



Australian Government
**Australian Institute of
Health and Welfare**

Aboriginal and Torres Strait Islander health organisations

Online Services Report—key results 2014–15



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Online Services Report—key results **2014–15**



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Abbreviations

ABS	Australian Bureau of Statistics	ISO	International Organization for Standardization
ACCHO	Aboriginal Community Controlled Health Organisation	MBS	Medicare Benefits Schedule
ACHS	Australian Council on Healthcare Standards	NSW	New South Wales
ACT	Australian Capital Territory	NT	Northern Territory
AGPAL	Australian General Practice Accreditation Limited	OATSIH	Office for Aboriginal and Torres Strait Islander Health
AHP	Aboriginal and Torres Strait Islander health practitioner	OSR	Online Services Report
AHW	Aboriginal and Torres Strait Islander health worker	PIRS	patient information recall system
AIHW	Australian Institute of Health and Welfare	PM&C	Department of the Prime Minister and Cabinet
AOD	alcohol and other drugs	QIC	Quality Improvement Council
CEO	Chief Executive Officer	Qld	Queensland
CSHISC	Community Services and Health Industry Skills Council	RACGP	Royal Australian College of General Practitioners
DoH	Department of Health	SA	South Australia
ENT	ear, nose and throat	SEWB	social and emotional wellbeing
FTE	full-time equivalent	STI	sexually transmitted infection
GP	general practitioner	Tas	Tasmania
IAS	Indigenous Advancement Strategy	Vic	Victoria
		WA	Western Australia
		WHO	World Health Organization

Symbols

- nil or rounded to zero
- .. not applicable
- < less than
- > greater than
- n.a. not available

Summary

This seventh national report presents information from 278 organisations across Australia, funded by the Australian Government to provide one or more of the following health services to Aboriginal and Torres Strait Islander people: primary health care, maternal and child health care, social and emotional wellbeing services, and substance-use services. These organisations participated in the 2014–15 Online Services Report data collection. Information is presented on the characteristics of these organisations, the health services and activities provided to clients and staffing levels. Other information presented includes client numbers, client contacts and episodes of care, and service gaps and challenges.

Primary health client contacts increased

- In 2014–15, 203 of the organisations (73%) were funded to provide primary health-care services and many of these were Aboriginal Community Controlled Health Organisations (138 or 68%).
- These organisations employed 7,359 full-time equivalent staff and just over half (53%) were Indigenous, a similar proportion to 2013–14 (53%). The workforce was made up of 4,454 health staff (61%) and 2,905 other staff (39%). Nurses and midwives were the most common type of health worker, representing 15% of employed staff. This was followed by Aboriginal health workers (11%) and doctors (6%). However, the relative proportions of these varied by remoteness area, with more nurses and midwives being employed in *Very remote* areas (39%) and more Aboriginal health workers in *Outer regional* areas (31%).
- Health staff provided primary health-care services to around 434,600 clients through 5.0 million client contacts. Since 2013–14, client contacts increased by 9%. Although the number of staff per 1,000 clients was similar to 2013–14 (18 per 1,000 clients), the number of contacts per client showed a small increase and continued an upward trend in average contacts per client overtime, which has gone from 7.7 in 2008–09 to 11.6 in 2014–15.

An average of nearly 5 antenatal visits per woman

In 2014–15, 220 of the organisations (79%) provided maternal and child health services, either through primary health or New Directions funding. Around 34,100 antenatal visits were reported for 7,400 Indigenous women, an average of 4.6 visits per woman. Around 22,100 child health checks were conducted for Indigenous children aged 0–4 years.

More social and emotional wellbeing counsellors

In 2014–15, 97 of the organisations (35%) were funded to provide social and emotional wellbeing services. They employed 221 counsellors, an increase of 17% compared with 2013–14. Around 60% of counsellors were Indigenous, a similar proportion to 2013–14 (62%). Services were provided to around 21,100 clients through 100,200 client contacts.

Amphetamines seen as an important substance-use issue

In 2014–15, 67 of the organisations (24%) were funded to provide substance-use services. They saw around 25,200 clients through 151,000 episodes of care. Most episodes of care (89%) were for non-residential or after-care services. The proportion of these organisations that reported amphetamines as one of their most important issues in terms of staff time and organisational resources increased from 45% in 2013–14 to 70% in 2014–15.



1 Introduction

This seventh national report provides an overview of 278 organisations funded by the Australian Government Department of Health (DoH) and/or the Department of the Prime Minister and Cabinet (PM&C) to provide health services to Aboriginal and Torres Strait Islander people. These organisations contribute to the Online Services Report (OSR) data collection managed by the Australian Institute of Health and Welfare (AIHW).

This report presents the main findings from the 2014–15 OSR collection, with some time series analyses. It includes information on the health services provided by these organisations, client numbers and episodes of care, staffing levels, and service gaps and challenges.

1.1 Organisations funded

In 2014–15, the Australian Government funded organisations across Australia to deliver one or more of the following services to Aboriginal and Torres Strait Islander people:

- **Primary health-care services**—funded by the DoH to provide access to doctors, nurses, allied health professionals and medical specialists outside of hospital. These services provide clients with clinical services and access to the broader health system, and also play a key role in maintaining and improving population health through health promotion, disease prevention, advice and referral. Organisations funded to provide primary health-care services also provide maternal and child health services. Some also receive additional New Directions: Mothers and Babies Services funding from the DoH (DoH 2015b).
- **New Directions: Mothers and Babies Services**—funded by the DoH to increase access to, and use of, child and maternal health services for Aboriginal and Torres Strait Islander families. The program funds organisations to provide: antenatal and postnatal care; information about baby care; practical advice and assistance with breastfeeding, nutrition and parenting; monitoring of developmental milestones, immunisation status and infections; and health checks for Aboriginal and Torres Strait Islander children before starting school (DoH 2015a).
- **Social and emotional wellbeing services**—funded by PM&C to improve the health, wellbeing and resilience of Aboriginal and Torres Strait Islander individuals, families and communities. This includes social and emotional wellbeing counselling and support services, as well as Link Up services that assist those affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families, through counselling, family tracing and reunion support.
- **Substance-use services**—funded by PM&C to provide treatment, support and rehabilitation facilities to prevent harmful substance use among Aboriginal and Torres Strait Islander people. These services are delivered through a range of services, including residential and non-residential treatment and rehabilitation services, sobering-up shelters and transitional after-care resources.

Of the 278 organisations in the OSR collection in 2014–15:

- 203 (73%) were funded to provide primary health-care services, with 82 of these also funded to provide social and emotional wellbeing services and 20 to provide substance-use services. The organisations funded for primary health care all provided maternal and child health services. An additional 17 organisations in the collection received New Directions funding, taking the total number of organisations providing maternal and child health services in the OSR to 220 (see Table 1.1).
- 97 (35%) were funded to provide social and emotional wellbeing services, with most of these (82) also funded to provide primary health-care services.
- 67 (24%) were funded to provide substance-use services, with 20 of these also funded to provide primary health-care services.

Table 1.1: Organisations in the OSR, by type of Australian Government funding, 1 June 2014 to 31 May 2015

Indigenous health services	Organisations funded for primary health care	Organisations with other funding ^(a)	Total organisations
Primary health care (Chapter 3)	203	..	203
Maternal and child health (Chapter 4)	203 ^(b)	17 ^(c)	220
Social and emotional wellbeing (Chapter 5)	82	15 ^(d)	97
Substance-use (Chapter 6)	20	47 ^(d)	67 ^(e)
Total organisations^(f)	203	75	278

- (a) Includes organisations not funded for primary health, but funded for New Directions and/or social and emotional wellbeing services and/or substance-use services.
- (b) Includes 73 organisations funded for primary health and New Directions, and 130 funded for primary health but not New Directions.
- (c) Includes 16 organisations funded for New Directions only and 1 funded for New Directions and substance-use services.
- (d) Includes 3 organisations funded to deliver social and emotional wellbeing services and substance-use services.
- (e) Excludes 21 organisations funded by PM&C for substance-use services that were not required to report in the OSR collection.
- (f) Totals do not add, because organisations may be funded to provide more than one service.

Recent funding changes

The funding for all these services was previously administered by the DoH. This arrangement changed in 2013 with the transfer of a number of Indigenous policies and programs to PM&C. The Social and Emotional Wellbeing Programme and Indigenous substance-use rehabilitation, treatment and related support services (funded under the Substance Misuse Delivery Grants Fund) were transferred to PM&C. On 1 July 2014, the Indigenous Advancement Strategy (IAS) was introduced to replace 150 existing Indigenous-specific programs in PM&C. From 2014–15, social and emotional wellbeing services, and substance-use rehabilitation and treatment services were funded under the IAS Safety and Wellbeing Programme (PM&C 2015).

1.2 OSR collection

Data from organisations funded to provide Indigenous health services have been collected annually since the 2008–09 financial year. The number of organisations contributing to the OSR changes slightly from year to year for a range of reasons, such as administrative changes to funding arrangements, changes to the organisations funded, or changes in auspicing and reporting arrangements at the local level.

Organisations providing New Directions services were in-scope for the OSR for the first time in 2013–14, although most of these organisations already contributed to the data collection because they were funded by the DoH to provide Indigenous primary health-care services. In 2014–15, there were 17 organisations in-scope for the collection that were not also funded to provide Indigenous primary health care.

The number of organisations submitting OSR data in 2014–15 (278) was 9 more than in 2013–14 (269 organisations). In 2014–15, 12 additional organisations were in-scope: 2 funded for primary health, 1 for New Directions, 1 for social and emotional wellbeing services and 8 for substance-use services. In addition, 3 organisations that submitted OSR data for the 2013–14 collection were out of scope in 2014–15: 2 funded for primary health and 1 for social and emotional wellbeing services.



Aims of the collection

The OSR provides a basic measure of activity, volume and coverage of particular health services delivered to Indigenous Australians. This information supports:

- evidence-based policy development and planning
- improved understanding of health service needs
- accountability for policy implementation of service delivery
- the assessment of access and levels of activity over time
- quality improvement, at the service level and nationally.

For individual organisations, OSR data support:

- evidence-based practice
- continuous quality improvement of service delivery
- benchmarking against national data
- an opportunity to provide feedback on key service gaps and health-service delivery challenges to policy makers/funders.

Data collection and quality

From 2008–09 to 2010–11, the data collection was known as the Office for Aboriginal and Torres Strait Islander Health (OATSIH) Services Reporting data collection and used a paper-based questionnaire. It became an online form in 2011–12 and was renamed the Online Services Report (OSR) data collection. The online form underwent some revisions for the 2012–13 collection. Other enhancements to the 2012–13 collection enabled some data items to be extracted and pre-populated automatically from an organisation's patient information recall system (PIRS). Counts of clients, client contacts and episodes of care could be pre-populated directly from an organisation's PIRS. This was designed to improve not only the accuracy of the data reported, but also reporting response times and respondent burden.

The AIHW examines the quality of data submitted by each organisation and will follow up any issues and request additional or corrected data. If, after follow-up, significant data quality issues remain, then these data are excluded from analyses. Two common issues affecting data quality or interpretation are incomplete reporting of data and inconsistent data between two or more data items. See Table F1 for a list of data exclusions for 2014–15.

As noted earlier, the total number of organisations contributing to the OSR may change slightly from year to year. This may have a small impact on time series analyses. It should also be noted that in 2014–15 the reporting period was 1 June 2014 to 31 May 2015, rather than the financial year (1 July to 30 June) used in previous years. The Census date for the collection was brought forward by one month to the 31 May 2015, rather than 30 June 2015. This was done to allow organisations to continue to use the PenCAT data extraction tool for this collection, which would not be available for OSR reporting after 30 June 2015. Although organisations were asked to provide data for a 12-month period to enable time series analyses, there may be some overlap (for June 2014) between data reported for this year and in 2013–14 for clients, contacts and episodes of care. Analysis of 2014–15 data against 2013–14 data did not show any obvious impact at the national level of bringing the collection period forward by one month.

In 2014–15, some new validation checks were introduced to the collection. This suggested that some substance-use counts were being extracted incorrectly from the PIRS of a few organisations. Where substance-use data for these organisations could not be corrected, it was excluded from analyses. This also led to estimates for substance-use clients and episodes of care for 2012–13 and 2013–14 being revised down for time series analyses in Chapter 6.

For more information on the data collection and quality see Appendix F and the Data Quality Statement at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/623095>>.



1.3 Structure of the report

This report begins with an overview chapter on the organisations in the OSR and is then organised around the types of services these organisations provide to Aboriginal and Torres Strait Islander people.

Chapter 2 presents a profile of the OSR organisations.

Chapter 3 presents information on primary health-care services funded by the DoH.

Chapter 4 presents information on maternal and child health services funded by the DoH.

Chapter 5 presents information on social and emotional wellbeing services funded by PM&C.

Chapter 6 presents information on substance-use services funded by PM&C.

Appendixes A to E present statistical tables to accompany chapters 2 to 6.

Appendix F presents additional information on data quality issues in the OSR collection.

Appendix G presents a list of all health and other positions that make up the workforce.

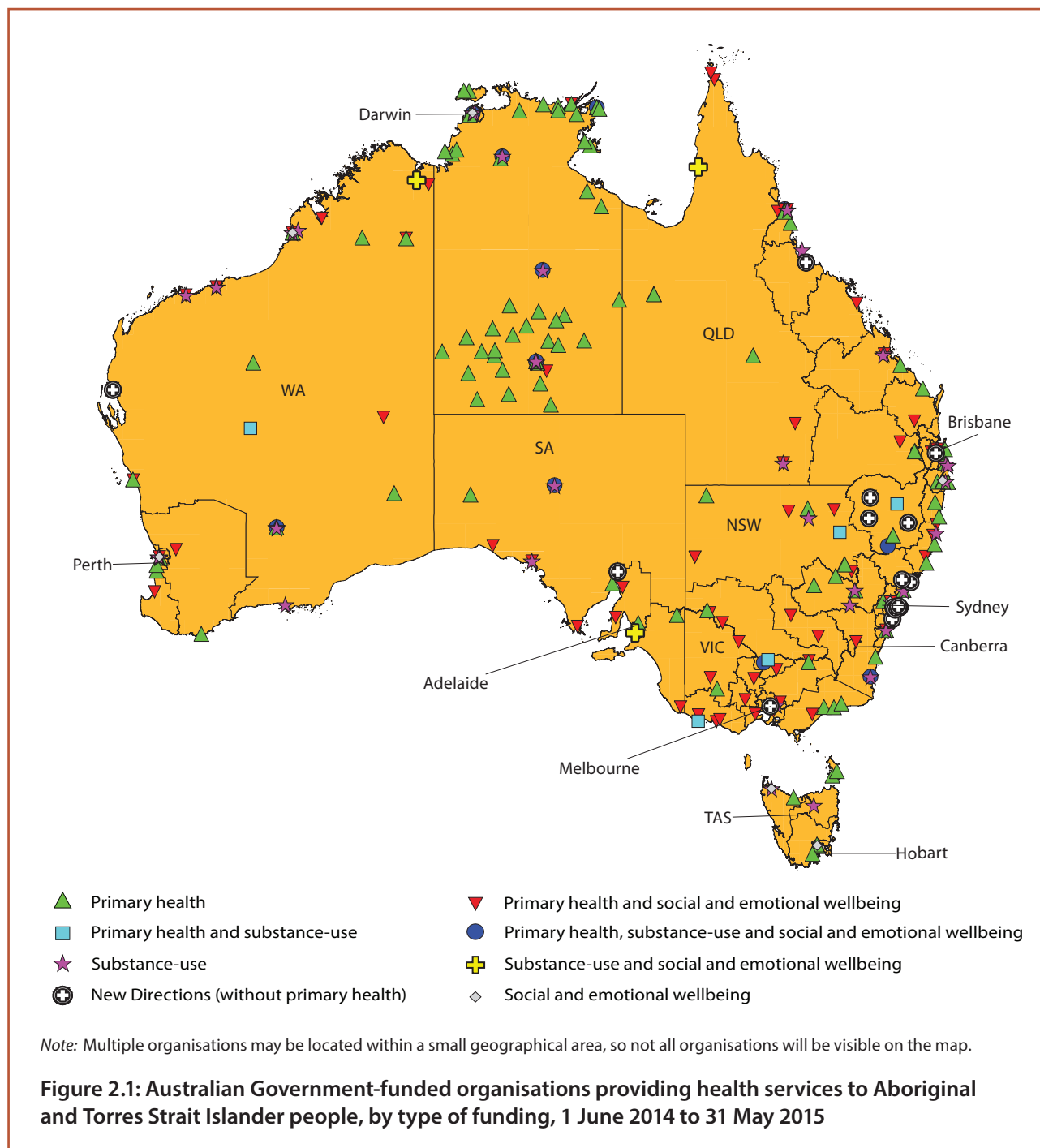
Appendix H presents additional maps on service locations for the states and territories.

Appendix I presents a list of organisations contributing to the 2014–15 OSR.

A copy of the OSR questionnaire and all tables in excel format can be found on the AIHW website at <http://www.aihw.gov.au/publication-detail/?id=60129554783>.

2 Organisation profile

A total of 278 Australian Government-funded organisations, across all states and territories and remoteness areas provided OSR data in 2014–15 (see Table A1 and Appendix I). This chapter provides a profile of these organisations. As discussed in Chapter 1, organisations could be funded to provide one type of service, such as primary health care, or more than one service, such as primary health care and substance-use services (see Figure 2.1).



This chapter provides organisational profiles for the following groups:

- 203 organisations providing primary health-care services
- 97 organisations providing social and emotional wellbeing services
- 67 organisations providing substance-use services.

There is some overlap in the organisations included within each of these groups.

2.1 Primary health care

There were 203 organisations funded to provide Indigenous primary health-care services in the OSR in 2014–15. This was the same number as in 2013–14, but in 2014–15 this includes 2 additional organisations in-scope for the collection and excludes 2 organisations that reported in 2013–14 that were no longer in-scope. Of these organisations:

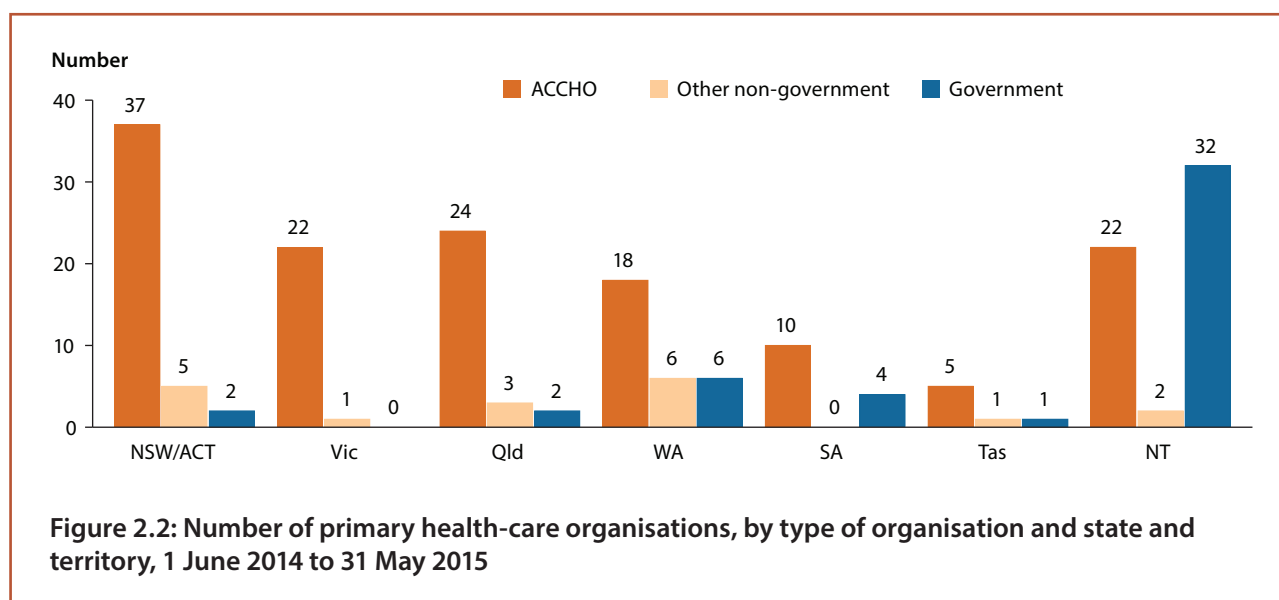
- 68% were Aboriginal Community Controlled Health Organisations (ACCHOs)
- 59% had a governing committee whose membership was 100% Indigenous
- 80% were accredited against the Royal Australian College of General Practitioners (RACGP) and/or organisational standards
- 28% had more than 3,000 clients
- 77% provided services from one site only (see Table A2).

Given that nearly three-quarters (73%) of OSR organisations provide primary health-care services, this group is analysed in greater detail.

Type of organisation

Organisations providing primary health-care services can be broadly grouped into three types: ACCHOs, government-run organisations and other non-government-run organisations. ACCHOs are non-government organisations operated by local Aboriginal and Torres Strait Islander communities to deliver health care to the communities that control them, through an elected board of management (NACCHO 2015).

- Just over two-thirds (138 organisations) were ACCHOs. New South Wales and the Australian Capital Territory combined had the highest number of ACCHOs with 37, followed by Queensland with 24 (see Figure 2.2).
- Nearly one-quarter (47 organisations) were government-run. Thirty-two of these (68%) were small Northern Territory Government-run clinics counted as separate organisations in the OSR. In the Northern Territory, more than half (57%) of organisations were government-run.
- Eighteen (9%) organisations were other non-government organisations, with 6 (33%) of these in Western Australia.





There were more ACCHOs than other types of organisations in all remoteness areas, except in *Very remote* areas, where the number of other organisations (both government and non-government) was higher (see Figure 2.3). This is due to the high number of small government-run organisations in *Very remote* areas in the Northern Territory (see tables A3 and A4).

Governance

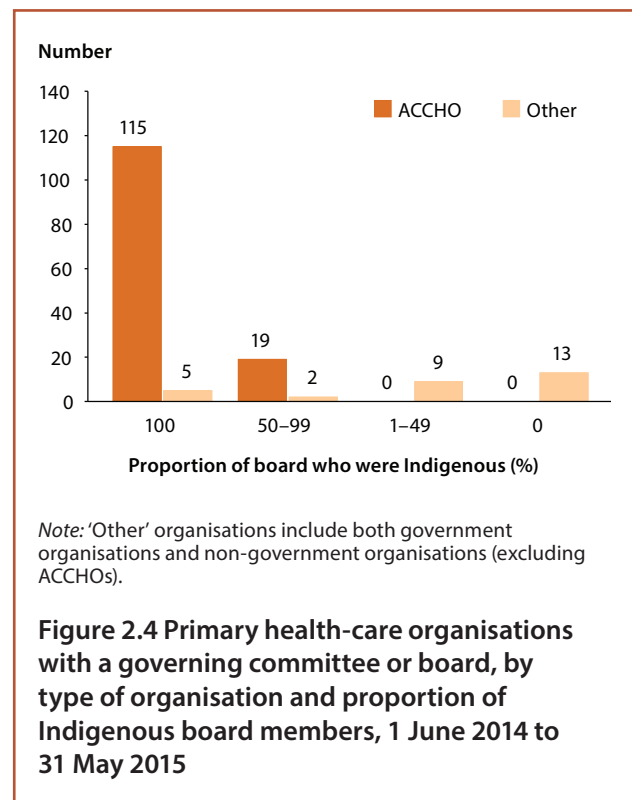
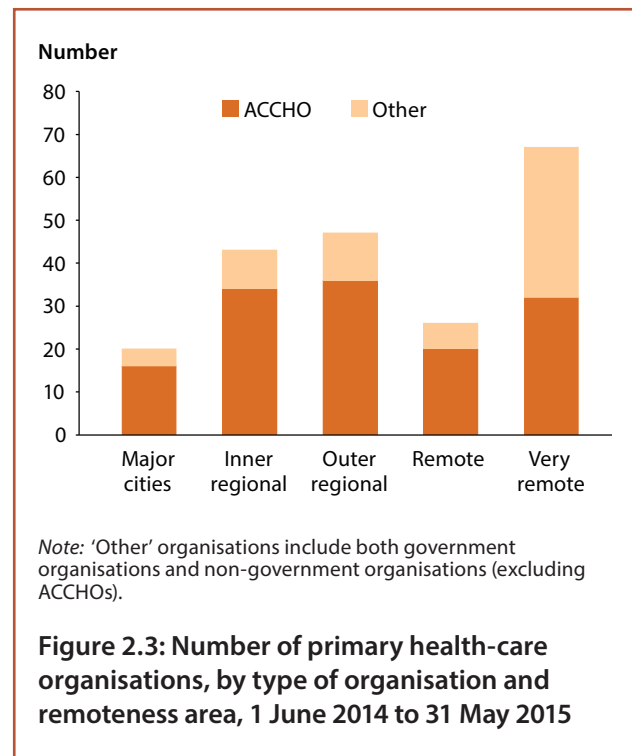
Most organisations providing primary health-care services (163 or 80%) had a governing committee or board. This was higher in ACCHOs (97%) than in other organisations (45%).

For ACCHOs with a governing committee or board, most (86%) had all Indigenous board members. In other organisations with a governing committee or board, 45% had no Indigenous board members (see Figure 2.4 and Table A5).

Accreditation

Organisations achieving accreditation or certification have been assessed as having reached defined standards of excellence in safety and quality in primary health care. In 2014–15, most (80%) organisations providing primary health-care services were accredited by the Australian General Practice Accreditation Limited (AGPAL) against the RACGP standards for general practice and/or organisational standards such as the Quality Improvement Council (QIC), the International Organization for Standardization (ISO) or the Australian Council on Healthcare Standards (ACHS) (DoH 2014a). This was similar to 2013–14 (80%). An organisation may have both types of accreditation (clinical and organisational).

The proportion accredited varied by state and territory. In Victoria and Queensland, all organisations were accredited with the RACGP and/or against organisational standards. In contrast, in the Northern Territory and Tasmania, 41% and 43% of organisations, respectively, were accredited with the RACGP and/or against organisational standards (see Figure 2.5 and Table A6). This may be related to the size of these organisations. In the Northern Territory, the smaller Northern Territory Government-run clinics were less likely to be accredited (13%), compared with the ACCHOs (86%).



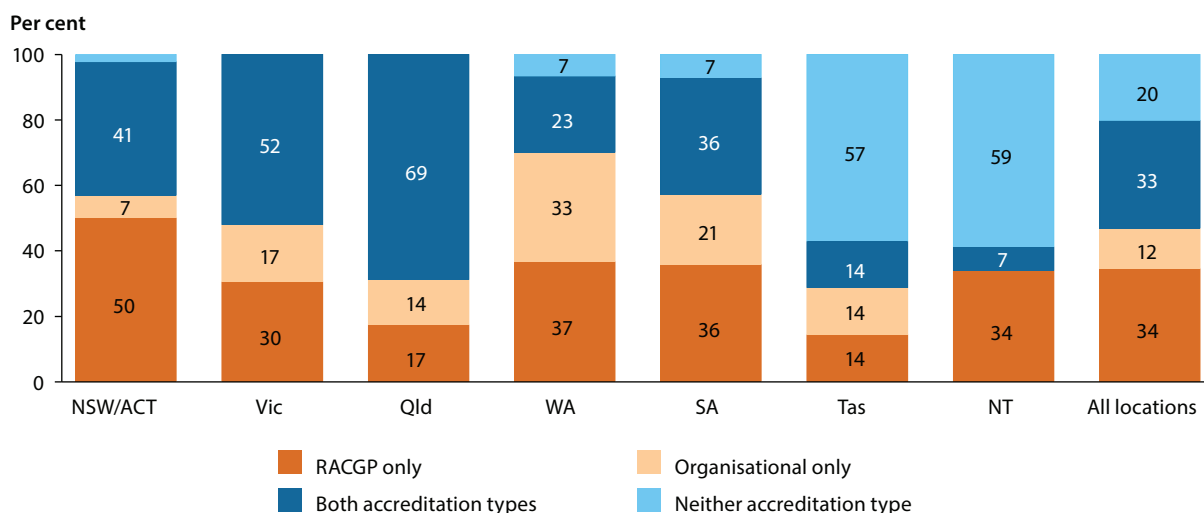


Figure 2.5: Percentage of primary health-care organisations, by type of accreditation and state and territory, 1 June 2014 to 31 May 2015

The proportion accredited was higher in organisations with a general practitioner (GP) (91%) than those without a GP (41%). It was also higher in ACCHOs (96%) compared with other organisations (46%). A lower proportion of organisations in *Very remote* areas were accredited (57%), compared with other remoteness areas (see tables A7, A8 and A9).

Service size

Half (50%) of organisations providing primary health-care services had 1,500 or fewer clients and 22% had between 1,501 and 3,000 clients. Just over one-quarter (28%) were large organisations with more than 3,000 clients and around one-third of these were in Queensland (see Figure 2.6 and Table A10). Of the 7 organisations in Tasmania, most (71%) were very small with 500 or fewer clients, while three-quarters (75%) of organisations in the Northern Territory had 1,500 clients or fewer.

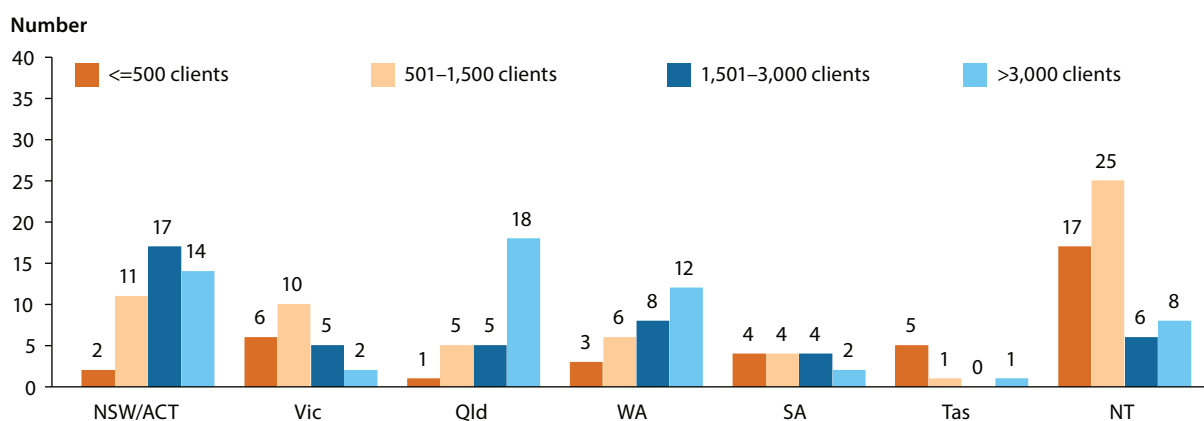
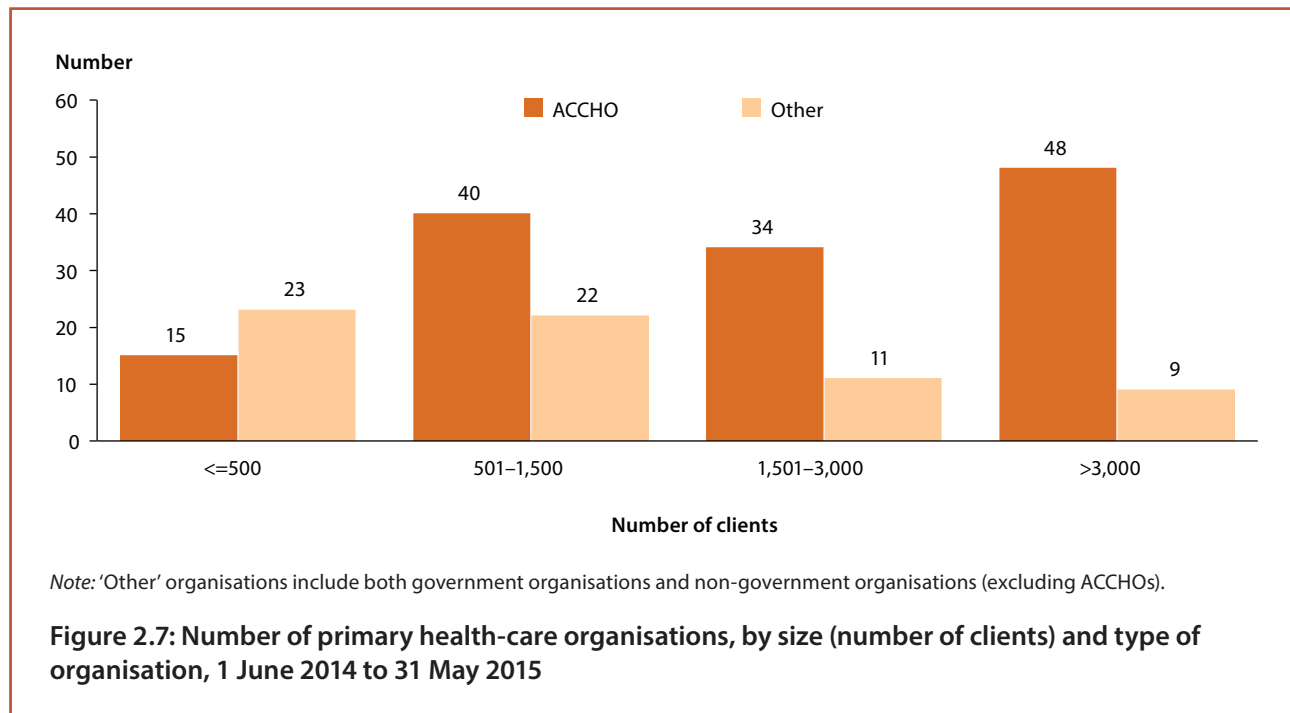


Figure 2.6: Number of primary health-care organisations, by size (number of clients) and state and territory, 1 June 2014 to 31 May 2015

The proportion of organisations accredited with the RACGP or against organisational standards increased with service size. Nearly half (47%) of organisations with 500 or fewer clients had neither form of accreditation, compared with 2% of those with more than 3,000 clients. The proportion with a governing committee or board also increased with service size. Although 63% of organisations with 500 or fewer clients had a board, this increased to 93% of those with more than 3,000 clients (see Table A11).

ACCHOs were generally larger than other organisations (see Figure 2.7 and Table A12). A higher proportion of ACCHOs had more than 3,000 clients (35% compared with 14% of other organisations), and a lower proportion had 1,500 or fewer clients (40% compared with 69% of other organisations).



Operational arrangements

Primary health-care services were provided from 345 delivery sites. Most organisations (77%), delivered services from 1 site, but 10% had 2 delivery sites and 12% had 3 or more sites. Most sites (88%) operated 5 days or more per week, and one-quarter (25%) offered 24-hour emergency care.

Advocacy, knowledge and research

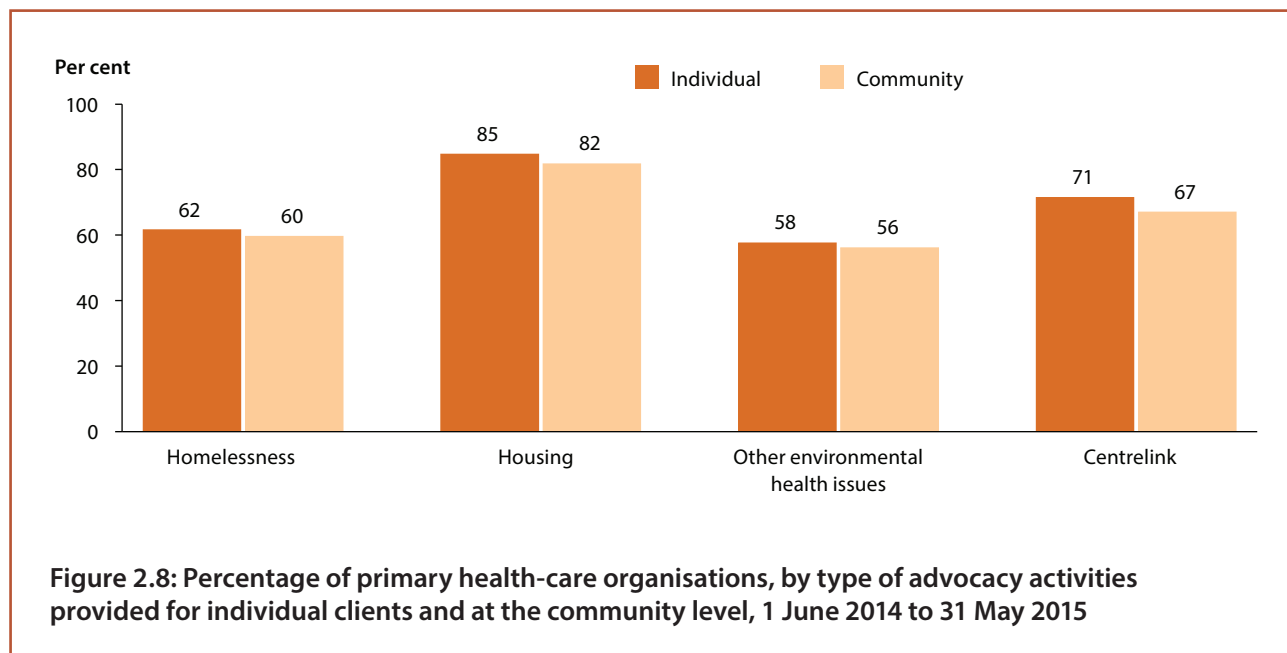
Organisations were asked to provide information about their advocacy activities and their use of knowledge and research to inform health-service delivery (see Box 2.1). Organisations reported on advocacy activities they were involved in, both for individual clients and at the community level.

Box 2.1: Advocacy, knowledge and research

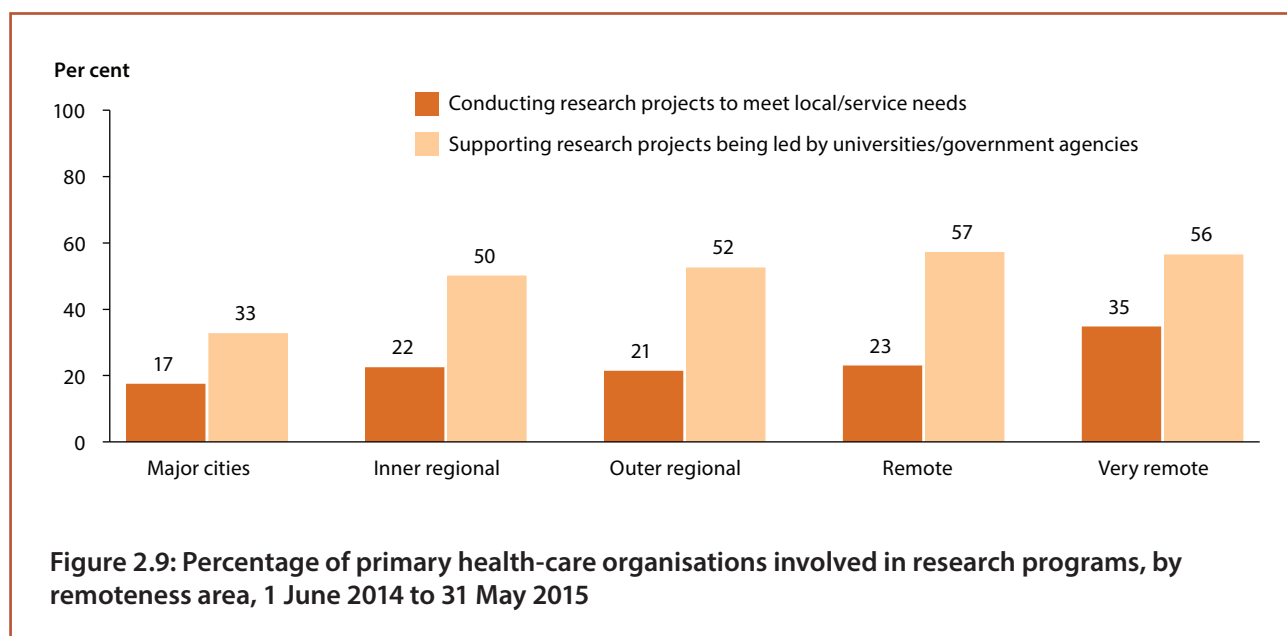
This module of the questionnaire includes health advocacy on behalf of individual clients and at the community level, the use of research to inform health-service delivery and participation in research projects.

- Advocacy for the health of individual clients may include advocacy for individual access to other health services, or other issues affecting an individual client's health (e.g. housing, homelessness support, Centrelink advocacy and liaison, legal/police/prison advocacy services), and on client's rights within and beyond the health system. It may also include referral of clients to other advocacy/information services.
- Advocacy at the local community level may include the identification of factors contributing to illness or risk in the community (e.g. poor housing or lack of access to affordable healthy food), working with other organisations to develop local strategies to reduce health risk, or working with other organisations to ensure appropriate enforcement of regulations and agreed guidelines (e.g. environmental health, support for public housing issues or alcohol restrictions).

Most organisations providing primary health-care services provided advocacy for housing, both for individual clients (85%) and for the community as a whole (82%). Seventy-one per cent provided advocacy to individual clients around Centrelink access (see Figure 2.8 and Table A13).



Half (50%) of organisations supported research projects being led by universities or government agencies, and one-quarter (25%) conducted or commissioned research projects to meet local or service needs (see Figure 2.9 and Table A14). Participation in these activities may contribute to the evidence base of what works to improve Indigenous health.



2.2 Maternal and child health

There were 220 (79%) organisations providing maternal and/or child health services in the OSR in 2014–15. Most of these (92%) received DoH primary health-care funding, so were included in the profile of these organisations in section 2.1. For the 17 other organisations funded for New Directions:

- 15 (88%) were government-run organisations.
- 15 (88%) had some form of accreditation: 14 with organisational accreditation and 1 with both RACGP and organisational accreditation.
- 13 (76%) provided services from 1 site only.

2.3 Social and emotional wellbeing

There were 97 organisations funded by PM&C to provide social and emotional wellbeing services in the OSR in 2014–15. Of these organisations:

- 82 (85%) were also funded to provide Indigenous primary health-care services.
- 86 (89%) were ACCHOs.
- 94 (97%) had a governing committee or board, and 76 (78%) had all Indigenous board members.
- All those also funded for primary health care were accredited with the RACGP and/or against organisational standards, and 40% of other organisations providing social and emotional wellbeing services had organisational accreditation only.
- Just under two-thirds (64%) provided services from 1 site, 18% had 2 sites and 19% had 3 or more sites (see Table A15).

2.4 Substance-use

There were 67 organisations funded by PM&C to provide substance-use services in the OSR in 2014–15. Of these:

- 20 (30%) were also funded to provide Indigenous primary health-care services and 47 (70%) were not funded for primary health.
- 42 (63%) were ACCHOs and 21 (31%) were other non-government organisations.
- 65 (97%) had a governing committee or board and 36 (54%) had all Indigenous board members.
- Those funded also for primary health care were accredited with the RACGP and/or against organisational standards and 32 (68%) of other organisations providing substance-use services were accredited against organisational standards only.
- 44 (66%) had 500 or fewer clients.
- 53 (79%) provided services from 1 site and 21% had more than 1 site (see Table A16).



3 Primary health care

This chapter reports on Indigenous primary health-care services funded by the DoH. It includes information from 203 organisations that contributed to 2014–15 OSR collection, including their location, the types of services they provide, client numbers, client contacts and episodes of care, staffing levels and service gaps and challenges.

3.1 At a glance

Most organisations (77%) provided services through 1 delivery site and 22% had 2 or more sites. In total, primary-health care services were delivered from 345 sites (see Table 3.1). Most sites provided clinical services, such as the diagnosis and treatment of chronic illnesses (85%), antenatal care (78%), maternal and child health care (82%) and mental health and counselling services (81%). Around 6 in 10 offered tobacco programs (62%) and substance-use programs (58%). Compared with 2013–14, client numbers and full-time equivalent (FTE) staff employed increased by 4% each, and there were small increases in average contacts and episodes of care per client.

Table 3.1: Indigenous primary health-care services, 2013–14 and 2014–15

	2013–14		2014–15	
	Number	Per cent	Number	Per cent
Total organisations providing services	203	100.0	203	100.0
Sites and services during usual opening hours				
Diagnosis and treatment of chronic illness/diseases	293	86.7	293	85.4
Diagnosis and treatment of infectious illness/diseases	264	78.1	266	77.6
Treatment of injury	252	74.6	251	73.2
Antenatal care	269	79.6	267	77.8
Maternal and child health care	276	81.7	280	81.6
Mental health/counselling	267	79.0	277	80.8
Substance-use/drug and alcohol programs	194	57.4	200	58.3
Tobacco programs	207	61.2	213	62.1
Transport	97	79.3	288	84.0
Total sites	338	100.0	345	100.0
Clients				
Indigenous clients	323,566	77.2	344,331	79.2
Total clients	418,910	100.0	434,610	100.0
Episodes of care/contacts				
Episodes of care	3,268,783	100.0	3,542,617	100.0
Average episodes per client	7.9	..	8.2	..
Client contacts	4,618,147		5,022,709	
Average contacts per client	11.0	..	11.6	..
Employed staff (FTE)				
Health	4,266	60.0	4,454	61.0
Other	2,842	40.0	2,905	39.0
Total	7,108	100.0	7,359	100.0

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. In 2013–14, it was the financial year from 1 July to 30 June.

Location

The 203 organisations providing primary health-care services were spread across all states and territories and remoteness areas (see Figure 3.1). One-third (33%) were in *Very remote* areas, 23% were in *Outer regional* areas and 21% in *Inner regional* areas (see Table B1). Smaller proportions were in *Remote* areas (13%) and *Major cities* (10%).

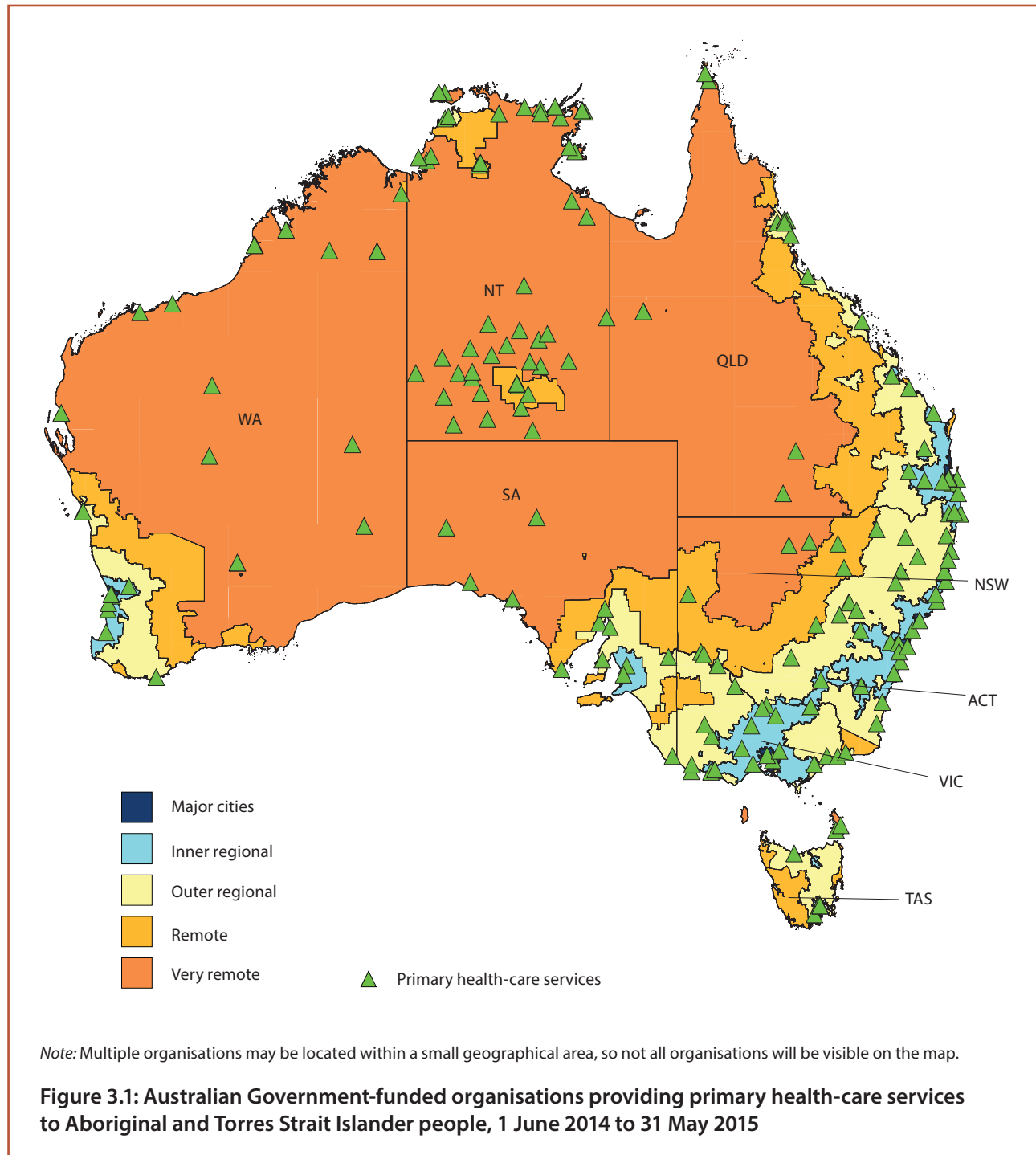




Figure 3.2 shows that:

- The Northern Territory had the highest number of organisations with 56, followed by New South Wales and the Australian Capital Territory combined with 44. It should be noted that 32 (57%) of organisations in the Northern Territory were small government-run clinics that were counted as separate organisations.
- Three-quarters (75%) of organisations in the Northern Territory were in *Very remote* areas, as were 43% of those in South Australia.
- Most (87%) organisations in Victoria were in either *Inner regional* (43%) or *Outer regional* (43%) areas, as were 70% of organisations in New South Wales and the Australian Capital Territory combined.

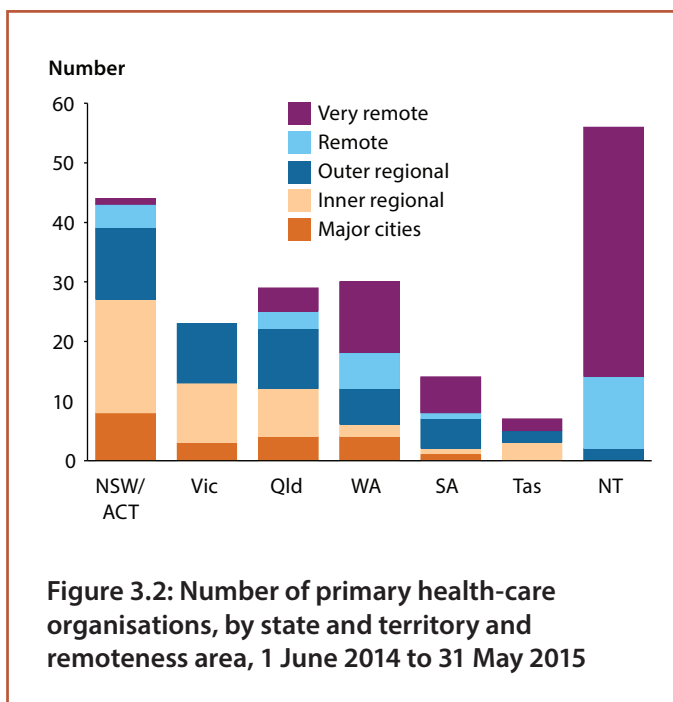


Figure 3.2: Number of primary health-care organisations, by state and territory and remoteness area, 1 June 2014 to 31 May 2015

3.2 Services provided

Primary health-care organisations in the OSR generally provide Aboriginal and Torres Strait Islander people with access to doctors, nurses, allied health professionals, social and emotional wellbeing staff and medical specialists. Many provide a variety of services including health promotion, clinical care, substance-use prevention and social and emotional wellbeing support. Some focus on specific activities such as health promotion.

Health promotion

In 2014–15, organisations provided a range of health promotion programs and activities. Most had healthy lifestyle programs (81%), ranging from 73% in *Very remote* areas to 92% in *Remote* areas (see Figure 3.3 and Table B2). Most organisations promoted immunisation services to children (81%) and adults (79%), and two-thirds (68%) provided sexual health/education activities. Generally, the proportions providing various health promotion activities were similar to 2013–14; however, there were decreases in the proportion providing mental health promotion activities (47% compared with 53% in 2013–14) and working with food stores to encourage healthy eating (38% compared with 46%).

