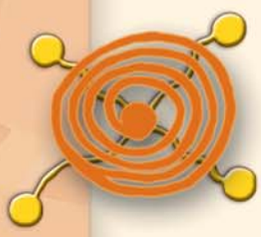

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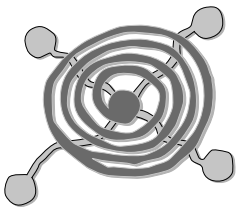

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Indigenous Populations and Resource Flows in Central Australia: A Social and Economic Baseline Profile

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2005

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in conjunction with ATSIS and ANU

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Abbreviations and acronyms

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
ACPO	Aboriginal Community Police Officer
AHW	Aboriginal Health Worker
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ANKAAA	Association of Northern, Kimberley and Arnhem Aboriginal Artists
ANU	Australian National University
ANZDATA	Australian and New Zealand Dialysis and Transplant Registry
AP	Anangu Pitjantjatjara
ARF	Acute Rheumatic Fever
ARHP	Aboriginal Rental Housing Program
AS	Alice Springs
ASAUHA	Alice Springs Aboriginal Urban Housing Association
ATSIAB	Aboriginal and Torres Strait Islander Arts Board
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIS	Aboriginal and Torres Strait Islander Services
CAAC	Central Australian Aboriginal Congress
CAAFLU	Central Australian Aboriginal Family Legal Unit
CAALAS	Central Australian Aboriginal Legal Aid Service
CAAMA	Central Australian Aboriginal Media Association
CANCA	Combined Aboriginal Nations of Central Australia
CDEP	Community Development Employment Program
CDHA	Commonwealth Department of Health and Ageing
CEC	Community Education Centre
CGC	Commonwealth Grants Commission
CHINS	Community Housing and Infrastructure Needs Survey
CHIP	Community Housing and Infrastructure Program
CLC	Central Land Council
CPI	Consumer Price Index
CR	Central Remote
CRH	Centre for Remote Health
CRM	Central Remote Model
CSG	Customer Service Guarantee
CSHA	Commonwealth State Housing Agreement
DCITA	Department of Communications, Information Technology and the Arts
DK-CRC	Desert Knowledge Collaborative Research Centre
DRG	Diagnostic Related Groups
ERP	Estimated Resident Population
ESRF	End Stage Renal Failure
FaCS	Family and Community Services
HLC	Homelands Learning Centre
FTE	Full-time Equivalent
ICC	Indigenous Coordination Centre
IES	Indigenous Essential Services
IESIP	Indigenous Education Strategic Initiatives Program
IHANT	Indigenous Housing Authority of the Northern Territory

MAP	Multi-level Assessment Program
MBS	Medicare Benefits Scheme
MDC	Major Diagnostic Category
MSOAP	Medical Specialist Outreach Assistance Program
NACISS	National Arts and Crafts Industry Support Strategy
NAHS	National Aboriginal Health Strategy
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NATSIS	National Aboriginal and Torres Strait Islander Survey
NDICP	National Deaths in Custody Program
NHF	National Heart Foundation
NILF	Not in the Labour Force
NT	Northern Territory
NTGC	Northern Territory Grants Commission
NTDCDSCA	NT Department of Community Development, Sport and Cultural Affairs
NTDEET	NT Department of Employment, Education and Training
NTDHAC	NT Department Health and Aged Care
NTDIPE	NT Department of Infrastructure, Planning and Environment
NTDHCS	NT Department of Health and Community Services
NTDLG	NT Department of Local Government
NTDOJ	Northern Territory Department of Justice
NTDPFES	Northern Territory Department of Police, Fire and Emergency Services
NTG	Northern Territory Government
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PAWC	Power and Water Corporation
PBS	Pharmaceutical Benefits Scheme
PHC	Primary Health Care
PHCAP	Primary Health Care Access Program
PES	Post Enumeration Survey
RAA	Regional Arts Australia
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
RHD	Rheumatic Heart Disease
RICP	Return of Indigenous Cultural Property
RTO	Registered Training Organisation
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCRCSSP	Steering Committee for the Review of Commonwealth and State Service Provision
SCRGSP	Steering Committee for the Review of Government Service Provision
SIHF	Special Indigenous Household Form
SIPF	Special Indigenous Personal Form
SLA	Statistical Local Area
SPP	Specific Purpose Payment
STI	Sexually Transmitted Infection
THS	Territory Health Service (now NTDHCS)
USO	Universal Service Obligation
VET	Vocational Education and Training
WA	Western Australia
WDPAC	Western Desert Puntukurnuparna Aboriginal Corporation
YLL	Years of Life Lost

1. Background and analytical framework

This report arises from a project that developed from an approach made by the Aboriginal and Torres Strait Islander Commission (ATSIC) Alice Springs to the Centre for Remote Health (CRH) regarding regional planning using a participatory research approach. At the same time, the Desert Knowledge Collaborative Research Centre (DK-CRC) was developing its governance theme and held a workshop in October 2003 which was attended by the Central Land Council (CLC), Combined Aboriginal Nations of Central Australia (CANCA) and Aboriginal and Torres Strait Islander Services (ATSIS), at which a possible research project was jointly discussed by these partners and the CRH. After a series of joint discussions, a final research proposal was put to the DK-CRC and was approved and funded in 2004. The project involves collaboration between ATSIS, the CRH, CLC, CANCA, the Australian National University (ANU) and the Northern Territory Government (NTG).

The project involves three phases. Phase one is a data collection exercise to establish a baseline profile of the social and economic conditions of the region and map the levels of government funding for services to Indigenous communities in central Australia. The scope of the services and resources examined includes infrastructure (municipal, transport and communications), health, employment, education and training, law and justice, and community services for the geographic region of the Central Remote (CR) and Alice Springs (AS) ATSIC regions for a 3–5 year period where available. This report is the result of that data collection process.

Methods

This project constructs baseline profiles of the social and economic conditions of the region. This is to establish baseline indicators of social and economic conditions against which change can be calibrated. Such a baseline also provides essential input to the identification of priority development issues and assists in the building of capacity for regional governance by enhancing the flow of information and degree of local knowledge of social and economic circumstances. However it must be noted that the construct of the baseline profiles is not able to incorporate or provide an indication of the historical and regional impacts experienced by Indigenous people that are inimical to what the data represent. Thus while the indicators provide one important source of data, the historical context that influenced the status of indicators and the social context that will affect future changes, need to be understood.

The data sources are detailed in each chapter. This includes a discussion of the limitations of the approach that arise from the sources of data, how they are collected and what they represent. This is particularly important, as limitations to the robustness and validity of data need to be carried forward in any discussion of the measurement of changes in those indicators. In addition it can inform changes to improve data collection methodologies and processes and, the resulting analysis.

Recurrent funding going back a minimum of three financial years from the 2002–03 year was collected. Where possible data for five years were collected. As the data collection commenced in April 2004, the 2003–04 financial year was not included. All financial data have been adjusted to June 2003 values using the Consumer Price Index (CPI). Capital expenditure is for the five-year period 1998–2003. If there were large capital expenditures just outside the time period, we have included this and adjusted the average accordingly.

Baseline profiles

This report attempts to establish a baseline profile of the social and economic conditions of the central Australian region. The selection of indicators for particular groups was done in consultation with other research partners (ATSIC, CLC, ANU and NTG) and is based on other similar processes occurring nationally and locally. In particular the work of Dr John Taylor in the Kimberley and the Northern Territory (NT) in similar projects contributed to the framework for this project.

The scope of the profile covers key economic and social features of the regional population that typically form the basis of policy interest and potential intervention, with particular reference to the Indigenous population. These include demographic structure and residence patterns, labour force status, income, welfare, education

and training, health, housing and involvement with the criminal justice system. The profiles are constructed from a range of social indicators and were compiled using data from a variety of published and unpublished data, and data collected by services agencies in the course of providing services and Indigenous people's interaction with current services.

Data related to services or programs are necessarily shaped by those services and programs. Health is an example of this; where indications of prevalence are often based on data that include only hospital-based interactions, attendances and following diagnosis of people at other health services (community clinics, GPs) are not included. There may be reasons of current service delivery which affect the completeness and accuracy of data; for example, in terms of overcrowding in public housing, tenants are unlikely to advise Territory Housing of any increase in the number of household occupants as Territory Housing will not approve increases to household occupants that result in overcrowding and the waiting time for a 4 bedroom house was 48 months at June 2004.

Issues arising from the context of service or program delivery have been included where possible. This may be noting guidelines to, and parameters of service delivery as well as history of government policy or relevant service organisations. An example of this would be many Indigenous people's response to what they may perceive as 'welfare' services for families, given that many current parents or grandparents may well be of the stolen generation.

Cultural relevance

The sources of data have limitations in terms of providing a meaningful representation of the social and economic status of Indigenous people in the region. With the census data from the Australian Bureau of Statistics (ABS), there are concerns about the cultural relevance of data which are designed to provide a profile of mainstream Australian life (Taylor 2003, Smith 1991). After observing first-hand the 2001 Census count at a NT outstation, Morphy (2002) described the census process as a 'collision of systems'. Along with others engaged in the same exercise in Alice Springs (Sanders 2002) and Aurukun (Martin 2002), she concludes that census questions lack cross-cultural fit and produce answers that are often close to nonsensical.

An illustration of this is with respect to the questions about religion—people's contact with missions may have prompted them to list a church, or to be confused with the question and therefore give no answer, rather than choosing traditional religion. The result is that the census data show that 1% of Aurukun's Indigenous population adhere to traditional beliefs which is clearly absurd. With respect to language, the unlikely conclusion from census data was that 20% of the population at a particular outstation were 'speaking English only', which directly conflicted with the researchers' knowledge of that group of people, who spoke one if not several Aboriginal languages. The question regarding ability to speak English (with the options: very well, not well, not at all) was noted to have caused embarrassment to the respondents, resulting in an answer of very well or well[1] (Martin et al 2002).

In terms of the rights of Indigenous people to personal security and the extent to which Indigenous lives are disrupted as a consequence of exposure to violence both as witnesses and victims, the data relating to involvement in the criminal justice system do not provide an adequate sense of this. They are a reflection of the current services and do not necessarily reflect what the usage of those services and result would be if they were different, perhaps more culturally appropriate.

Defining the region

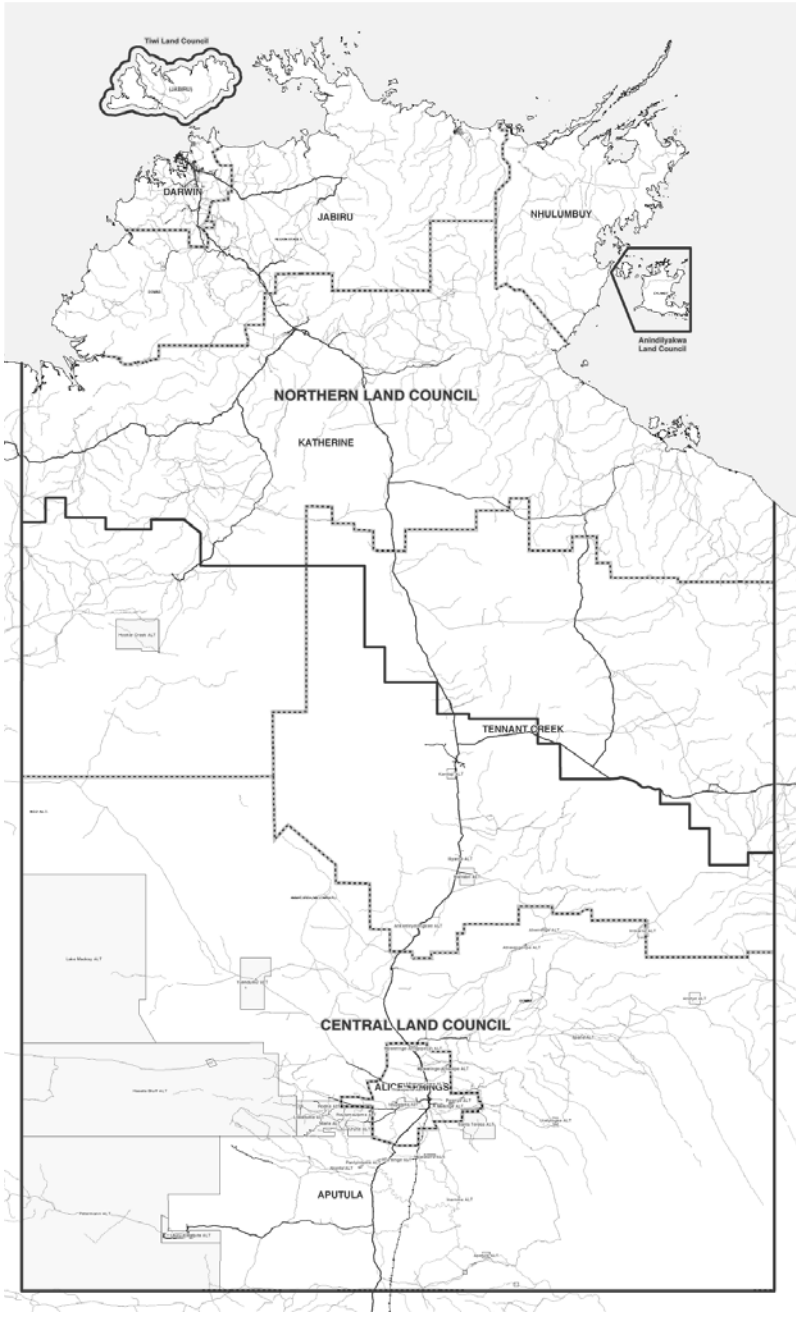
The region that the project has collected data for covers the ATSIC CR and AS regions. There are a number of regional boundaries for agencies and organisations that we collected data from which are detailed later in this section.

The selection of the region was joint between the project partners (ATSIC, CLC and NTG) and reflects an administrative region rather than a region based on a particular social, cultural or political jurisdiction. The selection of region is important as it has consequences for the future construction of service arrangements and

[1] The school staff at Kiwirrkurra in 1997 have noted that the education levels and the ability to speak English well, seem to be much lower than indicated by the ABS data in the 1996 census.

data collection processes, and gives a further impetus to the administrative rational of the region as defined. Boundaries are necessary for the functions of governments and to facilitate service delivery mechanisms. However it is important to have a realistic grounding in how people and regional boundaries interact.

Figure 1: Map of CLC, Northern Land Council and ATSIC regions of the NT



This map shows the CLC and Northern Land Council regions, and the ATSIC regions in the NT.

The Central Remote region (formerly called Apatula region) and the Alice Springs ATSIC region together incorporate the following CLC regions: Central, East Sandover, Anmatyerre, South West, West and part of the Tanami region. The north-western boundary of the CR region crosses the Tanami CLC region. The north-eastern boundary of the CR region is the same as the north boundary of the CLC East Sandover region.

The boundaries for the ABS census data are the AS and CR regions. There is also data available at a community level.

The CR region is the same as the NT Department of Community Development, Sport & Cultural Affairs (NTDCDSCA) southern region.

Indigenous people in central Australia have particular relationships and affiliations with many different localities and this results in high mobility. These affiliations do not stop at state or administrative regional boundaries. For example, there are many people in Kintore in the NT and Kiwirrkurra in Western Australia (WA) that have close family links; Mutitjulu in the NT has links with communities in the Anangu Pitjantjatjara (AP) lands in South Australia (SA); Yuendemu which is within the ATSIC CR region, has links with Lajamanu which is in the Garrak-Jarru ATSIC region.[2]

Communities often have visitors from several other affiliated communities and vice versa; such visits may last for an extended period of time. Dual or multiple residency is common and some people move between two and sometimes three of the communities causing large population fluctuations. It is common that many remote residents will also spend a weekend in Alice Springs, or go shopping and stay in town for several days, particularly as it is the only urban centre for some distance.

[2] Communities in central Australia often have two names, for example Aputula (Finke), Titjikala (Maryvale) and Kaltukutjara (Docker River). A full list of the communities with their names is set out in Appendix B.

Agency and service areas within the region

Different agencies and organisations provide services to areas that do not necessarily coincide with the project region, the AS and CR ATSIC regions. This will result in the data collection areas being inconsistent between agencies and at the beginning of each section we have detailed any differences between the agency boundaries, their service areas and issues related to the data collected.

An important step for future data collection processes is the consistent alignment of different NTG agency regions and boundaries. The boundaries and regions have been altered by the NTG to reflect the regions that the ABS uses in the census to collect demographic data, which will allow the service and agency data to be overlaid with the ABS data.[3]

The proposed Primary Health Care Access Program (PHCAP) regions are based on clustered groups of communities with language and cultural links. The CLC structure reflects the language groups with the CLC area divided into nine regions based around these language groups.[4] Boundaries that need to be established for regional planning should necessarily reflect the people they are providing services to. As Taylor (2004) notes, changes to the ABS and service agency delivery boundaries might have to change in order to match new regional planning boundaries. The ABS has redesigned collection district boundaries to more closely align with socio-cultural groupings on the ground in the past, (although there may be some debate on the accuracy), thus change in the future is possible. Coordination between relevant agencies, the CLC, Commonwealth, NTG and the ABS will be required.

Language groups in central Australia

Many Aboriginal adults and children in central Australia are speakers of an Aboriginal language (or languages) as their first language, and may speak several languages. There are a number of language families that span the desert region of central Australia, extending through the NT, and speakers of the same language family may be found in communities in NT, SA, WA and Queensland. The relationship between language, affiliation and mobility is often close—the communities that share a language often form an area of association.

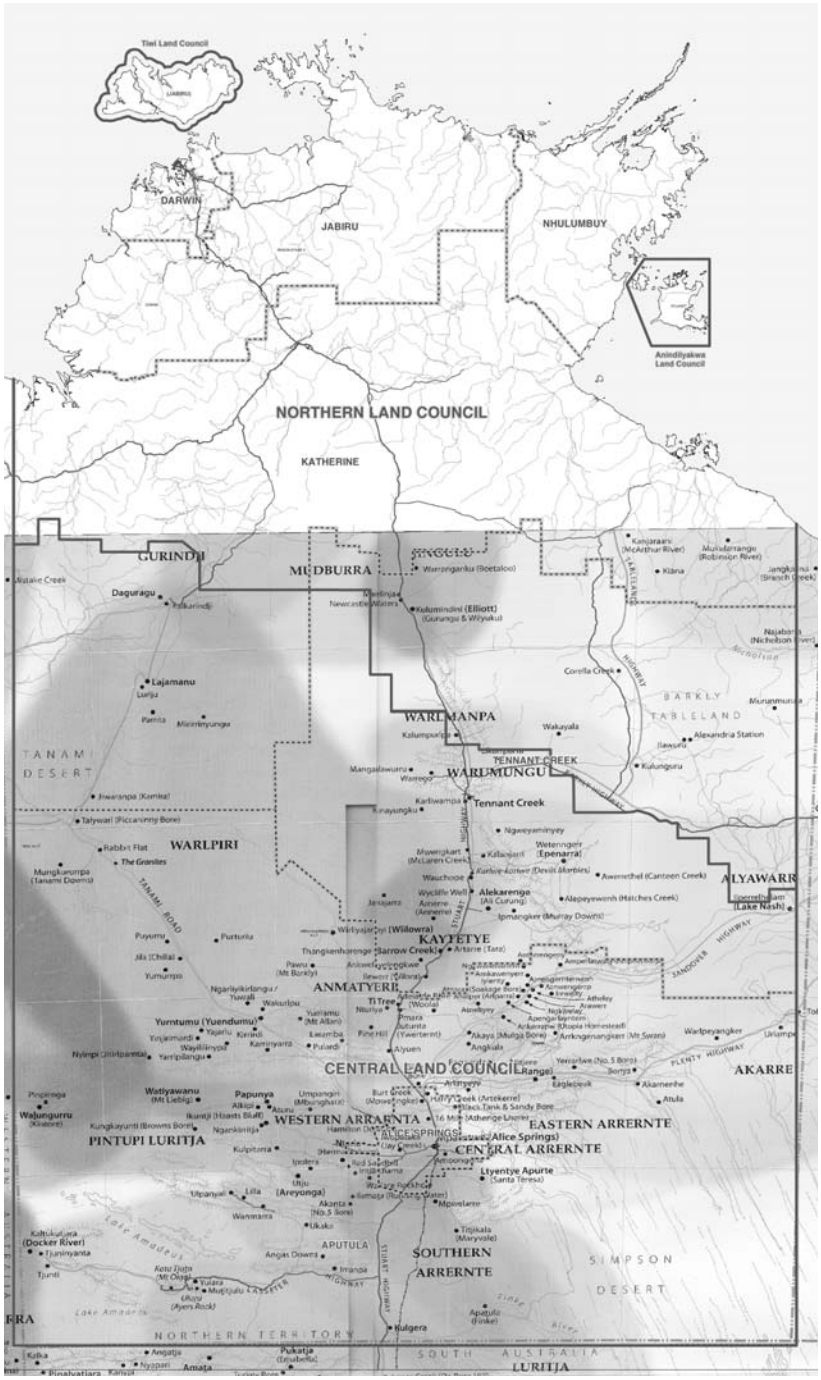
There are three language families in the CR and AS regions—the Western Desert, Arandic and Ngarrkic families. The following is from the summary located on the CLC website (CLC 2004).

> The Western Desert language family stretches from WA, through northern SA and into southern NT. Traditional dialectal regional distinctions are less defined these days due to people's movement throughout the region, brought about largely by European contact: missionary contact, the cattle industry and the building of the railway.
>
> Pitjantjatjara is the main language spoken in the Pitjantjatjara Lands and including Irrunytju in WA, around Kaltukatjara, Mutitjulu and Areyonga in the NT. Yankunytjatjara is the dialect spoken to the east of Pitjantjatjara.
>
> Luritja is spoken to the east of the Pitjantjatjara Lands from Oodnadatta in SA (in the past) through Aputula, Kings Canyon area, Areyonga, Imanpa and Mutijtulu in the NT. It has often been used as the lingua franca between Western Desert and Arandic and Warlpiri speakers.
>
> Pintupi speakers tend to come from WA in the desert region around Kiwirrkura community. Pintupi Luritja is the name given to the Western Desert dialect as spoken from around Papunya to the WA border.
>
> It exhibits features of neighbouring languages such as Warlpiri and Arrernte, since once the Pintupi came out of the bush relatively recently, they have often lived in close proximity at Hermannsburg Mission and Papunya and Haasts Bluff ration stations.

[3] D Griffith, Chief Minister Office NTG pers. comm. 14th May, 2004.

[4] There are 15 different Aboriginal language groups in central Australia.

Figure 2: Map language groups CLC regions



Ngaatjatjarra is a dialect spoken by only a few families around the WA border communities of Tjukurla, Warakurna, Papulankutja and Kaltukutjara. Ngaanyatjarra is the main language of the Ngaanyatjarra Lands communities in WA.

The Arandic family of closely related languages includes a number of varieties of Arrernte, Anmatyerr and Alyawarr. There are probably around 4,500-6,000 speakers in all (Henderson and Dobson 1994). The dialects of Arrernte are divided in the following way:

Eastern and Central Arrernte are spoken mainly at Artetyere, Ltyentye Apurte, Amoonguna and Alice Springs. Western Arrernte is spoken mainly around Ntaria, Iwuputaka and Alice Springs. There are few speakers left of Southern Arrernte and Pertame. Traditionally these dialects were spoken to the south of Alice Springs.

Central Anmatyerr is spoken to the north of Alice Springs around the communities of Yuelamu, Laramba and Ti Tree. Eastern Anmatyerr is spoken at Stirling and overlaps with Alyawarr to the north. Alyawarr includes the communities in the Utopia homelands, Ampilatawatj, Epenarra, Alekarenge and also Tennant Creek.

Kaytetye is spoken approximately 300 kilometres to the north of Alice Springs. The neighbouring languages are Anmatyerr to the south, Alyawarr to the east and north-east, Warlpiri to the west and north-west and Warumungu to the north (Turpin 2000:1-2).

Warlpiri is the main language group in the Ngarrkic family. Warlpiri covers a relatively extensive area to the north-west of Alice Springs. The main Warlpiri speaking communities include Yuendumu, Lajamanu, Nyirrpi and Willowra. There are around 3,000 speakers of Warlpiri as a first language with many speakers of Warlpiri as a second or third language as well.

2. Executive summary and discussion

The purpose of this report has been to establish the social and economic status of the Indigenous population in central Australia, through the construction of baseline profiles of a range of data. Data are also provided on the level of resourcing along with a brief overview of current services. These provide the fiscal context for interpreting the socioeconomic profiles and their likely implications for public policy.

Given the comprehensive nature of the report and the substantial detail contained therein, we present the key findings and a discussion of their implications up front to assist in navigating the subsequent content. The compilation of as comprehensive a profile as possible was purposely sought and the writing of the report occurred at a time of change in Indigenous service delivery that provided the opportunity. In addition, as the use of benchmark data increases, it was timely to thoroughly assess the sources, content, robustness and possible uses and links of available data sets.

The value of such a profile is twofold; firstly, it assists in providing a picture of the current status, particularly when combined with other sources and community knowledge to provide a context for the data; secondly, in the future it is a benchmark against which the impact of developmental decisions and policy can be assessed. Thus the content of this report provides a basis for a dialogue in regional planning, as well as the means to measure aspects of its impact.

There are however limitations to the view that is presented in this report. First and foremost, it is a view of Indigenous people through predominantly non-Indigenous eyes—the data are collected through services and their administrative structures. This is apparent in most areas. For example, in terms of population data, the reality of people's mobility and multiple residency is not reflected in the data. In terms of the rights of Indigenous people to personal security, and the extent to which Indigenous lives are disrupted as a consequence of exposure to violence, both as witnesses and victims, the data relating to involvement in the criminal justice system do not provide an adequate sense. They are a reflection of the current forms and levels of services, and does not necessarily reflect what the usage of those services and results would be if they were different, perhaps more culturally appropriate.

Lastly, it provides a snapshot, or very limited sense of any trends in the data. With a few exceptions, there are ten years of data, sometimes five years, but in many cases only three. This does not provide any indication of the factors, historical and regional, experienced by people that are a part of, and have lead to, the current status. With this framework (and its limitations) in mind, the key implications of findings in regard to each of the baseline indicators presented are summarised below.

Demography

- The relative Indigenous and non-Indigenous populations were 38% and 62% in 2001 and the projected relative proportions in 2021 are 42% and 58%.
- The age profile is much younger for the Indigenous population: 44% of the Indigenous compared with 28% of the non-Indigenous population are under 20 years of age.
- The majority of Indigenous people in central Australia, 61%, live in remote communities in the CR region and 39% live in the AS region.
- Determination of service populations needs to take into account regional mobility, and the concentration of essential and higher order services in Alice Springs which draws people not just from the CR region, but from surrounding areas in the NT, SA and WA.

It is the Indigenous population that has by far the longest and most enduring presence in the region. From the time of their first contact with non-Indigenous people who arrived in the mid 19th century, Indigenous people have experienced demographic upheaval which has involved the relocation of people from areas within central Australia. For example, there were at least four official roundups and forced evacuations of town campers to bush settlements between the years of 1929 and 1960, and the declaration of the town as an area prohibited to Aboriginal people from 1928–64 (Coughlan 1991). One was the moving of people from the Bungalow, then to Arltunga and then to Santa Teresa (Keringke Arts 1999). Another was the movement of people away from Coniston after the 1928 massacre to the Haasts Bluff ration depot in the south (these

people were later moved to Papunya) (Myers 1986), as well as to the Tennant Creek Telegraph Station reserve in the north (CLC 2003b). In the 1950s there was the policy of moving family and clan groups from traditional land into settlements (Myers 1986). There has also been movement of people living on cattle stations into settlements as a result of the decline of employment[5] of Indigenous people on the stations in the 1970s (Rowse 1998).

There is a recent phase of high population growth that coincides with the integration of Indigenous people into the welfare state, and a related expansion of service provision in the region, notably in areas of health, education and social security. This is contrary to the situation of population ageing in Australia which is coupled with population decline in many parts of rural Australia (Taylor 2004).

The estimated resident population (ERP) of central Australia in 2001 was 14,383 Indigenous people (5,625 in the AS region and 8,758 in the CR region) and 24,647 non-Indigenous people (2,678 in the CR region and 21,789 in the AS region) (ABS 2002a, ABS customised tables). The relative Indigenous and non-Indigenous proportions were 38% and 62%. The population projection indicates a growth of 27% in the Indigenous population to 18,826 and of 12% in the non-Indigenous population to 26,349 in 2021. The projected relative Indigenous and non-Indigenous proportions are 42% and 58% in 2021.

As far as possible, the social and economic profiles in this report are presented separately for the AS and CR regions. In reality, it is difficult to distinguish these populations given the mobility and interrelatedness of the two. Because of the over-concentration of essential and higher order services in Alice Springs, it is inevitable that individuals and families from across the CR region spend intermittent periods of time in town, often frequently. This has widespread ramifications: for household and personal income due to the costs of travel; for accommodation due to absences on the one hand and the pressures of visitation on the other; for the high rates of transport-related injury and death; for social relations given the mixing of populations from wide areas; and not least for the very practical issues associated with service delivery, especially those involving close human interaction such as health care, education, and training. From the point of view of demographic analysis, it also complicates the task of accurate enumeration with the most likely indication being that a reliable count and estimation of Indigenous population numbers and composition is yet to be produced.

This aside, the overriding demographic characteristic of the Indigenous population in both regions is the continuation of relatively high fertility and adult mortality leading to a perpetually youthful age profile with large numbers of children and young adults and progressively fewer older people. Any likely change to this profile in the foreseeable future would probably only come from migratory shifts, but the quality of available data with which to assess such an impact is uncertain. At the very least, it would seem that any such analysis would need to widen the geographic base and extend into the Anangu Pitjantjatjara lands in SA and into the Ngaanyatjarra lands in WA.

Currently, we are constrained in our understanding and measurement of levels of need and of rates of change in social indicators by the (inevitable) assumptions about the population base—that the populations of the AS and CR regions are discrete, and that the boundaries for the population data and the data of other benchmarks (for example, health and education) are neatly aligned. The issue is that services already in the area provide benchmark data which are used to estimate future service need, but often the population serviced by those collecting the data is not necessarily as fixed as the AS and CR regions' populations are assumed to be. This may not result in a significant difference in benchmarks currently, but the key here is that when looking at benchmarks and rates of changes in the future, some unpicking of their basis needs to be done to ensure they really mean what they superficially indicate.

Nonetheless, policy makers proceed with the best available data, and the timely analysis by Sanders (2004) does give some justification for the separate consideration of social and economic conditions in the AS and CR regions with the indication that even if levels might be disputed, at least population characteristics are likely to be sound.

[5] Small communities had grown on many cattle stations as the stations became government agents for the delivery of rations, as well as seasonally employing Indigenous people. The equal wages case in 1965 and modernisation of the cattle industry in the 1960s and 1970s contributed to the decline in employment and thus the dispersal of these small communities (Rowse 1998).

A population projection is a function of its assumptions or parameters, and the projection provided is only one scenario. There may be policy or future developments that significantly affect the movement of population. As regional policies are proposed, a projection that includes the impact of such policies may assist in planning for these effects.

Employment and economic status

- Of Indigenous people in central Australia, 76% in the CR region and 56% in the AS region were classified as NILF in 2001. The NILF category includes many people who are unemployed, thus underestimates the unemployment rate.
- CDEP is the major source of employment (70%) in the CR region and provides a significant proportion of employment (22%) in the AS region.
- A significant number of CDEP participants earn less than $200 per week, which is less than they would receive if they were collecting welfare entitlements. Of the 1,071 people participating in CDEP in the CR region in August 2001, 123 received $0 per week.
- Food items are on average 45% more expensive in remote community stores than in Alice Springs.
- The average annual income of an Indigenous person in the CR region is approximately 25% that of a non-Indigenous person ($9,110:$35,730). In the AS region the proportion is 50% ($15,780:$32,400).
- Economic dependency ratios in the AS region are 3:1 for Indigenous people and 1.5:1 for non-Indigenous people. In the CR region the Indigenous ratio of economic dependency is 6:1. The economic burden (excluding those on CDEP) is approximately 20:1 in the CR region.

The contrast between the two regions is most evident in the labour status of Indigenous people. Both the degree to which Indigenous people participate in the labour market and the nature of that engagement are substantially different between the Alice Springs based population and those in the CR region. It is clear that the economic outcomes for Indigenous people in central Australia are considerably less than optimal, with substantially lower outcomes for people residing outside of Alice Springs. Having said that, the biggest contrast of all for Indigenous people in both regions remains the relative gap in labour force status compared to non-Indigenous people, who are resident in the region primarily for the purposes of employment. Employment rates are 37% for Indigenous and 79% for non-Indigenous people in Alice Springs, compared to 21% and 90% for the CR region.

Against this background, it is necessary to emphasise the overwhelming significance of Community Development Employment Program (CDEP) in underpinning Indigenous labour force statistics. For Indigenous adults across all age groups in the CR region, CDEP is the primary source of employment. While market-based employment predominates in Alice Springs, there too CDEP looms large as a buffer to unemployment, particularly among younger adults of working age. Without CDEP as part of the regional labour market, the statistics of unemployment and labour force participation would be substantially worse than they already are. The problem that this creates for future options, against a background of an expanding potential workforce, is that the level and nature of Indigenous participation in the labour market is administratively driven and is largely dependent on a government program. The key issue here, given the estimates of future jobs needed just to sustain the labour force participation at its currently low rates, is whether CDEP has the capacity to expand accordingly, and if not, what alternatives exist.

To the extent that personal income is a function of labour force and occupational status, it is no surprise that Indigenous incomes are less than half those of non-Indigenous people in Alice Springs and barely a quarter the level of non-Indigenous people in the CR region. Of the estimated $472.4m of personal income from mainstream employment[6] in the AS region, 5.4% goes to Indigenous employees ($76.2m and 10.2% respectively in the CR region). While the regional labour market has grown in size and complexity, it can be argued that the participation of Indigenous people has declined. Outside of Alice Springs, the shift out of the pastoral industry has been replaced with an almost total reliance on the government sector in the form of CDEP.

