



The 'here and now' for little kids and families in Bidyadanga, 2022:

Situational analysis to inform local plans
for the Early Years Initiative in Bidyadanga

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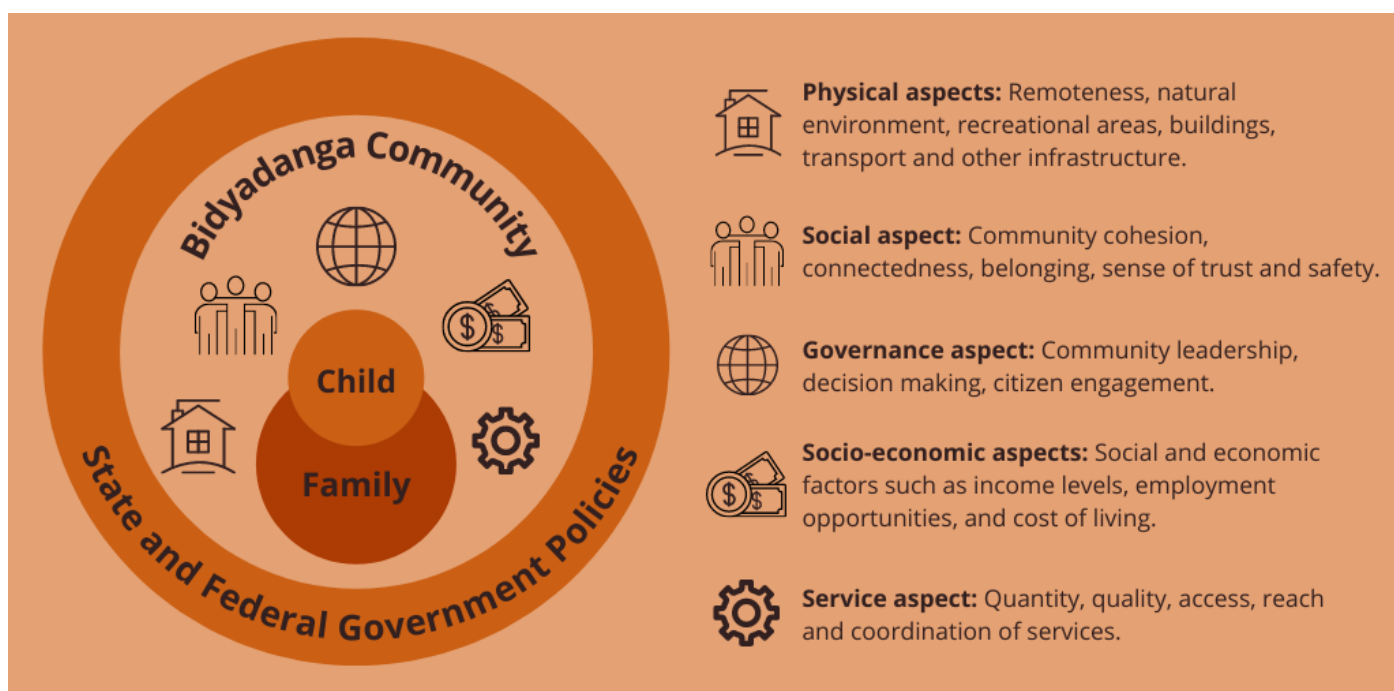
Executive Summary

This Situational Analysis Report provides an overview of the 'here and now' for children and their families living in the Bidyadanga Aboriginal Community in the Kimberley region of Western Australia. It has been prepared by Telethon Kids Institute so solid and up-to-date information can be placed into the hands of community members to help them decide on early childhood priorities and actions to carry forward. It contains a summary of key themes identified in a range of recent reports and a curated selection of data on young children, families, services and circumstances in and around Bidyadanga near the start of 2022.

Section 2 of this report contains quantitative data with supporting commentary on how very young children and their families are currently faring in Bidyadanga (or, where data for Bidyadanga are not available, they are provided for the Roebuck Statistical Area 2 (Roebuck SA2) or the Kimberley region as a whole). To avoid providing so much data that it becomes confusing, the data selected for inclusion at Section 2 focus on key indicators that, according to research evidence, are worth paying attention to because they have a big impact on children's long-term health, development and learning.

Section 3 focuses on what has been said about Bidyadanga in a range of recent reports and other information found via 'desktop' searches. These reports have been reviewed from the perspective of what it might be like to be a very young child (or to raise a very young child) in this place at this time, with the analysis framed around five key aspects of the community¹, illustrated below in Figure 1.

Figure 1: Infographic of key elements of this Situational Analysis Report



Adapted from Goldfeld et. al. (2017, p.2), from the Kids in Communities Study (KiCS)¹

¹ Goldfeld, S., Villanueva, K., Lee, J.L., Robinson, R., Moriarty, A., Peel, D., Tanton, R., Giles-Corti, B., Woolcock, G., Brinkman, S., Katz, I. (2017). Foundational Community Factors (FCFs) for Early Childhood Development: A report on the Kids in Communities Study. Accessed 23 December 2021 via <https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH-KICS-Final-Report-April-2018.pdf>

1. Introduction

The Bidadanga Aboriginal Community La Grange Incorporated (BACLGI) has accepted an invitation to participate in the Early Years Initiative (EYI) alongside the Western Australian State Government (through the departments of Communities, Education and Health) and the Minderoo Foundation. The EYI which will run until 2028.

The EYI aims to co-design more effective ways to nurture the health, development and learning of all local children from conception to four years of age. Bidadanga is one of only four communities invited to participate in the EYI. The other three communities are Derby, the Central Great Southern and a part of Armadale in Perth.

The EYI is focused on very young children because the first 2000-days of life from conception to four years of age are vital in shaping each child's long-term health, learning, social and language skills, culture and identity. A solid start in this period before they start school lays the ground-work for children to become strong, proud grown-ups who have a good life.

While the EYI is focused on improving outcomes in early childhood, it recognises that children are raised by families who live within dynamic communities so it is intended that actions taken through the EYI will be holistic, culturally responsive and strengths-based. It is hoped that through the EYI over the next few years, insights will emerge about how the State Government and other organisations can better support families and very young children in the four EYI partner communities, and that these insights can be applied at scale to other places in the future.

People living and working in the Bidadanga community are best placed to understand local needs and strengths, and to decide what actions are most likely to work in this unique place. To assist with these decisions, community leaders have asked for a summary of current 'here and now' information on how children and families in this community are going.

"We have it within us, we are our own project managers and researchers. We just need to be connected with leading practice that affirms our cultural position and roles in community so we can be empowered"

(Kimberley Aboriginal Women's Council – Regional Action Plan, 2021, p.3)

This Situational Analysis Report has been prepared by Telethon Kids Institute so solid information can be placed into the hands of community members to help them decide on early childhood priorities and actions to carry forward. It contains a selection of publicly-available statistics on factors that, according to research evidence, may impact children's outcomes. It also contains information gathered via desktop analysis of numerous reports and regional plans from the Bidadanga or the West Kimberley area over the past decade. The report provides a summary of key themes identified in the reports and a curated selection of the most recent publicly-available data on young children, families, services and circumstances in and around the Bidadanga community near the start of 2022.

It is anticipated that follow-up situational analysis reports for Bidadanga will be prepared, incorporating results from future collections of Australian Early Development Census (AEDC) data for the Bidadanga community and findings from the independent evaluation of the EYI that Telethon Kids has been asked to conduct.

2. Children and families in the Bidyadanga community

This section of the report contains a selection of statistics on young children and families living in Bidyadanga. These particular statistics have been selected because they are strong predictors of children's long-term health, learning and development.

This section begins with information on the sources, nature and limitations of the statistics, followed by a summary 'snapshot' for the Bidyadanga community and then a more detailed table outlining the evidence base behind each statistic. Starting out with information about the data sources and their limitations is important because it supports accurate interpretation.

2.1 Data sources and limitations

Three main types of data are provided in this report - administrative, Australian Early Development Census (AEDC) and National Census data. Each has strengths and limitations which means that some caution needs to be applied in how they are interpreted.

One important limitation across all these data types is that for communities with small populations, some data may only be publicly available when combined with data for surrounding communities. This is done to ensure individuals cannot be identified in the data. In this report, where data for Bidyadanga (only) are not available, data for the Roebuck Statistical Area Level 2 (SA2) or the Kimberley Statistical Area Level 3 (SA3) have been used. The Roebuck SA2 is essentially the Shire of Broome excluding the townsite of Broome.

Particularly sensitive data (e.g.: on the use of illicit drugs or children in out of-home-care) are often only publicly available for the whole State (although agencies may be able to provide summaries of these types of data at a local level for restricted use if requested by local groups), or may not be routinely collected at all.

Another limitation of health and socio-economic data is that it may not reflect Aboriginal world views, reducing the availability of data that is important to the lives and wellbeing of Aboriginal people. This means that the 'picture' that data presents may not tell the whole story of a community, or may be culturally 'skewed'.

Appendix A provides more information about the data used in this report, as well as maps of the SA2 and SA3 areas.

2.2 Quantitative data on children and families in Bidyadanga

The following Bidyadanga data 'snapshot' contains items that, according to research evidence, may work together to have an impact on children's outcomes. The data are the most recently available statistics from several publicly-available sources including the Australian Bureau of Statistics (ABS), the Child Development Atlas² and the Western Australian Department of Education's Schools OnLine³ website. Where possible, the data are specific to the Bidyadanga community, however in many cases, they are only available for wider areas. In the snapshot, cells with a **B** are specific to Bidyadanga; cells with **R** are for Roebuck SA2 which excludes the township of Broome; and cells with **K** are the entire Kimberley region.

Table 1 in the pages following the snapshot provides further details on the data in the snapshot and, for the sake of comparison, includes a 'location' column with the Kimberley and Western Australian averages for each data item. As in the snapshot, the location for data provided in Table 1 is either Bidyadanga, Roebuck SA2 or the whole Kimberley.

In section 2.3 following Table 1, a summary of research evidence relevant to each key line-item in the table is provided to explain the importance of each data item for early childhood health, development and learning.

