Australian Government
Department of Education, Science and Training

Ms Michelle Newbery
Principal Council Officer
Legislative Council, Standing Committee on Law and Justice
Parliament House
Macquarie House
Sydney NSW 2000

Dear Ms Newbery

Thank you for your letter of 8 September 2005 concerning my appearance before the Law and Justice Committee on Wednesday 31 August 2005. As requested I have enclosed a copy of the transcript of my evidence and corrected errors that occurred during the transcription process.

In reference to the question on notice regarding how we are evaluating the Council of Australian Governments Murdi Paaki trial, I have attached a copy of the Murdi Paaki Monitoring and Evaluation Framework endorsed by the Murdi Paaki Steering Committee; the coordinating structure with representatives from all trial partners, which has responsibility for progressing priorities addressing barriers and providing high level coordination of the trial. This Framework sets out the objectives and research questions for the monitoring and evaluation of the trial. The Framework aims to assist communities and governments by providing timely monitoring information in the following areas:

- progress in implementing the trial (including the formation of Community Working Parties and collaborative arrangements between communities and governments);
- community perspectives on the trial and on community-government interactions; and
- outcomes in key priority areas (such as school attendance, and literacy and numeracy levels).

This information will play a key role in the ongoing process of trial implementation and refinement as communities and governments adopt new ways of working together.

Thank you for the giving Mr Mark deWeerd and myself the opportunity to appear before the Committee. If you have any further questions please do not hesitate to contact me on (02) 6240 7720.

Yours sincerely

Susan Smith.

Ms Susan Smith
Branch Manager
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Department of Education, Science and Training

26 September 2005

Murdi Paaki COAG Trial Monitoring and Evaluation Framework

Background

In November 2000, the Council of Australian Governments (COAG) agreed that all governments would work together to improve the social and economic well being of Indigenous people and communities. They agreed on a reconciliation framework based on three priority areas for government action:

- investing in community leadership and governance initiatives;
- reviewing programs and services to ensure they deliver practical measures that support families, children and young people (including measures for tackling family violence, drug and alcohol dependency and symptoms of community dysfunction); and
- forging greater links between the business sector and Indigenous communities to help promote economic independence.

The COAG decision recognised that the commitment by Commonwealth and State and Territory Governments to Indigenous issues is spread across many agencies and programmes, with the result that activity is often fragmented. Monitoring and measuring the progress of individual programmes and the broader agenda has been difficult, and progress on the key indicators of social and economic well being has only been gradual.

Consistent with this, COAG later agreed, in April 2002, to trial working together with Indigenous communities in up to ten regions to provide more flexible programmes and services based on priorities agreed with the communities. The Trials involve whole-of-government approaches working with Indigenous communities to bring about better outcomes for Indigenous children, families and communities.

Governments agreed that both outcomes and management processes in Indigenous policy and service delivery need to be improved and the way to do that is twofold:

- governments must work together better at all levels and across all departments and agencies; and
- Indigenous communities and governments must work in partnership and share responsibility for achieving outcomes and for building the capacity of people in communities to manage their own affairs.

One of the regions selected was the Murdi Paaki region in north western New South Wales. The Murdi Paaki region includes the major communities of Bourke, Brewarrina, Broken Hill, Cobar, Collarenebri, Coonamble, Dareton, Enngonia, Goodooga, Gulargambone, Ivanhoe, Lightning Ridge, Menindee, Walgett, Weilmoringle and Wilcannia.

In the 2001 ABS Census, 7,542 Indigenous people resided in the Bourke region, representing 14 per cent of the total population of the region.

This initiative is being progressed at the regional level with the Murdi Paaki Regional Council, and at a local level with the Community Working Parties (CWPs), established by the Council. These Working Parties are the primary Indigenous governance structures in the 16 Murdi Paaki communities. The CWPs comprise a broad cross section of each local Indigenous community.

The Murdi Paaki Regional Council, the Department of Education, Science and Training (DEST) and the NSW Department of Education and Training (DET) signed a Shared Responsibility Agreement on 22 August 2003. Key regional priorities under the agreement are:

- improving the health and well being of children and young people;
- improving educational attainment and school retention;
- helping families to raise healthy children; and
- strengthening community and regional governance structures.