In the 15-24 year age group, 65% of Indigenous people in Alice Springs and 82% in the CR region are either classified as unemployed or not in the labour force. The income of people in this age group is correspondingly

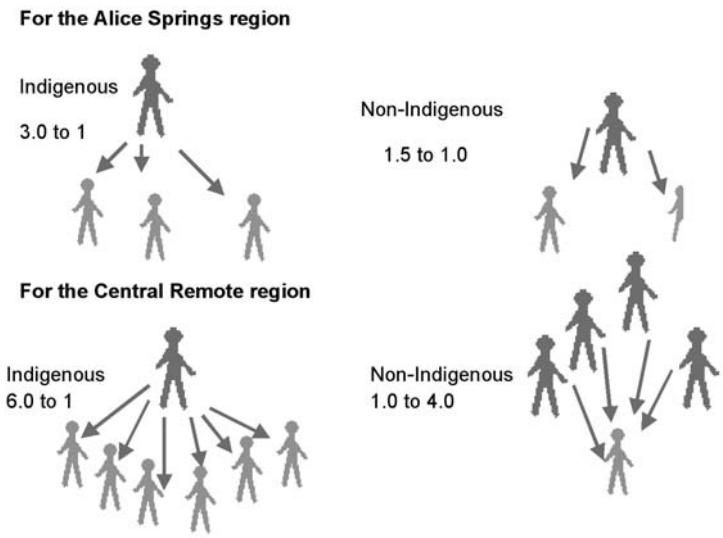
[6] Combination of the government sector and private & not stated in Table 17.

low. Almost 80% of Indigenous people in the CR region had an income of less than $200 per week, and 12% of 15-24 year olds had no income. The data on Youth and Newstart allowance indicate that Indigenous young people are receiving substantially less income; approximately one-third that of non-Indigenous youth on the same benefit types. Many Indigenous people aged between 15 and 24 years may have young families, and indeed in 2002 in the AS and CR regions, 66% and 48% of births were to mothers aged between 15 and 24 years. The low levels of income would have a strong bearing on the ability of parents to provide for their children, and subsequently on health status as well as educational outcomes and other indicators of well-being. There would probably be a link between income and the level of property offences.

Aside from the heavy reliance for work on CDEP (with its focus on part-time work), those in non-CDEP employment are predominantly in lower-skilled occupations than non-Indigenous people, with a relative absence from the trades, professional and managerial jobs that are available in central Australia, especially in the CR region. Accordingly, there is a widespread reliance on government Centrelink payments to meet the basic needs of life. A factor that erodes the capacity to provide for basic living standards is the high cost of living, especially in regard to food, personal and household items, and transport, particularly for those people living in the CR region.

One of the most striking indications is the economic dependency ratios which show the number of people who are dependant (children 15 years and under, and aged people 55 years and older) compared to the number of people who can potentially provide for them (people 16-54 years who are on CDEP, have a job or are registered as unemployed).

Figure 3: Economic dependency, AS and CR regions, 2001



While there has been much made of aged dependency ratios on a national level recently, this is not an issue for Indigenous people in central Australia. Rather it is the lack of employment opportunities, resulting in large numbers of people being unemployed or classified as not in the labour force that has the largest effect, not only on the relative numbers, but on the average income those people are able to earn. In all labour force status classifications, Indigenous people earn less than non-Indigenous people—from as little as 27% as much for people on CDEP in the CR region, to a maximum of 77% as much for people employed in the government sector in Alice Springs (refer Table 13).

It is outside the scope of this report to discuss economic development for employment generation. However as Taylor (2004) notes for the Thamarrurr region, in the short term most opportunities for employment will arise through the provision of services. This is often subsidised by CDEP, although the degree to which this represents cost shifting and substitution for proper Commonwealth, territory and local government funding of the employment component of the provision of essential services needs to be examined and addressed. Presently many imported non-Indigenous workers occupy many remote-based jobs as they tend to be managerial, professional or trade positions. However the influence of schemes such as the Central Remote Model for building houses shows how employment and training can be developed within existing service provision opportunities.

In the long term, however, even if a large proportion of the opportunities within the service industry were to become available to Indigenous people in the CR region, there would still be a deficit in the number employed of the projected working age population. Within the CR region there are opportunities that currently exist in tourism and mining industries that are active in the region. Increasing the economic participation of Indigenous people in these industries needs to be considered. Alice Springs employment is largely government service based, with tourism and service industries as the next major employer. There is greater opportunity for participation of Indigenous people in Alice Springs, particularly as there are a number of Indigenous service organisations with proactive employment policies. This is an important part of the effectiveness of Indigenous community organisations, and they have an important role as a pathway for Indigenous people into other forms of employment.

Education and training

- Enrolment: Indigenous students in primary schools in the CR region had an enrolment rate of 59.6% in 2001 compared with 92% for Indigenous children across the NT as a whole.
- Attendance: Attendances rates for Indigenous and non-Indigenous primary school children in the CR region were 64% and 68% respectively, falling in secondary school to 56% for Indigenous children. In the AS region, primary school attendance was 81% and 92% for Indigenous and non-Indigenous children respectively, and in secondary school this had increased to 86% and 94% respectively.
- Benchmarks: In 2003, 61% of year 3 and 21% of year 5 Indigenous children in the CR region achieved the benchmark standards for numeracy. In the AS region, much higher rates of 81% for year 3 and 44% for year 5 were achieved by Indigenous children. In the same year 99% of non-Indigenous year 3 and 96% of year 5 students achieved the benchmark. A similar pattern is found for the literacy benchmarks.
- There is a very high level of participation in the VET sector by Indigenous people, which may result from many supply side factors, including VET programs being a substitute for available secondary schooling in remote areas.

A key reason for low labour force participation and performance is low educational status. Given the uncertainties surrounding the fit between Indigenous school enrolment data and the ABS school age population estimates it is difficult to be precise about enrolment rates. Enrolment rates aside, the outstanding feature of the official data and key shortcoming in terms of achievement is school attendance. Ultimately, low attendance rates combined with relative lack of progression through school years culminate in very few people achieving Year 12 status, and low proportions achieving benchmark test results in numeracy and literacy, compared with non-Indigenous students. Once again these differences are most striking in the CR region.

As noted above, tourism and mining are significant industries, however the participation of Indigenous people in Vocational Education and Training (VET) courses in these areas is notably low compared to the participation by non-Indigenous people. In 2003 there were 55 Indigenous and 242 non-Indigenous people enrolled in the food and hospitality fields. While the engineering trade field had 627 Indigenous and 502 non-Indigenous students enrolled, this includes building. When building is removed there were 181 Indigenous and 375 non-Indigenous students enrolled in the engineering and trades fields.

The *Learning Lessons* review (Collins 1999) provides comprehensive analysis of the issues surrounding poor participation and achievement of Indigenous people, including the complex issues for service delivery in remote and cross-cultural settings. In many ways the basis for policy development has already been done.

It should be remembered that education for Indigenous people is not just about employment—to become a fully participating and productive member of their own local culture and society is one of the key aims of Indigenous people.[7]

[7] Per the constitution of the Warlpiri-patu-kurlangu Jaru Inc; the functions of remote Aboriginal education (Hoogenrad 2001:2).

Housing and infrastructure

- In the CR region the average number of people per house was 8.5, and per bedroom was 2.9 in 2003. The highest average occupancy at any one community/outstation recorded was 23 people per house.
- In June 2004 there were 652 people on the public housing waiting list and the waiting time for a 4-bedroom house was 48 months. The waiting list understates the level of need, as there are barriers to Indigenous people getting on the list initially, and also to them remaining on it.
- In 2003–04 there were 91 priority housing tenancies out of a total of 118 new public housing tenancies, indicating that the level of priority housing need is severely affecting the available public housing.
- There were 9 hostels in June 2004. Six of them had 100% occupancy and the remaining 3 had 97%, 90% and 73% occupancy. The lack of short-term accommodation is reflected in secondary and tertiary homelessness.
- The market rental rates of 1- and 2-bedroom units were 90% and 103% of the average weekly income for Indigenous people who are unemployed or NILF.

Of all the indicators for central Australia that reveal the extent and depth of backlog in terms of meeting state commitments to provide basic standards of living for people, those relating to housing and infrastructure stand out the most. At the same time, this is one area of public policy where there are particularly rich data and much can be said about the current state of play in terms of both identified needs and policy responses.

What these show is a widespread reliance on public/community rental housing, a substantial and growing demand for such housing, and estimated cost in current dollars of providing such housing across the region to meet agreed standards of occupancy of between $305m and $340m. This is aside from the costs of maintaining existing and future housing stock. The CR housing model has achieved a lower cost per unit as well as the benefits of local employment, and the capture of income within communities rather than to external contractors, which is a key step in regional economic development. In the long term, the cost benefit directly in construction, and indirectly through reduction in services and interventions related to unemployment and its attendant social problems, must make the operation of similar models for housing and other appropriate services obligatory.

Also for consideration are substantial deficits in providing the basic infrastructure to support the notion that Aboriginal community housing and infrastructure should be designed, constructed and maintained to support healthy living practices; principles now firmly embedded in policy following the pioneering work of Pholeros, Rainow and Torzillo (1993) in the Pitjantjatjara Lands. A total of nine such practices are identified, in descending order of priority in terms of impact on health outcomes: capacity to wash people, wash clothes and bedding, remove waste safely, improve nutrition, reduce crowding, separate people from animals, reduce dust, control temperature and reduce trauma. Each of these refer to different aspects of the functionality of dwellings and their related infrastructure.

Accordingly, the National Indigenous Housing Guide (Commonwealth of Australia 1999b) and the Indigenous Housing Authority of the NT (IHANT) guide to environmental health standards for remote communities in the NT (NTG 2001) include a range of detailed design and functionality standards related to these healthy living practices. The key functional area with most guidelines is that involving the supply, usage and removal of water: six of the nine healthy living practices are dependent on these. However, even seemingly obscure health-related housing functions include a wide range of design, maintenance and infrastructural features that require attention (Commonwealth of Australia 1999b: 49-57).

The future sustainability of communities will need to be assessed openly. Crough (2001) outlines some of the issues that will need to be considered:

- water resources—current usage and resources
- other natural resources and patterns of current and future resources use
- population growth and location
- economic issues affecting sustainability

This project does not have the scope to include the natural resource component, however it will go some way towards providing information in population and economic terms.

Health

- The standardised mortality rate for Indigenous people in central Australia is 2.95 times that of the total Australian population.
- The rate of rheumatic heart disease hospital separations for Indigenous males was 5.8 times as high as separations for non-Indigenous males; for Indigenous females the rate was 8.2 times as high as for non-Indigenous females.
- There has been a dramatic increase in diabetes deaths in the NT for Indigenous women, from 2.8 times the Australian rate in 1981–85 to over 11 times the rate in 1991–95. There is no significant change in the non-Indigenous NT female rate. For Indigenous men in the NT, death rates rose by 50% between the period 1981–85 and the period 1991–95.
- In the NT almost 80% of new male cases and 86% of new female cases of end stage renal failure (ESRF) were Indigenous people, although they make up 27% of the male and 30% of the female population. In remote regions, standardised ESRF incidence among Indigenous Australians has been shown to be up to 30 times the national incidence for the total Australian population.
- Injury is the second most common cause of death in the NT and is the greatest single cause of excess deaths and years of potential life lost. Land transport accidents are the most common cause of injury death with an average annual rate of 51.9 for Indigenous and 13.9 for non-Indigenous people per 100,000 population. The next most common causes of injury death for Indigenous people were intentional injury inflicted by another person and intentional self-harm, with rates of 33.4 and 29.6 per 100,000 population respectively.

The health status of Indigenous Australians in the region is relatively poor. Whilst there is now good evidence of declining Indigenous mortality rates in the NT, this decline is at a rate less than that of non-Indigenous Australians for all age groups other than 0-4 years. Improvements in the health of 0-4 year olds over the past four decades probably reflects the changes that are possible with investment in health and medical services.

Over the past decade, there has been a strong focus on building Indigenous primary health care services nationally. There have been some very positive changes with respect to recognition and expansion of Aboriginal Community Controlled Health Organisations (ACCHOs), improved access to Medicare Benefits Scheme (MBS) & Pharmaceutical Benefits Scheme (PBS) funds for remote areas, improved co-ordination between levels of government and different funding models such as funds pooling through PHCAP and the Co-ordinated Care Trials. However, universal access to high quality health services has not been achieved. Overutilisation of secondary (hospital) services reflects inadequate access to Primary Health Care (PHC) services. Within the central Australian region, we are still to realise equitable access to high quality health services.

In a sense, health services 'pick up the tab' for inadequacies in other sectors. The underlying determinants of health are social and economic. Poor levels of educational achievement, overcrowded houses, sub-standard environmental health conditions and high levels of unemployment are the main drivers of the relatively poor health status observed. Some health issues, such as 'inside injury'—a deep psychological or spiritual harm —are closely related to the recent, violent history of the region and continuing interaction with the criminal justice system. As long as these underlying factors persist, health outcomes will not improve beyond a certain level amenable to medical intervention.

Hand in hand, with continuing improvements in health services, we need to ensure improvements in the social and economic circumstances which have been documented in this report. There are many examples of effective intersectoral collaboration. One study has identified facilitators and barriers to successful intersectoral collaboration. These factors include: clear shared objectives, appropriate collaborators, community involvement, leadership, power relationships, political commitment, accountability and evaluation (Wakerman & Mitchell 2004). It is the linking up of activity across the sectors analysed in this report that will result in the improved health and well-being of Aboriginal citizens of the region.

Justice

- In 2002–03 the police in Alice Springs apprehended a total of 1,512 Indigenous people: 589 for driving offences, 524 for offences against the person and 217 for property offences. In the CR region a total of 439 Indigenous people were apprehended with 181 for driving offences, 79 for offences against the person and 29 for property offences.
- Of the Indigenous prisoners in central Australia, 22% had sentences of 6 months and less, 24% had 6–12 months and 42% were serving 1–5 years.
- The proportion of male to female victims of assault in the NT is the inverse of the national. Significantly more females than males (2,188:1,473 or 60%:40%) were recorded as victims of assault. When looking at all offences against the person, the proportion of female to male victims is 62%:38%. In 19% of assaults involving male victims and 55% involving female victims, a familial relationship existed between the victim and offender.

The level of involvement that Indigenous people have with the criminal justice system both as offenders and victims is substantially higher than for non-Indigenous people in central Australia. There is a relationship between contact with the police and a criminal conviction that represents a barrier, or at least a brake, on social and economic participation. In central Australia, up to 7% of 30-39 year old Indigenous males are in custody at any one time. Many of these are repeat offenders and although custody rates decline with age, there may be a larger number of juvenile offenders coming into contact with the criminal justice system. There were 202 apprehensions of Indigenous juvenile offenders and 29 apprehensions of non-Indigenous juveniles (note that there may be multiple apprehensions for one person so this does not translate to the same number of offenders) in 2002–03. The respective ERPs are 1,506 Indigenous and 1,566 non-Indigenous for 13–17 year olds in central Australia.

Diversionary mechanisms have allowed juveniles to be dealt with in a manner consistent with their age and maturity. Young people who have been in detention are more likely to experience imprisonment in adulthood. The approach of juvenile diversion is one step towards addressing the over-representation of Indigenous juveniles, and subsequently adults, in the criminal justice system.

A second relationship between crime rates and the regional society is the extent to which Indigenous lives are disrupted as a consequence of exposure to violence, both as witnesses and victims, and through injury and death arising from violent crime. The incidence of violence is disproportionately high in Indigenous communities, and the rights of Indigenous people of all ages to personal security and a safe living environment are being violated when compared with the rates of violence in the total Australian population.

There are four important features of the data relating to crimes against the person. Firstly, the level of assault against Indigenous women is significantly higher than against Indigenous men. Secondly, almost three quarters of victims knew the person that assaulted them (it should be remembered that these are only data of reported offences), and there was a familial relationship with the person that assaulted them for nearly two-thirds of Indigenous women. Thirdly, Indigenous people in remote communities are much more likely to be victims of assault than those in non-remote areas. Lastly, the vast majority of Indigenous men and women who were victims of assault, were assaulted by an Indigenous offender.

What is striking is the extent to which the violence is contained within the Indigenous community. The logical implication of this is that services and interventions need to be directed to, and developed from an Indigenous community perspective. Indigenous initiatives address both 'downstream' or immediate effects and causative factors as well as 'upstream' factors, such as empowerment of Aboriginal individuals and organisations. This means involvement at all levels, particularly at the hands-on and employment level, and there are two immediate areas where this could tackled.

First is the relatively low levels of Indigenous staff in the police in the NT (4.4%), which is low considering the relative proportion of the Indigenous population. Secondly, night patrols often represent the only consistently available mechanism for ensuring social order in many remote communities, and they are an important presence in Alice Springs. The NT police have noted that one of the key reasons for their success, is that they belong to the community and are underpinned by Indigenous cultural authority, not to mention the

enormous difference that communication in the languages of the people they are dealing with makes. Night patrols tend to be involved before the involvement of the police, and as an early intervention mechanism, can reduce the involvement of the criminal justice system. This is not to say that all night patrols work effectively all the time; no service does. They are also not the police, and need the support of the police to work effectively. They are however, cost effective when compared to mainstream services. Stable, consistent and adequate resourcing has been a longstanding issue for night patrols, and the lack of it has severely hampered their development and operational capacity. The relative resourcing and effectiveness of night patrols and mainstream services needs to be seriously considered.

It makes it difficult for the current services (and particularly the people working in them) to operate effectively if there is a mismatch between the way the service is developed and operates, and the source and manifestation of the issues they are trying to tackle. A system of policing will not function successfully for communities which have different methods and culture of law enforcement, and in which there is severe disruption to that culture through the issues of violence and inequality that have been presented in this report.

Likewise the tendering of Indigenous legal services needs to be based upon Indigenous people's interaction with the criminal justice system. This is particularly so in the NT where it could be argued that the Aboriginal legal services *are* the mainstream, if that means the prevailing requirement for legal services.

The impact of alcohol on levels of violence in Indigenous communities has been widely commented upon. As an indication, just less than three-quarters of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence (Mouzos 2001:5). There was alcohol involvement in 45 (38%) of the 120 injury deaths of Indigenous people of central Australia in the period 1997 to 2002 (Wakerman et al 2004). An estimated 48% of Indigenous adults' admissions to hospital with injury in Alice Springs are associated with alcohol.

One policy response has been the introduction of liquor restrictions in Alice Springs. The restrictions have had little effect on overall consumption levels, because as soon as the ban on sales of alcohol containers of more than two litres was implemented, two-litre cases of equally cheap, higher alcohol content port were introduced into the market place. Indeed the day the restrictions came into place, some supermarket retailers had large pallets of port ready. In a survey of town camp residents 67.1% of respondents were in favour of keeping or strengthening the restrictions (Tangentyere Council et al 2003). Town camp residents, arguably the citizens most affected by alcohol misuses in the town, suggested a number of strategies including banning of two-litre casks of port, spirits or higher alcohol content beverages. Aboriginal organisations also lobbied for additional strategies to reduce availability. The NT Licensing Commission abolished the container size restriction. Failure to acknowledge Aboriginal voices and to recognise Aboriginal initiative is an ongoing cause of injury to Aboriginal citizens of the region.

3. Demography of Alice Springs and Central Remote regions

This section describes the current population numbers and distribution and develops a regional population projection from 2001 to 2021. The population projection provides a basis for establishing the size of future needs in the region, and, as such, lends impetus to government planning.

Population data

There are a number of sources of population data and these can be used to inform different policy needs. These include population counts and estimates for localities and regions derived from the census and the Community Housing and Infrastructure Needs Survey (CHINS) database[8] as well as other estimates derived from administrative processes. The CHINS database includes population information for each community and outstation. The data are updated continuously, on the basis of project officer visits to communities which usually occur once a year. As such most of the community populations would have been updated in the 12 months prior to March 2004; however there is no date on the information to record when the population was last updated. These other administrative estimates and the CHINS database tend to produce estimates of service population and may be more useful than census-based estimates in considering particular service needs, such as housing.

The ABS conducts censuses every 5 years, the last two being held in 1996 and 2001. There is a count (de facto) of the number of people actually present at a community in the Apatula or Alice Springs region on the census night, and a count (de jure) of the people who stated that their usual place of residence is a community in the Apatula[9] or Alice Springs region. These two counts are available[10] generally at community level as represented by Indigenous Areas and Indigenous Localities in the ABS Australian Standard Indigenous classification. A list of these localities and areas in the two regions in the 1996 and 2001 Census is provided in Appendix C.

In recognition that the census fails to count some people, the ABS develops an estimate of the true population after the census count is completed by increasing the usual residence (de jure) counts using an estimate of the people missed (net undercount) and other demographic adjustments. This is the Estimated Resident Population (ERP).[11]

Census data collection in Indigenous communities

For Indigenous people in remote areas there is a specific Indigenous Enumeration Strategy that uses modified forms[12] and interviewers, often local people who have undergone some training sessions.

How suitable the data provided by the census are for policy and funding decision-making is a function of what data are collected and how they were collected in remote Indigenous communities. A detailed appraisal is contained in Martin et al (2002).

The first and most important issue is the accuracy of the population count. In 1996, the ABS national estimate of undercount was 7% for Indigenous people and 1.5% for non-Indigenous people, and in 2001 it was 6.5% and 2.2% respectively. The estimated net undercount is obtained from a sample follow-up survey, the Post Enumeration Survey (PES).[13]

[8] The version of the CHINS database provided was as at 31 March 2004. This is not the CHINS report produced in 2000.

[9] The ATSIC Apatula region, which is now called the Central Remote region, is still called the Apatula region by the ABS.

[10] The two counts are available for all levels of the Australian Standard Geographic Classification and the Australian Indigenous Geographic Classification.

[11] Estimated resident population (ERP) is the official measure of population in Australia. The idea is to link a person to his/her usual place of residence. Usual residence is a place where someone has lived or intends to live for six months or more in a given year. ERP includes as usual residents people who are overseas for less than 12 months, but does not include overseas visitors who are in Australia for less than 12 months. A description of the conceptual basis of the ERP is contained in the 1995 ABS publication, *Population Estimates: Concepts, Sources and Methods* (Cat. no. 3228.0).

[12] The Special Indigenous Household Form (SIHF) that has one form for each household group on a community, and the Special Indigenous Personal Form (SIPF), that is supposed to be filled out for each person.

[13] The net undercount estimates used in the NT were derived from the PES conducted in NT urban centres and towns, including Alice Springs.

One drawback in establishing the accuracy of undercount estimates applied to remote areas (and town camps), is the fact that a PES is not conducted in such areas. Thus, in the NT, the urban undercount rate was applied in developing ERPs for remote Statistical Local Areas (SLAs). No rigorous check has been made of the applicability of applying suburban undercount rates to remote and town camp populations. Perhaps the closest is that conducted at Aurukun in regard to the 1986 Census (and estimated for the 1991 Census) which suggested a census undercount of 17%. The 'missing' people were the young, more mobile and more socially marginalised (Martin & Taylor 1996).

In the Thamarrurr region, a community-based census conducted two years after the 2001 Census pointed to a gap between the count in 2003 and the likely ERP at 2003 of a similar size to that at Aurukun. These studies are indicative only, and of course represent only two cases. Other indications from observation of the census count in an Arnhem land outstation and again at Aurukun in 2001, suggest that the census count was most likely accurate (Morphy 2002; Martin 2002). In effect, any overall assessment is inconclusive.

However, strong evidence does exist to suggest that the 2001 count in the Alice Springs town camps was deficient. This count was conducted with some assistance from Tangentyere Council and a detailed appraisal is provided by Sanders (2002), who concluded that the use of the Special Indigenous Household Form (SIHF) and Special Indigenous Personal Form (SIPF) proved too cumbersome and time consuming, with the result that many people lost interest before completion or did not make themselves available to be interviewed after seeing other people interviewed. This greatly increased the chance of missing people, as well as greatly extending the time and resources required to do the count properly. The mobility between town camps, between town camps and other areas of Alice Springs, and between town camps and remote communities also made the count more difficult to conduct, but ironically is a reason why it needs to be conducted well.

The move towards counting 'usual residents' by the NT census administration was particularly important in the town camps, given that there are likely to be a large number of visitors. The effect in practice seems to be that all usual residents, including those absent, had forms completed (although in many cases they would be included on SIHF but not the SIPF completed due to the reluctance of people to fill out an SIPF out for someone else), while visitors did not (Sanders 2002). The data on who is present and who is a 'usual resident' of a town camp would seem to be particularly important to collect.

A second set of issues relates to population characteristics. In the three detailed observations of counts outlined in Martin et al (2002), issues relating to the quality of data collected were detailed. For example, with respect to questions about age, it was found that many people, especially children and teenagers, did not know their approximate age or birth date, or approximate ages of others in the household. It was noted that in communities where it was possible, cross-checking of this information was carried out (e.g. with health records). However this is not always feasible, and accurate age composition of the population is important in determining services needed. For a more detailed analysis and exploration of data quality issues, see Martin et al (2002).

Population data for central Australia

The following section contains population data from the ABS and other sources for the AS and CR regions. Age data for each region are also provided to give an indication of the differences in Indigenous and non-Indigenous population structures. The ERP tables and graphs are on the following page.

Table 1: Indigenous and non-Indigenous census counts and post-censual estimates, AS and CR regions, 2001

	Indigenous	Non-Indigenous	Not Stated	Total
Alice Springs region				
Census count (de facto)	4,919	20,935	1,766	27,620
Usual residence count (de jure)	4,673	19,227	1,580	25,480
Estimated usual residents (ERP)	5,625	21,789	Pro-rated	27,414
Central Remote region				
Census count (de facto)	8,092	4,119	366	12,577
Usual residence count (de jure)	7,975	2,325	318	10,618
Estimated usual residents (ERP)	8,758	2,678	Pro-rated	11,436
Total ERP both regions	14,383	24,467		38,850
ERP relative proportion				
Central Remote	61%	11%		29%
Alice Springs	39%	89%		71%
Total %	100.0	100.0		100.0

Source: ABS 2002a, ABS customised tables

The NT Department of Community Development, Sport and Cultural Affairs (NTDCDSCA) generates population estimates for communities where there are community councils for the purpose of allocating local government grants.[14] These are based on three year rolling averages using information on usually resident populations collected through the returns that each council completes with the assistance of departmental field officers. The CHINS database also includes population information for each community and outstation. In both cases, ATSIC Regional Councils consider that these estimates represent service population levels.

Table 2: Service population data, AS and CR regions, 1999-2003

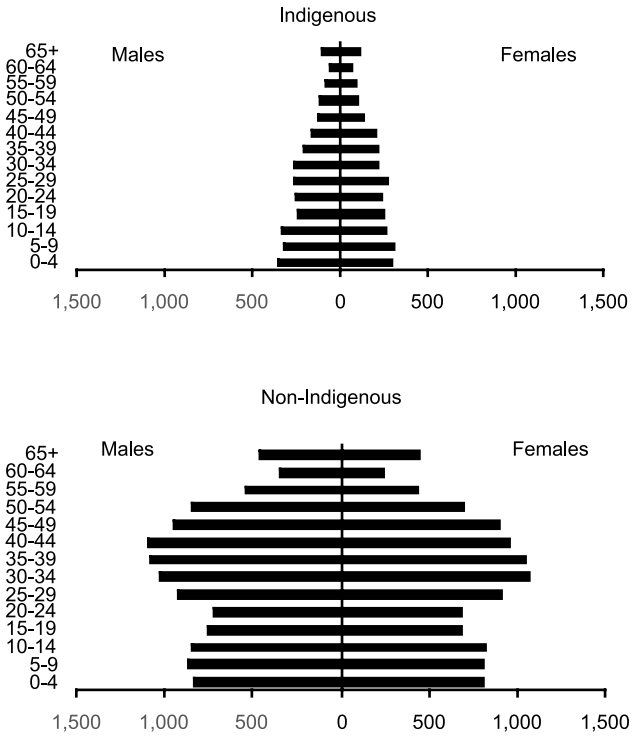
Alice Springs	1999	2000	2001	2002	2003
NTDCDSCA	5,787	5,948	5,954	6,014	
ABS			5,625		
CHINS					6,330
IHANT					6,221
Central Remote	**1999**	**2000**	**2001**	**2002**	**2003**
NTDCDSCA	7,029	7,139	6,873	6,979	
ABS			8,758		
CHINS					10,765
IHANT					7,205

Source: ABS 2002a, ABS customised tables

[14] For further information on this process, see the section on Infrastructure in this report.

Table 3: Population (ERP), AS region, 2001

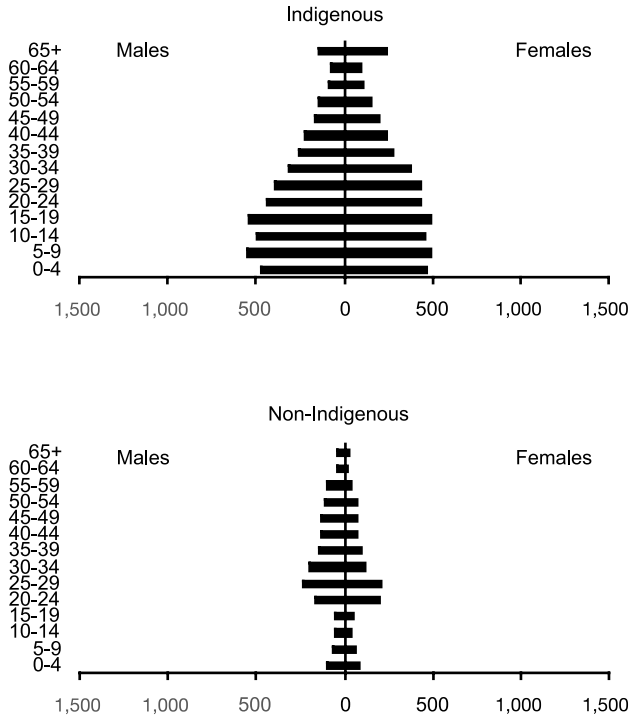
	Indigenous		Non-Indigenous	
Age Range	Male	Female	Male	Female
0-4	356	293	832	812
5-9	316	307	861	805
10-14	333	266	848	822
15-19	239	254	752	687
20-24	251	233	723	686
25-29	259	269	928	907
30-34	266	220	1,023	1,069
35-39	205	220	1,086	1,046
40-44	161	201	1,091	962
45-49	129	131	944	897
50-54	109	103	840	694
55-59	78	89	542	436
60-64	62	67	350	242
65+	100	108	453	451
Total	2,864	2,761	11,273	10,516
	5,625		21,789	
	21%		79%	



Source: ABS 2002a, ABS customised tables

Table 4: Population (ERP), CR (formerly Apatula) region, 2001

	Indigenous		Non-Indigenous	
Age Range	Male	Female	Male	Female
0-4	473	472	93	80
5-9	553	493	58	62
10-14	493	459	49	43
15-19	535	497	56	48
20-24	439	432	159	196
25-29	386	432	230	211
30-34	308	380	193	115
35-39	256	281	146	96
40-44	221	244	133	77
45-49	166	201	126	68
50-54	146	149	113	70
55-59	90	107	96	42
60-64	69	101	34	19
65+	136	239	38	27
Total	4,271	4,487	1,524	1,154
	8,758		2,678	
	77%		23%	



Source: ABS 2002a, ABS customised tables

Population projection

A standard cohort component method of projection was applied to the 2001 Indigenous ERP for AS and CR regions combined and projections established for each five years through to 2021. It is well established that the accuracy of such projections decreases with the length of the projection period and the results should be seen as no more than indicative of the outcomes according to the assumptions applied. These assumptions are summarised in Table 5. Separate projections for the two ATSIC regions were not developed since the greater numbers created by combining them increase the robustness of the estimates. In any case, the populations are closely linked and frequent movement occurs between the two. Just what the net balance of these movements currently is by age and sex, and what it might be in the future (as well as that of moves between these regions and the rest of Australia), is unknown. Accordingly, net migration is set to zero.

Table 5: Summary of Indigenous projection assumptions

Component	Assumption
Fertility	SLA registered births in the two ATSIC regions aggregated to desert region. 2001: Total Fertility Rate of 2.6 held constant
Mortality	ABS Northern Territory Indigenous survival ratios held constant
Net migration	Zero at all ages

Table 6: Indigenous population projection by 5-year age group, AS and CR regions, 2001 to 2021

Age Group	ERP 2001	2006	2011	2016	2021	Net Change	% Change
0-4	1,594	1,751	1,821	1,878	1,932	338	21%
5-9	1,669	1,588	1,744	1,814	1,871	202	12%
10-14	1,551	1,665	1,584	1,741	1,810	259	17%
15-19	1,525	1,539	1,653	1,572	1,727	202	13%
20-24	1,355	1,502	1,516	1,628	1,549	194	14%
25-29	1,346	1,331	1,476	1,488	1,598	252	19%
30-34	1,174	1,310	1,294	1,435	1,447	273	23%
35-39	962	1,125	1,256	1,240	1,375	413	43%
40-44	827	906	1,059	1,183	1,167	340	41%
45-49	627	766	839	981	1,096	469	75%
50-54	507	572	699	765	895	388	77%
55-59	364	443	501	614	671	307	84%
60-64	299	303	368	418	512	213	71%
65-69	222	232	235	284	324	102	46%
70-74	156	155	161	163	198	42	27%
75+	205	147	122	115	113	-92	-45%
Total	**14,383**	**15,334**	**16,329**	**17,320**	**18,286**	**3,903**	**27%**

4. Indigenous participation in the regional labour market

The labour markets for the two regions, CR and AS, are substantially different due to the presence of the urban centre of Alice Springs in the AS region. As Taylor (2003, 2004) notes for Indigenous settlements in north Australia, most Indigenous communities in the CR region were established without an economic base, and have not subsequently acquired one, at least not in a manner that is currently sustainable beyond the provisions of the welfare state and associated social services. The one exception to this may be Mutitjulu and Yulara. The regional labour market has grown, in size and complexity, through the growth in government services, mining, and tourism (particularly in the case of Yulara). However it can be argued that the participation in the labour market by Aboriginal people has declined. The shift out of pastoral employment a generation ago has been replaced with an almost total reliance on the government sector in the form of Community Development Employment Program (CDEP). Beyond CDEP there is limited engagement with mainstream work and the bulk of the adult population is dependant on welfare payments for its income. This is very different from the non-Indigenous population in the CR region that is resident solely for the purposes of employment—a structural gap that is reflected in the relative economic status of Indigenous and non-Indigenous people.

It is difficult to make a comparison about changes in employment due to difficulties in obtaining reliable and comparative data. The questions regarding income and work status had the following issues: the omission of income from art and royalties, the definition of work, job descriptions that lead to employment categories (also that 'artist' is not listed as an option) and whether or not people were looking for work. For the last question, many people who would like to be employed would have responded negatively for the reason that people on communities are well aware of the few employment opportunities that are available. The question is based on the assumption that there is a labour market in which people can seek employment.

The growth in the CDEP scheme and the effect of the CDEP scheme on labour market, warrants detailing as set out in following section.