² Telethon Kids Institute, 2021. Western Australian Child Development Atlas. Accessed 23 January 2022. Available from: <https://childatlas.telethonkids.org.au/>

³ Department of Education, Western Australia, 2022. Accessed 23 January 2022 via <https://www.det.wa.edu.au/schoolsonline/home.do>

BIDYADANGA DATA SNAPSHOT

Key:
Data availability

- B** Data available for Bidyadanga SA1
- R** Data available only for Roebuck SA2 (excludes Broome)
- K** Data available only for Kimberley SA3



CHILDREN

Number of children aged 0-4

50

Source: ABS (2021)

28.3% of children 0-4 are in a sole parent family

Source: ABS (2016)

13.0% of children 0-4 in Roebuck SA2 don't speak English well or not at all

Source: ABS (2016)

124 Families with children

Source: ABS (2016)

Estimated births per year to residents of Roebuck SA2

44

Source: ABS (2019) Roebuck SA2

35.4% couple with children

17.7% couple no children

40.2% one parent

7.0% other families

Source: ABS (2016)

EDUCATION

13% of school students (Yr 1-10) attend school more than 90% of the time

Source: My Schools website (2019)

66.7% of homes have internet access

Source: ABS (2016)

Australian Early Development Census

40.9% of children are vulnerable on one or more domains

Source: AEDC (2021) Roebuck SA2

LANGUAGE

66.6% of people speak only English at home

28.2% of people speak an Australian Indigenous language

Source: ABS (2016)

Main other languages spoken

- 16.5% Kriol
- 4.5% Karajarri
- 3.4% Mangala
- 2.5% Walmajarri
- 2.1% Yulparija

Source: ABS (2016)

CHILD HEALTH

11.0% of babies had low birth weight (<2500g)

Source: CDA (2018) Roebuck SA2

Vaccination rates

90.6% of Kimberley SA3 children are fully immunised at 2 years old

Source: CDA (2018) Kimberley SA3

In Kimberley SA3 children 0-4 have more hospitalisations than the WA average for:

- Ear and Hearing
- Respiratory Disease
- Vaccine Preventable Diseases

Source: CDA 2018 Kimberley SA3

COMMUNITY

Highest Level of Education

- 26.0% Year 10 or below
- 39.0% Year 11 - Year 12
- 8.7% Bachelor Degree or higher
- 9.9% Certificate level (I to IV)

Source: ABS (2021)

Index of relative socio-economic disadvantage

Roebuck SA2 = 761 which is in the lowest decile

Source: ABS (2021) Roebuck SA2

MATERNAL HEALTH

Births to women aged 15-19 are 3 times higher (7.7%) than the WA average (2.6%)

Source: CDA (2018) Roebuck SA2

34.6% of women smoked during pregnancy, compared to 7.9% in WA

Source: CDA (2018) Kimberley SA3

HOUSING

20.1% live in over-crowded conditions, compared to 2.4% in WA

Source: CDA (2016) Roebuck SA2

HOSPITALISATION

Hearing related hospitalisations for 0-4 year olds

3.6 per 100 persons aged 0-4 (compared with 1.9 for WA)

Source: CDA (2018) Kimberley SA3

ECONOMY

Workforce

- 62.7% work full-time
- 16.1% work part-time
- 6.8% are unemployed
- 16.1% are away

Source: ABS (2021)

Weekly income for family households

- 62.5% less than \$1,000
- 16.1% more than \$2,000

Source: ABS (2016)

Table 1: Quantitative data for Bidyadanga including comparisons with Kimberley and Western Australia

Item	Location	Location Value	Kimberley Average	WA Average	Comments
Children					
% children 0-4 in sole parent family	Bidyadanga	28.3%	25.5%	*12.8%	See note 1
% children 0-4 who don't speak English well or not at all	Roebuck SA2	13.0%	7.0%	9.0%	See note 2
Family make-up					
Couple family with children	Bidyadanga	35.4%	40.4%	44.6%	See note 3
Couple family no children	Bidyadanga	17.7%	32.5%	46.5%	
One parent family	Bidyadanga	40.2%	24.1%	15.1%	
Other family	Bidyadanga	7.0%	3.0%	1.6%	
Child Health					
% babies with low birth weight (less than 2,500g)	Roebuck SA2	11.0%	8.9%	6.5%	See note 4
% babies born pre-term	Roebuck SA2	9.9%	9.1%	8.6%	See note 5
% fully immunised at 2 years old	Kimberley	90.6%		91.4%	
0-4 yr old hospitalisation rates (per 100 children)	<i>Hospitalisation rates are the number of hospitalisations of 0-4 year olds for every 100 children aged 0-4 years in the community.</i>				See note 6
Ear and hearing	Kimberley	3.6		1.9	
Respiratory disease	Kimberley	1.2		0.8	
Vaccine preventable	Kimberley	0.8		0.2	
Injury	Kimberley	3.1		2.3	
Maternal Health					
% births to women aged 15-19	Roebuck SA2	7.7%	8.8%	2.6%	See note 7
% women who smoked at any time during pregnancy	Kimberley	34.6%		7.9%	See note 8
Children's Education					
Australian Early Development Census (AEDC) 2021					
% children on track on all five domains	Roebuck SA2	40.9%	38.3%	57.5%	See note 9
% children vulnerable on one or more domains	Roebuck SA2	40.9%	40.9%	20.3%	
% children vulnerable on two or more domains	Roebuck SA2	13.6%	24.3%	10.2%	
% students who attend more than 90% of time (Yr 1-10)	Bidyadanga	13%	NA	NA	See note 10
Year 3 NAPLAN results, 2021					
% achieving Reading NMS	LaGrange DHS	33%	NA	96%	See note 11
% achieving Numeracy NMS	LaGrange DHS	50%	NA	95.3%	
% homes with internet access*	Bidyadanga	66.7%	70.0%	85.1%	See note 12
<i>* Internet access is from 2016 Census, as this information was not collected in the 2021 Census</i>					
Language					
% people who speak only English at home	Bidyadanga	66.6%	63.4%	75.3%	See note 2
% people who speak an Australian Indigenous language	Bidyadanga	28.2%	14.2%	0.4%	

Item	Location	Location Value	Kimberley Average	WA Average	Comments	
Family functioning						
Income					See note 13	
Time						
Human capital						
Psychological capital						
Social capital						
Community						
Highest level of education					See note 14	
<i>Below figures don't add up to 100% due to not-stated and rounding</i>						
% Bachelors degree or higher	Bidyadanga	8.7%	15.8%	23.8%		
% Certificate/Diploma	Bidyadanga	9.9%	21.7%	27.1%		
% Yr 11 - Yr 12	Bidyadanga	39.0%	19.2%	20.5%		
% Yr 10 or below	Bidyadanga	26.0%	21.9%	17.3%		
SEIFA IRSD						
Score	Roebuck SA2	761	NA	NA	See note 15	
Percentile (within WA)	Roebuck SA2	3	<i>bottom 3% of SA2s in WA</i>			
Rank (within WA)	Roebuck SA2	5	<i>5th lowest SA2 in WA</i>			
Economy						
Workforce participation						
% work Full Time	Bidyadanga	62.7%	64.0%	57.1%	See note 16	
% work Part Time	Bidyadanga	16.1%	22.3%	32.0%		
% unemployed	Bidyadanga	6.8%	6.1%	5.1%		
% temporarily away from work	Bidyadanga	16.1%	7.6%	5.8%		
Parental employment						
<i>Below figures don't add up to 100% due to 'not-stated' and rounding</i>						
% children 0-4 with at least one parent employed		27.7%	57.5%	82.0%	See note 16	
% children 0-4 with no parent employed		72.3%	35.5%	10.2%		
Income						
See note 17						
Median weekly personal income	Bidyadanga	\$305	\$864	\$848		
Median weekly family income	Bidyadanga	\$676	\$1,950	\$2,214		
% family households with income less than \$500 per week	Bidyadanga	26.8%	7.8%	3.3%		
% family households with income \$500 to less than \$1,000 per week	Bidyadanga	35.7%	14.8%	12.9%		
% family households with income \$3,000 or more per week	Bidyadanga	8.7%	26.0%	30.1%		

2.3 Notes on research evidence about quantitative data in Table 1

1. Sole parent families

In Bidyadanga, 28.3 per cent of families with children in the 0-4 years age range are sole-parent, which is more than twice the Western Australian average. Sole parents with young children often struggle because they face compounding adversity: they are on a low income, have very little spare time to focus on themselves or their children, are under constant pressure and stress (no money, no time and lots of responsibility), have few resources to draw on (i.e.: no partner to help, limited employment and other opportunities) and are often socially isolated⁴.

Additionally, the majority of sole parents in Bidyadanga are women, and there is clear evidence that women who are single parents are at greater risk of poverty than other groups. It follows that support for sole-parent families has to be multi-faceted, simultaneously working towards reducing their social isolation, addressing their material needs (food, clothing, other cost items), providing opportunities for them to 'give back' and feel worthwhile (reciprocity) and providing clear and accessible information that builds their sense of empowerment and confidence⁵. It also needs to respond to the particular circumstances of female sole parents.

2. English language skills

While the percentage of children aged 0-4 years who do not speak English well or at all is 13 per cent for the Roebuck SA2 area compared with the WA average of 9 per cent, this is likely to be an under-estimation. The MySchool⁶ profile for La Grange Community School indicates that 93 per cent of the school's students have a language background other than English. Further, if Aboriginal children in the Kimberley are identified as 'English speakers', it is likely that they speak Aboriginal English which is a legitimate and distinctly separate dialect of English with its own vocabulary, syntax, and rules of usage⁸.

In Bidyadanga it is likely that many children aged 0-4 years speak Aboriginal English at home and in the community. These children will benefit from explicit EALD instruction in Standard Australian English (SAE) which is the dialect of instruction in school⁷. EALD instruction includes how to *code-switch* between SAE and Aboriginal English because success at school and in many formal settings requires a solid grasp of SAE whereas maintaining connection at home and a strong sense of self requires confidence and pride in Aboriginal English.

3. Family make-up

While there is little evidence that the make up of a child's family has a direct bearing on their learning and development, the socio-economic factors related to living in certain types of family settings - such as sole-parent households or grandparent care – can negatively impact children's outcomes⁸.

Note that the categories of 'family make-up' are set by the ABS, and may not be meaningful for Aboriginal families. The categories also limit understanding the prevalence of different kinds of family arrangements, including grandparent or other forms of kinship care.

4. Low birthweight

Babies born with low birthweight are at greater risk of poor health, neurological or physical disability and even death. Health impacts associated with low birthweight can continue into adulthood and include increased risk of Type 2 diabetes, high blood pressure as well as metabolic and cardiovascular diseases. Factors that contribute to low birthweight include low socioeconomic position, extremes of maternal age, illness during pregnancy,

⁴ Zubrick SR, Williams AA, Silburn SR, Vimpani G. Indicators of Social and Family Functioning. Department of Family and Community Services. Commonwealth of Australia: Canberra. 2000.

⁵ Zubrick, S., 2018. *Circumstances for healthy children and empowered communities*, Early Years Initiative Workshop for the Department of Communities, Port Hedland, 28 November 2018.

⁶ Australian Curriculum and Standards Authority (ACARA) website at <https://www.myschool.edu.au/>

⁷ Kaldor S, Malcolm IG. Aboriginal children's English—educational implications. In Australia, meeting place of languages 1985. Pacific Linguistics.

