



Royal Commission into Aboriginal Deaths in Custody Recommendation

68. Accurately identify Aboriginal people in administrative data sets

That responsible authorities accurately identify Aboriginal people in administrative data sets such as those covering mortality, morbidity and other social indicators, where such action will provide basic information which will assist Aboriginal organisations to achieve their research and service development goals. While it is acknowledged that primary responsibility for the management of such data sets lies with the States and Territories, Commonwealth agencies such as ATSIC, the AIH and the AIC should be involved in this exercise in a co-ordinating role.¹

Background²	The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) emphasised that the use of alcohol and other drugs increases the risk of poor health outcomes and increases the vulnerability to death in custody. It found an underwhelming amount of data was available on these health statistics relating to Aboriginal people. Accurate Aboriginal representation in alcohol and drug related data sets was needed to provide organisations with the essential baseline information to conduct research and service development in this area.
Intent	Identify Aboriginal people in health-related administrative data sets, providing base-line information for research and service development.
Responsibility	The Commonwealth and all state and territory governments.
Key contacts	Department of Health; Department of Families, Fairness and Housing.
Key action taken	
2005 Review³	<p>The Department of Human Services assessed Recommendation 68 as fully implemented.</p> <p>Department of Human Services</p> <p>Drugs Policy and Services advised that Aboriginal Status had been recorded at a state level, in the Alcohol and Drug Information System (ADIS) since before 1996. Aboriginal Status was recorded at a national level through the National Minimum Data Set for Alcohol and Other Drug Treatment services. However, the accurate reporting of Aboriginal status relied on clinicians asking the question: ‘Are you of Aboriginal or Torres Strait Islander origin?’ There was some reported reluctance by clinicians, on some occasions, to ask this question. There was also a reported reluctance by clients, on some occasions, to answer the question.</p>

¹ Royal Commission into Aboriginal Deaths in Custody (Final Report, 1991) 331 (‘RCIADIC’).

² Ibid vol 2, 330.

³ Implementation Review Team, Victorian Aboriginal Justice Forum, Victorian Implementation Review of the Recommendations from the Royal Commission into Aboriginal Deaths in Custody (Report, October 2005) (‘2005 Review’).

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2018 Review⁴

Deloitte assessed Recommendation 68 as being **partially implemented** with progress made to identify Aboriginal and Torres Strait Islander people in data sets. Identification and improvement in quality was ongoing, and not all data sets identified Aboriginal and Torres Strait Islander people in a way that was nationally consistent and accurate.

Commonwealth Government

The Australian Institute of Health and Welfare (AIHW) developed the National Health Information Agreement to strengthen the collection, quality and sharing of health statistics, with a particular focus on improving the identification of Aboriginal and Torres Strait Islander people. The Agreement was a collaborative effort between the Commonwealth, states and territories to establish consistent national data standards, and its implementation was supported through the National Indigenous Data Improvement Support Centre. The most recent update to the Agreement occurred in 2013.

To further enhance data quality, AIHW undertook a range of initiatives to assess and improve the identification of Aboriginal and Torres Strait Islander people in major administrative datasets. These included the release of national best practice guidelines in 2010 to ensure the Indigenous status question was asked accurately and consistently across health services, and the Enhanced Mortality Database Project in 2012 to improve mortality and life expectancy estimates. AIHW also conducted audits of hospital admitted patient data, comparing administrative records with face-to-face interview data, which showed steady improvements and adequate identification across all jurisdictions from 2010–11. Ongoing quality assessments were carried out across AIHW datasets such as the National Cancer Registry, National Child Protection Collection and the Disability Services National Minimum Data Set, as well as data collections relating to alcohol and other drug treatment services and opioid pharmacotherapy.

In parallel, the Australian Bureau of Statistics improved the identification of Aboriginal and Torres Strait Islander people across its data collections. The Commonwealth Department of Health also supported these efforts through the introduction of the Voluntary Indigenous Identifier, contributing to better identification in administrative data covering mortality, morbidity and other key indicators.