Regional labour force status

The rates of labour force status drawn from the 2001 Census for the CR and AS regions are shown in the table below.

Table 7: Labour force status rates and estimated levels of Indigenous and non-Indigenous residents, AS and CR regions, 2001

	Labour category*				
	CDEP	Other	Unemployed	NILF†	Population 15+
Alice Springs region					
Indigenous	233	832	189	1,584	2,838
	8%	29%	7%	56%	
Non-Indigenous	47	11,653	344	2,650	14,694
	0%	79%	2%	18%	
Central Remote region					
Indigenous	755	326	152	3,841	5,074
	15%	6%	3%	76%	
Non-Indigenous	75	1,713	20	187	1,995
	4%	86%	1%	9%	

Source: ABS 2002a, ABS customised tables

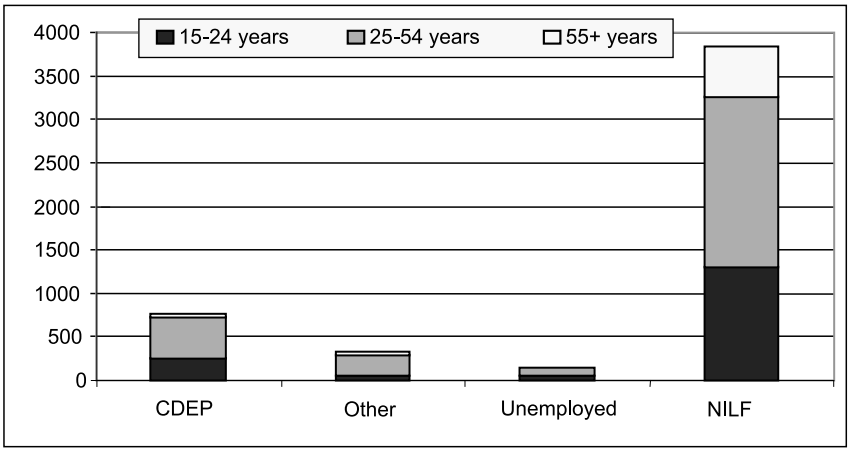
** Excludes labour force not stated*

† Not in the labour force

In the CR region there are 3,841 Indigenous people (76%) not in the labour force and 1,233 Indigenous people (24%) in the labour force (a combination of CDEP, other employment and unemployed) according to ABS data. This categorisation is based on the existence of a labour market in which there are jobs available that people can apply for. In most remote communities the possible employment options are extremely limited and usually known, thus many people answered negatively to question 37 (Did you look for work at any time in the last four weeks?)[15] that would have placed them in the Not in the Labour Force (NILF) category.[16] The categorisation of CDEP as 'work' and the inclusion of many people in the NILF category who would be looking for work if there was any, has the effect of understating substantially the number of people unemployed and thus the unemployment rate.

The labour force status by age group 15-24 years, 25-54 years and 55 years and over, for the CR region is shown in the following graph. It should be noted that CDEP employment recorded by the census (755) is notably lower than the 949 participants reported by ATSIC in August 2001.[17]

Figure 4: Indigenous labour force status by age group, CR region, 2001

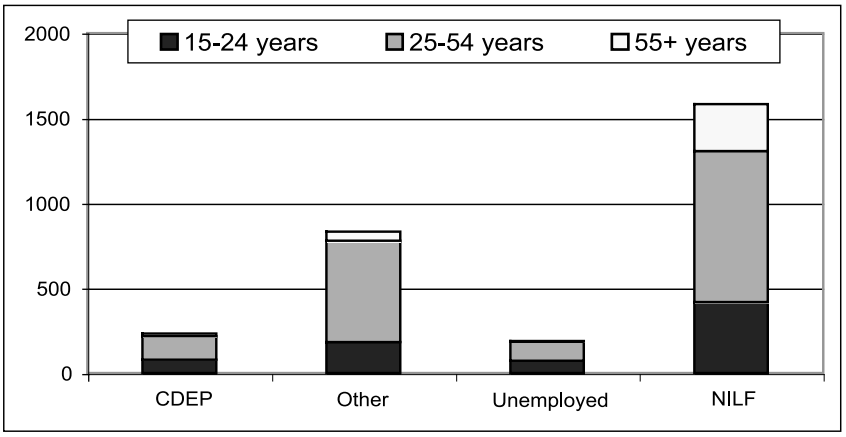


The labour force status by age groups in this graph shows that significantly more people in the 15-24 age group are CDEP participants (251 people or 15%) than in mainstream employment (48 people or 3%).

In no age category does the mainstream or non-CDEP employment exceed CDEP employment. This indicates a substantial reliance on CDEP as the major type of employment, and future variations to the scheme should be considered within this context.

Source: ABS 2002a, ABS customised tables

Figure 5: Indigenous labour force status by age group, AS region, 2001



Labour force status by age is significantly different in the AS region. In the 15-24 year age group the number of CDEP participants (80; 11%) is lower than people in mainstream employment (184; 24%).

In addition the number of people classified as unemployed or NILF is lower (55%) than for the CR region (79%). Although as stated before these data may not be reliable, there are far more opportunities for employment in Alice Springs for young people than in communities in the CR region.

Source: ABS 2002a, ABS customised tables

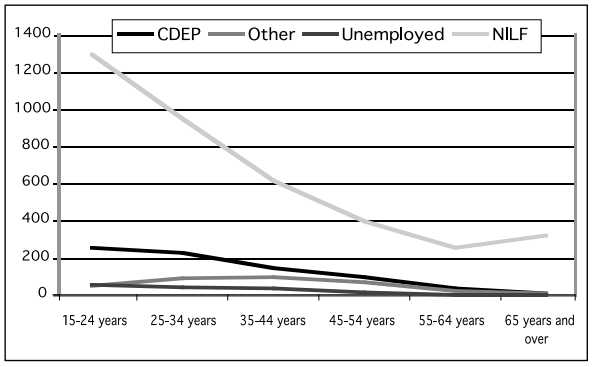
[15] Examples provided in the census form are: being registered with Centrelink as a job seeker, checking or registering with any other employment agency, writing, telephoning or applying in person to an employer for work or advertising for work.

[16] For a detailed analysis of data quality issues of the census survey, see Martin et al (2002).

[17] CDEP Participant Weekly Wages Statistics report for the month of August 2001 for the CR region. Similar data were sought at a later date for the AS region, however due to administrative changes resulting from the dissolution of ATSIC, the data were unable to be provided.

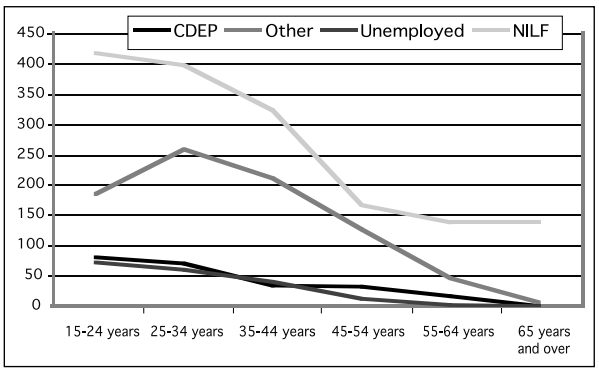
If we consider that the NILF category is likely to include a large number of people who might have been in the labour force, for reasons associated with the census questions as outlined earlier, then the unemployed category may well have outstripped both the CDEP and other employment combined in all age groups, but particularly in the younger age groups.

Figure 6: Indigenous labour force status by age group, CR region, 2001



Source: ABS 2002a, ABS customised tables

Figure 7: Indigenous labour force status by age group, AS region, 2001



Source: ABS 2002a, ABS customised tables

The main difference between the AS and CR regions is in the other employment or non-CDEP category, particularly that in the AS region the mainstream or non-CDEP employment category exceeds CDEP employment for all age groups. The town of Alice Springs provides job opportunities that are not available in communities in the CR region.

Community Development Employment Program

CDEP schemes pool individual unemployment benefit entitlements, which are then paid to participants on completion of work at the community. The substitution of properly paid employment in government services by CDEP further worsen the lack of general job opportunities, and also reduces the possibility for movement of participants from CDEP into jobs, a key aim of the scheme. The policy of the use of pooled individual welfare entitlements to develop infrastructure and provide basic services dates back to the early 1960s when unemployment benefits became generally available to Aboriginal people on settlements and missions (Rowse 1998). In that case control of the individuals' money was assigned to the superintendent of the mission or settlement.

As a trial, the first CDEP started in 1977 at Bamyili community (now Barunga) near Katherine in the NT as a work-related response. The original role of CDEP was to assist in the development of communities through work programs (Spicer 1997). The monies allocated to early CDEPs as grants were aligned with unemployment entitlements. In reality it is the forerunner of the mainstream work for the dole program.

A negative effect of CDEP is that by defining participants as employed, it excludes them and the region from receiving mainstream labour market services—government funding and programs aimed at the long-term unemployed. In comparison with other workforce programs, CDEP is funded at 22-55% of non-Aboriginal workforce programs, with $2,200 per annum on-costs per CDEP placement compared with up to $10,000 paid to a job network agency for placing high category unemployed people in work under Job Network. Most Aboriginal people on CDEP programs would be in that category if CDEP did not exist. Work for the dole projects receive between $4,000 and $6,000 per client (ATSIC 2001a), still double that received by CDEP per placement.

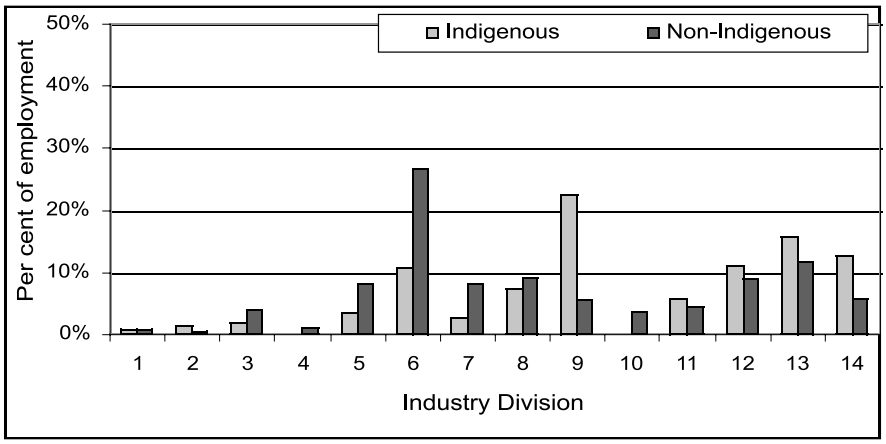
CDEP in central Australia

The CDEP National Program Centre[18] allocates participant numbers to the Regional Councils and sets the standard national wage and on-cost amounts per year. The ATSIC publication *Community Development Employment Projects CDEP - What It's All About* (ATSIC 2001a) states that the main aim of the CDEP scheme is to provide work for unemployed Indigenous people in community managed activities and to assist the participants to gain skills that would benefit the community, develop business enterprises and/or lead to unsubsidised employment. Both the AS and CR regional councils feel that CDEP has, and still does hide the high levels of Aboriginal unemployment.[19]

For the 2003-04 financial year, the remote average CDEP weekly wage was set at $217 per week, which was $2,821 per quarter. The maximum amount of CDEP wages was set at $431 per week or $5,615 (or $5,500 for 15 year olds) per quarter as per the ATSIS CDEP terms and conditions. CDEP for each region is calculated as the total average weekly wage per participant, multiplied by the number of participants. If a need is identified for a full-time position with higher wages than the average wage, the only way this can be funded is through top-up (which is often unavailable), or by taking money from another placement. This means that some participants, for example, CDEP Supervisors, can earn up to $468 per week from CDEP wages, however, for this to happen other participants will be offered less work and be paid less than the average weekly wage. Also, because CDEP participants are considered to be in the workforce by Centrelink they are not eligible for the income support benefits that other low income wage earners are entitled to (as set out in Appendix D), which means CDEP participants in this category will be missed by the welfare safety nets and are therefore socially and economically disadvantaged further. In addition to this, clause 9.3 of the ATSIS CDEP Terms and Conditions states that CDEP participants who have a partner not on CDEP who earns more than $5,615 in the three month period are no longer eligible for CDEP. Furthermore, youths aged 15 years are only eligible to be on CDEP if they are eligible for Youth Allowance from Centrelink and are not a full-time student; in the case of a youth aged 15 years the gross three month period income level is $5,500.

These rules seem to disadvantage families in remote communities where CDEP is the main income source. If both primary care givers of a family only have access to CDEP, and they receive the national average CDEP wage each then their *combined* weekly income will only be $434. If they both earn the maximum CDEP wages it would be $944. This is regardless of how many dependants they have as well as the strain on resources due to cultural commitments to extended family members, not to mention the higher living costs associated with living in a remote community. Set out below is the distribution of participant weekly wages for the month of August 2001. Clearly, there are a significant number people who are earning below $200 per week.

Figure 8: CDEP participant weekly wages summary, total wages for CR region, August 2001



Average weekly wage rate set for remote regions	$217
Number of participants earning per week:	
$0	123
0–$200	374
$200–$250	417
$251 +	157

Source: Alice Springs ATSIC, CDEP Program Office

CDEP participants can also have their wages further increased by a maximum of $5,615 per three-month period from other sources (for example from the on-costs CDEP grant, the health service, the store, and the art centre) making the maximum potential income level per fortnight $944 before being taken off CDEP.

[18] This office is based within the Adelaide Network Regional Office of ATSIS.

[19] The unemployment rate among Indigenous people would exceed 40 per cent—more than five times the national average—if CDEP participants were included in official unemployment statistics (http://www.atsic.gov.au/news_room/fact_sheets/employment.asp).

This increase in wages is known as top-up.[20] This also allows for government to use CDEP as a subsidy for services by opening an office in small country centres with large Indigenous populations or in large Indigenous communities.

For example, Centrelink may open an agency and employ one supervisor and one or two CDEP participants as trainees to help operate the office. The CDEP participants may be paid top-up to a suitable wage level from Centrelink. CDEP is used to subsidise employment in schools, health centres, councils and other services in Indigenous communities. One benefit that this has is that some CDEP participants can gain employment and training that would not be available without the Centrelink agency. Also their social and economic status is increased. A negative aspect of this is that it allows government departments to subsidise their services to small country centres and large Indigenous communities and therefore decrease their responsibilities to Indigenous Australians. The use of CDEP schemes to provide services and facilities that are usually provided as citizenship services are a noted under-funding of government services (Deloitte Touche Tomatsu 1993, Spicer 1997, NT Department of Local Government (NTDLG) 2001).

The $5,615 threshold on CDEP top-up is generally beneficial, however it also disadvantages remote CDEP participants by restricting them to a potential maximum salary of $44,920 which will disadvantage participants with qualifications. For example, a remote area CDEP participant who is a qualified mechanic could join CDEP as a labourer, and then be promoted by the CDEP organisation as a mobile mechanic while still being on CDEP with top-up. Because of the $5,615 threshold his wages cannot go over $944 per fortnight without him being taken off CDEP. Therefore, the $5,615 threshold severely disadvantages him when compared to a tradesperson with the same qualifications in an urban area with access to a larger labour market.

The threshold may disadvantage seasonal workers as they may exceed the threshold during the season when they usually work. For instance, a seasonal worker may earn above the threshold for only three to four months of the year and then earn the CDEP average weekly wage for the remainder of the year. In this case, the seasonal worker would be taken off CDEP altogether for the duration of his/her seasonal work and would need to re-apply for a placement. A program option may be to set an annual threshold not to be exceeded or raise the threshold to a higher level.

Organisations that run CDEP programs may argue that they do not receive the resources to effectively operate and reach the aims of CDEP; that they are working full-time on reporting requirements to ATSIC/ATSIS and other government funding bodies, maintaining the CDEP Manager System, and ensuring the payments and accounting/bookkeeping are kept up to date. These duties leave them with little or no time to organise training, and identify or develop employment opportunities for their participants. This is particularly true for remote CDEP organisations that have little or no identified labour market in their areas. In some remote areas the community based CDEPs have access to mining companies, pastoral leases and some community services through government departments such as Centrelink.

Corporate CDEPs may address some of these issues. A corporate CDEP is based on one central organisation providing CDEP services and resources to a number of Indigenous communities or organisations in a region. There are two ways of setting up a corporate CDEP: by amalgamation (a number of existing CDEPs come together as one); and by expansion (where a number of smaller organisations that do not have CDEP join into a large CDEP organisation within their region). A corporate CDEP will have greater negotiating power to deal with (for example) mining companies to achieve better employment outcomes. An example is the agreement reached between the Western Desert Puntukurnuparna Aboriginal Corporation (WDPAC), ATSIC South Hedland Regional Office and Normandy Mining Ltd Inc. This agreement included 10 traineeships for local Martu people from the Wiluna area in WA at the Jundee mine site of Normandy Mining. The trainees were drawn from the participants of WDPAC corporate CDEP.[21] The formation of WDPAC corporate CDEP was essential to the agreement and setting up of the program; the mining company would not have been willing to negotiate such an agreement with three individual organisations.

[20] A CDEP organisation may also use funds in the CDEP on-costs or Operational grant for top-up. In many cases the CDEP organisation or remote council may receive funds for other services and use CDEP to subsidise the wages by only paying top-up from the other service funds.

[21] The WDPAC corporate CDEP includes Windidda community, Kutkabubba community and the Marruwayura Aboriginal Corporation (a Wiluna based resource agency).

However, due to poor literacy and numeracy skills and lack of driver's licenses of the local CDEP participants, there was only one placement from the region in the first year. The other nine placements were awarded to non-local Indigenous people from across WA.

The idea for corporate CDEPs came from the ATSIC national CDEP program centre on the basis that CDEPs with less than 100 participants (in some areas less than 50) are economically unviable. A benefit of a corporate CDEP is that participants can move from community to community within the region without having to be taken off one CDEP and being placed on another, and missing out on benefits in the process. A disadvantage in the establishment of corporate CDEPs is that the larger CDEPs feel a loss of ownership of assets (especially large assets such as a graders or motor vehicles), as they now belong to the corporate body and not an individual community/organisation and can be taken to another community/organisation for their use. Smaller CDEPs, while benefiting from a larger pool of resources, may experience a loss of control as they are being managed from a central location which may be some distance away.

CDEP in central Australia 1999 to 2004

In the 1999–2000 financial year, the Laramba community CDEP was started and Yuelamu community took over Willowra's CDEP operations. There were 5 communities on the CR region CDEP establishment waiting list. In 2000-01, there were 13 CDEP organisations operating in the CR region and 3 communities on the CDEP establishment waiting list. In 2001-02 year, Yuendemu was not funded for CDEP wages and the CR region lost 140 participant places, although there were 3 communities on the waiting list. This was of great concern to the Regional Council. The reason for the loss of places provided by ATSIC central office was that organisations not operating at their maximum CDEP numbers had places removed. This is related to the introduction of the CDEP Manager System in 1999 that provided non-local monitoring on CDEP participants in organisations. Previously, local project officers had undertaken this role and were more aware of factors on communities and organisations that affected short-term changes in participants, and thus were more flexible. CR Regional Council explored options for establishing corporate CDEPs to overcome this situation created by the CDEP Manager System.

In the 2002-03 year the responsibility for funding decisions was removed[22] from the regional councils by the Federal Government and given to a new executive agency, ATSIS, effective on the 1st July 2003. In 2003-04 , the AS regional council lost 10 places and the CR regional council lost 117 places, although this would not be reflected until the following financial year. This represents a loss of $1,354,080 in wages and $387,000 in on-costs or a total loss of $1,741,080 to CDEP organisations, communities and the central Australian economy.

Table 8: ATSIC CDEP funding, AS and CR regions, 1998-99 to 2002-03

	1998-99	1999-2000	2000-01	2001-02	2002-03
Central Remote					
On-costs	1,997,000	2,592,000	4,070,000	3,904,000	3,428,000
Wages	11,941,000	10,281,000	10,911,000	10,148,000	10,501,000
Capital	-	969,000	-	14,000	-
Total	**13,938,000**	**13,842,000**	**14,981,000**	**14,066,000**	**13,929,000**
Participants	969	1,155	1,155	1,145	1,145
Alice Springs					
On-costs	1,036,000	1,332,000	1,872,000	1,653,000	1,734,000
Wages	5,430,000	5,512,000	5,590,000	5,212,000	5,488,000
Capital	103,000	-	152,000	-	-
Total	**6,569,000**	**6,844,000**	**7,614,000**	**6,865,000**	**7,222,000**
Participants	540	540	540	540	540

Source: ATSIC 1999a, 1999b, 2000a, 2000b, 2001b, 2001c, 2002a, 2002b, 2003a, 2003b

[22] ATSIS was now responsible for the provision of ATSIC services to Aboriginal organisations.

Dependency ratios

The age structure of a population can be combined with data on labour force status to provide a range of dependency ratios. Dependency ratios compare the proportion of people who are not of working age, either because they are under 15 years (children) or because they are over 55 years (aged), and compares this total with the working age population (15-54 years for Indigenous and 15-65 for non-Indigenous people). This is an attempt to provide some indication of the ratio of economic providers to dependants. However, because the unemployment rate among Indigenous people is so high in these regions, comparing the numbers of people in the two age groups only gives the potential rather than actual number of economic providers to dependants. Many of the people who are potential providers are actually unemployed, and are in fact dependants. A ratio of 1.0 indicates that there are an equal number of dependants to the number of people in the economic provider group. A number greater than 1.0 indicates that there are more dependants than people in the economic provider group. The following table shows a range of dependency ratios based on 2001 Census data.

Table 9: Dependency ratios by Indigenous status, AS and CR regions, 2001

	Indigenous		Non-Indigenous	
	Alice Springs region	Central Remote region	Alice Springs region	Central Remote region
Childhood dependency	0.59	0.58	0.30	0.18
Childhood burden	1.50	2.48	0.38	0.18
Childhood burden (excluding CDEP)	1.91	8.22	0.38	0.19
Dependency ratio	2.53	2.44	1.37	0.26
Economic burden	2.98	6.03	1.41	0.28
Economic burden (excluding CDEP)	3.82	20.00	1.41	0.29

Source: ABS 2002a, ABS customised tables

The childhood dependency ratio is the number of children (aged 0-14 years) as a ratio of the working age population and is 0.58 for Indigenous and 0.18 for non-Indigenous people in the CR region. The childhood burden is the number of children to the number of people employed. We have calculated this twice—firstly with the economic provider (number of people employed) category including those people on CDEP, and then secondly excluding the number of people on CDEP from the employed or economic provider category. As noted by Taylor (2003) calculating the childhood burden using people in employment other than CDEP indicates the extent to which CDEP is a primary support mechanism for large numbers of child dependants. This should also be understood in the context of the average weekly income and benefits that people on CDEP are likely to receive—remembering that the average weekly wage is set at $217.

The dependency ratio is the number of people economically inactive—those recorded in the NILF category[23] and children 0-15 years compared to the number of people that are economically active—those recorded on CDEP, other employment and as unemployed. The economic burden is similar to the dependency ratio with the number of people that are economically inactive compared to the number of people that are employed. Again we have calculated it including and excluding those people on CDEP from the economic provider category.

Note the combination of the Indigenous age profile, where a substantial proportion of people are below 30 years of age and the dependency ratio, where there are up to 20 dependants for every one Indigenous employee in the mainstream labour market. While there are some issues associated with the construction of these ratios, they are a striking example of Indigenous disadvantage. If the data on average income are overlaid with the ratios, and the health status of people within the economic provider class is considered, there is a more complex picture of disadvantage.

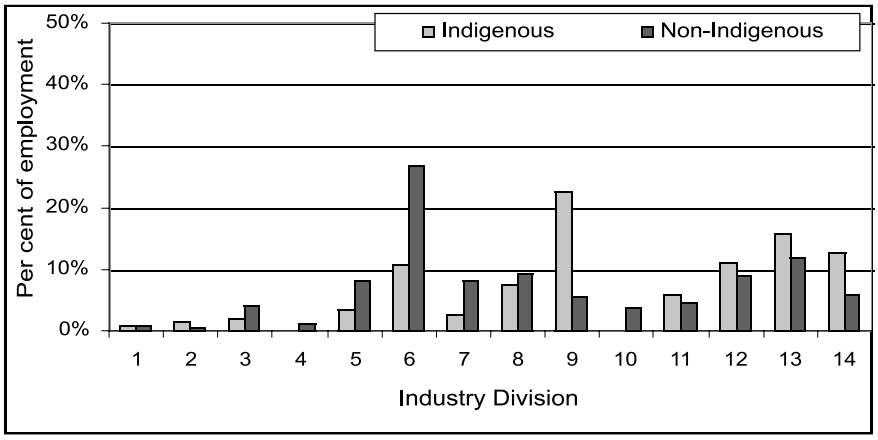
[23] See discussion earlier regarding the accuracy of the NILF category in the census data.

Industry and occupation

Employment is a means to income and the level of salary is largely determined by occupational status. The availability of employment within a region, particularly in remote areas is related to the mix of industry economic activities present in the region. The distribution of Indigenous and non-Indigenous employment by industry and occupation category gives an indication of the relative levels of industry activities.

The distribution of employment by industry division for the AS and CR regions is shown in the following figures. The AS region has a much broader range of employment in industries, in comparison with the CR region. In both regions non-Indigenous employment is concentrated in wholesale and retail trade (6) followed by education (12), health and community services (13) and personal and other services (14). Indigenous employment is highest in government administration (9), followed by health (13) and education (12). The pattern is more striking in the CR region.

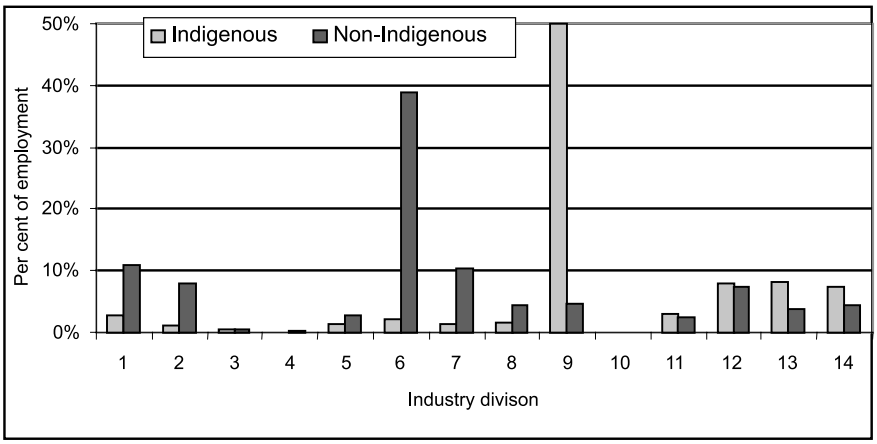
Figure 9: Distribution of employment by industry division and Indigenous status, AS region, 2001



1. Agriculture, forestry & fishing
2. Mining
3. Manufacturing
4. Electricity, gas & water wupply
5. Construction
6. Wholesale & retail trade
7. Tansport, storage & communication
8. Finance, insurance, property & business services
9. Government administration
10. Defence
11. Cultural and recreational services
12. Education
13. Health & community services
14. Personal and other services

Source: ABS 2002a, ABS customised tables

Figure 10: Distribution of employment by industry division and Indigenous status, CR region, 2001



There are a high number of non-Indigenous people working in category six, wholesale and retail trade, in comparison with Indigenous people.

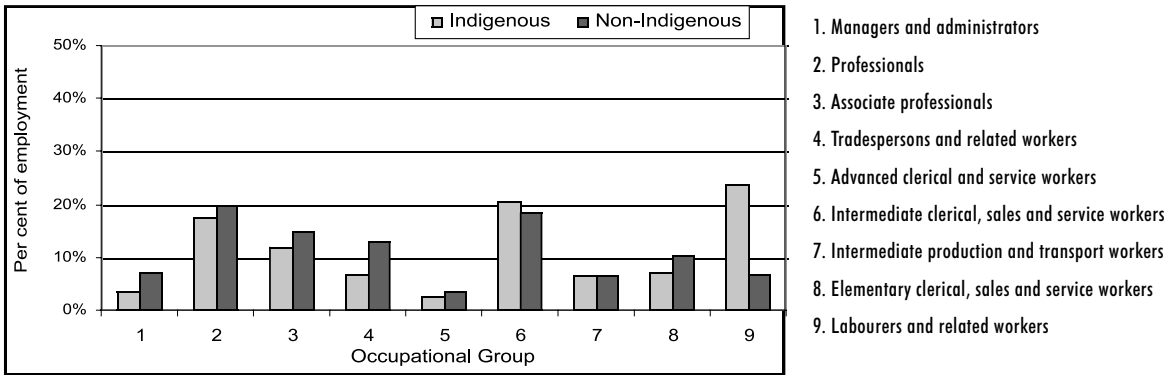
The CR region includes Yulara which has a significant number of positions in this sector. In addition there are a large number of community stores.

This is an area of opportunity for employment of Indigenous people in the CR region.

Source: ABS 2002a, ABS customised tables

Occupational distribution is similar to industry distribution. The spread of occupational group is much broader in the AS region than in the CR region. Non-Indigenous people are represented more in the management, professional and tradesperson categories (1-4) than Indigenous people which reflects the skill gap between Indigenous and non-Indigenous workers. The difference is greater in the CR region than in the AS region.

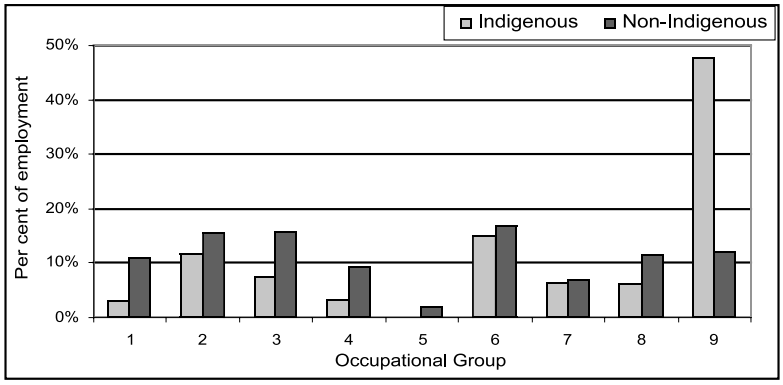
Figure 11: Distribution of employment by occupational group and Indigenous status, AS region, 2001



Source: ABS 2002a, ABS customised tables

There is a much higher concentration of the Indigenous workforce in category 9; labourers and related workers. Taylor (2003) notes that much of this arises from the tendency of the ABS to code all CDEP scheme workers to this, whereas they may be working in other occupations. As a consequence, 35% of Indigenous male workers and 13% of Indigenous female workers in the Alice Springs region are classified in this category. This is particularly apparent in the CR region, where CDEP is a more dominant form of employment than in the AS region, where there are more alternative employment opportunities. In the CR region 63% of Indigenous male workers and 29% of Indigenous female workers are classified as labourers and related workers.

Figure 12: Distribution of employment by occupational group and Indigenous status, CR region, 2001



Source: ABS 2002a, ABS customised tables

A large proportion of Indigenous people employed through CDEP are working less than full-time, with a total of 72% working 34 hours or less, and only 5% working 40 hours or more. In all categories of employment the Indigenous work force is working substantially less hours than the non-Indigenous workforce. In the government sector, only 26% of Indigenous people compared with 62% of non-Indigenous people are working 40 hours or more; in the private sector only 35% of Indigenous people compared with 80% of non-Indigenous people are working 40 hours or more, and in the CDEP sector just 5% of Indigenous people compared with 62% of non-Indigenous people are working 40 hours or more. It should be noted that the number of non-Indigenous people working in the CDEP sector is very small. The industry sector by hours worked drawn from the 2001 Census for the CR region is shown in the following table.

Table 10: Industry sector by hours worked, CR region, 2001

Hours	0	1-15	16-24	25-34	35-39	40	41+	Not stated	Total
Non-Indigenous									
Government	4%	3%	9%	4%	18%	20%	42%	0%	100%
Private sector	6%	3%	2%	3%	5%	19%	61%	1%	100%
CDEP	0%	4%	8%	4%	17%	25%	37%	5%	100%
Indigenous									
Government	7%	13%	13%	15%	24%	24%	2%	2%	100%
Private sector	7%	10%	11%	16%	13%	14%	21%	8%	100%
CDEP	1%	15%	49%	8%	5%	4%	1%	17%	100%

Source: ABS 2002a, ABS customised tables

Across sectors, only 34% of non-Indigenous people are working less than 34 hours per week, compared with 91% of the Indigenous population. This prevalence of part-time employment of Indigenous people has substantial impact on areas such as housing affordability. The private sector provides more full-time than part-time employment for Indigenous people, however the total number of Indigenous people employed in the private sector is 162 in comparison with 1,442 non-Indigenous people.

Estimating future labour force status

From the population projection the working age population in central Australia (15-55 years) is estimated to grow from 8,323 in 2001 to 10,854 in 2021, an increase of 2,531 or 30%. Using the relative ERP proportions, the estimated working age population in the AS region would be 6,609 and 4,245 in the CR region. If we consider that there is a possibility of an undercount in 2001, then the number of people looking for work and the need for employment opportunities will be even larger. The economic status of Indigenous (and non-Indigenous) people is largely a function of the ability to participate in paid economic activity, and the continued failure of Indigenous people to be able to adequately participate will have social and economic consequences for the region.

The following table shows the number of jobs, CDEP and other, required if the unemployment rate is to remain the same in the CR and AS regions.

Table 11: Extra CDEP and other jobs required for the unemployment rate to stay the same, AS and CR regions, by 2021

		CDEP	Other	Population 15+
Alice Springs	2001	233	832	3,080
		8%	27%	
	2021	396	1,338	4,956
	Additional required	163	506	
Central Remote	2001	755	326	5,295
		14%	6%	
	2021	1,080	463	7,716
	Additional required	325	137	

Source: ABS 2002a, ABS customised tables

Table 12: Extra jobs required against target employment rates, CR region, by 2021

Central Remote		Base employment 2001	Total jobs 2021	Extra jobs required by 2021
2001 Census	20%	1,081	1,543	462
NT Census	33%	1,081	2,562	1,481
Economic Burden	2.00	1,081	3,716	2,635

** Using the population aged up to 15 years and 54 years and over as the dependent*

Source: ABS 2002a, ABS customised tables

Table 12 considers three scenarios. The first shows that 462 jobs would be required if the current proportion of people employed were to remain the same in 2021. The second shows that 1,481 jobs would be required if the proportion of people employed in the CR region were to increase to the proportion of Indigenous people employed in the NT as a whole, per the 2001 Census. The final scenario shows the number of jobs that would be required if the economic burden ration were to move to 2—that is if there were one person employed for every two people that are 15 years and under and 55 years and older. In comparison the economic burden ratio for non-Indigenous people in the AS region was 1.41 in 2001.