Each CWP will also develop a Shared Responsibility Agreement in conjunction with DET and DEST, based on local priorities.

Purpose

The monitoring and evaluation framework has been developed to assist in implementation and to assess the impact of the Murdi Paaki Trial. The framework aims to meet the reporting requirements of the COAG initiatives as well as the management requirements of the projects and community expectations. COAG's expectation is that the lessons learned from this initiative will be able to be applied more broadly.

Rigorous monitoring is essential in guiding Trial implementation. The framework aims to assist communities and governments by providing timely monitoring information in the following areas:

- progress in implementing the Trial (including the formation of community working parties and collaborative arrangements between communities and governments);
- community perspectives on the Trial and on community-government interactions; and
- outcomes in key priority areas (such as school attendance, and literacy and numeracy levels).

This information will play a key role in the ongoing process of Trial implementation and refinement as communities and governments adopt new ways of working together.

The Murdi Paaki Trial will also be evaluated to enable government and Indigenous communities to assess the impact of an approach which involves whole-of-government working with Indigenous communities to bring about better outcomes for Indigenous children, families and communities.

Specifically, we will evaluate the extent to which the Trial:

- improved the coordination of service delivery between and within governments;
- achieved community capacity to identify and pursue outcomes, community participation and community owned solutions;
- developed effective partnerships between all levels of government and the Indigenous community and shared responsibility between governments and Indigenous communities for outcomes;
- delivered better and lasting results at the local level in priority areas agreed with the community in Shared Responsibility Agreements; and
- improved community functioning in the areas of child health, wellbeing, governance, family support, economic development and alcohol and substance misuse.

The evaluation will also:

- bring together the collective learning from the Trial sites; and
- identify success factors and new knowledge and translate them into sustainable models and policies for the future.

Outcomes Framework

The COAG trials are guided by a framework of outcomes that is common to all states and territories. Strategies that involve all of government and community partnerships need to focus on broad holistic and long term outcomes. By having an outcomes framework, we are not suggesting a direct or exclusive effect on outcomes. Rather, it is expected that the Murdi Paaki strategies and activities will contribute to overall changes in community wellbeing in the context of other social and economic forces.

Audience

The framework has a number of audience groups whose needs will not be consistent across the board. It must take account of those audiences, and have the capacity to provide them with information that meets their needs.

The audiences are:

Murdi Paaki Indigenous communities:

Close monitoring is critical to the development of strong community working parties. Indigenous people in Murdi Paaki are likely to know intuitively whether this initiative is a success. The evaluation should be capable of providing communities with information that will monitor progress and show clearly where impacts (both positive and negative) have occurred, to what extent and why. It should also map the ways in which relationships between communities and governments have been affected by the trial, and the impact of those changes. In the long term, the framework needs to provide communities with the capacity to monitor and evaluate their own activities.

Government agencies (Local, State and Australian):

Government agencies will need to monitor the progress of the Trial and assess the extent to which working together more effectively and in partnership with Indigenous people has improved outcomes. These assessments will flow into ongoing Trial implementation and future policy deliberations concerning Government programs and their delivery. Governments at all levels will also have individual requirements to be met from the trial (for example, how the trial outcomes impact on existing programs/initiatives, the implications for greater collaboration between governments in future, and possible alternative funding arrangements).

