs
 - social marketing campaigns for sexual health education programs
 - text messages and other forms of electronic media as sexual health education tools
 - school-based sexual health education programs.
- The risk practices, knowledge and attitudes of Indigenous Australians regarding STIs and BBVs.
- How to access difficult-to-reach target populations, including highly mobile populations, in health promotion and education contexts.



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