5. Employment and welfare income

Indigenous people have a number of potential sources of income—employment, art and land or resource rents. The total recorded income in the census is intended to include that from CDEP and other employment, as well as unemployment and other benefits from Centrelink. It is unlikely to include other income—from the sale of artworks or payments associated with land or resource ownership, although whether it does or not is unknown. The issue here is that this other income is often irregular for individuals and hence may not be included in census data which record a snapshot of income.

Census data are collected in terms of a 'usual week' and then rounded up to form the annual income. What a usual week is in terms of income is difficult to determine. There are changes in income due to loss of employment or changes in welfare payments as well as other sources of income which when combined, make the determination of a usual week difficult. It is likely then that the standard census method of data collection is likely to misrepresent the picture of income for Indigenous people (Taylor 2003, 2004). In addition, Taylor notes (2003, 2004) that the mobility of people makes it difficult to establish a consistent set of income recipients over a period of time and that this, combined with job mobility (many jobs are short term or casual and people may change full-time jobs), makes the collection of accurate data difficult.

This would also apply to the data for non-Indigenous people—there may non-regular income, particularly some forms of business income that are not able to be accurately estimated and may well be much higher than royalties and arts payments to Indigenous people.

Taylor (2003, 2004) notes that there is little information on expenditure, although there is a common pattern reported from remote Indigenous communities of cash feast and famine in an environment of high costs for essentials such as food and transport (Taylor 2003, 2004; Taylor & Westbury 2000). There are also routine deductions from income at its source, such as rent and power charges.

The most comprehensive source of income data for the region based on a consistent methodology over time is the census. The data are collected on income ranges[24] and average and total income amounts are derived by using the mid-point of each income category.[25] The gross income reported in the census is intended to include all forms of income—family allowances, unemployment benefits, pensions, superannuation, wages, business and farm income etc. While it is difficult to know if all such income is reported anywhere, the one advantage of the census data is that they provide an indication of the dependency on income from welfare. This is done by calculating the data from income with the labour force status which provides an indication of income from employment sources and from non-employment or welfare sources (Taylor 2003, 2004). As there are few jobs available in predominantly Indigenous remote communities in the NT (and in SA or WA) and the Indigenous residents compete with a better trained non-Indigenous labour force, dependency on welfare is high and accurate calculation is essential for adequate service provision.

Income from art and craft activities

Indigenous artists are generally not included in employment statistics as they are not classed as an employee for income tax purposes in relation to the art centre. Their product is bought or handled by the art centre. Some art centres 'employ' artists through CDEP programs, which are generally run by the local community council, however not all communities where art centres are located have CDEP schemes. One of the issues that this raises for art centres is that they are not able to access programs aimed at increasing employment in remote communities. Indigenous artists, defined as self-employed persons, do not generally fit the criteria of small business and are not able to access the small business programs.

[24] For example Nil/Neg Income, $1–$159, $160–$199, $200–$299, $300–$399, $400–$499, $500–$599, $600–$699, $700–$799, $800 or more.

[25] For the highest income category ($800 and over) an amount of one and a half times ($1,200) is assumed to be the average income for this category. This method is used in Taylor (2004).

The average income of Aboriginal artists is difficult to determine, largely because of the wide range of participation that people have in the industry. Some artists may produce small *punu*[26] items sporadically and thus their annual income may be less than $200. Some artists may regularly produce fine art items with high unit returns ($1,000 upwards) and may have incomes of $20,000 per annum upwards. Data produced for the Australian Tax Office indicate that the majority of artists have an income less than $10,000 per annum. The distribution of income over the group is skewed towards the lower end with the majority of the producers earning a little and a few producers earning more than $10,000 per annum. The data collected in *The Art and Craft Centre Story* (Altman 2000) from central Australian Aboriginal art centres' estimates of the annual income of Aboriginal artists in 1997-98 indicated that the average annual payment to artists was in the vicinity of $1,000.[27] Data from the Association of Northern, Kimberley and Arnhem Aboriginal Artists (ANKAAA) indicate that in 2001-02 an estimated 2,650 artists (includes some artists in the Kimberley) earned $3.68m at an average of $1,388 per artist. A comparison with data from 1987-88, which provided an average of $1,437 for Indigenous artists in the NT, shows a decrease in the average income, although the CPI increase was 45% for the similar period (Altman 2003).

The number of Indigenous people participating in the art industry (as producers) in the CR and AS regions is difficult to determine. In terms of gross income, Altman (2003) indicates that if the commonly quoted number of Indigenous artists in the NT of 5,000 (a maximum) is used and an average income of $1,400 per annum, this would provide for a total income to artists in the NT of $7m. This represents 2% of the gross reported income of $339m of the estimated 36,536 Indigenous people aged 15 years and over in the NT per the 2001 Census.

Employment and non-employment income

The relative contribution made from total income from employment as opposed to income from other sources (principally welfare) is an important factor in the regional economy. At an individual level the difference between the net income from social security and income after tax from other employment is likely to be fairly small unless there are a range of well-paying jobs available. As Hunter and Daly (1998) found, where most of the jobs available are CDEP subsidised with small top-ups or low salaries, there is not a great financial incentive to undertake employment. This has been outlined previously in the section regarding CDEP. Nevertheless, the creation of sufficient employment in remote regions is of great concern and is a longstanding issue.

The following table shows the average annual personal incomes for Indigenous and non-Indigenous people as calculated from 2001 Census data. This is indicative only as it is based on income ranges and may provide a slight underestimate of total average income. This would be truer of the income of non-Indigenous people who have a higher number of people in the $800 or more income category—in the AS region there are 163 Indigenous and 573 non-Indigenous people in this category, and in the CR region there are 37 Indigenous and 636 non-Indigenous people in this category.

The non-employment income which is welfare income—income of people in the unemployed and NILF categories—is lower for Indigenous people than for non-Indigenous people. Similar results are reported by Taylor (2003, 2004) for the East Kimberley and Thamarrurr region, which may reflect underpayment of benefits to Indigenous people. The difference is more marked in the remote communities as represented by the CR region compared to the urban or AS region. Overall, Indigenous incomes are approximately 50% lower than non-Indigenous incomes in the AS region and 72% lower in the CR region.

[26] *Punu* is a craft item made of wood that is carved, painted or may have designs burnt into it.

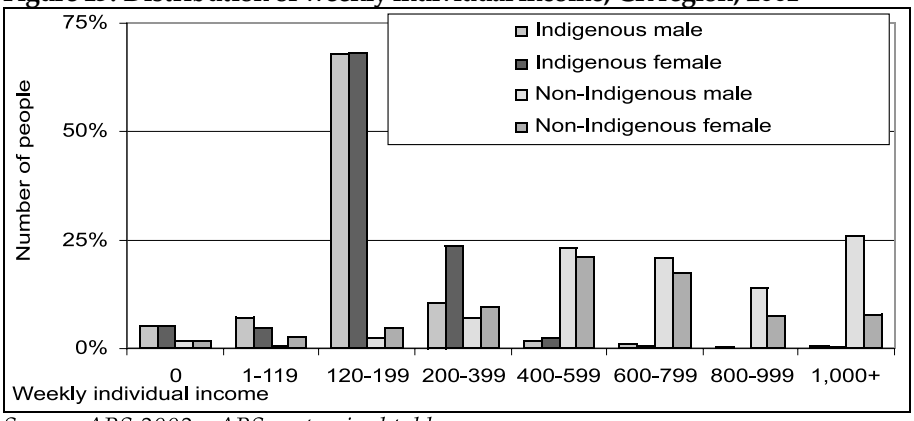
[27] These data are from 19 art centres (maximum 39 that completed other sections of survey) that provided comprehensive financial statements. The number of artists is the total of the estimated number of artists serviced by each of the 19 art centres over the 3 year period from 1995–96 to 1997–98. There is no change in the estimated number of artists provided from year to year.

Table 13: Annual average personal income by labour force status and Indigenous status, AS and CR regions, 2001

	CDEP	Government Sector	Private & not stated	Unemployed	NILF	Total average[28]
Alice Springs						
Indigenous	$15,417	$36,310	$28,722	$7,547	$7,613	$15,781
Non-Indigenous	$43,995	$46,943	$35,113	$10,413	$9,863	$32,403
Ratio	0.35	0.77	0.82	0.72	0.77	0.49
Central Remote						
Indigenous	$10,087	$22,115	$20,838	$7,712	$7,899	$9,133
Non-Indigenous	$37,869	$47,044	$37,416	$10,894	$12,377	$35,729
Ratio	0.27	0.47	0.56	0.71	0.64	0.26

Source: ABS 2002a, ABS customised tables

Figure 13: Distribution of weekly individual income, CR region, 2001



Source: ABS 2002a, ABS customised tables

The distribution of weekly income in this figure of the CR region shows that Indigenous people are concentrated in the lower weekly income groups, in the $120-199 per week. There were 108 people aged 15-24 years, 12 people aged 25-54 and 4 people aged 55 years or more, a total of 124 people with no weekly income. Previously it was shown that in the CDEP data for the month of August 2001 (Figure 8) there were 123 participants earning $0 per week and 374 participants earning 0-$200 per week. It is clear that one of the issues with CDEP is ensuring an adequate safety net for all participants, and may be the major reason for no or low income for people in the region.

Appendix D contains a list of Centrelink standard benefits payments as at September 2004. This indicates that the base Newstart Allowance of $10,119 per annum for a single person is more than the average income for unemployed Indigenous people in the CR and AS regions of $7,547 and $7,712 respectively (as shown in Table 13).

Appendix E contains five case studies which detail the income available to people in the CR and AS regions from Centrelink and CDEP schemes. They are based on typical Indigenous recipients in the AS and CR regions and were constructed with the assistance of the Alice Springs Centrelink office. The following table summarises the case studies.

Table 14: Summary of case studies (Appendix E)

Case study	Main characteristics	Location	$ Week	$ Year
1	Single, 4 children aged 3-14, NILF	Central Remote	606	31,514
2	Couple, 2 children, CDEP	Central Remote	599	31,133
3	Single, no children, CDEP	Central Remote	227	11,824
4	Single, 4 children aged 3-14, CDEP	Alice Springs	683	35,490
5	Couple, 3 children, unemployed	Alice Springs	601	31,267

The annual amounts of the Centrelink benefits for the case studies provide a comparison against which the Unemployed and the NILF average incomes in Table 13 can be assessed.

[28] The average annual income is calculated from income ranges and the income in the $800 and up range is calculated as $1,200. This may provide an underestimate of the total average annual income in this range and as such for total income.

Annual CDEP Income

The average annual CDEP income of Indigenous people in Alice Springs was $15,417. The average weekly CDEP wage rate set for remote areas is $217, which equates to an annual income of $11,284 (Figure 8, Participant Weekly Wages Summary). Indigenous workers in Alice Springs are therefore earning an average of $4,133 per annum above the average weekly CDEP rate for remote areas. This may result from CDEP workers in Alice Springs working more hours than the standard 20 hours per week. It may also be a result of more Indigenous people filling supervisory or coordination roles in Alice Springs based CDEP schemes, resulting in higher Indigenous earnings. Despite this, there is still an enormous gap between Indigenous and non-Indigenous earnings, suggesting that non-Indigenous people are generally employed in coordinating roles on double or triple the CDEP payments available to Indigenous people.

The average annual income of $10,087 from CDEP for Indigenous people in the CR region is much closer to the annual average wage of $11,284, although it is still significantly lower than the non-Indigenous average annual income of $37,869. This suggests that the top-up for CDEP subsidised positions available to non-Indigenous people is significantly closer to salary levels than for Indigenous people. Positions such as CDEP coordinator, essential services officers and women's centre coordinators are examples of positions that may be CDEP subsidised and occupied by non-Indigenous staff.

Unemployed and Not In the Labour Force

The annual average income for unemployed Indigenous people in Alice Springs was $7,547 ($7,613 if they are classified as NILF). Appendix D, which details Centrelink standard benefit payments, indicates that entitlements for unemployed people (Newstart Allowance) start at $9,128 before supplementary benefits are added. Supplementary benefits include child carer payments, remote allowances, rent assistance and family tax benefit, and can increase a person's entitlement substantially. Case studies 1 and 4 in Appendix E show that a single parent with 4 children is entitled to receive more than $31,000 per annum in Centrelink benefits.

Set out in Appendix F are the Centrelink payments for central Australia in July 2004, which similarly show lower average benefits paid to Indigenous people compared to non-Indigenous people. Two examples from the data in Appendix F are the Newstart and Youth Allowance which are summarised below:

Table 15: Centrelink payments by Indigenous status, AS and CR regions, July 2004

Average $ per person	Newstart Allowance[29]			Youth Allowance
	15-24 Years	25-54 Years	55+ Years	15-24 Years
AS Region				
Indigenous	$193	$205	$36	$132
Non-Indigenous	$373	$408	$24	$292
CR Region[30]				
Indigenous	$302	$306	$308	$179

Source: R Stow [Centrelink, Alice Springs] 2004, email, 1 October

Indigenous people in Alice Springs receive about half of the Youth and Newstart Allowance payments received by non-Indigenous people in the same region. There are a number of possible reasons for this—both allowances are paid to unemployed people and require the recipients to complete and return forms on a fortnightly basis. As the Indigenous population is far more mobile than the non-Indigenous population, it is likely that many people are late in either receiving or lodging their forms, which may result in the suspension of payments. Indigenous people may also receive less than their full entitlement, or fall into breaching provisions more often due to lower literacy and numeracy, and access to Centrelink offices.

The level of mobility of young Indigenous people may also result in their classification as living at home when in fact they are independent. For example, a teenager in Alice Springs may move between extended family and friends houses in Alice Springs and remote communities. Whilst they may not be receiving any

[29] This has been adjusted for all ATSIC CDEP customers such that the average excludes people on CDEP benefits.

[30] There were no payments to non-Indigenous or unknown classification clients in the Central Remote region for the fortnight in question.

support from their immediate family, because they do not have an address in their own name and state that they are staying with family, they may be classified as dependent and paid at a lower rate. This is also a factor of overcrowding and public housing waiting lists, where young people find it difficult to establish a residence in their own name, both in Alice Springs and in remote communities.

It is also possible that Indigenous people are more often being classified individually for Centrelink payments rather than as a family group, which may result in a higher number of Indigenous claimants, thus a lower per capita payment. Indigenous people in remote communities are below the rent threshold for receipt of rent assistance payments. Rent assistance may add up to $63 per week to a person's entitlement.

The annual average incomes of $7,547 and $7,613 are less than all the Centrelink benefits with the exception of the basic youth allowance for someone still living at home ($5,452 per annum). It is clear from the data in the preceding section that the annual average incomes of Indigenous people are consistently below the income they are entitled to in each category; unemployed, NILF and CDEP. The difference is significant; the average annual income is only three-quarters the entitled income. It is likely that many Indigenous people are not receiving a level of Centrelink benefit to which they are entitled. Some possible reasons for this may include:

- lack of experienced staff to assist claimants with their claims
- language difficulties resulting in errors/omissions in claim forms and/or ignorance of benefits available to Indigenous people
- cultural differences between European and Indigenous styles of families, resulting in the misclassification of benefit recipients and their family members
- mobility of Indigenous people resulting in lapses in paperwork and a resulting lapse in benefit payments.

Abstudy

The following table documents the number of students in receipt of Abstudy payments whose residence or place of origin is in Alice Springs or the remote Alice Springs region.

Table 16: Abstudy recipients by place of origin, June 2004

Place of Study	Alice Springs	Central Remote
Northern Territory	27	59
Rest of Australia	Less than 20	Less than 20

Source: Centrelink 2004

The data received from Centrelink only specify the Abstudy recipients' place of origin as Alice Springs or 'Alice Springs Remote'. The figures for the CR region may therefore include persons from communities located within the ATSIC Alice Springs region but who are defined as 'Alice Springs Remote' by Centrelink. However, as this comprises only one major community and many very small outstations, it is unlikely to make a substantial statistical difference to the figures documented above. Places of study are defined by Centrelink as anywhere within the NT and anywhere in Australia outside of the NT. Therefore, the figures for the NT will include Abstudy recipients from AS and CR regions who are studying in Darwin or Batchelor.

Regional income

The dollar contribution to regional income from employment and non-employment sources estimated from the 2001 Census data is shown in the following table.

Table 17: Gross annual personal income by Indigenous status, AS and CR regions, 2001

	CDEP	Government Sector	Private & not stated	Unemployed	NILF	Total	Pop'n
Alice Springs							
Indigenous	2,033,000	11,547,000	14,131,000	1,351,000	10,613,000	39,674,000	14.6%
	55%	8%	4%	27%	29%	8%	
Non-Indigenous	1,672,000	141,628,000	305,097,000	3,645,000	26,323,000	478,365,000	85.4%
	45%	92%	96%	73%	71%	92%	
Total	3,704,000	153,175,000	319,228,000	4,996,000	36,937,000	518,040,000	
Central Remote							
Indigenous	8,735,000	3,560,000	4,230,000	1,319,000	32,321,000	50,165,000	72.6%
	74%	26%	7%	86%	93%	40%	
Non-Indigenous	3,030,000	10,020,000	58,369,000	218,000	2,500,000	74,137,000	27.4%
	26%	74%	93%	14%	7%	60%	
Total	11,764,000	13,581,000	62,599,000	1,537,000	34,821,000	124,302,000	

Source: ABS 2002a, ABS customised tables

In the AS region the total gross annual personal income of adults in 2001 is $518m of which $478.4m (92%) went to non-Indigenous people who make up 85% of the population of the region and $39.7m (8%) went to Indigenous residents who make up 15% of the population of the region. In the CR region the total gross annual personal income of adults is $124.3m of which $74.1 (60%) went to non-Indigenous residents who make up 27%[31] of the population of the region and $50.2 (40%) went to Indigenous residents who make up 73% of the region's population.

In the employment categories 8% of the government sector employment income went to Indigenous and 92% to non-Indigenous in the AS region. In the CR region a much higher proportion of the income went to the Indigenous population (26%) but this is still well below the population proportion (73%). These data should be compared with the labour force status (Table 7) in this document. Thus the relative access to government employment and the income associated with employment for Indigenous people is lower in the CR region. In the private and non-stated employment category the proportion, or percentage (%) of income accruing to Indigenous and non-Indigenous people in the AS and CR region is similar to their participation rates.

Below we have combined the government and private employment income categories to provide a total of income and people in the non-CDEP or mainstream employment. This provides a comparison of the proportion of people employed in the government and private employment sectors, and the proportion of average income earned in that sector.

Table 18: Proportion of income earned by proportion of population in non-CDEP employment, AS and CR regions, 2001

	Mainstream (non-CDEP) employment			
	AS region		CR region	
	Income	People	Income	People
Indigenous	5%	7%	10%	16%
Non-Indigenous	95%	93%	90%	84%

Source: ABS 2002a, ABS customised tables

The income proportion of Indigenous people is similar to the number of Indigenous people employed (the participation) in the AS region.

In the CR region the income proportion is lower than the participation. This reflects the lower personal average incomes of Indigenous people as shown in previous tables.

[31] The issues associated with undercount of Indigenous populations should also be considered. Refer to the population data section earlier in this report.

The most important point from these tables is the relative dependency. The economic burden ratios given earlier in the report provide us with a comparison (ratio) of the number of people that are dependent (in this case determined as children 15 years and under and people 55 years and older) with the potential economic providers (people of working age between 16 and 54 years). In the AS region the economic burden ratio for non-Indigenous people is 1.4 to 1 and for Indigenous people is 3 (2.98) to 1—that is there are 3 people to every one potential economic provider, which is more than double the non-Indigenous ratio. However from Table 13, the average annual income for an Indigenous person ($15,781) is only half that of non-Indigenous people ($32,403). This means there are twice as many people relying on half as much income.

In the CR region the economic burden ratio for non-Indigenous people ratio is 0.28 to 1 (meaning there are many more people working than there are children and older people) and for Indigenous people is 6 (6.03) to 1—that is there are 6 people to every one potential economic provider, which is close to twenty times the non-Indigenous ratio. From Table 13, the average annual personal income of non-Indigenous people ($35,729) as economic providers is more than three times as much as Indigenous people ($9,133).

The relative number of well paying jobs available to Indigenous people in remote areas and the number of people receiving welfare can mean that the marginal benefit to an individual person of getting a well paying job is likely to be low. This is due to the high economic burden; if one person in the family (or community) gets a job, the additional money from that position has to cover a large range of people as there are few other people able to provide income. Therefore only a small amount accrues to each person in the family (community), including the person with the job. If there were already five other people in a family (community) that had well paying jobs, then as the 6th person in a family (community) to get a well-paying job, there is more money to share among the family and to accrue to each person. This is particularly acute in the (demand) sharing nature of Indigenous communities. The cause is the relative number of people receiving welfare as opposed to salaries from jobs rather than welfare of itself. This is a critical point as reducing income to a group of economically disadvantaged people by removing 'welfare' will not be beneficial, particularly while there are currently insufficient well-paying jobs to provide a base level of employment.

Cost of living

Income is only one measure of poverty of people, the cost of basic food other goods is also relevant. In the AS region there are a number of supermarkets and retail food outlets, which ensures that there is a measure of price competition. In remote communities, however, community stores generally hold a monopoly on retail food sales. Unlike the competitive Alice Springs market, there are no 'specials' in most shops and a limited range of food and goods options.

The difference between supermarkets and corner stores is important, as the major supermarkets in Alice Springs are located within the central business district. Many Indigenous people in Alice Springs live in town camps that are located on the fringes of, or outside the town. Transport to the supermarkets to shop cheaply becomes a problem, particularly if a person is shopping for a large family. This means that many Indigenous town camp residents are often more reliant upon the small supermarkets and corner stores located closer to the town camps.

Other considerations when measuring poverty are cultural obligations, which can oblige Indigenous people to feed and house visiting relatives. This can increase the number of people in a household without increasing the level of household income.

The Northern Territory Department of Health and Community Services (NTDHCS) publishes annual market basket surveys[32], documenting food costs in regions throughout the NT. A summary of the 2003 survey results is as follows:

Table 19: Average cost of basket of food items, NT, 2003

	$ Basket	$ Low	$ High	% Variance High/Low	Median
Alice Springs supermarkets	381				
Alice Springs corner stores	492				
Remote community stores	553	424	623	+11%–+77%	531

Source: NTDHCS 2003a

[32] Market basket surveys are based upon the nutritional requirements for a fortnight for a family comprising: a grandmother aged 60 years; a man aged 35 years; a woman aged 33 years; a male aged 14 years; a girl aged 8 years, and a boy aged 4 years.

Food items are on average 45% more expensive in remote community stores than in Alice Springs supermarkets. This average is maintained when we look at the individual food groups surveyed. Food is on average 29% more expensive in corner stores than in supermarkets in Alice Springs. The difference between remote community stores and Alice Springs corner stores is smaller, averaging 16%. However this difference varies markedly depending on the food group. Remote community stores average between 0–7% more expensive than Alice corner stores for bread and cereals, fruit, dairy and other foods, but are 20–25% more expensive for meat and vegetables.

There is also a wide range of prices in remote community stores in central Australia. Whilst the median market basket price is similar to the average price, there are extreme highs and lows. What it shows is that consumers in remote communities are paying between 11% and 77% more than consumers in Alice Springs for the same foods.

The market basket survey details availability of basket goods in remote communities. It shows that on average 98% of all foods in the basket are available in remote community stores, with a range of 90–100% availability from lowest to highest. There is no evidence however to document whether there is an adequacy of supply in remote community stores of specific food stuffs such as diabetic foods, baby formula, children's specialist foods, basic pharmacy items etc. Anecdotal evidence suggests that some (particularly more remote) stores have limited range and infrequent supply causing long periods without some items.

The market basket survey is only concerned with the cost of food. There are many other consumer items that are not detailed in the survey, such as cleaning materials, personal hygiene items, clothes, cooking utensils, hardware items and larger goods such as washing machines, televisions, mattresses and furniture. Anecdotal evidence suggests that the prices for many of these items may be proportionally much higher than is the case for food items, with some items (particularly electrical goods) being more than 100% more expensive than discount department stores in Alice Springs.

The cost of fuel rose 11.4% in Australia in the 12 months to June 2004 (ABS 2004a). This particularly affects remote community stores in terms of freight/transport costs for food and in the costs of the fuel sold to people at the community. Freight is a major operating cost for remote community stores, and is largely determined by fuel costs, thus increases in fuel prices will lead to increases in the price of goods at community stores. Fuel purchases can be a significant cost to people on remote communities, particularly those who live on outstations. There is a cost to travel to the nearest community to shop for food, and many people from remote communities travel to Alice Springs to access services—health, education, and legal as well shopping for large and small items.

People living less than 100km from Alice Springs are more likely to drive to town regularly to shop (and incur additional fuel costs) than those living several hundred kilometres away. At certain times of the year (particularly Christmas and during sporting carnivals) many remote community residents travel to Alice Springs and shop for items unavailable at home and therefore incur substantial fuel costs.

The case studies in Appendix E detail the income available to people from Centrelink and CDEP schemes, based on typical Indigenous recipients in the AS and CR regions. Case study 1 has a weekly income of $606 for the household (1 adult 4 children) and case study 2 has a weekly income of $598 (2 adults, 2 children). A basket of food for a family at an average of $553 per fortnight average cost of food (NTDHCS 2003a) would be equivalent to 46% of the weekly income. This leaves 54% or $325 towards essential items such as rent, power, telephone, personal hygiene items, cleaning utensils/products, fuel, vehicle costs etc.

If this family were to drive themselves to Alice Springs to do their shopping they would be able to obtain their basket of food items for $381 per fortnight. However they would incur minimum additional costs for fuel of $120 (based on 80 litres petrol @ $1.50 per litre in Yuendumu). This would bring the total cost to obtain their food down to $501 for the fortnight.

However, if they were to damage a tyre or windscreen the cost of the trip would exceed the potential savings. Similarly, if the family were to purchase take away food and drinks in Alice Springs, the cost of the trip would substantially increase. They would also have to dedicate an entire day to travel to and from Alice Springs and suffer an increased risk of injury from travelling long distances on unsealed and single lane roads. Finally, this scenario also assumes that the family owns a working refrigerator and freezer and is able to safely store food for 2-week periods. This is often not the case for remote community residents.

6. Education

Taylor (2003) outlines the two broad perspectives against which the purpose and performance of education in remote Indigenous communities may be assessed. The first is culturally grounded and considers what Indigenous people want from education. What Indigenous people desire from education in general and from schools in particular can be very different to what these institutions expect and provide (Taylor 2003). The second perspective comes from an economic development model and is based on the need to develop a skilled workforce which can participate in the mainstream economy. From this second perspective, educational outcomes are measured in terms of participant rates, competency in numeracy and literacy skills and, for the Vocational Education and Training (VET) sector, completion of courses. There are also skills acquired outside formal education that may lead to economic participation, for example in art and craft production and in land management. The problem, as Taylor (2003) notes, is that the more culturally grounded attributes are more difficult to quantify and lack readily accessible data sources for use in socioeconomic profiling.

Hoogenraad (2001) has worked extensively with Aboriginal educators and schools in the Warlpiri region and notes the radically different assumptions of Aboriginal recipients and mainstream service providers. The main characteristics in the context of Aboriginal education as listed by Hoogenraad are outlined below:

- a small population scattered over a large and remote area in small communities and very small outstations, or largely marginalised within towns
- very high population mobility within a circumscribed region known as 'the language region'
- culture which was adapted to self-reliant hunter-gatherers on own country having to adapt to settled life in communities, with little or no control over service delivery or skills to take part on equal footing
- recent introduction to literacy; for bulk of population from 1960s onwards. Teachers in communities in central Australia are generally the first generation in their families to have had any schooling, consequently very few have more than basic literacy and English language skills. Standards of education may have deteriorated, but have never been very good
- unresolved and destabilising challenge to traditional authority in all communities through lack of literacy and English in senior generation where authority rested
- Aboriginal support for education has been good, but there is very little understanding of what Western education involves and a growing disillusionment, as it has not delivered what was promised.

In regard to the purpose of education, the constitution of the Warlpiri-patu-kurlangu Jaru Inc (Hoogenrad 2001:2) sets out functions of remote Aboriginal education:
The function of remote Aboriginal education is to provide appropriate education for Aboriginal children in order that they will grow up to be:

- fully participating, productive members of their own local culture and society
- able to participate in wider Australian society on equal terms with other Australians.

The function of Aboriginal adult education is to provide:

- appropriate professional development, education and training of adults, in order to advance their involvement in all aspects of the running, development and governance of their communities
- on-going mentoring support for Aboriginal adults in professional and paraprofessional jobs, including education, health, council and management, given the real level of education of most Aboriginal adults is low.

The last point links to the second perspective of education for economic participation. In particular, given that a large part of the remote economy is in government services, there is an opportunity to link education, training and employment with service delivery at a policy and program level.

The scope of the data we have been able to collect does not really address the first perspective as outlined by Taylor, or the first two points of the function of education from the constitution outlined above. Appropriate data collection would need to be developed in conjunction with policies related to these functions of education.

Participation in schooling

The number of children enrolled at schools as collected by schools and educational institutions is one source of participation data. The ABS census data provide another source[33], although in a detailed analysis of the 2001 Census, questions regarding attendance at school seem to have been completed on the basis of whether the children were in an age group that was entitled to go to school, rather than actual attendance (Martin et al 2002).

The *Learning Lessons* report (Collins 1999:157) outlined the participation rates reported in the annual reports of the NT Education Departments (prior to 1999), which used the ABS population census counts[34] of single year age groups combined with the school enrolment rate. These figures implied that for the primary sector a comprehensive schooling service is being received, with eligible school-age population participation rates in 1996 of 97.66% for Indigenous and 99.21% for non-Indigenous students.

Where one study used the estimated service population as the base, the respective enrolment rates were 45.4% of males and 61.9% of females (Collins 1999:159, Taylor 1999). It should also be noted that this study of the Jabiru region highlighted unreliability of census data at a community level, as the number of children counted in the census was substantially less than the number of children enrolled for single year age groups (Collins 1999:159, Taylor 1999).

Attendance data are another source of participation data and official attendance data are collected eight times a year for the purposes of ensuring staff entitlement (staff to student) ratios are accurate. These data detail the average levels of attendance for each month and are indicative only (Collins 1999:157). Collins also notes difficulties in what is included in attendance:

> *Legitimate reasons for non-attendance at one school–and therefore not included as absences–included "going to the bush, family problems and sickness". However legitimate or otherwise the reasons, it is the review's finding that Indigenous students are attending school less frequently than school roll books would suggest.*

Collins outlines the key issues of policy concern:

- the potential for overstating the schools' actual coverage
- the potential for significantly undercounting the population that should or could be accessing the school in a particular area, when census data are the sole measure relied upon to estimate the available population.

These results suggest that a fair proportion of Aboriginal children may be slipping through the education net, particularly those of secondary age (Taylor, cited in Collins 1999:160).

Attendance and enrolment data for 2001, 2002 and 2003 was provided for government and non-government schools by Northern Territory Department of Education, Employment and Training (NTDEET).

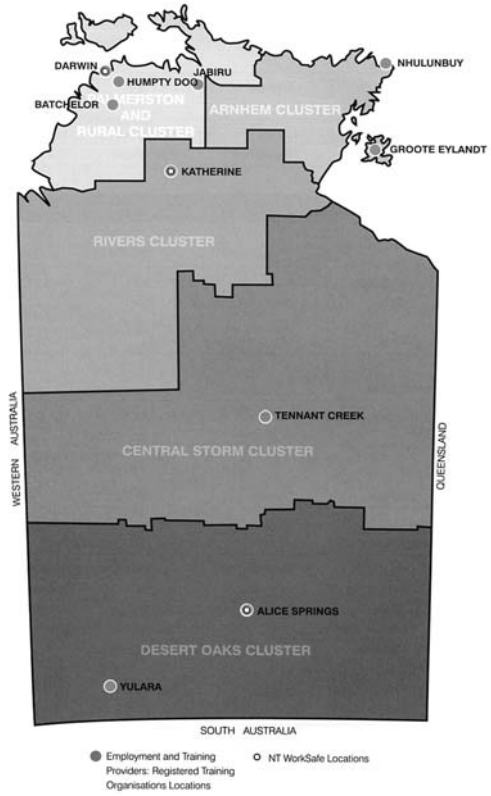
Location of schools

In the CR region there are 18 primary schools (9 in Group Schools East and 11 in Group Schools West) and secondary schools at the following community education centres; Papunya, Kintore and Yuendemu. The only non-government school in the CR region is the Nyangatjatjara College established in 1997, which has the main campus at Yulara, with home campuses at Mutitjulu, Imanpa and Docker River.

[33] In these data there are two questions regarding attendance: a general one asking if attendance is full- or part-time and a more detailed question about what type of school or educational place students go to.

[34] See demographic section for details regarding issues with ABS census data.

Figure 14: Map of education regions, NT



Source: NTDEET 2004

The Desert Oaks Cluster includes Alice Springs High, Braitling, Bradshaw Primary, Gillen Primary, Larapinta Primary, Ntaria (includes Kulpitara and Red Sand Hill Schools), Papunya CEC[35], Walungurru (Kintore) CEC, Yuendemu CEC, Yulara Schools and the Group Schools East and West.

Group Schools East includes Alcoota (Engawala), Ampilatwatja, Finke, Harts Range (Atitjere, and includes Bonya, Yerrarlwe and Mt Swan), Napperby (Laramba), Titjikala, Ti Tree, Utopia (includes Akaye, Aniltjiy, Apungalindum, Ingiynyala and Clinic) and Willowra.

Groups Schools West includes Areyonga, Amoonguna, Docker River (Kaltukatjara), Haast's Bluff (Ikuntji), Imanpa, Ipolera, M'Bunghara, Mutitjulu, Lilla HLC (Ukaka), Wallace Rockhole and Watiyawnau (Mt Liebig).

Central Storm Cluster incorporates schools from Alice Springs: Acacia Hill Special, Centralian College, Sadadeen, Anzac Hill High, and Ross Park Primary, as well as schools well outside of Alice Springs: Borroloola, Alekarenge CEC, Elliot CEC, Junngurrie, Wandagula, Mungkarta and Tennant Creek Primary and High.

In the AS region there are 19 pre/primary schools, 7 secondary schools and 4 tertiary/vocational educational institutions. Yeperenye (pre/primary), Yirara (secondary) and Irrkerlantye are Indigenous organisations. Note that some schools provide a variety of levels, for example Irrkerlantye has pre/primary, secondary and vocational level education.