Victorian Government

Deloitte concluded that the Victorian Government had **mostly implemented** Recommendation 68 through several initiatives to improve reporting of Aboriginal and Torres Strait Islander health status. The History of Indigenous Identification in Victorian Health Datasets, 1980-2011 describes several of these initiatives and policies to improve reporting of Aboriginal status. Similar efforts were directed towards improving Aboriginal identification in Breast Screen Victoria and Royal Women's Hospital maternity services data.

⁴ Deloitte Access Economics, Department of Prime Minister and Cabinet, Review of the implementation of the recommendations of the Royal Commission into Aboriginal deaths in custody (Report, August 2018) <<https://www.niaa.gov.au/resource-centre/indigenous-affairs/review-implementation-royal-commission-aboriginal-deaths-custody>> ('2018 Review')

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Since then

Department of Families, Fairness and Housing⁵

Child protection and family services policy and practice – action taken that supports the intent of this recommendation:

- ‘Asking the question’ mandatory e-learning modules for both Housing and Child Protection staff implemented in 2023 focuses on culturally safe practice including early identification of Aboriginal children.
- Dedicated SharePoint page created on internal Child Protection and Housing Learning Hubs, containing information on identification/de-identification processes.
- Child Protection Practice Induction Program was updated to strengthen identification/de-identification of Aboriginal clients for new child protection practitioners.
- Monthly case discussion meetings between DFFH and the Commission for Children and Young People were established to review complex or sensitive de-identification requests, fostering shared oversight and accountability.
- Processes for de-identification were streamlined to improve timeliness.
- Information sheets were released in 2024 to assist child protection staff to record cultural identity accurately and consistently, with practical examples and clearer expectations.
- Work was undertaken with family services agencies to improve data collection.
- Improvements to identification of Aboriginal children/families made to data collection for referrals to The Orange Door.

Information system enhancements

- Child Protection Client Relationship Information System (CRIS) updates to the cultural information page and document, alternate views of Aboriginal status, information on the Aboriginal Child Care Placement Principle, including a dashboard and addition of ‘Traditional Country’ to the client case page.
- Family Services/Family Violence/Sexual Assault Integrated Relationship Information System (IRIS) updated in 2018 to make the capture of Aboriginal status mandatory. Prior to that, only the Aboriginal status of primary carer was mandatory. This improved ability to identify Aboriginal children and families receiving services.
- In June 2021, a prompt for practitioners to update Aboriginal Status at case closure was implemented in the Orange Door Customer Relationship Management (CRM) system, for cases where ‘unknown status’ was recorded at referral stage.

Use of linked data

- Linked data analysis is being used to draw information about Aboriginality from across different datasets, enabling better identification of Aboriginality.

⁵ Department of Families Fairness and Housing, 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) on Data, Research, Funding, Child Protection & Youth' (Response to AJC Request) 8-10.

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Department of Health⁶

Following VACCHO's briefing paper about issues relating to Victoria's inability to report against life expectancy targets of the National Agreement on Closing the Gap, VACCHO and the department established a Life Expectancy Collaboration in late 2024.

The collaboration, supported by a working group with members from VACCHO, the Department of Health, Department of Government Services and Ngaweeyan Maar-oo [Caucuses of Victorian Aboriginal Governance Forums] work with ABS, data experts and departmental communications teams to promote the importance of identifying Aboriginal status in health records and deaths certification.

The department also administers and works closely with VACCHO on several cultural safety initiatives that place Aboriginal identification at the centre of eight evidence based cultural safety domains that work together to improve the cultural responsiveness of mainstream health services.

Evidence of impact

Authorising documents

Department of Families, Fairness and Housing⁷

- Policy (e.g., Child Protection manual) and practice support documents (e.g., DFFH Learning Hub) outline the required approach.

Department of Health⁸

- National Partnership Agreement on Closing the Gap – Life expectancy targets.
- Aboriginal Health and Wellbeing Partnership Agreement.
- Cultural Safety Fixed Grants - identification is one of eight evidence focused domains.
- Statement of Priorities - Agreements between the department and Victorian health services.

Outputs

Department of Families, Fairness and Housing⁹

- Aboriginal and non-Aboriginal data is available in various internal and external publications/reports/data tools (e.g., Report on Government Services).
- The introduction of mandatory cultural safety training for all health services staff is an important structural impact that may aid in improving reliable, culturally appropriate identification systems and practices.