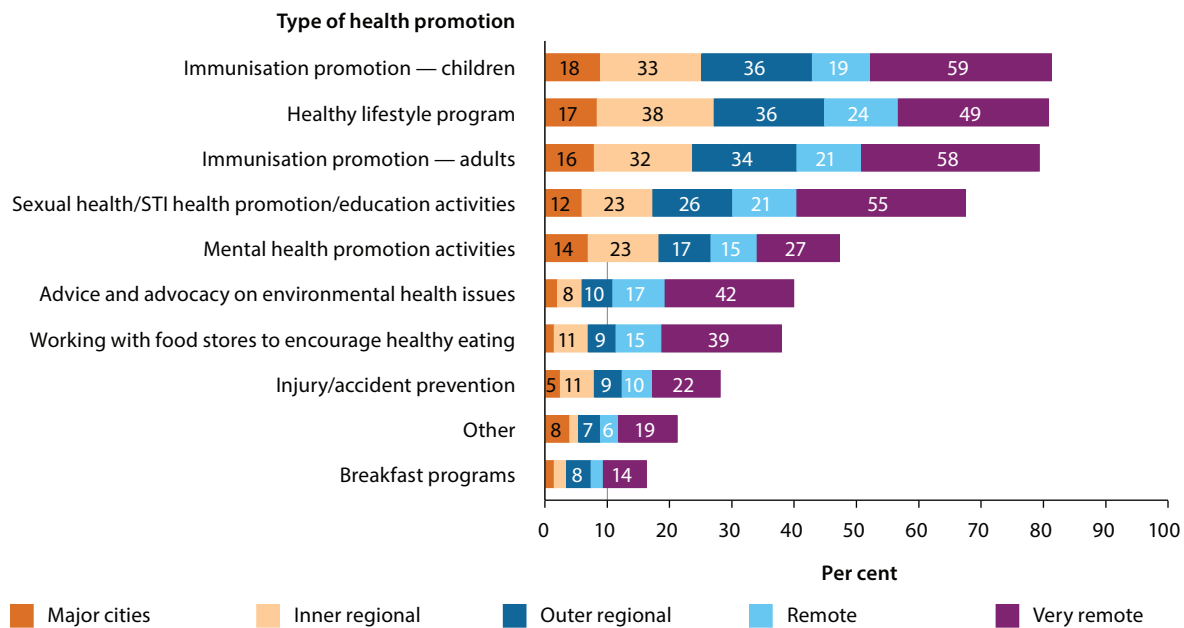
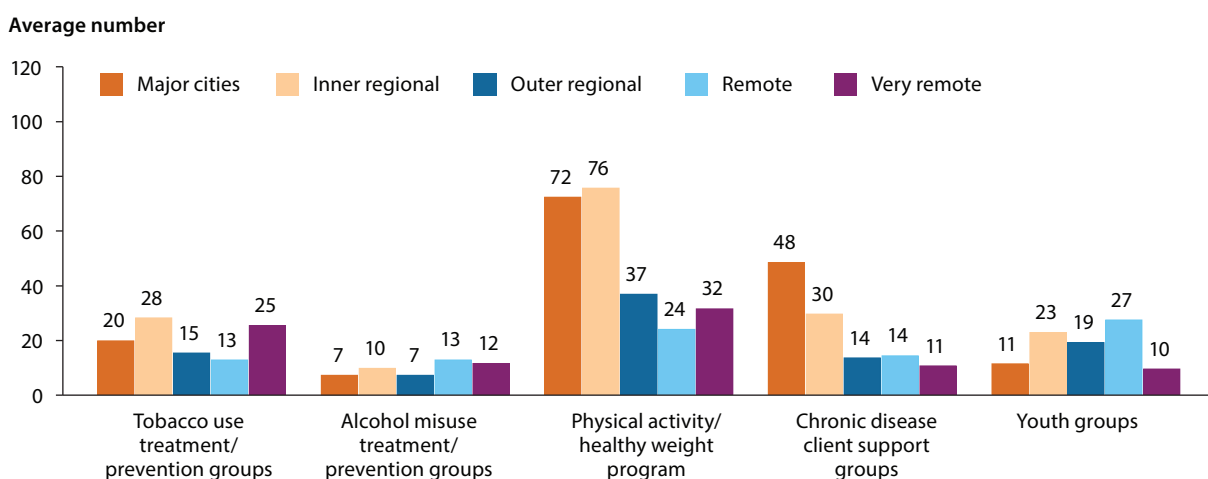


Figure 3.3: Number (as labelled) and percentage (in scale) of primary health-care organisations, by type of health promotion and remoteness area, 1 June 2014 to 31 May 2015

Organisations provided various group activities as part of their healthy lifestyle promotion, including tobacco-use treatment and prevention groups, alcohol misuse treatment and prevention groups, physical activity and healthy weight programs, and chronic disease client support groups. Among organisations that provided these activities, those in *Inner regional* areas provided a higher average number of physical activity and healthy weight programs (76) and group sessions on tobacco-use treatment and prevention (28) than other areas, while those in *Major cities* had a higher average number of chronic disease client support groups (48) than other areas (see Figure 3.4). Organisations in *Remote* areas had a lower average number of sessions for physical activity and healthy weight programs (24), but a higher average number of youth groups (27) than other areas.



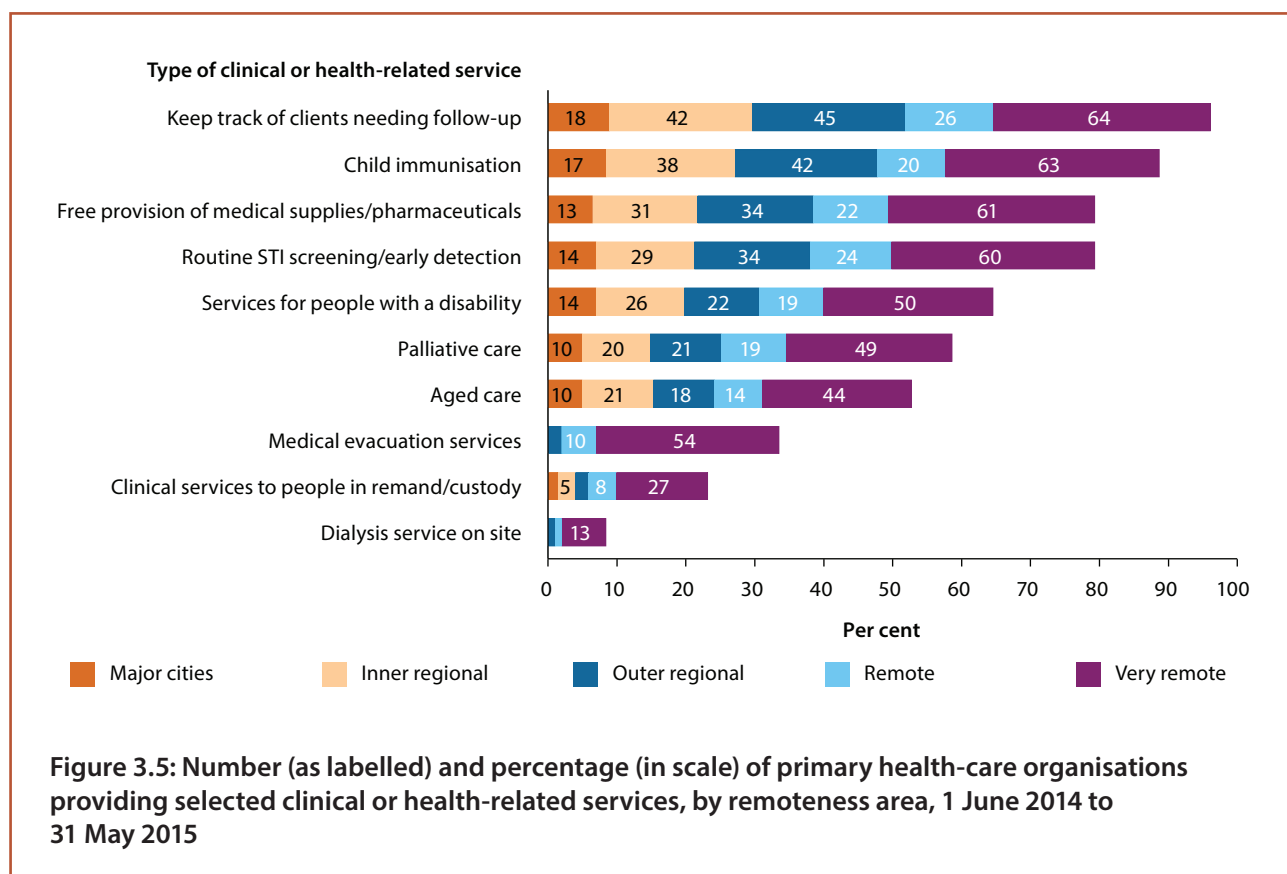
Note: Averages are based on the number of organisations providing each type of individual group activity. Organisations not providing an activity were excluded from the calculations.

Figure 3.4: Average number of selected group activity sessions conducted, by type of group activity and remoteness area, 1 June 2014 to 31 May 2015



Clinical or health-related services

Organisations provided various clinical or health-related services. As in 2013–14, most organisations kept track of clients who needed follow-up (96%) and provided child immunisation (89%), free medical supplies and pharmaceuticals (79%), and routine screening for sexually transmitted infections (STIs) (79%) to the local community. Nearly two-thirds (65%) provided services for people with a disability, 59% provided palliative care and 53% provided aged care (see Figure 3.5). Organisations in *Remote* and *Very remote* areas were more likely to provide free medical supplies/pharmaceuticals (85% and 91%, respectively), palliative care (both 73%), aged care (54% and 66%, respectively) and medical evacuation services (39% and 81%, respectively) compared with other areas (see Table B3).



Most organisations (84%) had established relationships with Aboriginal liaison officers at the local hospital(s). Seventy per cent had shared care arrangements for chronic disease management with local hospitals and 67% reported that discharge planning was well coordinated (see Figure 3.6). These were similar proportions to 2013–14. Organisations in *Major cities*, *Inner regional* and *Outer regional* areas were more likely to have staff who regularly attended hospital or specialist appointments with clients, or visited clients in hospital, compared with those in *Remote* and *Very remote* areas (see Table B4).

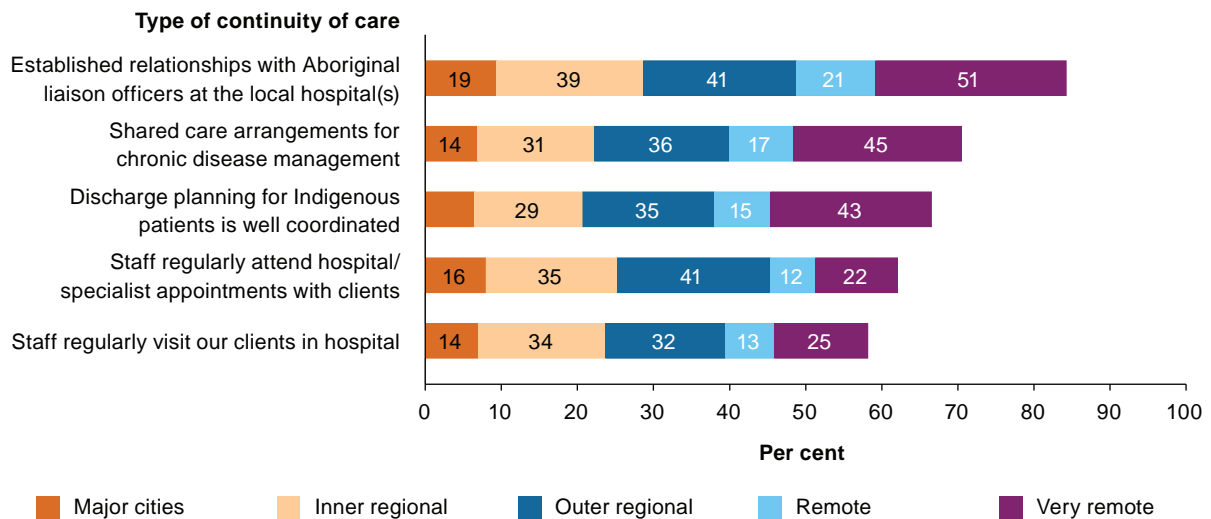
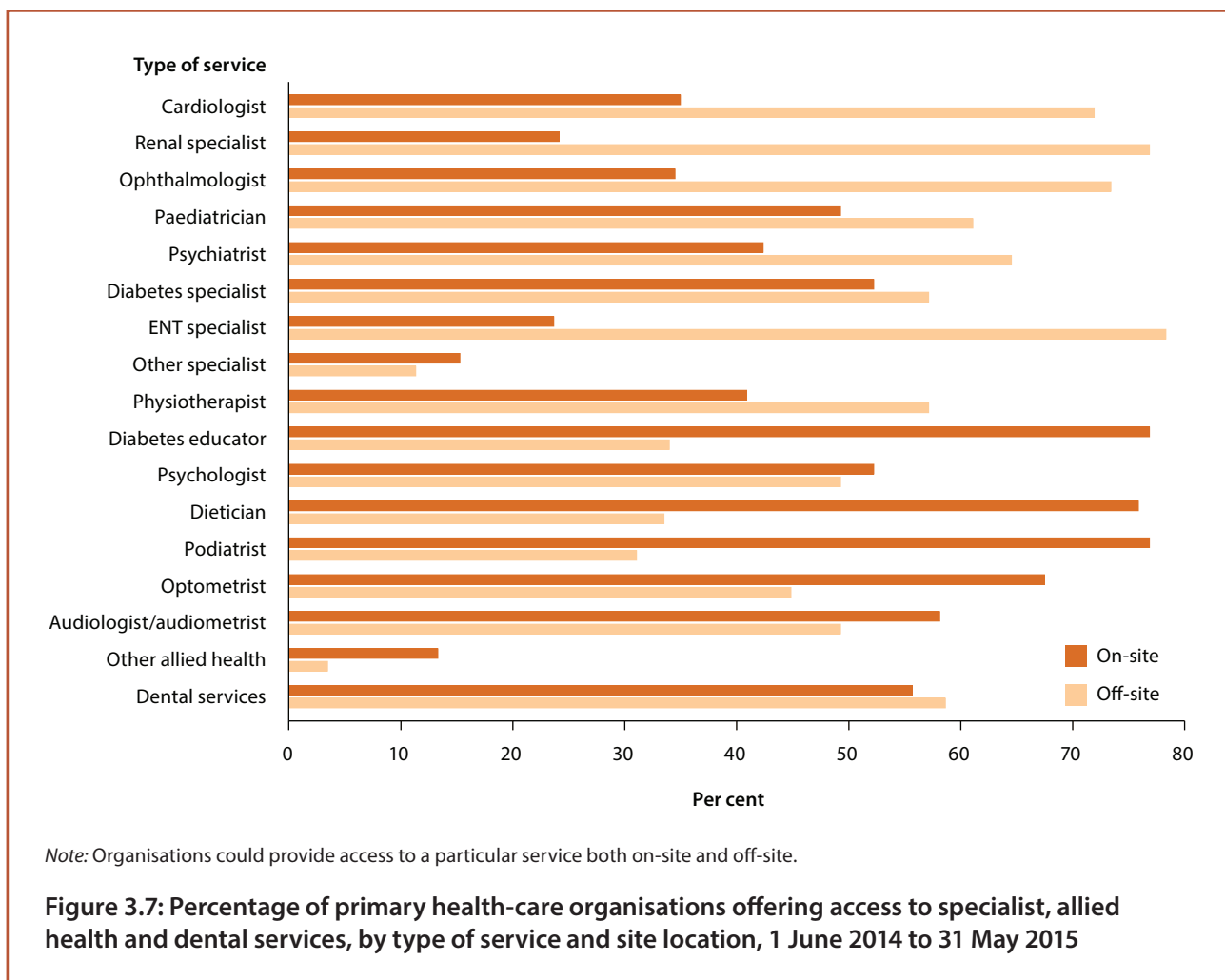


Figure 3.6: Number (as labelled) and percentage (in scale) of primary health-care organisations providing continuity of care with local hospitals, by remoteness area, 1 June 2014 to 31 May 2015

Organisations also offered access to specialist services (for example, paediatric, cardiology, renal, ophthalmologic, psychiatric, diabetes and ear, nose and throat), allied health services (for example, physiotherapy, podiatry, optometry and audiology) and dental services. These could be provided on-site and through facilitating access to off-site services. For example:

- Paediatrician services were available at 49% of organisations on-site and in 61% of organisations off-site (see Figure 3.7 and Table B5).
- Diabetes specialist services were available at 52% of organisations on-site and in 57% of organisations off-site. The proportion providing on-site services was lower than in 2013–14 (59%).
- Podiatrist services were available at 77% of organisations on-site and at 31% of organisations off-site.
- Dental services were available at 56% of organisations on-site and at 59% of organisations off-site.
- ACCHOs were more likely than other organisations to provide on-site access to optometrists (75% compared with 51%) and less likely to provide on-site access to ophthalmologists (31% compared with 42%) (see Table B6).



Social and emotional wellbeing

Many organisations provide social and emotional wellbeing support to clients as part of their primary health-care delivery. Most (80%) organisations providing primary health-care services provided social and emotional wellbeing or mental health or counselling services during usual opening hours, and 22% provided services outside usual hours. Around three-quarters (76%) reported providing services to members of the Stolen Generation.

Organisations providing primary health-care services were asked about their 5 most important social and emotional wellbeing issues in terms of staff time and organisational resources. The most common issues organisations provided assistance for were depression (76%), anxiety and stress (71%), grief and loss issues (70%), family or relationship issues (63%), and family or community violence (56%) (see Table B7). This was similar to the issues reported in 2013–14. In terms of the social and emotional wellbeing support and mental health services provided to clients, 86% of organisations provided short-term counselling; 69% long-term or ongoing counselling; 63% group activities; 55% self-harm and suicide prevention and 49% outreach services to other institutions (see Table B8).

It should be noted that 82 (40%) organisations providing primary health-care services were also funded by PM&C specifically to deliver social and emotional wellbeing services. More information on all organisations funded to deliver these social and emotional wellbeing services is provided in Chapter 5.

Substance-use

Many organisations also provide substance-use services as part of their primary health-care delivery. Two-thirds of organisations providing primary health-care services reported providing substance-use/drug and alcohol programs (66%), and tobacco programs (67%) during usual opening hours. Organisations providing primary health-care services were asked about their 5 most important substance-use issues in terms of staff time and organisational resources. The most common substance-use issues organisations provided services for were alcohol (92%), tobacco or nicotine (88%), cannabis or marijuana (83%), amphetamines (54%) and multiple drug use (43%) (see Table B9). This was similar to those reported in 2013–14, except the proportion of organisations reporting amphetamines as an important issue increased from 41% to 54%. Most organisations provided individual counselling (83%), community education programs (75%) and crisis intervention (62%). Around one-third provided group counselling (37%), a Tackling Smoking and Healthy Lifestyle team (36%), youth programs (30%) and telephone counselling (29%) (see Table B10).

It should be noted that 20 (10%) organisations providing primary health-care services were also funded by PM&C specifically to provide substance-use services. More information on all organisations funded to provide these services is provided in Chapter 6.

3.3 Clients

In 2014–15, nearly all organisations providing primary health-care services (99%) reported their individual client numbers. It should be noted that 33 organisations (16%) estimated their client numbers. In some cases, individuals may be clients at more than one organisation, so the total client count is likely to overestimate the total number of individual clients seen. Some of these clients may also be clients of other mainstream primary health-care providers.

In 2014–15, organisations saw around 434,600 clients. This was 4% higher than the number of clients reported in 2013–14 (around 419,000). Queensland had the highest number of clients (around 111,400), followed by New South Wales and the Australian Capital Territory combined (around 101,800). Tasmania had the lowest number, with around 5,100 clients (see Table B11).

Indigenous status

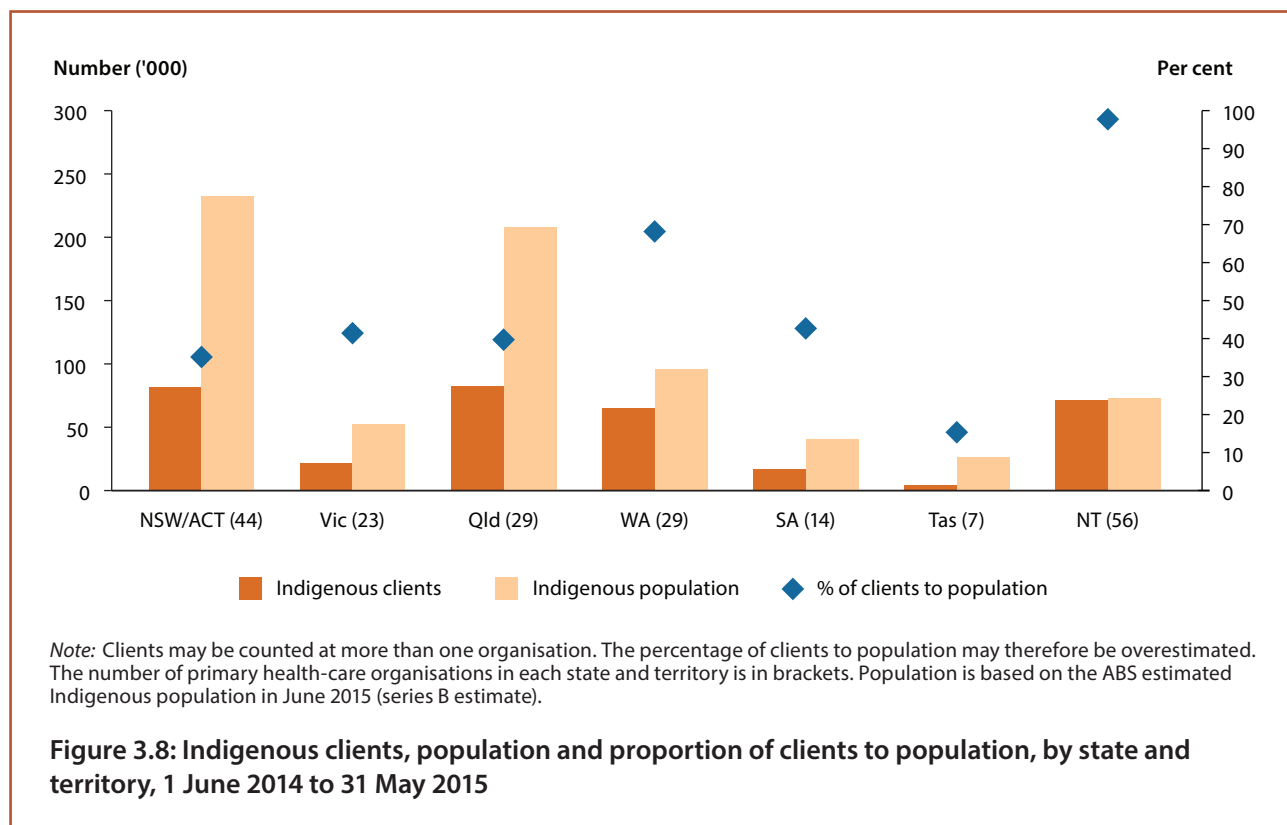
Seventy-nine per cent of clients (around 344,300) were identified as being Indigenous. This was a similar proportion to 2013–14 (77%). Around 17% of clients were non-Indigenous and 3% had no Indigenous status recorded.

Organisations in New South Wales and the Australian Capital Territory combined, Queensland and the Northern Territory had the highest numbers of Indigenous clients. Across the states and territories:

- New South Wales and the Australian Capital Territory combined had 22% of primary health-care organisations and 24% of Indigenous clients.
- Queensland had 14% of primary health-care organisations and 24% of Indigenous clients.
- The Northern Territory had 28% of primary health-care organisations and 21% of Indigenous clients.
- Western Australia had 15% of primary health-care organisations and 19% of Indigenous clients.

Proportion of the estimated Indigenous population

The Indigenous clients of these organisations represented nearly half (47%) of the total Indigenous population of Australia, estimated by the Australian Bureau of Statistics (ABS) to be around 728,800 in June 2015 (ABS 2014). Coverage of the Indigenous population varied by state and territory and ranged from an estimated 15% of the total Indigenous population in Tasmania to an estimated 98% of the Indigenous population in the Northern Territory (see Figure 3.8 and Table B11). It should be noted that, given clients may attend more than one organisation and may be counted at multiple locations, the proportion of the total Indigenous population that were clients of these organisations is likely to be overestimated using this method.



Type of organisation

ACCHOs represented 68% of all organisations and had around 340,300 (78%) clients, while other organisations had around 94,300 (22%) clients (see Table B12). Indigenous clients represented 81% of ACCHOs’ clients and 74% of other organisations’ clients (see Table B13). ACCHOs had more Indigenous clients than other organisations in all states and territories and, as such, saw a higher proportion of the total estimated Indigenous population (38% compared to 10%).

3.4 Client contacts

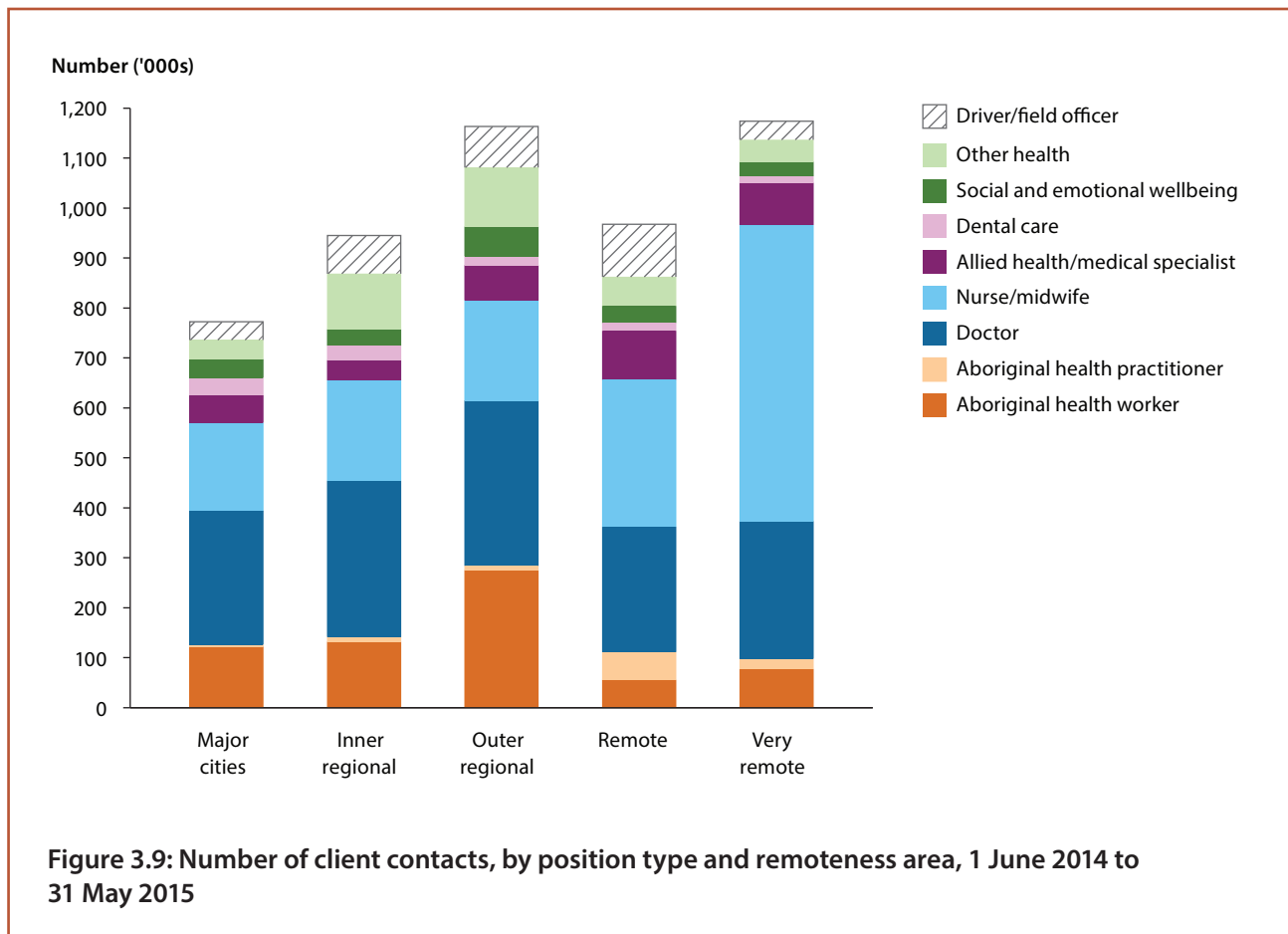
In the OSR, client contacts are the number of individual contacts made with clients by each worker involved in the provision of health care. It includes contacts by employed and visiting health staff and those providing transport. If more than one worker sees a client (for example, a nurse and a driver) in the one visit, then one episode of care may result in more than one client contact.

In 2014–15, organisations providing primary health-care services made around 5.0 million client contacts—an average of 11.6 contacts per client (see Table B14). A higher proportion of all contacts were made in *Outer regional* (23%) and *Very remote* areas (23%), and a smaller proportion (15%) in *Major cities* (see Figure 3.9).

In 2014–15:

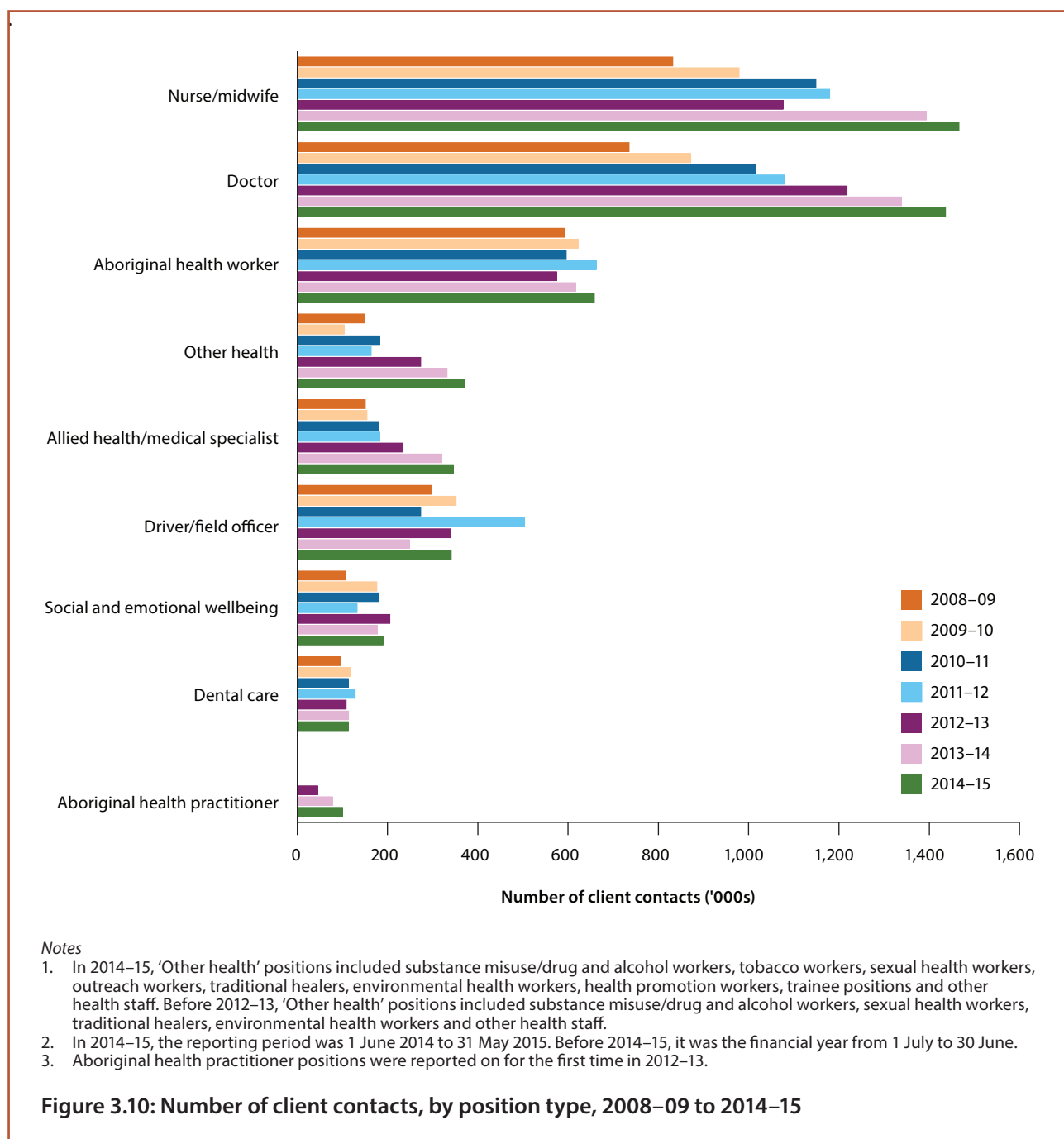
- Nurses and midwives (15% of the total workforce) made around 1.5 million contacts (29% of all contacts). Of these, 40% were in *Very remote* areas and 20% in *Remote* areas. Contacts by nurses represented half (50%) of all contacts in *Very remote* areas and 30% of contacts in *Remote* areas, a higher proportion compared with other areas.
- Doctors (7% of the total workforce) made around 1.4 million contacts (29% of all contacts). Of these, 23% were in *Outer regional* areas (330,000). Contacts by doctors represented 35% of all contacts in *Major cities*, 33% of contacts in *Inner regional* areas, 28% of contacts in *Outer regional* areas and around one-quarter of contacts in *Remote* (26%) and *Very remote* (23%) areas.
- Aboriginal and Torres Strait Islander health workers (AHWs) (11% of the total workforce) made around 658,000 contacts (13% of all contacts). Forty-two per cent of these (275,000) were in *Outer regional* areas. Aboriginal health practitioners made around 101,000 or 2% of all contacts.

- Allied health professionals (4% of the total workforce) made around 296,000 contacts (6% of all contacts).
- Other health staff (14% of the total workforce) made around 372,000 contacts (7% of all contacts).
- Drivers and field officers (5% of the total workforce) made around 341,000 contacts (7% of all contacts).



Time series

The total number of client contacts (5.0 million) in 2014–15 was 9% higher than in 2013–14 (4.6 million). There were increases in contacts across all remoteness areas. Some of this increase (16%) was a result of organisations reporting in 2014–15 that did not report in the previous year; most of the increase (84%), however, was from organisations reporting in both years. With the exception of dental care staff, the number of contacts was higher for all position types (see Figure 3.10 and Table B15).

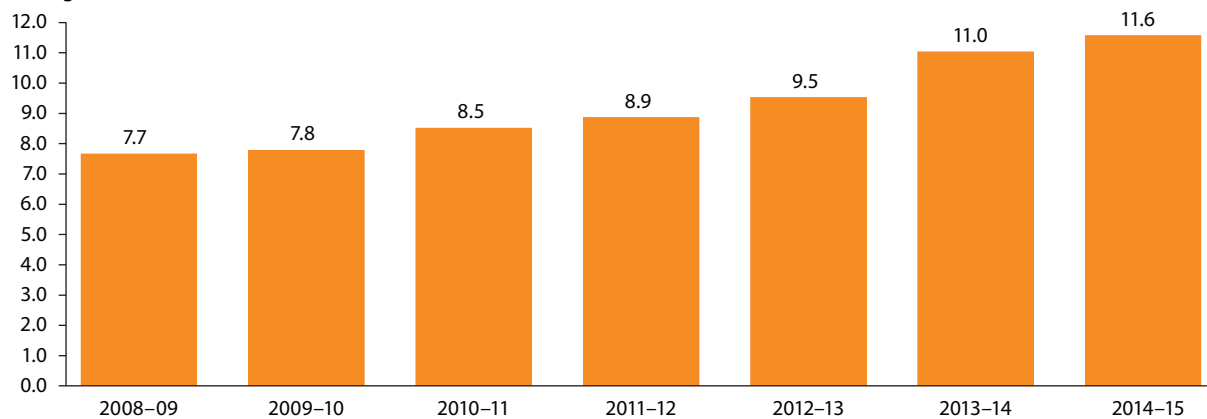


Average number of contacts

The average number of contacts per client was 11.6 in 2014-15, compared with 11.0 in 2013-14. This was a smaller increase compared with the previous year (see Figure 3.11). The average ranged from 10.6 in Queensland and in New South Wales and the Australian Capital Territory combined, to 15.9 in Tasmania (see Table B16).

The average number of contacts per client has been steadily increasing over the past 6 years, from 7.7 in 2008-09 to 11.6 in 2014-15. There were increases in the average number of contacts across all jurisdictions over this period. It should be noted, however, that in 2014-15, the average number of contacts per client for each position type was fairly similar to 2013-14 (see Table B17).

Average client contacts



Note: In 2014-15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014-15, it was the financial year from 1 July to 30 June.

Figure 3.11: Average number of contacts per client, 2008-09 to 2014-15

3.5 Episodes of care

An episode of care in the OSR is defined as a contact between an individual client and a service by one or more staff members providing health care within a calendar day. All contacts with the same client on the same day are counted as one episode of care. If more than one staff member sees a client on the same day, then one episode of care may result in more than one client contact. An episode of care may include health care provided on-site, off-site and over the phone. It does not, however, include residential care, group activities or administrative contacts (for example, a receptionist making an appointment).

In 2014-15, most organisations (98%) reported their episodes of care. Some organisations have difficulty in providing accurate numbers and estimated their episodes of care (27 organisations or 13%). Organisations provided around 3.5 million episodes of care, an increase from 3.3 million in 2013-14. Episodes of care increased with remoteness, with 16% provided in *Major cities* and 26% in *Very remote* areas (see Table B18).

Type of organisation

ACCHOs provided around 2.9 million (82%) episodes of care and other organisations around 650,000 (18%). For ACCHOs, the number of episodes of care was higher in *Outer regional* (22%) and *Remote* (21%) areas. For other organisations, the number of episodes of care increased with remoteness (62% were provided in *Very remote* areas), reflecting the increasing number of other organisations by remoteness (see Figure 3.12 and Table B19).

Number ('000)

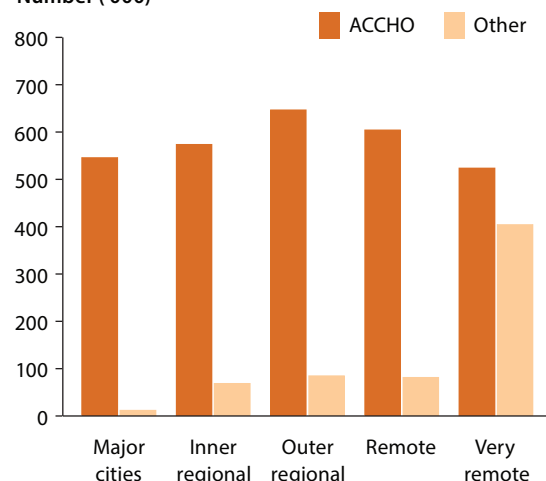


Figure 3.12: Number of primary health-care episodes of care, by type of organisation and remoteness area, 1 June 2014 to 31 May 2015

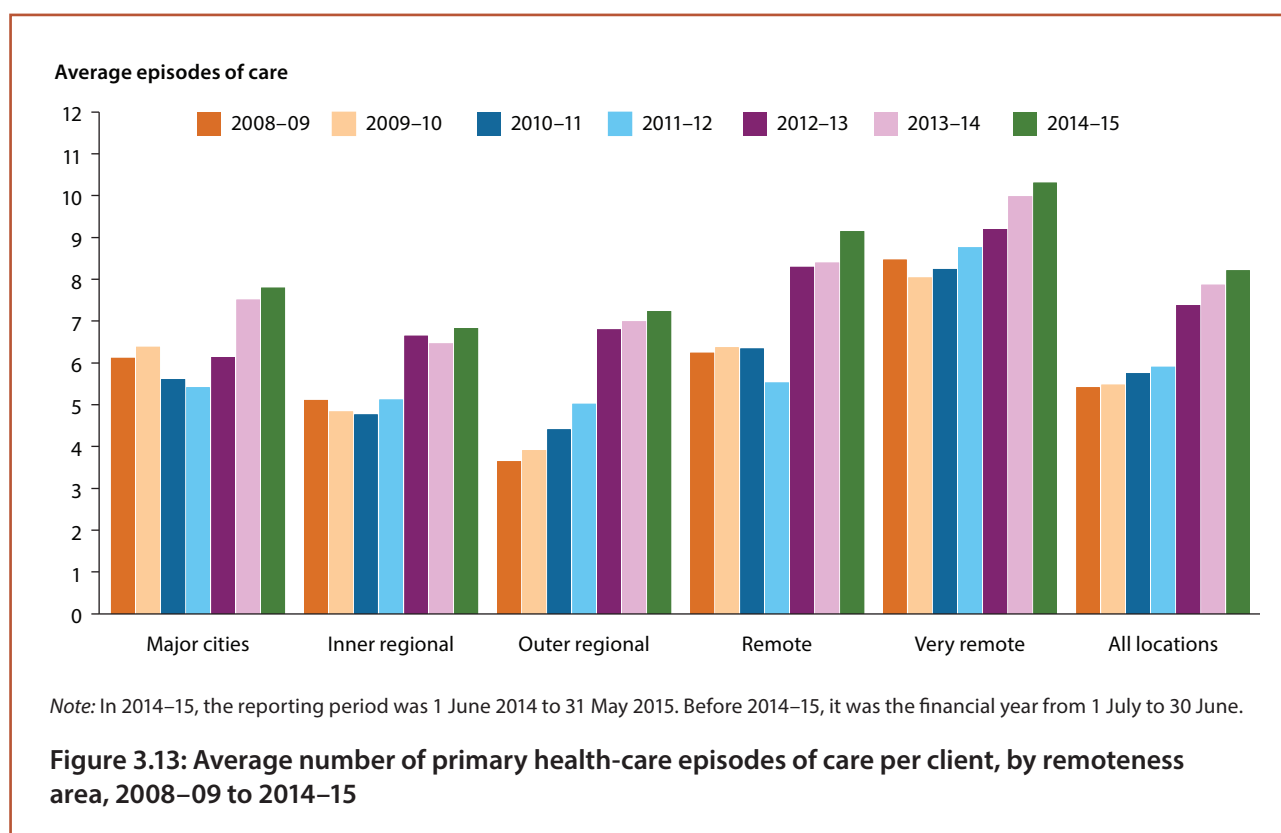


Time series

The number of episodes of care has been steadily increasing since 2008–09, and increased by 8% in 2014–15 compared with 2013–14 (see Table B18). There were increases across all remoteness areas and in all states and territories, except Tasmania and the Northern Territory. Nearly all (97%) of this increase was from organisations reporting in both years. This increase may be related to increases in both client numbers (4%) and FTE staff (4%) in 2014–15.

Average number of episodes of care

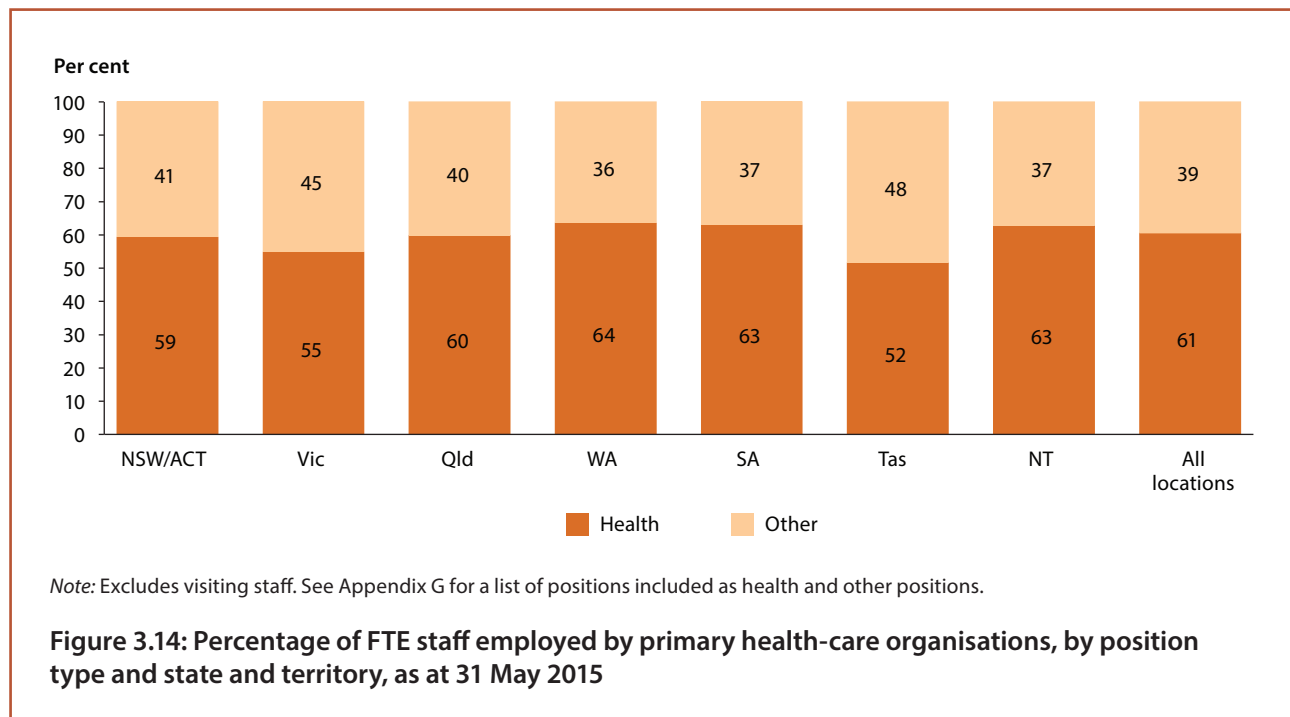
The average number of episodes of care per client has been steadily increasing over the past 6 years from 5.4 in 2008–09 to 8.2 in 2014–15 (see Table B20). The average increased by 0.3 compared with 2013–14 (7.9). There were increases across all remoteness areas (see Figure 3.13). The average number of episodes of care per client was highest in *Very remote* areas (10.3) and in South Australia (13.0). South Australia had the biggest increase in episodes of care per client, up 1.3 compared with 2013–14 (see Table B21).



The average number of episodes of care per client is related to the number of FTE staff. As the number of FTE staff per 1,000 clients has increased, so too has the average number of episodes of care per client (see Table B22). The average number of episodes of care per FTE staff member was 470 in 2014–15, compared with 448 in 2013–14; for FTE health staff, the average number of episodes of care was 762, compared with 731 in 2013–14. Since 2008–09, the average number of episodes of care per FTE health staff has been fairly constant, ranging from 719 in 2010–11 to 790 in 2009–10 (see Table B23).

3.6 Staffing

Organisations providing primary health-care services employed 7,359 FTE staff as at 31 May 2015, 4% higher than at 30 June 2014 (7,108). Of these, 61% were health staff and 39% were other staff (including managers and supervisors, administrative staff and drivers and field officers). Proportions were similar to 30 June 2014 (60% health and 40% other staff, respectively). The proportion of health staff was higher in *Very remote* (65%) and lower in *Inner regional* (58%) areas. There was some variation by state and territory. The proportion of health staff ranged from 52% of staff in Tasmania to 64% in Western Australia (see Figure 3.14). Victoria and Tasmania had a higher proportion of managerial, administrative and other staff (45% and 48% of all staff, respectively).

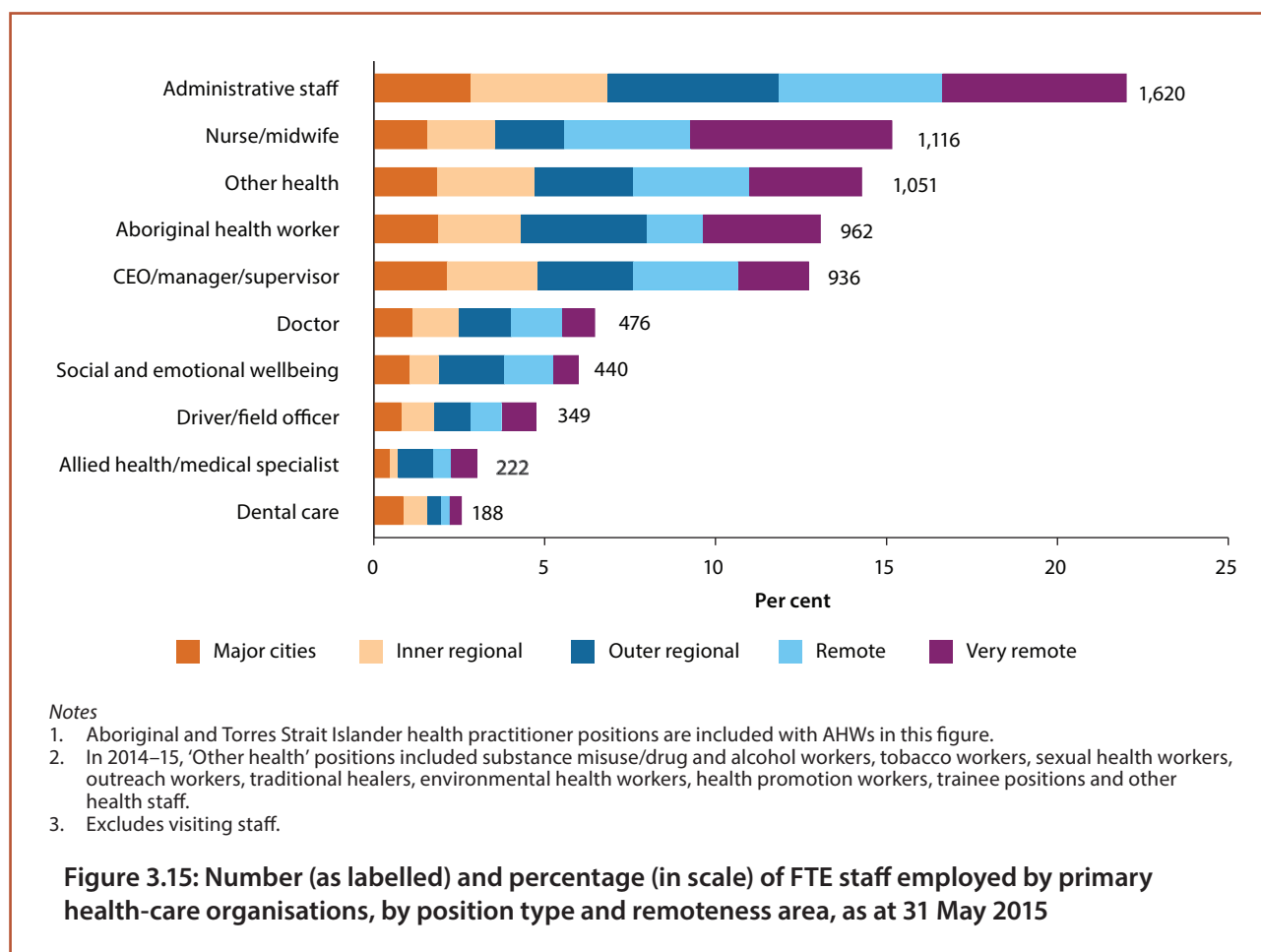


Just over half (53%) of FTE staff employed, were Indigenous, a similar proportion to 2013–14 (53%). Although smaller proportions of doctors and nurses were Indigenous (7% and 14%, respectively), nearly all AHWs were Indigenous (99%), as were most drivers and field officers (88%) and around three-quarters (74%) of those in other health positions (see Table B24).

These organisations were assisted by an additional 305 FTE visiting staff paid for by other organisations, making a total workforce of 7,664 FTE staff (see Table B25).

Distribution of staff

Administrative staff made up the largest group of employed staff (1,620 FTE or 22%), followed by nurses and midwives (1,116 FTE or 15%). AHWs and Aboriginal health practitioners represented 13% of employed FTE staff and doctors 6% (see Figure 3.15).