Following are participation data that include both enrolment and attendance for the AS and CR regions. The attendance rate (the number of children recorded as attending as a ratio of number of children recorded as enrolled) has been calculated.

Table 20: Enrolments and attendances at government schools by Indigenous status, AS region, 2001-03

Alice Springs region	2001		2002		2003	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Primary						
- Enrolment number	711	1,423	725	1,295	746	1,240
- Attendance number	565	1,321	573	1,183	605	1,140
- Attendance rate %	79.5%	92.8%	79.0%	91.4%	81.1%	91.9%
Secondary						
- Enrolment number	196	389	203	353	241	352
- Attendance number	161	344	167	314	206	330
- Attendance rate %	82.1%	88.4%	82.3%	89.0%	85.5%	93.8%

Source: NTDEET 2004

There has been a small but steady increase in primary enrolments in government schools for the period from 2001 to 2003. The attendance rate is consistently higher for non-Indigenous children.

[35] CEC is a Community Education Centre and incorporates primary, some high school levels and vocational courses, sometimes sponsored through Catholic Education. HLC is Homelands Learning Centre, which is not classified as a school, but is attached to a hub school, and caters for primary students only.

Table 21: Enrolments and attendances at non-government schools by Indigenous status, AS region, 2001-03

Alice Springs region	2001		2002		2003	
Primary	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
- Enrolment number	310	1,063	286	1,204	294	1,171
- Attendance number	189	963	170	1,122	204	1,071
- Attendance rate %	61.0%	90.6%	59.4%	93.2%	69.4%	91.5%
Secondary						
- Enrolment number	410	842	385	813	409	816
- Attendance number	302	718	296	738	325	756
- Attendance rate %	73.7%	85.3%	76.9%	90.8%	79.5%	92.6%

Source: NTDEET 2004

The number of Indigenous children enrolled in non-government primary schools is less than half of that in government schools. There has been a small decline in primary enrolment numbers between 2001 and 2003. The number of Indigenous children enrolled in non-government secondary schools is almost double that of government schools.

The attendance rate of Indigenous children is approximately 20% lower than for the government primary schools. The difference between attendance at government and non-government schools for Indigenous secondary students is much smaller, being less than 5%.

For non-Indigenous students, primary enrolments have increased in non-government schools and enrolments in government schools have decreased over the same period. In 2003, each sector held about half of the total primary school enrolments. Secondary enrolments for non-Indigenous students have declined slightly in both government and non-government schools, with non-government schools having an enrolment rate more than double that of government schools.

The attendance rate of non-Indigenous children is markedly higher than for Indigenous children across all years of the survey. The attendance rate is very similar in the government and non-government sectors for non-Indigenous children.

Table 22: ERP and enrolments of primary and secondary school age children by Indigenous status, AS region, 2001

Alice Springs region	Indigenous	Non-Indigenous
ERP 5-12 years	999	2,732
Enrolments (government and non-government schools)	1,021	2,486
% of ERP enrolled	102%	91%
ERP 13-17 years	527	1,519
Enrolments (government and non-government schools)	606	1,231
% of ERP enrolled	115%	81%

Source: NTDEET 2004

We have calculated the ERP[36] for the age groups 5-12 years and 13-17 years, representing the eligible service population, from ABS data.

It is interesting to note that the service population is higher than the ERP for Indigenous children. This could be a result of many factors in both the enrolment data and ABS data.

[36] Estimated Resident Population, see Demography section

Table 23: Enrolments and attendances at government schools by Indigenous status, CR region, 2001-03

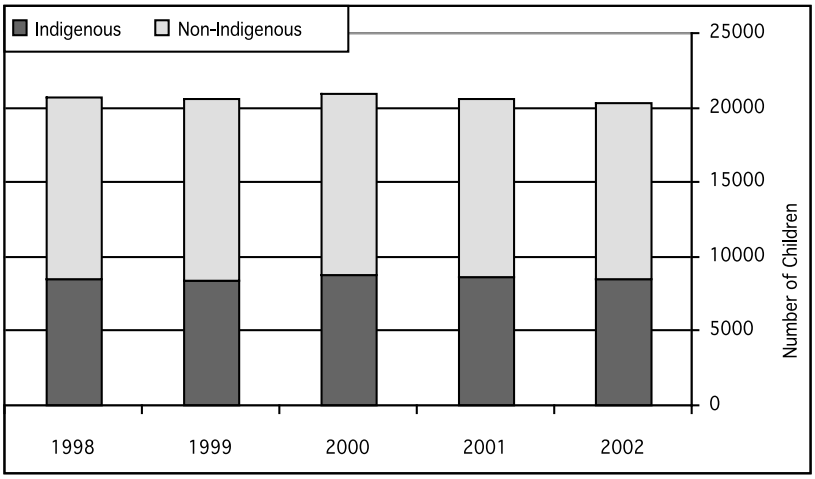
Central Remote region	2001		2002		2003	
Primary	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
- Enrolment number	966	17	846	16	861	9
- Attendance number	603	14	563	15	553	6
- Attendance rate %	62.4%	82.4%	66.5%	93.8%	64.2%	66.7%
Secondary						
- Enrolment number	125	0	184	1	155	0
- Attendance number	82	0	117	0	87	0
- Attendance rate %	65.6%	0.0%	63.6%	0.0%	56.1%	0.0%
ERP 13-17 y/o	979	47				
% of ERP enrolled	12.8%	0.0%				

Source: NTDEET 2004

The enrolment data show that 966 Indigenous students were enrolled in primary schools in the CR region in 2001. The ERP for Indigenous children aged 5 to 12 years in the CR region 2001 was 1,622. Using the ERP as a base population provides an enrolment rate of primary school aged children of 59.6%. These enrolment data will not include the non-government schools, and there is one that would affect the Indigenous primary student population in the CR region—Nyangatjatjara College (campuses at Yulara, Mutitjulu, Imanpa and Docker River). Data from this school have not been received as yet, however it is unlikely that they could account for the difference in ERP and enrolment numbers in the region.

As a comparison, the following figures provide the number of children enrolled in primary and secondary schools in the NT as a whole. The relative proportion of Indigenous children is lower in secondary enrolments than in primary enrolments, with only 55% of the eligible secondary school age population being enrolled.

Figure 15: Number of children enrolled in primary school, NT, 1998-2001



Source: NTDEET 2004

The proportion (%) of school age children that are enrolled in schools in the NT in 2003 is as follows:

	Primary	Secondary
Indigenous	92.2%	55.0%
Non-Indigenous	98.4%	99.6%

Source: Calculated from NTDEET Annual Report 2002-03, ABS Census 2001

The proportion of Indigenous children enrolled is far lower in secondary school. However the difference in the enrolment rates of secondary school age children in the AS and CR regions highlights a significant regional variation. Access is one contributing factor and for many children, Alice Springs is the only source of a secondary education. Indeed there will be a number of children from the CR region enrolled at schools in Alice Springs (note Yirara College is not included in the AS region secondary school data), however that would not account for the difference. The location of schools will affect participation, however there are few data to indicate whether the location of a school within the language groups or region of affiliation has affected participation of students in that region.

The following table shows the ERP for Indigenous children in the CR region and enrolments at government schools. Data have not been received for the non-government schools in the CR region, however there are no non-government primary schools in the region, and the number of students enrolled in non-government secondary schools in the region would not account for the difference between enrolments in government schools and the ERP. Using the ERP as a base provides an enrolment rate of 13%. The number of children in this age range actually attending secondary school when using the ERP as a base is only 8%.

Table 24: ERP and enrolments of primary and secondary school age children by Indigenous status, CR region, 2001

Central Remote region	Indigenous	Non-Indigenous
ERP 5-12 years	1,622	158
Enrolled (government schools)	966	17
% of ERP enrolled	60%	11%
ERP 13-17 years	979	47
Enrolled (government schools)	125	0
% of ERP enrolled	13%	0%

Source: NTDEET 2004, ABS 2002a, ABS customised tables

These data do not provide an indication of the depth of non-attendance—the length and the pattern of absences of students. The attendance data do not indicate whether the same group of students are attending as they are not student based. Students may regularly miss days each week or miss large blocks. There may also be attendance at other schools, for example if a family moves from one community to another part way through a term, which is not picked up under the current data collection system. The *Learning Lessons* report (Collins 1999:143) noted the compound effect that poor attendance has on students who are regularly poor attendees, and on the teachers as old material has to be repeated, due to the building-block nature of education.

Retention rates

In the NT (and most Australian states), primary and secondary students are not identified by an individual student number. This means that it is impossible to check the retention rates on a student-by-student basis. The apparent retention rate is calculated by comparing the number of student enrolments in the first year of secondary school with enrolments in the final year of secondary school five years later—for example comparing year 8 enrolments in 2000 to year 12 enrolments in 2004. This rate would not include the effects of factors such as migration, mortality, repeating of school years, deferral or resumption of studies etc. As there was some delay in the education data requests, we have used apparent retention rate data for the period 1990-1997 from Long, Frigo and Batten (2000).

Apparent retention rates for Indigenous children in the NT showed a dramatic decrease in the early years of schooling. Only 40% of children enrolled in year 8 were attending school at year 10, and only 9.4% of children were attending at year 12, compared to 30% in the Australian Indigenous population and 72.89% in the non-Indigenous population (Long, Frigo and Batten 2000). Combined with the rate of secondary enrolment as a percentage of the ERP, this clearly shows that Indigenous students are far less likely to achieve a year 12 education or equivalent than their non-Indigenous peers. Further, students in the CR region are even less likely to achieve a year 12 education or equivalent than their Indigenous counterparts in the AS region.

The following table details retention rates of Aboriginal students between 1990 and 1997.

Table 25: Year 12 retention rates of Aboriginal students, all states and territories, 1990-97

State	1990	1991	1992	1993	1994	1995	1996	1997
Australia	N/A	N/A	N/A	N/A	35.5%	30.6%	29.2%	30.9%
NSW	19.8%	23.4%	27.2%	30.2%	31.1%	35.7%	31.0%	32.1%
Vic	N/A	N/A	N/A	28.6%	28.3%	31.8%	35.2%	46.6%
Qld	N/A	N/A	N/A	N/A	53.1%	44.8%	45.6%	47.2%
SA	24.2%	27.9%	38.1%	32.9%	37.3%	22.3%	20.3%	19.5%
WA	12.5%	18.6%	17.2%	23.7%	17.7%	18.0%	16.0%	19.7%
Tas	28.0%	20.5%	43.5%	42.0%	39.3%	57.5%	35.4%	49.0%
NT	13.7%	19.0%	20.2%	10.3%	10.7%	6.8%	8.5%	9.4%
ACT	20.0%	57.9%	N/A	88.2%	63.6%	92.0%	58.3%	90.3%

Source: Long, Frigo, and Batten 2000

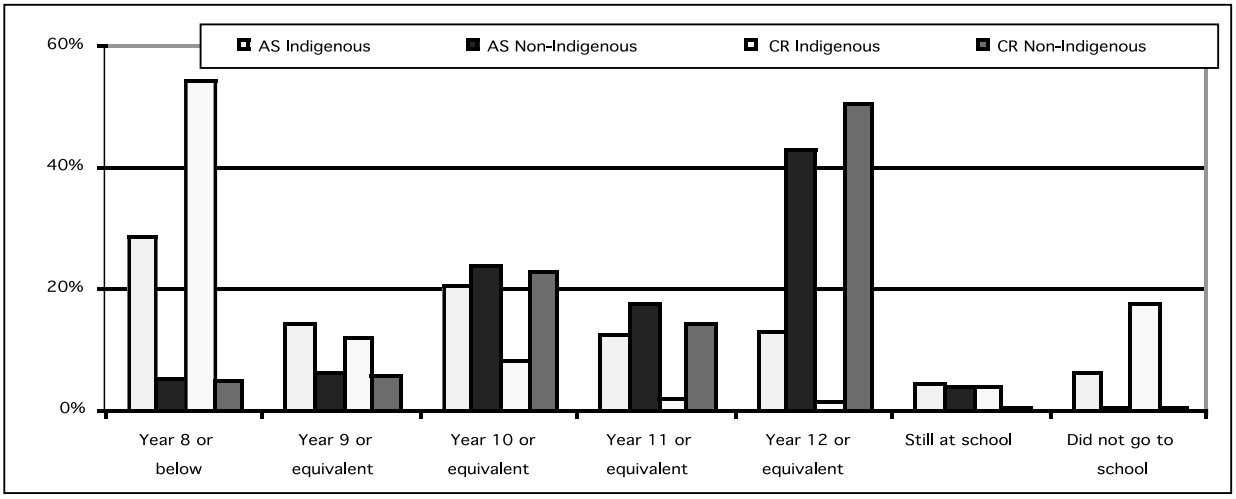
Long, Frigo and Batten (2000:50-53) note:

> *Given the considerable bounce in these values, caution is required when looking for trends ... Within some of the states there are slightly more encouraging patterns. In New South Wales, Victoria and Tasmania there are signs of an upward trend, whilst in Queensland, Western Australia and South Australia it is difficult to detect any upward movement. In the Northern Territory there seems to be a distinct decline in Year 12 retention for Indigenous Australians.*

More worrying, the study by Long, Frigo and Batten indicates that the apparent year 12 retention rate halved between 1992 and 1997 in the NT. It must also be noted that the apparent retention rates detailed above exclude ungraded students, that is, students who started a given year of schooling but did not complete it. Nationally these students are about 8% of Indigenous secondary students, but only 1.5% of non-Indigenous secondary students. The effect of these students is particularly relevant in the NT where 46% of Indigenous secondary students were ungraded. Therefore these results over-estimate apparent school retention rates and under-estimate the difference between Indigenous and non-Indigenous retention rates (ibid 2000:49).

The impact of low retention is reflected in the levels of schooling completed as reported in the 2001 Census data, set out below in the following figure and table. These indicate a higher proportion of Indigenous people in year 8 or below, compared to year 12 or below for the non-Indigenous people.

Figure 16: Highest level of schooling completed by Indigenous status, AS and CR regions, 2001



Source: ABS 2002a, ABS customised tables

Table 26: Highest level of schooling completed by Indigenous status, AS and CR regions, 2001

Region	Alice Springs		Central Remote	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Year 8 or below	29%	5%	55%	5%
Year 9 or equivalent	14%	6%	12%	6%
Year 10 or equivalent	21%	24%	8%	23%
Year 11 or equivalent	13%	18%	2%	15%
Year 12 or equivalent	13%	43%	1%	51%
Still at school	4%	4%	4%	0%
Did not go to school	6%	0%	18%	0%

Source: ABS 2002a, customised tables

Outcomes

The Multi-level Assessment Program (MAP) is a curriculum-based assessment that tests students' knowledge and skills in numeracy and reading. These have been used at remote schools since 1986 and urban schools since 1984 (Collins 1999:156), and are administered annually under separate arrangements for the urban and remote schools in the NT (Taylor 2003:47). The MAP tests are set at various profile levels—two through to four. At year 3 it is expected that most students will achieve profile level 2 while profile level 3 is the benchmark standard for year 5 students. These benchmarks represent an agreed standard of performance that professional educators deem to be the minimum level required for students at key stages of their educational development. Those children who do not make the profile levels are considered 'at risk of not making adequate progress' (Collins 1999:156). Prior to the tests, teachers make an evaluation of each student before assigning them to a particular test level, and students may be exempted if teachers believe they are likely to achieve near zero scores[37] (Taylor 2003).

A trend analysis of the test results over time has not been possible for a variety of reasons outlined in Collins (1999:156). Prior to 1998 different testing instruments were used in remote and urban schools[38] and the age groups targeted in the urban schools was not consistent. The following table shows the results of MAP testing in years 3 and 5.

Table 27: MAP test results in government schools by Indigenous status, AS region, 2001-03

	Numeracy		Reading	
Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	80.0	89.3	66.4	81.3
2001 - % achieving benchmark	89.8	47.8	80.8	52.5
2002 - % participating	86.5	84.4	83.7	93.3
2002 - % achieving benchmark	82.2	60.5	49.4	72.6
2003 - % participating	83.0	92.5	86.4	90.0
2003 - % achieving benchmark	76.7	60.4	57.9	77.8
	Numeracy		**Reading**	
Non-Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	95.7	95.6	93.3	94.2
2001 - % achieving benchmark	98.7	90.9	90.8	91.8
2002 - % participating	96.7	97.4	96.7	97.4
2002 - % achieving benchmark	96.6	93.7	89.7	92.1
2003 - % participating	97.5	98.7	96.3	96.1
2003 - % achieving benchmark	97.5	92.1	92.9	96.6

Source: NTDEET 2004

The data indicate that the percentage of Indigenous students achieving benchmarks in both numeracy and reading are well behind those of non-Indigenous students in both years 3 and 5 for each year of the survey period. While the percentage of Indigenous students achieving the numeracy and reading benchmarks in year 5 has substantially increased between 2001 and 2003, the year 3 percentages for both have substantially declined over the same period.

The numeracy results for Indigenous students decline sharply between years 3 and 5, whilst reading ability increases substantially. The results for non-Indigenous students remain relatively consistent throughout.

[37] The NTDEET Annual Report 2002-03 (NTDEET 2004:49) states that non-participating students are included in the 'not achieved' benchmark.

[38] Non-urban tests targeted 11-16 year olds as opposed to urban schools testing children in specific primary grades, such that neither the tests used nor the age groups were comparable.

Table 28: MAP test results in non-government schools by Indigenous status, AS region, 2001-03

	Numeracy		Reading	
Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	89.3	74.4	42.9	71.4
2001 - % achieving benchmark	40.0	50.0	41.7	60.0
2002 - % participating	67.9	78.9	60.7	68.4
2002 - % achieving benchmark	68.4	53.3	35.3	61.5
2003 - % participating	80.0	78.3	68.9	69.6
2003 - % achieving benchmark	80.6	44.4	29.0	53.1
	Numeracy		**Reading**	
Non-Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	97.5	99.2	95.8	92.4
2001 - % achieving benchmark	97.4	90.1	92.0	96.7
2002 - % participating	96.8	96.5	95.2	97.9
2002 - % achieving benchmark	99.2	92.8	95.0	94.3
2003 - % participating	94.6	98.5	96.4	97.7
2003 - % achieving benchmark	99.0	96.2	97.2	100.0

Source: NTDEET 2004

Comparing the data for government and non-government schools shows that a greater percentage of Indigenous students achieve MAP test benchmarks in government schools than in non-government schools in both numeracy and reading. The numeracy of Indigenous students in non-government schools in year 3 has increased between 2001 and 2003, but all other results have declined over the same period, with the percentage achieving reading benchmarks in non-government schools in year 3 half that of the government schools. Whilst the difference is smaller in year 5, Indigenous students in government schools are still substantially ahead of those in the non-government sector. Results for non-Indigenous students show the reverse, with results in non-government schools being slightly better than in government schools in most categories.

Table 29: MAP test results in government schools by Indigenous status, CR region, 2001-03

	Numeracy		Reading	
Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	72.6	72.4	22.1	29.9
2001 - % achieving benchmark	28.5	5.2	18.4	16.7
2002 - % participating	77.1	69.3	72.3	75.2
2002 - % achieving benchmark	59.7	26.2	19.7	25.7
2003 - % participating	76.7	71.1	71.1	67.4
2003 - % achieving benchmark	61.0	21.0	18.5	30.4
	Numeracy		**Reading**	
Non-Indigenous students	**Year 3**	**Year 5**	**Year 3**	**Year 5**
2001 - % participating	75.0	25.0	25.0	12.5
2001 - % achieving benchmark	100.0	0.0	50.0	50.0
2002 - % participating	100.0	50.0	100.0	50.0
2002 - % achieving benchmark	100.0	25.0	100.0	50.0
2003 - % participating	0.0	0.0	0.0	0.0
2003 - % achieving benchmark	0.0	0.0	0.0	0.0

Source: NTDEET 2004

The percentage of Indigenous students in the CR[39] region achieving all benchmarks is substantially lower than their contemporaries in the AS region. While the percentages of students achieving numeracy and reading benchmarks has increased from 2001 to 2003, nearly three-quarters of all Indigenous students had still not achieved benchmarks in reading in years 3 and 5 by 2003. Only 61% of Indigenous students achieved the numeracy benchmark in year 3 and this declines to 21% by year 5. There are not enough non-Indigenous students to provide a comparison.

It should also be noted that these figures are based on students undertaking the MAP tests and does not count students who are enrolled but did not undergo the tests, nor children of school age who were not enrolled. Calculations based on the ERP show that only about 60% of children in the primary school age range are enrolled. As only about 70% of enrolled students have undergone the testing, it is likely that less than 50% of the children in this age range have been tested (NTDEET 2004).

In 1999 the Indigenous Funding Inquiry noted that MAP test results indicated that:

> *... the outcomes for Indigenous students were lower than for non-Indigenous students in all states with the NT and WA recording the lowest results. One reason for this is that English is a second language for many students in remote areas of the NT and WA and remote area students are severely affected by high teacher turnover and poor attendance at school.*
>
> (Commonwealth Grants Commission (CGC) 2001a:237)

Participation in Vocational Education and Training

The ABS census provides some data on the post-school qualifications, however the data for Indigenous people are unreliable due to some confusion between courses and qualifications in the framing of the census questions.[40] Post-secondary education and training is available from the NT Technical and Further Education systems and from private providers, and data on course and module enrolments are available from NTDEET. The table below details the student enrolment numbers in 2002 and 2003 categorised in major curriculum groups.

Table 30: VET student enrolments by field of study by Indigenous status, central Australia, 2002-03

	Indigenous		Non-Indigenous	
	2002	2003	2002	2003
Business/Accounting	118	48	416	325
Office/Employment studies[41]	734	971	882	615
Agriculture/Horticulture	236	285	269	213
Health	215	292	207	323
Social sciences	398	362	271	271
Art/Culture/Language	532	459	336	329
Education	310	433	345	332
Engineering	552	627	439	502
Tourism/Hospitality	40	82	338	426
Total enrolments	3,135	3,559	3,503	3,336
Percentage of enrolments	47%	52%	53%	48%

Source: NTDEET 2004

Indigenous people comprised 47% of enrolments in central Australia in 2002 and 52% of all enrolments in 2003.

Indigenous people were only 33% of the total population aged 15 years and over in central Australia in 2001 (ABS 2002a, ABS customised tables).

These data seem to indicate an over-representation of Indigenous people in VET programs, for which there may be a number of reasons. Indigenous people are able to undertake some VET programs in their home communities, which makes them more accessible; some people may be reluctant to travel for study, such as people who are employed or are the prime carers of young children. VET programs also involve a range

[39] We have not received data for non-government schools in the CR region. These schools include Ltyentye Apurte Community Education Centre, Ngaanyatjarra Community College and Yirara College.

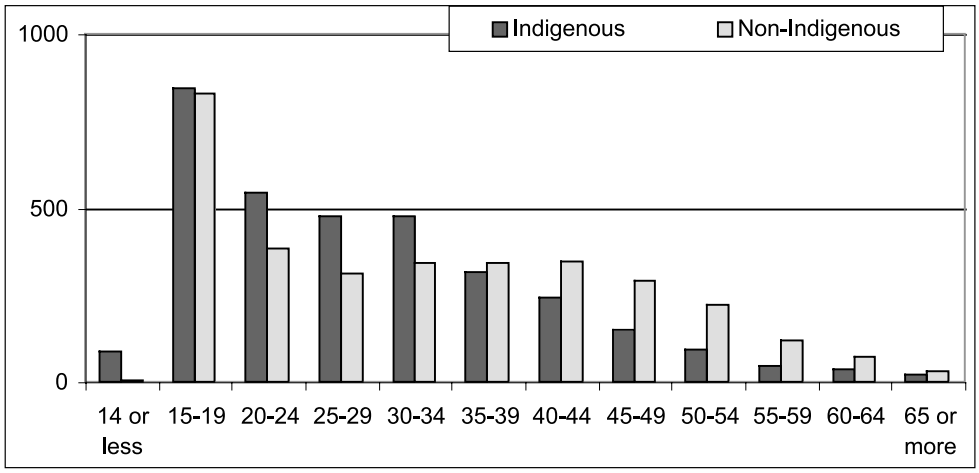
[40] In the CR region, the education level (certificate, diploma, bachelor degree etc) was described in 121 cases however the education level was not able to be described or not stated for 514 people. Morphy (2002) notes that many people answered with a descriptive title for the name of the course, rather than the name of the qualification, which is what the census question was aiming to determine.

[41] Office/Employment studies includes a course called 'Employment Skills'. This is aimed at preparing students for the whole range of employment, not just office employment.

of studies that are based on practical skills or have practical cultural or family outcomes, thereby making them immediately relevant to participants. Examples of this include art courses, home living skills courses and English literacy courses. VET programs also often involve increasing skills in areas for which people in remote communities are able to find employment (both within and outside CDEP programs). These include courses aimed at manual trades, land care, child care, environmental health etc.

VET programs may become a substitute for secondary education, for reasons of relevance and accessibility. Secondary education is often not available on remote communities and some people may not be able to travel to and reside in Alice Springs to undertake secondary education. The following table indicates that the number of VET enrolments of Indigenous people is higher in the 14 years and under age group and approximately the same in the 15-19 years age group. As the ERP population of Indigenous and non-Indigenous people in the 15-19 age group is approximately the same, it shows that in this age group, similar proportions of Indigenous and non-Indigenous people are choosing VET programs.

Figure 17: VET enrolments by Indigenous status and age, in central Australia, 2003



Source: NTDEET 2004

Selected fields of study that people aged 15-19 years old are enrolled in are shown below. There was a high concentration in the food and hospitality programs for non-Indigenous people, with a fairly even spread among other courses such as information technology, accounting, and medical studies. Indigenous students tended to be concentrated in three major groups; employment skills, building and office studies program.

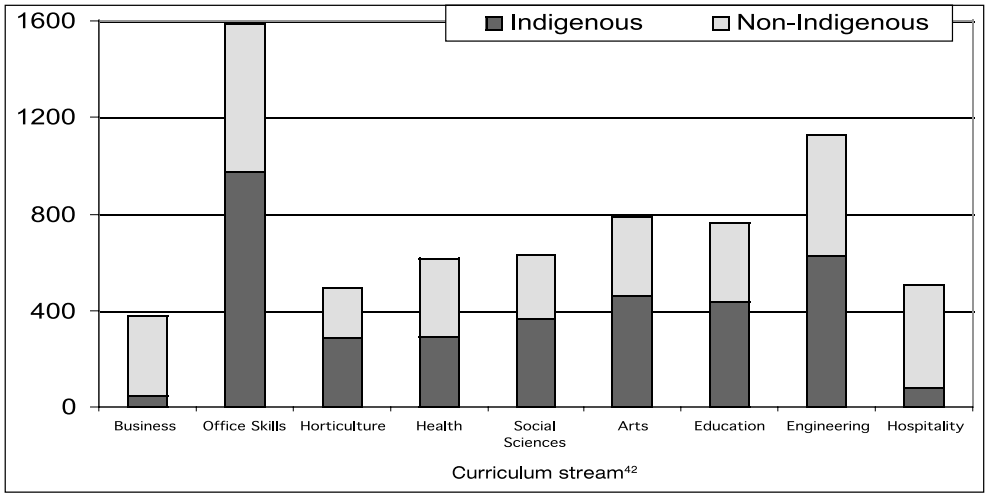
Table 31: VET enrolments by selected fields of study and Indigenous status, students aged 15-19 years, central Australia, 2003

Field of education	Indigenous	Non-Indigenous
	2003	2003
Employment skills program	141	9
Building programs	127	57
Office studies	124	77
General education programs	24	3
Social skills program	40	0
Food and hospitality	55	242

Source: NTDEET 2004

In terms of participation over all age groups in curriculum streams, Indigenous people are well represented, being 50% or more of enrolments in most areas. The curriculum areas where Indigenous enrolments are comparatively very low are Business/Accounting and Tourism/Hospitality. This has implications for the involvement of Indigenous people in development of commercial enterprises, particularly tourism on Indigenous land.

Figure 18: VET enrolments by curriculum stream and Indigenous status, central Australia, 2003



Source: NTDEET 2004

Enrolment data do not provide a picture of successful course completion rates or drop-out rates in the above curriculum streams. We are also unable to quantify the value of VET programs in leading to employment.

Collins (1997:111) notes that the funding model and resource arrangements between the Northern Territory Employment and Training Authority and the Registered Training Organisations (RTO) were such that the delivery of the curriculum became the primary goal for the RTO, rather than education and actual jobs on completion. Anecdotally, the lack of employment after training is a strong disincentive to undertake training—people in remote communities have commented that they may have certificates but they have been of little use as there is little support for employment of local people in their communities. There are also many CDEP participants undertaking VET programs, but little evidence that VET training leads them to supervisory or management positions within community based organisations and enterprises.

Resourcing

The initial data request of this project to NTDEET covered participation (enrolment, attendance and retention) and outcome (MAP test) data, and we indicated that the project would require workforce and resourcing information. However NTDEET advised that the participation and outcome data would be released subject to the project not seeking financial and resourcing information. As such we have compiled resourcing data from a variety of public sources. Where there are gaps that could not be sourced alternatively, this has been noted.

The Commonwealth and state/territory governments have a constitutional responsibility to provide schooling to all children of school age. The Commonwealth provides a specific purpose payment (SPP), in the form of general recurrent funding for government and non-government schools provided as a grant calculated on a per student basis, with different amounts set for primary and secondary students. In this mainstream funding, no specific account is taken of Indigenous student needs for school education, nor of differential costs of service delivery, especially in more remote areas. The Commonwealth does however have targeted programs for educationally disadvantaged students.[43] The following table sets out the specific purpose payments which includes this grant for the NT, and this is followed by the expenditure for the same period.

[42] We have grouped similar courses together under general headings. For example, Business includes courses such as Business Studies, Accounting, Banking/Finance, Business Management and Sales and Marketing.

[43] This program provides assistance for the improvement of literacy, numeracy and education outcomes for educationally disadvantaged students, to promote the study of other languages and to assist in the transition from school to work.

Table 32: Commonwealth Government specific purpose payments for schools, NT, 2000-01 to 2002-03

	$ '000s		
	2000-01	**2001-02**	**2002-03**
Government schools			
- Recurrent and capital	19,329	19,410	14,267
- Indigenous programs	12,623[44]	32,758	30,713
- Targeted programs	5,986	6,026	6,428
	37,938	58,194	51,408
$ per student	**1,296[45]**	**1,988**	**1,756**
Non-government schools			
- Recurrent and capital	26,634	29,246	31,533
- Indigenous programs	6,687	12,317	13,908
- Targeted programs	1,673	1,746	1,924
	34,994	43,309	47,365
$ per student	**4,080**	**5,049**	**5,522**
Vocational Education Training funding	11,677	16,420	12,784
Total all funding	**84,609**	**117,923**	**111,557**

Source: SCRCSSP 2003:Table 3A.5, 2004:Table 3A.5; Commonwealth of Australia 2001a, 2002a, 2003a; NTDEET 2004

Table 33: Government expenditure on schools, NT, 2000-01 and 2001-02

	2000-01 $'000	**2001-02 $'000**	**2002-03 $'000**
Commonwealth: government schools	33,924	38,082	44,696
State/territory: government schools	327,924	363,868	329,942
Total government schools	**361,848**	**401,950**	**374,638**
Commonwealth: non-government schools	30,212	42,931	34,754
State/territory: non-government schools	24,179	24,962	35,958
Total non-government schools	**54,391**	**67,893**	**70,712**
Total all schools	**416,239**	**469,843**	**445,350**
Cost per full-time equivalent student			
Government schools	12,699	13,850	12,795
Non-government schools	6,573	8,003	8,244
Total all schools	**11,060**	**12,520**	**11,764**
Estimated funding central Australia[46]			
Government schools	48,599	50,179	46,115
Non-government schools	17,254	21,512	22,177
Total all schools	**65,853**	**71,691**	**68,292**

Source: SCRCSSP 2003:Table 3A.5, 2004:Table 3A8; NTDEET 2004[47]

[44] The Indigenous Education Strategic Initiatives Program (IESIP) funding amounts in the budget papers (Commonwealth of Australia 2002b, 2003b) include funding to the NTG and direct to organisations in the NT. The report on government services (SCRCSSP 2003, 2004) only includes the NTG amounts. For 2000-01, IESIP funding to government schools was $12,623 and non-government schools $6,687 per budget papers. The report on government services has $8,609 and $1,905 respectively (SCRCSSP 2003). For 2001-02, the budget papers list IESIP for government schools as $32,758 and non-government schools as $12,317. The report on government services lists these as $12,647 and $12,714 respectively.

[45] The per capita estimated using the student numbers.

[46] The estimated funding is calculated using the cost per capita and the number of students in central Australia.

[47] Data for the 2000-01 and 2001-02 years are compiled from the SCRCSSP; 2002-03 data are compiled from NTDEET.

While this provides us with a total funding picture to the NT and an estimate of the education funding to the central Australian region, it does not provide us with an indication of the expenditure on Indigenous students or schools and other infrastructure in central Australia. It should be noted that there are some functions that would be based in Darwin for all schools in the NT, thus the method we have used is likely to be an overestimate. This may be partially offset by cost efficiencies in larger numbers of students and schools in Darwin. The relative number of Indigenous students will affect funding allocations under Indigenous Education Strategic Initiatives Program (IESIP), and the number of remote students and remote schools will affect the expenditure and funding allocations.

The CGC (2001a) noted that the IESIP funding represents a very small share of total Commonwealth school funding (2.3%) which is lower than the proportion of Indigenous 4-17 year olds (3.4%) according to ABS data. In addition, the IESIP funds allocations are small given the disadvantage faced by Indigenous students and are based on actual enrolments, so make no allowance for programs to facilitate the participation of students not currently enrolled; that is, there is no allowance for the unmet needs of school aged Indigenous children outside of the school system (CGC 2001a: 208). In particular, the CGC (2001a) recommended that funding distributions include differences in education outcomes, differences in staffing input requirements and other cost variations, including incentives to reduce teacher turnover in remote areas and higher school operating costs. The work done on costs in remote areas suggests they are 35–75% above the Australian average, and an allowance of 250% or more to reflect levels of disadvantage and to address improved participant outcomes is suggested (CGC 2001a:209).

The state funding processes are allocated on the basis of enrolments, with supplementary funding on the basis of socio-economic disadvantage, location, poor literacy, numeracy skills, etc. These supplementary programs often provide extra resources for Indigenous students. Nationally, the state/territory governments provide around 90% of total school funding from their state consolidated revenues, with the Commonwealth contribution to school funding providing around 10% (Steering Committee Review of Commonwealth and State Service Provision (SCRCSSP) 2003:3.5). In the NT in 2003, the Commonwealth provided about 18% of total school funding and about 50% of non-government school funding.