Outcomes

Department of Families, Fairness and Housing¹⁰

DFFH assessed this recommendation as 'fully implemented' as Aboriginal status is recorded in all client-related corporate data systems, including CRIS, IRIS, HiiP (Housing Integrated

⁶ Department of Health (Vic), 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) ' (Response to AJC Request) 20-22.

⁷ Department of Families Fairness and Housing, 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) on Data, Research, Funding, Child Protection & Youth' 8-10.

⁸ Department of Health (Vic), 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) ' 20-22.

⁹ Department of Families Fairness and Housing, 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) on Data, Research, Funding, Child Protection & Youth' 8-10.

¹⁰ Ibid.

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	<p>Information Program), Homelessness Data Collection and The Orange Door Customer Relationship Management (CRM) system, and work has been undertaken to improve data quality.</p> <p>Department of Health¹¹</p> <p>The Department of Health recognised that the number of Aboriginal people reflected in Victoria’s mortality data is too low for capturing in ABS data and is therefore unable to be shared with the Commonwealth to monitor Closing the Gap targets. This impedes Victoria’s ability to compare its performance with other jurisdictions and importantly, comparing life expectancy estimates between Aboriginal and non-Aboriginal Victorians.</p> <p>Australian Indigenous HealthInfoNet¹²</p> <p>A major issue with mortality data is that not all deaths of Aboriginal people are accurately recorded in death registrations. As a result, mortality levels are likely underestimated. Although most deaths among Aboriginal people are registered and almost all include Indigenous identification data (99.8% in 2023), some of this information is known to be inaccurate because it is difficult to determine how many deaths are correctly identified, therefore calculating the true number of Indigenous deaths and corresponding mortality rates remains an issue.</p> <p>Department of Health¹³</p> <p>The Life Expectancy Working Group has identified, with the support of ABS, that ‘Median Age of Death’ is a suitable, reliable alternative to life expectancy estimates. The method can allow comparisons between jurisdictions and cohorts.</p>
<p>Community views</p>	<p>None identified.</p>
<p>Related recommendations</p>	
<p>Yoorrook Justice Commission¹⁴</p>	<p>Recommendation 97.</p> <p>The Victorian Government must commit funding and resources to systemic reform to facilitate, embed and ensure Indigenous Data Sovereignty and Indigenous Data Governance in relation to First Peoples’ records, including through treaty by funding, resourcing and supporting the establishment of a Victorian First Peoples-controlled statewide body for First Peoples’ data, records and data governance expertise.</p>

¹¹ Department of Health (Vic), 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) ' 20-22.

¹² The Australian Indigenous HealthInfoNet, 'Limitations of the sources of Aboriginal and Torres Strait Islander health information', 18th February 2025) <<https://healthinonet.ecu.edu.au/learn/health-facts/latest-information-and-statistics/limitations-of-the-sources-of-aboriginal-and-torres-strait-islander-health-information/>> ('Limitations of the sources of Aboriginal and Torres Strait Islander health information').

¹³ Department of Health (Vic), 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) ' 20-22.

¹⁴ Yoorrook Justice Commission, *Yoorrook for Transformation: Third Interim Report* (Summary Report, 2025) ('Yoorrook for Transformation - Summary Report').

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2005 Review¹⁵

Recommendation 21

That the Department of Human Services continue its collaborative work with the Aboriginal community to improve Aboriginal identifiers relating to alcohol and drug data and collection.

Assessment summary¹⁶

The intent of Recommendation 68 was to identify Aboriginal people in health-related administrative data sets, providing baseline information for research and service development.

The Department of Families, Fairness and Housing reported that Aboriginal and non-Aboriginal data is available through internal and external publications and data tools and considers this recommendation ‘fully implemented’. Aboriginal status is recorded across all client-related corporate data systems, including the Child Protection Client Relationship Information System, Family Services/Family Violence/Sexual Assault Integrated Relationship Information System, Housing Integrated Information Program, Homelessness Data Collection, and The Orange Door Client Relationship Management system, with ongoing work to improve data quality.