Council of Australian Governments (COAG):

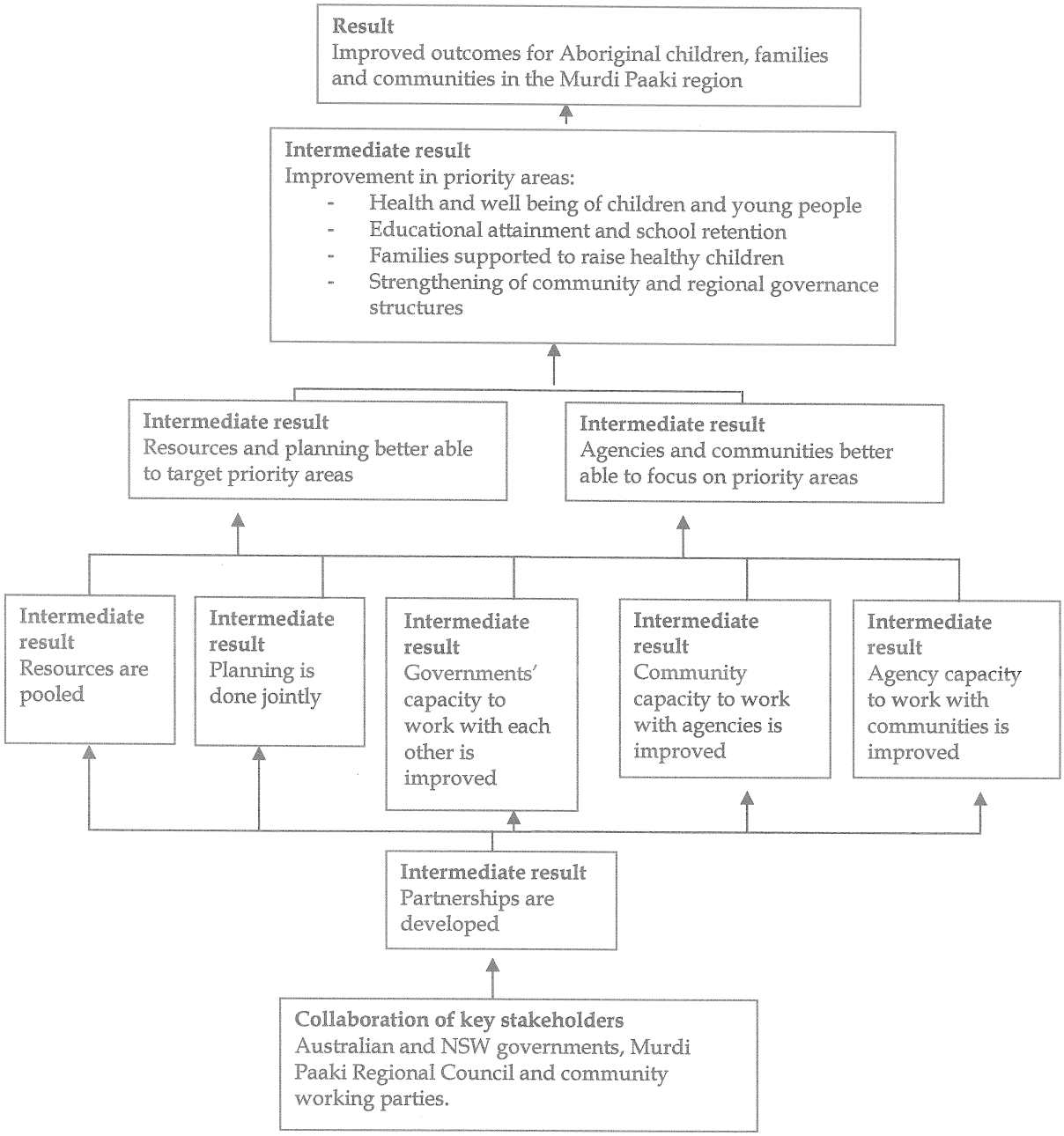
COAG has an overarching interest in the evaluation, and will be most likely to focus on the higher level outcomes of the trial. These include consistent themes coming through from each of the trial sites, and how these translate into longer term policy issues. COAG will also have an interest in any lessons from the Trials that could be applied more broadly.

Program Logic

The question of what is monitored and evaluated is shaped by what the Trial aims to achieve in the short and long term. In the short term the Trial aims to improve community and government interactions in the Murdi Paaki region. In the long term these improvements should lead to social and economic changes for communities. The evaluation needs to address both the initial short term aims and the longer term outcomes, and the relationship between them.