Collins (1999:55) noted concerns regarding the expenditure of IESIP funds, in that it may have been used to substitute for core activity or non Indigenous-specific program functions, and that some costs charged to IESIP were excessive.[48] The report recommended that future allocations be used as a top-up to address the gap in outcomes between Indigenous and non-Indigenous students and that NTDEET funds be distributed fairly on a per capita basis and weighted for needs.

The expenditure per full-time equivalent (FTE) student in government primary schools varied from approximately $9,980 in the NT to $5,860 in Victoria in 2000-01, and in government secondary schools ranged from $13,670 in the NT to $7,860 in Victoria. Out-of-school departmental overheads ranged from (per FTE student) $1,370 in the NT to $320 in NSW, and expenditure on staff ranged from approximately $8,350 in the NT to $5,160 in NSW (SCRCSSP 2003).

Turnover of teaching staff, especially in remote schools, has a large educational impact as well as increasing costs significantly. Anecdotal evidence for remote staff was supplied, suggesting 7 months average service for the southern region and 18 months for the northern region (Collins 1999:161). Research in 1985 cited by Colin Young (in Collins 1999, loc. cit.) indicates average period of service for non-Aboriginal teachers in the central Australian communities was 6 months, and 3 years in the Top End. Experienced teachers are needed to address Indigenous education needs, and this will have an impact on the resources required to recruit and retain (Indigenous and non-Indigenous) teachers.

[48] In particular the NT Treasury prior to 1999 had levied on-costs of 46.1% against salaries, in comparison to on-costs in other states of 4%-18.6%.

7. Infrastructure

The resourcing for these services has been traditionally directed through councils and local governments. The services are generally infrastructure related—water and power supply, sewerage, rubbish removal, roads, and transport facilities such as airstrips. In addition we have included communications infrastructure as this is necessary for operating basic services. Banking infrastructure is another essential service, however it is beyond the scope of this project to include this. Councils on remote communities are increasingly taking on additional services, particularly community and human services as the policy of the government moves from service provision to purchasing, and community councils may often be the only organisations with administrative infrastructure able to meet government grant funding requirements.

Local government infrastructure funding

Funding from the NT and Commonwealth governments for local government functions is distributed through two agencies, the NT Grants Commission (NTGC) and the Northern Territory Department of Community Development, Sport and Cultural Affairs (NTDCDSCA).[49] ATSIC also provided supplementary funding for municipal infrastructure though the Community Housing and Infrastructure Program (CHIP). The funding for local government in the NT in 2002-03 was as follows:

Table 34: Funding and allocation for local government, NT, 2002-03

Funding	**$ '000**
Commonwealth specific purpose grant local government	21,072
NTG consolidated revenue	29,409
Generated income	326
Total local government funding	50,807
Allocation	
Commonwealth financial assistance rants	21,012
NT operational subsidy	14,979
Minor/Aboriginal urban living areas	1,203
Dump subsidy	571
Capital grants	2,405
Reserves and other organisations	985
Access centres and specific grants	170
Needs based grants	1,569
Total subsidies per NTGC	**42,894**
Unidentified Grants	629
Total grants per NTDCDSCA	**43,523**[50]

Source NTDCDSCA 2003a, 2003b

There were 67 local governing bodies in the NT as at June 2002[51], 37 being councils incorporated under the Community Government Scheme of the NT Local Government Act and 30 incorporated under either the NT Associations Incorporation Act or the Commonwealth Aboriginal Councils and Associations Act. Within the CR region there are approximately 20 councils or resource agencies recognised as councils (see Appendix B for the list of communities and councils/resource agencies).

[49] The NTDLG forms part of the NTDCDSCA after the restructure of the NTG in 2003.

[50] This consists of $40,873 current and $2,650 capital grants (NTDCDSCA 2003a:90).

[51] Local Government (Financial Assistance) Amendment Bill 2000:206.

Table 35: Local government funding in $, AS and CR regions, 1998-99 to 2002-03

	1998-99	1999-2000	2000-01	2001-02	2002-03
Alice Springs					
Operational subsidy	447,300	451,900	323,500	309,000	286,800
Capital	38,400	38,000	35,800	34,900	33,900
Reserves and needs based	-	-	-	51,200	-
FAA[52] Local government	35,700	38,800	39,100	37,600	34,900
FAA Roads	22,400	22,000	20,900	20,500	10,200
	543,800	**550,700**	**419,300**	**453,200**	**365,800**
Central Remote					
Operational subsidy	4,675,500	4,667,300	4,673,000	4,416,900	4,339,000
Capital	900,800	883,700	819,900	792,300	768,700
Dump	214,000	206,600	190,100	180,600	177,100
Reserves and needs based	407,200	203,800	25,800	412,600	23,400
FAA Local government	1,519,700	1,498,400	1,485,600	1,398,700	1,475,900
FAA Roads	1,190,800	1,225,000	1,191,400	1,182,800	1,148,600
	8,908,000	**8,684,800**	**8,385,800**	**8,383,900**	**7,932,700**

Source: NTGC 2000, 2001, 2002, 2003; NTCDSCA 1999, 2000, 2001, 2003b

Note: Amounts are CPI adjusted to June 2003 and rounded to nearest hundred ('00)

The level of funding provided by the federal government to the NTG is given as specific purpose[53] payments, and untied grants are decided by the CGC. The CGC uses a number of factors within the principle of horizontal equalisation[54] such as population characteristics (age, gender, Indigenous status, urban, rural or remote residence); costs of delivering services (transport infrastructure, dispersion); and revenue raising ability to determine the untied funding level to the states and territories. Local government funding to the states and territories is a combination of specific purpose payments and a component from untied grants. The NT operational, minor/Aboriginal urban living areas, dump subsidy, capital, reserves and other organisations, access centres and specific grants come from the NTG general revenue, of which approximately 74% is the untied grant funding as determined by the CGC. The NT operational subsidy is determined using the following factors:

- expenditure needs-based grant
- distributed service delivery incentive to encourage councils to provide services over greater distances with the introduction of a variable pool of funds capped at $1 million and distributed on the basis of road length and area of governance
- retention of the previous method of distribution of the revenue raising incentive, but based on a subsidy of fifty cents in the dollar from a capped pool of $1.5 million
- phasing-in of the revised grant allocations over three years to minimise financial hardship to councils.

In 2000-01 and the prior year, the factors had included an incentive of 30% weighting in favour of local governing bodes that were incorporated under the Community Government Scheme of the NT Local Government Act.

The specific purpose payment is determined by the CGC, and in the NT, is distributed to councils by the NTGC. The financial assistance and road grants are distributed using the methodology determined by the Commonwealth under the Local Government Financial Assistance Act.

[52] Financial Assistance Act

[53] Payments which the state or territory cannot put into general revenue, they must be expended for the purposes under which they are allocated (for example—local government, health, education).

[54] The principle that with reasonable revenue-raising efforts, all councils should be able to provide a similar range and quality of service. Grants are made to assist councils when their ability to raise revenue is affected by factors such as distance, low-income residents etc.

The expenditure of local government funding at remote councils is for employment of the Council Administrator[55], running costs and basic equipment for a council office, compliance requirements of accounting and auditing, internal community roads maintenance (the roads outside of communities are the responsibility of the NTG and their construction and maintenance is funded through the NT Department of Infrastructure, Planning and Environment (NTDIPE)[56]), garbage services and the provision and maintenance of community sporting facilities.

CHIP was ATSIC's second largest area of expenditure and covered housing construction and repairs, infrastructure such as water supply and reticulation, sewerage, electricity and roads in Aboriginal communities. In the NT, the housing allocation of CHIP is provided to the Indigenous Housing Authority of the Northern Territory (IHANT) and the infrastructure allocation to the regional councils.

Table 36: ATSIC CHIP infrastructure, municipal services and sport & recreation grants, AS and CR regions, 1998-99 to 2002-03

Program	1998-99	1999-2000	2000-01	2001-02	2002-03
Alice Springs					
CHIP infrastructure	437,000	337,100	501,200	397,600	310,700
CHIP municipal	2,098,100	2,186,500	2,114,900	2,079,200	2,143,600
CHIP (national & multi-regional)	329,700	166,500	540,600	147,000	143,700
Sport and recreation	460,800	548,100	826,900	441,700	388,100
Total (rounded)	**3,325,600**	**3,238,200**	**3,983,600**	**3,065,500**	**2,986,100**
Central Remote					
CHIP infrastructure	1,358,300	1,722,200	994,900	1,361,300	1,540,600
CHIP municipal	2,006,400	2,091,400	2,258,100	1,914,900	1,773,900
CHIP (national & multi-regional)	157,800	33,000	998,400	269,800	199,000
Sport and recreation	426,700	168,300	400,800	253,500	317,700
Total (rounded)	**3,949,200**	**4,014,900**	**4,652,200**	**3,799,500**	**3,831,200**

Source: ATSIC 1999a, 1999b, 2000a, 2000b, 2001b, 2001c, 2002a, 2002b, 2003a, 2003b

Note: The information in the table above has been adjusted to June 2003 using CPI

The CHIP program has provided substantial additional resources to infrastructure in remote communities and town camps. It has also been a way for the ATSIC regional councillors to address particular issues that the local government funding is unable to, as it is largely confined to core operational funding. The capital and needs-based funding in 2002-03 was approximately $792,000 for the CR region.

The ATSIC sport and recreation program provides funding for equipment, construction and maintenance to sporting infrastructure and operational costs of sport and recreation programs. This funding for the AS and CR regions is shown in the above table. The NTG also provides some direct sport and recreation funding through NTDCDSCA. In 2002-03, funding of $337,000 was provided to the CR region and $73,000 to the AS region (NTDCDSCA 2003a). This funding was generally provided to community councils and was for half the cost of wages for the employment of sport and recreation workers and contribution to other organised sport and recreation facilities and activities on a council-by-council basis.

Town camp development

From 1918-47 Alice Springs was a proscribed area to Aboriginal people although there has always been a substantial permanent Aboriginal population in and around the town, including controlled settlement areas such as the Bungalow. The great majority of the current town camp sites were initially settled in the 1970s after the dispersal of the army camps (Drakakis-Smith 1982). No essential services were provided to the people living in town camps and no attention given to their eligibility for permanent housing or services (infrastructure, education, health etc).

[55] This position is also referred to as the Town Clerk, Community Development Officer in the Ngaanyatjarra Lands, and Municipal Services Officer in the Anangu Pitjantjatjara Lands.

[56] Formerly the Department of Transport and Works.

These quotes illustrate the lack of support and services provided to Aboriginal people living in Alice Springs, as recently as under 20 years ago:

> *Permanent life in the fringe camps is no basis for acceptance within the wider communities and is a negative factor in the education of children, the general health of the total group may represent a threat to the health of the wider community* (Commonwealth of Australia, 1971 quoted in Dixon 1985).
>
> *In 1976 Wrigley noted : There are 800 people in Alice Springs who every day have to dig in a dry creek bed or be dependent on someone else to have a drink of water or wash their hands. Half of these people dig soakages that fill with the highly contaminated water of the Todd River. Others wait for a tanker to be filled or for one to two 44-gallon drums to be dumped in their camps once or twice a week. A further 200 people have to walk between 60-400 yards to a tap. There are 10 hot showers, 11 lavatories and no power points for 1,000 people living permanently in Alice Springs* (Dixon 1985).
>
> *Right where the community is now, 150 yards to the west, is a new housing subdivision. Streets have been put there, sewerage has been put in and the houses haven't been built yet! Here we are [in 1977], east 150 yards and have no sewerage but we are now building three houses after fighting hard for many years. But we have to use septic tanks ... Why can't we have the sewerage facilities as supplied to the rest of the town without argument* (Shaw 1977, cited in Coughlan 1991).

In 1970 the Town Management Board of Alice Springs (precursor to the Alice Springs Town Council)[57] identified 16 'town camps' (town special leases) for Aboriginal people, although only leases and facilities for five were recommended. The Aboriginal Land Commissioner recommended leases for town camps on a needs basis in 1974, although needs-based land claims were excluded from the final draft on the Land Rights Act and applications for lands in urban areas were required to be submitted to the NT Lands Board rather than the Land Commissioner. This also removed urban lands needs from the mandate of Central Land Council. In 1973 the first special purpose lease, Inarlenge was granted followed by Anthepe and Mt Nancy in 1976.[58]

After self-government in 1978, the NTG gradually assumed control of state functions and the NT Lands Department became responsible for issuing leases. In 1981 the NT Lands Department began a major offensive to stop the granting of any further special purpose leases for town camps, and pulled down and impounded temporary shelters, pit toilets and a water tank erected on Ilwemp-Akerte (now part of Anhekle) town camp. No new leases were granted until 1986.

Tangentyere Council was primarily established as a mechanism not for the provision of physical infrastructure or housing, but to provide housing services to the people that live in town camps, which existing organisations had been unable to do. The NT Housing Commission had avoided dealing with tenancy issues on town camps, either by failing to make provision for building houses in the camps or by building the houses and passing the management of them to Tangentyere Council. The high maintenance costs of the houses and infrastructure in town camps was a result of overcrowding, and difficulties in accessing services, employment and income entitlements. People living in town camps then found it difficult to obtain and maintain income sufficient and stable enough to ensure that rent, utility and other house costs were paid.

In November 1982 the NTG announced that from July 1983 it would no longer pay essential services costs for communal areas on town camps—that is it would no longer pay for power or water used in street lights, sewerage pumps, playgrounds and park areas, community facilities or ablution blocks despite the fact that the NTG received a special purpose grant from the Commonwealth for this (Coughlan 1991). The NTG proposed that only in Aboriginal town camps would public facilities such as streetlights be 'user pays'. At the same time the NTG ceased to install, maintain or read water meters for individual households and planned to bulk-bill each camp. After threats by the NTG to disconnect the town camps, the issue was resolved in 1985 with the NTG agreeing to pay for the current public essential services except street lights, and restoring water meters to houses (Coughlan 1991).

[57] The Alice Springs Town Council was formed in 1971.

[58] For a full list of town camps and date of lease see Appendix G.

In 1985, a review commissioned by the Aboriginal Development Commission[59] noted that there were 19 town camps with a total core permanent population of 1,071 and a large floating population of men and women. The review looked at population data from 1981, 1983 and 1985 and concluded that the camp populations were relatively stable, noting that 60% of adults surveyed indicated that as far back as they could remember they had always lived at town camps; a further 20% for the last five years (Dixon 1985). A comparison with residential patterns of non-Aboriginal people in Alice Springs at that time might have indicated that this was the more transient mobile population. Certainly there was a tension between the government agencies (Department of Aboriginal Affairs, Department of Health and Ageing and NTG) who saw the town camps as temporary transient places and the residents who saw them as permanent (Coughlan 1991). The tension translated into policy, programs and funding decisions that resulted in the considerable underdevelopment of the town camps in comparison with other residential areas in Alice Springs.

Tangentyere Council's view of housing is different to the narrow approach of government which is concerned with providing the maximum number of houses within the funds available. Tangentyere recognises that successful housing needs good maintenance support services, good design and robust building, and most importantly a healthy community and lifestyle that has strong culture, good education and confronts social problems such as unemployment and alcohol abuse.

> *It's just an obvious truth to me that a community that is both housed and massively unemployed is not being properly sheltered and won't stay housed for long. Too many tensions and problems will get in the way. The houses will end up, at best, under-utilised, and expensive to maintain, or at worst, wrecked and abandoned ... You must accept this: if your job is to shelter people properly, then half your job is to help the community to create jobs and some kind of economic future for itself, or else next time you look around it won't be sheltered* (Shaw 1989, cited in Coughlan 1991).

Since the beginning town campers have seen their needs as being land tenure, security, garbage collection, firewood, power, water, sewerage, employment, education, maintenance and management of town camp infrastructure and sacred site protection. The order of these priorities has always been different from that of the government, which has perpetuated tensions between them.

Essential services

Essential services include water supply and reticulation, sewerage, electricity and gas. In the NT these services are a NTG responsibility and are provided by the Power and Water Corporation (PAWC)[60], formerly the Power and Water Authority. Indigenous Essential Services Pty Ltd (IES)[61] is responsible for providing electricity, water and sewerage to the remote communities in the NT. IES regards its responsibilities as limited to communities that are part of local government, thus communities not recognised as a local government will not receive local government funding for operations, dumps, roads etc., or receive essential services through IES.

In the case of communities outside of urban areas, much of the essential services infrastructure was built using funds from the National Aboriginal Health Strategy (NAHS) as part of addressing environmental health issues on Indigenous communities and town camps. Water, sewerage and electrical services were built to PAWC's standard using NAHS resources and on completion the infrastructure would be signed over to PAWC who were then responsible for operation and maintenance. PAWC may have undertaken some expansion of services as communities grew, but large construction or capital works were regarded as a federal responsibility and as such have been resourced through NAHS.

In the CR region, maintenance of essential services at outstations has varied. In the past, where PAWC had responsibility for a large community, often the services to outstations that were reasonably close would be maintained in the same trip to the community. The current position of IES is that the main community, not the outstations, is its responsibility. While there has been some degree of flexibility that has allowed maintenance to be undertaken on some outstations associated with work at larger communities, there is no guarantee that this will continue. Thus contracts for maintenance at Papunya or Urapuntja for example, may now not include any formal capacity for work at outstations. In the case of Urapuntja, which has

[59] Part of the Commonwealth Department of Aboriginal Affairs.

[60] The Power and Water Corporation was created on July 1st 2002.

[61] IES is a wholly owned subsidiary of PAWC formed on 23 June 2003.

approximately 850 people living in 17 or more outstations, and a mobile population, the effects of power, water and sewerage systems that are not maintained will be an unsustainable pressure on the infrastructure (physical and social).

PAWC has essential services maintenance contracts with the communities, in which the communities provide minor repairs, fuel, monitoring, liaison with PAWC and basic facilities maintenance such as lawn mowing and cleaning. These contracts are generally triennial, and the value of essential service contracts for the CR region is about $1.1m in 2003-04 (I Redmond 2004, e-mail, 17 September). In 2001-02 the contracts for some communities in the CR region ranged between $20-25,000 each for power maintenance, and water and sewerage maintenance per annum per community (Warchivker & Mitchell 2003:42). In most remote communities, these contracts are often combined by the council with CDEP to employ essential services officers to fulfil the contract requirements.

In terms of electricity supply, in most remote communities, power tokens are sold and meters are installed in all houses. In 1999-2000 the tokens sold electricity at 16 cents per kilowatt in comparison to the average cost of production of electricity of 53 cents per kilowatt (ATSIC 1999c).

Table 37: Electricity infrastructure for AS and CR regions, 2003

Alice Springs region	
State grid/transmitted supply	29
Solar/hybrid	12
No electricity	3
Community generators	3
Other	1
Total	**48**
Town camps + outstations where electricity is connected to all dwellings	41
Central Remote region*	
State grid/transmitted supply	23
Solar/hybrid	48
No electricity	11
Community generators	52
Domestic generators	20
Total	**154**
Communities where electricity is connected to all dwellings	133

Source: ATSIC 1999c

** Communities in CR region with no population according to Community Housing and Infrastructure Needs Survey (CHINS) data (16 communities) are excluded.*

In the CR region there are 11 communities/outstations with no electricity. The largest population recorded was 50 and the smallest 3, for a total of 142 people. In the AS region there are 3 outstations with no electricity, with a total of 85 people recorded as living at these locations. In both regions not all communities or outstations have all dwellings connected to electricity; however there is no information on how many people reside in these dwellings without electricity.

The future sustainability of communities will need to be assessed openly. Crough (2001) outlines some of the issues that will need to be considered:

- water resources—current usage and resources
- other natural resources and patterns of current and future resources use
- population growth and location
- economic issues affecting sustainability.

This project does not have the scope to include the natural resource component, however it will go some way towards providing information in population and economic terms.

Water supply is another essential service that is not adequately provided to Indigenous residents of town camps and in communities. The following table details access to water:

Table 38: Water infrastructure, AS and CR regions, 2003

Alice Springs region		Central Remote region*	
Connected to town supply	36	Connected to town supply	5
Bore water	8	Bore water	142
Other	4	Other	1
Total town camps & outstations	48	Rain water tanks	2
		River/reservoir	1
		No supply	3
		Total communities & outstations	154
Connected to all dwellings	40	Connected to all dwellings	141
Not connected to all dwellings	6	Not connected to all dwellings	6
N/A	2	N/A and Not stated	6
Total	48	Total communities & outstations	154
Dwellings not connected	12	Dwellings not connected	24

Source: ATSIC 1999c

**Communities in CR region with no population according to CHINS data (16 communities) are excluded.*

In the AS region there are 12 dwellings that are not connected to water; there is no information as to how many people reside in these dwellings. In the CR region there are 24 dwellings that are not connected. There is a much larger reliance on bore water in remote communities.

Below are tables of the sewerage infrastructure in the AS and CR regions. There was $28.6m of NAHS funding provided for construction and upgrades of sewerage systems to communities and outstations in the CR region in three rounds of funding.[62]

Table 39: Sewerage infrastructure, AS and CR regions, 2003

Alice Springs region		Central Remote region*	
Connected to town	14	Community water-borne system	9
Septic tanks with leach drain	26	Septic tanks with leach drain	110
Septic tanks with common effluent disposal	1	Septic tanks with common effluent disposal	15
Pit	4	Pit	10
No sewerage system	3	No sewerage system	10
Total	48	Total	154
Town camps where sewerage is connected to all dwellings	45	Communities where sewerage is connected to all dwellings	133
		Not connected to all dwellings	11
Permanent dwellings with no sewerage system	2	Permanent dwellings with no sewerage system	46
PAWC has maintenance responsibility	13	PAWC has maintenance responsibility	17
		Community council/other organisation	17
		Not connected (includes 3 not stated)	118

Source: ATSIC 1999c

** Communities in CR region with no population according to CHINS data (16 communities) are excluded.*

There are 3 communities/outstations in the AS region that do not have a sewerage system, with a recorded population total of 8 people. In the CR region there are 10 communities/outstations that are not connected to sewerage with a total recorded population of 140.

[62] 1995-1998: NAHS 1, 1998-2001: NAHS 2 and 2001-2003: NAHS 2.5 (Extension)

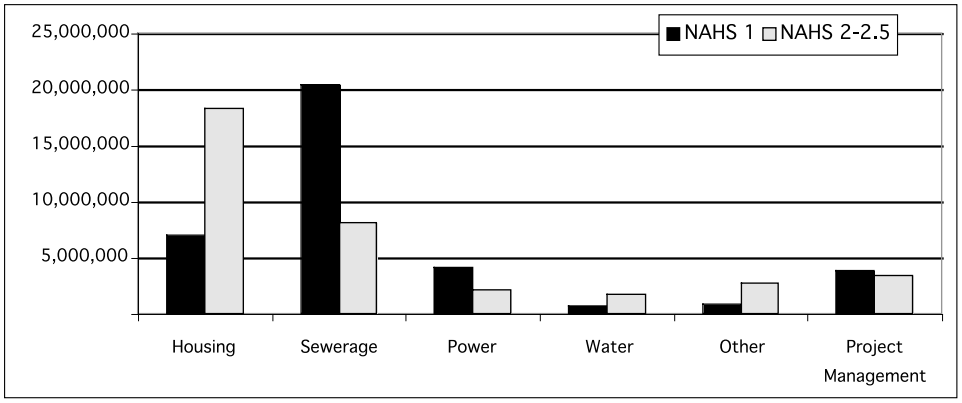
Environmental health infrastructure and National Aboriginal Health Strategy

The goal of community housing and infrastructure supporting healthy living practices is firmly embedded in policy following the work of Pholeros, Rainow and Torzillo (1993) in the Pitjantjatjara lands. A total of nine practices were identified, which are in order of priority as follows: capacity to wash people; capacity to wash clothes and bedding; remove waste safely; improve nutrition; reduce crowding; separate people from animals; reduce dust; control temperature; reduce trauma.

This also involves good design, construction and maintenance of housing. Poor initial construction and lack of routine repairs and maintenance are a large part of the reason that housing stock on Indigenous communities is in poor condition. Vandalism is a low proportion of the reason for most repairs. The current average expenditure on maintenance in the CR region is much lower than the figure recommended by Health Habitat of $1,700 in 1994-95 which is equivalent to approximately $2,030 in 2003.

The NAHS program aims to address housing and environmental health needs, and includes adequate water and power supply, sewerage and waste disposal, as well as housing to reduce homelessness and overcrowding. NAHS operates on a triennial basis by firstly undertaking an assessment and ranking process for projects on communities and urban areas in the NT. This is based on previous NAHS needs surveys, advice from ATSIC regional councils, IHANT, housing and other organisations that are involved with communities and/or service delivery. Once the projects are ranked, the funds are allocated from the most urgent onwards until 90% of the funding is apportioned. The following figure details the amounts spent on various categories in the 2 main funding cycles by NAHS.

Figure 19: NAHS projects, AS and CR regions



The largest two categories are housing ($25.3m) and sewerage ($28.5m). The other category includes road maintenance and dust control. The housing category includes construction and major repairs of houses.

Source: ATSIC 2004a

In order to increase the role of the private sector in the NAHS program, an appointment was made of three engineering firms as program managers covering Australia. The company Ove Arup is the program manager in the NT, WA and Qld. Previously the projects were managed by local Indigenous communities, ATSIC and/or private sector managers of individual housing, water or sewerage projects. After the ranking and allocation process, Ove Arup then put tenders out for each project, selected the successful tender and managed the construction. The fee charged by Ove Arup is 8% of the NAHS funding.

Telecommunications

This is a federal responsibility and is provided by public and private sector providers. Telecommunications infrastructure to remote communities is provided and maintained by Telstra, as the high cost of service provision to remote communities precludes competition from other service providers. The *Telecommunications Action Plan for Remote Indigenous Communities* notes commercial service providers have not expressed interest in remote Indigenous communities, and as such the communities will be reliant on regulatory mechanisms, particularly the Universal Service Obligation (USO) and targeted government support to achieve an equal level of service delivery (Department of Communications, Information Technology and the Arts (DCITA) 2002).

Most communities have telephone connections in the services areas such as the council, clinic, school, women's centre, art centre, store and in most non-Indigenous housing and some Indigenous housing. Approximately 70% of Indigenous people living in remote communities in the NT do not have a working telephone in their home (ABS 2002a). Administration offices on communities are open only during normal business hours and are generally closed for two hours during the middle of the day and on weekends. There are public telephones at most communities that are used by the majority of people as most do not have connections in their houses. The important role of payphones in remote communities and town camps in Alice Springs is noted in the CLC Submission (2003a) to the Australian Communications Authority's Payphone Policy Review:

> *Payphones are often the only means of accessing emergency services in remote communities where a large number of people often have critical health-related needs. In addition basic telecommunication infrastructure is an important precursor to economic development ... Moreover access to telecommunication infrastructure affords better access to other government services, in particular health, education and legal services.*

The submission then notes that the USO fails to meet the payphone needs of remote Aboriginal communities as many communities may be unaware of the USO or of other program funding to assist with telecommunications infrastructure; they cannot meet the costs associated with a telephone connection (in particular trenching); or they fall outside the eligibility criteria of the USO[63] (CLC 2003a).

In their submission to the Review of the operation of the USO and customer service guarantee (CSG), PY Media note that the pre-paid solutions which are of most practical use for Indigenous communities are not supported by either the USO or the CSG. Consequently Telstra has no obligation to provide those services. The billing and payment arrangements for non pre-paid options are not suitable for people who do not have access to credit cards, cheque books, phone/internet banking, telephone retail outlets, or a post office; in short, most Indigenous people on remote communities. Phone cards are another pre-paid option, however the call costs are extremely high.[64] Also there are many different kinds of phone card, and not all of them are suitable in remote areas where satellites are used. In these areas the kinds of pre-paid cards that work require a caller to dial 34 numbers, even for a local call (PY Media 2004:11).

Additional connections for data and internet services are also important for service provision and economic development at a community level. These can take some time to connect and quality can also be an issue. Reliability and consistency of services is particularly important and the cost of on-the-ground servicing is a major barrier for the maintenance of services and infrastructure. Community-based maintenance programs are a possible option (CLC 2003a).

The access of communities to telephone services is summarised in the following table. While there are 86 communities (55%) with a telephone service, only 32 communities (21%) have public a phone(s) in working order and 115 communities (75%) are not connected. The repair times are at minimum 2 weeks and the maximum time recorded was 91 days, or nearly 3 months.

[63] The USO has eligibility criteria for a payphone, restricted to those communities with a permanent population of 20 adults.

[64] Phone card callers to not get the advantage of untimed local calls, and special rates (for example after 6 pm, weekends) do not apply to phone cards.

Table 40: Telephone services, CR region, 2003

Central Remote region*				
Communities with a telephone	86			
Communities with no telephone	63			
Not stated	5			
Number of public phones at communities	**No. of communities with public phones**	**No. of communities with phones in working order**	**Repair times**	**No. of communities experiencing these delays**
3+ public phone	6	4	14 Days	18
2+ public phones	10	7	21-28 Days	10
1 public phone	18	21	42-49 Days	2
no public phones	4	6	70 +Days	4
Not connected	115	115	Not connected	115
Not stated	1	1	Not stated	5
	154	**154**		**154**

Source: ATSIC 1999c

** Communities in CR region with no population according to CHINS data (16 communities) are excluded.*

PY Media (2004) note a comment from the Consumers' Telecommunications Network:

> *Existing legislation and compliance policy in relation to telecommunications should, in theory, already be delivering access to the standard telephone service to every Australian. But this is clearly not the experience of those living in remote Indigenous communities.*

Many of the problems experienced by remote communities are also experienced by the town camps in Alice Springs. The submission by the CLC (2003a) to the Australian Communications Authority Payphone Policy Review notes:

> *The twenty town camps located in Alice Springs do not have access to even basic telephone infrastructure, in spite of the fact that they are located in Alice Springs, a major regional service centre ... This is of particular concern given the large number of town camp residents that have critical health conditions and are without access to phones in cases of emergencies.*

The access of town camps and communities in the AS region to telephone services is summarised in the following table. While there are 7 communities (23%) with a telephone service, only 5 (10%) have a public phone in working order and 35 communities (73%) are not connected. The repair times are at minimum 2 weeks and the maximum time recorded was 42 days, or nearly 2 months.

Table 41: Telephone services, AS region, 2003

Alice Springs region				
Town camps/outstations with a telephone	**11**			
Town camps/outstations with no telephone	**37**			
Number of public phones at town camps/outstations	**No. of communities with public phones**	**No. of communities with phones in working order**	**Repair times**	**No. of communities experiencing these delays**
2+ public phone	1	0	14 Days	3
1 public phone	6	5	42-49 Days	1
no public phones	6	8		
Not connected	35	35		
Total town camps and outstations	48	48		

Source: ATSIC 1999c

8. Housing

Shelter is one of the most fundamental of human needs and the importance of secure affordable housing cannot be underestimated. Indigenous households are prevented from accessing adequate housing for various reasons including low labour force participation, low income levels, discrimination, limited availability and adequacy of housing. The two regions that we are collecting data for have markedly different housing needs, options and supply due to the presence of Alice Springs. As a result, each region is dealt with separately.

Current housing Alice Springs region

The AS region covers a total area of approximately 23,000 square kilometres and includes the town of Alice Springs, Amoonguna, the Yambah region and Iwupataka Land Trust. In Alice Springs a large number of Indigenous people live on 19 town camps. The Community Housing and Infrastructure Needs Survey (CHINS) database provides information about the town camps, Amoonguna, homelands and outstations in the AS region. It does not provide information on private and public housing or other accommodation, for example hostels, in the town of Alice Springs.

The housing options for Indigenous people in Alice Springs are: home ownership (owner with mortgage or owner without mortgage); rental accommodation (renting from the private market, public housing or in town camps through the town camp housing association); or hostel accommodation. A large number of Indigenous households (14%) live in improvised shelters, caravans or are sleepers out (homeless).

ABS data indicate that 15.6% of households containing 19.9% of people in the AS region are Indigenous, and 84.4% of households containing 80.1% of people are non-Indigenous. Nationally, the average Indigenous household is larger than the average non-Indigenous household (ABS & AIHW 2003:38). The higher percentage of people in a lower percentage of households is a reflection of the higher population density for Indigenous housing. The table below provides an indication of the type of housing Indigenous people in the AS region occupy by housing type.

Table 42: Number of households by housing tenure by Indigenous status, AS region, 2001

Indigenous	Owned	Rented	Other	Not stated	Total
House/unit	239	763	64	22	86%
Other: caravan, improvised shelter, sleepers out	3	14	22	142	14%
	19%	61%	7%	13%	100%
Non-Indigenous	**Owned**	**Rented**	**Other**	**Not stated**	**Total**
House/unit	3,796	2,244	446	116	96%
Other: caravan, improvised shelter, sleepers out	184	73	20	29	4%
	58%	34%	7%	2%	100%

	Indigenous		Non-Indigenous	
Households	1,258	16%	6,785	84%
People in households	4,265	20%	17,141	80%

Source: ABS 2002a, ABS customised tables

The number of non-Indigenous households (58%) that owned or were purchasing their own home is significantly higher than the number of Indigenous households (19%). This is a reflection of the relative income levels and labour force participation. This would be lower without the ATSIC home ownership program, which is outlined later.

The basis of housing assistance in the NT is the Commonwealth State Housing Agreement (CSHA) and the allocation of Commonwealth funding is an integral part of this agreement. The current five-year CSHA commenced on 1 July 2003. The stated aim of the agreement is to 'provide appropriate, affordable and secure housing assistance for those who most need it, for the duration of their need' (SCRCSSP 2003:16.2). Housing assistance in the NT is the responsibility of the NTDCDSCA and includes Indigenous housing, public housing, home ownership services and government employee housing. Public housing is delivered through Territory Housing, a Government Business Division.

Overcrowding

One measure of housing adequacy is the level of overcrowding—or the relationship between the number of usual residents and the number of bedrooms in a dwelling. In major cities 11% of all households with Indigenous person(s) require at least one extra bedroom, increasing to 42% of households with Indigenous person(s) in very remote Australia. In comparison, for other (non-Indigenous) households across Australia, the likelihood of needing additional bedrooms varies from 3-4% irrespective of remoteness (ABS & AIHW 2003:39).