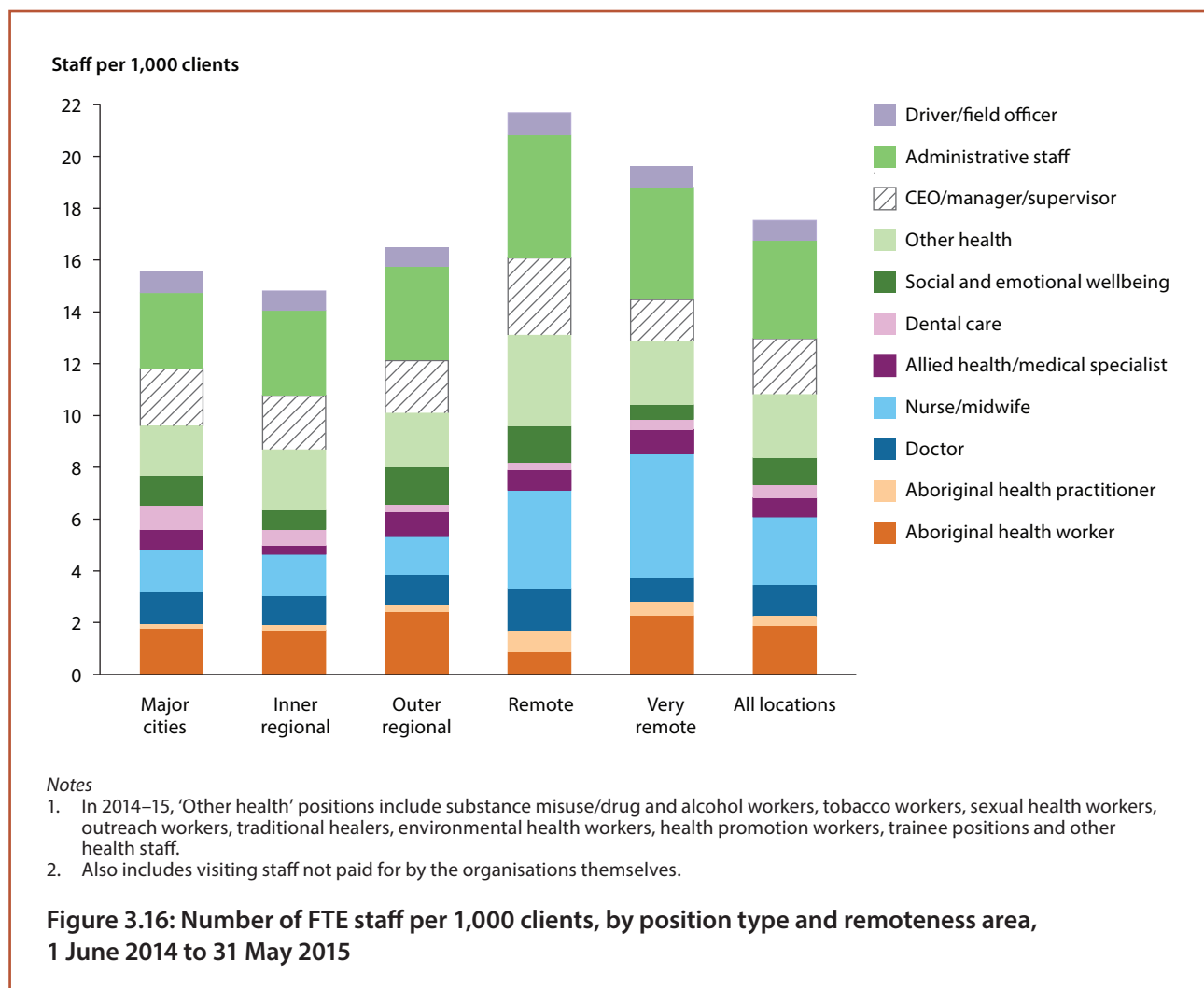
Remoteness area

In general, *Major cities* had a higher proportion of the small number of medical specialists employed (47%) and dental care staff employed (34%) than other areas (see Table B27). *Outer regional* areas had a higher proportion of AHWs (31%), social and emotional wellbeing staff (32%) and allied health professionals (35%) than other areas. *Inner regional* and *Very remote* areas had lower proportions of social and emotional wellbeing staff (14% and 12%, respectively). *Remote* and *Very remote* areas had higher proportions of nurses and midwives (25% and 39%, respectively). As at 31 May 2015:

- AHWs represented 11% of employed FTE positions. Of the 800 FTE AHWs employed, 31% (246 FTE) were in *Outer regional* areas and 26% (205 FTE) in *Very remote* areas.
- Nurses and midwives represented 15% of employed FTE positions. Of the 1,116 FTE nurses and midwives employed, 39% (434 FTE) were in *Very remote* areas and 25% (273 FTE) in *Remote* areas.
- Doctors represented 6% of employed FTE positions. Of the 476 FTE doctors employed, 24% (113 FTE) were in *Outer regional* areas and 23% (111 FTE) were in *Remote* areas.
- Social and emotional wellbeing staff represented 6% of employed FTE positions. Of the 440 FTE staff employed, 32% (142 FTE) were in *Outer regional* areas and 24% (105 FTE) in *Remote* areas.
- Allied health professionals represented 3% of employed FTE positions. Of the 207 FTE allied health professionals employed, 35% (73 FTE) were in *Outer regional* areas and 27% (56 FTE) in *Very remote* areas.

The total FTE per 1,000 clients (including both employed and visiting staff) was 18. It was higher in *Remote* and *Very remote* areas (22 and 20 per 1,000 clients, respectively) and lower in *Inner regional* areas (15 per 1,000 clients). The ratio of staff to clients also varied by position type (see Figure 3.16).

- There were 4.8 FTE nurses and midwives per 1,000 clients in *Very remote* areas and 3.8 per 1,000 clients in *Remote* areas, which is higher than the average for all organisations (2.6).
- There were 0.9 FTE dental care staff per 1,000 clients in *Major cities*, which is higher than the average for all organisations (0.5).
- There were fewer FTE social and emotional wellbeing staff per 1,000 clients in *Inner regional* (0.7) and *Very remote* (0.6) areas, compared with the average for all organisations (1.1).
- On average, there were 1.2 FTE doctors per 1,000 clients. This ranged from 0.9 in *Very remote* areas to 1.7 in *Remote* areas.

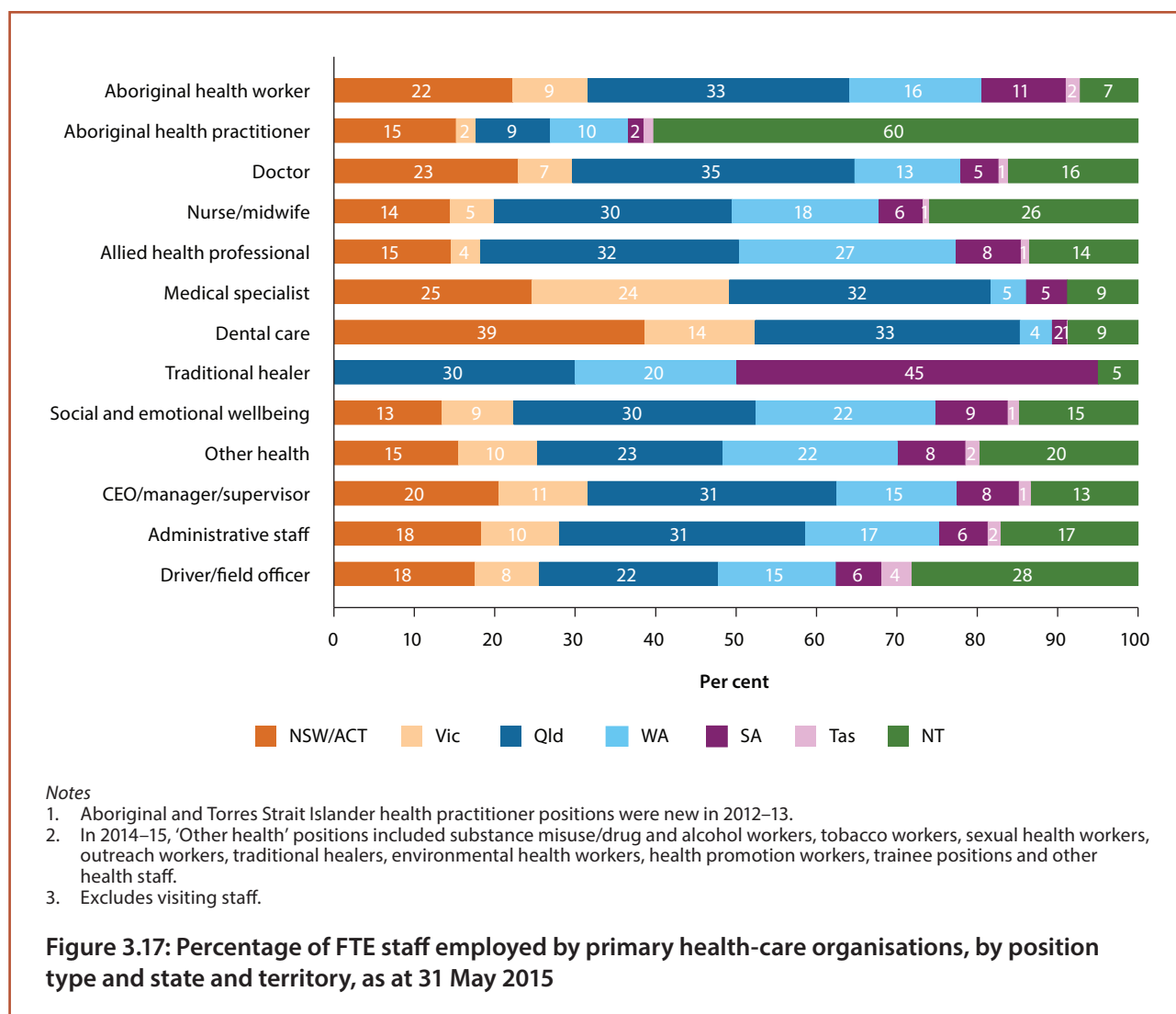




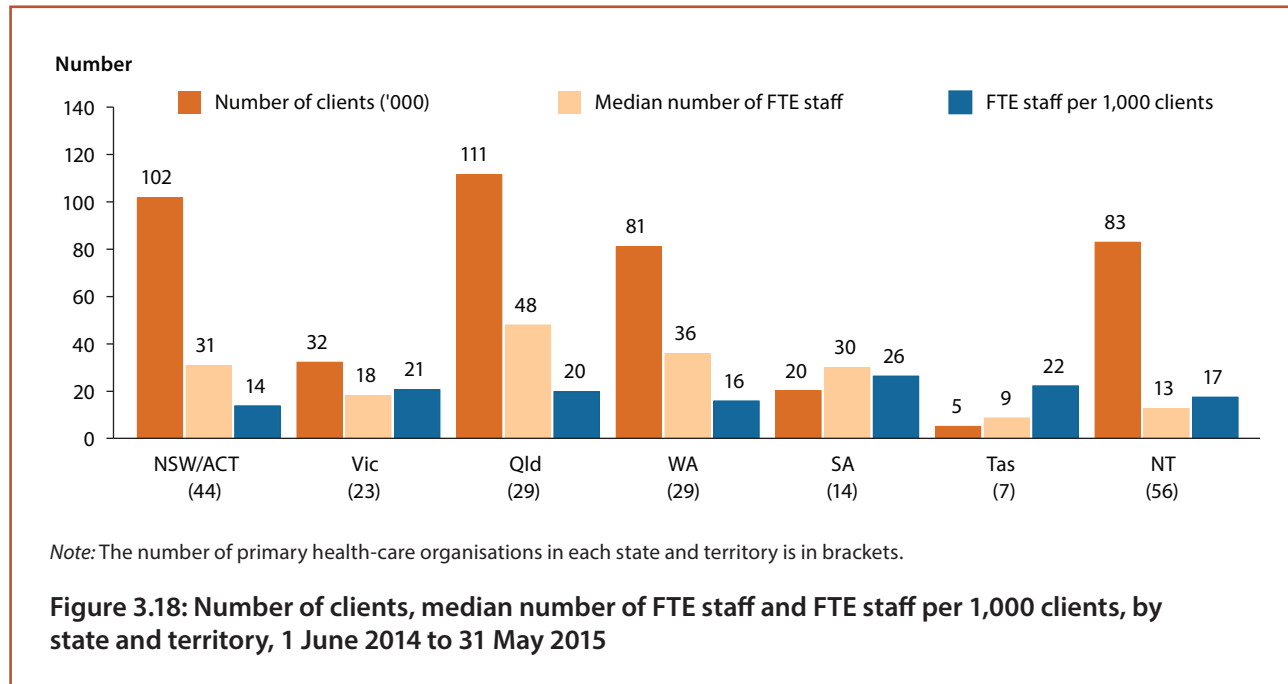
State and territory

The distribution of employed staff varied by state and territory (see Figure 3.17 and Table B28). New South Wales and the Australian Capital Territory combined had higher proportions of dental care staff (39%). The Northern Territory had higher proportions of Aboriginal health practitioners (60%) and drivers and field officers (28%). Queensland had higher proportions of medical specialists (33%), social and emotional wellbeing staff (30%), doctors (35%), nurses and midwives (30%) and AHWs (33%). As at 31 May 2015:

- The 28% of primary health-care organisations located in the Northern Territory had 18% of employed FTE staff. A relatively high proportion of Aboriginal and Torres Strait Islander health practitioners (60%) and 26% of nurses were employed there. Nurses represented 22% of employed FTE positions in the Northern Territory, compared with 15% for all organisations.
- The 22% of primary health-care organisations located in New South Wales and the Australian Capital Territory combined had 18% of employed staff. Around one-quarter of doctors (23%) and medical specialists (25%), and 39% of dental care staff, were employed there.
- The 14% of primary health-care organisations located in Queensland had 29% of employed staff. Around one-third of doctors (35%), medical specialists (32%), allied health professionals (32%) and AHWs (33%) were employed there.



The total FTE per 1,000 clients (including both employed and visiting staff) ranged from 14 in New South Wales and the Australian Capital Territory combined to 26 in South Australia (see Figure 3.18). The median number of FTE staff ranged from 9 for organisations in Tasmania to 48 for those in Queensland and reflects the size and numbers of organisations in these states.

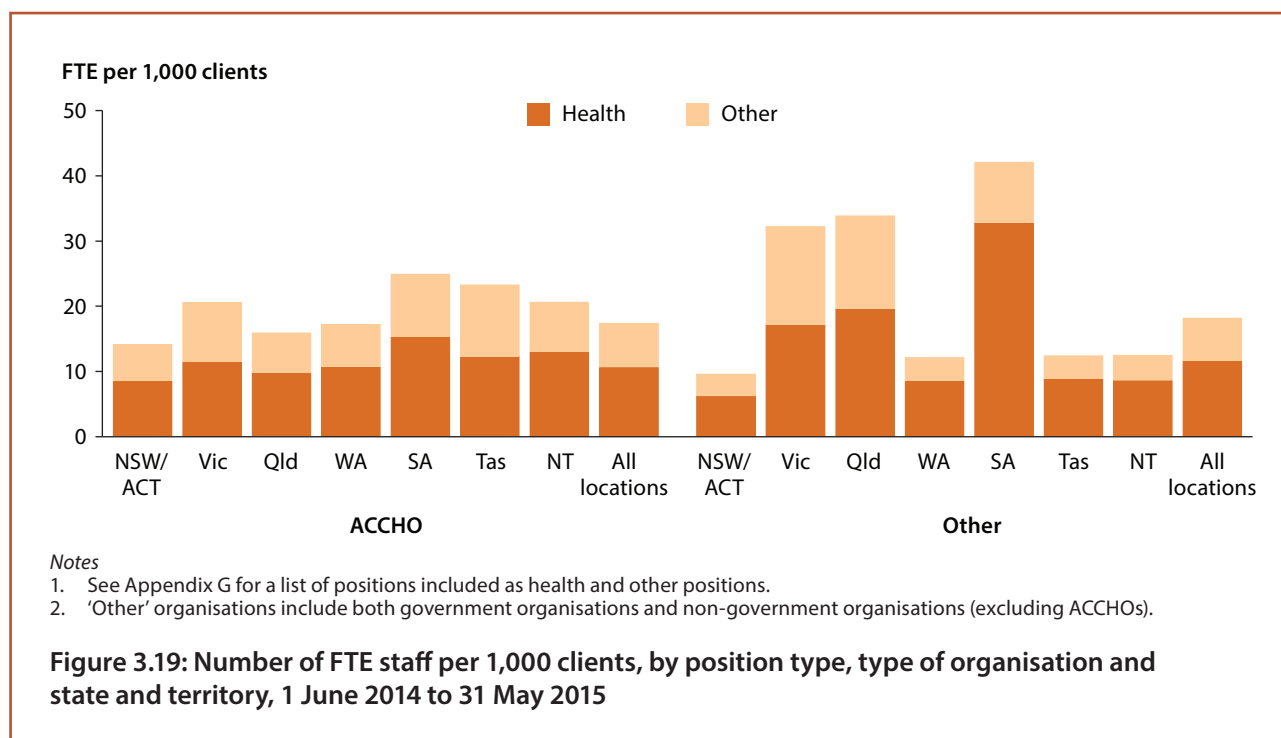


The ratio of staff to clients also varied by position type (see Table B26):

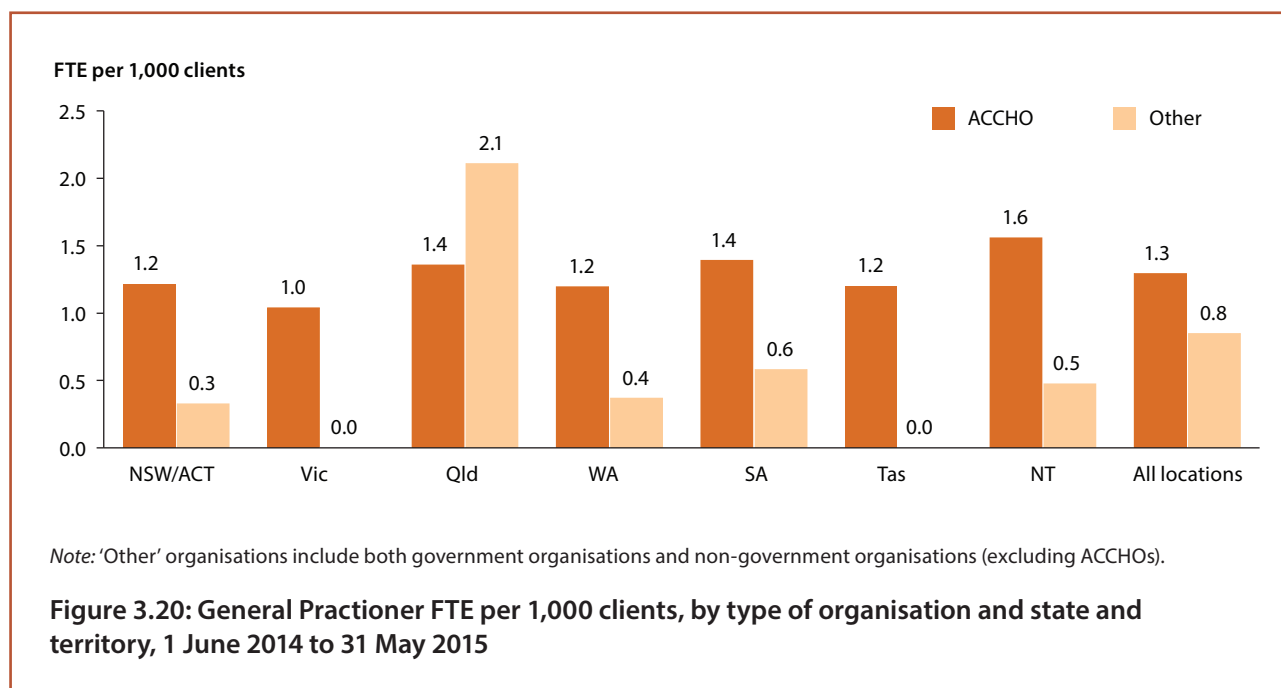
- There were 3.7 FTE nurses and midwives per 1,000 clients in the Northern Territory—higher than the average for all organisations (2.6).
- There were more FTE dental care staff per 1,000 clients in Victoria (0.9) and in New South Wales and the Australian Capital Territory combined (0.8), compared with the average for all organisations (0.5).
- There were more FTE social and emotional wellbeing staff per 1,000 clients in South Australia (2.0) and fewer in New South Wales and the Australian Capital Territory combined (0.6), compared with the average for all organisations (1.1).
- There were more FTE drivers and field officers per 1,000 clients in Tasmania (2.6), compared with the average for all organisations (0.8).

Type of organisation

In 2014–15, ACCHOs and other organisations had similar ratios of staff, with 17 and 18 FTE staff per 1,000 clients, respectively (see Figure 3.19 and Table B29). ACCHOs in the Northern Territory had more staff (21 per 1,000 clients) than other organisations (13 per 1,000 clients); however, the FTE for other organisations may not reflect all the support (for example, HR and IT) provided centrally from the Northern Territory Government. Compared with ACCHOs, other organisations had more staff in South Australia (42 compared with 25 per 1,000 clients), Victoria (32 compared with 21 per 1,000 clients) and Queensland (34 compared with 16 per 1,000 clients).

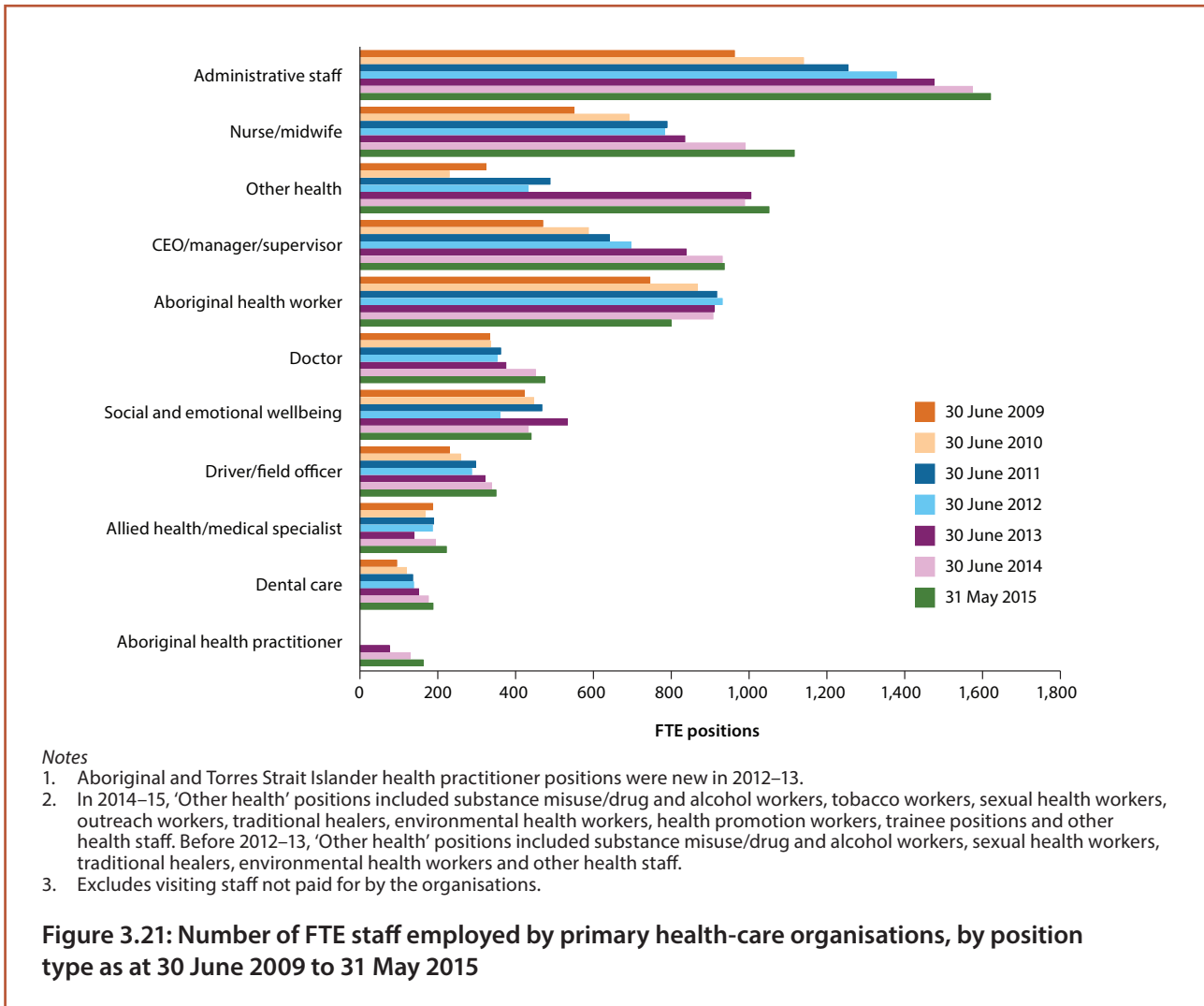


ACCHOs had more FTE GPs per 1,000 clients than other organisations in all states and territories, except Queensland. Across these states and territories, the ratio ranged from 1.0 to 1.6 FTE. In other organisations, the ratio of GPs per 1,000 clients ranged from 0 to 2.1 (see Figure 3.20 and Table B30).

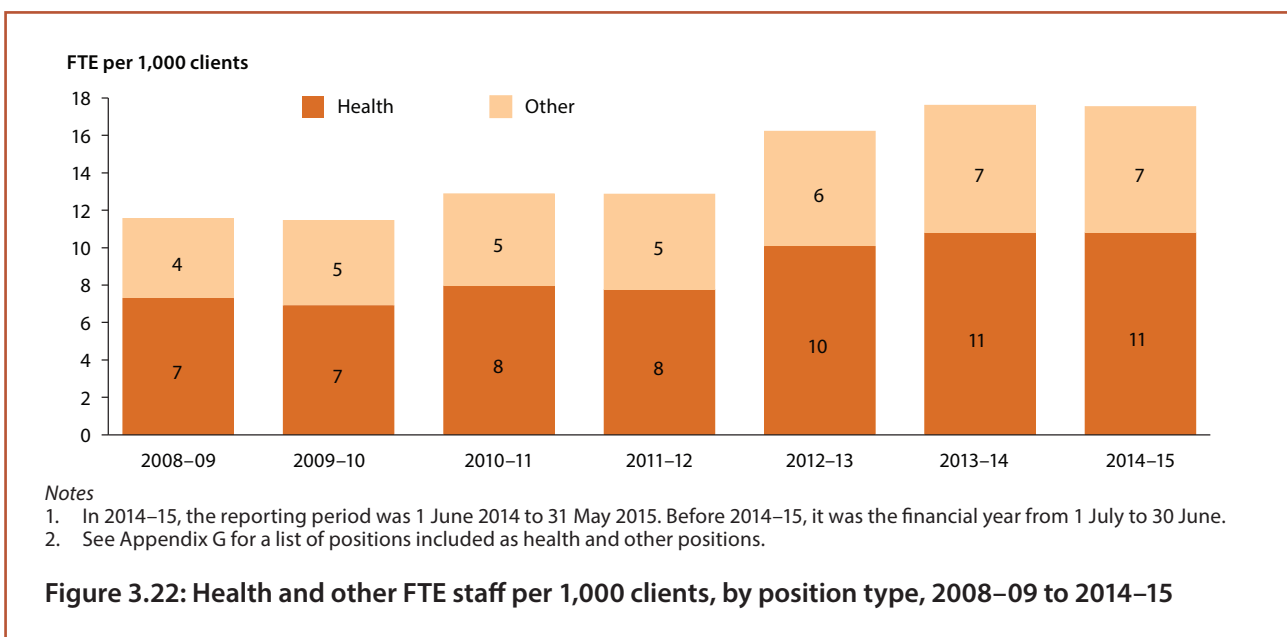


Time series

In 2014–15, the number of employed staff (7,359 FTE) was higher than in previous years. It increased by 4% compared with 2013–14 (7,108 FTE). There were increases across most position types, except for AHWs (see Figure 3.21 and Table B31).

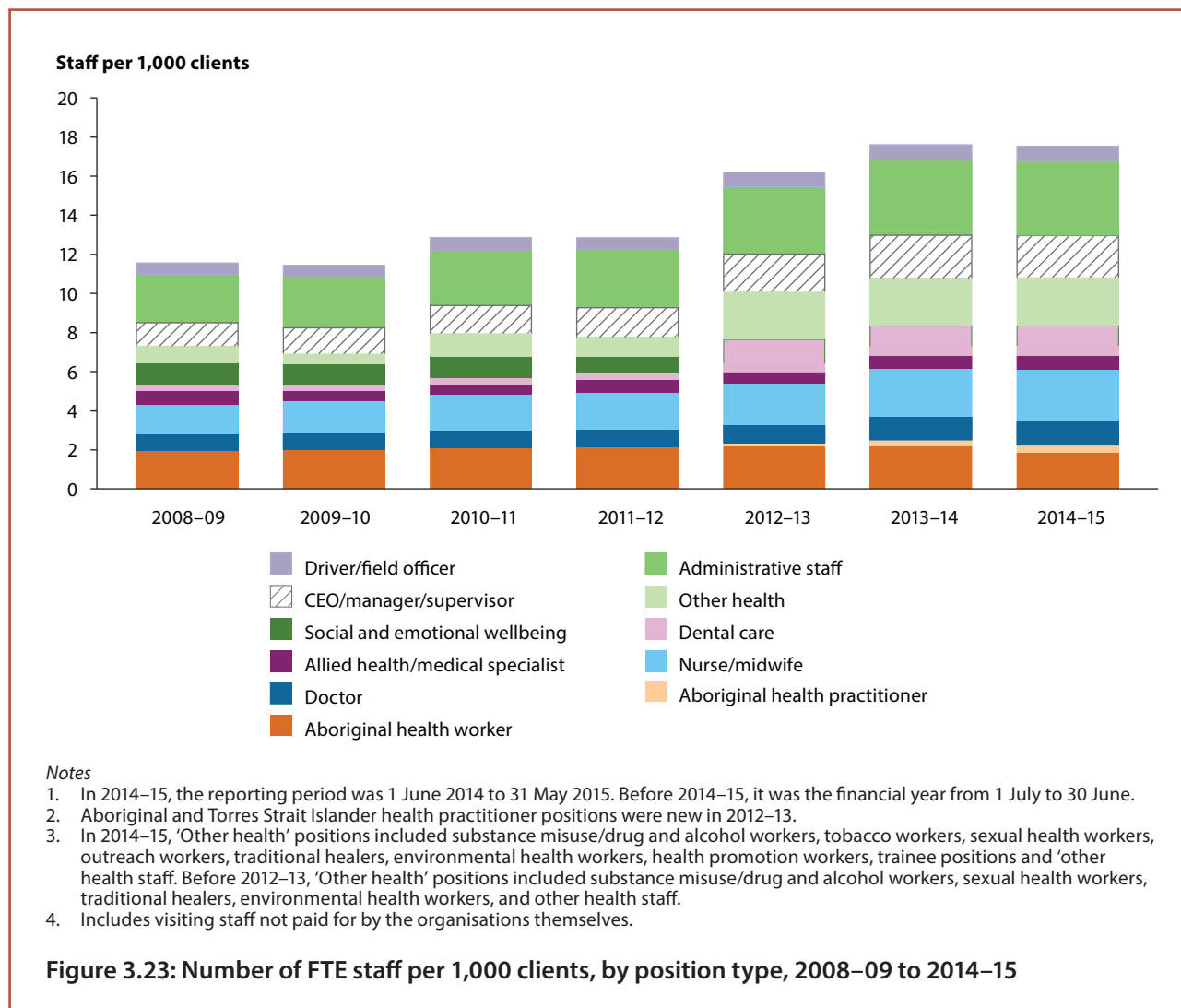


If visiting staff are included, the total number of FTE staff increased by 263 (4%) compared with 2013–14. However, the number of FTE staff per 1,000 clients remained similar at 18 per 1,000 clients (see Figure 3.22). The biggest increase was in *Remote* areas, from 20 per 1,000 clients in 2013–14 to 22 per 1,000 clients in 2014–15 (see Table B32). This reflects a large increase in FTE staff in over half (58%) of organisations in *Remote* areas.





Although the total FTE increased for most position types (except AHWs), the number of FTE staff per 1,000 clients remained fairly similar for most position types (see Figure 3.23 and Table B33). It was lower in 2014–15 for AHWs (1.9 compared with 2.2), but higher for nurses and midwives (2.6 compared with 2.4).



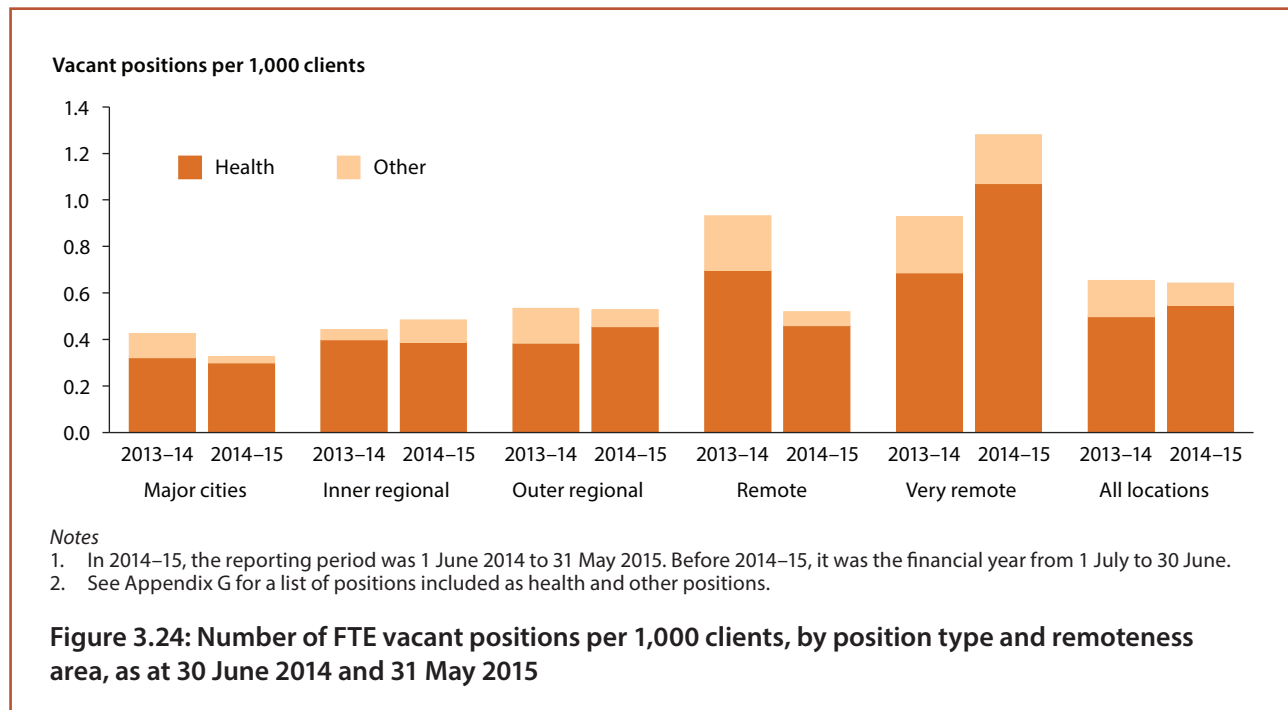
Aboriginal health workers

AHWs have an important role in improving the health of Aboriginal and Torres Strait Islander people. In 2013, the Community Services and Health Industry Skills Council (CSHISC) released new health training packages that contained a suite of updated AHW qualifications, skill sets and units of competency in first aid, workplace health and safety and telehealth (CSHISC 2014). As at 31 May 2015, 363 AHWs held a Certificate IV practice stream qualification, 163 held a Certificate IV community stream qualification and 323 a Certificate III qualification (see Table B34).

Vacancies

Primary health-care organisations reported 280 vacant FTE positions as at 31 May 2015. This included 238 health and 42 other (administrative, managerial and support) positions (see Table B35). The total number of vacancies was similar to 2013–14 (279). The overall number of vacant positions per 1,000 clients (0.6) was also similar to 2013–14 (0.7), as was the proportion of health-related vacancies (both 5%).

Very remote areas had more health vacancies (1.1 per 1,000 clients) than other areas. They also had a higher proportion of health-related vacancies (8%), compared with 5% for all areas (see Table B36). The biggest increase in vacant positions per 1,000 clients was in *Very remote* areas (see Figure 3.24). This was largely due to increases in just two organisations.



ACCHOs had a lower vacancy rate than other organisations. The proportion of health vacancies was 5% compared to 7% for other organisations, and the proportion for other positions was 1% compared to 3% for other organisations (see Table B37).

For ACCHOs, the number of FTE vacant positions per 1,000 clients ranged from 0.3 in South Australia and New South Wales and the Australian Capital Territory combined to 0.9 in the Northern Territory and Western Australia; for other organisations, it ranged from 0.3 in Western Australia to 3.7 in South Australia (see Table B38).

3.7 Service gaps and challenges

Organisations were asked to select the top 5 health service gaps faced by the communities they served. Services for mental health and social and emotional wellbeing were among the top 5 gaps reported for 60% of organisations, followed by youth services (55%). Around half reported the prevention/early detection of chronic disease (50%) and alcohol, tobacco and other drugs (48%) as gaps (see Table 3.2).

The service gaps reported varied by remoteness area (see Table B39). Although mental health and social and emotional wellbeing were commonly reported (60%), they were more common in *Inner regional* (77%) and *Major cities* (70%) than in *Very remote* (45%) and *Remote* (50%) areas. In *Very remote* areas, environmental health services were more likely to be reported as a gap (55% compared with 40% for all organisations providing primary health-care services), while nutrition services (including lack of access to affordable healthy food) were more likely to be reported as a gap in *Remote* (46%) and *Very remote* (37%) areas than in *Major cities* (10%) or *Inner regional* areas (16%).



Table 3.2: Health service gaps in organisations providing primary health-care services, by funding, 1 June 2014 to 31 May 2015

Service gaps	Funded for primary health care only		Funded for primary health and other ^(a) services		Total primary health care	
	Number	Per cent	Number	Per cent	Number	Per cent
Mental health/social and emotional health and wellbeing	70	61.9	51	56.7	121	59.6
Youth services	65	57.5	46	51.1	111	54.7
Prevention/early detection of chronic disease	54	47.8	47	52.2	101	49.8
Alcohol, tobacco and other drugs	52	46.0	46	51.1	98	48.3
Environmental health services (including housing)	56	49.6	25	27.8	81	39.9
Dental services	39	34.5	32	35.6	71	35.0
Early childhood development and family support	34	30.1	32	35.6	66	32.5
Nutrition services (including lack of access to affordable healthy food)	32	28.3	27	30.0	59	29.1
Services to support healthy ageing	36	31.9	22	24.4	58	28.6
Access to health services (including transport)	29	25.7	27	30.0	56	27.6
Maternal and child health	26	23.0	25	27.8	51	25.1
Palliative care	19	16.8	17	18.9	36	17.7
Disability services	15	13.3	17	18.9	32	15.8
Treatment of injury and illness	14	12.4	9	10.0	23	11.3
Other	3	2.7	7	7.8	10	4.9
Pharmacy services	3	2.7	4	4.4	7	3.4
Total	113	100.0	90	100.0	203	100.0

(a) Includes organisations also funded for social and emotional wellbeing services and/or substance-use services.

Note: Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW analyses of OSR data collection, 2014–15.

Organisations were also asked to select the top 5 challenges in providing quality care to clients. Issues around staffing, rather than access to services or organisation administration, were the most commonly reported. Two-thirds (66%) reported the recruitment, training and support of Aboriginal and Torres Strait Islander staff as a challenge (see Table B40). The overall number of staff (staffing levels) was seen as a challenge in 56% of organisations. Similarly, 54% of organisations reported staff retention and turnover as a challenge. These were similar to the challenges reported in 2013–14. Other common challenges were appropriate health-service infrastructure (47%), the coordination of clinical care with other providers (43%), and access to specialist medical services (39%).

Service challenges commonly reported also varied by remoteness area (see Table B41). Organisations providing primary health-care services in *Remote* areas were more likely to report recruitment, training and support of staff as a challenge (85% compared with 66% for all organisations providing primary health care). Organisations in *Remote* and *Very remote* areas were more likely to report staff retention/turnover (58% and 67%, respectively, compared with 54% overall) and staff housing as challenges (54% and 51%, respectively, compared to 28% for organisations providing primary health care overall).

4 Maternal and child health

Maternal and child health is a core component of primary health care. Access to high-quality antenatal care and maternal health services can reduce the risk of poor health outcomes for mothers and babies (AIHW 2012). This chapter reports on 220 organisations funded by the DoH providing maternal and child health services to Aboriginal and Torres Strait Islander people.

4.1 At a glance

Over half these organisations (59%) received DoH funding for primary health care only, one-third (33%) received funding for both primary health care and New Directions, and 8% received New Directions funding only (see Box 4.1). In 2014–15, around 7,400 Indigenous clients had at least one antenatal visit and around 24,000 child health checks were conducted (see Table 4.1).

Table 4.1: Indigenous maternal and child health services, 2013–14 and 2014–15

	2013–14		2014–15	
	Number	Per cent	Number	Per cent
Total organisations providing services	220	100.0	220	100.0
New Directions funding	17	7.7	17	7.7
New Directions and primary health funding	69	31.4	73	33.2
Primary health funding	134	60.9	130	59.1
Antenatal clients/visits				
Indigenous clients	6,219	85.0	7,413	86.5
Total clients	7,317	100.0	8,573	100.0
Indigenous antenatal visits	29,707	83.5	34,134	86.6
Total antenatal visits	35,557	100.0	39,419	100.0
Group activities (average number)				
Antenatal groups	16	..	15	..
Maternal and baby/child health groups	24	..	24	..
Parenting and parenting skills groups	23	..	26	..
Home visits	134	..	126	..
Child health checks				
Indigenous child health checks (0–4)	n.a.	n.a.	22,133	93.0
Healthy Kids checks	n.a.	n.a.	1,657	7.0
Total child health checks	n.a.	n.a.	23,790	100.0

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.



Box 4.1. New Directions: Mothers and Babies Services

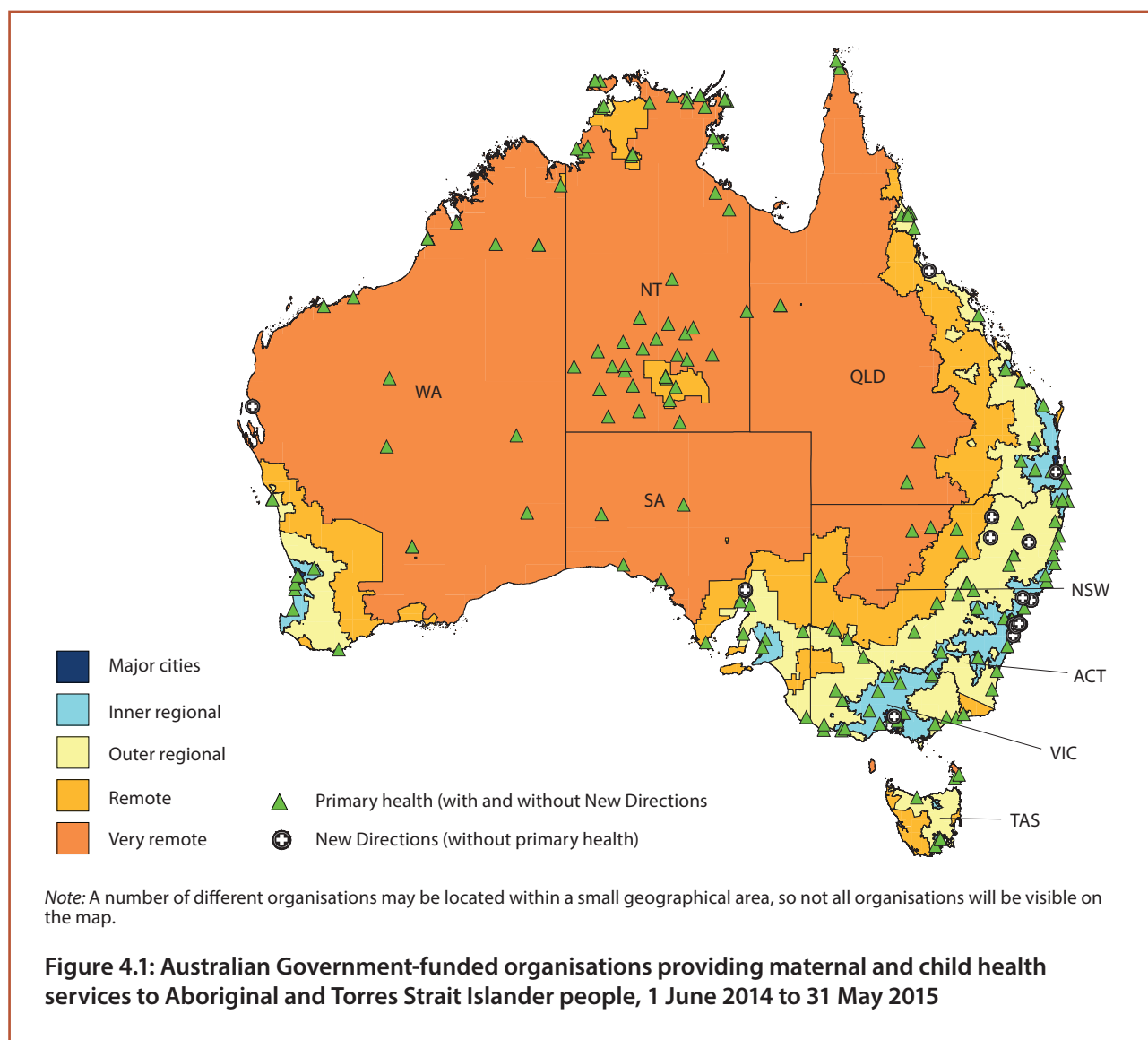
The Australian Government’s New Directions: Mothers and Babies Services aim to increase access to, and use of, antenatal, postnatal and child and maternal health services by Indigenous families, by expanding child and maternal health services and increasing the number of health professionals employed in regions of high need (DoH 2015a).

Key objectives of the program are to provide increased access to:

- antenatal and postnatal care
- standard information about baby care
- practical advice and assistance with breastfeeding, nutrition and parenting
- monitoring of developmental milestones, immunisation status and infections
- health checks and referrals for Indigenous children before starting school.

Location

The 220 organisations providing maternal and child health services were spread across all states and territories and remoteness areas (see Figure 4.1 and Table C1).

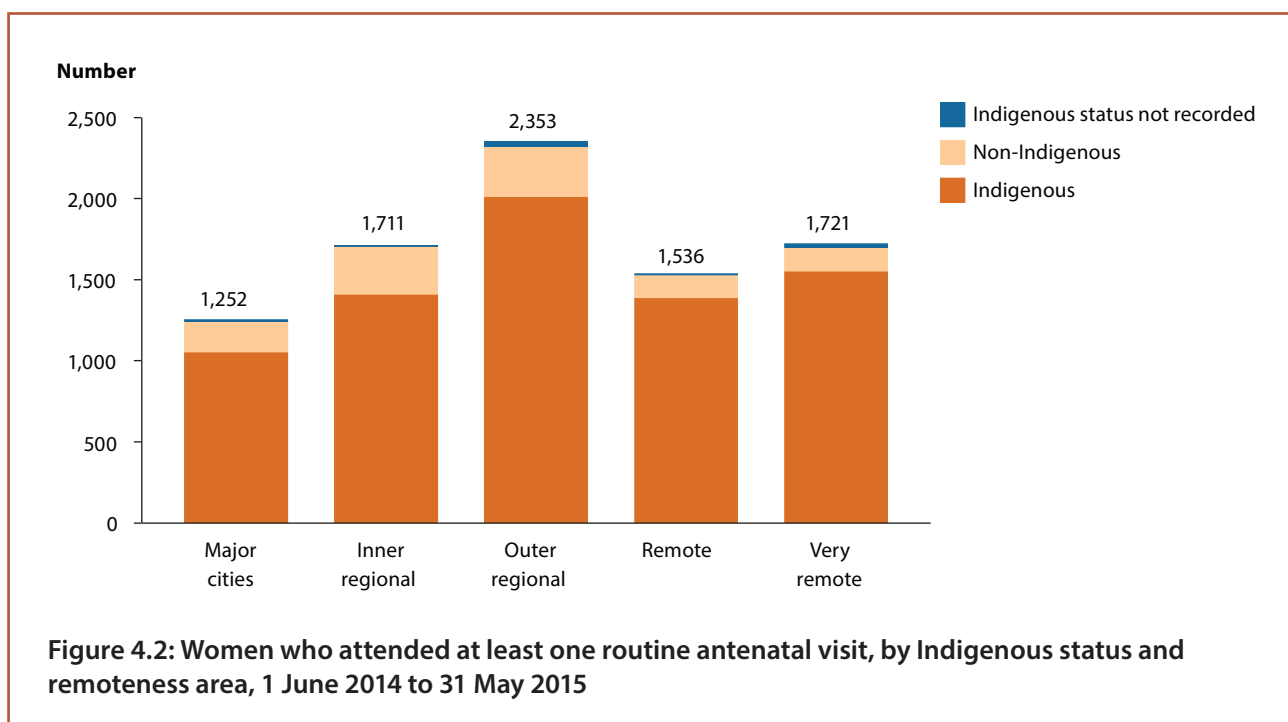


4.2 Services and clients

Antenatal care

Antenatal care includes advice and guidance on pregnancy and delivery, education on self-care during pregnancy, screening tests and referral if necessary. Antenatal visits at least four times during pregnancy, as recommended by the World Health Organization (WHO), can improve health outcomes for mothers and babies (WHO 2011).

In 2014–15, 179 (81%) organisations providing maternal and/or child health services provided antenatal care. They saw around 8,600 women, most of whom (7,400 or 86%) were Indigenous (see Figure 4.2 and Table C4). Just over one-quarter (27%) of these Indigenous women were in *Outer regional* areas (2,000 women) and 21% (1,600) were in *Very remote* areas (see Table C2).



One-quarter (25%) of Indigenous women with an antenatal visit were in Queensland. This was followed by 23% in Western Australia and 22% in New South Wales and the Australian Capital Territory combined (see Figure 4.3 and Table C3).

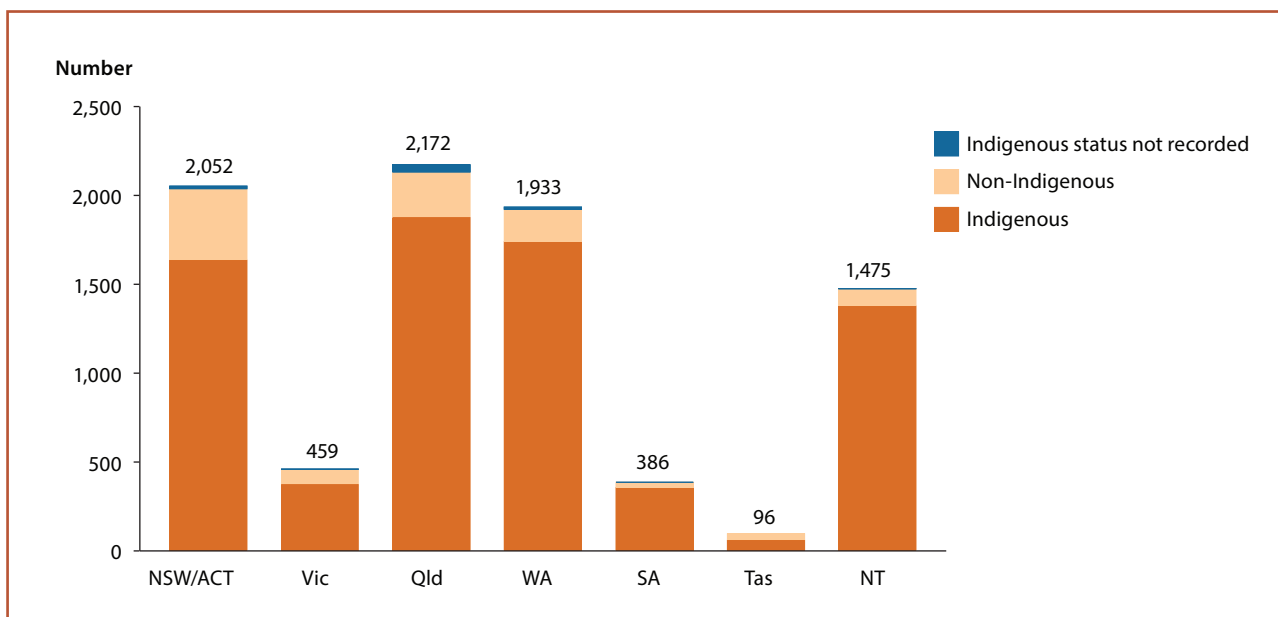


Figure 4.3: Women who attended at least one routine antenatal visit, by Indigenous status and state and territory, 1 June 2014 to 31 May 2015

Around 39,400 routine antenatal care visits were reported, and most of these (87% or 34,100) were for Indigenous women (see Table C5). Nearly half (48%) of all visits were in either *Outer regional* areas (9,700) or *Very remote* areas (9,400). This was followed by *Remote* areas with 21% of all visits (see Table C6).

There were, on average, 4.6 antenatal visits per woman across Australia. The average number of antenatal visits varied with the type of DoH funding. Organisations funded for New Directions only had an average of 6 visits per woman, compared with around 4.5 for those funded for primary health only, and for those funded for primary health and New Directions (Figure 4.4 and Table C7).