The following program logic diagram illustrates this process, beginning with the collaboration of key stakeholders and resulting in improved outcomes for Aboriginal children, families and communities in the Murdi Paaki Region. It shows the intermediate stages that need to be achieved in order to bring about long term changes.

PROGRAM LOGIC



Social and economic change in communities

Whole of government procedures

Timeframe for Outcomes

The Trial needs to be assessed within a timeframe that is realistic and allows for the achievement of both short term and long term outcomes.

As a guide, short term outcomes (2 to 5 years) are associated with a decrease in risk factors, while medium term outcomes (5 to 10 years) are associated with an enhancement in positive and healthy development. In the long term, it takes between 10-15 years for a vision for a healthy community to be embedded in the social contexts and institutions of a community.

The timeframes in which the government should expect to be able to measure outcomes in relation to the intermediate and long term stages identified in the program logic diagram are outlined below.

Within 1-2 years, the government should be able to measure outcomes of agency processes relating to partnership and collaboration. There should also be evidence of changes in outcomes in those areas where priority action has been taken (for example, decreases in school absenteeism).

Within 2 to 5 years, there should be evidence of better identification, planning and targeting of resources. These should result in measurable improvements in areas such as child immunisation, oral health, age appropriate social development, and the identification of mental health care needs of children.

Within 5 to 10 years, the government should be able to measure improvements in children's mental health, and decreases in children's emotional and behavioural problems; decreases in school absenteeism and increases in retention rates; decreases in smoking, drug and alcohol dependence during pregnancy; decreases in the number of children at risk of harm; decreases in the number of children with intentional and unintentional injuries; decreases in domestic violence; stronger community cohesion; and reduced rates of juvenile and adult crime in disadvantaged areas.

Within 10-15 years, the government should be able to measure changes in educational outcomes, in particular, for children from socio economically disadvantaged backgrounds.

Methodology

In developing the methodology there are a number of issues that need to be considered. In particular, the evaluation needs to provide information that can be used both for program implementation and refinement (formative information), and for making judgements about the overall effectiveness of the Trial (summative information). The evaluation also needs to provide information at a range of levels, including the Murdi Paaki regional level and the level of individual community sites.

A three-tiered structure is proposed consisting of trial monitoring, community level evaluation and regional level evaluation. This structure, along with suggested data collection strategies, is outlined below.

Evaluation Structure

1. **Trial monitoring**
   - Community feedback
     - *A simple template administered by the Action Team with the aim of collecting regular community-level information on the Trial.*
   - Socio-economic outcomes
     - *Key socio-economic indicators based on the priority areas identified in the SRA as well as national reporting requirements for COAG.*
   - Implementation progress
     - *A regular progress report documenting implementation of the Trial against stages identified through program logic.*

2. **Community level evaluation**
   - Community evaluation framework
     - *A developmental framework aimed at assisting communities (in partnership with government) to monitor and evaluate their own activities.*
   - Forming and sustaining partnerships
     - *Analysis of qualitative and documentary information on the processes involved in forming and sustaining local collaborative arrangements.*
   - Case studies of partnership formation
     - *Detailed qualitative studies of the partnership formation process aimed at documenting the lessons learned.*
   - Monitoring of locally determined outcomes
     - *To be determined in consultation with communities.*
   - Community perspectives on outcomes
     - *Collection of qualitative information on community perspectives (for example, through interviews and focus groups).*

3. **Regional level evaluation**
   - Meta-analysis of local evaluation findings
     - *A synthesis of findings from the community level evaluations aimed at addressing key evaluation questions at the regional level.*
   - Qualitative information on the value of whole of government approaches
     - *Interviews with stakeholders on regional issues such as inter-government cooperation and community-government interactions.*
   - Analysis of regional level outcomes
     - *Collection and analysis of quantitative and qualitative information on factors involved in changes in regional level outcomes.*
   - Assessment of impact and cost effectiveness
     - *An assessment of the extent to which the Trial has contributed to changes in socio-economic outcomes and is cost effective (for example, through analysis of program logic and savings to government).*
   - Evaluation of specific initiatives
     - *Evaluation studies of specific initiatives undertaken as part of the Trial.*

Data collection strategies will need to be devised for each of these components. It is

envisaged that they will draw on a mix of quantitative and qualitative information, including information from existing data sources and from data collections undertaken as part of the evaluation. Some of this work may be undertaken by independent evaluators working to the Steering Committee.