According to CHINS database data, the current housing stock in town camps and outstations in the AS region is 337 houses, which accommodate a total population of 2,208 with a simple average occupancy rate of 6.5. If you were to exclude the houses that are in need of major repair or renovation, the occupancy rate rises to 8.8. However if you include semi-detached and improvised shelters, (in which the occupancy rate is much higher—26.7), the overall occupancy rate rises to 9.2. The range of occupancy rates varies, with the highest being 13.8 at Anthelk Ewlpaye town camp. There are two other outstations/town camps that have an occupancy rate of 10-15 people per dwelling. There are 2 outstations with a recorded total population of 65 people that have no permanent dwellings.

Table 43: Housing stock and occupancy data, AS region, 2003

Housing stock			
Number of separate houses at town camps and outstations	337	Excluding those needing major repairs or replacement	233
Number of semi-detached houses at town camps and outstations	6	Number people recorded as living there	160
Number of outstations with no permanent dwellings	2	Number people recorded as living there	65
Total population for region	2,208	Occupancy	9.2

Bedroom information – dwellings with:					
One bedroom	0	Two bedrooms	85	Three bedrooms	188
Four bedrooms	50	5+ bedrooms	6	Total bedrooms	964
Bedrooms requiring replacement	51	Total habitable bedrooms	913	Occupancy	2.4

Housing condition					
Minor repairs	0	Major repairs	89	Replacement	15

Source: ATSIC 1999c

Public housing

There are no public housing rental dwellings that are Indigenous or non-Indigenous specific. There were 366 Indigenous tenancies and 499 non-Indigenous tenancies as at June 2004 (NTDCDSCA 2004, email, 17 June). The following table shows the number of public housing tenants in the NT in 2002. These data are sourced from the NTDCDSCA applicant and tenant survey (Griffith & Walker 2003).

Table 44: Public housing tenants, NT, January 2002

	Indigenous households	Total people in Indigenous households	Indigenous % of all households	Non-Indigenous households	Non-Indigenous % of all households
Alice Springs	314	953	35%	584*	65%
Casuarina	240	825		1,146	
Darwin	178	396		1,127	
Katherine	236	776		245	
Nhulunbuy	4	14		82	
Palmerston	285	941		1,056	
Tennant Creek	101	338		59	
Total	**1,358**	**4,243**	**24%**	**4,299**	**76%**

** There were 1,257 total people in the non-Indigenous households in Alice Springs*

Source: Griffith & Walker 2003

The following table shows the number of applicants, and the total number of people in household group applications for public housing by Indigenous status and housing region from January 1996 to June 2002. The Alice Springs region had the highest number of applications and people, and a high proportion of Indigenous applicants compared to the other larger urban regions of Darwin and Casuarina. Given that the priority housing approvals were 91 for Alice Springs alone in 2003-04 (NTDCDSCA 2004, email, 17 June), and that there would be some non-priority public housing approvals as well, the number of 533 principal applicants for a 7-year period seems excessively low, particularly considering the overcrowding recorded in town camps in Alice Springs, and the number of people that move to Alice Springs to access essential services such as health and education. The number of people eligible for and in need of public housing would be a better indication of housing need, as set out in the future housing needs section.

Table 45: Public housing applicants, NT, 1996-2002

Housing region	No. of applicants (households)	Total applicants	Indigenous applicants	Proportion
Alice Springs	533	1,359	1,010	74%
Casuarina	170	614	225	37%
Darwin	483	576	130	23%
Katherine	139	322	273	85%
Nhulunbuy	33	70	38	54%
Palmerston	201	432	156	36%
Tennant Creek	54	165	154	93%
Total	**1,613**	**3,538**	**1,986**	**56%**

Source: Griffith & Walker 2003

An attempt was made to collate the place of origin for Indigenous applicants for public housing to try to identify trends of movement. Of the Indigenous public housing tenants in Alice Springs surveyed (n=62), 43% were identified as having Alice Springs as their place of origin, 39% as a community within the CR region, 11% within the Yapakurlangu ATSIC region (Tennant Creek and Barkly area), 3% having SA as their place of origin and no people were listed from WA. A similar survey was conducted for Indigenous tenants already in public housing and in Alice Springs (n=355[65]); 76% identified Alice Springs as their place of origin, with 15% identifying a community in the CR region, and 3% identifying a community within the Yapakurlangu ATSIC region.

The NT has the highest level of overcrowding in public housing in Australia, with 1.9% (115 households) not appropriate due to overcrowding (Family and Community Services (FaCS) 2003). This figure is again likely to be an underestimate. Public housing tenants are required to advise Territory Housing of any increase in the number of household occupants and any changes in household income (NTDCDSCA 2004a). However, Territory Housing will not approve increases to household occupants that result in overcrowding, to manage the risk of noise, nuisance and damage to premises through overuse.

Public housing tenants are able to have visitors for up to six weeks, provided the number of people in the household *does not cause serious overcrowding and neighbours aren't disturbed* (NTDCDSCA 2004b). Many Indigenous tenants from remote communities are unaccustomed to the various responsibilities attached to a lease agreement and do not advise Territory Housing of household increases (E Sultan 2004, Alice Springs Aboriginal Urban Housing Association (ASAUHA), pers. comm., 18 August). A tenant may apply for a transfer to a larger dwelling—following an increase in the number of *permanent* occupants. The Department will be reluctant to approve increases in tenants numbers while the waiting time for four bedroom houses remains at four years. In addition, an increase in the number of *permanent* occupants may result in increased rent (through reduced rental rebate) or eviction (as a consequence of complaints of noise and nuisance or overcrowding). There are no specific data available in relation to overcrowding in privately owned or rented dwellings in Alice Springs.

[65] 355 of a maximum possible 370 (95.9%) Indigenous tenants were surveyed.

The ASAUHA emphasise that noise and nuisance complaints relate to the behaviour of visitors rather than tenants. The cultural obligations of tenants to provide accommodation to family members visiting from remote communities signals the need for the department to respond in a flexible and non-discriminatory manner. ASUAHA advised of a situation where a single mother with two young children (6 months and 3 years) was housed in a three bedroom house. The tenant and her children slept in one room, leaving two rooms available for visitors, and the tenant had difficulty attempting to manage the behaviour of visitors, as she could not tell them that they could not stay (E Sultan 2004, pers. comm., 18 August).

There are a number of Indigenous tenants who vacate public housing properties because of the difficulty balancing obligations to visitors and extended families, with accountability to public housing for other people's conduct (Griffith & Walker 2003:4). The implementation of Urban Living Skills programs and ongoing funding of Indigenous Housing Support Services are crucial strategies to address this issue.

Mobility and security

As discussed earlier, there is a high level of mobility in the Indigenous population. This mobility can be linked to reduced housing security. From the *National Aboriginal and Torres Strait Islander Social Survey (*NATSISS[66]) data, one-quarter of Indigenous people living in Alice Springs (and one-fifth of Indigenous persons living in remote areas of central Australia) moved dwellings in the past twelve months (ABS 2004b).

Pressure is placed on many Indigenous households by relatives visiting from remote communities to access essential social, health, education and other services in Alice Springs. Factors which contribute to the high level of Indigenous mobility include overcrowding, the inadequacy of housing and the domino effect of movement in a community(s) with limited housing options and extended family households.

Indigenous households not yet in public housing

Public housing is historically aimed at those people who are unable to secure suitable housing in the private sector. The reasons for this are varied, but a major one is affordability. To be eligible for public housing, applicants must:

- live in the NT
- be aged 16 or over
- meet eligibility criteria in relation to income, assets and property
- either not have an outstanding debt to Territory Housing or have demonstrated a commitment to paying the debt.

Some of these criteria can amount to barriers for prospective Indigenous tenants—and are arguably at odds with providing housing to those 'most in need'. For example, to be eligible for public housing, people must provide two tenancy references which indicate they are able to manage an independent tenancy. Many people from remote communities, particularly young people, have difficulty meeting this requirement (E Sultan 2004, pers. comm., 18 August). As a consequence, Supported Accommodation Assistance Program (SAAP) and other service providers such as hostels are requested to provide references for people, even though there is a significant difference between being a hostel resident and an independent tenant. NT Shelter (2003:45) has recommended a review of the rental reference policy in their report *Home Territory–the Community View*.

Table 46: Waiting list for public housing in Alice Springs by housing and applicant type, June 2004

Housing type	Current wait time in months	Applicant type	Number of applications
1 bedroom unit	38	Single applicant (non-pensioner)	213
1 bedroom pensioner unit	25	Single applicant (pensioner)	66
2 bedroom unit	26	Family units of 2 people	134
3 bedroom house	37	Family units of 3-6 people	204
4 bedroom house	48	Family units of 6 people and more	35
Total			**652**

Source: NTDCDSCA 2004, email, 17 June

[66] Using the non-remote NT Indigenous population as a proxy for Alice Springs.

The number of applications in the waiting list (652) is almost as large as the total number of public housing tenants as at June 2004 of 865 (366 Indigenous and 499 non-Indigenous tenancies). The public housing stock at June 2004 is 1,068 which comprises 865 occupied, plus 58 unoccupied, 61 allocated to welfare housing, 13 allocated to community housing and a further 71 that are possibly Industry[67] housing (NTDCDSCA 2004, email, 17 June).

A measure of need is the length of the current public housing wait and priority lists, although there are limitations in using these, as waiting lists only identify the number of people who:

- are aware of their entitlement
- have actually lodged an application for public housing
- have stayed in the queue (and remained contactable by the department) long enough to be housed.

The practice of publicising wait times within the Territory Housing offices 'discourages prospective tenants from making an application' (NT Shelter 2003:37). The lengthy two- to four-year waiting period between application and housing allocation stage is a further barrier for a mobile population with limited housing options. There are also many people that may not be aware of their eligibility for public housing—particularly for many Indigenous people that have low English proficiency and may lack the experience to persevere in negotiating their way through administrative formalities and processes (Griffith & Walker 2003). This may indicate that the number of people eligible may be a closer indicator of demand for public housing.

Where people from remote communities are wait-listed, they may fall off the waiting list if they cannot be contacted. There is a strong likelihood that people from remote communities applying for emergency housing in Alice Springs are not likely to be at that remote community at a later time. For example, if they are required to be in Alice Springs for access to health or education services, they would have to find alternative temporary or 'unofficial' accommodation. This may then result in understatement of waiting lists. Those people who are not able to be contacted effectively fall off the waiting list and would need to reapply (and go to the end of the queue).

There are many people who are not able to go on to the waiting list. For example, people who have been evicted as a consequence of noise and nuisance complaints or failing to maintain their housing are not able to apply to go on to the waiting list for a period of two years. In order to go back on to the waiting list, people who have been evicted must also provide a reference that they were able to maintain a satisfactory tenancy since their eviction from public housing. This policy assumes the unlikely scenario that failed public housing tenants have been able to rent through the private rental market after their eviction from public housing. People unable to secure a public or private housing tenancy probably find housing 'unofficially', which is likely to increase overcrowding in other forms of housing.

No data are currently available on the relationship between noise and nuisance complaints and evictions, so we do not know how many public housing tenancies have ceased as a result of complaints. For the three month period from 1 November 2003 to 1 February 2004 there were 35 written and 77 verbal complaints (noise and nuisance) received in Alice Springs (NTDCDSCA 2004, email, 17 June 2004). There may be multiple complaints regarding the same property so it is difficult to gauge a proportion of the tenancies that had complaints made about them.

Recurrent funding for 'Living Skills' programs is necessary to ensure that those in greatest need (including Indigenous people from remote communities) succeed in their public housing tenancies. NT Shelter has recommended that Territory Housing commission an independent research project into appropriate models of tenant support services, including living skills type programs and using the findings from the Darwin based Family Homelessness Prevention Pilot (NT Shelter 2003:66). The NTG is committed to providing support services that will increase the success of Indigenous urban tenancies under an agreement[68] to which the NTG, Commonwealth and ATSIC are party (Griffith & Walker 2003).

[67]The Industry Housing Assistance Scheme provides accommodation to key employees of approved organisations, for residential and non-residential purposes, to community organisations promoting community services and programs. In the major centres the use of this scheme for key employees is now almost non-existent because of the availability of private sector accommodation. Industry Housing allocations these days are to community organisations e.g. Tangentyere Council, Darwin Christian Outreach Centre, Anglicare, CASA (supported accommodation) and Salvation Army (NTDCDCSA 2004, email, 17 June).

[68] Agreement for the Provision and Management of Housing and Related Infrastructure for Indigenous people in the Northern Territory. Signed in 2002, this agreement specifically addresses the provision of housing assistance to urban and non-urban Indigenous clients.

The NTG's policy *Housing 2003* had the objective of reducing the waiting list times and ensuring that more assistance was given to those who needed it the most. The Griffith and Walker Report (2003) was prepared to estimate the housing demand in the NT. This report proposes a more 'accurate and objective assessment of housing need by identifying all those persons and households who meet the public housing eligibility criteria' (Griffith & Walker 2003:4).

Priority housing

The waiting list for public housing includes a large number of people on the priority waiting lists. Priority housing may be offered to people whose need for housing is 'serious and urgent', defined as:

- being homeless or at risk of being homeless
- having serious medical problems including a disability
- having social problems including financial problems, family violence, sexual assault, family size or discrimination that affects their ability to gain housing in the private sector.

(NTDCDSCA 2004a:69-70).

In 2003-04, 91 people were approved for priority housing and the total number of new tenancies was 118 in Alice Springs. The categories of these are as follows:

Table 47: New public housing tenancies and priority housing approvals for Alice Springs, 2003-04

New public housing tenancies		Priority housing approvals		
	All		All	Indigenous
Wait list	52	Medical	28	22
Priority	27	Renal	25	25
Transfer	24	Mental health	5	3
Relocate	15	Social/family	17	15
		Domestic violence	16	14
Total	**118**	**Total**	**91**	**79**

Source: NTDCDSCA 2004, email, 17 June

Whilst Territory Housing has a mandate to assist those most in need, anecdotally the priority list is so long, that housing is being allocated on a one-for-one basis; that is, one priority housing household to one waiting list household. There were 64 approved priority housing applicants unable to be offered new tenancies. On the current allocation rate, it is likely that there are priority applicants from the previous financial year still awaiting allocation of housing. There is a range of other people not yet in public housing or on waiting lists who signal the need for additional public housing. These include some people who are currently homeless, reside in town camps or hostels, or are renting privately and who are otherwise eligible for public housing.

Homeless

The measure of homelessness depends on the definition of homelessness used and the quality of data available about homeless people. The Commonwealth SAAP National Coordination and Development Committee has proposed a working definition for homelessness, as set out in the ABS *Health and Welfare Report* (ABS & AIHW 2003):

- 'sleeping rough', for those people without shelter (primary homelessness)
- stop-gap accommodation; for those in crisis but temporarily sheltered (secondary homelessness)
- marginal accommodation for those in insecure accommodation (tertiary homelessness).

There have been no recent studies undertaken in Alice Springs to establish the level of homelessness independently. The Alice Springs Town Council report *The Quality of Life in Alice Springs* concluded that 'on any one night there are more than 200 people who can be classified homeless' (ASTC 2000:280). The definition of homeless adopted in that report includes people staying in emergency accommodation, sleeping at a friend's house, outside or in informal structures without legal tenure. The source of the data used in this section was ABS 1996 Census data, which is likely to be an undercount.

The level of secondary homelessness is partially quantified in the housing stock section; 14% of Indigenous and 4% of non-Indigenous households are in the 'other housing' category which includes caravans, improvised shelter and sleepers out. The levels of tertiary homelessness experienced by Indigenous people is indicated by the very high levels of overcrowding in Indigenous households. The members of many of these households are within this definition of marginal or insecure accommodation.

Hostels

The other significant group of 'secondary homeless' are the people accommodated by the range of hostels in Alice Springs providing accommodation services to Indigenous (and non-Indigenous) people. These hostels are generally funded by grants to the NT from the Commonwealth through the SAAP. This funding is used to provide accommodation to contribute to the reduction in homelessness (ABS & AIHW 2003). In addition to the SAAP agencies, there are four hostels managed by Aboriginal Hostels Limited (Ayiparinya, Sid Ross, Topsy Smith and Hetti Perkins). Hostel accommodation can be identified as general or special needs including women escaping domestic violence, young people, single men, single women, families etc. Set out in the table below is the number of beds and occupancy rates for hostels in Alice Springs.

Table 48: Hostel stock and occupancy, Alice Springs, June 2004

Hostel name	Purpose	Rooms **	Number of bedrooms					Total beds	Occupancy rate	Maximum length of stay
			2	3	4	5	6			
Ayiparinya*	Itinerant, family, renal	N/A	9		8	4		65	100%	12 weeks
Sid Ross*	Medical transients	N/A	20					40	97%	1 week
Topsy Smith*	Renal	N/A						20	90%	N/A
Mt Gillen Safe Health Accommodation Centre	Pre- and antenatal women and renal							44	100%	N/A
Alice Springs Women's Shelter	Women and children (boys up to 12 years of age or initiation)	8		2	4		2	32	100%	12 weeks
ASYASS[69]	Youth							15	100%	
Bill Braitling	Renal, DASA and CAAAPU clients[70]	20						20	100%	2 years
The Lodge		32						32	73%	N/A
Red Shield Hostel	Men only	20						20	100%	12 weeks
Hetti Perkins**	Aged (high and low care)							40		

Source: NTCDCSCA 2004, email, 17 June

* Managed by Aboriginal Hostels Limited ** Aboriginal Hostels Limited sells beds not rooms

Most of the hostels in Alice Springs have 100% occupancy, except Sid Ross and Topsy Smith having 97% and 90% respectively and The Lodge has 73%.

SAAP service providers are required to complete statistical records for clients. This information is only available at a NT level through the SAAP national data collection annual report, and we have provided it to give an indication of this level of homelessness. Of the 38 SAAP funded agencies in the NT, nine are located in the southern region (which does not correlate to the NTCDSCA southern region as it includes the Barkly and Tennant Creek regions). The SAAP data record both 'support periods' and clients.[71]

For the 2002-03 year, there were 3,150 SAAP clients in the NT. The mean number of support periods per client was 1.44. There were 63.3% female and 36.7% male people who used SAAP services. The majority (55%) of clients were in the 25–44 year old age group (males 52% and females 57%). The majority of female clients (70%) and 30% of male clients were Indigenous. The main reason for seeking assistance was domestic violence for females and financial difficulty/recent arrival to area with no means of support for males (Australian Institute of Health and Welfare (AIHW) 2003: Tables 4.1-4.10).

[69] Alice Springs Youth Accommodation Support Service

[70] Drug and Alcohol Services Association and Central Australian Aboriginal Alcohol Programs Unit

[71] Support is defined as assistance other than supported accommodation. It includes contact with or work on behalf of a client for more than one hour.

Alice Springs hostel managers have identified the lack of 'exit points' for residents in short-term hostel accommodation as a problem. Priority housing allocations take much longer than six weeks which is allowed as 'visitor' time for public housing tenants and is also the publicised maximum length of stay for many hostels (NT Shelter 2003:37). The SAAP data indicate that 28.6 % of SAAP clients moved into public or community housing following a period in SAAP accommodation. A further 19.8% moved into temporary or unstable accommodation including living in a car, tent, park, street, hostel, hotel or caravan (AIHW 2003: Tables 4.1-4.10).

No data are collated regarding the number of clients unable to access services. Anecdotally, hostels in Alice Springs have indicated that clients are turned away on a daily basis. New initiatives which will impact on homelessness in Alice Springs include the opening of the Tangentyere Council's Safe Families project, providing 10 beds for young Indigenous people, and a major refurbishment of the Stuart Lodge facility which is due for completion in early 2005 and will provide 50 new beds for families visiting from remote communities.

Private rental accommodation

A national trend towards reduced investment in public housing and increased investment in private rental housing is one factor in the increase in housing prices. Consistent with this development, government housing assistance includes rent-based subsidies for eligible tenants in private housing. The Rental Assistance Scheme provides additional income to low income people in recognition of the additional costs of private rental housing. In effect the private rental and investment market is subsidised, to the extent of the rental assistance, by monies that would otherwise have developed public housing.

It is questionable how well the private market can meet Indigenous housing needs. Indigenous tenants are at risk of experiencing discrimination and other barriers to securing a tenancy in the private rental market. Landlords and their agents are more likely to choose an employed tenant over someone who is not in the labour market.

Rent assistance is paid in the form of a non-taxable income supplement to people receiving income support payments (including CDEP payments). Rent Assistance payment levels and rent thresholds are uniform across Australia and do not take into account significant regional variations in rents.

Affordability

Public housing rents are determined by regard to current market rents. The following table provides the public housing rents as at June 2004 (NTDCDSCA 2004a:91), and an analysis (estimation) of affordability by comparing the market rents and public housing rents at January 2002 with the income data from the census conducted in August 2001.

Table 49: Public housing and market rental rates, Alice Springs, 2002

Dwelling type	Public housing rate		Market rental rate	
	As at Jan 2002	As % of Indigenous (individual) unemployed/ NILF weekly income	As at Jan 2002	As % of (Indigenous individual) unemployed/ NILF weekly income
1 bed flat	$91	63%	$130	90%
1 bed unit	$105	72%	$130	90%
2 bed unit	$133	92%	$150	103%
		As % of median Indigenous household income		As % of median Indigenous household income
2 bed house	$171	26%	$190	29%
3 bed unit	$157	24%	$190	29%
3 bed house	$181	28%	$220	34%
4 bed house	$214	33%	$255	39%

Source: NTDCDSCA 2004a:91, Griffith & Walker 2003, ABS 2002a, ABS customised tables

It can be seen from the table above that the amount of income spent by the unemployed individual, even for a public housing 1 bedroom flat, is very high; at minimum 63%. Unemployed individuals are unable to pay market rental rates at all, which are at least 90% of their income. The relative cost of rent for those working is lower; the median weekly Indigenous household income across sectors is $650.00 and rent consumes 29% of this for a 3 bedroom unit, or 34% of it for a 3 bedroom house. In contrast, the non-Indigenous median household income is $1,350.00 per week, and market rental of a 3 bedroom house consumes only 16% of this (ABS 2002a, ABS customised tables). In addition to the disparity between median household incomes, the median household size for non-Indigenous people is 2.6, compared to 3.4 for Indigenous people, that is, more people per household are relying on less income. The result of the relatively high cost of housing for Indigenous people is less disposable income for essentials such as food, and very little for other costs such as education and health.

Affordable housing is achieved via the rental rebate scheme, which provides that tenants whose income is below the income eligibility limit are assessed for a rental rebate. Eligible tenants pay no more than 23% of household income in rent (NTDCDSCA 2004b).

Home ownership

The majority of the Indigenous population in Alice Springs do not own and are not purchasing their homes. The price of housing in central Australia has risen significantly in the past three years, consistent with the national trend. Nationally, 'median house prices are now nine times greater than average per capita income, compared to six times at the beginning of the recent upswing in house prices' (Powall & Withers 2004:4).

As a large number of Indigenous people would have weekly incomes lower than the average per capita and are in the lower weekly income categories, it is not surprising that Indigenous people are significantly under-represented amongst the home owners and purchasers in central Australia.

Table 13 in the employment and welfare income section indicates that the average income earned by Indigenous people is 49% that earned by non-Indigenous people. For the people that are employed in the government sector, Indigenous people earn 77% that earned by non-Indigenous people. This affects the affordability of purchasing housing.

A strategy to assist people to achieve home ownership is grant assistance to new home owners. Since 1 July 2000, eligible first home buyers have been entitled to a one-off grant of $7,000, introduced to offset the increased housing costs as a consequence of the introduction of the GST.

ATSIC Housing Loans Scheme

The ATSIC Housing Loans Scheme began in 1974. The goal of the scheme was to provide housing to Aboriginal and Torres Strait Islander people through access to home loans. Many Indigenous people have difficulty in obtaining finance to buy homes of their own from lenders such as banks and building societies because their incomes are too low. ATSIC provided home loans at concessional interest rates which were 'a very cost-effective method of providing housing compared with provision of government-owned or cooperative-owned rental accommodation' (Johnson 1991).

The scheme was a national program, and the central office allocated funds as they were repaid Australia wide. Loans were approved to recipients of social security provided they demonstrated they were able to repay the loan. In the 15 years 1974-75 to 1998-99 there were 222 loans approved in the NT. In Alice Springs, there were 78 loans current in May 2004 and 22 houses previously financed under the scheme that had been sold or refinanced[72] in the 2003-04 financial year to May. The waiting list in May 2004 was three months (K Taylor[73] 2004, pers.comm., 6 June). The scheme facilitates entry into home ownership for many Indigenous people, and is regarded as one of the most successful ATSIC programs.

[72] This is common as people may wish to take advantage of an increase in equity and the value of their homes. In addition other financial institutions are able to offer draw-down facilities that allow people to access mortgage level interest rates to finance other items, for example cars.

[73] Staff member Alice Springs ATSIS office.

Future housing needs

As outlined at the beginning of the Alice Springs Housing section, the AS region includes the town camps, Amoonguna, homelands and outstations in the Yambah region and Iwupataka Land Trust.

We have summarised data for the AS region from the 2003 report estimating housing demand in the NT (Griffith & Walker 2003:4). This report assessed housing need by identifying all those persons and households who meet the public housing 'eligibility criteria'. One of the recommendations of this report was that the NTG prepare a detailed submission to the Commonwealth Government to address the housing needs of Indigenous people in the NT. This would include a detailed audit of housing stock (community, public and government housing). A comparison of the functionality and fittings of community housing and government housing sector on communities was also recommended.

There are a number of eligible households that have 7 or more people that would require 2-4 bedroom houses. In addition it is noted earlier that current public housing tenants are reluctant to apply for a transfer to a larger dwelling if there is an increase in the number of occupants, as the current waiting time for four bedroom houses remains at four years. Griffith and Walker (2003) recommend that the policy of selling off three and four bedroom housing be urgently reviewed in light of the demand from households with seven or more people. The current policy is intended to restructure housing stock to better meet the demands for one and two bedroom dwellings; however the capacity to house larger than average households has not been considered, although this is a housing demand priority. The waiting list for public housing in Alice Springs as at June 2004 (see Table 46) was a total of 652 applicants of which 239 consisted of family units of 3-6 people (204) and 6+ people (35).

Table 50: Comparison of eligible households and required/available housing stock, AS region, 2003

Number of persons in household	Number of eligible households	Dwellings available*	Shortfall dwellings	Bedrooms required	Bedrooms available*	Shortfall bedrooms
One	1,325	283	1,042	1,325	283	1,042
Two	807	351	456	1,614	702	912
Three & four	170	616	-446	510	1,848	-1,338
Five & six	35	92	-57	140	368	-228
Seven or more	107	7	100	535	38	497
Total	**2,444**	**1,349**	**1,095**	**4,124**	**3,239**	**885**

*Includes community housing buildings requiring demolition and major repair; public housing buildings requiring demolition and major repair and rented to non-rebate tenants.

Number of eligible houses after adjustment for unavailable housing stock in Alice Springs ATSIC region

Number of persons in household	Number of eligible households	Dwellings available	Shortfall dwellings	Bedrooms required	Bedrooms available	Shortfall bedrooms
Total	**2,444**	**1,126**	**1,318**	**4,124**	**2,637**	**1,487**

Source: Griffith & Walker 2003: Tables 55a-f

Current housing Central Remote region

Housing on communities in the CR region can be divided into employee housing provided by government agencies and community housing through the public housing function of the government. There is no private market for housing in the remote communities of the CR region. Employee housing for all NTG departments is handled through the DIPE which is given funds by other departments (e.g. NTDHCS, Police) for the construction and maintenance of housing. The housing stock that we will consider is principally for the Indigenous population in the CR region.

The following table combines housing and occupancy data from a number of sources—the CHINS database and the 2001 Census. It should be noted that the ABS data will contain housing for non-Indigenous people.

Table 51: Housing and occupancy data, CR region, 2003

Housing stock			
Number of separate houses at communities	1,485	Number of separate houses excluding those needing major repairs or replacement	1,260
Number of outstations with no permanent dwellings	7	Number people recorded as living there	82
Total population for region	10,765	Occupancy	8.5

Bedroom information – dwellings with:					
One bedroom	0	Two bedrooms	428	Three bedrooms	852
Four bedrooms	138	5+ bedrooms	6	Total bedrooms	3,994
Bedrooms requiring replacement	322	Total habitable bedrooms	3,672	Occupancy per bedroom	2.9

Housing condition					
Minor repairs	0	Major repairs	139	Replacement	86

Source: ATSIC 1999c

**Communities in CR region with no population according to CHINS data (16 communities) are excluded.*

Dwellings containing Indigenous households	**Number of persons[74] usually resident[75]**			
	1-3	**4-6**	**7-9**	**10 or more**
None (incl. bedsitters)	6	6	24	30
1 bedroom	77	89	32	30
2 bedrooms	230	455	432	280
3 bedrooms	293	617	1,376	1,430
4 bedrooms	25	61	112	230
5 or more bedrooms	0	0	40	0
	631	1,228	2,016	2,000

Source: ABS 2002a, ABS customised tables

The current housing stock in the CR region is 1,485 houses which accommodate a total population of 10,765 with a simple average occupancy rate of 7.25 (ATSIC 2004a). However this does not exclude houses that are in need of major repair or renovation. When these are taken into account, the occupancy rate rises to 8.5. The range of occupancy rates between communities varies, with the highest being over 23 people at both Alyuen[76] and Irrwelty[77] homelands, 4 having an average occupancy of over 20 people, 5 having an average occupancy of between 15 and 20 people and 18 with an average occupancy of 10-15 people. There are 7 communities with a recorded population of 82 people that have no permanent dwellings.

[74] Person counts will include people of Indigenous, non-Indigenous or Not stated status.

[75] Includes residents who were temporarily absent on Census night. A maximum of 3 temporary absentees can be counted in each household.

[76] Located near Aileron station.

[77] Located 80 km south-east of Ampilatwatja.

A better sense of occupancy is provided by the number of bedrooms and the people that live in them. There are a total of 3,994 bedrooms (of which 322 are recorded as requiring replacement) which gives a base occupancy of 2.7 people per bedroom, or 2.9 not including the replacement bedrooms.

Mobility has a large impact on the actual occupancy of housing, dramatically increasing the occupancy in some communities and housing while reducing it in others. The data shown in the table below provide a fixed view of what is in reality a much more fluid and mobile situation. It should be noted that the temporary movements of people add a substantial pressure to accommodation in communities and to the wear and tear on housing and associated infrastructure, particularly through periods of intense overuse.

Future housing needs

In estimating housing needs, a projected person per dwelling is used rather than a model of future household formation by size of household. This is due to the fluid nature of household composition and the spread of households across more than one house. The service population per the CHINS database has been used to calculate current occupancy rate and need, and the future population forecast uses the ERP as the base population. By assuming that the service population grows at the same rate as the ERP, the service population is estimated at 12,200[78] for the CR region and 2,500 for the AS region in 2014.

Table 52: Estimate future housing needs, CR region, 2014

2014 Estimated population	Number people per bedroom	Total number of bedrooms required	Estimated Cost (in 2003$)[79]
12,220	1.8	6,790	339,500,000
	2.0	6,110	305,500,000

Source: ATSIC 1999c

It should be noted that estimate of housing need is intended to provide a broad guideline of the scale of resources that may be required. Housing needs cannot be ascertained by a projection solely based on population number and occupancy rates. While this gives you a rough indication of the size of the gap and basis for monitoring a future trend, the need and priorities for housing may be much broader. A more detailed assessment of needs is contained in the work carried out by the IHANT board and was being carried out by the ATSIC AS and CR regional councils that had an intimate and practical understanding of the issues. It is more than building houses, and projects such as the Central Remote construction program and Papunya housing model address more than housing occupancy.

Central Remote Regional Construction Program

In 2000, the IHANT funding to the CR region was pooled and for the next three years was under the Papunya housing model, subsequently called the CR Regional Construction Program.[80] The ATSIC CR regional council decide the allocation of individual houses within the region, the funding allocation for each housing project and the housing design options from which community members could choose.

The Central Remote Regional Construction Program was developed by the ATSIC CR regional council in response to the poor delivery of housing services in the region. The CR regional council estimate[81] that from 1995–96 to 1999–2000 on average there were 20 houses constructed each year in the CR region**.** The main areas of concern for the CR Regional Council were:

- the poor quality and high cost of housing designs
- the poor quality and high cost of housing construction
- the lack of essential items in the houses such as bathrooms, kitchens
- the increasing costs of R&M where none of the equipment in houses is standard
- the almost total lack of Indigenous employment and training opportunities.

[78] Estimated by applying the growth rate as used in the population forecasts of the ERP to the CHINS service population. Rounded to the nearest 10.

[79] Uses cost per bedroom of $50,000 per ATSIC 2004b.

[80] This changed following the regional council changing name from Papunya to Central Remote.

[81] The ATSIC CR regional council requested housing construction numbers from the Department of Local Government (now part of NTDCDSCA) who had administrative responsibility for the program, however data were unable to be provided (R Loades 2004, pers. comm., 23 November)**.**

The regional council sought expressions of interest for project managers. The tasks included establishing and implementing a portfolio of standard, high quality designs aimed at reducing ongoing repairs and maintenance costs. Approximately 20 architectural firms were assessed against these criteria, and their experience and technical expertise in construction of remote area Indigenous communities.

One project manager, Tangentyere Constructions, was selected to manage all the building for the region, and in conjunction with Tangentyere Job Shop has employed local people on the projects. An apprenticeship scheme started in 2002, funded by the Department of Employment, Workplace Relations and Small Business with training provided by Centralian College. The need and often expressed desire by community councils to employ local people on construction in their communities has been a longstanding issue, and the CR Regional Construction Program will provide current employment as well as build skills and experience for future employment. It also retains funding within communities and the region through wages paid to local people, rather than have the money leave the region through payments to external contractors.

In response to key concerns of IHANT, both the NTG and IHANT pursued the implementation of the training and employment model to operate in parallel with the CR regional construction program.

Five builder trainers have been employed with five regional building teams, each comprised of four people. Each team constructs 2 houses per year as part of their training. The project began in March 2001 and the first training component is due for completion at the end of June 2006. The main aim is to achieve a sustainable program of training and employment in Indigenous housing, which is directly or indirectly under the administration of the CR regional council. Communities participating are Santa Teresa, Hermannsburg, Papunya, Laramba, Willowra, Aherrenge and Docker River.

Tangentyere Council through its construction, employment and training arms plays a major part. Tangentyere Job Shop is contracted to coordinate the training program including the recruitment, employment and development of the builder trainers, who live on the communities. Tangentyere Job Shop is also responsible to ensure that appropriate delivery of training is provided by the registered training organisation. Tangentyere Construction are the project managers, overseeing the construction of all the CR 'training' houses. This involves coordinating design, supply of materials, procurement of contractors and liaison with the local building teams.