⁸ Moore T, Oberklaid F. Investing in early childhood education and care: The health and wellbeing case. Accessed 21 February 2022. Available from: https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Investing_ECEC_Wellbeing_Case.pdf

multiple pregnancy, harmful behaviours such as smoking or excessive alcohol consumption, poor nutrition during pregnancy and poor antenatal care. A number of these risk factors may be modifiable and amenable to intervention at community level⁹.

Target 2 of the Revised *Closing the Gap in Partnership*¹⁰ is that by 2031, Australia will “increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent”. While the proportion of babies born to mothers in Bidyadanga with a healthy birth weight (i.e.: 89 per cent) is similar to the Closing the Gap target, it is nevertheless lower than the WA average of 93.5 per cent.

5. Pre-term births

In addition to likely low birthweight (note 3., above), pre-term babies have increased risk of infection, asthma and feeding problems¹¹. While data is not available for Bidyadanga specifically, the proportion of pre-term births for the Roebuck SA2 is on a par with the Western Australian average, however this finding may be masked by high-risk pregnancies being transferred to Perth or Broome. Pre-term births are linked to stressful events, extremes of maternal age, smoking, drug taking and trauma.

6. Early childhood hospitalisations

The rate of 0-4 year old hospitalisations across the entire Kimberley is relatively small (i.e.: 8.7 children per 100), however they are well above the Western Australian rate (5.2 children per 100). Also, as the data are for hospitalisations only, they are unlikely to be an accurate indication of the prevalence of needs with respect to ear health, respiratory health and skin infections among very young children in Bidyadanga. Research shows that such ailments in young Aboriginal children tend to be normalised among some families in remote localities and/or families do not feel sufficiently empowered to raise concerns with doctors¹². Health problems in any of these areas can have profound, long-lasting impacts on children’s health development and learning. For example, poor ear health can lead to hearing loss which may impact children’s language and literacy development and social skills. The rate of 0-4 year olds admitted to hospital in the Kimberley for issues related to ear health and hearing is twice the State average. Further, complications of preventable Strep A throat and skin infections can lead to rheumatic heart disease¹³ which “causes death and disability in children and young adults, and in Australia, affects almost exclusively Aboriginal and Torres Strait Islander people” (abstract, Wyber, 2018).

7. Teen mothers

The incidence of teen mothers in the Roebuck SA2 area is three times the Western Australian average. The strong family values and extended nature of Aboriginal families may reduce some challenges of becoming a mother during the teen years, however the likelihood of babies being born pre-term and/or with a low birthweight (see notes 3. and 4. above) increases significantly for teen mothers¹⁴ and teen mothers are more likely to smoke during pregnancy (see note 8, below).

8. Smoking during pregnancy

Pregnant women in the Roebuck SA2 area are more than four times more likely to smoke during pregnancy compared with the Western Australian average. Smoking in pregnancy is a modifiable risk factor for low birthweight, pre-term birth and placental complications because tobacco smoke reduces the flow of oxygen to the placenta and exposes the foetus to a number of toxins. Exposure to these toxins during the first 20 weeks of

⁹ Australian Institute of Health and Welfare, 2018. Children’s Headline Indicators

¹⁰ Australian Government, 2020. Closing the Gap in Partnership website at <https://www.closingthegap.gov.au/national-agreement/targets>

¹¹ Upadhyaya S, Chudal R, Luntamo T, Hinkka-Yli-Salomäki S, Sucksdorff M, Lehtonen L, Sourander A. Perinatal risk factors and reactive attachment disorder: A nationwide population-based study. *Acta Paediatrica*. 2020 Aug;109(8):1603-11.

¹² D’Sylva, P., Walker R., Chang, A. B., Lane, M., and Schultz, A, 2018. ‘Chronic Wet Cough in Aboriginal Children: It’s not just a cough’ presentation at the 2018 Child Health Symposium, Perth Children’s Hospital and Telethon Kids Institute

¹³ Wyber R., 2018. ‘Ending rheumatic heart disease in Australia: a new approach’ presentation presentation at the 2018 Child Health Symposium, Perth Children’s Hospital and Telethon Kids Institute

¹⁴ Australian Institute of Health and Welfare (AIHW) 2015. Australia’s mothers and babies 2013 —in brief. Perinatal statistics series no. 31. Cat. no. PER 72. Canberra: AIHW. See: <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies-2013-in-brief/contents/table-of-contents>

pregnancy are especially harmful and are associated with sudden infant death syndrome (SIDS), childhood cancers, high blood pressure, asthma, skin infections, obesity and lowered cognitive development.⁴ Research about smoking with Aboriginal women in the Pilbara¹⁵ found that they smoke for social bonding and to deal with stress. For them, smoking was 'normal' and they do not often think about its harms. The women in the study said they wanted safe places to yarn about women's business, stronger connection to culture and country, meaningful work to do, facts about smoking and being healthy in pregnancy and stronger links with the local health services.

9. Australian Early Development Census (AEDC)

Due to the small number of five year olds in Bidadanga each time the AEDC is conducted, the AEDC results for the Roebuck SA2 vary a lot more than in localities where a large number of children reside. This means that trend analysis (comparing AEDC results from one collection to the next) for the Roebuck SA2 is not recommended and that no clear pattern over time is evident.

Results from the 2018 AEDC show that nearly half (45.7 per cent) of five years olds in the Roebuck SA2 were developmentally vulnerable on one or more domain compared with 41.8 per cent for the whole Kimberley and 19.4 per cent for all of Western Australia. Five year olds in the Roebuck SA2 are also more likely to be developmentally vulnerable on two or more domain than their peers (i.e.: 34.3 per cent for the Roebuck SA2 compared with 26.5 per cent for the Kimberley and 9.4 per cent for Western Australia¹⁹. AEDC results for the number of children who are developmentally on track on all five domains are not available for Bidadanga or the Roebuck SA2 area.

10. School attendance

There is a direct relationship between school attendance and school achievement¹⁶; children who attend regularly do better at school. The proportion of children in Bidadanga in Years 1 – 10 who attend school at least 90 per cent of the time is 13.0 per cent. This is low compared with an Australian average of 75 per cent¹⁷ and also lower than the national average of Indigenous student attendance in remote areas of 20.3 per cent¹⁸.

Research points to the importance of children being supported by schools and their families to establish the *habit* of regular attendance from Kindergarten onwards¹⁹ and for schools to have strategies in place to ensure they are culturally safe, interesting and engaging for students, and provide prompt follow-up on all unexplained absences to emphasise the importance of regular attendance¹². Close to 100 per cent of four year olds in the Bidadanga community enrol for Kindergarten. This high rate of enrolment reflects the revised *Closing the Gap in Partnership*⁵ Target 3 that "by 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent" however enrolled children need to regularly attend to optimise the benefits of schooling. While the proportion of children enrolled for non-compulsory Kindergarten and compulsory Pre-primary in Bidadanga is very high, attendance data for these formative two years of schooling are not publically available.

11. National Assessment Program for Literacy and Numeracy (NAPLAN).

While the measure of a child's success at school (and life beyond school) is far more complex than his or her score in NAPLAN tests, literacy and numeracy are essential foundational skills for success in life and there is strong evidence that children who do not achieve the National Minimum Standard (the benchmark) for Reading and Numeracy when they are in Year 3 are unlikely to catch-up with their age-group peers and will struggle

¹⁵ Wyndow P, Walker R, Reibel T. A novel approach to transforming smoking cessation practice for pregnant aboriginal women and girls living in the Pilbara. In *Healthcare* 2018 Mar (Vol. 6, No. 1, p. 10). Multidisciplinary Digital Publishing Institute.

¹⁶ Zubrick SR, Williams AA, Silburn SR, Vimpani G. Indicators of Social and Family Functioning. Department of Family and Community Services. Commonwealth of Australia: Canberra. 2000

¹⁷ ACARA. (2018). Student attendance. Retrieved April 10, 2021, from <http://www.acara.edu.au/reporting/national-report-on-schooling-inaustralia-data-portal/student-attendance>

¹⁸ Australian Institute of Teachers and School Leaders, 2019. Spotlight: Attendance Matters, accessed 12 December 2021 via <https://www.aitsl.edu.au/docs/default-source/research-evidence/spotlight/attendance-matters.pdf>

¹⁹ Hancock KJ, Shepherd CC, Lawrence D, Zubrick SR. Student attendance and educational outcomes: Every day counts. Canberra: Department of Education, Employment and Workplace Relations. 2013 May.

throughout their education²⁰. The 2020 NAPLAN results from La Grange Remote Community School for Year 3 Reading and Numeracy show that 33 per cent and 50 per cent respectively of students met the National Minimum Standard score (compared with Western Australian averages of 96 per cent and 95.3 per cent). Whilst these results apply to only a small number of Year 3 children (and small group sizes make ‘point in time’ data less conclusive) the Reading result warrants attention because when the school was participating at the time in the Kimberley Schools Project which explicitly focuses on literacy instruction.

12. Home internet access

Access to the internet at home is an increasingly important utility for educational opportunities (e.g.: many homework projects require internet research; training providers utilize remote delivery modes) as well as for daily life (e.g.: searching for employment, booking services, Google searches, banking, MyGov, etc.) and maintaining social connections via social media. The ability to use the internet is especially important in remote localities such as Bidadanga where the easiest way to access information and some services is via ‘virtual delivery’ through the internet. While the Community Resource Centre in Bidadanga provides a dedicated computer with free internet access to Government information, it is desirable to be able to access the internet from the privacy and convenience of your own home. The proportion of Bidadanga households connected to the internet (via a computer, mobile phone or other device) is only 66.7 per cent compared with a Western Australian average of 85.1 per cent. While it is not known how many families rely on internet access via mobile phone, this can be an expensive way to access the internet, as demonstrated in a recent cost of living survey in Bidadanga which identified the very high cost of mobile phone data for some families, noting that there is only one internet service provider available to the Bidadanga community²¹.

13. Family functioning

While data are available about child development, health and education outcomes, limited data are available on the social and family factors that contribute to positive or negative child outcomes. To address this gap, a collaborative national project has developed an evidence-based framework²⁰ for tracking social and family factors that collectively influence children’s outcomes. The ‘social and family functioning’ framework includes five inter-related elements: family income; family time (i.e.: time caregivers have for themselves or their children); human capital (i.e.: caregiver’s knowledge, experience and skills about healthy choices and how the world works); psychological capital (i.e.: life satisfaction, confidence, worries, self-efficacy and conflict); and social capital (i.e.: sense of connectedness, civic engagement, safety and community cohesion). Unfortunately, quantitative data on these social factors are not readily available at this time, so data items such as ‘sole-parent families’ are often used as a proxy (see note 1). Also, the way that a strong (or weak) connection to culture and country interacts with these social factors is not addressed in research literature but is likely to be a protective factor for some Aboriginal families in Bidadanga. To address these gaps in the available quantitative data, the evaluation of the EYI will address these important social factors via the parent-caregiver survey to be conducted in each of 2022, 2024 and 2027. Repeated use of the survey will enable the evaluation to track changes over time in Bidadanga. This work, however, will need to be sensitively shaped and informed by local community members to include aspects of family functioning that are important to Bidadanga families, including taking account of “Aboriginal identity and spirituality and build on the strengths of Aboriginal family and community life” (McMahon, Reck and Walker, 2004, p. 3)²².