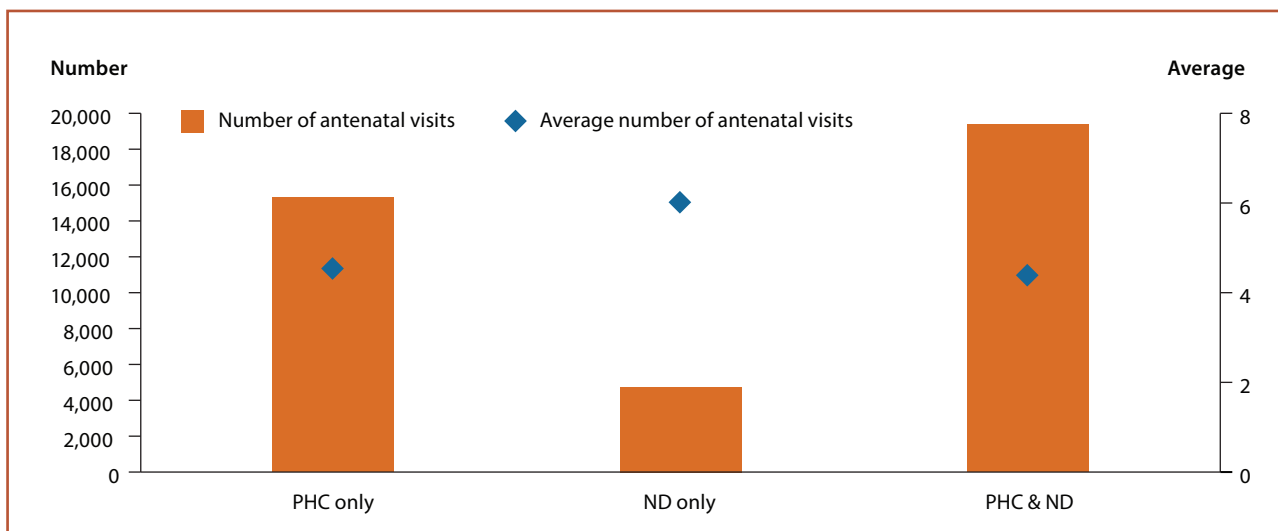
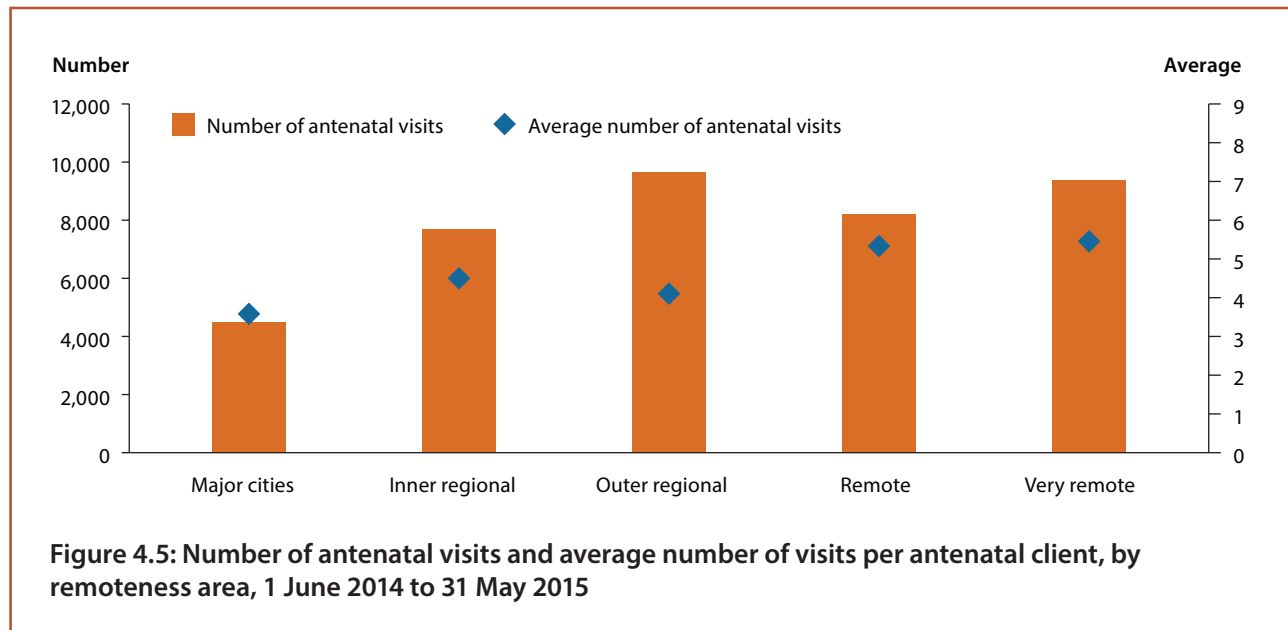
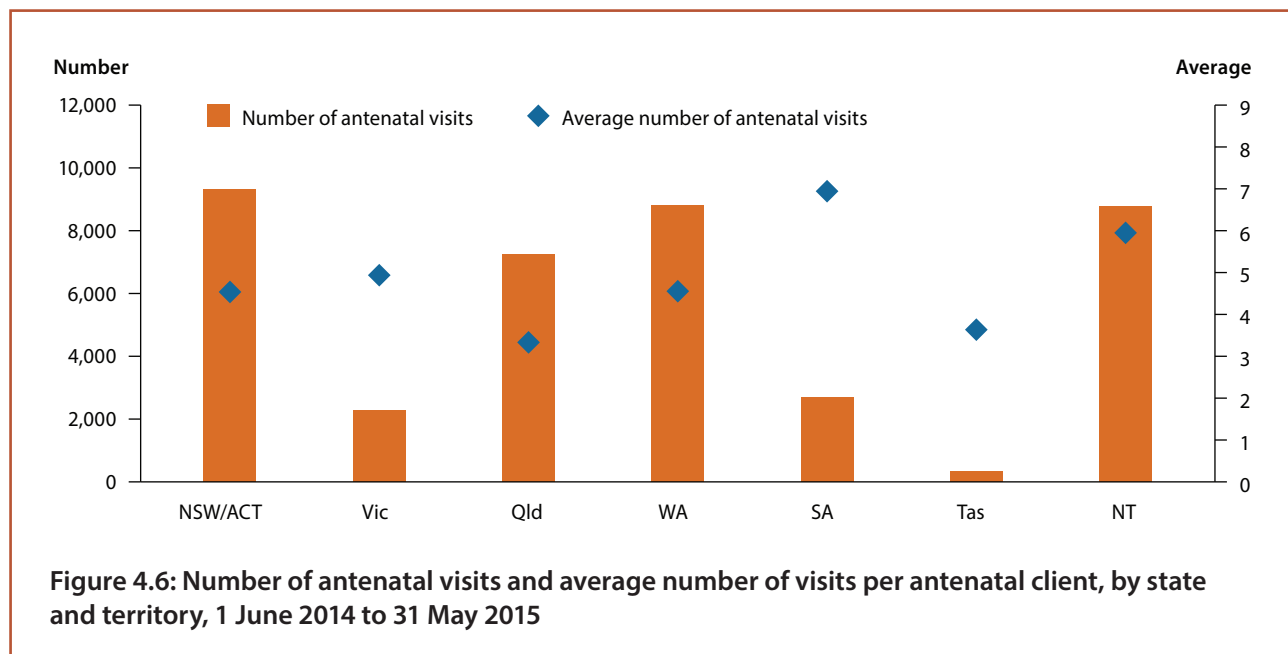


Figure 4.4: Number of antenatal visits and average number of visits per antenatal client, by type of DoH funding, 1 June 2014 to 31 May 2015

There was some variation by remoteness area (see Figure 4.5). The average number of visits per woman was higher in *Very remote* and *Remote* areas (5.5 and 5.3, respectively) and lower in *Major cities* (3.6) (see Table C8).

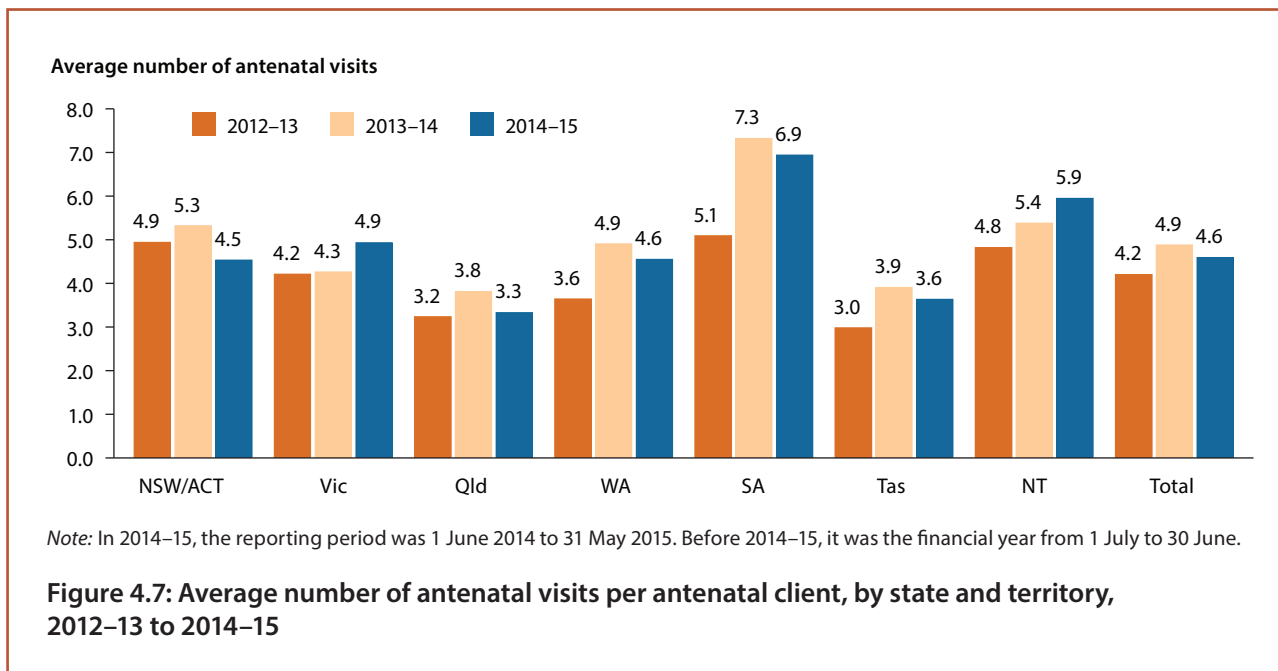


Nearly one-quarter (24%) of antenatal visits (9,300) were in New South Wales and the Australian Capital Territory combined, and 22% were in Western Australia and in the Northern Territory (both around 8,800) (see Table C9). The average number of visits per woman showed some variation by state and territory (see Figure 4.6 and Table C10). It was higher in South Australia (6.9) and the Northern Territory (5.9) and lower in Queensland (3.3).



Time series

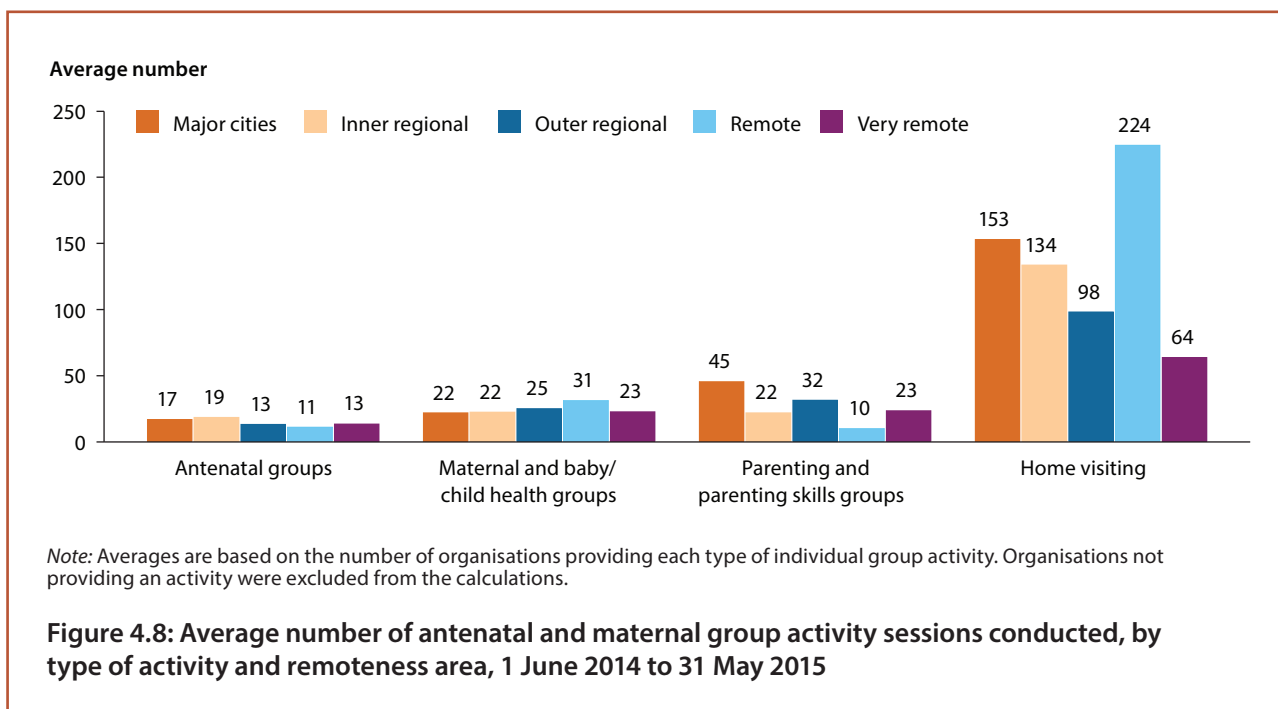
The average number of antenatal visits per antenatal client was 4.6 in 2014–15, which is a small decrease from 4.9 in 2013–14 (see Table C11). Over the last three reporting periods, the average number of visits per client has increased in Victoria and the Northern Territory (see Figure 4.7).



Antenatal and maternal group activities

In 2014-15, 139 (63%) organisations providing maternal and child health services ran at least one type of antenatal or maternal group activity, such as antenatal groups, parenting groups, maternal and child health groups or home visiting services.

Organisations with home visiting services provided on average 126 home visits (see Table C12). This was higher for organisations in *Remote* areas and *Major cities* (224 and 153, respectively), and lower in *Very remote* areas (64) (see Figure 4.8). For those running antenatal groups, organisations in *Inner regional* areas had a higher average number of groups (19) compared with all organisations as a whole (15), while for those with parenting and parenting skills groups, organisations in *Major cities* had a higher average number of groups (45) compared with all organisations (26).



Child health checks

Aboriginal and Torres Strait Islander child health checks involve taking a comprehensive health-related history, recording growth and undertaking a medical examination. They may also lead to advice, referral, vaccinations and treatment (Coleman et al. 2011). Information on three types of child health checks are collected in the OSR (see Box 4.2).

Box 4.2: Aboriginal and Torres Strait Islander child health checks

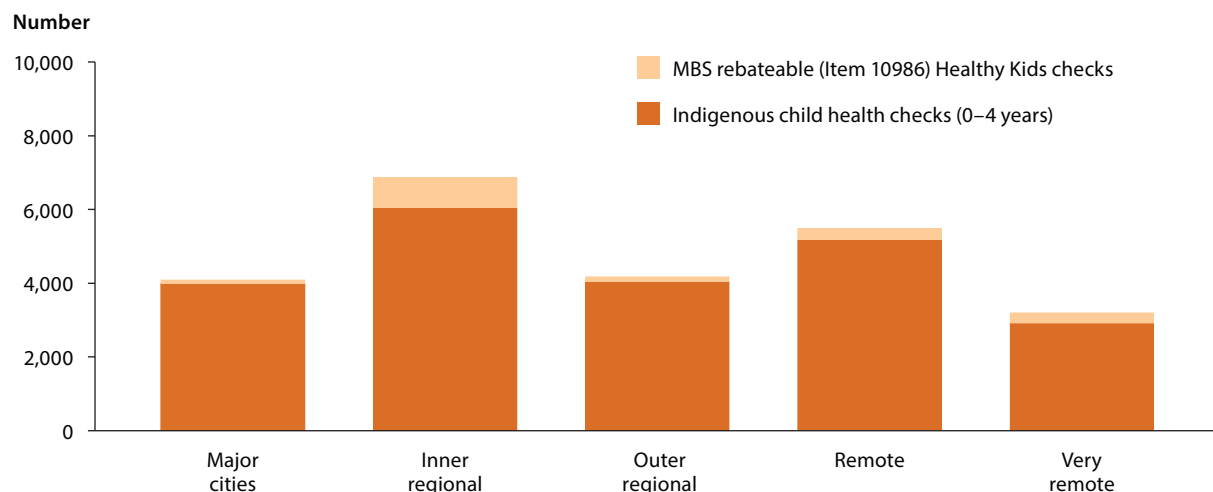
Indigenous child health checks (MBS Item 715): This MBS item covers health assessments of Aboriginal and Torres Strait Islander children aged 0–4 years. The item has no time or complexity requirements. The length of the assessment is at the medical practitioner's discretion (DoH 2014c).

Alternative child health checks: An alternative child health check, for Aboriginal and Torres Strait Islander children aged 0–4 years as per local service guidelines. This check is aligned with the key elements of the MBS item 715 check, but is not rebateable under Medicare.

Healthy Kids checks (MBS Item 10986): A Healthy Kids check is an assessment of a child's physical health, general wellbeing and development, with the purpose of initiating medical interventions as appropriate. It is conducted by a practising nurse or Aboriginal and Torres Strait Islander health practitioner and was rebated under the MBS Item 10986 up until 1 November 2015 (DoH 2014b).

In 2014–15, most (87%) organisations providing maternal and child health services undertook child health checks of Indigenous children. Around 22,100 child health checks for children aged 0–4 years and 1,700 Healthy Kids checks were conducted (see Table C13). No comparable data for 2013–14 is available.

Just over one-quarter (27%) of child health checks for children aged 0–4 years were conducted in *Inner regional* areas (around 6,000) and 23% (around 5,200) were conducted in *Remote* areas (see Figure 4.9). *Inner regional* and *Remote* areas also had 50% and 20% of all Healthy Kids checks conducted, respectively.



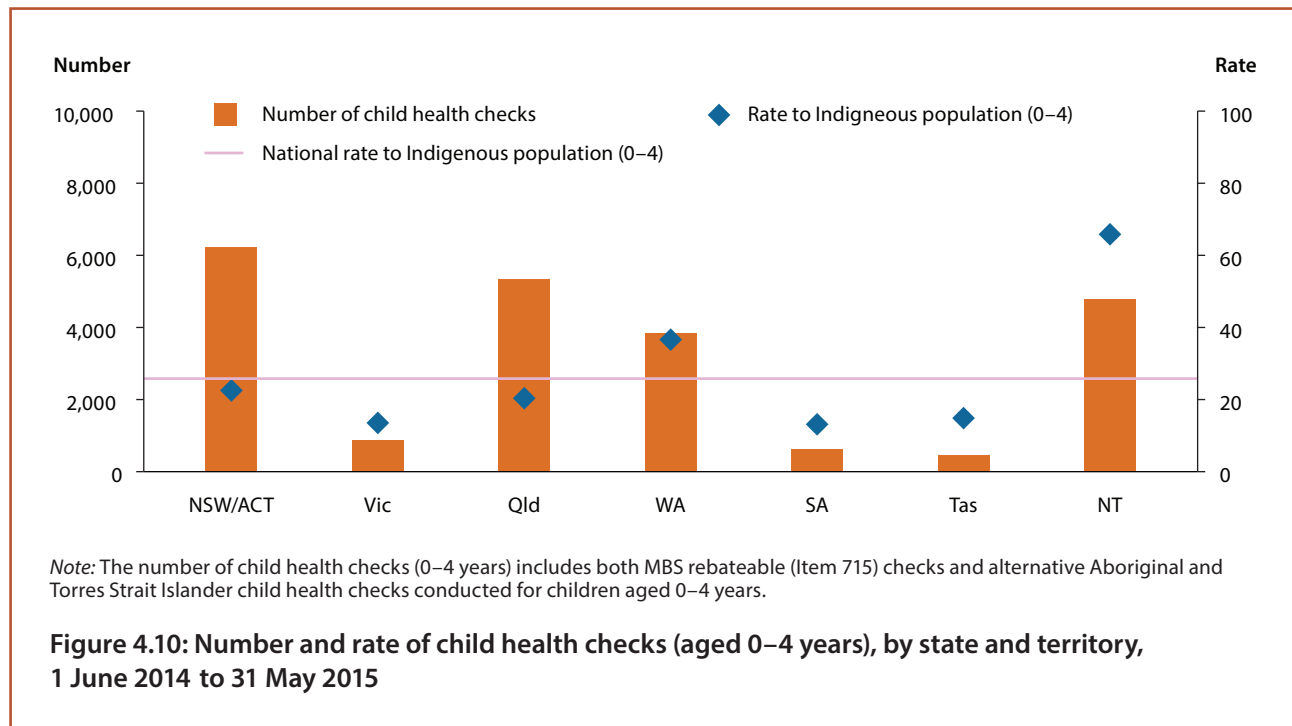
Note: The number of Indigenous child health checks (0–4 years) includes both MBS rebateable (Item 715) checks and alternative Aboriginal and Torres Strait Islander child health checks conducted for children aged 0–4 years.

Figure 4.9: Number of Healthy Kids checks and Indigenous child health checks (aged 0–4 years), by type of health check and remoteness area, 1 June 2014 to 31 May 2015



Organisations in New South Wales and the Australian Capital Territory combined conducted the most health checks for children aged 0–4 years (6,200), followed by Queensland (5,300) and the Northern Territory (4,800) (see Table C14).

The ratio of total health checks provided by OSR organisations to the estimated Indigenous population aged 0–4 years was 26% (see Table C15). This ratio was much higher in the Northern Territory (66%) and Western Australia (37%) (see Figure 4.10).



5 Social and emotional wellbeing

This chapter reports on social and emotional wellbeing services funded by PM&C. It includes information from 97 organisations providing these services that contributed to the 2014–15 OSR collection. These include 90 organisations providing social and emotional wellbeing (SEWB) support services with a focus on counselling, casework and other wellbeing activities, and 7 organisations providing Link Up services, which assist clients with family tracing and provide reunion support. The chapter includes information about their location, services provided, client numbers and contacts, counsellors and service gaps and challenges.

5.1 At a glance

Social and emotional wellbeing services were provided through 165 sites and most organisations providing these services were also funded for primary health care (85%), so many services were delivered within a primary health-care setting (see Table 5.1). In 2014–15, 221 counsellors provided services to around 21,100 clients.

Table 5.1: Indigenous social and emotional wellbeing services, 2013–14 and 2014–15

	2013–14		2014–15	
	Number	Per cent	Number	Per cent
Total organisations providing services	95	100.0	97	100.0
Organisation also funded for primary health care	81	85.3	82	84.5
Other organisation	14	14.7	15	15.5
Total number of sites providing services during usual hours	158	..	165	..
Clients				
Indigenous clients	12,645	76.0	16,471	77.9
Total clients^(a)	16,643	100.0	21,149	100.0
Contacts				
Indigenous contacts	75,425	85.5	87,824	87.7
Total contacts^(a)	88,227	100.0	100,151	100.0
Average contacts per client	4.9	..	4.6	..
Reunions				
Organisations with counsellors involved in reunions	35	36.8	38	39.2
Total reunions	215	..	335	..
Staffing				
Counsellors	189	100.0	221	100.0
Vacant counsellor positions	27	13.0	28	11.2

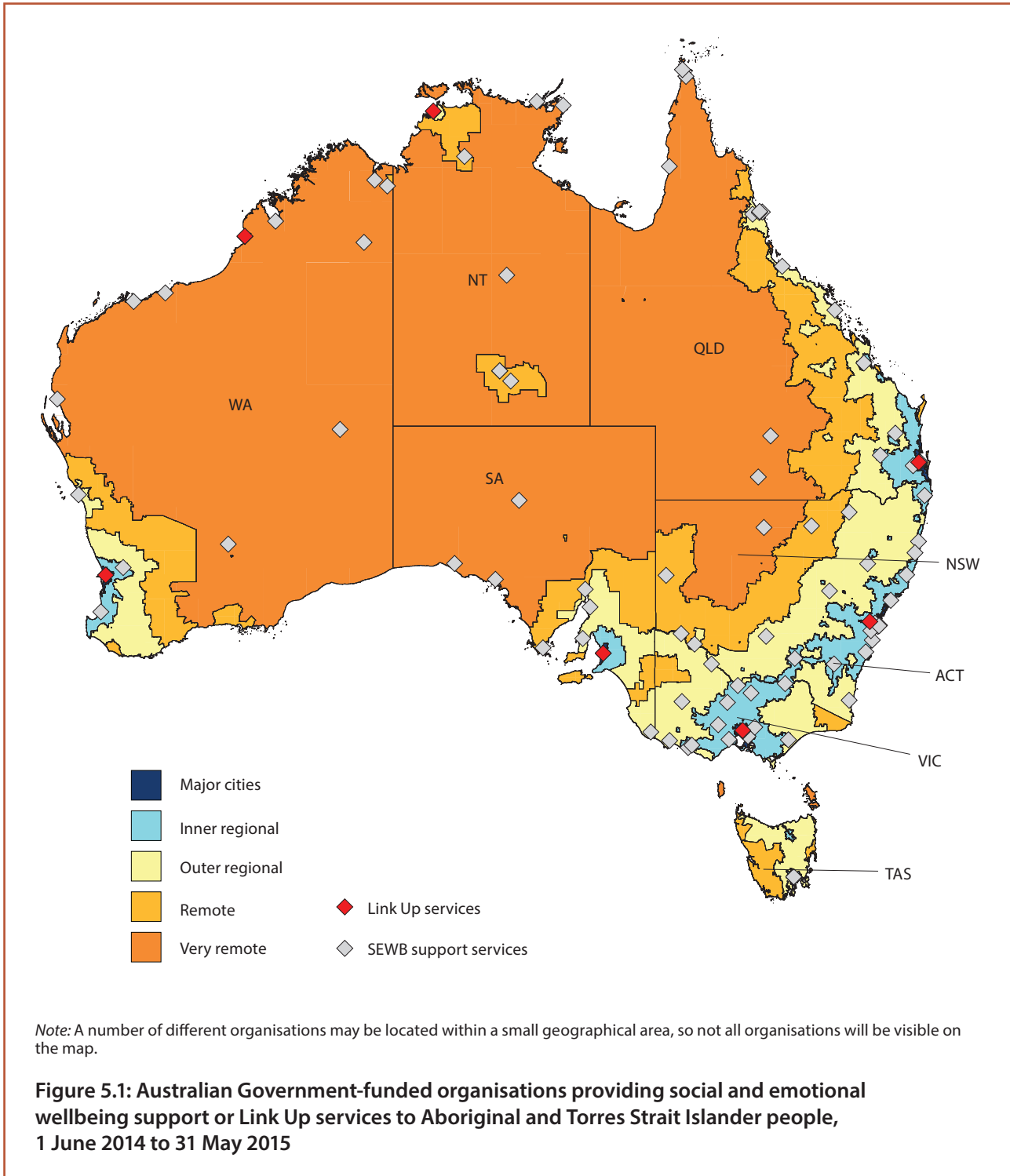
(a) Includes those who were identified as being Indigenous or non-Indigenous as well as those whose Indigenous status was unknown.

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.



Location

Organisations providing social and emotional wellbeing services were located across all states and territories. Just over one-quarter (26%) of organisations, were in New South Wales and the Australian Capital Territory combined, 19% were in Queensland and 18% in Victoria. Of the 97 organisations, most (90) provided SEWB support services and 7 provided Link Up services (see Table D1). Link Up services were located in all states and territories, except Tasmania and the Australian Capital Territory (see Figure 5.1).



Organisations providing social and emotional wellbeing services were located across all remoteness areas. One-quarter (24 organisations) were in *Inner regional* areas, 23% (22 organisations) in *Outer regional* areas and 22% (21 organisations) in *Major cities*. A lower number (13) were in *Remote* areas (see Figure 5.2 and Table D2).

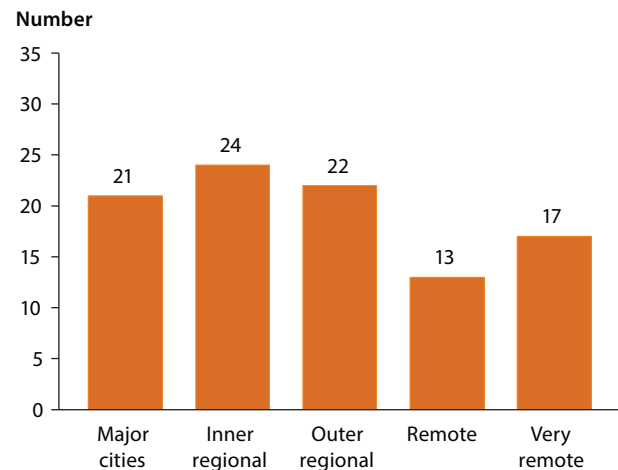


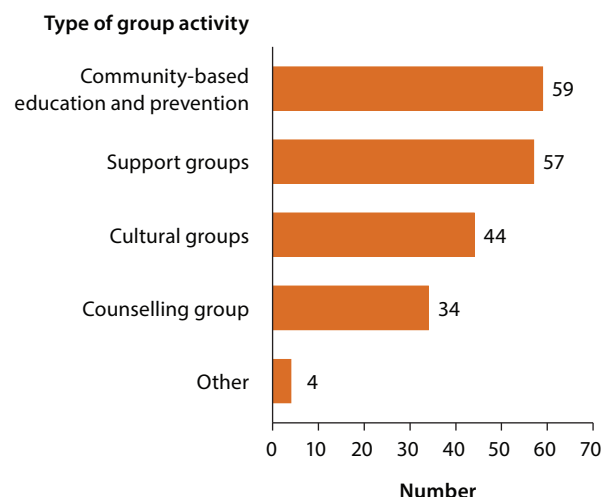
Figure 5.2: Number of organisations providing social and emotional wellbeing services, by remoteness area, 1 June 2014 to 31 May 2015

5.2 Services provided

Organisations providing SEWB support services were asked about the group activities they offered. In 2014–15, 69 (77%) of these organisations ran group activities. Of these, 59 (86%) ran education and prevention groups, 57 (83%) ran support groups, 44 (64%) cultural groups, and 34 (49%) counselling groups (see Figure 5.3 and Table D3).

SEWB support counsellors spent nearly half their time on average (48%) working directly with individual clients providing counselling, support and advocacy. Other time was spent working with groups (14%), in outreach or travel (13%), and on administration (12%).

Link Up counsellors spent on average 28% of their time on reunion-related activities, 22% of their time researching family history, and 22% working directly with individual clients providing counselling, support and advocacy (see Table D4).



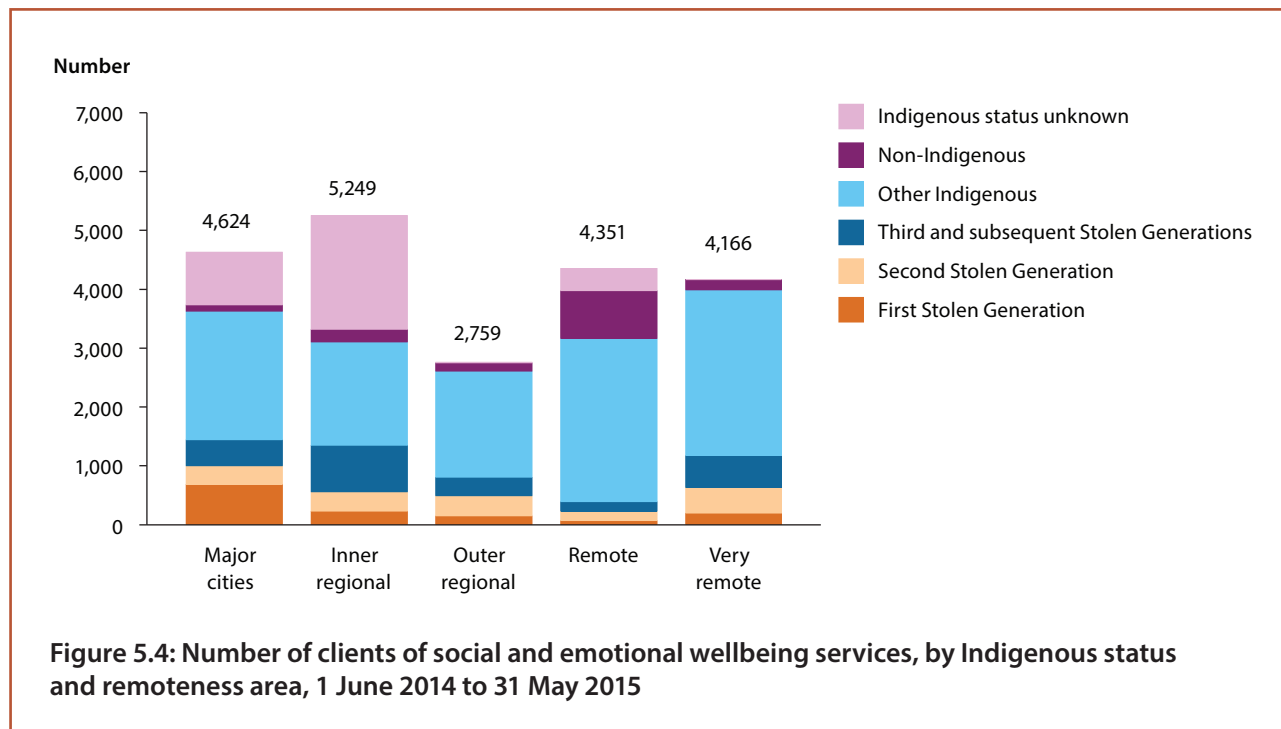
Note: Only organisations providing social and emotional wellbeing support services were asked to report on these group activities, not those providing Link Up services.

Figure 5.3: Number of organisations providing social and emotional wellbeing support services, by type of group activity, 1 June 2014 to 31 May 2015



5.3 Clients

In 2014–15, around 21,100 clients received social and emotional wellbeing services. This included around 19,800 (93%) SEWB support clients and 1,400 (7%) Link Up clients. Around one-quarter of all social and emotional wellbeing clients (25%) were in *Inner regional* areas and 22% were in *Major cities*. A smaller proportion (13%), were in *Outer regional* areas (see Figure 5.4 and Table D5).



Around one-quarter of all clients (5,100) were from the first, second or third Stolen Generation (see Figure 5.5). First Generation clients are those who were removed from their families and communities, second Stolen Generation clients are those whose parents were first Stolen Generation members and third Stolen Generation clients are those whose grandparents were first Stolen Generation members or who are descended from people removed from their families.

A further 11,300 clients (54%) were other Indigenous clients. It should be noted that this category may include clients who were Stolen Generation members, but whose status was not recorded by the organisation. There were also a small number of non-Indigenous clients (1,400 or 7%) and a relatively large number of clients whose Indigenous status was not recorded (3,200 or 15%).

Just under one-third (31%) of all clients were male and 45% were female. One-quarter (25%) of clients did not have gender recorded (see Table D6).

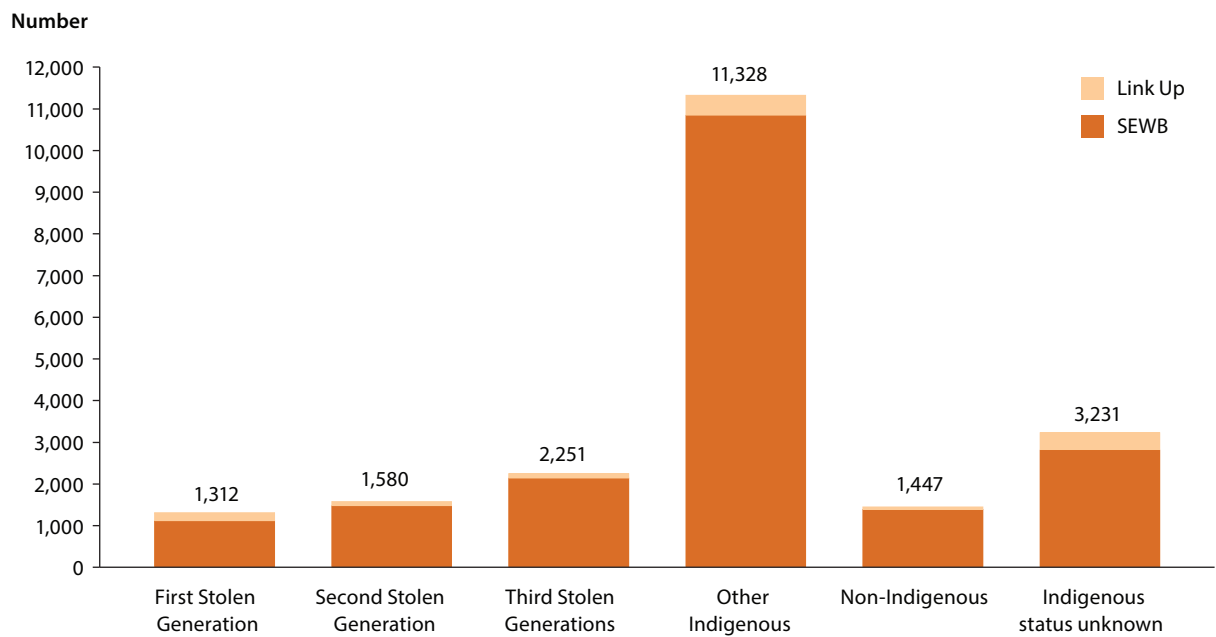


Figure 5.5: Number of clients of social and emotional wellbeing services, by Indigenous status and type of service, 1 June 2014 to 31 May 2015

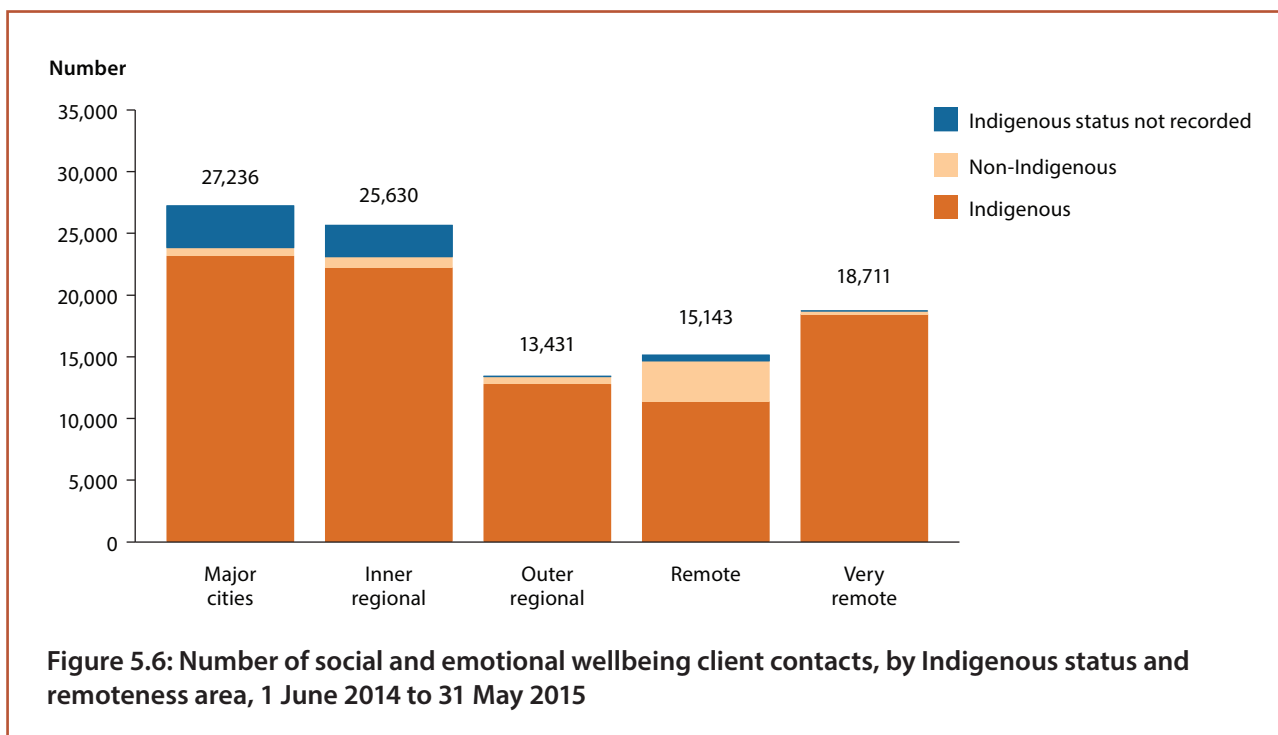
Time series

The number of clients receiving social and emotional wellbeing services was 27% higher in 2014–15 (around 21,100) compared with 2013–14 (around 16,600). This increase was largely due to several services reporting higher client numbers, and more organisations submitting valid client data in 2014–15 (94 compared with 90 in 2013–14).

The total number of clients has increased from 8,400 clients in 2008–09 to 21,100 in 2014–15. It should be noted that the number of organisations contributing to these counts has also increased from 81 in 2008–09 to 94 in 2014–15 (see Table D7). The most significant increase in client numbers was between the 2011–12 and 2012–13 collection periods, and is likely due to changes in how data were collected and extracted, and the number of services in-scope for the collection.

5.4 Client contacts

Counsellors providing social and emotional wellbeing services made around 100,200 contacts with clients in 2014–15, an average of 5 contacts per client. Most contacts (96%) were made by organisations providing SEWB support services, and around 3,500 (4%) contacts were made by organisations providing Link Up services (see Table D8). Twenty-seven per cent of all contacts were in *Major cities* and 26% in *Inner regional* areas (see Figure 5.6 and Table D9).



Time series

The number of social and emotional wellbeing client contacts in 2014–15 (around 100,200) increased by 14% compared with 2013–14 (around 88,200) and is related to the higher number of clients seen by these organisations.

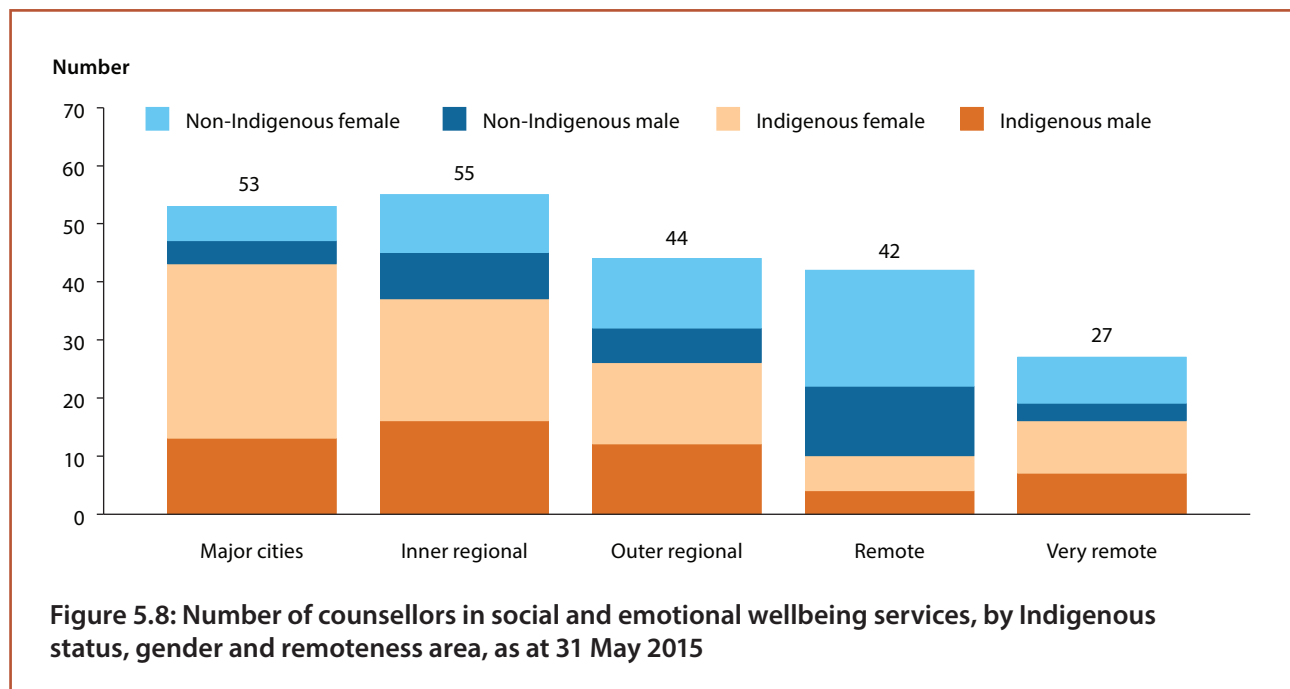
Despite the increase in client contacts reported by organisations, the average number of contacts per client (4.6) was similar to 2013–14 (4.9). Since 2008–09, the average number of contacts per client has ranged from around 3.6 in 2010–11 to 5.1 in 2008–09 (see Figure 5.7 and Table D10).



5.5 Counsellors

Organisations funded to provide social and emotional wellbeing services were asked about the counsellors they employed through this funding to deliver these services. As at 31 May 2015, just over half (53%) of organisations had one counsellor position, 18% had two positions and 30% three or more positions (see Table D11). A total of 221 counsellors provided social and emotional wellbeing services, an increase of 17% compared with 30 June 2014 (189). Around 60% of counsellors were Indigenous, a similar proportion to 2013–14 (62%).

One-quarter of counsellors worked in New South Wales and the Australian Capital Territory combined (25%), followed by 18% in Queensland, 16% in the Northern Territory and 15% in Western Australia and Victoria (see Table D12). *Inner regional* areas had the highest number of counsellors (25%), followed by *Major cities* (24%) (see Figure 5.8 and Table D13). There were more Indigenous counsellors than non-Indigenous counsellors in all remoteness areas except *Remote* areas, where one-quarter (24%) of counsellors were Indigenous and three-quarters (76%) were non-Indigenous.



Of the 200 SEWB support counsellors, 114 (57%) were Indigenous and 86 (43%) were non-Indigenous, while 120 (60%) were female and 80 (40%) were male. Of the 21 counsellors working in organisations providing Link Up services, 18 (86%) were Indigenous and 3 (14%) were non-Indigenous, and 16 (76%) were female and 5 (24%) were male.

Overall, there were more female counsellors than male counsellors (62% compared with 38%), and one-third (33%) of counsellors providing SEWB support and 71% of counsellors providing Link Up services were Indigenous and female (see Figure 5.9 and Table D14).

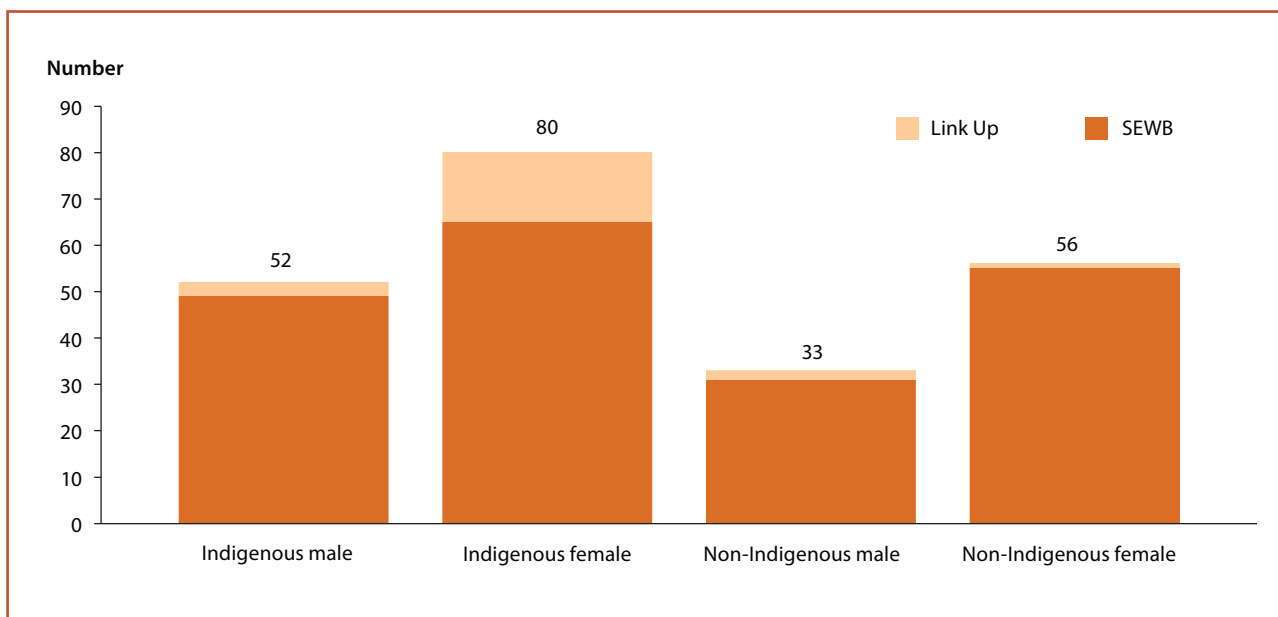


Figure 5.9: Number of counsellors in social and emotional wellbeing services, by Indigenous status, gender and type of service, as at 31 May 2015

Qualifications and training

Most counsellors (91%) had a certificate-level qualification or higher. Almost half (47%) had a bachelor’s degree or higher qualification, and one-quarter (25%) had a diploma-level qualification (see Table D15). Nearly all counsellors in *Very remote* areas (96%) had a certificate-level qualification or higher. Around 1 in 10 counsellors (9%) had no qualification or were in the process of attaining a qualification. This was higher in *Remote* areas (12%) (see Figure 5.10).

Over half (58%) of organisations providing social and emotional wellbeing services had counsellors who undertook formal training courses in 2014–15; a total of 202 training courses were undertaken (see Table D16).

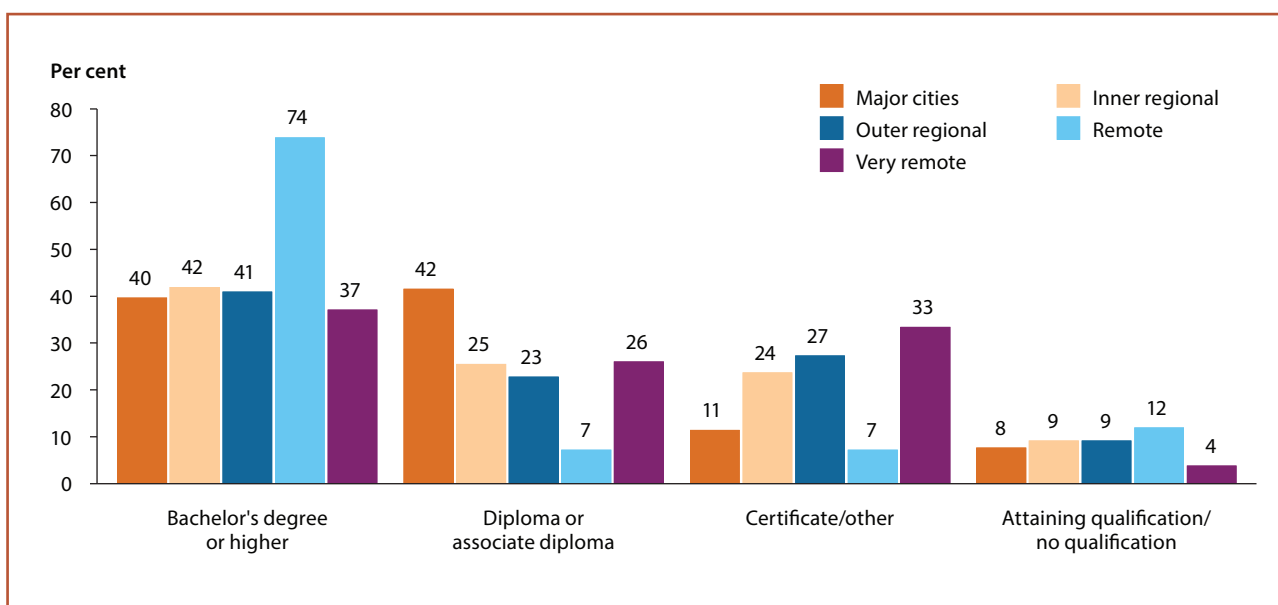


Figure 5.10: Percentage of counsellors in social and emotional wellbeing services, by highest level of qualification and remoteness area, as at 31 May 2015

Supervision

Three-quarters (76%) of organisations providing social and emotional wellbeing services provided professional supervision to counsellors (see Table D17). In 45% of these organisations, supervision was for less than half an hour per week (see tables D18 and D19). Most organisations provided support to counsellors, with the most common including debriefing, case counselling, peer support (through work colleagues), counsellor network meetings and cultural mentoring (see Table D20). All 7 organisations providing Link Up services provided support to their staff, which included debriefing, casework assistance, Link Up network meetings and peer support (through work colleagues) (see Table D21).

Vacancies

Organisations reported 28 vacant counsellor positions as at the 31 May 2015 (see Table D22). Of these, 2 vacancies were reported in organisations providing Link Up services. Overall, 11% of counsellor positions were vacant. *Inner regional* areas had a higher proportion of vacant counsellor positions (17%) compared with other areas (see Figure 5.11).

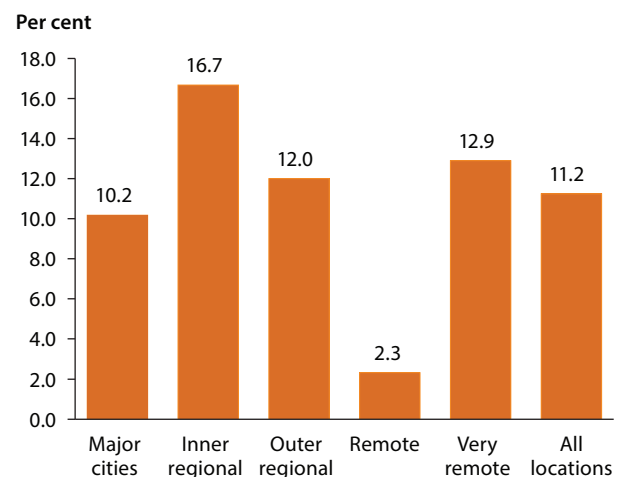


Figure 5.11: Proportion of counsellor positions that were vacant, by remoteness area, as at 31 May 2015

5.6 Service gaps and challenges

Over half (57%) of organisations providing social and emotional wellbeing services still reported services for mental health and social and emotional wellbeing issues as one of their top 5 gaps (see Table 5.2). This was followed by alcohol, tobacco and other drugs (53%). Nearly half reported the prevention/early detection of chronic disease (49%) and youth services (47%) among their top 5 gaps, although this was much higher in the 82 organisations also funded for primary health care (52% and 50%, respectively) than in the 12 organisations not funded for primary health care (17% and 25%, respectively). Organisations not funded for primary health care were more likely to report early childhood development and family support as a gap (67% compared with 35% of those also funded for primary health care) as well as environmental health services (58% compared with 28%).