Evaluation Questions

A draft list of evaluation questions has been included in Appendix 1. These will need to be informed by discussion with community representatives and other stakeholders. They provide an indication of the likely data requirements for the evaluation. They need to be mapped against existing and proposed data sources in developing the methodology.

Community Feedback

A key aspect of the trial process is for governments to be more responsive. It is critical that the Evaluation and Steering Committees receive regular community level information on how the project is operating and whether the relationships between communities, government and service providers are improving in ways that benefit the participating communities. The Murdi Paaki Action Team is in a good position to collect this information through its regular face to face contact with communities.

A possible approach could involve assisting communities to provide regular feedback through the use of a simple template (Appendix 2). This template might ask questions like:

- what is working well and why?
- what is not working well and why not? and
- what can we, as partners in this process, do to improve the situation?

The Action Team would be responsible for analysing and reporting on community responses, including any trends and their implications, possible blockages, and how they might best be resolved. This information could be supplemented by regular independent assessments of community perspectives (for example, through focus groups).

Data Collection and Monitoring

There will be two levels of data collected.

1. Individual community sites.

Performance and outcomes for each site will be monitored against agreed benchmarks. This will allow the local sites to evaluate their outcomes (as agreed in the Local Shared Agreements). Data collected at this level can be qualitative and quantitative. Some data will contribute to the region wide evaluation while other data will remain within the local community for internal evaluation.

2. The Murdi Paaki regional level.

At the regional level DEST and DET are jointly responsible for reporting on progress against agreed benchmarks and outcomes. Other agencies have a responsibility for providing data. Data at this level will inform the COAG Framework for Reporting on Indigenous Disadvantage, allowing conclusions to be drawn about the overall impact of the Trials in key outcome areas. An indicators framework showing data sources against agreed priority areas is included in Appendix 3.

Information on levels of partnership and collaboration will also be collected and analysed from the individual sites. Learnings from the whole Murdi Paaki region will inform the COAG Trials national framework (particularly in relation to the benefits of taking a partnership approach).

Reporting

Regular reporting arrangements will need to be put in place in addition to the long term requirements of COAG. One approach would be to provide a regular monitoring report to the Steering Committee covering qualitative feedback from communities on the implementation of the Trial and statistical information on progress in priority areas. A draft report is attached as Appendix 4. Arrangements for reporting back to communities will also need to be addressed.

It is anticipated that regional and community level evaluation reports will be provided at 2 and 5 years, in line with the reporting timeframe for the national evaluation.

Management

There are a number of management issues that need to be resolved in developing the methodology. These include data sharing, resources, funding sources, community involvement, and structured reporting arrangements.

Appendix 1: Murdi Paaki Evaluation Questions

Overall analysis

What overall lessons did we learn from the trials? Were there any unintended consequences? What success of the trials can be replicated in other sites? What further research information is required?

Has the Trial been cost effective? How do the costs compare with the overall benefits for Aboriginal people in the Murdi Paaki region?

What was achieved through collaboration and partnership?

Is there evidence of greater cooperation and collaboration between government agencies? What practical inter-agency arrangements have been put in place?

Has the Trial led to cultural changes in service delivery agencies?

Is there evidence that the Trial improved internal community capacity for leadership and skill development?

Has the Trial helped develop a capacity for governance/self determination in Indigenous communities?

How many Community Working Parties (CWPs) have been formed as part of the Trial? Have they been provided with support? Are they representative of their communities?

What are the perspectives of stakeholders on the partnership process and its effectiveness?

Did the trials achieve shared responsibility? Have communities been able to negotiate as genuine partners with government agencies?

What partnership arrangements are in place (for example, between CWPs and government agencies) to enable a shared responsibility approach to occur/continue?

Is this 'new way' of working producing more coordinated service planning and better service delivery?