The Department of Health noted the introduction of mandatory cultural safety training for health service staff has helped to strengthen culturally appropriate identification practices. However, the number of Aboriginal people captured in Victoria’s mortality data remains too low for inclusion in ABS reporting, limiting the state’s ability to compare life expectancy outcomes between Aboriginal and non-Aboriginal Victorians. In partnership with the ABS, the Life Expectancy Working Group identified ‘Median Age of Death’ as a suitable alternative to life expectancy estimates, enabling more reliable jurisdictional and cohort comparisons.

While the Standard Indigenous Question is now consistently asked across services, we’re concerned the accuracy and reliability of the data has declined, particularly in areas where increasing numbers of non-Aboriginal people are incorrectly identifying as Aboriginal.

It was probably reasonably accurate at one stage. But now, it's probably nowhere near as accurate as it should be. (John Gorton, Chairperson, Grampians RAJAC)

Recommendation 68 is still relevant, particularly for Victoria, where data accuracy limitations continue to prevent reliable life expectancy estimates for Aboriginal people. Clearer guidelines, staff training, and community-controlled oversight could help strengthen data integrity. Further strengthening the quality of data remains essential, with the potential to improve Aboriginal organisations’ ability to undertake research and deliver services effectively.

¹⁵ Aboriginal Justice Forum (Vic), Department of Justice (Vic), *Victorian Implementation Review of the Recommendations from the Royal Commission into Aboriginal Deaths in Custody* (Review Report, October 2005) ('2005 Review').

¹⁶ Meeting with Aboriginal Justice Caucus Working Group (Project Team, Online, 22 July 2025) ('Working Group Meeting (22 July 2025)'); Meeting with Aboriginal Justice Caucus (Project Team, In Person, 23 September 2025) ('AJC Meeting (23 September 2025)').

Assessment of Recommendation 68

Is the intent of the recommendation accurately described?

Yes

Does the action taken align with the intent of the recommendation?

0 – No action taken

1 – Action taken is of little relevance to the intent of the recommendation

2 – Action taken partially aligns with the intent of the recommendation

3 – Action taken fully aligns with the intent of the recommendation

2

(Score out of 3)

Is there evidence of the desired impact or outcome/s?

0 – No evidence

1 – Evidence of output rather than outcome

2 – Some evidence action contributed to outcome/s

3 – Clear link between action and impact or outcome/s

2

(Score out of 3)

How relevant is the recommendation in the current context?

0 – No relevance – refers to practices, agencies or laws that no longer exist

1 – Low – some relevance, but most aspects of the recommendation no longer apply

2 – Moderate – remains relevant, but some aspects of recommendation no longer apply

3 – High – entirely relevant to current context

3

(Score out of 3)

Does full implementation have the potential to reduce incarceration, increase safety in custody and/or progress Aboriginal self-determination?

0 – No potential to improve Aboriginal justice outcomes

1 – Low – potential to improve Aboriginal justice outcomes, but none of the three identified

2 – Moderate – potential to progress one or two of the outcomes identified

3 – High – potential to reduce incarceration AND increase safety in custody AND self-determination

1.5

(Score out of 3)

Potential actions for further work

Improve the accuracy of Aboriginal identification in health data collection and Aboriginal oversight of it

(Yoorrook for Transformation Report, 2025, Recommendation 97)

The Victorian Government must commit funding and resources to systemic reform to facilitate, embed and ensure Indigenous Data Sovereignty and Indigenous Data Governance in relation to First Peoples' records, including through treaty by funding, resourcing and supporting the establishment of a Victorian First Peoples-controlled statewide body for First Peoples' data, records and data governance expertise.¹⁷

¹⁷ Yoorrook for Transformation - Summary Report.

Moderate priority for further work

Relevance and potential impact

		Low (0-2)	Moderate (3-4)	High (5-6)
Extent of action taken and evidence of outcomes	High (5-6)			
	Moderate (3-4)		Rec 68	
	Low (0-2)			

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Yoorrook Justice Commission, *Yoorrook for Transformation: Third Interim Report* (Summary Report, 2025)