Table 5.2: Health service gaps in organisations funded for social and emotional wellbeing services, 1 June 2014 to 31 May 2015

Service gaps	Funded for social and emotional wellbeing and primary health care		Funded for social and emotional wellbeing only		Total ^(a)	
	Number	Per cent	Number	Per cent	Number	Per cent
Mental health/social and emotional health and wellbeing	44	53.7	10	83.3	55	56.7
Alcohol, tobacco and other drugs	42	51.2	8	66.7	51	52.6
Prevention/early detection of chronic disease	43	52.4	2	16.7	47	48.5
Youth services	41	50.0	3	25.0	46	47.4
Early childhood development and family support	29	35.4	8	66.7	37	38.1
Dental services	29	35.4	2	16.7	32	33.0
Environmental health services (including housing)	23	28.0	7	58.3	31	32.0
Nutrition services (including lack of access to affordable healthy food)	25	30.5	4	33.3	29	29.9
Access to health services (including transport)	24	29.3	3	25.0	28	28.9
Maternal and child health	22	26.8	2	16.7	26	26.8
Services to support healthy ageing	21	25.6	3	25.0	24	24.7
Disability services	16	19.5	2	16.7	20	20.6
Palliative care	17	20.7	1	8.3	19	19.6
Treatment of injury and illness	9	11.0	—	—	9	9.3
Other	7	8.5	—	—	7	7.2
Pharmacy services	4	4.9	—	—	5	5.2
Total	82	100.0	12	100.0	97	100.0

(a) Also includes 3 organisations funded for both social and emotional wellbeing and substance-use services.

Note: Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW analyses of OSR data collection, 2014–15.

In relation to their top 5 challenges, 62% of organisations reported staffing levels and 60% the recruitment, training and support of Aboriginal and Torres Strait Islander staff as challenges (see Table D23). Just over half (53%) of organisations reported staff retention/turnover and appropriate health service infrastructure as challenges, although these were higher in organisations also funded for primary health care than in those not funded for primary health care (57% compared with 25% for staff retention/turnover and 60% compared with 8% for health infrastructure, respectively). A higher proportion of organisations not funded for primary health care reported information technology as a challenge (42% compared with 33%).

6 Substance-use

This chapter reports on 67 organisations funded to provide substance-use services by PM&C in the OSR collection in 2014–15. These include 20 organisations also funded to provide Indigenous primary health-care services by the DoH. Information is provided about their location, substance-use issues treated, services and treatment types, clients, episodes of care, and service gaps and challenges.

6.1 At a glance

Most organisations (91%) provided non-residential services, 40% provided residential care and 18% sobering up/residential respite services (see Table 6.1). Services were provided at 112 sites, two-thirds of which provided non-residential counselling services (66%). Around 25,200 clients were seen through 151,000 episodes of care.

Table 6.1: Indigenous substance-use services, 2013–14 and 2014–15

	2013–14 ^(a)		2014–15 ^(b)	
	Number	Per cent	Number	Per cent
Total organisations providing services	56	100.0	67	100.0
Organisation also funded for primary health care	18	32.1	20	30.0
Other organisation	38	67.9	47	70.0
Type of service				
Residential	26	46.4	27	40.3
Sobering up/respite care	13	23.2	12	17.9
Non-residential	53	94.6	61	91.0
Sites and services provided during usual opening hours				
Receive referrals	101	97.1	109	97.3
Residential counselling	38	36.5	41	36.6
Non-residential counselling	65	62.5	74	66.1
Residential group work	39	37.5	43	38.4
Mobile assistance patrol/night patrol	8	7.7	8	7.1
Group work with clients not in residential care	67	64.4	76	67.9
Total sites^(c)	104	100.0	112	100.0
Clients^(d)				
Residential	2,270	9.0	2,663	10.6
Non-residential/after care	20,065	80.0	19,938	79.1
Sobering up/respite care	4,914	19.6	5,769	22.9
Total clients	25,087	100.0	25,196	100.0
Episodes of care				
Residential	2,383	1.5	2,932	1.9
Non-residential/after care	138,331	88.5	133,731	88.5
Sobering up/respite care	15,646	10.0	14,384	9.6
Total episodes of care	156,360	100.0	151,047	100.0

(a) Client numbers and episodes of care for 2013–14 were revised down this year due to data quality issues identified in data extracted from some PIRS.

(b) Excludes 21 organisations funded by PM&C for substance-use services that were not required to report in the OSR collection.

(c) Includes all sites whether services were provided during normal hours or not.

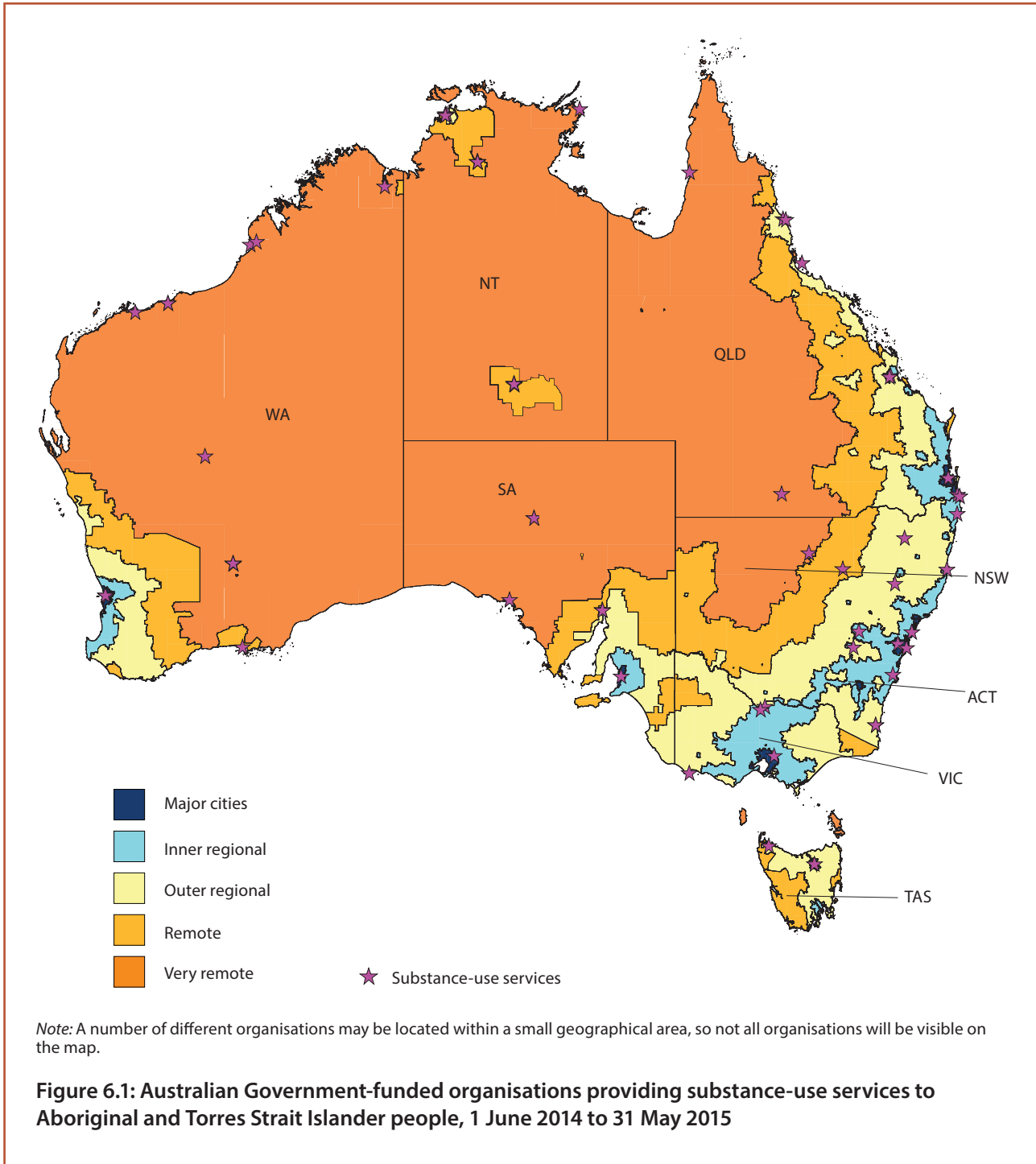
(d) Clients may receive more than one type of service, so categories will not add to the total clients.

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.



Location

The 67 organisations providing substance-use services were spread across all jurisdictions except the Australian Capital Territory, with 16 (24%) organisations located in the Northern Territory and 15 (22%) in New South Wales (see Figure 6.1 and Table E1).



Sixteen organisations (24%) were located in *Very remote* areas, and 15 (22%) were located in *Major cities* and in *Outer regional* areas (see Figure 6.2 and Table E2).

6.2 Substance-use issues

The 5 most common substance-use issues reported in terms of staff time and organisational resources were alcohol, cannabis or marijuana, amphetamines, multiple drug use and tobacco or nicotine (see Figure 6.3 and Table E3).

Almost all (96%) organisations reported alcohol as one of their 5 most common substance-use issues and 88% reported cannabis or marijuana. Organisations reporting amphetamines as a common substance-use issue increased from 45% in 2013–14 to 70% of organisations in 2014–15 (see Table E4).

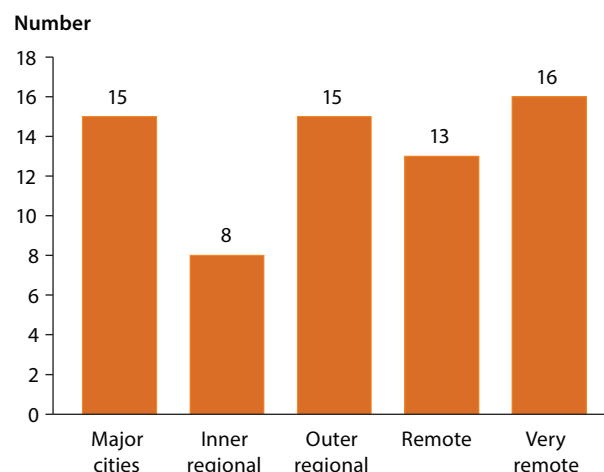


Figure 6.2: Number of substance-use organisations, by remoteness area, 1 June 2014 to 31 May 2015

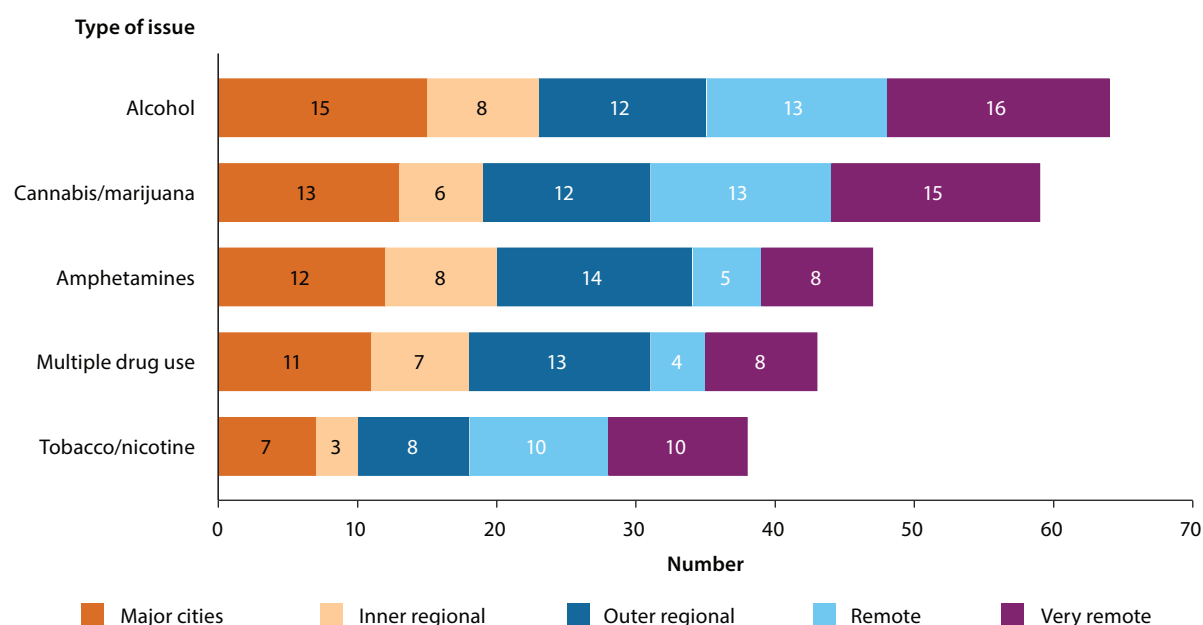


Figure 6.3: Number of substance-use organisations, by common substance-use issues reported and remoteness area, 1 June 2014 to 31 May 2015

6.3 Services provided

Substance-use services are provided through a range of settings and types of treatment. Services may be broadly categorised into three types depending on the service setting: residential care; sobering up, residential respite and short-term care; and non-residential care (see Box 6.1). Organisations may provide one or more types of service.



Box 6.1 Types of substance-use services

Residential care: includes temporary live-in accommodation for clients requiring formal substance-use treatment and rehabilitation.

Sobering up, residential respite or short-term care: includes overnight and short-term (1–7 days) care in residential settings. It includes mobile assistance patrols, night patrols and ‘walk-in’ services for clients who stay overnight. These clients do not receive formal rehabilitation.

Non-residential care: includes treatment, rehabilitation and education without the option of residing in-house. It includes counselling, assessment, treatment, education, support and home visits. It also includes follow-up care from residential services after discharge.

In 2014–15, 42 (63%) organisations provided one type of service, mainly non-residential care, while 25 (37%) provided a combination of services (see Table 6.2). Only 8 organisations (12%) provided all three types of services.

Table 6.2: Organisations providing substance-use services, by type of service, 1 June 2014 to 31 May 2015

Substance-use services	Number	Per cent
One type of service		
Residential care only	6	9.0
Non-residential care only	36	53.7
More than 1 type of service		
Residential and non-residential care	13	19.4
Sobering up/residential respite and non-residential care	4	6.0
All 3 types of care	8	11.9
Total	67	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Sixty-one organisations (91%) provided non-residential care (including mobile or night patrol, after-care and outreach services). Twenty-seven organisations provided residential care (40%), and 12 organisations (18%) provided sobering up and/or residential respite services (see Figure 6.4 and tables E5 and E6).

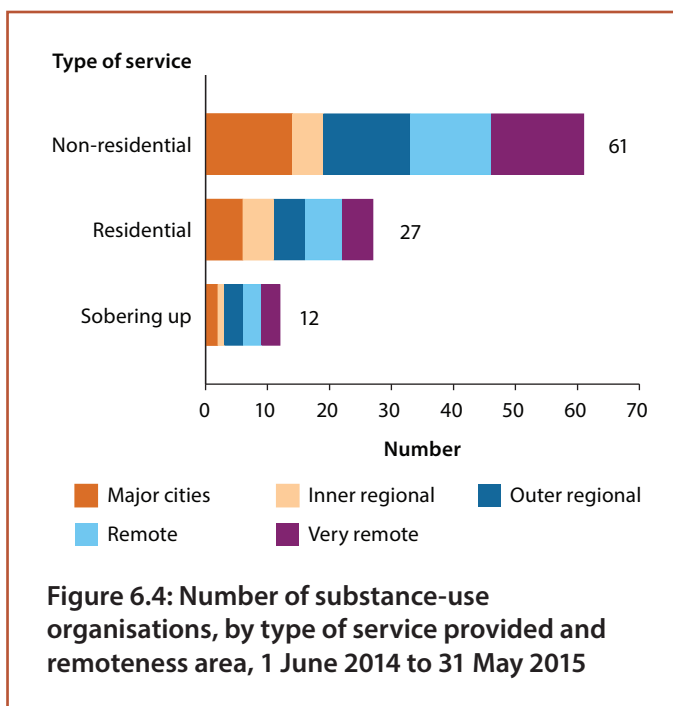


Figure 6.4: Number of substance-use organisations, by type of service provided and remoteness area, 1 June 2014 to 31 May 2015

Type of treatment

Various primary treatment methods were used by alcohol and drug counsellors. The three main ones were controlled or minimised substance misuse (28%), harm reduction (27%) and abstinence from substances altogether (19%) (see Table E7).

Treatments used by nearly all organisations included information and education (97%), support and case management (96%) and counselling services (88%) (see Figure 6.5 and Table E8).

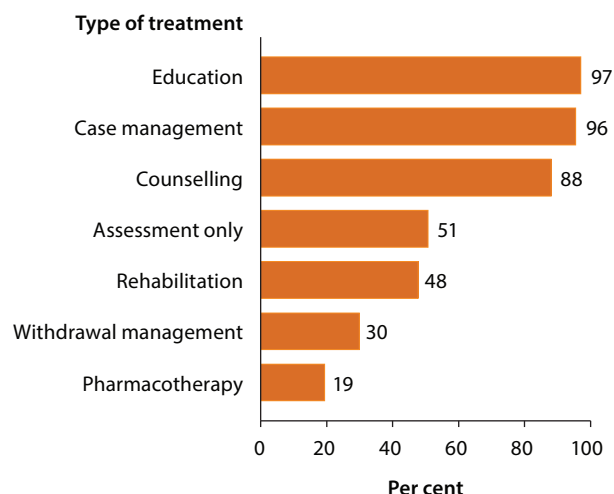


Figure 6.5: Percentage of substance-use organisations, by type of treatments used, 1 June 2014 to 31 May 2015

There were, however, a range of drug and alcohol programs and activities provided. The most common included community education and activities (82%), group counselling (79%), crisis intervention (75%), cultural groups (73%) and support groups (64%). School education and visits and tobacco control programs were also provided by 58% of organisations, respectively (see Figure 6.6 and Table E9).

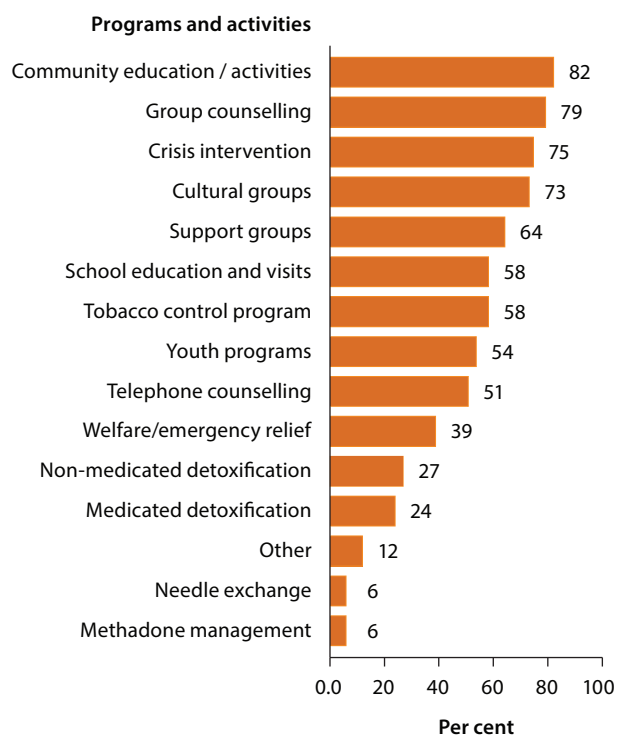


Figure 6.6: Percentage of substance-use organisations, by type of programs or activities provided, 1 June 2014 to 31 May 2015



6.4 Clients

In 2014–15, valid client numbers were provided by 60 (90%) of organisations. They reported around 25,200 clients across all locations and types of services (see Figure 6.7). This was similar to 2013–14 (25,100). Organisations in *Major cities* had around 9,600 (38%) clients, organisations in *Remote* areas around 6,300 (25%) clients and organisations in *Very Remote* areas around 5,500 (22%) clients (see Table E10).

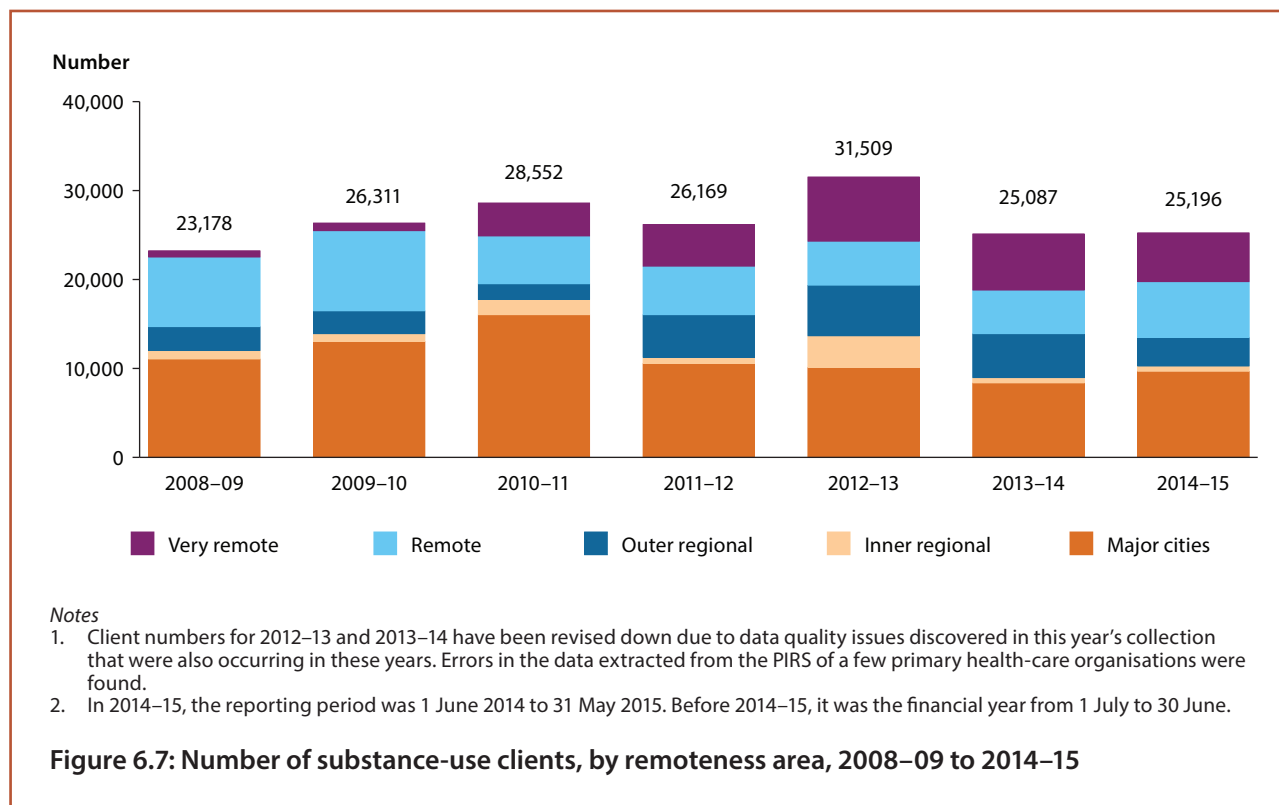


Figure 6.7: Number of substance-use clients, by remoteness area, 2008–09 to 2014–15

Residential clients

In 2014–15, the 27 organisations providing residential treatment reported around 2,700 clients (see tables 6.3 and E11). This is 17% higher than in 2013–14 (2,300). Most clients (83%) were Indigenous. Of these, 69% were male and 28% were female. Almost half (49%) of all clients were aged between 19 and 35, 41% were aged 36 and over and 10% were aged 18 and under (see Table E12).

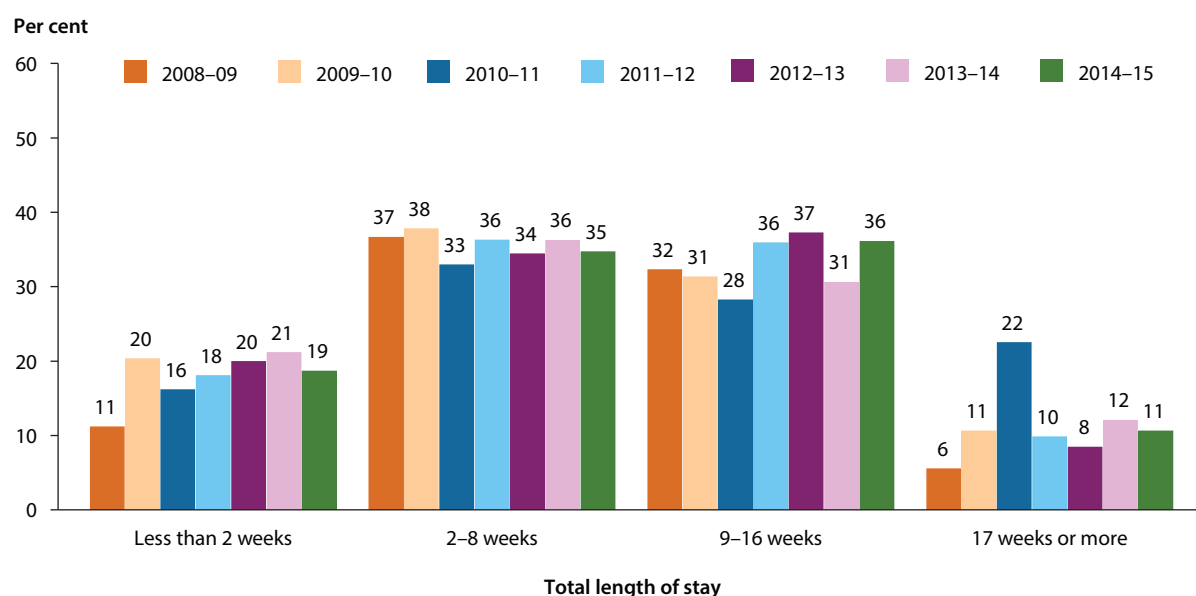
Most organisations (81%) had a waiting list and 456 people were reported to be waiting for services as at 31 May 2015 (see Table E13). This was higher than in 2013–14 (273).

Table 6.3: Estimated clients of residential treatment services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	1,526	618	77	2,221	83.4
Non-Indigenous	343	95	2	440	16.5
Indigenous status not recorded	1	1	0	2	0.1
Total	1,870	714	79	2,663	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Just over one-third of clients in residential care (35%) had a length of stay of 2–8 weeks, and 36% had a length of stay of 9–16 weeks. Very short or long stays were less common, with fewer clients having a stay of less than 2 weeks (19%) or 17 weeks or more (11%). This was similar to 2013–14 (see Figure 6.8 and Table E14).



Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Figure 6.8: Proportion of residential care clients, by length of stay, 2008–09 to 2014–15

Sobering-up, residential respite and short-term care clients

In 2014–15, 11 organisations providing sobering-up, residential respite and short-term care reported around 5,800 clients. This is a 17% increase from 2013–14. Almost all clients were Indigenous (94%). Over half (57%) of all Indigenous clients were male and 43% were female (see tables 6.4 and E15).

Table 6.4: Estimated clients of sobering-up, residential respite and short-term care services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	3,113	2,304	0	5,417	93.9
Non-Indigenous	46	8	0	54	0.9
Indigenous status not recorded	0	0	298	298	5.2
Total	3,159	2,312	298	5,769	100.0

Source: AIHW analyses of OSR data collection, 2014–15.



Non-residential and after care clients

In 2014–15, 57 organisations providing non-residential, follow up and after care services reported around 19,900 clients. This was similar to 2013–14 (around 20,100).

Most non-residential and after care clients were Indigenous (81%). More than half of all Indigenous clients (57%) were male and 39% were female (see Table 6.5). Forty-three per cent of all Indigenous clients were aged 19 to 35 and a similar proportion (43%), were aged 36 and over. Clients aged 18 and under made up a smaller proportion (14%) of Indigenous clients (see Table E16).

Table 6.5: Estimated clients of non-residential, follow-up and after-care services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	9,185	6,388	602	16,175	81.1
Non-Indigenous	2,248	1,318	109	3,675	18.4
Indigenous status not recorded	50	35	3	88	0.4
Total	11,483	7,741	714	19,938	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Referrals

Substance-use clients are referred to services from a variety of sources. In 2014–15, nearly all organisations had clients who walked in or referred themselves (97%), as well as clients referred by a family member, elder or friend (94%). Most also had clients referred by mental health services (87%), Aboriginal medical services (85%) and hospitals (81%) (see Figure 6.9 and Table E17).

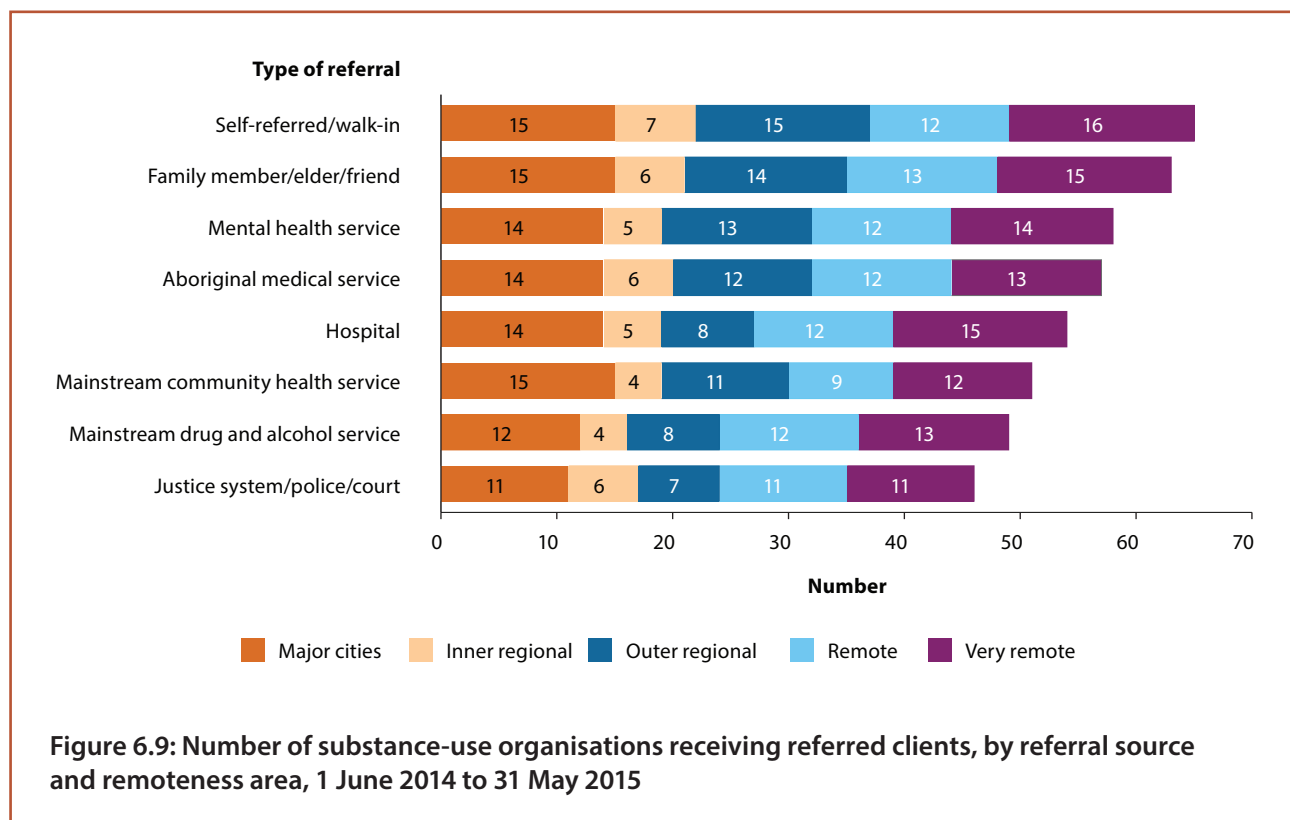


Figure 6.9: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 1 June 2014 to 31 May 2015

6.5 Episodes of care

In 2014–15, around 151,000 substance-use episodes of care were reported. This is a slight decrease (3%) from 2013–14 (around 156,400 episodes). This decrease was mainly due to organisations in the OSR in 2013–14, that were not required to report in 2014–15 (see tables E18 and E19).

Residential episodes of care

A residential episode of care refers to one treatment period, from the time of admission into treatment through to discharge. If a client receives treatment on two separate occasions, then this is counted as two episodes of care.

In 2014–15, all 27 organisations providing residential care reported on their episodes of care. These services provided around 2,900 episodes of care (see tables 6.6 and E20). This is 23% higher than in 2014–15 (2,300). Indigenous clients received 83% of all episodes of care, two-thirds (69%) of which were for Indigenous males and just over one-quarter (28%) for Indigenous females.

Table 6.6: Estimated residential episodes of care by organisations providing residential substance-use services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	1,689	675	76	2,440	83.2
Non-Indigenous	382	105	2	489	16.7
Indigenous status not recorded	2	1	0	3	0.1
Total	2,073	781	78	2,932	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Sobering-up/respite episodes of care

A sobering-up, residential respite or short-term care episode of care starts at admission into a sobering-up, residential respite or short-term care program and ends at discharge. Each time a client comes to stay is a separate episode of care.

In 2014–15, the 12 organisations providing this type of service reported around 14,400 episodes of care. This is 8% lower than the number reported in 2013–14 (around 15,600). On average, each client had around 2.5 episodes of care. Indigenous clients received almost all (97%) episodes of care. Of these, 49% were for male clients, 37% for female clients and 14% of clients had no gender recorded (see Table 6.7). Over two-thirds of these episodes of care (69%) were with Indigenous clients aged 36 and over (see Table E21).

Table 6.7: Estimated episodes of care by sobering-up, residential respite and short-term care services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	6,868	5,130	1,943	13,941	96.9
Non-Indigenous	135	10	0	145	1.0
Indigenous status not recorded	0	0	298	298	2.1
Total	7,003	5,140	2,241	14,384	100.0

Source: AIHW analyses of OSR data collection, 2014–15.



Non-residential and after care episodes of care

A non-residential or after care episode of care is each occasion an individual client has contact with a service to access services such as substance-use counselling, assessment, treatment, education, support or follow-up from residential services (after discharge). In 2014–15, 57 organisations providing non-residential substance-use services provided around 133,700 episodes of care. This is 3% lower than in 2013–14 (around 138,300). On average, each client had around 6.7 episodes of care. Indigenous clients received 87% of all episodes of care, and non-Indigenous clients 13% (see Table 6.8).

Just over half (53%) of all episodes of care to Indigenous clients were provided to males and 46% to females. Over half the episodes of care to Indigenous clients were provided to clients aged 36 and over (52%), and 37% to those aged 19–35. Around 10% were provided to clients aged 18 and under (see Table E22).

Table 6.8: Estimated episodes of care by organisations providing non-residential substance-use services, by Indigenous status and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous	61,760	53,253	1,177	116,190	86.9
Non-Indigenous	10,334	6,934	108	17,376	13.0
Indigenous status not recorded	69	93	3	165	0.1
Total	72,163	60,280	1,288	133,731	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

6.6 Service gaps and challenges

Services for mental health and social and emotional wellbeing issues were among the top 5 gaps reported for 70% of organisations funded to provide substance-use services (see Table 6.9). This was followed by services for alcohol, tobacco and other drugs (58%), youth services (57%) and environmental health services (51%).

The 47 organisations not funded for primary health care were more likely to report mental health and social and emotional wellbeing issues as a gap than those also funded for primary health care (75% compared with 60%, respectively). They were also more likely to report alcohol, tobacco and other drugs as a gap (66% compared with 40%) and access to health services (47% compared to 15%) than those also funded for primary health care.

The 20 organisations also funded for primary health care were more likely to report youth services as a gap than those not funded for primary health care (65% compared with 53%, respectively). They were also more likely to report early childhood development and family support (40% compared with 32%) and nutrition services (including lack of access to affordable healthy food) (45% compared with 26%).

Table 6.9: Health service gaps in organisations funded for substance-use services, by type of funding, 1 June 2014 to 31 May 2015

Service gaps	Funded for substance-use and primary health		Funded for substance-use only		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Mental health/social and emotional health and wellbeing	12	60.0	35	74.5	47	70.1
Alcohol, tobacco and other drugs	8	40.0	31	66.0	39	58.2
Youth services	13	65.0	25	53.2	38	56.7
Environmental health services (including housing)	7	35.0	27	57.4	34	50.7
Prevention/early detection of chronic disease	8	40.0	19	40.4	27	40.3
Access to health services (including transport)	3	15.0	22	46.8	25	37.3
Early childhood development and family support	8	40.0	15	31.9	23	34.3
Nutrition services (including lack of access to affordable healthy food)	9	45.0	12	25.5	21	31.3
Dental services	8	40.0	11	23.4	19	28.4
Maternal and child health	5	25.0	8	17.0	13	19.4
Disability services	5	25.0	6	12.8	11	16.4
Services to support healthy ageing	6	30.0	5	10.6	11	16.4
Treatment of injury and illness	1	5.0	6	12.8	7	10.4
Palliative care	2	10.0	4	8.5	6	9.0
Pharmacy services	—	—	1	2.1	1	1.5
Total (number)	20	100.0	47	100.0	67	100.0

Note: Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW analyses of OSR data collection, 2014–15.

Two-thirds (67%) of organisations reported the recruitment, training and support of Aboriginal and Torres Strait Islander staff among their top 5 challenges (see Table E23). Around half (51%) reported staff retention/turnover and staffing levels as challenges and 42% reported the coordination of clinical care with other providers as a challenge. Around one-third of organisations reported access to specialist medical services (36%) and information technology (34%) as challenges.

Appendix A: Tables for Chapter 2—organisation profile

This appendix provides statistical tables for the organisation profile analysis in Chapter 2.

Table A1: Number of organisations, by state and territory and remoteness area, 1 June 2014 to 31 May 2015

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	18	30	15	4	2	69
Vic	6	10	10	0	0	26
Qld	11	10	12	3	6	42
WA	9	2	7	11	15	44
SA	2	1	8	1	9	21
Tas	0	5	3	0	2	10
NT	0	0	6	16	44	66
Total	46	58	61	35	78	278

Source: AIHW analyses of OSR data collection, 2014–15.

Table A2: Summary profile of OSR organisations funded to provide primary health-care services, 1 June 2014 to 31 May 2015

	Primary health care ^(a)	
	Number	Per cent
Total organisations	203	100.0
Type of organisation		
ACCHO	138	68.0
Other non-government	18	8.9
Government	47	23.2
Governing committee		
No board	40	19.7
With board		
All Indigenous	120	59.1
Board 50–99% Indigenous	21	10.3
Board <50% Indigenous	22	10.8
Accreditation		
RACGP accreditation only	70	34.5
Organisational accreditation only	25	12.3
Both accreditation types	67	33.0
Neither accreditation type	41	20.2

continued

Table A2 (continued): Summary profile of OSR organisations funded to provide primary health-care services, 1 June 2014 to 31 May 2015

	Primary health care ^(a)	
	Number	Per cent
Size (number of clients)		
≤500	38	18.7
501–1,500	62	30.5
1,501–3,000	45	22.2
3,000+	57	28.1
n.a.	1	0.5
Operational arrangements		
1 site	156	76.8
2 sites	20	9.9
3 or more sites	27	13.3

(a) Includes 73 organisations also funded for New Directions, 82 for social and emotional wellbeing services and 20 for substance-use services (see Table 1.1).

Source: AIHW analyses of OSR data collection, 2014–15.

Table A3: Number of primary health-care organisations, by type of organisation and state and territory, 1 June 2014 to 31 May 2015

Type of organisation	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
ACCHO	37	22	24	18	10	5	22	138
Other non-government	5	1	3	6	0	1	2	18
Government	2	0	2	6	4	1	32	47
Total	44	23	29	30	14	7	56	203

Source: AIHW analyses of OSR data collection, 2014–15.

Table A4: Number of primary health-care organisations, by remoteness area and type of organisation, 1 June 2014 to 31 May 2015

Remoteness area	ACCHO	Other	Total
Major cities	16	4	20
Inner regional	34	9	43
Outer regional	36	11	47
Remote	20	6	26
Very remote	32	35	67
Total	138	65	203

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2014–15.

Table A5: Number of primary health-care organisations with a governing committee or board, by proportion of Indigenous board members and type of organisation, 1 June 2014 to 31 May 2015

Proportion of board members that were Indigenous (%)	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
100	115	85.8	5	17.2	120	73.6
50–99	19	14.2	2	6.9	21	12.9
1–49	—	0.0	9	31.0	9	5.5
0	—	0.0	13	44.8	13	8.0
Total	134	100.0	29	100.0	163	100.0

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
Source: AIHW analyses of OSR data collection, 2014–15.

Table A6: Number of primary health-care organisations, by type of accreditation and state and territory, 1 June 2014 to 31 May 2015

Accreditation	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
RACGP accreditation only	22	7	5	11	5	1	19	70
Organisational accreditation only	3	4	4	10	3	1	0	25
Both accreditation types	18	12	20	7	5	1	4	67
Neither accreditation type	1	0	0	2	1	4	33	41
Total	44	23	29	30	14	7	56	203

Source: AIHW analyses of OSR data collection, 2014–15.

Table A7: Number of primary health-care organisations accredited, by GP status, 1 June 2014 to 31 May 2015

Accredited	With a GP		Without a GP		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Yes ^(a)	143	91.1	19	41.3	162	79.8
No	14	8.9	27	58.7	41	20.2
Total	157	100.0	46	100.0	203	100.0

(a) Accredited organisations are those that have current clinical RACGP and/or organisational (QIC/ISO/ACHS) accreditation.

Source: AIHW analyses of OSR data collection, 2014–15.

Table A8: Number of primary health-care organisations, by type of accreditation and type of organisation, 1 June 2014 to 31 May 2015

Accreditation	ACCHO		Other	
	Number	Per cent	Number	Per cent
RACGP accreditation only	64	46.4	6	9.2
Organisational accreditation only	7	5.1	18	27.7
Both accreditation types	61	44.2	6	9.2
Neither accreditation type	6	4.3	35	53.8
Total	138	100.0	65	100.0

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).

Source: AIHW analyses of OSR data collection, 2014–15.

Table A9: Number of primary health-care organisations, by type of accreditation and remoteness area, 1 June 2014 to 31 May 2015

Accreditation	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
RACGP accreditation only	8	9	19	9	25	70
Organisational accreditation only	2	5	10	2	6	25
Both accreditation types	8	26	16	10	7	67
Neither accreditation type	2	3	2	5	29	41
Total	20	43	47	26	67	203

Source: AIHW analyses of OSR data collection, 2014–15.

Table A10: Number of primary health-care organisations, by size (number of clients) and state and territory, 1 June 2014 to 31 May 2015

Service size	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
≤500 clients	2	6	1	3	4	5	17	38
501–1,500 clients	11	10	5	6	4	1	25	62
1,501–3,000 clients	17	5	5	8	4	—	6	45
>3,000 clients	14	2	18	12	2	1	8	57
Total	44	23	29	29	14	7	56	202

Note: Based on the 202 primary health-care organisations that provided valid client numbers.

Source: AIHW analyses of OSR data collection, 2014–15.

Table A11: Number of primary health-care organisations, by size (number of clients), governance and accreditation, 1 June 2014 to 31 May 2015

	≤500		501–1,500		1,501–3,000		3,000+	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Governance								
No board	14	36.8	16	25.8	6	13.3	4	7.0
With board	24	63.2	46	74.2	39	86.7	53	93.0
Accreditation								
RACGP accreditation only	8	21.1	24	38.7	14	31.1	24	42.1
Organisational accreditation only	10	26.3	6	9.7	4	8.9	4	7.0
Both accreditation types	2	5.3	15	24.2	22	48.9	28	49.1
Neither accreditation type	18	47.4	17	27.4	5	11.1	1	1.8
Total	38	100.0	62	100.0	45	100.0	57	100.0

Note: Based on the 202 primary health-care organisations that provided valid client numbers.

Source: AIHW analyses of OSR data collection, 2014–15.

Table A12: Number of primary health-care organisations, by size (number of clients) and type of organisation, 1 June 2014 to 31 May 2015

Service size	ACCHO		Other		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
≤500 clients	15	10.9	23	35.4	38	18.8
501–1,500 clients	40	29.2	22	33.8	62	30.7
1,501–3,000 clients	34	24.8	11	16.9	45	22.3
>3,000 clients	48	35.0	9	13.8	57	28.2
Total	137	100.0	65	100.0	202	100.0

Note: Based on the 202 primary health-care organisations that provided valid client numbers.

Source: AIHW analyses of OSR data collection, 2014–15.

Table A13: Number of primary health-care organisations, by type of advocacy activities provided for individual clients and for the community, 1 June 2014 to 31 May 2015

Type of advocacy activities	Individual		Community	
	Number	Per cent	Number	Per cent
Homelessness	125	61.6	121	59.6
Housing	172	84.7	166	81.8
Other environmental health issues	117	57.6	114	56.2
Centrelink	145	71.4	136	67.0
Other	28	13.8	26	12.8

Source: AIHW analyses of OSR data collection, 2014–15.

Table A14: Number of primary health-care organisations, by research program involvement and remoteness area, 1 June 2014 to 31 May 2015

Contributed to research and knowledge by	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Conducting research projects to meet local/service needs	8	17.4	13	22.4	13	21.3	8	22.9	27	34.6	69	24.8
Supporting research projects being led by universities/government agencies	15	32.6	29	50.0	32	52.5	20	57.1	44	56.4	140	50.4

Source: AIHW analyses of OSR data collection, 2014–15.

Table A15: Summary profile of organisations funded to provide social and emotional wellbeing services, 1 June 2014 to 31 May 2015

	Social and emotional wellbeing ^(a)		Social and emotional wellbeing and primary health care		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Total organisations	15	100.0	82	100.0	97	100.0
Type of organisation						
ACCHO	10	66.7	76	92.7	86	88.7
Other non-government	5	33.3	2	2.4	7	7.2
Government	—	—	4	4.9	4	4.1
Governing committee						
No board	—	—	3	3.1	3	3.1
With board						
All Indigenous	11	11.3	65	67.0	76	78.4
Board 50–99% Indigenous	2	2.1	9	9.3	11	11.3
Board <50% Indigenous	2	2.1	5	5.2	7	7.2
Accreditation						
RACGP accreditation only	—	—	34	41.5	34	35.1
Organisational accreditation only	6	40.0	7	8.5	13	13.4
Both accreditation types	—	—	41	50.0	41	42.3
Neither accreditation type	9	60.0	—	—	9	9.3
Size (number of clients)						
≤500	13	86.7	72	87.8	85	87.6
501–1,500	1	6.7	7	8.5	8	8.2
1,501–3,000	—	—	1	1.2	1	1.0
3,000+	—	—	—	—	—	—
n.a.	1	6.7	2	2.4	3	3.1
Operational arrangements						
1 site	8	53.3	54	65.9	62	63.9
2 sites	3	20.0	14	17.1	17	17.5
3 or more sites	4	26.7	14	17.1	18	18.6

(a) Without Australian Government primary health-care funding.

Source: AIHW analyses of OSR data collection, 2014–15.

Table A16: Summary profile of organisations funded to provide substance-use services, 1 June 2014 to 31 May 2015

	Substance use ^(a)		Substance use and primary health care		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Total organisations	47	100.0	20	100.0	67	100.0
Type of organisation						
ACCHO	23	48.9	19	95.0	42	62.7
Other non-government	20	42.6	1	5.0	21	31.3
Government	4	8.5	—	—	4	6.0
Governing committee						
No board	2	3.0	—	—	2	3.0
With board						
All Indigenous	20	29.9	16	23.9	36	53.7
Board 50–99% Indigenous	6	9.0	3	4.5	9	13.4
Board <50% Indigenous	19	28.4	1	1.5	20	29.9
Accreditation						
RACGP accreditation only	—	—	9	45.0	9	13.4
Organisational accreditation only	32	68.1	1	5.0	33	49.3
Both accreditation types	—	—	10	50.0	10	14.9
Neither accreditation type	15	31.9	—	—	15	22.4
Size (number of clients)						
≤500	33	70.2	11	55.0	44	65.7
501–1,500	8	17.0	5	25.0	13	19.4
1,501–3,000	2	4.3	—	—	2	3.0
3,000+	1	2.1	—	—	1	1.5
n.a.	3	6.4	4	20.0	7	10.4
Operational arrangements						
1 site	40	85.1	13	65.0	53	79.1
2 sites	4	8.5	1	5.0	5	7.5
3 or more sites	3	6.4	6	30.0	9	13.4

(a) Without Australian Government primary health-care funding.

Source: AIHW analyses of OSR data collection, 2014–15.

Appendix B: Tables for Chapter 3—primary health care

This appendix provides statistical tables for the primary health care analysis in Chapter 3.

Table B1: Number of primary health-care organisations, by state and territory and remoteness area, 1 June 2014 to 31 May 2015

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	8	19	12	4	1	44
Vic	3	10	10	—	—	23
Qld	4	8	10	3	4	29
WA	4	2	6	6	12	30
SA	1	1	5	1	6	14
Tas	—	3	2	—	2	7
NT	—	—	2	12	42	56
Total	20	43	47	26	67	203

Source: AIHW analyses of OSR data collection, 2014–15.

Table B2: Number of primary health-care organisations providing health promotion, by type of promotion and remoteness area, 1 June 2014 to 31 May 2015

Health promotion program	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Immunisation promotion — children	18	90.0	33	76.7	36	76.6	19	73.1	59	88.1	165	81.3
Healthy lifestyle program	17	85.0	38	88.4	36	76.6	24	92.3	49	73.1	164	80.8
Immunisation promotion — adults	16	80.0	32	74.4	34	72.3	21	80.8	58	86.6	161	79.3
Sexual health/STI health promotion/education activities	12	60.0	23	53.5	26	55.3	21	80.8	55	82.1	137	67.5
Mental health promotion activities	14	70.0	23	53.5	17	36.2	15	57.7	27	40.3	96	47.3
Advice and advocacy on environmental health issues	4	20.0	8	18.6	10	21.3	17	65.4	42	62.7	81	39.9
Working with food stores to encourage healthy eating	3	15.0	11	25.6	9	19.1	15	57.7	39	58.2	77	37.9
Injury/accident prevention	5	25.0	11	25.6	9	19.1	10	38.5	22	32.8	57	28.1
Other	8	40.0	3	7.0	7	14.9	6	23.1	19	28.4	43	21.2
Breakfast programs	3	15.0	4	9.3	8	17.0	4	15.4	14	20.9	33	16.3

Note: For Major cities n = 20, for Inner regional n = 43, for Outer regional n = 47, for Remote n = 26 and for Very remote n = 67. Source: AIHW analyses of OSR data collection, 2014–15.