14. Levels of education in the community

The proportion of Bidadanga community members whose highest education level reached was a Certificate

²⁰ de Carvalho, D. (2019). ‘ACARA: NAPLAN and Aboriginal and Torres Strait Islander students’ in Education Matters Magazine, online version accessed 12 December 2021 via <https://www.educationmattersmag.com.au/acara-naplan-and-aboriginal-and-torres-strait-islander-students/>

²¹ Remote Aboriginal Communities Cost of Living Study, Stage 2 (Bidadanga) Abridged Report. Department of Communities. 2022.

²² McMahon A. P., Reck L. L., & Walker, M. (2004). A fork in the road: Redefining and counting the well-being of Indigenous children in foster care. Mackay, Qld: Mackay Centre for Research on AFRC Briefing 7 11Community and Children’s Services. Retrieved 23 October, 2021, from http://www.croccs.org.au/downloads/carers_symposium_papers/CindyReckPaper.pdf

or Diploma or Bachelor degree (or better) is lower than the Western Australian average. Levels of educational achievement are associated with self-confidence, personal empowerment and willingness to seek assistance without feeling shame or embarrassment²⁴. Parental education levels should also be considered in light of landmark longitudinal research which found that the primary caregiver's (usually the mother's) level of education is a strong predictor of that child's lifetime success²³. Importantly, the same research also found: (i) that participating in high quality preschool (through programs such as KindiLink, early learning centres and Kindergarten) before children start full-time Pre-primary is particularly beneficial for disadvantaged children; and (ii) that the child's home learning environment is extremely important: *"For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income."* (p. 1, Sylva et al, 2004). It follows that the impact of lower-than-average educational levels among families in Bidyadanga can become irrelevant alongside programs that positively influence children's home learning environments, and which seek to build the confidence and capabilities of families. A solid home learning environment has enduring benefits for children throughout their schooling, not just in the early years²⁴. This is a key goal of programs such as KindiLink²⁵ in Bidyadanga which is well established and attended by families.

15. Socio-economic index for areas – index of relative socio-economic disadvantage (SEIFA IRSD)

The SEIFA-IRSD²⁶ is a statistic generated for every statistical area across Australia by the ABS using selected data items from the national census that is conducted every five years. Data items include indicators such as low income, children living with jobless parents, lack of internet, low education, low skill employment, etc. The SEIFA-IRSD summarises key information about the economic and social conditions of people and households within a specified geographical area.

It is important to note that SEIFA scores are *relative*, comparing household data in different localities to one another. This means that while Bidyadanga's low SEIFA-IRSD indicates that its community's families have relatively low incomes and certain disadvantages compared with other Australian communities, the SEIFA-IRSD does not tell the whole story. For example, it does not take account of the benefits of living on country, being able to gather food from fishing and sharing with others, or the assistance that individuals can gain from strong family and social networks.

16. Workforce participation

The employment figures in Table 1 show that people in Bidyadanga have a higher percentage with full-time employment and a slightly higher percentage who are unemployed, compared with the Western Australian average. However, these percentages are of those people who are considered to be in the labour force. In Bidyadanga, 66.9 per cent of people aged 15 years and over are not considered to be in the labour force, compared to 29.8 per cent for Western Australia overall. Employment figures do not include people participating in the Commonwealth Government's Community Development Program (CDP). People with CDP jobs are not considered in the Census to be in an employer/employee relationship so were not recorded as 'employed' in the 2021 Census unless they also had a non-CDP job. More data from the local community may add to the accuracy of workplace participation in Bidyadanga.

Unemployment and the associated lack of financial resources can create high levels of stress for families, and is a factor perpetuating intergenerational disadvantage because parental workforce participation can

²³ Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004). The Effective Provision of Pre-school Education (EPPE) Project: Findings from pre-school to end of key stage 1. Nottingham, United Kingdom: Department for Education and Skills. Accessible via <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=3155&context=sspapers>

²⁴ Emerson L, Fear J, Fox S, Sanders E. Parental engagement in learning and schooling: Lessons from research. A report by the Australian Research Alliance for Children and Youth (ARACY) for the Family-School and Community Partnerships Bureau: Canberra. 2012. Available from: https://www.aracy.org.au/publications-resources/command/download_file/id/7/filename/Parental_engagement_in_learning_and_schooling_Lessons_from_research_BUREAU_ARACY_August_2012.pdf

²⁵ Edith Cowan University, 2019. Evaluation of the KindiLink Pilot Initiative in Western Australia, Volume 1: Overview and Key Findings. Accessible via <https://www.education.wa.edu.au/dl/7lpmn3>

²⁶ Australian Bureau of Statistics, 2021. Socio-Economic Indexes for Areas (SEIFA), Australia. ABS. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>.

impact their children's future joblessness²⁷. In Bidadanga, the proportion of children in the 0-4 years age-range who have at least one parent employed (27.7 per cent) is a lot lower than the Kimberley (57.5 per cent) or Western Australia as a whole (82.0 per cent). It is understood that a key factor in these data is the scarcity of meaningful employment in the community. It is also important to remember that the impact of parental employment is not one-dimensional. While working parents can provide a positive role model for their children and their employment income can pay for more items and benefits, some jobs may entail poor working conditions, low pay, job insecurity or having to work away from home and can lead to increased stress levels in households. Also, families of young children in Bidadanga do not have access to affordable or quality childcare²⁸.

17. Income

Low family income can impact children's day to day experiences of food security, housing, family stability and physical safety. In combination with other factors, low family income is associated with poor health, social and educational opportunities for children, particularly when poverty is persistent or multigenerational²⁹. The proportion of households in Bidadanga with less than \$500 per week is over three times the Kimberley value and over eight times the Western Australian average. This shows that poverty is much more prevalent in Bidadanga than elsewhere.

²⁷ Tanton, R., Dare, L., Miranti, R., Vidyattama, Y., Yule, A. and McCabe, M. (2021), Dropping Off the Edge 2021: Persistent and multilayered disadvantage in Australia, Jesuit Social Services: Melbourne

²⁸ Heinrich CJ. Parents' employment and children's wellbeing. The future of children. 2014 Apr 1:121-46.

²⁹ Australian Institute of Health and Welfare. Australia's children [Internet]. Canberra: Australian Institute of Health and Welfare, 2022 [cited 2022 Feb. 18]. Available from: <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/income-finance-and-employment-snapshots/material-deprivation>

3. Context for the Bidyadanga community

This section of the report summarises important contextual features of Bidyadanga that impact on the lives of young children in Bidyadanga organised around five inter-related aspects of community: physical, socio-economic, social, service and governance. Content for this section has been drawn from numerous reports and plans that have been written in the past decade and refer to the Bidyadanga community or the Kimberley more broadly.

3.1 Physical aspect

Bidyadanga lies within the traditional lands of the Karjarri people, and is home to Karjarri, Juwalinny, Mangala, Nyungamarta and Yulpartja language groups. The community is the largest remote Aboriginal community in Western Australia – with a resident population of up to 800 people. The word ‘Bidyadanga’ comes from a word for ‘emu watering hole’ (i.e.: ‘pijarta’ or ‘bidyada’). Bidyadanga also has a strong connection with various permanent and seasonal outstations including Wanamulnydong, Kalyadan, Malu Pirti, Rollah, Yandarina, Brun Brun Ganjal (Kitty Well), Nygah Nygah, Pelling Pelling and Yardoogarra³⁰.

Bidyadanga is located approximately 1.5km inland from La Grange Bay, just north of Eighty Mile Beach. The community is approximately 180 kilometres south of Broome and 1,590 kilometres north of Perth. It is accessible by car via a 12 kilometre gravel road from the bitumized Great Northern Highway, after approximately two hours of driving from Broome.

The vast distances between Bidyadanga and other population centres has consequences for the cost and availability of essentials including food, utilities, services and fuel. There is only one store in the community, and approximately half of all households do not have access to vehicles to enable shopping alternatives in Broome and the high cost of fuel and low income levels further limits the viability of such trips³¹.

Bidyadanga’s hot semi-arid climate has a short and variable ‘wet season’ from December to March and a long, hot and generally rainless ‘dry season’ from April to November. The wet season is humid with occasional extremely heavy downpours from tropical cyclones³². The seasons provide momentum to ecological, social and cultural life, but conditions during the dry season have life-style and health implications, including reduced ‘walkability’ in the community for older people, pregnant women and very young children, and problems with skin and respiratory health.

The area surrounding Bidyadanga is made up of gently undulating sand plains rising to a height of over 40m. The coastal area has sandy beaches, dunes, cliffs, rocky headlands, intertidal mudflats/freshwater seepages, reefs and deep sea (Figure 4). To the east is a vast area of arid, sparsely vegetated country stretching into the red dunes of the Great Sandy Desert.

3.1.1 Land tenure

The Bidyadanga community is situated within the Karjarri Native Title Determination Area. The complexities of native title determinations, including historical land tenure arrangements that can be restrictive and difficult to change, limit the ability of the community to develop. The Western Australian Government has commenced work with the Karjarri native title holders and Bidyadanga community to permanently resolve these land tenure issues.

³⁰ [Aboriginal Community | Bidyadanga Community - BACLG | Australia](#) Accessed 9 February 2022

³¹ Remote Aboriginal Communities Cost of Living Study, Stage 2 (Bidyadanga) Abridged Report. Department of Communities. 2022.

³² https://www.dplh.wa.gov.au/getmedia/4a699682-1567-4763-8160-56e9be5a764a/LOP_Bidyadang_LP3_Amendment_11_Report

Figure 4: Terrain image of the Bidyadanga community



3.1.2 Cultural sites

There are significant cultural sites in coastal and inland areas near the Bidyadanga community including fish traps and important ceremonial and Pulany (mythical serpent) sites which are cared for by the traditional owners. This includes past burial sites and rock art, plus archaeological sites with fossils and middens. Other important places on country include freshwater springs, historical sites such as pearling camps and the former La Grange mission³³.