How successful are the community planning processes? Has there been community involvement in the development of indicators and outcome measures? Have communities been involved in monitoring and evaluation?

How effectively have the different levels of government (Commonwealth, State and local) worked together? What are the advantages and disadvantages of having a single lead agency?

How does the Trial interact with other programs or initiatives for Indigenous people?

Is there better coordination of government programs and services? Has this led to improved service delivery?

How effectively are community needs being identified? Are services being tailored to community needs and aspirations?

Improvements in the priority areas - is the trial bringing about better outcomes for families and communities?

Have there been long term changes in social and economic conditions for Indigenous communities in the Murdi Paaki region? To what extent are these changes attributable to the Trial?

Are community aspirations being met? Have there been changes in the agreed priority areas?

What specific initiatives have been undertaken as part of the Trial and what have been their outcomes (for example, the Joint Education Project and the Murdi Paaki Community and Education Initiative)?

Are the community governance initiatives self sustaining?

What data requirements need to be met for the national evaluation? What requirements have been agreed to by COAG? How should the evaluation report back to communities?

Appendix 2: Community Feedback Template

Feedback on the Murdi Paaki Community Partnerships

Communities represented: _____

- What is working well and why?

- What is not working well and why not?

- What can we, as partners, do to improve the situation?

- Other thoughts or comments on the partnerships.

Appendix 3: Murdi Paaki Indicators Framework

Social and Economic Change in Communities

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
Early child development and growth (prenatal to age 3)	1. Improving the health and wellbeing of children and young people	(a) Rate of infant mortality per 1,000 live births	ABS, Deaths Catalogue		
		(b) * Low birth weight babies as a percentage of all births * Babies born full term	NSW Health (Midwives Data Collection)	Annual	postcode
		(c) * First antenatal visit before 20 weeks gestation, by Indigenous status	NSW Health (Midwives Data Collection)	Annual	
		(d) Pertussis, measles and haemophilus influenzae type B hospital separations among children aged 0-14 years per 100,000 population, by Indigenous status	NSW Health (NSW Inpatient Statistics Collection)		
		(e) * Percentage of fully immunised children aged 12 months to less than 15 months	NSW Health		NSW
		(f) Participation in organised sport, arts or community group activities (to be developed)	Possibly from Continuous Health Survey, NSW Health Sample will be too		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
			small for annual collation, but may be possible to roll in sample size of several years, or over sample.		
	3. Helping families to raise healthy children	(a) Participation in early childhood activities (to be developed)	See comment above		
		(b) Participation in organised sport, arts or community group activities (not yet developed)	See comment above		
Early school engagement and performance (preschool to year 3)	2. Improving educational attainment and school retention	(a) * Preschool and school attendance			
		(b) Hospital separation for otitis media and tympanoplasty among children aged 0-14 years per 100,000 population, by Indigenous status	NSW Health (NSW Inpatient Statistics Collection)		
		(c) Number of Aboriginal children by age who receive Itinerant Teaching Services due to the effect of Otitis Media	NSW Department of Education and Training		
		(d) Proportion of households with overcrowding in Aboriginal	NSW Department of Housing.		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
		Housing Office Dwellings			
		(e) Proportion of Aboriginal households with overcrowding in social housing	ABS, 2001 Census		
		(f) * Percentage of year 3 students achieving national benchmarks and in two highest skill bands in government and non-government schools (literacy and numeracy)	NSW Department of Education and Training		NSW
		(g) Participation in early childhood activities (to be developed)	See previous comment about Continuous child health survey		
		(h) Participation in organised sport, arts or community group activities (to be developed)	See above		
Positive childhood and transition to adulthood	2. Improving educational attainment and school retention	(a) Percentage of students who attain a year 10 certificate	NSW Department of Education and Training		
		(b) * Apparent retention rates for years 7-10 and 7-12 in government schools	ABS, Schools Australia		NSW
		(c) * Percentage of years 5 and 7 students achieving the national benchmarks and/or in	NSW Department of Education and Training	Annual	NSW