Table B3: Number of primary health-care organisations providing selected clinical or health-related services, by type of service and remoteness area, 1 June 2014 to 31 May 2015

Clinical/health-related services	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Keep track of clients needing follow-up	18	90.0	42	97.7	45	95.7	26	100.0	64	95.5	195	96.1
Child immunisation	17	85.0	38	88.4	42	89.4	20	76.9	63	94.0	180	88.7
Free provision of medical supplies/pharmaceuticals	13	65.0	31	72.1	34	72.3	22	84.6	61	91.0	161	79.3
Routine STI screening/early detection	14	70.0	29	67.4	34	72.3	24	92.3	60	89.6	161	79.3
Services for people with a disability	14	70.0	26	60.5	22	46.8	19	73.1	50	74.6	131	64.5
Palliative care	10	50.0	20	46.5	21	44.7	19	73.1	49	73.1	119	58.6
Aged care	10	50.0	21	48.8	18	38.3	14	53.8	44	65.7	107	52.7
Medical evacuation services	—	—	—	—	4	8.5	10	38.5	54	80.6	68	33.5
Clinical services to people in remand/custody	3	15.0	5	11.6	4	8.5	8	30.8	27	40.3	47	23.2
Dialysis service on site	—	—	—	—	2	4.3	2	7.7	13	19.4	17	8.4

Note: For Major cities n = 20, for Inner regional n = 43, for Outer regional n = 47, for Remote n = 26 and for Very remote n = 67.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B4: Number of primary health-care organisations providing continuity of care, by care type and remoteness area, 1 June 2014 to 31 May 2015

Clinical/health-related services	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Established relationships with Aboriginal liaison officers at the local hospital(s)	19	95.0	39	90.7	41	87.2	21	80.8	51	76.1	171	84.2
Shared care arrangements for chronic disease management	14	70.0	31	72.1	36	76.6	17	65.4	45	67.2	143	70.4
Discharge planning for Indigenous patients is well coordinated	13	65.0	29	67.4	35	74.5	15	57.7	43	64.2	135	66.5
Staff regularly attend hospital/specialist appointments with clients	16	80.0	35	81.4	41	87.2	12	46.2	22	32.8	126	62.1
Staff regularly visit our clients in hospital	14	70.0	34	79.1	32	68.1	13	50.0	25	37.3	118	58.1

Note: For Major cities n = 20, for Inner regional n = 43, for Outer regional n = 47, for Remote n = 26 and for Very remote n = 67.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B5: Number of primary health-care organisations providing specialist health and dental services, by type of service and delivery site, 2013–14 and 2014–15

Type of service	2013–14				2014–15			
	On-site		Off-site		On-site		Off-site	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
ENT specialist	56	27.6	156	76.8	48	23.6	159	78.3
Renal specialist	50	24.6	147	72.4	49	24.1	156	76.8
Ophthalmologist	73	36.0	141	69.5	70	34.5	149	73.4
Cardiologist	68	33.5	146	71.9	71	35.0	146	71.9
Psychiatrist	88	43.3	131	64.5	86	42.4	131	64.5
Paediatrician	105	51.7	123	60.6	100	49.3	124	61.1
Dental services	111	54.7	115	56.7	113	55.7	119	58.6
Diabetes specialist	120	59.1	107	52.7	106	52.2	116	57.1
Physiotherapist	80	39.4	108	53.2	83	40.9	116	57.1
Audiologist/ audiometrist	110	54.2	111	54.7	118	58.1	100	49.3
Psychologist	107	52.7	100	49.3	106	52.2	100	49.3
Optometrist	133	65.5	87	42.9	137	67.5	91	44.8
Diabetes educator	154	75.9	65	32.0	156	76.8	69	34.0
Dietician	155	76.4	62	30.5	154	75.9	68	33.5
Podiatrist	157	77.3	56	27.6	156	76.8	63	31.0
Other specialist	33	16.3	23	11.3	31	15.3	23	11.3
Other allied health	30	14.8	11	5.4	27	13.3	7	3.4

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. Organisations could provide access to a particular service both on-site and off-site.
3. $n = 203$ in both years.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B6: Percentage of primary health-care organisations providing specialist health and dental services, by type of service, type of organisation and delivery site, 1 June 2014 to 31 May 2015

Type of service	ACCHO		Other		Total	
	On-site	Off-site	On-site	Off-site	On-site	Off-site
ENT specialist	22.5	74.6	26.2	86.2	23.6	78.3
Renal specialist	23.2	73.2	26.2	84.6	24.1	76.8
Ophthalmologist	31.2	71.7	41.5	76.9	34.5	73.4
Cardiologist	37.0	68.1	30.8	80.0	35.0	71.9
Psychiatrist	39.1	61.6	49.2	70.8	42.4	64.5
Paediatrician	47.8	55.8	52.3	72.3	49.3	61.1
Dental services	57.2	54.3	52.3	67.7	55.7	58.6
Diabetes specialist	55.8	47.1	44.6	78.5	52.2	57.1
Physiotherapist	44.2	58.0	33.8	55.4	40.9	57.1
Audiologist/audiometrist	62.3	44.9	49.2	58.5	58.1	49.3
Psychologist	57.2	44.9	41.5	58.5	52.2	49.3
Optometrist	75.4	37.7	50.8	60.0	67.5	44.8
Diabetes educator	79.7	27.5	70.8	47.7	76.8	34.0
Dietician	77.5	29.7	72.3	41.5	75.9	33.5
Podiatrist	81.2	28.3	67.7	36.9	76.8	31.0
Other specialist	14.5	11.6	16.9	10.8	15.3	11.3
Other allied health	14.5	2.2	10.8	6.2	13.3	3.4

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. Organisations could provide access to a particular service both on-site and off-site.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B7: Number of primary health-care organisations that reported social and emotional wellbeing issues, by type of issue, 1 June 2014 to 31 May 2015

Issue	Number	Per cent
Depression	155	76.4
Anxiety/stress	145	71.4
Grief and loss issues	143	70.4
Family/relationship issues	127	62.6
Family/community violence	114	56.2
Self-harm/suicide	91	44.8
Trauma	65	32.0
Schizophrenia or other psychotic disorder	49	24.1
Loss of cultural identity	35	17.2
Survivor of childhood sexual assault	17	8.4
Removal from homelands/traditional country	15	7.4
Sexual assault	14	6.9
Other	8	3.9
Issues with sexuality	3	1.5

Note: Organisations were asked to report on their 5 most important social and emotional wellbeing issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B8: Number of primary health-care organisations that reported social and emotional wellbeing/mental health services, by type of service, 1 June 2014 to 31 May 2015

Service	Number	Per cent
Short-term counselling	175	86.2
Workers visit clients at home	164	80.8
Organisation regularly participates in case management with other agencies	162	79.8
Long-term or ongoing counselling	139	68.5
Clients with mental health problems are referred by other organisations	133	65.5
Group activities	127	62.6
Self-harm and suicide prevention	111	54.7
Outreach services to public/private institutions	100	49.3
Other	8	3.9
None	6	3.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table B9: Number of primary health-care organisations that reported substance-use issues, by type of issue, 1 June 2014 to 31 May 2015

Issue	Number	Per cent
Alcohol	186	91.6
Tobacco/nicotine	178	87.7
Cannabis/marijuana	169	83.3
Amphetamines	110	54.2
Multiple drug use	88	43.3
Benzodiazepines	47	23.2
Other solvents/inhalants	32	15.8
Petrol	30	14.8
Kava	10	4.9
Other	8	3.9
Morphine	4	2.0
Steroids/anabolic agents	4	2.0
Heroin	4	2.0
Barbiturates	4	2.0
Ecstasy	3	1.5
Cocaine	3	1.5

Note: Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B10: Number of primary health-care organisations that reported substance-use programs, by type of program, 1 June 2014 to 31 May 2015

Program	Number	Per cent
Individual counselling	168	82.8
Community education	153	75.4
Crisis intervention	125	61.6
School education and visits	120	59.1
Tobacco control program	109	53.7
Group counselling	74	36.5
Support groups	72	35.5
Regional Tackling Smoking and Healthy Lifestyle team	72	35.5
Youth programs	60	29.6
Telephone counselling	59	29.1
Needle exchange	32	15.8
Medicated detoxification	32	15.8
Non-medicated detoxification	27	13.3
Methadone management	25	12.3
Mobile assistance/night patrols	13	6.4
Other	12	5.9
None	8	3.9

Source: AIHW analyses of OSR data collection, 2014–15.

Table B11: Number of clients and estimated Indigenous population, by state and territory, 1 June 2014 to 31 May 2015

	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous clients	81,651	21,665	82,617	65,264	17,346	4,057	71,731	344,331
Total clients	101,814	32,315	111,422	80,990	20,068	5,068	82,933	434,610
Estimated Indigenous population ^(a)	232,251	52,299	208,026	95,707	40,646	26,440	73,396	728,765
Proportion of Indigenous clients to estimated population (%)	35.2	41.4	39.7	68.2	42.7	15.3	97.7	47.2

(a) ABS estimated Indigenous population in June 2015 (series B estimate).

Source: AIHW analyses of OSR data collection, 2014–15 and ABS 2014.

Table B12: Number of primary health-care organisations and clients, by remoteness area and type of organisation, 1 June 2014 to 31 May 2015

Remoteness area	ACCHO		Other		Total	
	Clients	Number	Clients	Number	Clients	Number
Major cities	68,819	16	2,723	4	71,542	20
Inner regional	80,992	34	13,064	9	94,056	43
Outer regional	81,365	36	20,466	11	101,831	47
Remote	63,233	20	11,811	6	75,044	26
Very remote	45,890	31	46,247	35	92,137	66
Total	340,299	137	94,311	65	434,610	202

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
Source: AIHW analyses of OSR data collection, 2014–15.

Table B13: Number of clients, by state and territory, type of organisation and Indigenous status, 1 June 2014 to 31 May 2015

State/ territory	ACCHO			Other			Total		
	Indig- enous	Non- Indig- enous	Unknown	Indig- enous	Non- Indig- enous	Unknown	Indig- enous	Non- Indig- enous	Unknown
NSW/ACT	71,414	16,499	2,533	10,237	988	143	81,651	17,487	2,676
Vic	21,312	10,177	414	353	47	12	21,665	10,224	426
Qld	69,772	14,324	3,124	12,845	6,263	5,094	82,617	20,587	8,218
WA	48,547	8,393	671	16,717	5,100	1,562	65,264	13,493	2,233
SA	15,659	2,508	176	1,687	37	1	17,346	2,545	177
Tas	3,631	839	57	426	93	22	4,057	932	79
NT	44,513	5,115	621	27,218	5,215	251	71,731	10,330	872
Total	274,848	57,855	7,596	69,483	17,743	7,085	344,331	75,598	14,681

Note: 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
Source: AIHW analyses of OSR data collection, 2014–15.

Table B14: Number of client contacts, by position type and remoteness area, 1 June 2014 to 31 May 2015

Position type	Major cities			Inner regional			Outer regional			Remote			Very remote			Total		
	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client	Number	Per client
Aboriginal health worker	121,196	1.7	131,345	1.4	274,614	2.7	54,762	0.7	76,179	0.8	658,096	1.5						
Aboriginal health practitioner	4,094	0.1	9,954	0.1	9,058	0.1	56,209	0.7	21,295	0.2	100,610	0.2						
Doctor	268,403	3.8	311,784	3.3	330,155	3.2	250,253	3.3	275,402	3.0	1,435,997	3.3						
Nurse/midwife	175,996	2.5	201,836	2.1	200,682	2.0	294,742	3.9	592,580	6.4	1,465,836	3.4						
Allied health professional	42,803	0.6	34,742	0.4	60,786	0.6	87,950	1.2	69,893	0.8	296,174	0.7						
Medical specialist	11,746	0.2	5,174	0.1	9,170	0.1	9,335	0.1	14,462	0.2	49,887	0.1						
Dental care	35,512	0.5	29,509	0.3	18,500	0.2	16,476	0.2	13,031	0.1	113,028	0.3						
Social and emotional wellbeing	36,684	0.5	31,892	0.3	59,332	0.6	33,382	0.4	28,632	0.3	189,922	0.4						
Other health	38,911	0.5	111,579	1.2	118,342	1.2	58,703	0.8	44,383	0.5	371,918	0.9						
Driver/field officer	37,253	0.5	77,148	0.8	82,893	0.8	105,820	1.4	38,127	0.4	341,241	0.8						
Total	772,598	10.8	944,963	10.0	1,163,532	11.4	967,632	12.9	1,173,984	12.7	5,022,709	11.6						

Note: n = 202.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B15: Number of client contacts, by position type and remoteness area, 2008–09 to 2014–15

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
2008–09												
Aboriginal health worker	72,519	18.1	85,806	16.8	223,326	27.9	131,700	19.0	79,680	14.5	593,031	20.1
Doctor	117,279	29.2	145,725	28.5	214,430	26.8	160,524	23.1	96,888	17.6	734,846	24.8
Nurse/midwife	78,615	19.6	110,958	21.7	130,827	16.3	234,595	33.8	277,202	50.5	832,197	28.1
Allied health/medical specialist	14,262	3.6	17,556	3.4	37,223	4.6	54,030	7.8	27,879	5.1	150,950	5.1
Dental care	28,859	7.2	22,945	4.5	35,733	4.5	2,277	0.3	5,530	1.0	95,344	3.2
Social and emotional wellbeing	20,948	5.2	25,286	5.0	34,404	4.3	17,221	2.5	8,353	1.5	106,212	3.6
Other health	32,545	8.1	30,634	6.0	32,622	4.1	25,277	3.6	26,988	4.9	148,066	5.0
Driver/field officer	36,238	9.0	71,530	14.0	92,750	11.6	69,310	10.0	26,907	4.9	296,735	10.0
Total	401,265	100.0	510,440	100.0	801,315	100.0	694,934	100.0	549,427	100.0	2,957,381	100.0
2009–10												
Aboriginal health worker	82,454	16.6	96,097	15.7	208,910	24.4	127,341	18.1	107,243	15.2	622,045	18.4
Doctor	145,103	29.1	175,828	28.7	241,383	28.2	189,869	27.0	119,251	16.9	871,434	25.8
Nurse/midwife	96,319	19.3	125,728	20.5	140,323	16.4	261,504	37.2	354,383	50.1	978,257	29.0
Allied health/medical specialist	21,035	4.2	25,246	4.1	27,186	3.2	51,970	7.4	28,661	4.1	154,098	4.6
Dental care	44,092	8.9	25,082	4.1	36,236	4.2	6,287	0.9	6,970	1.0	118,667	3.5
Social and emotional wellbeing	31,822	6.4	38,865	6.3	68,102	8.0	19,608	2.8	17,340	2.5	175,737	5.2
Other health	26,144	5.3	20,020	3.3	34,706	4.1	8,262	1.2	14,689	2.1	103,821	3.1
Driver/field officer	50,860	10.2	105,534	17.2	99,438	11.6	37,803	5.4	58,302	8.2	351,937	10.4
Total	497,829	100.0	612,400	100.0	856,284	100.0	702,644	100.0	706,839	100.0	3,375,996	100.0

continued

Table B15 (continued): Number of client contacts, by position type and remoteness area, 2008–09 to 2014–15

	Major cities			Inner regional			Outer regional			Remote			Very remote			Total			
	Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		Number	Per cent		
2010–11																			
Aboriginal health worker	93,199	15.8		96,049	16.4		205,297	25.2		104,112	14.2		97,187	10.1		595,844	16.2		
Doctor	199,728	33.9		208,875	35.6		245,134	30.0		174,178	23.7		186,590	19.4		1,014,505	27.5		
Nurse/midwife	121,398	20.6		116,568	19.9		146,849	18.0		246,548	33.5		517,783	53.8		1,149,146	31.2		
Allied health/medical specialist	26,403	4.5		19,759	3.4		34,532	4.2		61,917	8.4		37,056	3.9		179,667	4.9		
Dental care	44,475	7.6		26,682	4.5		18,993	2.3		10,635	1.4		12,026	1.3		112,811	3.1		
Social and emotional wellbeing	24,623	4.2		37,095	6.3		53,894	6.6		47,886	6.5		17,589	1.8		181,087	4.9		
Other health	27,645	4.7		24,203	4.1		53,308	6.5		30,465	4.1		46,803	4.9		182,424	4.9		
Driver/field officer	51,560	8.8		57,599	9.8		58,215	7.1		59,230	8.1		46,730	4.9		273,334	7.4		
Total	589,031	100.0		586,830	100.0		816,222	100.0		734,971	100.0		961,764	100.0		3,688,818	100.0		
2011–12																			
Aboriginal health worker	118,290	17.6		106,062	13.9		213,288	26.4		118,385	15.4		105,792	10.4		661,817	16.4		
Doctor	196,661	29.3		269,602	35.3		236,277	29.2		193,061	25.1		183,402	18.0		1,079,003	26.8		
Nurse/midwife	131,279	19.5		164,962	21.6		147,238	18.2		256,623	33.3		479,442	47.2		1,179,544	29.3		
Allied health/medical specialist	34,556	5.1		29,761	3.9		29,502	3.7		56,970	7.4		31,862	3.1		182,651	4.5		
Dental care	62,524	9.3		29,952	3.9		16,799	2.1		12,160	1.6		7,025	0.7		128,460	3.2		
Social and emotional wellbeing	23,174	3.4		40,119	5.2		41,642	5.2		16,463	2.1		11,005	1.1		132,403	3.3		
Other health	40,489	6.0		32,867	4.3		40,208	5.0		21,139	2.7		28,586	2.8		163,289	4.1		
Driver/field officer	65,339	9.7		90,979	11.9		83,219	10.3		94,925	12.3		169,292	16.7		503,754	12.5		
Total	672,312	100.0		764,304	100.0		808,173	100.0		769,726	100.0		1,016,406	100.0		4,030,921	100.0		

continued

Table B15 (continued): Number of client contacts, by position type and remoteness area, 2008–09 to 2014–15

2012–13	Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
	Aboriginal health worker	132,617	17.5	96,151	11.9	195,775	20.8	83,370	10.3	66,772	8.8	574,685	14.1
	Aboriginal health practitioner	449	0.1	6,800	0.8	1,360	0.1	25,151	3.1	11,559	1.5	45,319	1.1
	Doctor	237,076	31.3	295,758	36.7	295,472	31.4	217,239	26.8	172,146	22.6	1,217,691	29.9
	Nurse/midwife	160,506	21.2	179,771	22.3	162,126	17.2	272,514	33.6	301,024	39.6	1,075,941	26.4
	Allied health/medical specialist	35,628	4.7	32,109	4.0	54,555	5.8	65,440	8.1	46,991	6.2	234,723	5.8
	Dental care	34,405	4.5	32,678	4.1	16,935	1.8	14,520	1.8	9,693	1.3	108,231	2.7
	Social and emotional wellbeing	74,566	9.8	34,013	4.2	56,270	6.0	18,408	2.3	22,072	2.9	205,329	5.0
	Other health	44,261	5.8	58,011	7.2	71,388	7.6	55,346	6.8	44,826	5.9	273,832	6.7
	Driver/field officer	38,817	5.1	69,880	8.7	86,801	9.2	58,492	7.2	85,388	11.2	339,378	8.3
	Total	758,325	100.0	805,171	100.0	940,682	100.0	810,480	100.0	760,471	100.0	4,075,129	100.0

continued

Table B15 (continued): Number of client contacts, by position type and remoteness area, 2008–09 to 2014–15

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
2013–14 Aboriginal health worker	116,613	16.3	140,833	15.6	211,154	21.1	76,541	8.8	71,576	6.3	616,717	13.4
Aboriginal health practitioner	1,569	0.2	6,710	0.7	7,704	0.8	36,445	4.2	25,141	2.2	77,569	1.7
Doctor	233,740	32.6	311,159	34.5	310,126	31.0	228,540	26.3	255,104	22.6	1,338,669	29.0
Nurse/midwife	154,966	21.6	192,812	21.4	188,567	18.9	265,047	30.5	592,294	52.4	1,393,686	30.2
Allied health/medical specialist	42,676	6.0	34,964	3.9	75,577	7.6	85,316	9.8	81,280	7.2	319,813	6.9
Dental care	46,035	6.4	36,195	4.0	9,276	0.9	13,568	1.6	8,870	0.8	113,944	2.5
Social and emotional wellbeing	33,118	4.6	31,470	3.5	58,442	5.8	29,640	3.4	24,442	2.2	177,112	3.8
Other health	52,708	7.4	91,434	10.1	85,611	8.6	68,278	7.8	34,089	3.0	332,120	7.2
Driver/field officer	34,982	4.9	56,385	6.3	53,397	5.3	66,985	7.7	36,768	3.3	248,517	5.4
Total	716,407	100.0	901,962	100.0	999,854	100.0	870,360	100.0	1,129,564	100.0	4,618,147	100.0

continued

Table B15: (continued) Number of client contacts, by position type and remoteness area, 2008–09 to 2014–15

2014–15	Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
	Aboriginal health worker	121,196	15.7	131,345	13.9	274,614	23.6	54,762	5.7	76,179	6.5	658,096	13.1
	Aboriginal health practitioner	4,094	0.5	9,954	1.1	9,058	0.8	56,209	5.8	21,295	1.8	100,610	2.0
	Doctor	268,403	34.7	311,784	33.0	330,155	28.4	250,253	25.9	275,402	23.5	1,435,997	28.6
	Nurse/midwife	175,996	22.8	201,836	21.4	200,682	17.2	294,742	30.5	592,580	50.5	1,465,836	29.2
	Allied health/medical specialist	54,549	7.1	39,916	4.2	69,956	6.0	97,285	10.1	84,355	7.2	346,061	6.9
	Dental care	35,512	4.6	29,509	3.1	18,500	1.6	16,476	1.7	13,031	1.1	113,028	2.3
	Social and emotional wellbeing	36,684	4.7	31,892	3.4	59,332	5.1	33,382	3.4	28,632	2.4	189,922	3.8
	Other health	38,911	5.0	111,579	11.8	118,342	10.2	58,703	6.1	44,383	3.8	371,918	7.4
	Driver/field officer	37,253	4.8	77,148	8.2	82,893	7.1	105,820	10.9	38,127	3.2	341,241	6.8
	Total	772,598	100.0	944,963	100.0	1,163,532	100.0	967,632	100.0	1,173,984	100.0	5,022,709	100.0

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
Source: AIHW analyses of OSR data collections, 2008–15.

Table B16: Average number of contacts per client, 2008–09 to 2014–15

Year	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
2008–09	5.9	6.8	7.5	5.7	14.8	13.6	10.7	7.7
2009–10	5.8	7.3	7.3	7.2	12.6	12.0	11.2	7.8
2010–11	6.2	9.9	7.0	8.4	11.1	11.4	11.9	8.5
2011–12	7.9	9.5	7.2	8.2	12.5	10.6	12.0	8.9
2012–13	9.4	9.3	9.2	9.0	15.0	13.2	9.1	9.5
2013–14	10.7	9.3	9.7	10.6	15.6	14.5	12.8	11.0
2014–15	10.6	10.9	10.6	12.2	15.5	15.9	12.3	11.6

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
Source: AIHW analyses of OSR data collections, 2008–15.

Table B17: Average number of contacts per client, by position type, 2008–09 to 2014–15

Position type	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	Contacts	Per client	Contacts	Per client	Contacts	Per client	Contacts	Per client	Contacts	Per client	Contacts	Per client	Contacts	Per client
Aboriginal health worker	593,031	1.5	622,045	1.4	595,844	1.4	661,817	1.4	574,685	1.3	616,717	1.5	658,096	1.5
Aboriginal health practitioner	—	—	—	—	—	—	—	—	45,319	0.1	77,569	0.2	100,610	0.2
Doctor	734,846	1.9	871,434	2.0	1,014,505	2.3	1,079,003	2.3	1,217,691	2.9	1,338,669	3.2	1,435,997	3.3
Nurse/midwife	832,197	2.2	978,257	2.3	1,149,146	2.7	1,179,544	2.6	1,075,941	2.5	1,393,686	3.3	1,465,836	3.4
Allied health/medical specialist	150,950	0.4	154,098	0.4	179,667	0.4	182,651	0.4	234,723	0.5	319,813	0.8	346,061	0.8
Dental care	95,344	0.3	118,667	0.3	112,811	0.3	128,460	0.3	108,231	0.3	113,944	0.3	113,028	0.3
Social and emotional wellbeing	106,212	0.3	175,737	0.4	181,087	0.4	132,403	0.3	205,329	0.4	177,112	0.4	189,922	0.4
Other health	148,066	0.4	103,821	0.2	182,424	0.4	163,289	0.4	273,832	0.6	332,120	0.8	371,918	0.9
Driver/field officer	296,735	0.8	351,937	0.8	273,334	0.6	503,754	1.1	339,378	0.8	248,517	0.6	341,241	0.8
Total	2,957,381	7.7	3,375,996	7.8	3,688,818	8.5	4,030,921	8.9	4,075,129	9.5	4,618,147	11.0	5,022,709	11.6

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data collections, 2008–15.

Table B18: Number of primary health-care episodes of care, by remoteness area, 2008–09 to 2014–15

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	289,955	13.8	363,823	15.3	396,231	15.9	435,890	16.6	551,769	18.0	495,697	15.2	557,080	15.7
Inner regional	312,960	14.9	395,027	16.6	413,332	16.5	460,072	17.6	557,435	18.2	569,224	17.4	641,361	18.1
Outer regional	539,318	25.7	583,324	24.5	495,653	19.8	493,340	18.8	562,709	18.3	670,242	20.5	730,837	20.6
Remote	473,367	22.6	521,421	21.9	508,143	20.3	530,793	20.3	618,560	20.2	622,325	19.0	685,713	19.4
Very remote	480,315	22.9	519,292	21.8	684,708	27.4	700,744	26.7	777,965	25.4	911,295	27.9	927,626	26.2
Total	2,095,915	100.0	2,382,887	100.0	2,498,067	100.0	2,620,839	100.0	3,068,438	100.0	3,268,783	100.0	3,542,617	100.0

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data collections, 2008–15.

Table B19: Number of primary health-care episodes of care, by remoteness area and type of organisation, 1 June 2014 to 31 May 2015

Remoteness area	ACCHO	Other	Total
Major cities	545,257	11,823	557,080
Inner regional	573,281	68,080	641,361
Outer regional	646,689	84,148	730,837
Remote	604,308	81,405	685,713
Very remote	523,515	404,111	927,626
Total	2,893,050	649,567	3,542,617

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. There were 135 ACCHOs and 63 other organisations that provided valid data.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B20: Average number of episodes of care per client, by remoteness area, 2008–09 to 2014–15

Year	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
2008–09	6.1	5.1	3.6	6.2	8.5	5.4
2009–10	6.4	4.8	3.9	6.4	8.0	5.5
2010–11	5.6	4.8	4.4	6.3	8.2	5.7
2011–12	5.4	5.1	5.0	5.5	8.8	5.9
2012–13	6.1	6.6	6.8	8.3	9.2	7.4
2013–14	7.5	6.5	7.0	8.4	10.0	7.9
2014–15	7.8	6.8	7.2	9.1	10.3	8.2

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data, 2008–15.

Table B21: Average number of episodes of care per client, by state and territory, 2008–09 to 2014–15

Year	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
2008–09	4.2	4.9	4.1	4.3	11.1	10.3	8.2	5.4
2009–10	4.5	4.4	4.4	4.9	9.8	9.2	8.4	5.5
2010–11	4.6	6.0	3.7	5.6	9.0	8.9	8.3	5.7
2011–12	5.3	7.2	4.3	4.9	10.6	9.1	8.2	5.9
2012–13	6.7	6.9	7.0	6.0	11.2	10.9	9.3	7.4
2013–14	6.9	7.2	6.9	7.1	11.7	11.9	10.0	7.9
2014–15	7.7	8.1	6.9	7.9	13.0	10.0	9.6	8.2

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data, 2008–15.

Table B22: FTE per 1,000 clients and average number of episodes of care per client, 2008–09 to 2014–15

Year	FTE per 1,000 clients	Average episodes of care per client
2008–09	11.6	5.4
2009–10	11.4	5.5
2010–11	12.9	5.7
2011–12	12.8	5.9
2012–13	16.2	7.4
2013–14	17.6	7.9
2014–15	17.5	8.2

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
Source: AIHW analyses of OSR data, 2008–15.

Table B23: Average number of primary health episodes of care per FTE staff, 2008–09 to 2014–15

Year	Average episodes of care per health FTE	Average episodes of care per total FTE
2008–09	733	464
2009–10	790	477
2010–11	719	444
2011–12	760	457
2012–13	733	454
2013–14	731	448
2014–15	762	470

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
Source: AIHW analyses of OSR data, 2008–15.

Table B24: Number of FTE staff, by position type, type of organisation and Indigenous status, 1 June 2014 to 31 May 2015

Position type	ACCHO						Other						All organisations					
	Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Indigenous		Non-Indigenous		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Aboriginal health worker	584.3	73.1	5.2	0.7	207.2	25.9	3.0	0.4	791.5	99.0	8.2	1.0	799.7	100.0				
Aboriginal health practitioner	119.5	73.8	1.0	0.6	40.1	24.8	1.4	0.9	159.6	98.5	2.4	1.5	162.0	100.0				
Doctor	35.2	7.4	373.3	78.5	0.0	0.0	67.3	14.1	35.2	7.4	440.5	92.6	475.7	100.0				
Nurse/midwife	137.7	12.3	583.1	52.3	18.3	1.6	376.4	33.7	156.0	14.0	959.6	86.0	1,115.6	100.0				
Allied health/medical specialist	15.3	6.9	123.8	55.7	2.0	0.9	81.2	36.5	17.3	7.8	205.0	92.2	222.3	100.0				
Dental care	61.1	32.5	106.7	56.8	5.2	2.8	14.9	7.9	66.3	35.3	121.7	64.7	188.0	100.0				
Social and emotional wellbeing	200.0	45.5	140.1	31.8	14.6	3.3	85.2	19.4	214.6	48.8	225.3	51.2	439.9	100.0				
Other health	693.8	66.0	229.0	21.8	80.3	7.6	47.6	4.5	774.0	73.7	276.6	26.3	1,050.6	100.0				
CEO/manager/supervisor	388.9	41.6	335.8	35.9	20.2	2.2	190.8	20.4	409.1	43.7	526.6	56.3	935.7	100.0				
Administrative staff	774.7	47.8	511.7	31.6	166.2	10.3	167.5	10.3	940.9	58.1	679.2	41.9	1,620.0	100.0				
Driver/field officer	254.7	72.9	33.7	9.6	53.5	15.3	7.5	2.1	308.1	88.2	41.2	11.8	349.3	100.0				
Total	3,265.0	44.4	2,443.4	33.2	607.5	8.3	1,042.8	14.2	3,872.5	52.6	3,486.2	47.4	7,358.7	100.0				

Note: Excludes visiting staff.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B25: Number of FTE staff per 1,000 clients, by position type and remoteness area, 1 June 2014 to 31 May 2015

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	125.3	1.8	160.4	1.7	245.8	2.4	64.1	0.9	209.1	2.3	804.7	1.9
Aboriginal health practitioner	13.8	0.2	19.0	0.2	24.8	0.2	61.4	0.8	48.0	0.5	167.0	0.4
Doctor	86.7	1.2	104.6	1.1	120.0	1.2	123.9	1.7	85.5	0.9	520.6	1.2
Nurse/midwife	117.3	1.6	151.6	1.6	150.7	1.5	283.9	3.8	442.2	4.8	1,145.7	2.6
Allied health professional	41.6	0.6	25.9	0.3	88.7	0.9	50.6	0.7	74.0	0.8	280.8	0.6
Medical specialist	13.5	0.2	5.5	0.1	6.6	0.1	7.3	0.1	12.8	0.1	45.7	0.1
Dental care	67.8	0.9	58.6	0.6	30.8	0.3	20.5	0.3	34.2	0.4	211.9	0.5
Social and emotional wellbeing	81.6	1.1	69.4	0.7	145.4	1.4	106.6	1.4	59.4	0.6	462.4	1.1
Other health	137.9	1.9	220.1	2.3	214.1	2.1	264.1	3.5	252.5	2.4	1,088.7	2.4
CEO/manager/supervisor	159.7	2.2	199.1	2.1	206.6	2.0	224.7	3.0	153.7	1.6	943.7	2.2
Administrative staff	208.9	2.9	306.8	3.3	369.1	3.6	354.8	4.7	403.3	4.3	1,643.0	3.8
Driver/field officer	59.0	0.8	72.1	0.8	78.0	0.8	66.0	0.9	74.8	0.8	349.8	0.8
Total	1,113.0	15.6	1,393.1	14.8	1,680.7	16.5	1,627.9	21.7	1,849.6	19.6	7,664.2	17.5

Note: Includes visiting staff not paid for by the organisation. The FTE per 1,000 clients is based on the 202 primary health-care organisations that provided valid client numbers.
Source: AIHW analyses of OSR data collection, 2014–15.

Table B26: Number of FTE staff per 1,000 clients, by position type and state and territory, 1 June 2014 to 31 May 2015

Position type	NSW/ACT		Vic		Qld		WA		SA		Tas		NT		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	178.8	1.8	74.4	2.3	260.2	2.3	131.3	1.6	84.2	4.2	14.0	2.8	61.8	0.7	804.7	1.9
Aboriginal health practitioner	24.6	0.2	5.0	0.2	14.9	0.1	15.8	0.2	3.1	0.2	2.0	0.4	101.6	1.2	167.0	0.4
Doctor	113.9	1.1	33.2	1.0	169.3	1.5	78.5	1.0	26.5	1.3	5.4	1.1	93.8	1.1	520.6	1.2
Nurse/midwife	163.7	1.6	61.8	1.9	334.3	3.0	203.6	2.5	62.5	3.1	11.4	2.2	308.5	3.7	1,145.7	2.6
Allied health professional	41.1	0.4	13.0	0.4	89.8	0.8	65.7	0.8	22.6	1.1	3.1	0.6	45.6	0.5	280.8	0.6
Medical specialist	10.0	0.1	6.6	0.2	7.9	0.1	7.2	0.1	1.8	0.1	0.2	0.0	12.0	0.1	45.7	0.1
Dental care	77.2	0.8	28.9	0.9	69.0	0.6	9.3	0.1	4.7	0.2	0.1	0.0	22.9	0.3	211.9	0.5
Social and emotional wellbeing	64.3	0.6	45.4	1.4	136.8	1.2	103.7	1.2	40.5	2.0	6.0	1.2	65.8	0.8	462.4	1.1
Other health	163.4	1.6	104.6	3.2	252.7	2.3	237.3	2.6	91.1	4.5	18.2	3.6	221.5	2.7	1,088.7	2.4
CEO/manager/supervisor	192.5	1.9	105.5	3.3	292.4	2.6	141.4	1.7	73.2	3.6	13.5	2.7	125.3	1.5	943.7	2.2
Administrative staff	298.6	2.9	163.4	5.1	498.1	4.5	272.3	3.3	99.8	5.0	24.9	4.9	286.0	3.4	1,643.0	3.8
Driver/field officer	61.7	0.6	28.0	0.9	77.6	0.7	51.2	0.6	19.6	1.0	13.1	2.6	98.6	1.2	349.8	0.8
Total	1,389.6	13.6	669.6	20.7	2,203.1	19.8	1,317.1	15.8	529.5	26.4	112.0	22.1	1,443.3	17.4	7,664.2	17.5

Note: Includes visiting staff not paid for by the organisation. The FTE per 1,000 clients is based on the 202 primary health-care organisations that provided valid client numbers. Source: AIHW analyses of OSR data collection, 2014–15.

Table B27: Number of FTE staff employed by primary health-care organisations, by position type and remoteness area, as at 31 May 2015

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent
Aboriginal health worker	125.3	15.7	159.4	19.9	245.8	30.7	64.1	8.0	205.1	25.6	799.7	100.0
Aboriginal health practitioner	13.8	8.5	18.0	11.1	24.8	15.3	57.4	35.4	48.0	29.6	162.0	100.0
Doctor	81.9	17.2	100.1	21.0	112.9	23.7	111.0	23.3	69.8	14.7	475.7	100.0
Nurse/midwife	115.2	10.3	145.1	13.0	148.5	13.3	273.0	24.5	433.7	38.9	1,115.6	100.0
Allied health professional	26.4	12.8	16.4	7.9	72.5	35.1	35.9	17.4	55.5	26.9	206.7	100.0
Medical specialist	7.2	46.6	1.8	11.9	3.3	21.1	2.1	13.5	1.1	6.9	15.5	100.0
Dental care	63.1	33.6	53.0	28.2	28.4	15.1	19.2	10.2	24.2	12.9	188.0	100.0
Traditional healer	—	—	0.6	30.0	—	—	—	—	1.4	70.0	2.0	100.0
Social and emotional wellbeing	77.1	17.5	61.5	14.0	142.2	32.3	105.0	23.9	54.1	12.3	439.9	100.0
Other health	134.9	12.9	210.0	20.0	212.0	20.2	250.8	23.9	240.9	23.0	1,048.6	100.0
<i>Total health staff</i>	644.8	14.5	766.0	17.2	990.5	22.2	918.5	20.6	1,133.8	25.5	4,453.6	100.0
CEO/manager/supervisor	157.7	16.8	195.1	20.8	205.6	22.0	224.7	24.0	152.7	16.3	935.7	100.0
Administrative staff	208.7	12.9	295.0	18.2	368.1	22.7	352.5	21.8	395.7	24.4	1,620.0	100.0
Driver/field officer	58.5	16.7	72.1	20.6	78.0	22.3	66.0	18.9	74.8	21.4	349.3	100.0
<i>Total other staff</i>	424.9	14.6	562.3	19.4	651.6	22.4	643.2	22.1	623.2	21.5	2,905.1	100.0
Total	1,069.7	14.5	1,328.3	18.1	1,642.1	22.3	1,561.7	21.2	1,757.0	23.9	7,358.7	100.0

Note: Excludes visiting staff not paid for by the organisation.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B28: Number of FTE staff employed by primary health-care organisations, by position type and state and territory, as at 31 May 2015

Position type	NSW/ACT		Vic		Qld		WA		SA		Tas		NT		Total	
	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent
Aboriginal health worker	177.8	22.2	74.4	9.3	260.2	32.5	131.3	16.4	84.2	10.5	14.0	1.8	57.8	7.2	799.7	100.0
Aboriginal health practitioner	24.6	15.2	4.0	2.5	14.9	9.2	15.8	9.8	3.1	1.9	2.0	1.2	97.6	60.3	162.0	100.0
Doctor	108.8	22.9	32.2	6.8	166.9	35.1	62.7	13.2	22.7	4.8	5.4	1.1	77.1	16.2	475.7	100.0
Nurse/midwife	160.4	14.4	60.6	5.4	331.1	29.7	203.5	18.2	61.4	5.5	8.0	0.7	290.6	26.0	1,115.6	100.0
Allied health professional	30.0	14.5	7.5	3.6	66.5	32.2	55.9	27.1	16.7	8.1	2.0	1.0	28.1	13.6	206.7	100.0
Medical specialist	3.8	24.6	3.8	24.5	5.0	32.5	0.7	4.5	0.8	5.1	—	—	1.4	8.8	15.5	100.0
Dental care	72.5	38.6	25.9	13.8	61.9	32.9	7.6	4.0	3.5	1.9	0.1	0.0	16.6	8.8	188.0	100.0
Traditional healer	—	—	—	—	0.6	30.0	0.4	20.0	0.9	45.0	—	—	0.1	5.0	2.0	100.0
Social and emotional wellbeing	58.9	13.4	39.2	8.9	132.3	30.1	98.3	22.4	40.0	9.1	5.8	1.3	65.5	14.9	439.9	100.0
Other health	162.0	15.4	102.2	9.7	242.0	23.1	228.1	21.7	89.1	8.5	17.6	1.7	207.6	19.8	1,048.6	100.0
Total health staff	798.7	17.9	349.7	7.9	1,281.5	28.8	804.2	18.1	322.3	7.2	54.9	1.2	842.3	18.9	4,453.6	100.0
CEO/manager/supervisor	191.5	20.5	103.5	11.1	289.4	30.9	140.4	15.0	72.2	7.7	13.5	1.4	125.3	13.4	935.7	100.0
Administrative staff	295.6	18.2	157.2	9.7	495.3	30.6	270.5	16.7	98.8	6.1	24.9	1.5	277.9	17.2	1,620.0	100.0
Driver/field officer	61.2	17.5	28.0	8.0	77.6	22.2	51.2	14.7	19.6	5.6	13.1	3.8	98.6	28.2	349.3	100.0
Total other staff	548.3	18.9	288.6	9.9	862.3	29.7	462.1	15.9	190.5	6.6	51.5	1.8	501.8	17.3	2,905.1	100.0
Total	1,347.0	18.3	638.3	8.7	2,143.8	29.1	1,266.2	17.2	512.8	7.0	106.5	1.4	1,344.1	18.3	7,358.7	100.0

Note: Excludes visiting staff not paid for by the organisation.
Source: AIHW analyses of OSR data collection, 2014–15.

Table B29: Number of FTE staff per 1,000 clients, by state and territory, type of organisation and position type, 1 June 2014 to 31 May 2015

State/territory	ACCHO			Other			Total		
	Health	Other	Total	Health	Other	Total	Health	Other	Total
NSW/ACT	8.5	5.7	14.2	6.2	3.3	9.6	8.2	5.4	13.6
Vic	11.5	9.1	20.6	17.1	15.0	32.2	11.5	9.2	20.7
Qld	9.9	6.0	15.9	19.6	14.3	33.9	12.0	7.8	19.8
WA	10.7	6.5	17.2	8.6	3.6	12.2	10.1	5.6	15.8
SA	15.3	9.6	24.9	32.8	9.3	42.1	16.8	9.6	26.4
Tas	12.3	11.0	23.2	8.9	3.5	12.4	11.9	10.2	22.1
NT	13.0	7.6	20.6	8.6	3.8	12.5	11.3	6.1	17.4
Total	10.6	6.8	17.4	11.6	6.5	18.2	10.8	6.7	17.5

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B30: GP FTE per 1,000 clients, by state and territory and type of organisation, 1 June 2014 to 31 May 2015

State/territory	ACCHO		Other	
	Number	GPs per 1,000 clients	Number	GPs per 1,000 clients
NSW/ACT	37	1.2	7	0.3
Vic	22	1.0	1	0.0
Qld	24	1.4	5	2.1
WA	17	1.2	12	0.4
SA	10	1.4	4	0.6
Tas	5	1.2	2	0.0
NT	22	1.6	34	0.5
Total	137	1.3	65	0.8

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B31: Number of FTE staff, by position type, as at 30 June 2009 to 2014 and 31 May 2015

Position type	30 June 2009		30 June 2010		30 June 2011		30 June 2012		30 June 2013		30 June 2014		31 May 2015	
	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent	FTE	Per cent
Aboriginal health worker	745.0	17.3	867.4	17.9	916.3	16.5	930.8	16.8	910.1	13.7	906.9	12.8	799.7	10.9
Aboriginal health practitioner	—	—	—	—	—	—	—	—	76.0	1.1	128.5	1.8	162.0	2.2
Doctor	332.8	7.7	335.3	6.9	361.6	6.5	352.5	6.4	374.6	5.6	451.2	6.3	475.7	6.5
Nurse/midwife	550.2	12.7	691.5	14.3	789.1	14.2	783.1	14.1	834.6	12.5	989.3	13.9	1,115.6	15.2
Allied health/medical specialist	186.6	4.3	167.5	3.5	189.2	3.4	186.4	3.4	138.8	2.1	194.6	2.7	222.2	3.0
Dental care	94.5	2.2	119.9	2.5	135.2	2.4	137.7	2.5	150.8	2.3	175.9	2.5	188.0	2.6
Social and emotional wellbeing	422.4	9.8	446.3	9.2	467.1	8.4	360.2	6.5	533.0	8.0	431.5	6.1	439.9	6.0
Other health	324.2	7.5	229.6	4.7	488.4	8.8	431.6	7.8	1,004.7	15.1	988.1	13.9	1,050.6	14.3
CEO/manager/supervisor	469.8	10.9	586.9	12.1	641.3	11.6	696.2	12.6	838.1	12.6	930.7	13.1	935.7	12.7
Administrative staff	962.2	22.3	1,139.7	23.5	1,253.7	22.6	1,378.3	24.9	1,475.3	22.2	1,573.4	22.1	1,620.0	22.0
Driver/field officer	230.0	5.3	258.2	5.3	296.9	5.4	286.7	5.2	321.2	4.8	338.1	4.8	349.3	4.7
Total	4,317.6	100.0	4,842.2	100.0	5,538.7	100.0	5,543.4	100.0	6,657.2	100.0	7,108.3	100.0	7,358.7	100.0

Notes

1. Excludes visiting staff not paid for by the organisation.
 2. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.
- Source: AIHW analyses of OSR data collections, 2008–15.

Table B32: Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013, 2014 and 31 May 2015

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Aboriginal health worker	2008–09	108.4	2.3	119.8	2.0	213.1	1.5	186.0	2.3	133.0	2.3	760.3	1.9
	2009–10	121.2	2.1	157.1	1.9	283.2	1.8	188.8	2.3	130.2	2.0	880.5	2.0
	2010–11	139.1	1.9	198.2	2.2	293.6	2.6	153.4	1.9	142.0	1.7	926.2	2.1
	2011–12	159.4	1.9	218.0	2.3	274.6	2.8	152.0	1.6	169.5	2.1	973.5	2.1
	2012–13	148.9	1.7	209.4	2.4	256.5	2.9	126.7	1.7	178.6	2.1	920.1	2.2
Aboriginal health practitioner	2013–14	152.4	2.3	173.7	2.0	252.1	2.6	109.5	1.5	225.7	2.5	913.5	2.2
	2014–15	125.3	1.8	160.4	1.7	245.8	2.4	64.1	0.9	209.1	2.3	804.7	1.9
	2012–13	14.0	0.2	11.4	0.1	12.0	0.1	21.0	0.3	18.6	0.2	77.1	0.2
	2013–14	17.0	0.3	18.0	0.2	12.4	0.1	29.6	0.4	52.5	0.6	129.6	0.3
	2014–15	13.8	0.2	19.0	0.2	24.8	0.2	61.4	0.8	48.0	0.5	167.0	0.4
Doctor	2008–09	65.4	1.4	55.1	0.8	74.7	0.5	112.5	1.0	58.2	1.0	365.8	0.8
	2009–10	71.9	1.3	65.7	0.8	77.0	0.5	87.1	1.1	52.9	0.8	354.6	0.8
	2010–11	79.8	1.1	74.5	0.8	83.7	0.7	91.3	1.1	57.4	0.7	386.7	0.9
	2011–12	79.7	0.9	87.5	0.9	82.1	0.8	94.6	1.0	55.1	0.7	399.0	0.9
	2012–13	77.9	0.9	85.9	1.0	87.2	1.0	74.3	1.0	69.1	0.8	394.4	0.9
2013–14	90.3	1.4	88.4	1.0	112.6	1.1	126.1	1.7	78.7	0.9	496.1	1.2	
2014–15	86.7	1.2	104.6	1.1	120.0	1.2	123.9	1.7	85.5	0.9	520.6	1.2	

continued

Table B32 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013, 2014 and 31 May 2015

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Nurse/midwife	2008–09	60.8	1.2	62.4	1.0	107.8	0.7	174.7	2.4	187.7	3.2	593.4	1.5
	2009–10	86.0	1.5	85.8	1.0	134.2	0.9	189.2	2.4	236.0	3.6	731.1	1.7
	2010–11	102.5	1.4	104.2	1.1	141.3	1.2	197.2	2.5	271.7	3.2	816.8	1.8
	2011–12	99.9	1.2	116.5	1.2	140.5	1.4	204.5	2.2	305.8	3.7	867.2	1.9
	2012–13	107.0	1.2	133.5	1.6	131.1	1.5	197.8	2.6	331.4	3.9	900.8	2.1
Allied health/medical specialist	2013–14	108.0	1.6	143.8	1.6	149.3	1.5	252.4	3.4	368.5	4.0	1,022.1	2.4
	2014–15	117.3	1.6	151.6	1.6	150.7	1.5	283.9	3.8	442.2	4.8	1,145.7	2.6
	2008–09	38.4	0.7	42.7	0.7	64.8	0.5	72.8	1.0	46.8	0.7	265.5	0.7
	2009–10	36.8	0.6	30.3	0.4	44.6	0.3	79.4	1.0	27.4	0.4	218.5	0.5
	2010–11	37.4	0.5	28.9	0.3	78.9	0.5	49.8	0.6	49.3	0.6	244.3	0.5
Dental care	2011–12	42.9	0.5	38.0	0.4	76.2	0.7	72.4	0.8	79.9	1.0	309.4	0.7
	2012–13	41.5	0.5	32.0	0.4	66.2	0.7	44.4	0.6	66.9	0.8	251.0	0.6
	2013–14	67.8	1.0	28.5	0.3	89.8	0.9	43.3	0.6	67.8	0.7	297.2	0.7
	2014–15	55.1	0.8	31.5	0.3	95.3	0.9	57.9	0.8	86.8	0.9	326.6	0.8
	2008–09	39.8	0.8	22.6	0.3	23.0	0.2	15.0	0.2	9.5	0.1	109.8	0.3
	2009–10	50.0	0.9	36.1	0.4	28.5	0.2	10.6	0.1	6.8	0.1	132.0	0.3
	2010–11	58.3	0.8	42.6	0.5	23.9	0.2	10.5	0.1	10.9	0.1	146.2	0.3
	2011–12	54.5	0.6	46.9	0.4	24.8	0.3	15.1	0.2	18.0	0.2	159.3	0.3
	2012–13	62.5	0.7	51.6	0.6	28.7	0.3	12.2	0.2	22.2	0.3	177.2	0.4
	2013–14	74.5	1.1	46.7	0.5	28.6	0.3	16.9	0.2	24.8	0.3	191.5	0.5
2014–15	67.8	0.9	58.6	0.6	30.8	0.3	20.5	0.3	34.2	0.4	211.9	0.5	

continued

Table B32 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013, 2014 and 31 May 2015

Position type		Major cities						Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Social and emotional wellbeing	2008–09	77.0	1.6	72.1	1.2	134.2	0.9	99.1	1.4	61.8	1.0	444.2	1.1				
	2009–10	92.5	1.6	99.1	1.2	86.1	0.6	109.4	1.4	86.6	1.3	473.7	1.1				
	2010–11	77.2	1.1	85.5	1.0	144.1	1.2	116.2	1.5	70.6	0.8	493.5	1.1				
	2011–12	60.0	0.7	94.2	0.8	127.8	1.2	64.3	0.7	51.1	0.6	397.5	0.8				
	2012–13	202.6	2.3	77.4	0.9	100.6	0.9	96.0	1.3	72.1	0.9	548.6	1.3				
Other health	2013–14	100.0	1.5	80.5	0.9	139.7	1.4	83.3	1.1	43.7	0.5	447.2	1.1				
	2014–15	81.6	1.1	69.4	0.7	145.4	1.4	106.6	1.4	59.4	0.6	462.4	1.1				
	2008–09	49.2	1.0	42.2	0.7	79.2	0.5	106.7	1.5	61.4	1.0	338.6	0.9				
	2009–10	30.9	0.5	31.4	0.4	62.1	0.4	45.3	0.6	66.3	0.9	236.0	0.5				
	2010–11	72.2	1.0	79.6	0.9	106.0	0.9	126.2	1.6	141.9	1.6	525.8	1.2				
CEO/manager/supervisor	2011–12	63.7	0.7	58.4	0.6	97.5	1.0	97.7	1.1	149.9	1.7	467.2	1.0				
	2012–13	224.4	2.5	159.0	1.8	182.4	2.1	232.5	3.1	250.7	2.7	1,049.0	2.4				
	2013–14	131.1	2.0	192.3	2.2	262.5	2.7	199.0	2.7	244.3	2.5	1,029.1	2.4				
	2014–15	137.9	1.9	220.1	2.3	214.1	2.1	264.1	3.5	252.5	2.4	1,088.7	2.4				
	2008–09	90.7	1.9	84.4	1.3	126.8	0.9	108.0	1.4	59.9	1.0	469.8	1.2				
	2009–10	111.1	1.9	121.4	1.5	138.7	0.9	135.1	1.7	80.6	1.2	586.9	1.3				
	2010–11	116.6	1.6	145.9	1.6	164.6	1.4	116.2	1.5	98.1	1.2	641.3	1.4				
	2011–12	128.4	1.5	167.4	1.8	163.7	1.7	114.0	1.2	122.6	1.5	696.2	1.5				
	2012–13	180.6	2.0	169.5	1.9	202.7	2.2	148.4	2.0	141.8	1.6	843.0	1.9				
	2013–14	141.8	2.1	183.2	2.1	203.5	2.1	230.9	3.1	171.6	1.8	930.9	2.2				
2014–15	159.7	2.2	199.1	2.1	206.6	2.0	224.7	3.0	153.7	1.6	943.7	2.2					

continued

Table B32 (continued): Number of FTE staff, by position type and remoteness area, as at 30 June 2009, 2010, 2011, 2012, 2013, 2014 and 31 May 2015

Position type		Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
		FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Administrative staff	2008–09	125.5	2.6	149.2	2.4	231.2	1.6	258.6	3.4	198.2	3.5	962.7	2.5
	2009–10	164.5	2.8	200.7	2.4	281.3	1.9	276.2	3.4	222.7	3.4	1,145.4	2.6
	2010–11	174.1	2.3	207.4	2.2	331.5	2.9	290.4	3.6	250.7	3.0	1,254.0	2.8
	2011–12	224.0	2.4	248.5	2.4	343.3	3.5	318.8	3.4	248.1	3.0	1,382.6	3.0
	2012–13	260.8	2.9	297.7	3.3	343.0	3.7	308.6	3.9	296.0	3.4	1,506.0	3.4
	2013–14	223.2	3.4	334.9	3.8	359.8	3.6	326.2	4.4	362.0	3.9	1,605.9	3.8
	2014–15	208.9	2.9	306.8	3.3	369.1	3.6	354.8	4.7	403.3	4.3	1,643.0	3.8
	2008–09	27.6	0.6	44.7	0.7	47.0	0.3	70.5	1.0	40.3	0.7	230.0	0.6
	2009–10	33.6	0.6	51.3	0.6	60.6	0.4	63.4	0.8	49.3	0.7	258.2	0.6
	2010–11	39.0	0.5	61.8	0.7	56.0	0.5	88.5	1.1	51.6	0.6	296.9	0.7
	2011–12	45.6	0.5	57.6	0.6	54.2	0.6	65.7	0.7	63.6	0.8	286.7	0.6
	2012–13	51.1	0.6	55.2	0.6	71.0	0.8	76.5	1.0	69.0	0.8	322.7	0.8
	2013–14	52.2	0.8	64.7	0.7	75.1	0.8	71.5	1.0	74.6	0.8	338.1	0.8
	2014–15	59.0	0.8	72.1	0.8	78.0	0.8	66.0	0.9	74.8	0.8	349.8	0.8
	2008–09	682.7	14.0	695.2	11.1	1,101.8	7.7	1,203.8	15.5	856.7	14.6	4,540.1	11.6
2009–10	798.5	13.9	878.8	10.7	1,196.3	7.9	1,184.6	14.7	958.9	14.4	5,017.0	11.4	
2010–11	896.1	12.3	1,028.6	11.3	1,423.4	12.2	1,239.6	15.5	1,144.0	13.5	5,731.6	12.9	
2011–12	958.1	11.0	1,133.1	11.5	1,384.6	14.0	1,199.0	12.7	1,263.6	15.1	5,938.4	12.8	
2012–13	1,371.2	15.2	1,282.6	14.6	1,481.3	16.3	1,338.3	17.7	1,516.4	17.5	6,989.8	16.2	
2013–14	1,158.2	17.5	1,354.7	15.3	1,685.3	17.0	1,488.7	20.1	1,714.2	18.5	7,401.1	17.6	
2014–15	1,113.0	15.6	1,393.1	14.8	1,680.7	16.5	1,627.9	21.7	1,849.6	19.6	7,664.2	17.5	

Note: Includes visiting staff. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B33: Number of FTE staff per 1,000 clients, by position type, 2008–09 to 2014–15

Position	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients	FTE clients	Per 1,000 clients
Aboriginal health worker	760.3	1.9	880.5	2.0	926.2	2.1	973.5	2.1	920.1	2.2	913.5	2.2	804.7	1.9
Aboriginal health practitioner	—	—	—	—	—	—	—	—	77.1	0.2	129.6	0.3	167.0	0.4
Doctor	365.8	0.8	354.6	0.8	386.7	0.9	399.0	0.9	394.4	0.9	496.1	1.2	520.6	1.2
Nurse/midwife	593.4	1.5	731.1	1.7	816.8	1.8	867.2	1.9	900.8	2.1	1,022.1	2.4	1,145.7	2.6
Allied health/medical specialist	265.5	0.7	218.5	0.5	244.3	0.5	309.4	0.7	251.0	0.6	297.2	0.7	326.6	0.8
Dental care	109.8	0.3	132.0	0.3	146.2	0.3	159.3	0.3	177.2	0.4	191.5	0.5	211.9	0.5
Social and emotional wellbeing	444.2	1.1	473.7	1.1	493.5	1.1	397.5	0.8	548.6	1.3	447.2	1.1	462.4	1.1
Other health	338.6	0.9	236.0	0.5	525.8	1.2	467.2	1.0	1,049.0	2.4	1,029.1	2.4	1,088.7	2.4
CEO/manager/supervisor	469.8	1.2	586.9	1.3	641.3	1.4	696.2	1.5	843.0	1.9	930.9	2.2	943.7	2.2
Administrative staff	962.7	2.5	1,145.4	2.6	1,254.0	2.8	1,382.6	3.0	1,506.0	3.4	1,605.9	3.8	1,643.0	3.8
Driver/field officer	230.0	0.6	258.2	0.6	296.9	0.7	286.7	0.6	322.7	0.8	338.1	0.8	349.8	0.8
Total	4,540.1	11.6	5,017.0	11.4	5,731.6	12.9	5,938.4	12.8	6,989.8	16.2	7,401.1	17.6	7,664.2	17.5

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. Includes visiting staff. Aboriginal and Torres Strait Islander health practitioner positions were new in 2012–13.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B34: Number of Aboriginal and Torres Strait Islander health workers, by highest level of qualification held and remoteness area, as at 31 May 2015

Highest qualification	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Certificate III	38	69	122	19	75	323
Certificate IV — community stream	27	53	21	7	55	163
Certificate IV — practice stream	46	69	142	48	58	363
Total	111	191	285	74	188	849

Source: AIHW analyses of OSR data collection, 2014–15.