3.1.3 Built Environment

Key public infrastructure in Bidyadanga include:

- La Grange Remote Community School (primary and secondary)
- Swimming Pool
- Youth Centre
- Bidyadanga Community Clinic (“C” Grade Hospital managed by Kimberley Aboriginal Medical Service)
- Aged Care Centre offering multi-residential accommodation
- La Grange Bay Airport including sealed access road and airstrip
- Bidyadanga Community Office
- Basketball Courts
- Football oval
- Roman Catholic Bishop of Broome Church, presbytery, parish hall and staff housing
- General Store and Take Away
- Women’s Centre, Arts Centre and Op shop
- Orange Sky Laundry
- Ranger’s Office
- Multi-functional Police Station
- Child Care Centre (not currently in use)

33. Tran, T, Strelein, LM, Weir, JK, Stacey, C & Dwyer, A 2013, Native title and climate change. Changes to country and culture, changes to climate: Strengthening institutions for Indigenous resilience and adaptation, National Climate Change Adaptation Research Facility, Gold Coast, 192 pp. Available from: https://nccarf.edu.au/wp-content/uploads/2019/03/Tran_2013_Changes_to_country_and_culture.pdf

- Community Services Centre building which houses a Community Resource Centre which provides: a conference room with video conferencing facilities, an office for the Department of Housing and Centrelink and Public Library, dedicated computer providing free internet access to Government information.
- Phone and Telstra (Next G) mobile and internet access

3.1.4 Future Planning

In 2021 the State Government entered into an agreement with Bidyadanga residents and the native title holders to drive economic development in Bidyadanga. The Land Activation Project is the first step in this process. It seeks to achieve land tenure reform which will enable future economic and business development, and regularise services. This includes \$17 million dedicated to seal internal community roads and upgrade essential infrastructure. This will help to improve environmental health standards for people who live in the community. Some concerns have been raised in about the impact of regularising services, which would likely include direct household payment of rates and water; there are concerns about the ability of residents to absorb more costs on top of the already high cost of living in the community³⁴.

3.2 Socio-economic aspect

This aspect of community refers to the complex interaction of factors including income, housing and employment which collectively contribute to (or detract from) family and community wellbeing. Statisticians summarise these factors into indexes (e.g.: the SEIFA-IRSD) which combine data on various indicators of advantage or disadvantage. The SEIFA-IRSD for Roebuck SA2 area is 761 which is the fifth lowest SA2 area in Western Australia.

Challenging socio-economic circumstances are strongly associated with greater risk of poor health, disability and shorter life-spans³⁵. In the Kimberley, where rates of diabetes, and kidney, respiratory, cardiovascular disease are greater for non-Aboriginal people, geographical remoteness also contributes to the increased burden of disease³⁶.

While community level data on social problems in Bidyadanga are not publicly available, social issues identified in many parts of the Kimberley include unresolved grief and loss, trauma and abuse, substance misuse, family violence, youth crime, family breakdown, removal of children from family³⁷, gambling³⁸, suicide and self harm³⁹.

Successive reports have acknowledged the impact of “ongoing and cumulative effects of colonisation, loss of land, language and culture, the erosion of cultural and spiritual identity, forced removal of children, and racism and discrimination” on the social and economic wellbeing of Aboriginal peoples⁴⁰.

3.2.1 Income and affordability

Data in Table 1 shows that household income levels in Bidyadanga are significantly lower than other parts of the Kimberley and Western Australia as a whole. The affordability challenges associated with low income are

³⁴Remote Aboriginal Communities Cost of Living Study, Stage 2 (Bidyadanga) Abridged Report. Department of Communities. 2022.

³⁵ Health across socioeconomic groups. AIHW. 21 December 2016. Available from: <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-group>

³⁶ WA Country Health Service (WACHS). Kimberley – population and health status. Available from:

<https://www.ruralhealthwest.com.au/docs/outreach-in-the-outback-docs/kimberley-regional-needs-analysis-060513-final.pdf?sfvrsn=2>

³⁷ Steering Committee for the Review of Government Service Provision, Overcoming Indigenous Disadvantage 2016, p.17.

³⁸ Australia : Community responds to problem gambling. MENA Report ; London 2014 Jun 10. Available from:

<https://www.proquest.com/trade-journals/australia-community-responds-problem-gambling/docview/153438518/se-2?accountid=14681>

³⁹ Kimberley Aboriginal Health Planning Forum: Suicide Position Paper. May 2016

⁴⁰ Steering Committee for the Review of Government Service Provision, Overcoming Indigenous Disadvantage 2016, p.17.

compounded by the high cost of living in a remote community. Based on the Regional Price Index 2021 (which compares the cost of a 'basket' of goods and services between Perth and regional areas), the cost of living in the Kimberley is on average 10.8 per cent more expensive to live in than Perth.⁴¹

A study recently undertaken to understand the true costs of living in Bidyadanga confirmed that households in Bidyadanga consistently live below the poverty line, carry significant levels of debt and have little ability to absorb further costs. The study looked at what families had 'left over' after existing essential expenses and found there was little difference between families living solely on government payments compared to those who rely on income from paid work or those on a mixed income³⁵. Further, while families help each other to make ends meet and ensure they have enough food and electricity, this process of lending, borrowing and repaying likely places stress on families⁴⁶. Stress of this nature is likely to detract from the home environments in which young children are being raised.

3.2.2 Housing

Housing is a key social determinant of health. There is strong evidence that household crowding, which is frequently associated with environmental health concerns, can contribute to preventable diseases including rheumatic heart disease, skin infections, ear infections and glaucoma⁴². Overcrowding can also place significant pressure on family relationships⁴³.

Bidyadanga is managed under a Housing Management Agreement. Residents living in new and refurbished houses are charged rent. As of 7 September 2021, the aggregated rent debt among Bidyadanga residents was \$154,488.36 with 154 individual accounts carrying a rent debt ranging from \$25 to \$10,946⁴⁶.

At the 2021 Census there were 177 dwellings in Bidyadanga, of which 151 (85.3 per cent) were occupied. There is a shortage of housing in Bidyadanga, leading to over-crowding with up to four generations living in some houses. It is not possible, however, to identify via desktop research the number of people waiting for housing in Bidyadanga, nor the prevalence of overcrowding.

3.2.3 Employment

Remote locations such as Bidyadanga face significant challenges to opportunities for business development and employment. Currently, employment in Bidyadanga revolves largely around service provision including municipal, education, administration and community retail⁴⁴. Some Bidyadanga residents leave the community for periods of time for employment – for example in fly in-flyout roles, or for temporary local infrastructure projects.

The creation of local employment opportunities is central to the community's future vision³⁴. The Land Activation Project is seen as a first necessary step towards sustainability and economic development to drive local business investment and employment⁴⁵.

⁴¹ Kimberley Development Commission website accessed on 21 December 2021. Available from: <https://kdc.wa.gov.au/economic-profile/cost-of-living/>

⁴² Barnes, R., Bowen, A.C., McVernon, J., Fathima, P.; Blyth, C.C., Tong, S., Walker, R., Carapetis, J., Wu, Y., Campbell, T., and Moore, H.C., 2018. 'Perinatal risk factors for skin infection hospitalisation in WA Aboriginal children' presentation at the 2018 Child Health Symposium, Perth Children's Hospital and Telethon Kids Institute

⁴³ Kimberley Aboriginal Health Planning Forum: Suicide Position Paper. May 2016

⁴⁴ Karajarri Traditional Lands Association 2014

⁴⁵ Bidyadanga Land Activation Interagency Working Group Terms of Reference.

3.3 Social aspect

Research evidence shows that social and family functioning is a strong predictor of outcomes for children⁴⁶. In research literature, the social aspect of communities relates to community cohesion, connectedness and belonging, perceptions of personal and property safety, the lingering impact of historical events and the extent to which diversity is perceived to be a strength *versus* a problem within the community.

3.3.1 Community cohesion, connectedness and belonging

The residents of Bidyadanga share a history that has its roots in assimilation and dispossession. Today, five language groups live together on Karajarri land with shared governance and a high degree of social cohesion. While the five language groups are distinct, they also share elements of culture as well as personal and family ties and common interests such as fishing and hunting. Shared experiences within a community help to build harmony, connectedness and a sense of belonging³². There are numerous examples of activities in Bidyadanga that promote social cohesion, connectedness and sense of belonging:

- The Women’s Centre provides an important safe and supportive space for women in the community, and the Orange Sky Laundry, adjacent to the Women’s Centre, is not only providing a free-of-charge laundry service in the community but also bringing people together informally while they wait for their laundry.
- The Community Art Centre facilitates connections between community members while also championing local Aboriginal artists to maintain and re-tell stories told by local Elders through their art.
- Basketball tournaments and football matches regularly bring community together and are a source of pride. The Emus Football Club has both men’s and women’s teams, a long history and competes in a regional competition.
- Activities for children and young people are provided through the public swimming pool (recreation, swimming lessons, carnivals, and lifesaving training delivered by Royal Life Saving Australia) and Youth Centre.
- ‘Bidgy Fit Exercise for Men’ was established to support a particular member of the Aboriginal community to get healthier to enable him to receive a kidney transplant, however the initiative has grown into a valuable community engagement asset to help other local men at risk of health complications.
- Early in 2022 when numerous false-positive cases of COVID-19 were detected in Bidyadanga was an anxious time for the community, but exemplified the strength of the community which came together at this point of crisis. This enabled swift and effective action to be taken with all Bidyadanga residents immediately going into lockdown on the advice from Kimberley Aboriginal Medical Service (KAMS).

Activities that bring the community together and build networks between individuals are important buffers to help manage tensions which may arise from time to time. For example, the current Land Activation Project in Bidyadanga, which requires negotiations between the Karajarri traditional owners and the community as a whole through BACLGI, has led to some uncertainty and anxiety within the community⁴⁷. Such tensions may be mitigated by balancing factors of social cohesion and connectedness between community members, as it evident in Bidyadanga.

46 Shonkoff, J. P., and Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Academy Press.

47 Divide in remote communities. The West Australian. 21 December 2016. Available from: <https://thewest.com.au/news/wa/divide-in-remote-wa-communities-ng-b88334277z>

3.3.2 Culture

The numerous articles and reports reviewed for this report provide a range of insights about the importance of culture and language preservation among people across the Kimberley. This is evident in the BACGLI's interest in the establishment of a language centre in the community, active promotion of arts at the Women's Centre and its participation in a project to research and share knowledge of Aboriginal child-rearing practices alongside other Indigenous cultural groups in Canada and South America.

3.3.3 Sense of community safety and perceived rates of crime

Reports of crime for Bidyadanga are occasionally reported in the media, with juvenile crime in the community the main concern. For example, in mid-2021, administrators running the community's only supermarket decided to close it until items that had been stolen, including cigarettes and phones, were returned.

"Karajarri man Mr Mervyn Mulardy said that Bidyadanga needs more funding for children programs, as they get up to mischief when they are bored. "I would like to see programs that take children camping on the country to learn cultural dance, stories, hunting would be a way to stop the cycle of youth crime".