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
		the two highest skill bands in government and non-government schools (BST, ELLA, SNAP)			
		(d) Year 12 students who meet the requirements for a year 12 certificate as a percentage of the number of students who commenced year 11 in the previous year	NSW Department of Education and Training		
		(e) TAFE NSW enrolments	NSW Department of Education and Training		
		(f) TAFE NSW module completions	NSW Department of Education and Training		
		(g) Indigenous student contact hours compared to all Adult and Community Education student contact hours	NSW Department of Education and Training		
		(h) Indigenous students as a percentage of all Adult and Community Education students in NSW	NSW Department of Education and Training		
		(i) Proportion of juvenile persons of interest proceeded	NSW Bureau of Crime Statistics and		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
		against by legal processes other than court	Research		
	3. Helping families to raise healthy children	(a) Victimisation rate for domestic violence for Indigenous young people	NSW Bureau of Crime Statistics and Research		
		(b) * Rate of children and young people involved in reports where assessment determined abuse/neglect issues per 1,000 population * Indigenous children with family/carer issues	NSW Department of Community Services		
		Family functioning (to be developed)			
		Social capital (to be developed)	Possible data source is Indigenous General Social survey, ABS		
Substance use and misuse	3. Helping families to raise healthy children	(a) Hospital separations attributable to alcohol	NSW Health (NSW Inpatient Statistics Collection)		
		(b) Hospital separations for trauma attributable to alcohol	NSW Health (NSW Inpatient Statistics Collection)		
		(c) Number of clients in	NSW Health		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
		pharmacotherapy treatment	(Pharmacotherapy Program Database)		
		(d) Drug and other alcohol treatment episodes	NSW Health (Minimum Data Set for Alcohol and Other Drug Treatment Services)		
		(e) Victimisation rate for domestic violence for Indigenous young people	NSW Department of Community Services		
		(f) * Rate of children and young people involved in reports where assessment determined abuse/neglect issues per 1,000 population	NSW Department of Community Services		
Functional and resilient families and communities	3. Helping families to raise healthy children	(a) Percentage of children discharged from long term care and protection orders who had been on an order for one year or more	NSW Department of Community Services		
		(b) Number of moves in care for Indigenous children and young people	NSW Department of Community Services		
		(c) Proportion of Indigenous children in Out of Home Care with formal Aboriginal family or	NSW Department of Community Services		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
		kinship placements			
		(d) Percentage of children or young people exiting care to usual care-giver that do not re-enter within on and five years of their exit	NSW Department of Community Services		
	4. Strengthening community and regional governance structures				
Effective environmental health systems	3. Helping families to raise healthy children	Hospital separations for: (i) acute respiratory infection (ii) gastrointestinal infection (iii) rheumatic heart disease (iv) skin infections (v) tuberculosis.	NSW Health		
		Proportion of Aboriginal communities experiencing sewerage system overflows or leakage	2001 CHINS		
		Proportion of Aboriginal households with regular waste collection	2001 CHINS		
Economic	2. Improving	(a) Year 12 students who meet	NSW Department of		

STRATEGIC AREAS FOR ACTION	AGREED FROM REGIONAL SRA	STRATEGIC CHANGE INDICATORS	DATA SOURCE	COLLECTION REGULARITY	COLLECTION LEVEL
participation and development	educational attainment and school retention	the requirements for a year 12 certificate as a percentage of the number of students who commenced year 11 in the previous year	Education and Training		
		(b) TAFE NSW enrolments	NSW Department of Education and Training		
		(c) TAFE NSW module completions	NSW Department of Education and Training		
		(d) Indigenous student contact hours compared to all Adult and Community Education student contact hours	NSW Department of Education and Training		
		(e) Indigenous students as a percentage of all Adult and Community Education students in NSW	NSW Department of Education and Training		
	4. Strengthening community and regional governance structures	(a) Labour force participation by industry	ABS, 2001 Census		
		(b) Level of education by Indigenous status	ABS, 2001 Census		
		(c) The number of Indigenous business operators in NSW	NSW Department of State and Regional Development		