Table B35: Number of FTE vacant positions per 1,000 clients, by remoteness area, 1 June 2014 to 31 May 2015

Position type	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
Health	21.3	0.30	36.4	0.39	46.2	0.45	34.4	0.46	99.5	1.07	237.8	0.54
Other	2.0	0.03	9.0	0.10	7.5	0.07	4.5	0.06	19.4	0.21	42.4	0.10
Total	23.3	0.33	45.4	0.48	53.7	0.53	38.9	0.52	118.9	1.28	280.2	0.64

Source: AIHW analyses of OSR data collection, 2014–15.

Table B36: Number of FTE vacant positions, by position type and remoteness area, as at 31 May 2015

Position type		Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Health	Vacant FTE	21.3	36.4	46.2	34.4	99.5	237.8
	Employed FTE	644.8	766.0	990.5	918.5	1,133.8	4,453.6
	Proportion vacant	3.2	4.5	4.5	3.6	8.1	5.1
Other	Vacant FTE	2.0	9.0	7.5	4.5	19.4	42.4
	Employed FTE	424.9	562.3	651.6	643.2	623.2	2,905.1
	Proportion vacant	0.5	1.6	1.1	0.7	3.0	1.4

Source: AIHW analyses of OSR data collection, 2014–15.

Table B37: Number of FTE vacant positions, by position type and type of organisation, as at 31 May 2015

Position type		ACCHO	Other	Total
Health	Vacant FTE	164.6	73.1	237.8
	Employed FTE	3,409.0	1,044.6	4,453.6
	Proportion vacant	4.6	6.5	5.1
Other	Vacant FTE	26.0	16.4	42.4
	Employed FTE	2,299.4	605.7	2,905.1
	Proportion vacant	1.1	2.6	1.4

Source: AIHW analyses of OSR data collection, 2014–15.

Table B38: Number of FTE vacant positions per 1,000 clients, by state and territory and type of organisation, 1 June 2014 to 31 May 2015

State/territory	ACCHO		Other		Total	
	FTE	Per 1,000 clients	FTE	Per 1,000 clients	FTE	Per 1,000 clients
NSW/ACT	27.0	0.3	4.4	0.4	31.4	0.3
Vic	12.7	0.4	1.0	2.4	13.7	0.4
Qld	44.9	0.5	39.1	1.6	84.0	0.8
WA	52.0	0.9	5.9	0.3	57.9	0.7
SA	6.0	0.3	6.3	3.7	12.3	0.6
Tas	2.0	0.4	—	—	2.0	0.4
NT	46.0	0.9	32.9	1.0	78.9	1.0
Total	190.6	0.6	89.6	0.9	280.2	0.6

Notes

1. 'Other' organisations include both government organisations and non-government organisations (excluding ACCHOs).
2. Includes visiting staff.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B39: Health service gaps in organisations funded for primary health care, by remoteness area, 1 June 2014 to 31 May 2015

Health service gaps	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mental health/social and emotional health and wellbeing	14	70.0	33	76.7	31	66.0	13	50.0	30	44.8	121	59.6
Youth services	11	55.0	26	60.5	24	51.1	13	50.0	37	55.2	111	54.7
Prevention/early detection of chronic disease	12	60.0	20	46.5	29	61.7	11	42.3	29	43.3	101	49.8
Alcohol, tobacco and other drugs	8	40.0	23	53.5	26	55.3	12	46.2	29	43.3	98	48.3
Environmental health services (including housing)	8	40.0	10	23.3	12	25.5	14	53.8	37	55.2	81	39.9
Dental services	6	30.0	18	41.9	19	40.4	11	42.3	17	25.4	71	35.0
Early childhood development and family support	5	25.0	13	30.2	18	38.3	9	34.6	21	31.3	66	32.5
Nutrition services (including lack of access to affordable healthy food)	2	10.0	7	16.3	13	27.7	12	46.2	25	37.3	59	29.1
Services to support healthy ageing	8	40.0	9	20.9	11	23.4	8	30.8	22	32.8	58	28.6
Access to health services (including transport)	6	30.0	13	30.2	17	36.2	5	19.2	15	22.4	56	27.6
Maternal and child health	6	30.0	10	23.3	13	27.7	6	23.1	16	23.9	51	25.1
Palliative care	4	20.0	6	14.0	3	6.4	4	15.4	19	28.4	36	17.7
Disability services	6	30.0	8	18.6	1	2.1	5	19.2	12	17.9	32	15.8
Treatment of injury and illness	2	10.0	4	9.3	6	12.8	1	3.8	10	14.9	23	11.3
Other	1	5.0	4	9.3	3	6.4	—	—	2	3.0	10	4.9
Pharmacy services	1	5.0	2	4.7	—	—	1	3.8	3	4.5	7	3.4

Notes

1. *n* = 203. Includes all organisations that received DoH funding to provide primary health-care services. These organisations may also have received PM&C funding for substance-use and social and emotional wellbeing services.
2. Organisations were asked to select the top 5 health service gaps faced by the community they served.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B40: Health service challenges in organisations funded for primary health care, by funding, 1 June 2014 to 31 May 2015

Service challenges	Funded for primary health only		Funded for primary health and other services		Total organisations	
	Number	Per cent	Number	Per cent	Number	Per cent
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	77	68.1	57	63.3	134	66.0
Staffing levels	61	54.0	53	58.9	114	56.2
Staff retention/turnover	58	51.3	51	56.7	109	53.7
Appropriate health service infrastructure	42	37.2	53	58.9	95	46.8
Coordination of clinical care with other providers (e.g. hospitals)	49	43.4	39	43.3	88	43.3
Access to specialist medical services	45	39.8	34	37.8	79	38.9
Information technology	44	38.9	30	33.3	74	36.5
Staff housing	37	32.7	20	22.2	57	28.1
Access to allied health services	25	22.1	22	24.4	47	23.2
Provision of care in a cross-cultural environment	20	17.7	14	15.6	34	16.7
Corporate services/administration	12	10.6	13	14.4	25	12.3
Financial management	10	8.8	7	7.8	17	8.4
Other	7	6.2	9	10.0	16	7.9
Availability/maintenance of equipment	7	6.2	6	6.7	13	6.4
Total	113	100.0	90	100.0	203	100.0

Note: Organisations were asked to select the top 5 health service challenges they faced in delivering quality health services.

Source: AIHW analyses of OSR data collection, 2014–15.

Table B41: Health service challenges in organisations funded for primary health care, by remoteness area, 1 June 2014 to 31 May 2015

Service challenges	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	15	75.0	29	67.4	24	51.1	22	84.6	44	65.7	134	66.0
Staffing levels	13	65.0	21	48.8	28	59.6	14	53.8	38	56.7	114	56.2
Staff retention/turnover	11	55.0	18	41.9	20	42.6	15	57.7	45	67.2	109	53.7
Appropriate health service infrastructure	10	50.0	20	46.5	25	53.2	13	50.0	27	40.3	95	46.8
Coordination of clinical care with other providers (e.g. hospitals)	8	40.0	22	51.2	24	51.1	13	50.0	21	31.3	88	43.3
Access to specialist medical services	5	25.0	19	44.2	23	48.9	8	30.8	24	35.8	79	38.9
Information technology	8	40.0	15	34.9	12	25.5	8	30.8	31	46.3	74	36.5
Staff housing	1	5.0	2	4.7	6	12.8	14	53.8	34	50.7	57	28.1
Access to allied health services	4	20.0	12	27.9	13	27.7	5	19.2	13	19.4	47	23.2
Provision of care in a cross-cultural environment	2	10.0	7	16.3	12	25.5	2	7.7	11	16.4	34	16.7
Corporate services/administration	5	25.0	6	14.0	3	6.4	2	7.7	9	13.4	25	12.3
Financial management	1	5.0	3	7.0	4	8.5	1	3.8	8	11.9	17	8.4
Other	3	15.0	2	4.7	4	8.5	2	7.7	5	7.5	16	7.9
Availability/maintenance of equipment	2	10.0	4	9.3	1	2.1	—	—	6	9.0	13	6.4

Notes

1. *n* = 203. Includes all organisations that received Australian Government funding to provide primary health-care services. These organisations may also have received PM&C funding for substance-use and social and emotional wellbeing services.
2. Organisations were asked to select the top 5 health service challenges they faced in delivering quality health services.

Source: AIHW OSR data collection, 2014–15.

Appendix C: Tables for Chapter 4—maternal and child health

This appendix provides statistical tables for the maternal and child health-care analysis in Chapter 4.

Table C1: Number of organisations providing maternal and/or child health services, by state and territory and remoteness area, 1 June 2014 to 31 May 2015

State/territory	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
NSW/ACT	12	25	12	4	1	54
Vic	4	10	10	—	—	24
Qld	5	8	11	3	4	31
WA	4	2	6	7	12	31
SA	1	1	7	1	6	16
Tas	—	3	3	—	2	8
NT	—	—	2	12	42	56
Total	26	49	51	27	67	220

Source: AIHW analyses of OSR data collection, 2014–15.

Table C2: Women who attended at least one antenatal visit, by Indigenous status and remoteness area, 1 June 2014 to 31 May 2015

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	1,052	1,409	2,012	1,388	1,552	7,413
Non-Indigenous	190	295	307	139	145	1,076
Indigenous status not recorded	10	7	34	9	24	84
Total	1,252	1,711	2,353	1,536	1,721	8,573

Note: For 2014–15, $n = 179$. For Major cities $n = 20$, for Inner regional $n = 37$, for Outer regional $n = 38$, for Remote $n = 25$ and for Very remote $n = 59$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C3: Women who attended at least one antenatal visit, by Indigenous status and state and territory, 1 June 2014 to 31 May 2015

Indigenous status	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous	1,635	373	1,874	1,739	356	59	1,377	7,413
Non-Indigenous	399	85	254	179	29	37	93	1,076
Indigenous status not recorded	18	1	44	15	1	—	5	84
Total	2,052	459	2,172	1,933	386	96	1,475	8,573

Note: For 2014–15, $n = 179$. For NSW/ACT $n = 41$, for Vic $n = 27$, for Qld $n = 27$, for WA $n = 24$, for SA $n = 13$, for Tas $n = 3$ and for NT $n = 53$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C4: Women who attended at least one antenatal visit, by Indigenous status and type of DoH funding, 1 June 2014 to 31 May 2015

Indigenous status	Primary health only	New Directions only	Primary health and New Directions	Total
Indigenous	2,894	635	3,884	7,413
Non-Indigenous	445	153	478	1,076
Indigenous status not recorded	33	—	51	84
Total	3,372	788	4,413	8,573

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C5: Number of antenatal visits, by Indigenous status and type of DoH funding, 1 June 2014 to 31 May 2015

Indigenous status	Primary health only	New Directions only	Primary health and New Directions	Total
Indigenous	13,321	3,841	16,972	34,134
Non-Indigenous	1,868	900	2,170	4,938
Indigenous status not recorded	118	—	229	347
Total	15,307	4,741	19,371	39,419

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C6: Number of antenatal visits, by Indigenous status and remoteness area, 1 June 2014 to 31 May 2015

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	3,626	6,329	8,240	7,365	8,574	34,134
Non-Indigenous	809	1,349	1,322	803	655	4,938
Indigenous status not recorded	50	21	94	23	159	347
Total	4,485	7,699	9,656	8,191	9,388	39,419

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C7: Average number of antenatal visits per antenatal client, by Indigenous status and type of DoH funding, 1 June 2014 to 31 May 2015

Indigenous status	Primary health only	New Directions only	Primary health and New Directions	Total
Indigenous	4.6	6.0	4.4	4.6
Non-Indigenous	4.2	5.9	4.5	4.6
Indigenous status not recorded	3.6	—	4.5	4.1
Total	4.5	6.0	4.4	4.6

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C8: Average number of antenatal visits per antenatal client, by Indigenous status and remoteness area, 1 June 2014 to 31 May 2015

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	3.4	4.5	4.1	5.3	5.5	4.6
Non-Indigenous	4.3	4.6	4.3	5.8	4.5	4.6
Indigenous status not recorded	5.0	3.0	2.8	2.6	6.6	4.1
Total	3.6	4.5	4.1	5.3	5.5	4.6

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C9: Number of antenatal visits, by Indigenous status and state and territory, 1 June 2014 to 31 May 2015

Indigenous status	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous	7,396	1,805	6,196	7,997	2,414	251	8,075	34,134
Non-Indigenous	1,842	460	887	732	265	98	654	4,938
Indigenous status not recorded	71	1	155	74	1	—	45	347
Total	9,309	2,266	7,238	8,803	2,680	349	8,774	39,419

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C10: Average number of antenatal visits per antenatal client, by Indigenous status and state and territory, 1 June 2014 to 31 May 2015

Indigenous status	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous	4.5	4.8	3.3	4.6	6.8	4.3	5.9	4.6
Non-Indigenous	4.6	5.4	3.5	4.1	9.1	2.6	7.0	4.6
Indigenous status not recorded	3.9	1.0	3.5	4.9	1.0	—	9.0	4.1
Total	4.5	4.9	3.3	4.6	6.9	3.6	5.9	4.6

Note: For 2014–15, $n = 179$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C11: Average number of antenatal visits per antenatal client, by state and territory, 2012–13 to 2014–15

	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
2012–13	4.9	4.2	3.2	3.6	5.1	3.0	4.8	4.2
2013–14	5.3	4.3	3.8	4.9	7.3	3.9	5.4	4.9
2014–15	4.5	4.9	3.3	4.6	6.9	3.6	5.9	4.6

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C12: Average number of antenatal and maternal group activity sessions, by type of activity and remoteness area, 1 June 2014 to 31 May 2015

Type of group activities	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Antenatal groups	17	19	13	11	13	15
Maternal and baby/child health groups	22	22	25	31	23	24
Parenting and parenting skills groups	45	22	32	10	23	26
Home visiting	153	134	98	224	64	126

Note: Averages are based on the number of organisations providing each type of individual group activity. Organisations not providing an activity were excluded from the calculations.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C13: Child health checks, by type and remoteness area, 1 June 2014 to 31 May 2015

Type of child health check	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous child health checks (0–4 years)	3,985	6,039	4,039	5,157	2,913	22,133
MBS rebateable (Item 10986) Healthy Kids checks	99	825	128	328	277	1,657
Total	4,084	6,864	4,167	5,485	3,190	23,790

Notes

1. Totals for Indigenous child health checks (0–4 years) include both MBS rebateable (Item 715) checks and alternative Aboriginal and Torres Strait Islander child health checks conducted for children aged 0–4 years.
2. For 2014–15, $n = 192$. For *Major cities* $n = 21$, for *Inner regional* $n = 44$, for *Outer regional* $n = 43$, for *Remote* $n = 27$ and for *Very remote* $n = 57$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C14: Child health checks, by type and state and territory, 1 June 2014 to 31 May 2015

Type of child health check	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous child health checks (0–4 years)	6,229	865	5,333	3,838	611	459	4,798	22,133
MBS rebateable (Item 10986) Healthy Kids checks	765	89	175	151	76	1	400	1,657
Total	6,994	954	5,508	3,989	687	460	5,198	23,790

Notes

1. Totals for Indigenous child health checks (0–4 years) include both MBS rebateable (Item 715) checks and alternative Aboriginal and Torres Strait Islander child health checks conducted for children aged 0–4 years.
2. For 2014–15, $n = 192$. For NSW/ACT $n = 49$, for Vic $n = 22$, for Qld $n = 27$, for WA $n = 23$, for SA $n = 13$, for Tas $n = 4$ and for NT $n = 54$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table C15: Child health checks and estimated population, by state and territory, 1 June 2014 to 31 May 2015

	NSW/ACT	Vic	Qld	WA	SA	Tas	NT	Total
Indigenous child health checks 0–4 years	6,229	865	5,333	3,838	611	459	4,798	22,133
Estimated Indigenous population 0–4 years	27,652	6,396	26,194	10,482	4,650	3,090	7,287	85,751
Estimated proportion with health checks	22.5	13.5	20.4	36.6	13.1	14.9	65.8	25.8

Notes

1. Totals for Indigenous child health checks (0–4 years) include both MBS rebateable (Item 715) checks and alternative Aboriginal and Torres Strait Islander child health checks conducted for children aged 0–4 years.
2. For 2014–15, $n = 192$. For NSW/ACT $n = 49$, for Vic $n = 22$, for Qld $n = 27$, for WA $n = 23$, for SA $n = 13$, for Tas $n = 4$ and for NT $n = 54$.
3. The estimated Indigenous population is the ABS estimated Indigenous population for June 2015 (series B).

Source: AIHW analyses of OSR data collection, 2014–15.

Appendix D: Tables for Chapter 5—social and emotional wellbeing

This appendix provides statistical tables for the social and emotional wellbeing services analysis in Chapter 5.

Table D1: Organisations delivering social and emotional wellbeing services, by state and territory and type of service, 1 June 2014 to 31 May 2015

State/territory	SEWB support		Link Up		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW/ACT	24	26.7	1	14.3	25	25.8
Vic	16	17.8	1	14.3	17	17.5
Qld	17	18.9	1	14.3	18	18.6
WA	14	15.6	2	28.6	16	16.5
SA	10	11.1	1	14.3	11	11.3
Tas	2	2.2	—	—	2	2.1
NT	7	7.8	1	14.3	8	8.2
Total	90	100.0	7	100.0	97	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table D2: Organisations delivering social and emotional wellbeing services, by remoteness area and type of service, 1 June 2014 to 31 May 2015

Remoteness	SEWB support		Link Up		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	16	17.8	5	71.4	21	21.6
Inner regional	24	26.7	—	—	24	24.7
Outer regional	21	23.3	1	14.3	22	22.7
Remote	12	13.3	1	14.3	13	13.4
Very remote	17	18.9	—	—	17	17.5
Total	90	100.0	7	100.0	97	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table D3: Organisations delivering social and emotional wellbeing support services that provide group activities, by type of activity, 1 June 2014 to 31 May 2015

Type of activity	Number	Per cent
Community-based education and prevention	59	85.5
Support groups	57	82.6
Cultural groups	44	63.8
Counselling group	34	49.3
Other	4	5.8

Notes

1. There were 69 organisations delivering social and emotional wellbeing support services that ran group activities.
2. Organisations can provide more than one type of activity.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D4: Percentage of counsellors' work time, by type of activity and type of service, 1 June 2014 to 31 May 2015

Type of activity	SEWB support	Link Up
Working directly with individual clients providing counselling/support/advocacy	48.1	22.1
Service promotion	6.9	5.0
Working with groups (e.g. support groups, specific therapy groups)	14.1	..
Administration	11.8	11.4
Outreach and/or travel	12.7	10.7
Researching family history ^(a)	..	22.1
Reunion-related activities including organisation and conduct of reunions ^(a)	..	27.9
Other	6.4	0.7
Total	100.0	100.0

(a) These activities were reported on for Link Up counsellors only.

Note: The table shows time spent for both social and emotional wellbeing support counsellors and Link Up counsellors. There were 90 organisations delivering social and emotional wellbeing support services and 7 organisations delivering Link Up services.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D5: Number of clients of social and emotional wellbeing services, by remoteness area, gender and Indigenous status, 1 June 2014 to 31 May 2015

Remoteness area	Gender	First Stolen Generation	Second Stolen Generation	Third and subsequent Stolen Generations	Other Indigenous	Non-Indigenous	Indigenous status unknown	Total
Major cities	Male	192	84	144	652	39	59	1,170
	Female	303	169	187	688	59	138	1,544
	Not recorded	188	59	113	843	8	699	1,910
	<i>Total</i>	<i>683</i>	<i>312</i>	<i>444</i>	<i>2,183</i>	<i>106</i>	<i>896</i>	<i>4,624</i>
Inner regional	Male	96	83	97	729	93	49	1,147
	Female	102	85	90	976	117	46	1,416
	Not recorded	30	160	600	53	—	1,843	2,686
	<i>Total</i>	<i>228</i>	<i>328</i>	<i>787</i>	<i>1,758</i>	<i>210</i>	<i>1,938</i>	<i>5,249</i>
Outer regional	Male	45	95	75	683	66	6	970
	Female	99	247	244	960	75	8	1,633
	Not recorded	—	—	—	156	—	—	156
	<i>Total</i>	<i>144</i>	<i>342</i>	<i>319</i>	<i>1,799</i>	<i>141</i>	<i>14</i>	<i>2,759</i>
Remote	Male	23	82	85	1,159	320	148	1,817
	Female	41	80	76	1,617	486	233	2,533
	Not recorded	—	—	—	—	1	—	1
	<i>Total</i>	<i>64</i>	<i>162</i>	<i>161</i>	<i>2,776</i>	<i>807</i>	<i>381</i>	<i>4,351</i>
Very remote	Male	47	106	190	965	81	—	1,389
	Female	141	272	320	1,507	92	2	2,334
	Not recorded	5	58	30	340	10	—	443
	<i>Total</i>	<i>193</i>	<i>436</i>	<i>540</i>	<i>2,812</i>	<i>183</i>	<i>2</i>	<i>4,166</i>
Total	Male	403	450	591	4,188	599	262	6,493
	Female	686	853	917	5,748	829	427	9,460
	Not recorded	223	277	743	1,392	19	2,542	5,196
	Total	1,312	1,580	2,251	11,328	1,447	3,231	21,149

Note: n = 94 (Major cities n = 21, Inner regional n = 22, Outer regional n = 22, Remote n = 13 and Very remote n = 16).

Source: AIHW analyses of OSR data collection, 2014–15.

Table D6: Number of clients of social and emotional wellbeing services, by service type, Indigenous status and gender, 1 June 2014 to 31 May 2015

Service type	Indigenous status	Male		Female		Gender not recorded		Total	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
SEWB support	First Stolen Generation	347	5.8	590	6.7	180	3.6	1,117	5.7
	Second Stolen Generation	415	7.0	789	9.0	268	5.3	1,472	7.4
	Third and subsequent Stolen Generations	551	9.2	863	9.8	724	14.4	2,138	10.8
	Other Indigenous	3,957	66.4	5,559	63.4	1,324	26.3	10,840	54.9
	Non-Indigenous	575	9.6	793	9.0	19	0.4	1,387	7.0
	Indigenous status unknown	114	1.9	175	2.0	2,516	50.0	2,805	14.2
	<i>Total</i>		<i>5,959</i>	<i>100.0</i>	<i>8,769</i>	<i>100.0</i>	<i>5,031</i>	<i>100.0</i>	<i>19,759</i>
Link Up	First Stolen Generation	56	10.5	96	13.9	43	26.1	195	14.0
	Second Stolen Generation	35	6.6	64	9.3	9	5.5	108	7.8
	Third and subsequent Stolen Generations	40	7.5	54	7.8	19	11.5	113	8.1
	Other Indigenous	231	43.3	189	27.4	68	41.2	488	35.1
	Non-Indigenous	24	4.5	36	5.2	0	0.0	60	4.3
	Indigenous status unknown	148	27.7	252	36.5	26	15.8	426	30.6
	<i>Total</i>		<i>534</i>	<i>100.0</i>	<i>691</i>	<i>100.0</i>	<i>165</i>	<i>100.0</i>	<i>1,390</i>
Total	First Stolen Generation	403	6.2	686	7.3	223	4.3	1,312	6.2
	Second Stolen Generation	450	6.9	853	9.0	277	5.3	1,580	7.5
	Third and subsequent Stolen Generations	591	9.1	917	9.7	743	14.3	2,251	10.6
	Other Indigenous	4,188	64.5	5,748	60.8	1,392	26.8	11,328	53.6
	Non-Indigenous	599	9.2	829	8.8	19	0.4	1,447	6.8
	Indigenous status unknown	262	4.0	427	4.5	2,542	48.9	3,231	15.3
	Total		6,493	100.0	9,460	100.0	5,196	100.0	21,149

Note: n = 94.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D7: Number of organisations delivering social and emotional wellbeing services, and their clients, 2008–09 to 2014–15

Year	Number of organisations	Number of clients
2008–09	81	8,437
2009–10	91	10,746
2010–11	89	11,843
2011–12	88	9,821
2012–13	96	17,725
2013–14	90	16,643
2014–15	94	21,149

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
Source: AIHW analyses of OSR data collection, 2008–15.

Table D8: Number of client contacts of social and emotional wellbeing support or Link Up services, by gender and Indigenous status, 1 June 2014 to 31 May 2015

Service type	Indigenous status	Male		Female		Gender not recorded		Total	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
SEWB support	Aboriginal and Torres Strait Islander	31,695	89.4	44,428	88.5	8,592	78.4	84,715	87.7
	Non-Indigenous	2,168	6.1	3,512	7.0	19	0.2	5,699	5.9
	Indigenous status unknown	1,604	4.5	2,253	4.5	2,354	21.5	6,211	6.4
	<i>Total</i>	<i>35,467</i>	<i>100.0</i>	<i>50,193</i>	<i>100.0</i>	<i>10,965</i>	<i>100.0</i>	<i>96,625</i>	<i>100.0</i>
Link Up	Aboriginal and Torres Strait Islander	928	86.1	1,614	85.8	567	100.0	3,109	88.2
	Non-Indigenous	20	1.9	37	2.0	0	0.0	57	1.6
	Indigenous status unknown	130	12.1	230	12.2	0	0.0	360	10.2
	<i>Total</i>	<i>1,078</i>	<i>100.0</i>	<i>1,881</i>	<i>100.0</i>	<i>567</i>	<i>100.0</i>	<i>3,526</i>	<i>100.0</i>
Total	Aboriginal and Torres Strait Islander	32,623	89.3	46,042	88.4	9,159	79.4	87,824	87.7
	Non-Indigenous	2,188	6.0	3,549	6.8	19	0.2	5,756	5.7
	Indigenous status unknown	1,734	4.7	2,483	4.8	2,354	20.4	6,571	6.6
	Total	36,545	100.0	52,074	100.0	11,532	100.0	100,151	100.0

Note: n = 95.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D9: Number of client contacts of social and emotional wellbeing services, by Indigenous status and remoteness area, 1 June 2014 to 31 May 2015

Indigenous status	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Indigenous	23,118	84.9	22,197	86.6	12,751	94.9	11,342	74.9	18,416	98.4	87,824	87.7
Non-Indigenous	676	2.5	884	3.4	636	4.7	3,272	21.6	288	1.5	5,756	5.7
Indigenous status not recorded	3,442	12.6	2,549	9.9	44	0.3	529	3.5	7	0.0	6,571	6.6
Total	27,236	100.0	25,630	100.0	13,431	100.0	15,143	100.0	18,711	100.0	100,151	100.0

Note: n = 95 (Major cities n = 22, Inner regional n = 22, Outer regional n = 13 and Very remote n = 16).

Source: AIHW analyses of OSR data collection, 2014–15.

Table D10: Average number of contacts per client of social and emotional wellbeing services, 2008–09 to 2014–15

Financial Year	Contacts per client
2008–09	5.1
2009–10	5.0
2010–11	3.6
2011–12	4.7
2012–13	4.9
2013–14	4.9
2014–15	4.6

Note: In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.

Source: AIHW analyses of OSR data collection, 2008–15.

Table D11: Organisations delivering social and emotional wellbeing services, by number of counsellor positions and type of service, as at 31 May 2015

Number of counsellor positions	SEWB support		Link Up		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
1	48	54.5	2	28.6	50	52.6
2	16	18.2	1	14.3	17	17.9
3 or more	24	27.3	4	57.1	28	29.5
Total	88	100.0	7	100.0	95	100.0

Note: The number of organisations that employed a counsellor = 95.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D12: Number of counsellors in social and emotional wellbeing services, by state and territory, as at 31 May 2015

State / territory	Number	Per cent
NSW/ACT	56	25.3
Vic	33	14.9
Qld	40	18.1
WA	33	14.9
SA	17	7.7
Tas	7	3.2
NT	35	15.8
Total	221	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table D13: Number of counsellors in social and emotional wellbeing services, by Indigenous status, gender and remoteness area, as at 31 May 2015

Indigenous status and gender	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous male	13	16	12	4	7	52
Indigenous female	30	21	14	6	9	80
Non-Indigenous male	4	8	6	12	3	33
Non-Indigenous female	6	10	12	20	8	56
Total	53	55	44	42	27	221

Note: The number of organisations that employed a counsellor = 95 (Major cities n = 22, Inner regional n = 24, Outer regional n = 22, Remote n = 12 and Very remote n = 15).

Source: AIHW analyses of OSR data collection, 2014–15.

Table D14: Number of counsellors in social and emotional wellbeing services, by Indigenous status, gender and type of service, as at 31 May 2015

Indigenous status and gender	SEWB support		Link Up		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Indigenous male	49	24.5	3	14.3	52	23.5
Indigenous female	65	32.5	15	71.4	80	36.2
Non-Indigenous male	31	15.5	2	9.5	33	14.9
Non-Indigenous female	55	27.5	1	4.8	56	25.3
Total	200	100.0	21	100.0	221	100.0

Note: The number of organisations that employed a counsellor = 95.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D15: Number of counsellors in social and emotional wellbeing services, by highest level of qualification and remoteness area, as at 31 May 2015

Highest qualification	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Bachelor's degree or higher	21	39.6	23	41.8	18	40.9	31	73.8	10	37.0	103	46.6
Diploma or associate diploma	22	41.5	14	25.5	10	22.7	3	7.1	7	25.9	56	25.3
Certificate/other	6	11.3	13	23.6	12	27.3	3	7.1	9	33.3	43	19.5
Attaining qualification/no qualification	4	7.5	5	9.1	4	9.1	5	11.9	1	3.7	19	8.6
Total	53	100.0	55	100.0	44	100.0	42	100.0	27	100.0	221	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table D16: Number of formal training courses undertaken by counsellors in social and emotional wellbeing services, by remoteness area, 1 June 2014 to 31 May 2015

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of courses	80	46	38	28	10	202
Number of organisations	14	14	11	8	9	56

Source: AIHW analyses of OSR data collection, 2014–15.

Table D17: Number of social and emotional wellbeing services delivering professional supervision, by provider of supervision, 1 June 2014 to 31 May 2015

Provider of supervision	Number	Per cent
Internal supervisor	20	27.0
External supervisor	27	36.5
Both	27	36.5
Total	74	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table D18: Number of social and emotional wellbeing services delivering professional supervision, by hours of supervision per counsellor per week and remoteness area, 1 June 2014 to 31 May 2015

Hours of counsellor supervision per week	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Less than half an hour	8	8	12	2	3	33
Between half and 1 hour	3	3	1	3	4	14
Between 1 and 2 hours	3	4	2	3	3	15
Between 2 and 5 hours	2	—	1	2	2	7
Five hours or more	2	—	2	—	1	5
Total	18	15	18	10	13	74

Source: AIHW analyses of OSR data collection, 2014–15.

Table D19: Number of social and emotional wellbeing services delivering professional supervision, by hours of supervision per counsellor per week and state and territory, 1 June 2014 to 31 May 2015

Hours of counsellor supervision per week	NSW/ ACT	Vic	Qld	WA	SA	Tas	NT	Total
Less than half an hour	10	6	6	5	5	—	1	33
Between half and 1 hour	2	1	3	3	1	1	3	14
Between 1 and 2 hours	6	1	4	1	2	1	—	15
Between 2 and 5 hours	—	2	—	1	1	—	3	7
Five hours or more	2	1	—	—	1	—	1	5
Total	20	11	13	10	10	2	8	74

Source: AIHW analyses of OSR data collection, 2014–15.

Table D20: Number of organisations delivering social and emotional wellbeing support services, by type of support available to staff, 1 June 2014 to 31 May 2015

Support available	Number	Per cent
Debriefing (counsellor receives personal support in working through difficult cases)	81	90.0
Case counselling (liaison with other workers in relation to care for the client)	76	84.4
Counsellor network meetings	65	72.2
Regular meeting with clinical supervisor mentor—senior counsellor from this organisation	41	45.6
Regular meeting with clinical supervisor mentor—senior counsellor based at another organisation	39	43.3
Regular meeting with clinical supervisor mentor—general practitioner	28	31.1
Regular meeting with clinical supervisor mentor—psychiatrist	20	22.2
Telephone support available through counsellors/supervisor/mentor	50	55.6
Cultural mentoring/support	65	72.2
Peer support (work colleagues)	75	83.3
Other	11	12.2

Note: There were 90 organisations delivering social and emotional wellbeing support services.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D21: Number of organisations delivering Link Up services, by type of support available to staff, 1 June 2014 to 31 May 2015

Support available	Number	Per cent
Debriefing (counsellor receives individual support in working through difficult cases)	7	100.0
Debriefing (caseworker receives individual support in working through difficult cases)	7	100.0
Casework assistance (liaison with others in relation to the client)	7	100.0
Link Up network meetings	7	100.0
Cultural mentoring	5	71.4
Cultural supervision	6	85.7
Telephone support available through counsellors/supervisor/mentor	6	85.7
Peer support (work colleagues)	7	100.0
Other	2	28.6

Note: There were 7 organisations delivering Link Up services.

Source: AIHW analyses of OSR data collection, 2014–15.

Table D22: Vacant counsellor positions, by remoteness area, as at 31 May 2015

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Vacant	6	11	6	1	4	28
Employed	53	55	44	42	27	221
Proportion vacant	10.2	16.7	12.0	2.3	12.9	11.2

Source: AIHW analyses of OSR data collection, 2014–15.

Table D23: Health service challenges in organisations funded for social and emotional wellbeing services, by funding type, 1 June 2014 to 31 May 2015

Service challenges	Social and emotional wellbeing and primary health		Social and emotional wellbeing only		All social and emotional wellbeing ^(a)	
	Number	Per cent	Number	Per cent	Number	Per cent
Staffing levels	51	62.2	8	66.7	60	61.9
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	50	61.0	7	58.3	58	59.8
Appropriate health service infrastructure	49	59.8	1	8.3	51	52.6
Staff retention/turnover	47	57.3	3	25.0	51	52.6
Coordination of clinical care with other providers (e.g. hospitals)	37	45.1	1	8.3	38	39.2
Access to specialist medical services	32	39.0	1	8.3	34	35.1
Information technology	27	32.9	5	41.7	34	35.1
Access to allied health services	20	24.4	3	25.0	23	23.7
Staff housing	17	20.7	1	8.3	20	20.6
Corporate services/ administration	13	15.9	2	16.7	16	16.5
Provision of care in a cross-cultural environment	13	15.9	—	—	15	15.5
Other	6	7.3	4	33.3	10	10.3
Financial management	7	8.5	1	8.3	8	8.2
Availability/maintenance of equipment	6	7.3	1	8.3	7	7.2
Total (number)	82	100.0	12	100.0	97	100.0

(a) Includes 3 organisations funded to deliver both social and emotional wellbeing services and substance-use services.

Note: Organisations were asked to select the top 5 health service challenges they faced in delivering quality health services.

Source: AIHW analyses of OSR data collection, 2014–15.

Appendix E: Tables for Chapter 6—substance-use

This appendix provides statistical tables for the substance-use analysis in Chapter 6.

Table E1: Number of organisations providing substance-use services, by state and territory, 1 June 2014 to 31 May 2015

State/territory	Number	Per cent
NSW	15	22.4
Vic	4	6.0
Qld	11	16.4
WA	13	19.4
SA	6	9.0
Tas	2	3.0
NT	16	23.9
Total	67	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table E2: Number of organisations providing substance-use services, by remoteness area, 1 June 2014 to 31 May 2015

Remoteness area	Number	Per cent
Major cities	15	22.4
Inner regional	8	11.9
Outer regional	15	22.4
Remote	13	19.4
Very remote	16	23.9
Total	67	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table E3: Common substance-use issues reported, by remoteness area, 1 June 2014 to 31 May 2015

Substance-use issue	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Alcohol	15	8	12	13	16	64
Cannabis/marijuana	13	6	12	13	15	59
Amphetamines	12	8	14	5	8	47
Multiple drug use	11	7	13	4	8	43
Tobacco/nicotine	7	3	8	10	10	38

Notes

- Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.
- For 2014–15, $n = 67$. For *Major cities* $n = 15$, for *Inner regional* areas $n = 8$, for *Outer regional* areas $n = 15$, for *Remote* areas $n = 13$ and for *Very remote* areas $n = 16$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E4: All substance-use issues reported, 2013–14 and 2014–15

Substance-use issue	2013–14		2014–15	
	Number	Per cent	Number	Per cent
Alcohol	56	100.0	64	95.5
Tobacco/nicotine	37	66.1	38	56.7
Cannabis/marijuana	56	100.0	59	88.1
Petrol	13	23.2	10	14.9
Other solvents/inhalants	16	28.6	18	26.9
Heroin	7	12.5	2	3.0
Morphine	2	3.6	2	3.0
Barbiturates	2	3.6	1	1.5
Cocaine	1	1.8	2	3.0
Benzodiazepines	11	19.6	16	23.9
Amphetamines	25	44.6	47	70.1
Kava	1	1.8	1	1.5
Multiple drug use	32	57.1	43	64.2
Other	—	—	2	3.0

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.
3. For 2013–14, $n = 56$. For 2014–15, $n = 67$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E5: Number of organisations providing substance-use services, by type of services provided and remoteness area, 1 June 2014 to 31 May 2015

Service type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Residential	6	5	5	6	5	27
Sobering up	2	1	3	3	3	12
Non-residential	14	5	14	13	15	61

Notes

1. Sobering up includes sobering up, residential respite and short-term care services. Non-residential includes non-residential/day centre, mobile/night patrol, and after-care and outreach services. An organisation could provide more than 1 type of service.
2. For 2014–15, $n = 67$. For *Major cities* $n = 15$, for *Inner regional* areas $n = 8$, for *Outer regional* areas $n = 15$, for *Remote* areas $n = 13$ and for *Very remote* areas $n = 16$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E6: Number of organisations providing substance-use services, by type of services provided, 1 June 2014 to 31 May 2015

Substance-use service	All organisations	
	Number	Per cent
Residential treatment/rehabilitation	27	40.3
Residential respite	3	4.5
Sobering-up shelter	10	14.9
Non-residential counselling/AOD day centre	36	53.7
Mobile assistance patrol/night patrol	9	13.4
Transitional after care service	22	32.8
Outreach AOD service	47	70.1

Notes

1. An organisation could provide more than 1 type of service.
2. $n = 67$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E7: Number of organisations providing substance-use services, by primary treatment method, 1 June 2014 to 31 May 2015

Primary treatment model	Number	Per cent
Controlled substance misuse	19	28.4
Abstinence	13	19.4
Indigenous healing	5	7.5
Harm reduction	18	26.9
Other	12	17.9
Total	67	100.0

Source: AIHW analyses of OSR data collection, 2014–15.

Table E8: Number of organisations providing substance-use services, by treatment type, 1 June 2014 to 31 May 2015

Treatment type	Number	Per cent
Support and case management	64	95.5
Information and education	65	97.0
Assessment only	34	50.7
Withdrawal management	20	29.9
Counselling	59	88.1
Rehabilitation	32	47.8
Pharmacotherapy	13	19.4

Notes

1. Organisations reported on all treatment types used.
2. $n = 67$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E9: Number of substance-use organisations, by type of programs or activities provided, 1 June 2014 to 31 May 2015

Program type	Substance-use and primary health funding		Substance-use without primary health funding		All organisations	
	Number	Per cent	Number	Per cent	Number	Per cent
Needle exchange	1	5.0	3	6.4	4	6.0
Methadone management	2	10.0	2	4.3	4	6.0
Medicated detoxification	6	30.0	10	21.3	16	23.9
Non-medicated detoxification	5	25.0	13	27.7	18	26.9
Crisis intervention	18	90.0	32	68.1	50	74.6
Group counselling	12	60.0	41	87.2	53	79.1
Welfare/emergency relief	11	55.0	15	31.9	26	38.8
School education and visits	17	85.0	22	46.8	39	58.2
Community education/activities	17	85.0	38	80.9	55	82.1
Tobacco control program	14	70.0	25	53.2	39	58.2
Youth programs	11	55.0	25	53.2	36	53.7
Cultural groups	14	70.0	35	74.5	49	73.1
Support groups	11	55.0	32	68.1	43	64.2
Telephone counselling	11	55.0	23	48.9	34	50.7
Other	2	10.0	6	12.8	8	11.9

Note: For services that received PHC funding, $n = 20$. For services that did not receive PHC funding, $n = 47$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E10: Number of substance-use clients, by remoteness area, 2008–09 to 2014–15

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Major cities	11,009	47.5	12,994	49.4	15,993	56.0	10,495	40.1	10,058	31.9	8,344	33.3	9,621	38.2
Inner regional	958	4.1	872	3.3	1,759	6.2	727	2.8	3,578	11.4	573	2.3	595	2.4
Outer regional	2,673	11.5	2,554	9.7	1,736	6.1	4,780	18.3	5,672	18.0	4,947	19.7	3,207	12.7
Remote	7,835	33.8	9,008	34.2	5,353	18.7	5,461	20.9	4,931	15.6	4,899	19.5	6,274	24.9
Very remote	703	3.0	883	3.4	3,711	13.0	4,706	18.0	7,270	23.1	6,324	25.2	5,499	21.8
Total	23,178	100.0	26,311	100.0	28,552	100.0	26,169	100.0	31,509	100.0	25,087	100.0	25,196	100.0

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. For 2008–09, $n = 45$. For 2009–10, $n = 48$. For 2010–11, $n = 49$. For 2011–12, $n = 58$. For 2012–13, $n = 66$. For 2013–14, $n = 47$. For 2014–15, $n = 60$.
3. This time series is affected by a few organisations with a large client base that did not report in 2011–12 but did report in 2012–13. Client numbers for 2012–13 and 2013–14 were revised down due to data quality issues discovered in this year's collection that were also occurring in these years. Errors in the data extracted from the PIRS in a few primary health-care organisations were found.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E11: Number of substance-use clients, by type of service, 1 June 2014 to 31 May 2015

Type	Number of clients
Residential	2,663
Sobering up	5,769
Non-residential	19,938

Notes

1. $n = 27$ (residential), $n = 11$ (sobering up residential respite), $n = 57$ (non-residential).
2. A client might receive more than 1 type of service.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E12: Estimated clients of organisations providing residential care, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	143	84	22	249	9.4
Non-Indigenous aged 0–18	5	8	0	13	0.5
Clients aged 0–18 Indigenous status unknown	1	0	0	1	0.0
Indigenous aged 19–35	750	302	25	1,077	40.4
Non-Indigenous aged 19–35	177	45	1	223	8.4
Indigenous aged 36 and over	633	232	30	895	33.6
Non-Indigenous aged 36 and over	161	42	1	204	7.7
Clients aged 36 and over Indigenous status unknown	0	1	—	1	0.0
Total	1,870	714	79	2,663	100.0

Note: $n = 27$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E13: Number of clients on a residential care waiting list at 31 May 2015

Remoteness area	Number of clients
Major cities	51
Inner regional	93
Outer regional	188
Remote	68
Very remote	56
Total	456

Note: $n = 22$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E14: Estimated number of residential care clients, by length of stay, 2008–09 to 2014–15

Length of stay	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Less than 2 weeks	377	11.2	667	20.3	555	16.2	492	18.0	523	19.9	483	21.2	497	18.7
2–8 weeks	1,236	36.6	1,240	37.8	1,131	32.9	988	36.2	904	34.4	827	36.2	923	34.7
9–16 weeks	1,090	32.3	1,028	31.3	969	28.2	978	35.9	978	37.2	698	30.6	961	36.1
17–24 weeks	137	4.1	224	6.8	332	9.7	202	7.4	179	6.8	187	8.2	175	6.6
More than 24 weeks	49	1.5	124	3.8	440	12.8	66	2.4	42	1.6	88	3.9	107	4.0
Unknown length	487	14.4	0	0.0	7	0.2	0	0.0	0	0.0	0	0.0	0	0.0
Total	3,376	100.0	3,283	100.0	3,434	100.0	2,726	100.0	2,626	100.0	2,283	100.0	2,663	100.0

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. For 2008–09 $n = 30$, for 2009–10 $n = 28$, for 2010–11 $n = 30$, for 2011–12 $n = 27$, for 2012–13 $n = 27$, for 2013–14 $n = 21$, and for 2014–15 $n = 27$.
3. Data were based on services providing residential care and valid information on total length of stay.

Source: AIHW analyses of OSR data collection, 2008–15.

Table E15: Estimated clients of organisations providing sobering-up, residential respite and short-term care, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	33	34	0	67	1.2
Non-Indigenous aged 0–18	0	1	0	1	0.0
Clients aged 0–18 Indigenous status unknown	0	0	1	1	0.0
Indigenous aged 19–35	696	675	0	1,371	23.8
Non-Indigenous aged 19–35	11	2	0	13	0.2
Clients aged 19–35 Indigenous status unknown	0	0	10	10	0.2
Indigenous aged 36 and over	2,384	1,595	0	3,979	69.0
Non-Indigenous aged 36 and over	35	5	0	40	0.7
Clients aged 36 and over Indigenous status unknown	0	0	287	287	5.0
Total	3,159	2,312	298	5,769	100.0

Note: n = 11.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E16: Estimated clients of organisations providing non-residential substance-use services, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	1,309	857	100	2,266	11.4
Non-Indigenous aged 0–18	133	88	17	238	1.2
Clients aged 0–18 Indigenous status unknown	4	5	2	11	0.1
Indigenous aged 19–35	4,203	2,577	202	6,982	35.0
Non-Indigenous aged 19–35	972	595	70	1,637	8.2
Clients aged 19–35 Indigenous status unknown	11	15	0	26	0.1
Indigenous aged 36 and over	3,673	2,954	300	6,927	34.7
Non-Indigenous aged 36 and over	1,143	635	22	1,800	9.0
Clients aged 36 and over Indigenous status unknown	35	15	1	51	0.3
Total	11,483	7,741	714	19,938	100.0

Note: n = 57.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E17: Number of substance-use organisations receiving referred clients, by referral source and remoteness area, 1 June 2014 to 31 May 2015

Referral sources	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Self-referred/walk-in	15	100.0	7	87.5	15	100.0	12	92.3	16	100.0	65	97.0
Family member/elder/friend	15	100.0	6	75.0	14	93.3	13	100.0	15	93.8	63	94.0
Mental health service	14	93.3	5	62.5	13	86.7	12	92.3	14	87.5	58	86.6
Aboriginal medical service	14	93.3	6	75.0	12	80.0	12	92.3	13	81.3	57	85.1
Hospital	14	93.3	5	62.5	8	53.3	12	92.3	15	93.8	54	80.6
Mainstream community health service	15	100.0	4	50.0	11	73.3	9	69.2	12	75.0	51	76.1
Mainstream drug and alcohol service	12	80.0	4	50.0	8	53.3	12	92.3	13	81.3	49	73.1
Justice system/police/court	11	73.3	6	75.0	7	46.7	11	84.6	11	68.8	46	68.7

Note: n = 67.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E18: Number of substance-use episodes of care, by remoteness area, 2008–09 to 2014–15

Remoteness area	2008–09		2009–10		2010–11		2011–12		2012–13		2013–14		2014–15	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Major cities	34,516	50.7	41,107	54.3	57,202	60.7	32,339	43.7	37,036	26.0	42,396	27.1	47,084	31.2
Inner regional	2,113	3.1	1,975	2.6	3,256	3.5	1,224	1.7	19,089	13.4	2,753	1.8	2,891	1.9
Outer regional	2,755	4.0	2,812	3.7	2,752	2.9	10,276	13.9	13,264	9.3	27,861	17.8	15,976	10.6
Remote	24,947	36.6	24,445	32.3	16,580	17.6	18,867	25.5	29,958	21.1	24,973	16.0	23,217	15.4
Very remote	3,769	5.5	5,401	7.1	14,417	15.3	11,380	15.4	42,866	30.1	58,377	37.3	61,879	41.0
Total	68,100	100.0	75,740	100.0	94,207	100.0	74,086	100.0	142,213	100.0	156,360	100.0	151,047	100.0

Notes

1. In 2014–15, the reporting period was 1 June 2014 to 31 May 2015. Before 2014–15, it was the financial year from 1 July to 30 June.
2. For 2008–09, $n = 40$. For 2009–10, $n = 44$. For 2010–11, $n = 48$. For 2011–12, $n = 50$. For 2012–13, $n = 59$. For 2013–14, $n = 46$. For 2014–15, $n = 61$.
3. This time series is affected by a few organisations with a large client base that did not report in 2011–12 but did report in 2012–13. Episodes of care numbers for 2012–13 and 2013–14 have been revised down since the last report due to data quality issues discovered in this year's collection that were also occurring in these years. Errors in the data extracted from the PIRS in a few primary health-care organisations were found.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E19: Number of substance-use episodes of care, by type of service, 1 June 2014 to 31 May 2015

Type	Episodes of care
Residential	2,932
Sobering up	14,384
Non-residential	133,731

Note: $n = 27$ (residential), $n = 12$ (sobering up residential respite), $n = 57$ (non-residential).

Source: AIHW analyses of OSR data collection, 2014–15.

Table E20: Estimated number of residential episodes of care, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	151	83	22	256	8.7
Non-Indigenous aged 0–18	5	8	0	13	0.4
Clients aged 0–18 Indigenous status unknown	1	0	0	1	0.0
Indigenous aged 19–35	834	327	24	1,185	40.4
Non-Indigenous aged 19–35	198	50	1	249	8.5
Indigenous aged 36 and over	704	265	30	999	34.1
Non-Indigenous aged 36 and over	179	47	1	227	7.7
Clients aged 36 and over Indigenous status unknown	1	1	0	2	0.1
Total	2,073	781	78	2,932	100.0

Note: $n = 27$.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E21: Estimated number of sobering-up, residential respite and short-term care episodes of care, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	33	34	0	67	0.5
Non-Indigenous aged 0–18	0	1	0	1	0.0
Clients aged 0–18 Indigenous status unknown	0	0	1	1	0.0
Indigenous aged 19–35	1,448	1,444	1,043	3,935	27.4
Non-Indigenous aged 19–35	22	2	0	24	0.2
Clients aged 19–35 Indigenous status unknown	0	0	10	10	0.1
Indigenous aged 36 and over	5,387	3,652	900	9,939	69.1
Non-Indigenous aged 36 and over	113	7	0	120	0.8
Clients aged 36 and over Indigenous status unknown	0	0	287	287	2.0
Total	7,003	5,140	2,241	14,384	100.0

Note: n = 12.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E22: Estimated number of non-residential episodes of care, by Indigenous status, age and gender, 1 June 2014 to 31 May 2015

Indigenous status	Male	Female	Gender not recorded	Total	
				Number	Per cent
Indigenous aged 0–18	6,415	5,321	100	11,836	8.9
Non-Indigenous aged 0–18	593	369	17	979	0.7
Clients aged 0–18 Indigenous status unknown	24	29	2	55	0.0
Indigenous aged 19–35	23,479	19,724	202	43,405	32.5
Non-Indigenous aged 19–35	4,071	3,164	69	7,304	5.5
Clients aged 19–35 Indigenous status unknown	31	37	0	68	0.1
Indigenous aged 36 and over	31,866	28,208	875	60,949	45.6
Non-Indigenous aged 36 and over	5,670	3,401	22	9,093	6.8
Clients aged 36 and over Indigenous status unknown	14	27	1	42	0.0
Total	72,163	60,280	1,288	133,731	100.0

Note: n = 57.

Source: AIHW analyses of OSR data collection, 2014–15.

Table E23: Health service challenges in organisations funded for substance-use services, by funding type, 1 June 2014 to 31 May 2015

Service challenges	Substance-use and primary health care		Other substance-use		Total substance-use	
	Number	Per cent	Number	Per cent	Number	Per cent
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	13	65.0	32	68.1	45	67.2
Staff retention/turnover	12	60.0	22	46.8	34	50.7
Staffing levels	9	45.0	25	53.2	34	50.7
Coordination of clinical care with other providers (e.g. hospitals)	7	35.0	21	44.7	28	41.8
Access to specialist medical services	7	35.0	17	36.2	24	35.8
Information technology	6	30.0	17	36.2	23	34.3
Appropriate health service infrastructure	13	65.0	8	17.0	21	31.3
Access to allied health services	5	25.0	14	29.8	19	28.4
Staff housing	6	30.0	13	27.7	19	28.4
Provision of care in a cross-cultural environment	2	10.0	13	27.7	15	22.4
Availability/maintenance of equipment	1	5.0	10	21.3	11	16.4
Other	3	15.0	4	8.5	7	10.4
Corporate services/administration	1	5.0	4	8.5	5	7.5
Financial management	1	5.0	—	—	1	1.5
Total	20	100.0	47	100.0	67	100.0

Note: Organisations were asked to select the top 5 health service challenges they faced in delivering quality health services.