<https://www.ngaardamedia.com.au/news/bidyadanga-residents-complain-after-store-close-after-local-crime-spree>

Western Australian Police statistics⁴⁸ for Bidyadanga show an increase in personal crime over recent years. Between 2012 and 2017 there were around 20 to 30 personal crime offences per year, whereas in the 2019/20 and 2020/21 financial years the number of personal crime offences was almost 60 per year. In the 2020/21 financial year, 75.0 per cent of personal crime offences were family violence offences (compared to 62.7 per cent for regional Western Australia and 53.4 per cent for Western Australia overall).

The 2020/21 financial year also saw an increase in crimes against property, with more burglary and stealing offences than in previous years.

3.4 Service aspect

The service aspect of community relates to the quality, scope, range, quantity, access (cost, location, frequency and cultural safety) and coordination of services that support families in the community to raise happy, healthy children.

Given the range of visiting services to Bidyadanga, this aspect of the Situational Analysis Report is the least well developed and will require significant 'on the ground' input from members of the Bidyadanga community.

Initial desktop scoping undertaken by the EYI Project Team within the Department of Communities will be provided separately through the EYI Project Director. The intention is for this information to be reviewed in collaboration with the community. Through the review process, it will be valuable to consider the following factors which research evidence indicates are important determinants of how effective the available services are likely to be:

- **Cultural security:** it is desirable that the service staff and discipline experts include a high proportion of Aboriginal staff members to mediate the language and cultural dimensions of the service, including dimensions of wellbeing and trauma-informed approaches.
- **Quality:** services must be thorough, delivered through well-maintained and equipped facilities and staff must be properly qualified and supported.
- **Continuity and collaboration:** it is important that each family experiences the service system as a coherent, sensible and convenient journey as their child grows and their needs and abilities change over time.

⁴⁸ Western Australian Police Force website, Crime Statistics, accessed 2 March 2022 via <https://www.police.wa.gov.au/Crime/Statistics#/>

Wherever possible, this includes long-term staff appointments within services so families don't have to deal with a different person each time they use the service, and information-sharing across services wherever possible. Relationships are key, with long term trust/history building with staff.

- **Family centric and non-judgemental:** the most prevalent reason given by families for choosing to not follow-up services is that they feel they are being told off or being judged for the things they have and have not done. Whether these perceptions are real or not is irrelevant – people act on their perceptions.
- **Access:** easy to get to, low/no cost, and open at convenient times, preferably a drop-in centre rather than reliant on making and keeping appointments.
- **Reach:** responsiveness to the needs of particular groups especially where there are barriers to engagement with services. For example, Aboriginal men are often not comfortable with accessing services, suggesting that outreach approaches are more likely to be successful, and that need high levels of trust before fully engaging and additional support to follow-up on referrals⁴⁹.

3.5 Governance aspect

The history of the Bidadanga community is an important contextual factor for its current governance arrangements. From the 1920s, Kariyarra people welcomed neighbouring desert and coastal peoples, displaced by government policies, drought or the impacts of the pastoral industry, to live on their country^{50 51}. This history adds a layer of complexity to overlapping governance factors for the community.

Aboriginal peoples' traditional systems of governance have been disrupted and changed through the impact of colonisation, however these forms of governance have sustained and adapted, and continue to operate in conjunction with institutional forms of governance⁵². Working across traditional and Western ways of governing is often challenging, and has been characterised as operating in "a high pressured, complex jigsaw puzzle of powers, structures and legal decision-making mechanisms at local, regional and national levels"⁵³.

3.5.1 Formal community local governance and decision-making

In Bidadanga, the resident community has been represented by BACLGI since 1982 when administrative self-management of Bidadanga was transferred from the Pallottine Mission to the community. As an incorporated body, the BACLGI carries many 'on-the-ground' duties and responsibilities. It acts a formal decision-making body, manages community projects and importantly provides community representation to State and Commonwealth Government agencies, and other organisations⁴². The BACLGI is supported by a long-standing Chief Executive Officer and Community Administration Office to manage and coordinate the delivery of services in the community.

To acknowledge and represent the different language groups residing in Bidadanga, the corporation structure includes two members from each of the five language groups resident in the community. Council elections take place every three years.

The Karajarri Traditional Lands Association Aboriginal Corporation KTLAAC was established following the Kariyarra Native Title Determinations. While BACLGI is responsible for the Bidadanga community, the Kariyarra have custodial and legal responsibilities to talk for and manage country.

⁴⁹ Kimberley Aboriginal Health Planning Forum Suicide Position Paper, May 2016

⁵⁰ https://www.dplh.wa.gov.au/getmedia/4a699682-1567-4763-8160-56e9be5a764a/LOP_Bidayang_LP3_Amendment_11_Report

⁵¹ Dwyer, A and Vernes, T. Project report: Power usage in the Bidadanga community and its relationship to community health and wellbeing. November 2016.

⁵² Professor Mick Dodson and Diane Smith, 2003. 'Governance for sustainable development: Strategic issues and principles for Indigenous Australian communities', CAEPR Discussion Paper No. 250

⁵³ Indigenous Governance Development: Self determination and success newsletter. Vol.1. No1. October 2011. Accessed via [IGD-Newsletter-Oct-2021-FINAL.pdf \(aigi.com.au\)](#) on 24 February 2022

The recognition of Kariyarra native title rights has required the traditional owners and the BACGLI to work through their governance roles in relation to one another, with a memorandum of understanding (MOU) established to formalise this arrangement. A number of Indigenous Land use Agreements have also been entered into.

The BACGLI faces numerous challenges common to most Aboriginal Community Councils such as lack of adequate funding and resources, the weight of family and community expectations, and responding to challenging issues within the community associated with the legacies of colonisation and intergenerational trauma. These challenges can lead to member 'burn-out' however, in spite of this, BACGLI has proven to be a robust and stable body, providing effective governance for the community.

3.5.2 Broader policy environment

Community governance operates within a broader environment of policy influences and drivers. Regional planning through local government and Kimberley Development Commission has minimal direct relevance for Bidyadanga at present, although this will change if and when Bidyadanga transitions to become a township in its own right. At present, the key policy influences are from State and Commonwealth Governments.

Two complementary themes that are prominent among current State and Commonwealth policy priorities include early childhood (via national initiatives including the Australian Early Development Census, National Partnership on Early Childhood Education, National Quality Agenda for Education and Care Services, Children's Headline Indicators, , etc.) and Indigenous advancement (via initiatives including the recently revised Closing the Gap in Partnership, Indigenous Parenting and Family Wellbeing initiative, the Stronger Families and Communities Strategy 2000 – 2004, Connected Beginnings Strategy, National Aboriginal Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010, National Aboriginal and Torres Strait Islander Early Years Strategy, etc.).

State-specific reflections of these national initiatives include the Early Years Initiative (in collaboration with the Minderoo Foundation), the Our Priorities targets (deferred indefinitely while the State Government focuses on its response to), Child and Parent Centres, KindiLink, the Sustainable Health Review and the Kimberley Schools Project.

The West Kimberley District Leadership Group (DLG), which includes representatives from State and Commonwealth governments, local government , community services sector, Aboriginal community controlled organisations and industry, seeks to progress 'joined-up-thinking' as it regularly meets to explore local issues and initiatives, including those relating to Bidyadanga. The DLG has established an Early Years Working Group, and previously developed an Early Years Outcome Framework, although its current status could not be confirmed.

The State Government's Resilient Families, Strong Communities (RFSC) policy for regional and remote Aboriginal communities, introduced in 2016 no longer exists however its function may have transferred to another body (but this was not found via desktop research). It focused efforts and investment on locations that have significant educational and employment opportunities, increasing the likelihood of better outcomes. Bidyadanga, as large, stable community with solid governance arrangements was selected as one of the first communities of 'focus' with the first stage being tenure reform.

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5. APPENDICES

Appendix A - Data strengths and limitations

Three main types of data are utilised in this report - administrative, Australian Early Development Census (AEDC) data and Census data collected by the ABS.

- Administrative data are collected by agencies as part of their operations when administering services. Examples include age, gender, marital status, and information needed to administer the specific service, such as the diagnostic code for a person admitted to a hospital. To protect the privacy of individuals, only limited administrative data are publicly available and only in summary form (i.e.: the data cannot be linked to individuals). A strength of administrative data is its completeness because it is collected as part of standard operating procedures so information is recorded for everyone who uses the relevant service.
- The AEDC is conducted across Australia every three years when children are in their first year of full-time schooling. Pre-primary teachers complete the AEDC for each child in their class, contributing to a community-level measure of local children's development on five domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school based); communication skills; and general knowledge. These areas of child development are important predictors of adult health, education and social outcomes⁵⁴ and the revised *Closing the Gap in Partnership*⁵ targets include one based on the AEDC: Target 5 is that "by 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally each on track in all five domains of the AEDC to 55 per cent".
- The Census of Population and Housing (the Census) is a national survey undertaken every five years by the ABS. Examples of Census data include the number of people in the household, household income, education level and employment status and the number and ages of children in the household. Census data are publicly available for geographically small areas of approximately 200 households, however if a natural geographical community has fewer than 200 households, arrangements are in place to protect the privacy of individuals in those small communities.

To protect the privacy of individuals, the geographic level at which Census data are publicly available varies depending on the type of information. Where data for Bidiyadanga are not available for this report, data for the Roebuck Statistical Area (SA2) -essentially the Shire of Broome excluding the townsite of Broome), or the Kimberley Statistical Area Level 3 (SA3) These boundaries are standard ABS boundaries, defined as part of the Australian Statistical Geography Standard (ASGS). The maps provided in Figures 2 and 3 (overleaf) demonstrate the boundaries of these areas.

Another limitation of Census data is undercounting of Aboriginal and Torres Strait Islander peoples. The ABS has estimated that the undercount in the 2021 Census was 17.4 percent across Australia⁴, suggesting that counts of Aboriginal people should be increased, on average, by 21.0 percent. However, the undercount varies across the country and may not be as high for small Indigenous communities, such as Bidiyadanga, where the ABS implement strategies aimed at reducing the undercount.

Potential reasons for undercounting include people who are not at home on Census night and who are not counted at the place they happen to be; households not receiving a Census form; large households not having enough room on the Census form to record all occupants and not requesting an additional form; and households deliberately leaving some people off the form. Households with too many people to fit onto a single Census form may be more likely to leave off the youngest children, as in many cases children are likely to be recorded from oldest to youngest.

Census data are available based on the location at which a person was counted on Census night (referred to by the ABS as the 'place of enumeration') or based on the location at which a person usually resides (referred to by

⁵⁴ Commonwealth of Australia and Department of Education, Western Australia, 2019. Early childhood development for children living in Western Australia by region: Australian Early Development Census 2018. Accessible via <https://www.education.wa.edu.au/dl/vnnm73>

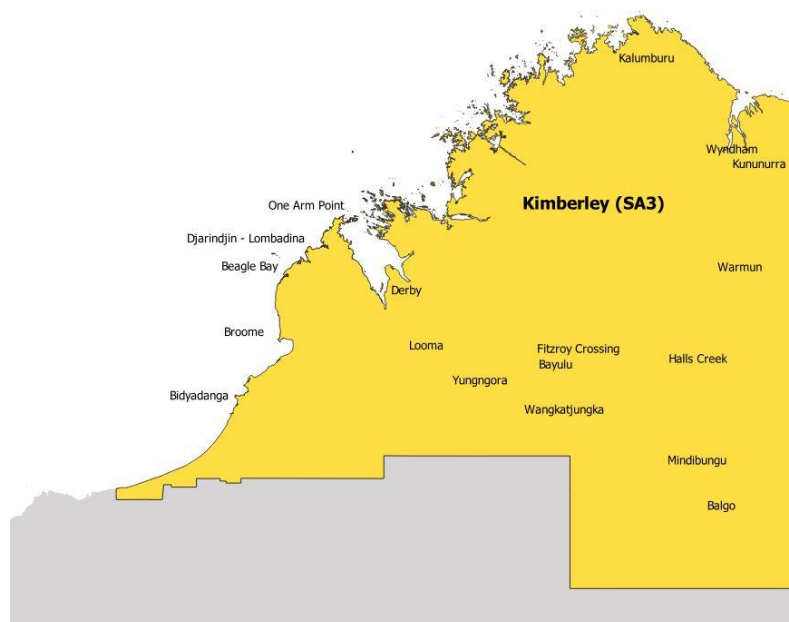
the ABS as the 'place of usual residence'). Census data included in this report was extracted from General Community Profile tables, which are based on the location at which a person usually resides. Therefore, visitors to the community on Census night are not included in the counts in this report.

Figure 2. Map of the Roebuck SA2 area

(Note: The township of Broome is NOT part of the Roebuck SA2 area).



Figure 3. Map of the Kimberley SA3 area



Data sovereignty

A further limitation of routinely collected health and socio-economic data is that it may not reflect Aboriginal world views, reducing the availability of data that is important to the lives and wellbeing of Aboriginal people. This means that the 'picture' that data presents may not tell the whole story of a community, or may be 'skewed'. For example, categories of 'family make-up' are set by the ABS, and may not be meaningful for Aboriginal families. The categories also limit understanding the prevalence of different kinds of family arrangements, including grandparent or other forms of kinship care.

Comparisons drawn with data about non-Indigenous groups are often intended to highlight inequity for Aboriginal people however they may also contribute to a 'deficit discourse' which "*represents people or groups which in terms of deficiency – absence, lack or failure*".⁵⁵ This discourse implies that responsibility for problems rests with the individuals or communities affected by them rather than addressing larger socio-economic and historical factors that contribute to those problems. In preparation of this report, Telethon Kids Institute has been keenly aware of its responsibility to provide a candid and honest account of what the available data says about the Bidyadanga community while also foregrounding strengths that are evident (though sometimes hidden) in the data. This is not intended to minimise the adversity and trauma that many Aboriginal people face. Rather, it is an effort to adopt a strengths-based⁵⁶ approach whereby the complex reasons for inequity are not eclipsed by negative portrayals of Aboriginality and that positive qualities of diversity, capability and strength are not overlooked.

One Broome-based example of a strengths-based approach is the 2015 Yawuru Community Wellbeing Survey developed by Yawuru people (in collaboration with a number of academic partners). It focusses on strong family, strong community, connection to culture, country and identity, self-determination, health, material and subjective well-being. This research reflects the strengths and capabilities of Yawuru people, informed by Yawuru culture and contextualised by the historical challenges faced by the Yawuru community.⁵⁷

⁵⁵ Fogarty W, Bulloch H, McDonnell S, Davis M. Deficit Discourse and Indigenous Health: How Narrative Framings of Aboriginal and Torres Strait Islander People Are Reproduced in Policy. 2018:xii.

⁵⁶ Fogarty W, Lovell M, Langenberg J, Heron MJ. Deficit discourse and strengths-based approaches. Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing. Melbourne: The Lowitja Institute. 2018.

⁵⁷ Yap M, Yu E. Community wellbeing from the ground up: A Yawuru example. Bankwest Curtin Economics Centre Research Report. 2016 Aug;3:16.

Appendix B - Detailed data sources

Item	Data Currency	Source	Website
Children			
% children 0-4 in sole parent family	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
% children 0-4 who don't speak English well or not at all	2016	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
Family make-up	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
Child Health			
% babies with low birth weight	2018	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
% babies born pre-term	2018	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
% fully immunised at 2 years old	June 2020	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
0-4 yr old hospitalisation rates (per 100 children)	2018	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
Maternal Health			
% births to women aged 15-19	2018	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
% women who smoked at any time during pregnancy	2018	Western Australian Child Development Atlas	https://childdevelopmentatlas.com.au/
Children's Education			
Australian Early Development Census (AEDC) (2021)	2021	Australian Early Development Census	https://www.aedc.gov.au/data
% students who attend school more than 90% of time (Yr 1-10)	2019	Australian Curriculum, Assessment and Reporting Authority	https://www.myschool.edu.au/ https://www.det.wa.edu.au/schoolsonline/home.do
Year 3 NAPLAN results, 2021	2021	WA Department of Education	https://datapacks.censusdata.abs.gov.au/datapacks/
% homes with internet access	2016	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
Language			
% people who speak only English at home	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
% people who speak an Australian Indigenous language	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
Community			
Highest level of education	2021	ABS Census of Population and Housing QuickStats	https://www.abs.gov.au/census/find-census-data/search-by-area https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release#data-downloads
Socio-economic index	2021	ABS Socio-Economic Indexes for Areas	https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release#data-downloads

Item	Data Currency	Source	Website
Economy			
Workforce Participation	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
Parental employment	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/
Median weekly income	2021	ABS Census of Population and Housing QuickStats	https://www.abs.gov.au/census/find-census-data/search-by-area
% family households with income above or below threshold	2021	ABS Census of Population and Housing General Community Profiles	https://datapacks.censusdata.abs.gov.au/datapacks/

Appendix C – Notable changes for Bidyadanga between the 2016 and 2021 Census

The following table contains line-items for which ABS Census data in 2021 differed markedly from the 2016 results. While tests of statistical significance have NOT been undertaken, differences on these line-items are fairly large and have been provided here for information. These differences cannot be considered as 'trends' unless similar changes are evident in data from three or more time-points.

Statistic	2016	2021
Number of children aged 0-4 years	66	50
Families with children	107	124
Couples with children	40.9%	35.4%
One parent families	30.9%	40.2%
Highest level of education = year 10 or below	12.0%	26.0%
Median weekly family income	\$717	\$676
Persons aged 15 years or over who were in the labour force	44.3%	27.9%
Persons aged 15 years or over and in the labour force who were employed full-time	28.8%	62.7%
Persons aged 15 years or over and in the labour force who were unemployed	50.3%	6.8%
Number of persons aged 15 years and over who were employed	94	112
Number of persons aged 15 years and over	431	423

Appendix D – Service Mapping for Kimberley and Bidyadanga

Program	Service Provider	Description	Target	Funding Agency	Location
Child					
Child Development					
Kindilink	<i>La Grange Remote Community School</i>	Kindilink is a play-and-learn initiative for 3 year old Aboriginal children in the year before they start kindergarten. Children attend with a parent/carer for six hours a week. Kindilink offers high quality play and learn sessions for children and their parent/carer at the participating schools, at no costs to families. families are supported by a teacher and assistant to be actively involved in the activities with their children. where there is room in the program, younger members of the family may also attend with the three year old child.	3 years	State Government (Education)	Bidyadanga
Connected Beginnings		Connected Beginnings prepares Aboriginal and Torres Strait Islander children for school. It aims to close the gap in school readiness and education outcomes between First Nations children and non-Indigenous children.	Pregnant people and children aged 0 to school age	Department of Education, Skills and Employment, Department of Health	Country wide
Child Health					
Universal Child Health Schedule	<i>WACHS / contracted service providers</i>	The WA Child Health Service promotes the health and development of children by engaging with families and undertaking preventative health initiatives, health surveillance and screening, and health promotion activities. The five scheduled Universal contacts focus on eliciting and responding to parental concerns, the early identification of health and developmental concerns, supporting parenting and the promotion of child parent relationships. The Universal contacts involve identifying protective and risk factors, undertaking observations and assessments, surveillance and screening, providing anticipatory guidance, offering health information, and care planning that may include additional contacts and/or referral to relevant services and programs. The WACHS child health program is referred to as Healthy Country Kids	all children from birth to school entry	State Government (WACHS)	State-wide
Enhanced Child Health Schedule (ECHS)	<i>WACHS / contracted service providers</i>	The ECHS offers scheduled contacts with children and families, including the six Universal child health contacts and an additional ten contacts to provide extra support and monitoring. It supports families to raise healthy children with optimal development and wellbeing who are ready to commence school.	children and families who are experiencing poor social determinants and who require	State Government (WACHS)	all WACHS regions

Program	Service Provider	Description	Target	Funding Agency	Location
			additional support.		
Child Development Services	WACHS / contracted service providers	A range of free assessment, early intervention and treatment services are offered to children with developmental delay or difficulty that impact on function, participation and/or parent-child relationship.		State Government (WACHS)	all WACHS regions
Ear Health Screening for Aboriginal Children	WACHS / contracted service providers	Ear health and hearing screening (including otoscopy and tympanometry where required) is offered for all Aboriginal children from birth to school entry, as part of the universal child health contact at a minimum, with additional checks conducted for vulnerable children 0-5 years as identified.	Aboriginal children 0-5 years	State Government (WACHS)	all WACHS regions
Health Care Assessments for Children in Care	WACHS / contracted services / Primary Care providers	Health assessments inform the health component of the child's care plan, comprise the physical, developmental and psychosocial domains of health and wellbeing, and are reviewed annually.	children in the care of the Dept of Communities		all WACHS regions
School Health	Tartarl Kura Maya Bidyadanga Community Clinic	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal children		Bidyadanga
Immunisations	Tartarl Kura Maya Bidyadanga Community Clinic	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal families		Bidyadanga
Child and Maternal Health	Tartarl Kura Maya Bidyadanga Community Clinic	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal children and mothers		Bidyadanga
Family					
Maternal health					
Women's Health	Tartarl Kura Maya Bidyadanga Community Clinic	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal women		Bidyadanga
Parental health (including substance use, mental and emotion health)					
Allied Health Care	Boab Health Services	Diabetes Services-Monthly	Aboriginal parents		Derby and Bidyadanga
Allied Health Care	Boab Health Services	Podiatry-Monthly	Aboriginal parents		Derby and Bidyadanga
Allied Health Care	Boab Health Services	Dietetic Services-Monthly	Aboriginal parents		Derby and Bidyadanga
Allied Health Care	Boab Health Services	Mental Health-every 2-3 weeks	Aboriginal parents		Derby and Bidyadanga
Men's Health	Tartarl Kura Maya Bidyadanga Community Clinic	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal families		Bidyadanga