Source: AIHW analyses of OSR data collection, 2014–15.

Appendix F: Data quality

The Online Services Report (OSR) collects organisation-level information from Aboriginal and Torres Strait Islander health organisations funded by the Australian Government. There are a number of things about the collection that should be kept in mind when using OSR data, as outlined below.

1. The organisations submitting data may change overtime

The total number of organisations submitting data changes slightly each year. Although for the most part, it is the same organisations contributing to the collection, the number of organisations may change due to changes in funding, auspicing or reporting arrangements at the local level. For example, the number of organisations submitting data in 2014–15 was 278, an increase of 9 from 2013–14 (269 organisations). However, 3 organisations reporting in 2013–14 were not in-scope in 2014–15, while 12 additional organisations (2 for primary health care, 1 for New Directions, 1 for social and emotional wellbeing services and 8 for substance-use services) were in-scope in 2014–15.

2. The organisations submitting valid data for a particular data item may change overtime

Each year some organisations have data that is partially accepted, rather than fully accepted. This is because the AIHW analyses the OSR data submitted by each organisation and does internal consistency checks and comparisons with previous submissions. Any queries about the data submitted are followed up with each organisation and they may be requested to clarify issues or to provide additional or corrected data.

Common data quality queries in the 2014–15 collection were around incomplete data and data discrepancies between two or more questions and queries were raised with most organisations (91%). Where significant data quality issues remained after follow-up then these data items were excluded from national analyses. In 2014–15, 21 (8%) organisations had data that was partially accepted. In total, 40 data items from these organisations were excluded from national analyses (see Table F1).

Table F1: Data exclusions, 2014–15

Data item	Number of issues	Number of organisations with data excluded	Total organisations	Proportion of organisations
Primary health episodes of care	4	4	202	2.0
Primary health client contacts	1	1	202	0.5
Antenatal care clients and visits	2	2	181	1.1
Child health checks	5	5	197	2.5
SEWB clients	2	2	90	2.2
SEWB episodes of care	2	2	90	2.2
Link Up clients	1	1	7	14.3
Substance use—total clients	7	7	67	10.4
Substance use—residential	3	1	67	1.5
Substance use—sobering up/respice	1	1	67	1.5
Substance use—non-residential	12	6	67	9.0
Total	40	21	278	7.6

It should also be noted that the time series analyses done each year are based on the organisations that provided valid data in each year, rather than a subset of organisations with valid data over all years.



3. Organisations may estimate some of their data

Some organisations providing primary health-care services are unable to provide exact data and provide estimates of their client numbers and episodes of care. In 2014–15, there were 27 organisations (13%), that provided an estimate of their episodes of care and 33 (16%) organisations that provided an estimate of their client numbers. This data were accepted unless the AIHW assessed that data were likely to overestimate actual numbers (see Table F1 for all data exclusions for the collection).

4. Reporting period changes

In 2014–15, the Census date for the collection was brought forward by 1 month to the 31 May 2015, rather than the 30th June 2015. This was done to allow organisations to use the PenCAT data extraction tool, which would not be available for OSR reporting after 30 June 2015. Organisations were still asked to provide data for a 12 month period (1 June 2014 to 31 May 2015) to enable time series analyses. However, this meant that data for June 2014 may have been reported in both the 2013–14 and 2014–15 collections for clients, contacts and episodes of care. Nevertheless, comparing 2013–14 and 2014–15 data did not show any obvious underreporting for any data items at the national level.

5. Additional data validation

In 2014–15, some additional validation checks were added to the collection. One such check suggested that some substance-use counts (mainly non-residential), were being extracted incorrectly from the Patient Information and Recall System (PIRS) of a few organisations. This was largely an issue with non-residential substance-use client and episode of care numbers extracted from one type of PIRS. Where substance-use data for these organisations could not be corrected, they were excluded from national analyses. This resulted in excluding substance-use client data for 8 organisations and substance-use episodes of care data for 7 organisations in 2014–15. To enable valid time series analyses, the substance-use data extracted by these organisations in previous years were also investigated. It appears that non-residential substance-use data submitted for the previous two OSR collections for these organisations were also inflated due to this PIRS extraction error. For time series analyses in this report, data from these organisations were revised for 2012–13 and 2013–14.

6. Other issues

There have been other changes to the collection overtime that are worth noting:

- In 2012–13, following a review of the OSR collection, a revised collection instrument was introduced that subdivided the questionnaire into modules for ease of completion. The wording and response categories of some existing questions also changed, which resulted in a break in time series data for some questions (see Table F2 for a list of major changes).
- From 2012–13, the collection was assisted by the introduction of the PenCAT audit tool and OCHREStreams online reporting facilities. This meant some questions could be pre-populated directly from an organisation's PIRS. This was designed to improve the data quality and ease of reporting for organisations; however, there may also be some differences in numbers for some organisations as a result of this. It should also be noted that organisations can overwrite this pre-population function and that not all organisations use this facility.



Table F2: Changes to the OSR questionnaire in 2012–13

Items	Details	Notes
Accreditation	The category of 'not accredited' was no longer collected.	The 2012–13 questionnaire asked whether a health organisation was accredited with RACGP or organisational standards. It did not ask whether an organisation was accredited with other standards or did not have accreditation.
Clinical health activities	A few types of activities were no longer collected, such as: <ul style="list-style-type: none"> • outreach clinic services • interpreting services • immunisation and vaccination registers • maintains health registers. 	
Population health programs	A few types of programs were no longer collected, such as: <ul style="list-style-type: none"> • regularly organise pneumococcal immunisations • routinely organise influenza immunisations • dietary and nutrition programs • child growth monitoring. 	The 2012–13 questionnaire collected data on population health programs at the organisational level, which previously were collected only for primary health-care organisations.
Screening programs	Most programs were no longer collected, such as, eye screening and renal screening.	
Community services	A few types of services were no longer collected, such as: <ul style="list-style-type: none"> • school-based activities • medical evacuation services • youth camps. 	The 2012–13 questionnaire collected data on advocacy, planning and policy, research and cultural promotion activities at the organisation level, which previously were collected only for primary health-care organisations.

Finally, it should also be noted that the quality of OSR data submitted by organisations depends on whether they are able to record data correctly, have sufficient management resources to support the data collection and can use their PIRS, the PenCAT audit tool and OCHREStreams online reporting facilities effectively.

Further information on the collection can be found on the AIHW's METeOR website <<http://meteor.aihw.gov.au/content/index.phtml/itemId/623095>>.



Appendix G: Workforce

This appendix provides a list of staff included in the OSR collection.

General and other staff

Chief Executive Officer (CEO)

Manager or supervisor

Driver or field officer

Finance and accounting staff

Administrative and clerical staff

IT and data management staff

Cleaner, security or other support staff

Administrative or support trainees

Health professionals or workers

Aboriginal and Torres Strait Islander health worker (AHW)

Aboriginal and Torres Strait Islander health practitioner (AHP)

Doctor or general practitioner (GP)

Nurse or midwife

Substance misuse or drug and alcohol worker

Tobacco worker or coordinator

Dentists or dental therapists

Dental support (for example, dental assistant, dental technician)

Sexual health worker

Outreach worker

Traditional healer

Environmental health worker or officer

Medical specialist (for example, paediatrician, endocrinologist, ophthalmologist, obstetrician or gynaecologist, ear, nose and throat specialist, cardiologist; renal medicine specialist, psychiatrist, dermatologist, surgeon)

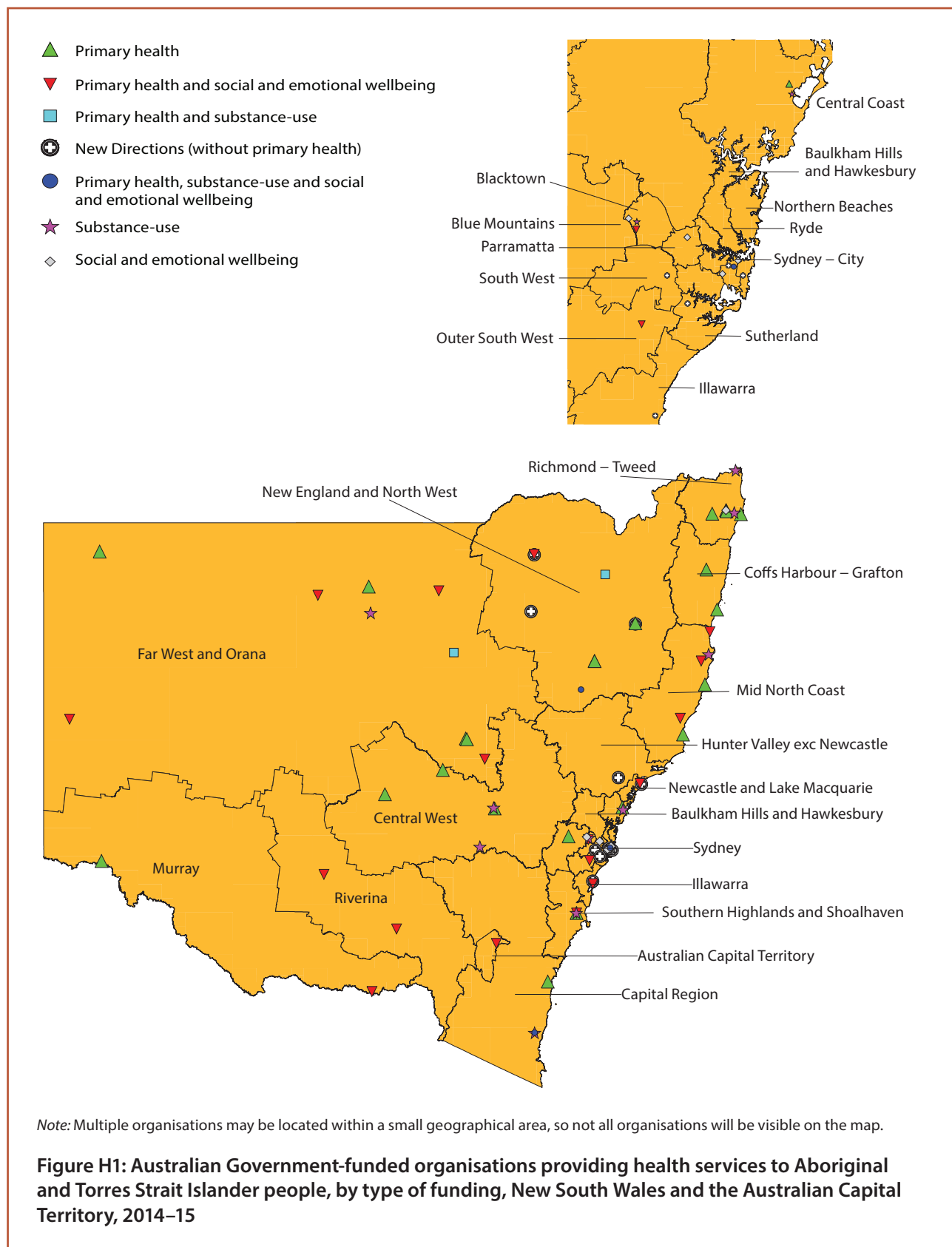
Social and emotional wellbeing staff or counsellor (for example, psychologist, counsellor, social worker, welfare worker, Link Up caseworker)

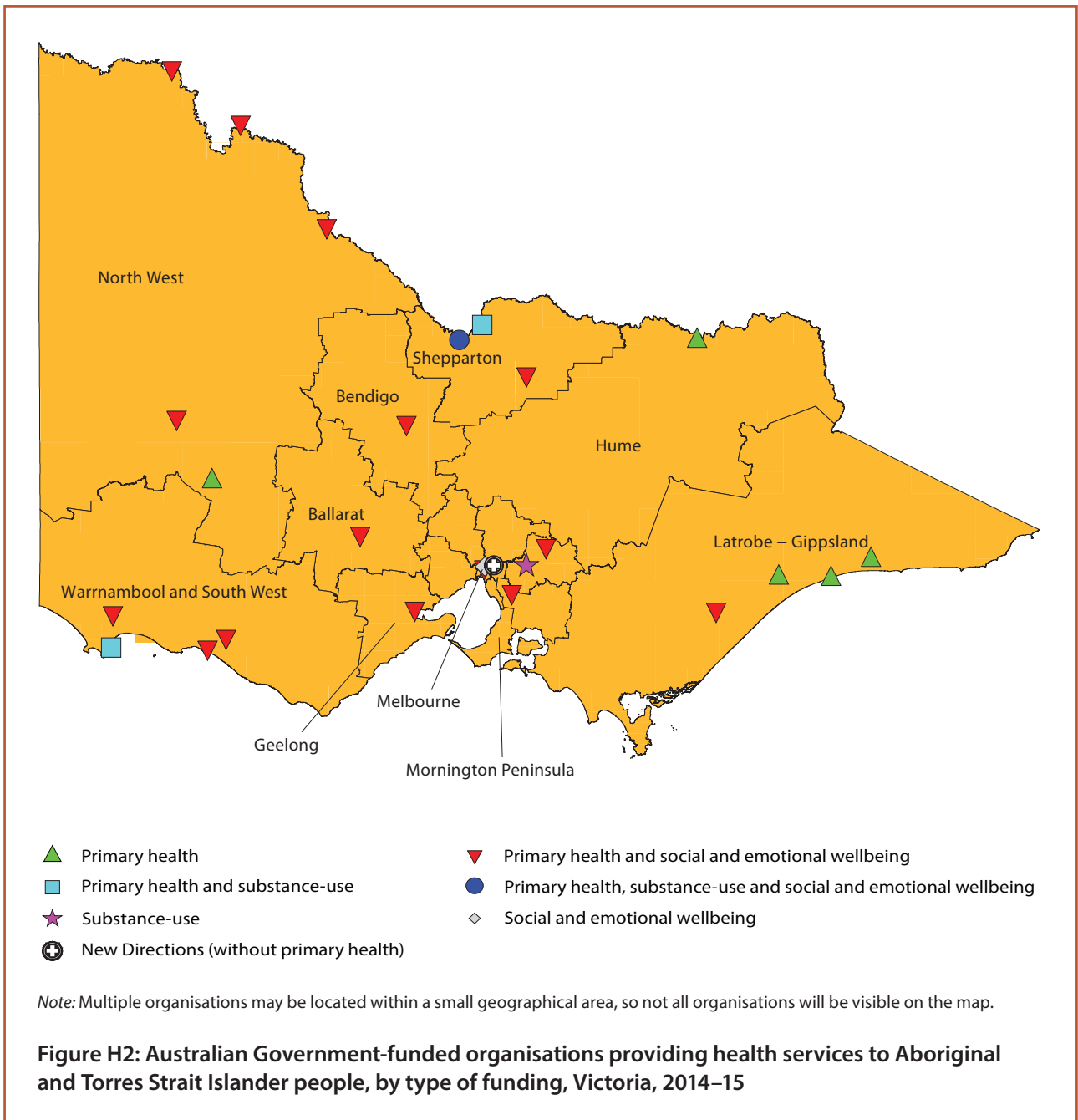
Allied health professional (for example, audiologist or audiometrist, diabetes educator, dietician, optometrist, pharmacist, physiotherapist, podiatrist, speech pathologist)

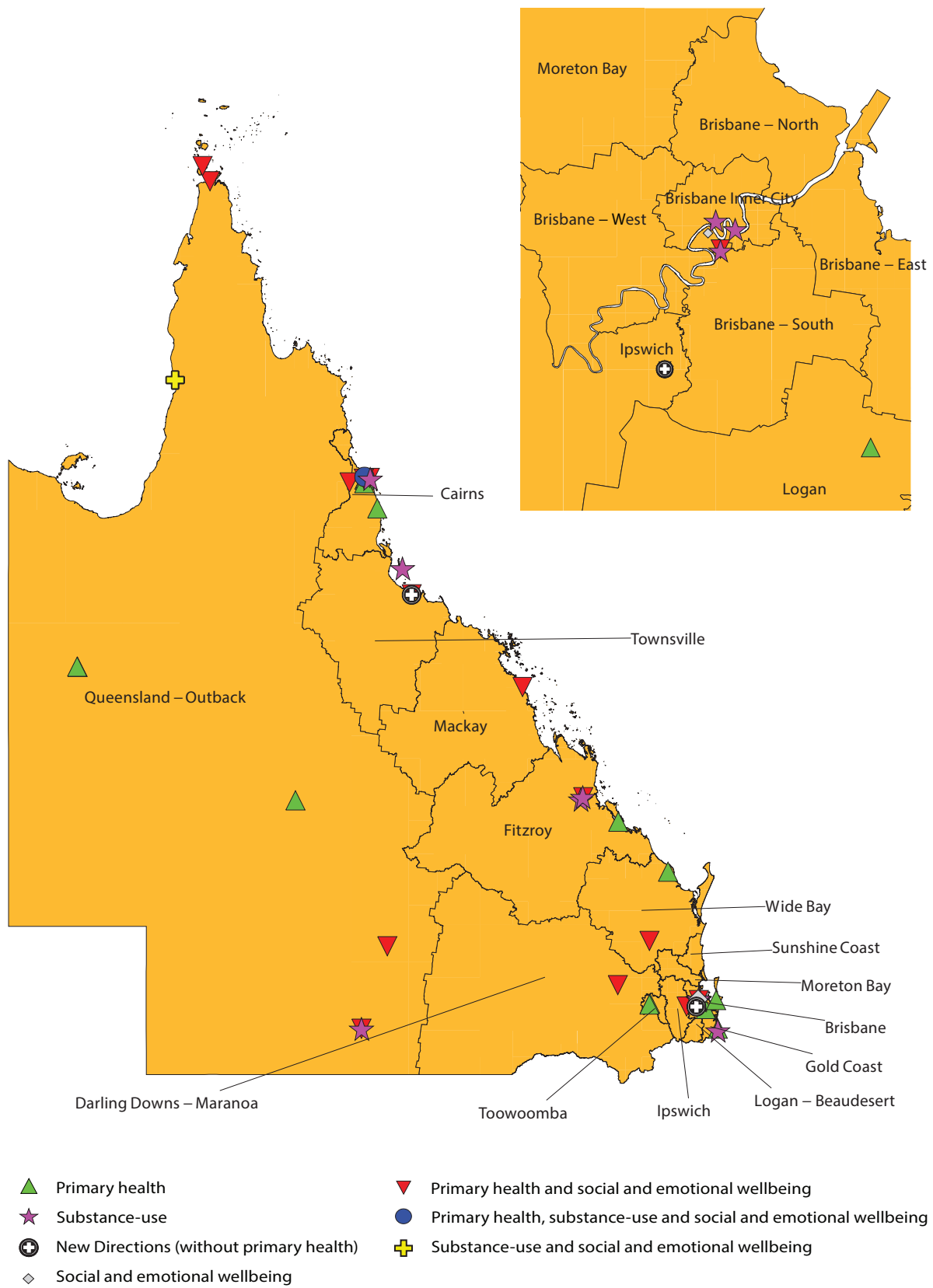
Health promotion or prevention worker

Training or trainee position

Appendix H: Maps of organisations for states and territories







Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

Figure H3: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, by type of funding, Queensland, 2014-15

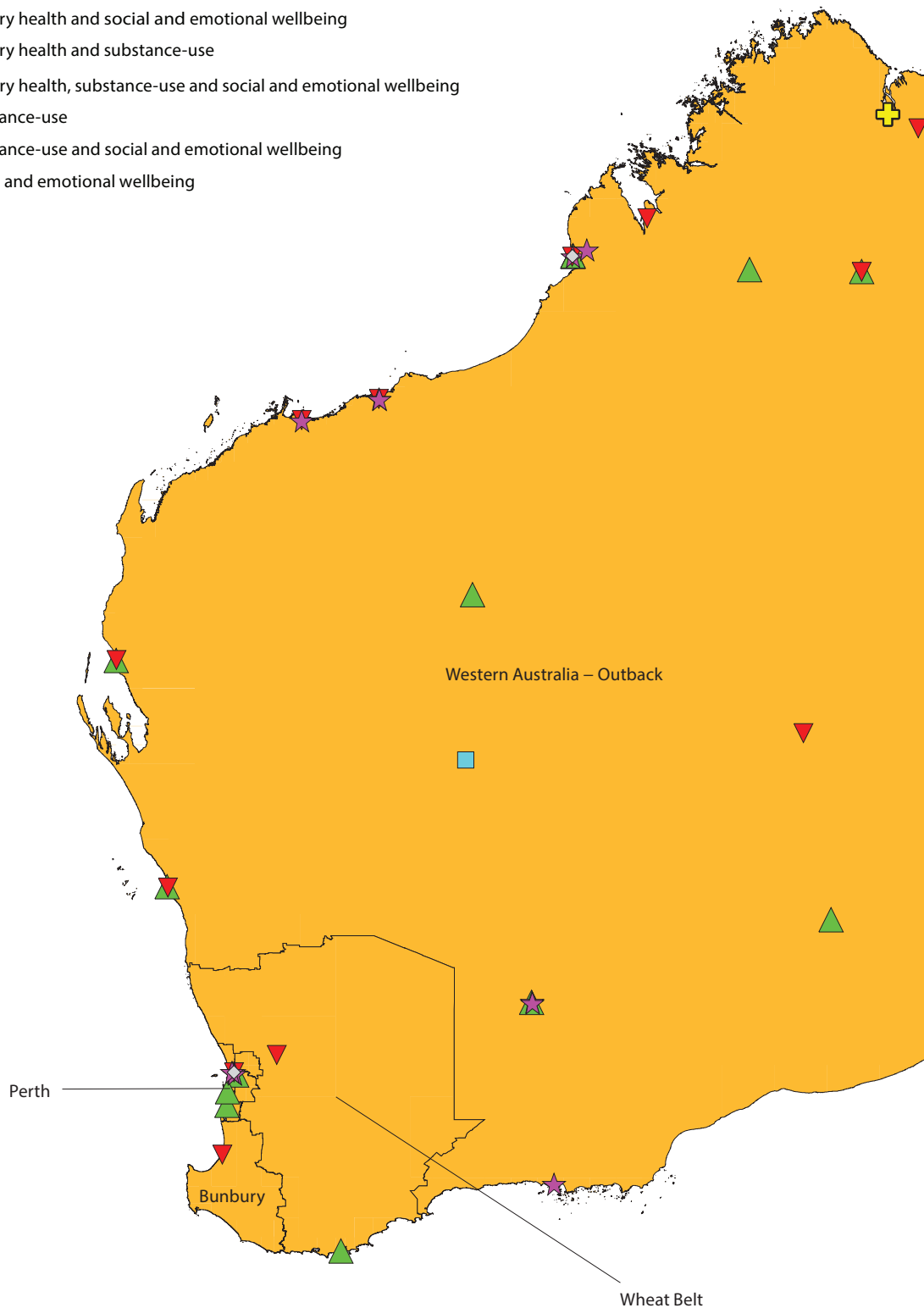


- ▲ Primary health
- ★ Substance-use
- ⊕ New Directions (without primary health)
- ▼ Primary health and social and emotional wellbeing
- Primary health, substance-use and social and emotional wellbeing
- ⊕ Substance-use and social and emotional wellbeing

Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

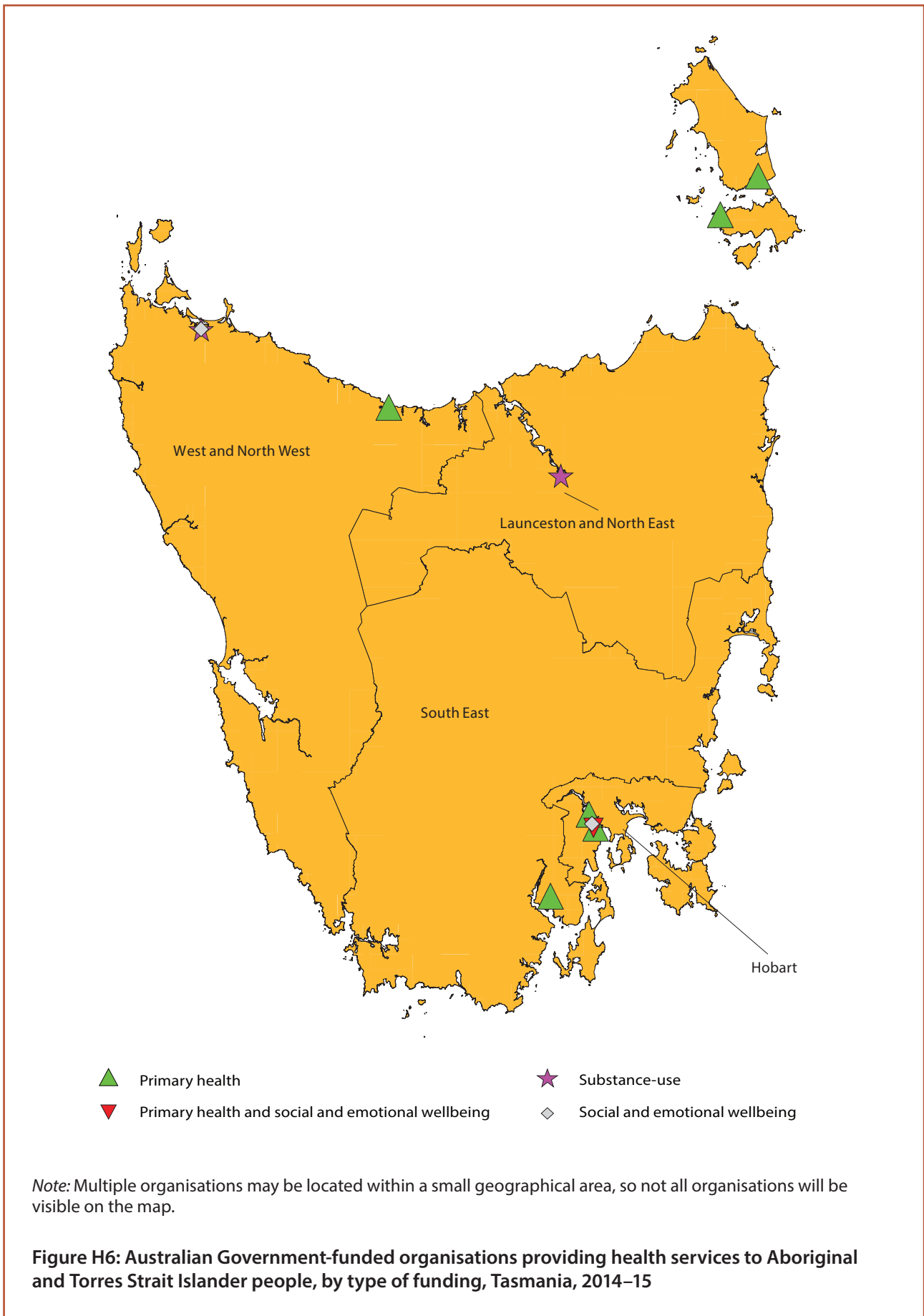
Figure H4: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, by type of funding, South Australia, 2014–15

- ▲ Primary health
- ▼ Primary health and social and emotional wellbeing
- Primary health and substance-use
- Primary health, substance-use and social and emotional wellbeing
- ★ Substance-use
- ⊕ Substance-use and social and emotional wellbeing
- ◇ Social and emotional wellbeing



Note: Multiple organisations may be located within a small geographical area, so not all organisations will be visible on the map.

Figure H5: Australian Government-funded organisations providing health services to Aboriginal and Torres Strait Islander people, by type of funding, Western Australia, 2014–15





Appendix I: List of organisations

This appendix lists the 278 organisations that contributed to the 2014–15 OSR collection.

Table I1: OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited	Qld	Major cities
Aboriginal Alcohol and Drug Service (AADS) Incorporated	WA	Major cities
Aboriginal Child Family and Community Care State Secretariat (NSW) Incorporated	NSW	Major cities
Aboriginal Medical Service Co-operative Limited	NSW	Major cities
Aboriginal Medical Service Western Sydney Co-operative Limited	NSW	Major cities
Aboriginal Sobriety Group Incorporated	SA	Major cities
Aboriginal and Torres Strait Islanders Community Health Service Limited (Mackay)	Qld	Inner regional
Albury Wodonga Aboriginal Health Service Incorporated	NSW	Inner regional
Amoonguna Community Health Service	NT	Remote
Ampilatwatja Health Centre Aboriginal Corporation	NT	Very remote
Anglicare WA Incorporated	WA	Major cities
Anyinginyi Health Aboriginal Corporation	NT	Very remote
Apunipima Cape York Health Council Aboriginal Corporation	Qld	Outer regional
Armajun Aboriginal Health Service	NSW	Very remote
Armidale Child and Family Team, Armidale Community Health Service (HNELHD)	NSW	Inner regional
Awabakal Newcastle Aboriginal Co-operative Limited	NSW	Major cities
Ballarat and District Aboriginal Co-operative	Vic	Inner regional
Balunu Foundation Limited	NT	Outer regional
Baptist Union of New South Wales: Hope Street	NSW	Major cities
Barkly Region Alcohol and Drug Abuse Advisory Group Incorporated	NT	Very remote
Bega Garnbirringu Health Service Aboriginal Corporation	WA	Outer regional
Bendigo and District Aboriginal Co-Operative	Vic	Inner regional
Benelong's Haven Limited	NSW	Outer regional
Bentley-Armadale Medicare Local	WA	Major cities
Bidgerdii Aboriginal and Torres Strait Islanders Corporation Community Health Service Central Queensland Region	Qld	Inner regional
Binjari Community Health Service	NT	Remote
Biripi Aboriginal Corporation Medical Centre	NSW	Inner regional
Birra-Li Aboriginal Maternal, Infant and Child Health Service (HNELHD)	NSW	Inner regional
Bloodwood Tree Association	WA	Remote
Boab Health Services	WA	Remote

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Bourke Aboriginal Health Service	NSW	Remote
Brewarrina Aboriginal Health Service	NSW	Remote
Broome Regional Aboriginal Medical Service	WA	Remote
Budja Aboriginal Co-operative	Vic	Outer regional
Bugalwena General Practice	NSW	Inner regional
Bulgarr Ngaru Medical Aboriginal Corporation	NSW	Inner regional
Bullinah Aboriginal Health Service	NSW	Inner regional
Bushmob Incorporated	NT	Remote
Cairns and Hinterland Hospital and Health Service	Qld	Outer regional
Cape Barren Island Aboriginal Association Incorporated	Tas	Very remote
Carnarvon Medical Service Aboriginal Corporation	WA	Remote
Casino Aboriginal Medical Service	NSW	Inner regional
Ceduna/Koonibba Aboriginal Health Service (Aboriginal Corporation)	SA	Very remote
Central Australian Aboriginal Alcohol Programmes Unit	NT	Remote
Central Australian Aboriginal Congress Incorporated	NT	Remote
Central Queensland Indigenous Development Limited	Qld	Inner regional
Central and North West Queensland Medicare Local	Qld	Outer regional
Centrecare Incorporated	WA	Major cities
Cessnock/Kurri Kurri Community Health Service (HNELHD)	NSW	Inner regional
Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited	Qld	Remote
Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Limited	Qld	Inner regional
Circular Head Aboriginal Corporation	Tas	Outer regional
Condobolin Aboriginal Health Service Incorporated	NSW	Outer regional
Coomealla Health Aboriginal Corporation	NSW	Outer regional
Coonamble Aboriginal Health Service Incorporated	NSW	Remote
Cornerstone Youth Services	Tas	Inner regional
Council for Aboriginal Alcohol Program Services Incorporated	NT	Outer regional
Cummeragunja Housing and Development Aboriginal Corporation	Vic	Inner regional
Cunnamulla Aboriginal Corporation for Health	Qld	Very remote
Dandenong and District Aborigines Co-operative Limited—Bunurong Health Service	Vic	Major cities
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	NT	Outer regional
Darling Downs Shared Care Incorporated (T/A Carbal Medical Centre)	Qld	Inner regional
Darrimba Maarra	NSW	Outer regional
Department of Health and Human Services	Tas	Inner regional

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Derbarl Yerrigan Health Service Incorporated	WA	Major cities
Derby Aboriginal Health Service	WA	Very remote
Dhauwurd-Wurrung Elderly and Community Health Service Incorporated	Vic	Outer regional
Drug and Alcohol Services Association Alice Springs Incorporated	NT	Remote
Drug and Alcohol Services SA—Ceduna	SA	Very remote
Drug and Alcohol Services SA—Port Augusta	SA	Very remote
Dubbo Aboriginal Medical Service	NSW	Outer regional
Dunjiba Community Council	SA	Very remote
Durri Aboriginal Corporation Medical Services	NSW	Inner regional
Eagle EDGE Solutions Inc	Qld	Very remote
Eyre Region (CHSALHN)	SA	Outer regional
Flinders Island Aboriginal Association Incorporated	Tas	Very remote
Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties Corporation	NT	Outer regional
GP Down South General Practice Network	WA	Inner regional
Galambila Aboriginal Health Service Incorporated	NSW	Inner regional
Gallang Place Aboriginal and Torres Strait Islander Corporation	Qld	Major cities
Geraldton Regional Aboriginal Medical Service	WA	Outer regional
Gindaja Treatment and Healing Indigenous Corporation	Qld	Outer regional
Gippsland and East Gippsland Aboriginal Co-operative Limited	Vic	Outer regional
Gold Coast Drug Council Incorporated	Qld	Major cities
Goldfields Midwest Medicare Local	WA	Outer regional
Goolburri Aboriginal Health Advancement Company Limited	Qld	Inner regional
Goolum Aboriginal Co-operative	Vic	Outer regional
Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services	Qld	Inner regional
Great Southern Aboriginal Health Service (WACHS)	WA	Outer regional
Griffith Aboriginal Medical Service Incorporated	NSW	Inner regional
Gunditjmara Aboriginal Co-operative	Vic	Inner regional
Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation	Qld	Very remote
Hills Mallee Southern Regional Health Service	SA	Very remote
Holyoake Australian Institute for Alcohol and Drug Addiction Resolutions Incorporated	WA	Major cities
Illawarra Aboriginal Medical Service Aboriginal Corporation	NSW	Major cities
Illawarra Shoalhaven Local Health District	NSW	Inner regional
Inala Indigenous Health Service	Qld	Major cities
Independent Practitioners Network (IPN) Pty Limited	Qld	Outer regional

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Indigenous Wellbeing Centre Limited	Qld	Inner regional
Institute for Urban Indigenous Health Limited	Qld	Major cities
Kalano Community Association Incorporated	NT	Remote
Kalwun Health Service	Qld	Major cities
Kambu Aboriginal and Torres Strait Islander Corporation for Health	Qld	Major cities
Karadi Aboriginal Corporation	Tas	Inner regional
Katherine West Health Board Aboriginal Corporation	NT	Remote
Katungul Aboriginal Corporation Community and Medical Services	NSW	Outer regional
Kimberley Aboriginal Medical Services Council Incorporated	WA	Remote
Kimberley Community Drug Service Team	WA	Very remote
Kimberley Population Health Unit (Fitzroy Crossing Healthy For Life) (WACHS)	WA	Very remote
Kimberley Region (West Kimberley)—Sexual Health (WACHS)	WA	Very remote
Kimberley Region—Primary Health Care (WACHS)	WA	Very remote
Kimberley Stolen Generation Aboriginal Corporation	WA	Remote
Kirrae Health Service Incorporated	Vic	Inner regional
Krurungal – Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing	Qld	Major cities
Lake Tyers Health and Children Services Association Incorporated	Vic	Outer regional
Laynhapuy Homelands Aboriginal Corporation	NT	Very remote
Link-Up (NSW) Aboriginal Corporation	NSW	Major cities
Link-Up (Queensland) Aboriginal Corporation	Qld	Major cities
Maari Ma Health Aboriginal Corporation—Broken Hill and Wilcannia	NSW	Outer regional
Mamu Health Service Ltd. Innisfail	Qld	Outer regional
Marrin Weejali Aboriginal Corporation	NSW	Major cities
Marthakal Homeland and Resource Centre Association	NT	Very remote
Mawarnkarra Health Service	WA	Very remote
Mercy Public Hospitals Incorporated	Vic	Major cities
Mid North – Port Pirie (CHSALHN)	SA	Outer regional
Midwest Region (Carnarvon) (WACHS)	WA	Remote
Midwest Region (Gascoyne) (WACHS)	WA	Very remote
Mildura Aboriginal Corporation	Vic	Outer regional
Milingimbi and Outstations Progress and Resource Association Incorporated	NT	Very remote
Milliya Rumurra Aboriginal Corporation	WA	Remote
Miwatj Health—Gunyangara Clinic	NT	Very remote
Miwatj Health—Ngalkanbuy Health Centre	NT	Very remote
Miwatj Health—Nhulunbuy Clinic	NT	Very remote

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Miwatj Health—Yirrkala Health Centre	NT	Very remote
Moogji Aboriginal Council East Gippsland Incorporated	Vic	Outer regional
Mookai Rosie-Bi-Bayan Aboriginal and Torres Strait Islander Corporation	Qld	Outer regional
Moree Community Health Service (HNELHD)	NSW	Inner regional
Mount Isa Aboriginal Community Controlled Health Services Limited	Qld	Remote
Mpwelarre Health Aboriginal Corporation	NT	Remote
Mulungu Aboriginal Corporation Medical Service	Qld	Outer regional
Mungabareena Aboriginal Corporation	Vic	Inner regional
Murdi Paaki Drug and Alcohol Network (The Lyndon Community)	NSW	Inner regional
Murray Valley Aboriginal Co-operative (Robinvale)	Vic	Outer regional
Mutijulu Community Health Service	NT	Very remote
NPA Family and Community Services Aboriginal and Torres Strait Islander Corporation	Qld	Very remote
NT Department of Health – Alpururulam Community Health Centre	NT	Very remote
NT Department of Health – Amunturrngu Community Health Centre	NT	Very remote
NT Department of Health – Angurugu Community Health Centre	NT	Very remote
NT Department of Health – Aputula Community Health Centre	NT	Very remote
NT Department of Health – Atitjere Community Health Centre	NT	Very remote
NT Department of Health – Belyuen Community Health Centre	NT	Remote
NT Department of Health – Bonya Community Health Centre	NT	Very remote
NT Department of Health – Borrooloola Community Health Centre	NT	Very remote
NT Department of Health – Engawala Community Health Centre	NT	Very remote
NT Department of Health – Gapuwiyak Community Health Centre	NT	Very remote
NT Department of Health – Gunbalanya Community Health Centre	NT	Very remote
NT Department of Health – Ikuntji Community Health Centre	NT	Very remote
NT Department of Health – Imanpa Community Health Centre	NT	Very remote
NT Department of Health – Julanimawu (Nguuu) Community Health Centre	NT	Remote
NT Department of Health – Laramba Community Health Centre	NT	Very remote
NT Department of Health – Maningrida Community Health Centre	NT	Very remote
NT Department of Health – Milikapiti Community Health Centre	NT	Very remote
NT Department of Health – Milyakburra Community Health Centre	NT	Very remote
NT Department of Health – Nyirripi Community Health Centre	NT	Very remote
NT Department of Health – Palumpa Community Health Centre	NT	Remote
NT Department of Health – Papunya Community Health Centre	NT	Very remote
NT Department of Health – Peppimenarti Community Health Centre	NT	Very remote
NT Department of Health – Pirlangimpi Community Health Centre	NT	Very remote

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
NT Department of Health – Ramingining Community Health Centre	NT	Very remote
NT Department of Health – Robinson River Community Health Centre	NT	Very remote
NT Department of Health – Tara Community Health Centre	NT	Very remote
NT Department of Health – Ti Tree Community Health Centre	NT	Very remote
NT Department of Health – Titjikala Community Health Centre	NT	Very remote
NT Department of Health – Wadeye Community Health Centre	NT	Remote
NT Department of Health – Willowra Community Health Centre	NT	Very remote
NT Department of Health – Yuelamu Community Health Centre	NT	Very remote
NT Department of Health – Yuendumu Community Health Centre	NT	Very remote
NT Stolen Generations Aboriginal Corporation	NT	Outer regional
Namatjira Haven Limited	NSW	Inner regional
Narrabri Community Health Service (HNELHD)	NSW	Inner regional
Nepean-Blue Mountains Medicare Local	NSW	Major cities
New England Medicare Local (Northern Network)	NSW	Inner regional
Ngaanyatjarra Health Service	WA	Very remote
Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council Aboriginal Corporation	NT	Remote
Ngaimpe Aboriginal Corporation (The Glen)	NSW	Major cities
Nganampa Health Council Incorporated	SA	Very remote
Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation	WA	Very remote
Ngnowar-Aerwah Aboriginal Corporation	WA	Very remote
Ngunytju Tjitji Pirni Aboriginal Corporation	WA	Outer regional
Ngwala Willumbong Co-operative Limited	Vic	Major cities
Nhulundu Wooribah Indigenous Health Organisation Incorporated	Qld	Inner regional
Nindilingarri Cultural Health Services	WA	Very remote
Njernda Aboriginal Corporation	Vic	Inner regional
North Coast NSW Medicare Local – Gurgun Bulahnggelah Aboriginal Health	NSW	Inner regional
Northern NSW Local Health District	NSW	Inner regional
Northern Territory AIDS and Hepatitis Council Incorporated	NT	Outer regional
Nunkuwarrin Yunti Incorporated	SA	Major cities
Nunyara Aboriginal Health Service Incorporated	SA	Outer regional
Oak Valley (Maralinga) Incorporated	SA	Very remote
On Track Community Programs Limited	NSW	Major cities
Orana Haven Aboriginal Corporation	NSW	Very remote
Orange Aboriginal Medical Service	NSW	Inner regional

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Ord Valley Aboriginal Health Service Aboriginal Corporation	WA	Remote
Palmerston Association Incorporated	WA	Major cities
Pangula Mannamurna Incorporated	SA	Inner regional
Paupiyala Tjarutja Aboriginal Corporation	WA	Very remote
Peak Hill Aboriginal Medical Service Incorporated	NSW	Outer regional
Pika Wiya Health Service Aboriginal Corporation	SA	Outer regional
Pintupi Homelands Health Service	NT	Very remote
PiusX Aboriginal Corporation	NSW	Outer regional
Pormpur Paanth Aboriginal Corporation	Qld	Very remote
Port Augusta Substance Misuse Service – Mobile Assistance Patrol Service	SA	Outer regional
Port Lincoln Aboriginal Health Service Incorporated	SA	Remote
Puntuturnu Aboriginal Medical Service Aboriginal Corporation	WA	Very remote
Queensland Aboriginal and Torres Strait Islanders Corporation for Alcohol and Drug Dependence Services	Qld	Major cities
Ramahyuck and District Aboriginal Corporation	Vic	Inner regional
Rekindling The Spirit Limited	NSW	Inner regional
Relationships Australia Tasmania	Tas	Inner regional
Riverina Medical and Dental Aboriginal Corporation	NSW	Inner regional
Riverland Region (CHSALHN)	SA	Outer regional
Royal Flying Doctor Service of Australia (Queensland Section)	Qld	Remote
Royal Hospital for Women (Malabar Community midwifery Link Service)	NSW	Major cities
Rumbalara Aboriginal Co-operative	Vic	Inner regional
South Coast Medical Service Aboriginal Corporation	NSW	Inner regional
South Coastal Women’s Health Services Association Incorporated	WA	Major cities
South East Tasmanian Aboriginal Corporation	Tas	Outer regional
South West Aboriginal Medical Service Aboriginal Corporation	WA	Inner regional
South Western Sydney Local Health District	NSW	Major cities
Southern NSW Medicare Local	NSW	Inner regional
St George/Sutherland (Narrangy-Booris Menai Service)	NSW	Major cities
Sunrise Health Service Aboriginal Corporation	NT	Remote
Swan Hill Aboriginal Health Service	Vic	Outer regional
Sydney Local Health District	NSW	Major cities
Tamworth Aboriginal Medical Service	NSW	Inner regional
Tasmania Medicare Local (North West Branch)	Tas	Outer regional
Tasmanian Aboriginal Centre Incorporated	Tas	Inner regional
Tharawal Aboriginal Corporation	NSW	Major cities

continued

Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
The Gumbi-Gumbi Aboriginal and Torres Strait Islanders Corp	Qld	Inner regional
The Oolong Aboriginal Corporation	NSW	Inner regional
The Uniting Church In Australia Property Trust (Q.)	Qld	Major cities
Tobwabba Aboriginal Medical Service Incorporated	NSW	Outer regional
Torres and Cape Hospital and Health Service	Qld	Very remote
Townsville Aboriginal and Torres Strait Islanders Health Services Limited	Qld	Outer regional
Townsville-Mackay Medicare Local	Qld	Outer regional
Tullawon Health Service Incorporated	SA	Very remote
Umoona Tjutagku Health Service Aboriginal Corporation	SA	Very remote
Uniting Care Children Young People and Families	NSW	Inner regional
Urapuntja Health Service Aboriginal Corporation	NT	Very remote
Utju Medical Service	NT	Very remote
Victorian Aboriginal Child Care Agency Co-operative Limited	Vic	Major cities
Victorian Aboriginal Health Service Co-operative Limited	Vic	Major cities
WA Country Health Service – Goldfields	WA	Outer regional
WA Country Health Service – Pilbara	WA	Remote
Walgett Aboriginal Medical Services Co-operative Limited	NSW	Remote
Walhallow Aboriginal Corporation	NSW	Outer regional
Waminda South Coast Women’s Health and Welfare Aboriginal Corporation	NSW	Inner regional
Wandarma Aboriginal Drug and Alcohol Service – Bega and Region (The Lyndon Community)	NSW	Outer regional
Warlpiri Youth Development Aboriginal Corporation	NT	Very remote
Wathaurong Aboriginal Co-operative	Vic	Major cities
Weigelli Centre Aboriginal Corporation	NSW	Outer regional
Wellington Aboriginal Corporation Health Service	NSW	Outer regional
Werin Medical Centre (Port Macquarie)	NSW	Outer regional
Western Aranda Health Aboriginal Corporation (WAHAC)	NT	Very remote
Western NSW Local Health District	NSW	Inner regional
Wheatbelt Aboriginal Health Service	WA	Outer regional
Whyalla Flinders and Far North (CHSALHN)	SA	Outer regional
Winda Mara Aboriginal Corporation	Vic	Outer regional
Winnunga Nimmityjah Aboriginal Health Clinic/Health Service Incorporated (ACT)	ACT	Major cities
Wirraka Maya Health Services Aboriginal Corporation	WA	Remote
Wuchopperen Health Service (Reef House)	Qld	Outer regional
Wurli Wurlinjang Aboriginal Corporation	NT	Remote

continued



Table I1 (continued): OSR organisations^(a), by state and territory and remoteness area, 2014–15

Organisation name	State/territory	Remoteness area
Yaandina Family Centre Incorporated	WA	Very remote
Yarra Valley Community Health Service (Eastern Health)	Vic	Inner regional
Yerin Aboriginal Health Services Incorporated	NSW	Major cities
Yorgum Aboriginal Corporation	WA	Major cities
Yorke Peninsula Health Service (CHSALHN)	SA	Outer regional
Yulu-Burri-Ba Aboriginal Corporation for Community Health	Qld	Outer regional
Yura Yungi Medical Service Aboriginal Corporation	WA	Very remote

- (a) As advised by the Department of Health. This does not include every organisation that received Australian Government funding, as not all organisations were part of the OSR collection.

Glossary

Aboriginal Community Controlled Health Organisations (ACCHOs): Health-care services operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health care to the communities and controlled through a locally elected board of management. They range from large services with several medical practitioners who provide a range of services, to small services that rely on nurses and/or Aboriginal health workers to provide most services. For more information see <www.naccho.org.au>.

Aboriginal and Torres Strait Islander health worker (AHW): An Aboriginal and/or Torres Strait Islander person with a minimum qualification in the field of primary health-care work or clinical practice. This includes Aboriginal and Torres Strait Islander health practitioners (AHP) who are one speciality stream of health worker. AHWs liaise with patients, clients and visitors to hospitals and health clinics, and work as a team member to arrange, coordinate and provide health-care delivery in community health clinics.

Aboriginal and Torres Strait Islander health practitioner (AHP): An AHP has completed a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) and is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. An AHP may undertake higher levels of clinical assessment and care within their agreed scope of practice. This role became nationally registered from 1 July 2013 under the National Registration and Accreditation Scheme for health professions.

Accessibility/Remoteness Index of Australia (ARIA): ARIA measures the remoteness of a point based on the physical road distances to the nearest urban centre in each of 5 size classes. Therefore, not all remoteness areas are represented in each state or territory.

There are 6 remoteness areas in this structure:

- *Major cities*—collection districts (CDs) with an average ARIA index value of between 0 and less than or equal to 0.2
- *Inner regional areas*—CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional areas*—CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote areas*—CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote areas*—CDs with an average ARIA index value greater than 10.53
- *Migratory*—composed of offshore, shipping and migratory CDs.

For more information, see ABS (2006).

allied health professionals: Professionals working in audiology, dietetics and nutrition, hospital pharmacy, occupational therapy, orthoptics, orthotics and prosthetics.

Australian Standard Geographical Classification (ASGC): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGC was implemented in 1984 and the final release was in 2011. It has been replaced by the Australian Statistical Geography Standard (ASGS).

client: The number of individuals receiving health care by an organisation during the collection period. Each individual is counted as a client once only, regardless of how many times they are seen. Visitors and transient clients are included in client counts, but any clients attending group activities only that do not receive individual care, are excluded.

client contacts: A summation of the individual client contacts that were made by each type of worker involved in the provision of health care by the service.

episode of health care: Contact between an individual client and a service by 1 or more staff members to provide health care.

first Stolen Generation clients: Clients who were removed from their families and communities.

full-time equivalent (FTE): A standard measure of the size of a workforce that takes into account both the number of workers and the hours that each works. For example, if a workforce comprises 2 people



working full time 35 hours a week and 2 working half time, this is the same as 3 working full time—an FTE of 3.

Indigenous: A person of Australian Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander.

medical specialists: Medical practitioners who are registered as specialists under a law of state or territory or recognised as specialists or consultant physicians by a specialist recognition advisory committee, such as paediatricians, ophthalmologists, cardiologists, ear, nose and throat specialists, obstetricians and surgeons.

non-Indigenous: A person who has declared they are not of Aboriginal and/or Torres Strait Islander descent.

non-residential service: Substance-use services that offer substance-use treatment, rehabilitation and/or education for clients predominately without the option of residing in-house.

non-residential, follow-up or after-care episode of care: Care provided to a client not in residential care, such as substance-use counselling, assessment, treatment, education, support or follow-up from residential services.

program: A planned, regular activity organised by a service.

remoteness structure: One of 7 geographical structures listed in the Australian Standard Geographic Classification (ASGC). Its purpose is to classify collection districts (CDs) that share common characteristics of remoteness into broad geographical regions called remoteness areas. Each state and territory is divided into several regions based on their relative accessibility to goods and services (such as general practitioners, hospitals and specialist care) as measured by road distance. These regions are based on the Accessibility/Remoteness Index of Australia (ARIA).

residential service: Drug and alcohol services that offer temporary, live-in accommodation for clients requiring substance-use treatment and rehabilitation.

residential treatment or rehabilitation episode of care: Commences at admission into residential treatment or rehabilitation and ends at discharge.

second Stolen Generation clients: Those clients whose parent(s) are first Stolen Generation members.

shared care: Where care is shared between practitioners and/or services in a formalised arrangement with an agreed plan to manage the patient. Details surrounding this arrangement depend on the practitioner involved, patient needs and the health-care context.

Sobering up or residential respite clients: Clients who are in residential care overnight to sober up, or those who stay in residential care for 1 to 7 days for respite, and who do not receive formal rehabilitation.

Sobering up, residential respite or short-term episode of care: Commences at admission into a sobering up, residential respite or short-term care program and ends at discharge. One episode of care can last 1–7 days.

social and emotional wellbeing and Link Up counsellors: Counsellors who provide a support service to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited. Counsellors, who at commencement of employment, or within 12 months of commencing employment, possess formal tertiary or vocational qualifications to a minimum of a Certificate IV qualification from a nationally recognised course of study in counselling, social work, mental health, or a related area.

social and emotional wellbeing (SEWB) staff: These include (but are not limited to) psychologists, counsellors, mental health workers, social workers and welfare workers.

Tackling Smoking and Healthy Lifestyle program: Program funded by the Australian Government focusing on health promotion around smoking and healthy lifestyles to help close the gap between the health of Indigenous Australians and non-Indigenous Australians, and to reduce chronic disease in Aboriginal people. The team is made up of regional tobacco action workers and healthy lifestyle workers, and all are trained outreach Aboriginal health workers.

third and subsequent Stolen Generation clients: Those clients whose grandparent(s) are first Stolen Generation members or who are directly descended from people who were removed from their families and communities in subsequent Stolen Generations.



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This is the seventh national report on organisations funded by the Australian Government to provide health services to Aboriginal and Torres Strait Islander people. In 2014–15:

- 203 organisations provided primary health-care services to around 434,600 clients through 5.0 million client contacts and 3.5 million episodes of care
- 221 counsellors provided social and emotional wellbeing services to around 21,100 clients through 100,200 client contacts
- 67 organisations provided substance-use rehabilitation and treatment services to around 25,200 clients through 151,000 episodes of care.