Program	Service Provider	Description	Target	Funding Agency	Location
Cyrenian House Milliya Rumurra Outreach	<i>Partnership between Cyrenian House and Milliya Rumurra Aboriginal Corporation</i>	Alcohol and other drug prevention services. Provides individuals and their families with improved access to alcohol and other drug services on an outreach basis. Assessment and counselling services together with prevention programs to address alcohol and other drug related harms, and facilitate capacity building and provide support for target communities to manage alcohol and other drug use and related concerns.	Aboriginal parents		Bidyadanga (not Derby)
Chronic Disease Management, Screening and Prevention	<i>Tartarl Kura Maya Bidyadanga Community Clinic</i>	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal families		Bidyadanga
Allied and Specialist health visits	<i>Tartarl Kura Maya Bidyadanga Community Clinic</i>	Clinical services provided by Kimberley Aboriginal Medical Service	Aboriginal families		Bidyadanga
Family financial well-being (including financial counselling, employment services and housing/homelessness)					
Financial Counselling Services	<i>Broome Community Information Resource Centre And Learning Exchange</i>	Broome CIRCLE Financial Counselling Service - The Broome CIRCLE Financial Counselling Service operates from premises in Broome and provides both a drop-in and appointment service. In addition to face-to-face assistance, it also provides group work on topics such as tenancies, budgeting advice and assistance, assistance to obtain entitlements and access to superannuation, negotiation with other service providers and advocacy services.	All Ages Universal	State Government (Communities)	Broome but also has outreach services in Beagle Bay and Bidyandanga, not Derby.
Financial Counselling Services	<i>Ngunga Group Women's Aboriginal Corporation</i>	Derby Financial Counselling Information and Support Service - Financial counselling service delivery includes face-to-face, telephone and community education (via workshops) to assist Individuals and families to avert the risk of financial crisis or successfully recover from that crisis. There has been an increase in clients seeking early access to superannuation due to financial stress.	All Ages Universal	State Government (Communities)	West Kimberley
Thrive	<i>Winun Ngari Aboriginal Corporation, Nirrumbuk Environmental Health and Services, Marra Worra Worra Aboriginal Corporation</i>	Thrive is a support program for Aboriginal Housing and Public Housing tenants and provides a a holistic support approach to enhance people's lives by looking at the wider needs of the individual. Thrive has a strong focus on early intervention, supporting people to identify and tackle problems before they become too great. The program assists tenants to improve their life skills, increase their ability to manage their household independently and participate in their community. Thrive is delivered in partnership with non-government organisations.	All Ages Aboriginal families	State Government (Communities)	Kimberley Wide
Broome Aboriginal Short	<i>Mercy Community Services Limited</i>	Service provides low cost accommodation and support to Aboriginal people traveling to service	All Ages Aboriginal families	State Government (Communities)	Broome Derby and Bidyadanga

Program	Service Provider	Description	Target	Funding Agency	Location
Stay Accommodation		towns who would otherwise be sleeping rough or in overcrowded accommodation.			
Derby Aboriginal Short Stay Accommodation Service	<i>Mercy Community Services Limited</i>	Service provides low cost accommodation and support to Aboriginal people traveling to service towns who would otherwise be sleeping rough or in overcrowded accommodation.	All Ages Aboriginal families	State Government (Communities)	Broome Derby and Bidyadanga
Broome Homeless Drop-In Centre	<i>Centacare Kimberley Association Inc</i>	Service provides assertive outreach support for rough sleepers in remote areas of Western Australia (Broome & Kalgoorlie).	All Ages Universal	State Government (Communities)	Broome, Derby and Bidyadanga
Family connection (includes family advocacy and cultural services)					
Parent Support	<i>Communities</i>	Works with open child protection cases for children 0-18 where the families are at imminent risk of their children coming into care. Time limited, intensive in-home support for periods up to 6 months engagement, multiple times per week.	0-18 years	State Government (Communities)	Kimberley Wide
Parent Support	<i>Communities</i>	Voluntary, structured home visiting service for families with infants from the antenatal period up to 2 years of age. The service focuses on protecting, enhancing and maintain infant wellbeing, parental wellbeing, family functioning and social connectedness.	0-2	State Government (Communities)	Kimberley Wide
Parenting Services	<i>Anglicare WA</i>	Parenting Services - Kimberley - Parenting Connection WA service is a universal early intervention service which offer a range of approaches that assist parents to manage the challenges of parenting, build skills knowledge and confidence, understand children's development and identify local community supports and relevant networks.	All Parents of children aged 0-18 years	State Government (Communities)	West Kimberley - Services Delivered in Broome and surrounding Aboriginal communities
Family safety (includes FDV, child abuse and neglect)					
Change Em Ways Kimberley Project (The Addressing Family Violence in the Kimberley Grants Program 2020/2022)	<i>Mens Outreach Service Aboriginal Corporation</i>	Adapt and pilot the Change Em Ways Aboriginal men's behaviour change program in the following three communities across the Kimberley region: Bidyadanga (Broome Local Government Authority); Fitzroy Crossing (Derby/West Kimberley Local Government Authority); and Balgo/Kutjungka (Halls Creek Local Government Authority).	All Ages Aboriginal families	State Government (Communities) and NIAA (Fed)	Broome and Derby, recently received funding to also cover Bidyadanga.
Marnja Jarndu Women's Domestic Violence Service	<i>Marnja Jarndu Women's Refuge Inc (intends to engage with the Bidyadanga community as part of their Mobile Outreach Initiative service)</i>	Service provides supported and/or safe accommodation to women, with/or without accompanying children, who as a result of family and domestic violence or other crisis. Breaking the cycle of domestic violence and homelessness, and assisting clients to maintain existing safe accommodation where appropriate or move to stable safe long term accommodation is a key role of Family and Domestic Violence Accommodation and Support Services.	All Ages	State Government (Communities)	Broome, Bidayadanga. Don't do outreach to Derby.

Program	Service Provider	Description	Target	Funding Agency	Location
State-wide or national service available to Derby Community					
National Immunisation Program (Free routine immunisation)		The NIP provides the routine childhood immunisations recommended for all children in Australia, free of charge.	Children 0-4 years	State/Commonwealth Government	State-wide
Better Beginnings State Library WA	<i>Better Beginnings</i>	Supports parents in reading to children so that they build the early literacy skills they need to become good readers and succeed at school. Better Beginnings aims to develop literacy skills in young children through fostering a love of books and language by: <ul style="list-style-type: none"> •Introducing children to developmentally appropriate books and language activities through the delivery of free books and reading packs to parents of newborns and children beginning kindergarten and preschool. •Supporting parents as their child's most important teacher in modelling early literacy practices through providing interactive literacy and parenting information sessions at libraries and in the community. •Raising awareness of the value and pleasure of reading sharing stories with children through the program's marketing messages, training practitioners delivering the program and lending literacy resources to child care centres, playgroups, schools and other community groups. •Linking families to the resources and services that libraries offer people of all ages. 		Statewide	
Country Families @ Ngala	<i>Ngala</i>	A pilot of delivery of statewide child health and parenting services through media and technology. Includes Country Early Parenting Group (via videoconference) for families of babies 0-4 months; half-hour VC/telephone consults; Facebook group; live chat via Ngala website; and online workshops on sleep, feeding, behaviour, toileting, and managing a baby and toddler. Run by a Child Health Nurse and accessible from home/Community Resource Centres. No fixed schedule available so likely scheduled based on demand.		State wide	
Homelessness Helpline	<i>Phone Support</i>	Ph helpline: Homelessness 1800 065 892	Universal Homelessness		
Rural Link	<i>Rural Link</i>	Afterhours mental health support line for rural communities	Rural community members	Statewide	
1800 Respect	<i>National sexual assault, DV family</i>	24 hr phone/internet support and counselling hotline	Universal	Federal Medibank	National hotline

Program	Service Provider	Description	Target	Funding Agency	Location
	<i>violence counselling service</i>				
Parenting Connection	<i>State wide partnership between Ngala and Anglicare WA that draws on Wanslea's expertise in the Wheatbelt and Great Southern.</i>	<p>Parenting Connection WA (PCWA) delivers high-quality, evidence-based, locally connected parenting services across most of Western Australia.</p> <p>Partnership Coordinators to help communities refocus services for children and families, and strengthen the capacity of communities to promote positive outcomes for children.</p> <p>Operate on a state-wide model to provide a consistent service approach to parents and caregivers across WA, adapted to local needs with a focus on collaboration and partnership. This approach connects and supports parents, caregivers and their children across WA with a customised suite of universal and targeted services to meet locally identified priorities.</p> <p>A Local Parenting Partnership Coordinator in each region works with the local community to deliver services to parents and caregivers. Parenting Partnership Coordinators come from a variety of backgrounds including community development and social services, and are trained in the Centre for Community Child Health (CCCH) / Murdoch Children's Research Institute (MCRI) Platforms framework.</p> <p>Platforms framework training assists Parenting Partnership Coordinators to help communities refocus services for children and families, and strengthen the capacity of communities to promote positive outcomes for children.</p> <p>A Local Area Partnership Group (LAPG) provides advice and guidance to the local operations of PCWA. PCWA build on existing services, and work closely with Child and Parent Centres in relevant locations and existing local parenting networks such as the Early Years Networks, ensuring that parenting needs across the broader local region are being met and duplication avoided.</p> <ul style="list-style-type: none"> • Parenting education workshops around engaging with children and teens, managing more than one child, transitioning to school, positive youth mental health, toileting, bedtime battles, morning routines, and protective behaviours 	Universal	State Government (Communities)	<p>Statewide, including the Kimberley.</p> <p>Kimberley Local Parenting Partnership Co-ordinator: Kimberley.PCWA@anglicarewa.org.au</p>

Program	Service Provider	Description	Target	Funding Agency	Location
		<ul style="list-style-type: none"> • Parenting programs such as Circle of Security and Tuning into Kids or Teens • Parenting information sessions • Individual parenting consultations • Parenting support and playtime groups, where parents and caregivers meet weekly to stay, chat and learn • Education for professionals to support parents and caregivers • Engagement with Local Area Partnership Groups and agencies • Community information and resources • Events that raise awareness of healthy child development through positive parenting 			