In April 2003, IHANT commissioned an evaluation of the CR Indigenous housing delivery model. For more detail see Appendix H.

Current funding sources

IHANT distributes funding for Indigenous housing programs in the NT. The IHANT Board was made up of ATSIC commissioners and regional council chairpersons from the NT. There are three main program areas within IHANT—construction, maintenance and management of housing, and the NTDLG has administrative responsibility for the program. Funding allocations made by the IHANT board were approved at ATSIC regional council meetings.

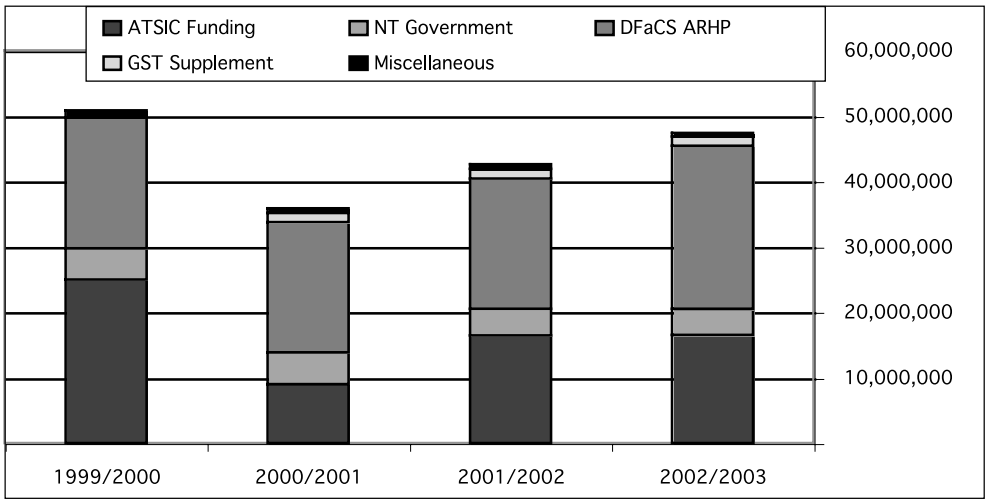
The IHANT process was aimed at coordinating access to resources, and the policy and strategy of service delivery for Indigenous housing by having the key funding agencies working together with ATSIC regional councils. IHANT's primary purpose is to decide the distribution of the combined Indigenous housing funding to the ATSIC regional councils in the NT, who then decide the allocation to communities within their region. Following is a summary of IHANT funding and expenditure.

Table 53: IHANT income & expenditure in $, 1999-2002

Income sources	1999-2000	2000-01	2001-02	2002-03
ATSIC funding	26,975,105	9,296,872	16,460,192	16,558,746
NTG appropriation	5,176,812	4,911,841	4,092,745	4,000,000
FaCS ARHP[82]	21,432,000	20,335,022	19,909,158	24,904,986
Commonwealth GST supplementation grant	-	1,470,417	1,439,623	1,407,000
Miscellaneous & interest	1,160,260	661,238	765,273[83]	553,655
	54,744,177	**36,675,390**	**42,666,991**	**47,424,387**
Expenditure				
Construction new houses/major upgrades	25,830,161	16,809,187	24,337,357	40,130,778
Service sites for new construction	3,476,156	2,142,550	2,923,889	2,796,570
Housing maintenance grants[84]	8,112,149	9,466,498	9,499,971	9,744,955
Support community housing management	985,763	1,973,263	1,973,263	2,217,455
Support development of 5 year housing plans	151,929	85,528	161,922	316,003
Public housing advisory service	332,536	329,466	332,536	325,000
Service land availability plan	201,767	135,165	183,909	247,502
Fixing housing for better health	-	537,776	166,272	462,538
Papunya housing pilot	-	-	-	224,234
Secretariat	201,713	167,677	194,371	333,937
Administration	2,876,108	2,103,489	2,066,836	2,048,556
	42,168,281	**33,750,598**	**41,840,325**	**58,847,528**

Source: IHANT 2000, 2001, 2002, 2003; CPI adjusted to 2003

Figure 20: IHANT income, 1999-2003



The ATSIC funding is 39% of the total funding sources.

The funding through the Commonwealth state housing agreement (FaCS ARHP) is 49%.

Source: IHANT 2000, 2001, 2002, 2003; CPI adjusted to 2003

[82] Aboriginal Rental Housing Program

[83] In the 2001-02 year this includes $166,272 from the Fixing Houses for Better Health Program.

[84] Indigenous Housing Maintenance Support Scheme

Table 54: IHANT Capital and maintenance funding allocations, AS and CR regions, 2000-03

Capital	Annual average 1997-98 to 1999-00		Annual average 1998-99 to 2001-02	
Alice Springs region	$ 1,811,000		$ 1,803,800	
Central Remote region	$ 27,429,700		$ 5,541,100	
Maintenance	**Number of houses**	**2000-01**	**2001-02**	**2002-03**
Alice Springs region	424	$ 701,910	$ 694,870	$734,800
Central Remote region	1,273	$ 1,527,250	$ 2,190,550	$2,405,660

Source: IHANT 2000, 2001, 2002, 2003; rounded to nearest '00

The table above illustrates a general fall in capital allocations from IHANT, small in the AS region and very pronounced in the CR region.

The Indigenous Housing Maintenance Support Scheme provides maintenance grants to supplement rent income to ensure minimum standards of housing management and maintenance are maintained. This grant is a maximum of $1,700 per annum for houses with rents $30 per week and over, and an amount less than $1,700 to be negotiated for houses with rents less than $30 per week. Funding is provided on the condition that rent is collected. The funding is tied and must be spent on maintenance, insurance or audit. Rental income can be used to cover the costs excluded in the grant conditions such as administration, staff (including tradespeople), and the purchase of tools or equipment (IHANT 2000). Maintenance expenditure has increased in line with funding received, and significantly more in the CR region.

Environmental health funding is provided through the NTDHCS and is covered in the health section.

Other community housing and buildings

This consists of the capital and recurrent maintenance funding for buildings and associated infrastructure maintained at the communities by government departments and agencies. It includes schools, clinics, police buildings as well as housing for staff at the communities. The infrastructure associated with NTG departments is generally managed through the NTDIPE.

Catch-up funding

The issues of catch-up funding to allow for the relatively recent and low levels of funding of infrastructure in most remote Indigenous communities has been identified as a reason for the small improvement in the infrastructure as well as the socio-economic circumstance of people from those communities (Crough & Pritchard 1991, Johnson 1991, CGC 2001a). An interesting comparison is of public funds allocated to housing maintenance in four communities in the Pintupi Luritja region in 1999-2000. The public monies allocated to the maintenance of housing for the public service employees, (approximately 150 predominantly non-Indigenous people), was double that of the public funds allocated to maintenance of housing for the approximately 1,280 Indigenous residents (Warchivker & Mitchell 2003).

Long periods of inadequate or regular maintenance programs, and poor quality construction have increased the cost and level of maintenance required in most remote communities (Nganampa Health 1994). However policy decisions about the allocation of funding for development and maintenance of infrastructure in remote communities do not incorporate recognition of the effect of past and current under-resourcing.

9. Health

Information about the health status of Indigenous people is gathered as a matter of course in the day-to-day operation of the health care system in the NT. Information at the regional or community level for the AS and CR regions is not routinely available in the public domain. The initial data request to the Northern Territory Department of Health and Community Services (NTDHCS) in March 2004 (see Appendix I) included health status data and workforce and resourcing information, however the NTDHCS was unable to provide these data in a timely manner.

As such we have compiled the health status section using data sourced from publicly available documents. This includes data which may apply to Australia or to the NT as a whole, in combination with reports about specific projects in central Australia to draw conclusions about the health status of the region.

Mortality

The mortality rate is a crude measure of health status. The usual residence of Indigenous people is recorded in death statistics held by the ABS and these can be coded to the ATSIC regional level. Between 1997 and 2001, a total of 800 Indigenous deaths were officially recorded for the AS and CR regions. With these data, it is possible to calculate an age-standardised Indigenous mortality ratio for the two regions combined.

Given the relatively small size of the Indigenous population in central Australia and the consequent unreliability of age-specific death rates, it is appropriate to apply such indirect standardization. This is calculated by applying published age- and sex-specific death rates for the Australian population (ABS 2002b: 50) to the combined 2001 Indigenous ERP age/sex distribution for AS and CR regions. An annual figure for deaths in the two regions is then estimated by averaging recorded deaths over the period 1997-2001 to account for annual variation. This observed figure of 133 Indigenous deaths is then compared to the expected number (45) derived from the application of the standard age-specific death rates, which produces a standardised mortality ratio for the Indigenous population of 2.95, indicating almost three times more Indigenous deaths in these regions than would be expected if the mortality profile observed for the total Australian population applied.

In terms of a crude death rate of Indigenous people for the region, this translates into 19.4 deaths per thousand which is markedly higher than the rate of 6 per thousand recorded for non-Indigenous people in the NT (ABS 2002b:35, 87).

Table 55: Most common causes of death, by gender and Indigenous status, NT and Australia, 1979-1995

	NT Indigenous	NT non-Indigenous	Australian
Females			
Circulatory	523	193	297
Respiratory	400	53	37
Cancer	222	132	143
Injury/poisoning	102	34	27
Males			
Circulatory	710	315	430
Injury/poisoning	241	108	70
Respiratory	515	122	85
Cancer	268	225	238

Source: Dempsey & Condon 1999

Rate per 100,000 population

The most common causes of death in the NT Indigenous population were circulatory and respiratory diseases, injury and poisoning, and cancer.

An Indigenous woman is 10 times more likely to die from respiratory disease than a woman from the total Australian population.

An Indigenous man is 7.7 times more likely to die from injury and poisoning than a man from the general Australian population.

The lowest ratio differentials are for cancer and circulatory disease for males; 1.12 and 1.65 respectively.

Table 56: Circulatory disease age adjusted deaths by location, sex and Indigenous status, 1986-90 and 1991-95

	Indigenous 1986-90	Indigenous 1991-95	Non-Indigenous 1986-90	Non-Indigenous 1991-95
AS urban males	1,079.5	620.0	296.2	292.6
AS rural males	639.8	693.8	415.1	439.4
AS urban females	524.8	761.2	199.0	115.6
AS rural females	357.3	391.7	41.6	63.1

Source: Dempsey & Condon 1999

Rate per 100,000 population

Circulatory disease was a major cause of death for Indigenous people in the period between 1986-90 and 1991-95. There was a decline in the death rate resulting from circulatory disease for urban males and an increase in the death rate for urban females. In the rural population the rate remained fairly similar with a small increase in the rates for both males and females.

Table 57: Respiratory disease age adjusted deaths by location, sex and Indigenous status, 1986-90 and 1991-95

	Indigenous 1986-90	Indigenous 1991-95	Non-Indigenous 1986-90	Non-Indigenous 1991-95
AS urban males	315.6	628.7	131.5	119.9
AS rural males	368.0	377.3	113.2	66.1
AS urban females	98.3	228.3	66.2	84.4
AS rural females	347.5	212.3	0.0	0.0

Source: Dempsey & Condon 1999

Rate per 100,000 population

There was a decline in the death rate resulting from respiratory disease for rural Indigenous females and an increase in the death rate for urban Indigenous males and females. In the rural male Indigenous population the rate remained fairly similar, with a small increase.

A study of burden of disease and injury in Australia (Mathers et al 1999) examined the change over time of years of life lost (YLL) per 1,000 during the period 1981-1996. There has been a substantial decline in the mortality burden of cardiovascular disease: -12.2 and -6.0 YLL/1,000 for males and females respectively; road traffic accidents -4.3 and -1.4 YLL/1,000 for males and females respectively; and stroke -2.5 and -3.3 YLL/1,000 for males and females respectively. The massive decrease in stroke and cardiovascular diseases (estimated at 35%) was attributed to successful primary prevention and improvement of treatment (Mathers et al 1999). Recent work by Condon et al (2004) shows that infant mortality rates for Indigenous people nationally have declined substantially. In the NT, reductions in the mortality rates have not been as marked as the reductions for the total Australian population so that there is a widening gap between the NT rates of mortality and those for the rest of the Australian population. This is true for all age groups except those in the 0-5 year old age group, and most of the improvement in this rate ratio occurred before 1982.

In Australia between 1981-95 and 1991-95 the mortality rate from circulatory disease declined from 504 to 350 for males and 340 to 248 for females per 100,000 people. In the NT Indigenous population for the same period the mortality rate from circulatory disease increased from 648 to 722 for males and 439 to 516 for females per 100,000 people (Dempsey & Condon 1999).

The study on burden of disease and injury in Australia also identified gradients in mortality burden between the bottom and top quintile of socio-economic disadvantage (using a Gini coefficient). Men in the bottom quintile have a 40% higher chance of dying between the ages of 25 and 64 years than men in the top quintile. The gap in life expectancy at birth between the top and bottom quintiles is 3.6 for men and 1.9 for women (Mathers et al 1999). The authors concluded that these inequality estimates understate the true inequality in mortality burden by socio-economic disadvantage. In the case of the Indigenous population, the gap in life expectancy at birth is likely to be much larger.

Hospital separations

Hospital separation data are provided to the Australian Institute of Health and Welfare (AIHW) every year. They are subject to a number of limitations to do with classification; Indigenous status, place of residence and sometimes age may be recorded incorrectly. In terms of identification of Indigenous status, in the NT there was 94% agreement between hospital separation data and patient interviews (Condon et al 1998, cited in ABS & AIHW 2003:76).

Accurate recording of place of residence is more difficult as Indigenous people in central Australia have relationships and affiliations that make the population highly mobile between remote and urban centres, between NT communities and across administrative regional and state boundaries into SA and WA. Dual or multiple residency is common. People from these areas are however using the Alice Springs Hospital and related health services as it is the nearest urban centre for some distance. Data that are input at the hospital may not be accurate due to communication difficulties and inability to record multiple residency; and that, once entered, may not be updated to reflect changes in residency. Although Condon et al (1998:9) found that state of residence was correct in the hospital morbidity dataset for 391 of 400 records (98%) these records are probably not recording multiple residency. But it terms of prevalence we can assume that the health status of people outside the NT jurisdiction i.e. from the Ngaanyatjara lands and AP lands is not significantly different from that of those in the NT.

Separations data do not provide a full picture of the prevalence of a particular health issue. Firstly they only include hospital-based interactions; attendances and following diagnosis of people at other health services (clinics, GPs) are not included. Secondly, patients will present for a particular need and information about other health issues is not recorded although these issues may be present. For some conditions, such as diabetes, only half of the actual population prevalence is known as many patients are not aware that they have the condition. This information then is not reflected in health records.

Hospital data are subject to changes in referral practices and the thresholds set by different Medical Officers. Factors such as remoteness of patients may affect this; a patient who comes from a remote community may be more likely to be admitted to hospital for a given condition rather than asked to return daily as would be required of someone living in Alice Springs. Across different conditions these trends may offset each other, but should be noted as an impact on the ability of separations data to reflect the actual state of health of a given population. Other factors are the lack of bulk-billing GPs in Alice Springs which leads many Indigenous people to use the Accident and Emergency Department of the hospital as a substitute GP service, adding to the number of separations recorded for Indigenous but not for non-Indigenous people.

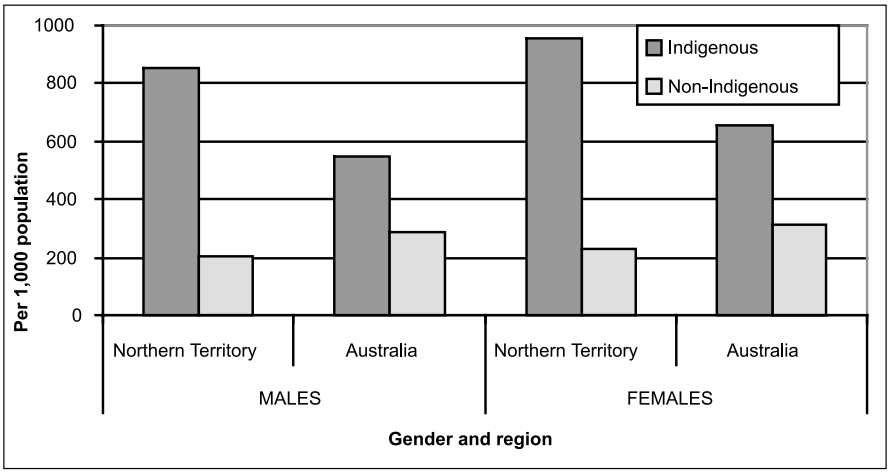
Classification of separations and procedures Diagnostic Related Groups (DRGs) may also over time come to reflect trends in resourcing of these particular codes. The separations data do however provide a good indication of the current service usage.

Differences between the Indigenous and non-Indigenous separation rates are also influenced by the differences in the demography of the two groups; the non-Indigenous population is dominated by people who are in central Australia for employment reasons and therefore the relative numbers of very young and the elderly are low. As both these groups are high users of health care, separations for non-Indigenous people are relatively low in the region.

Regional hospital separations

Set out below is a table of hospital separation data for the NT and Australia. The rates of separation are calculated using the 1991 Census data of Indigenous and non-Indigenous populations. Where a different population base is used to calculated rates of separation, this will result in some variations in rates.

Figure 21: Hospital separations by sex and region, 2000-01



When viewed as a proportion of separations for Indigenous people, although 27.1% of NT males are Indigenous, they account for 53.2% of hospital separations.

For females the difference is similar; although making up 29.4% of the female population of the NT, Indigenous women account for 59% of the hospital separations.

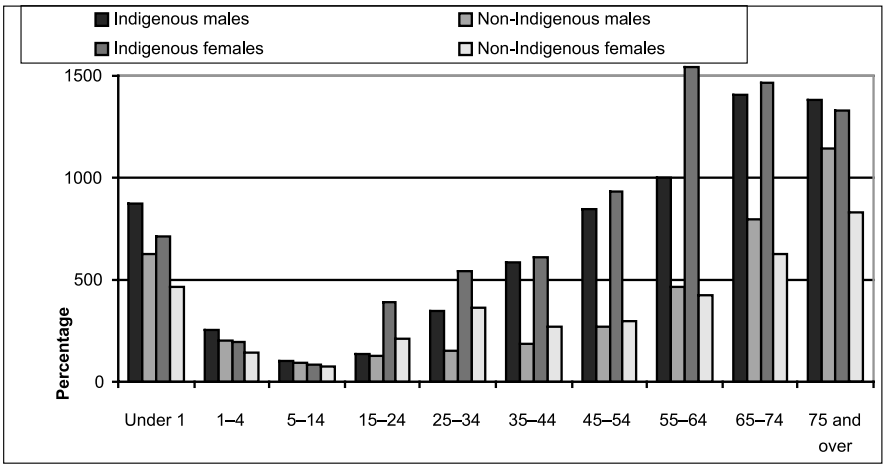
Source: ABS & AIHW 2003

The rate of separation in the NT for both Indigenous males and females is substantially higher, more than four times higher, than for non-Indigenous people. The rate of separations for Indigenous people in the NT is substantially higher, than that for Indigenous people in Australia as a whole, whereas non-Indigenous residents of the NT have a lower hospital separation rate than that of the non-Indigenous population in Australia as a whole. This could be a result of the demographic influences mentioned previously.

In central Australia, hospital separations of Indigenous people numbered 19,820 in the year 2002-03 (ABS 2004c). This is a rate of 1,378 per 1,000 population or almost 1.4 visits per person.[85] The rate of separations for non-Indigenous people for the region is five times less than this; 6,435 separations and 0.26 visits per person.[86] This difference is greater than that for the hospital separations between Indigenous and non-Indigenous people in the NT as a whole (noted above), and could result from stronger demographic influences operating in central Australia than in the NT as a whole. These data do not include the number of individuals admitted, thus no estimation of how many visits per patient are made.

Separations by age and sex for Indigenous people in Australia in 2002-03 show that Indigenous females accounted for a higher proportion of separations than males; 57.4% of total Indigenous separations in 2002-03 (116,464). Males have a higher rate until age 14, which reflects the higher birth rate of males to females, but separations for females are noticeably higher than for males for the primary child-bearing years (between 15 and 34 years). Separations of Indigenous people peaked in the 45-54 years age group for both male patients (17,854) and female patients (20,535). The separation rates for both Indigenous males and females were higher than those for non-Indigenous persons in all age groups, and markedly so for persons aged over 34.

Figure 22: Hospital separation rate by Indigenous status, age and sex, Australia, 1999-2000



In every age category for both males and females, there are a higher number of hospital separations for Indigenous people than non-Indigenous people, per 1,000 population.

For males, the difference is least marked in the age category 5-14 years and most marked in the age category 35-54 years.

For females, the overall Indigenous rate is 3.1 times the non-Indigenous rate, and peaks in the 55-64 year age category, when the Indigenous rate is 3.6 times that of the non-Indigenous rate.

Source: ABS 2002c

[85] using a population base of 14,383 (ABS 2002a, ABS customised tables).

[86] using a population base of 24,467 people (ABS 2002a, ABS customised tables).

Hospital separation by principal diagnosis in ICD-10-AM chapters

Across Australia, Indigenous people have higher separations per 1,000 population for many of the principal diagnostic categories. The following table shows the separations for principal diagnosis ranked from highest number to lowest for Indigenous people. In all categories except diseases of the digestive system and other factors influencing health status and contact with health services, Indigenous people have a much higher rate of separations per 1,000 than non-Indigenous people; sometimes as much as 7.5 times higher (as for care involving dialysis).

Table 58: Separations by principal diagnosis, Australia, 2002-03

Principal diagnosis		Separations per 1,000 population	
		Indigenous	Non-Indigenous
Z00–Z99	Factors influencing health status and contact with health services	261.9	70.8
Z00–Z99	Care involving dialysis	236.4	31.6
J00–J99	Diseases of the respiratory system	59.9	16.0
S00–T98	Injury, poisoning & certain other consequences of external causes	41.1	21.8
K00–K93	Diseases of the digestive system	31.5	38.8
O00–O99	Pregnancy, childbirth and the puerperium	28.0	22.5
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	27.6	19.8
Z00–Z99	Other (factors influencing health status and contact with health services)	25.5	39.2
I00–I99	Diseases of the circulatory system	24.6	22.0
A00–B99	Certain infectious and parasitic diseases	20.9	4.5

Source: AIHW 2004

In central Australia the differences between separations for Indigenous and non-Indigenous people and diagnoses is marked in all categories, but the number of separations for Indigenous people for the category 'care involving dialysis' is 30 times that of non-Indigenous people. The comparison with the NT shows that by rate per 1,000, the Indigenous people of central Australia have higher hospital separations for all the diagnostic codes listed than Indigenous people in the NT as a whole, and in some cases it is almost twice as high (care involving dialysis).

Chronic disease

Together, five chronic diseases accounted for more than one-fifth of all NT deaths between 1979 and 1995: kidney (renal) disease, diabetes, high blood pressure (hypertension), heart attack and related heart disease (ischaemic heart disease), and chronic obstructive airways disease (including emphysema and chronic bronchitis) (Dempsey & Condon 1999, cited in Weeramanthi & Clark 2001:97). The impact of these diseases is considerable, not only in direct cost terms, such as burden on the health care system, but also through the impact on families, and on society as a whole.

The Barker hypothesis suggests that body systems may be 'programmed' during critical periods of growth (such as in utero and during infancy) and if there are problems with maternal malnutrition or impaired growth as an infant, then a person may have long term direct consequences of adult chronic disease (ibid:98). This illustrates how important maternal and infant care are, as the impact on the health system of failings at these critical times can last for the next 40-70 years.

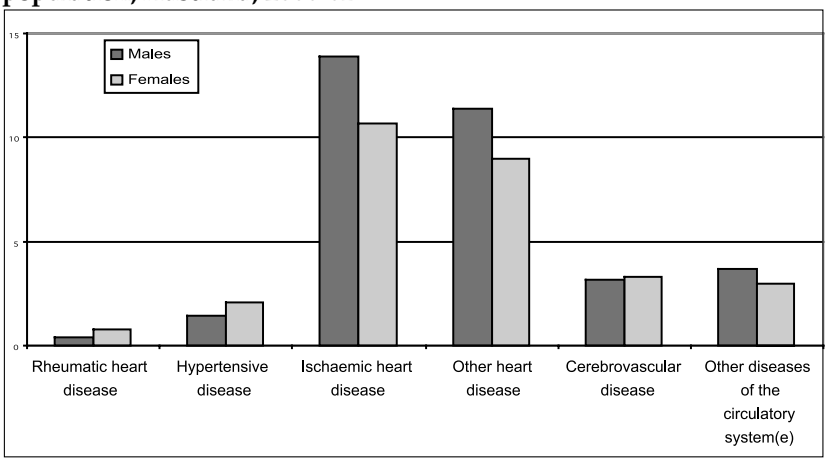
In the NT, chronic diseases impact on Indigenous people at younger ages than on non-Indigenous people. Between 1991-95 young Indigenous males in the NT experienced death rates from chronic diseases found in non-Indigenous people ten or twenty years older (ibid:99).

In central Australia, chronic disease data are collected by opportunistic screening at health service centres and a chronic disease database is maintained at NTDHCS in central Australia (and other regions in the NT). An overview of the five chronic diseases is detailed in the sections below, using data about Australian, NT and central Australian populations.

Circulatory diseases

Circulatory system disease includes coronary heart disease, stroke, hypertension, rheumatic heart disease, peripheral vascular disease and heart failure. In Australia, 19% of Indigenous people reported a long-term health condition associated with the circulatory system in 2001 (ABS 2002e, cited in ABS & AIHW 2003). The incidence was higher in remote areas than in non-remote areas (24% compared with 18%), and the most commonly reported condition of the circulatory system among Indigenous people was hypertension. Prevalence of hypertension rises with age, but the levels in the Indigenous population are similar to those of non-Indigenous people 10 years older.

Figure 23: Hospital separations of Indigenous people for diseases of the circulatory system, per 1,000 population, Australia, 2000-01



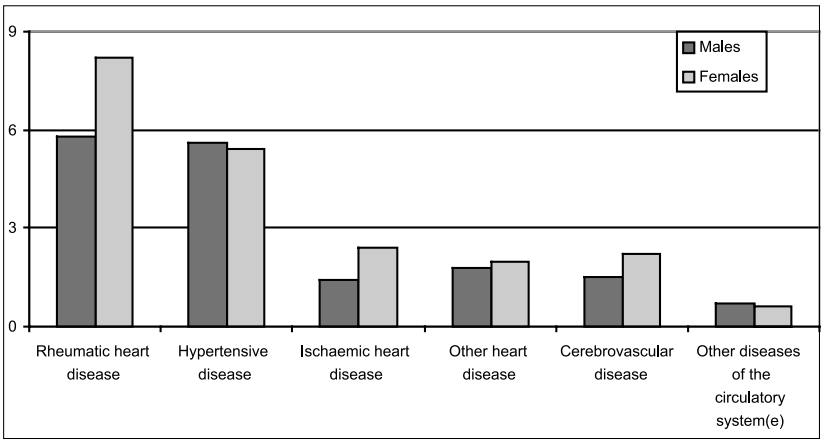
Within Major Diagnostic Category (MDC) I00-I99, the primary cause for admission to hospital for Indigenous people is ischaemic heart disease.

Although people self-report more often with hypertension, this condition on its own does not require admission to hospital as often as more acute conditions such as heart disease.

Source: ABS & AIHW 2003

Separations by Indigenous people for circulatory system diseases were higher than those for non-Indigenous people. The rate ratio shows to what extent Indigenous separations are higher than non-Indigenous separations, by sex.

Figure 24: Rate ratio of hospital separations for Indigenous to non-Indigenous people, for diseases of the circulatory system, by sex, Australia, 2000-01



The rate of rheumatic heart disease for Indigenous males was 5.8 times higher than separations for non-Indigenous males; for Indigenous females the rate was 8.2 times higher than for non-Indigenous females.

Source: ABS & AIHW 2003

Coronary heart disease

Coronary heart disease is the most common type of circulatory system disease for Indigenous people, and separation rates were 1.4 times higher for Indigenous males and 2.4 times higher for Indigenous females as for non-Indigenous males and females (ABS & AIHW 2003:132).

A survey in three central Australian Indigenous communities in 1995 (Rowley et al unpub) found high rates of electrocardiogram abnormalities, which are indicative of myocardial infarction, occurring at a relatively young age among Indigenous people in the region.

Hypertensive disease

As noted above, the Indigenous population in Australia has over 5 times the hospital separation rates of non-Indigenous people for hypertensive disease. However, a survey in three central Australian Indigenous communities in 1995 (Rowley et al unpub) found that despite a high prevalence of obesity and diabetes among Indigenous people, the overall prevalence of hypertension appeared to be very similar to that seen in the general Australian population as measured in the 1989 National Heart Foundation (NHF) Risk Factor Prevalence Survey.[87]

Table 59: Prevalence of hypertension, by several criteria, among adults 20-69 years in central Australia, with comparisons to the NHF Risk Factor Prevalence Survey

Definition	Prevalence			
	Men		Women	
	Central Australia	NHF	Central Australia	NHF
BP≥140/90 or current medication	32.5	-	20.6	-
systolic BP ≥140mmHg	29.2	19.7	18.6	11.9
diastolic BP ≥90 mmHg	12.9	18.3	6.0	8.4
BOP≥160/95 or current medication	12.5	12.6	9.5	9.5

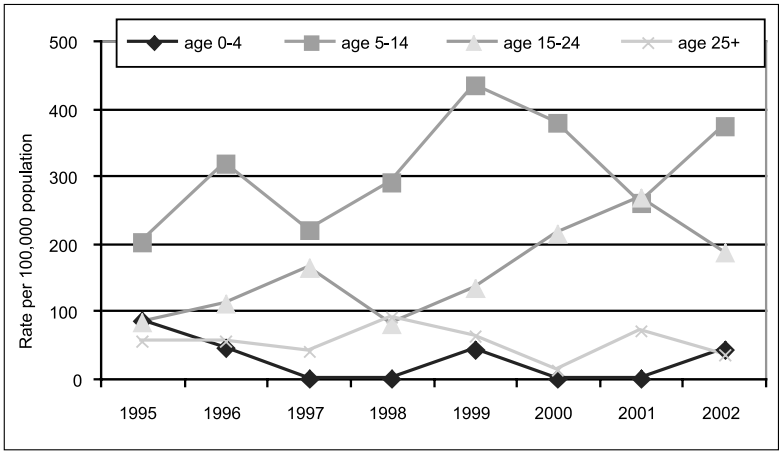
Source: Rowley et al 1995 unpub

Rheumatic heart disease

Rheumatic fever is caused by group A streptococcus bacteria and is a delayed complication of a throat or skin infection. It affects the heart valves, the heart muscle and its lining, the brain and the joints, and occurs mainly in children and young adults. After an attack of rheumatic fever an individual is at high risk of developing recurrences, which lead to cumulative heart damage. The recurrences can be almost completely prevented by strict follow-up and monthly injections of penicillin. Rheumatic heart disease (RHD) is the longer term damage done to the heart muscle and heart valves by acute rheumatic fever (ARF) (ABS & AIHW 2003:133).

RHD is rare in the non-Indigenous Australian population, and is largely a disease of economically disadvantaged people (ibid). In the Top End of the NT there is a RHD register and 660 people were registered in 2001, 93% of whom were Indigenous. In central Australia the prevalence of RHD was 12.5 per 1,000 in 2002 (The Central Australian RHD Steering Committee 2002); which was 31 times the rate of Indigenous men, and 15 times the rate of Indigenous women, in Australia as a whole. The Central Australian RHD Program[88] started in June 2002 and in conjunction with health education and a register based control program, has established a central database, which provides the source data for the following incidence rates.

Figure 25: Incidence rates of ARF among Indigenous clients, central Australia, 1995-2002



The incidence of ARF among Indigenous people in central Australia from 1995-2002 was relatively stable for the 0-4 years and 25 years and older age groups.

The 0-4 year age group accounted for only 2.3% of cases, and the 25 year and older age group for 15.4% of cases.

The highest rates are found in the 5-14 year age group, followed by the 15-24 year old age group.

The sharp increase in incidence in these age groups may be partially the result of improved services and diagnosis.

Source: The Central Australian RHD Steering Committee 2002

[87] Age standardization is often utilized to account for the significant age structure differences between Indigenous and non-Indigenous Australians. Table 59, rather than standardizing rates of hypertension to the overall Australian population structure, uses the NHF figures which are standardized utilizing the Indigenous population structure as identified in the cross-sectional surveys conducted by Rowley et al (unpub).

[88] This program covers the Alice Springs and Barkly regions, the Anangu Pitjantjatjara lands in SA and the Ngaanyatjarra lands in WA.

Table 60: Prevalence of established RHD in central Australia, by age and Indigenous status, 2001

Age group	Indigenous		Non-Indigenous	
	Number of cases	Prevalence per 1,000	Number of cases	Prevalence per 1,000
Central Australia				
5-14 yrs	37	7.64	0	0
15-24 yrs	80	18.6	2	0.51
25-44 yrs	101	15.8	4	0.36
45+ yrs	49	14.9	10	1.4
Total	**267**	**12.5**	**16**	**0.57**

Source: Carapetis, Wolff, Currie 1996, cited in The Central Australian RHD Steering Committee 2002

Of 283 people with documented RHD in the region in 2001, 94% were Indigenous. Overall the prevalence of RHD was 12.5 per 1,000 for the Indigenous population, and 0.57 per 1,000 for the non-Indigenous population.

Respiratory disease

The 2001 National Health Survey conducted by the ABS found that 33% of Indigenous people reported having a respiratory disease compared with 30% of non-Indigenous Australians (ABS & AIHW 2003). Approximately 9% of separations in 2000-01 for Indigenous people fell in MDC category J00-J99. In the NT, respiratory diseases, (including chronic obstructive pulmonary disease) were the third leading cause of death of Indigenous men, the second leading cause of death for Indigenous women and the fourth leading cause of death (as measured by proportion of all deaths) for non-Indigenous males and females between the years of 1979-97 (Dempsey & Condon 1999, cited in Weeramanthri & Clark 2001). In central Australia respiratory diseases accounted for 1,266 separations for Indigenous people in 2002-03 (or 88 per 1,000) compared with 1,582 (or 13 per 1,000) for non-Indigenous people.

Respiratory diseases are a major burden on health services. Age-specific distribution of hospital separations for respiratory disease shows that in 2000–01 the rates among Indigenous infants (under one year) were about four times the non-Indigenous rates; and the rates were three times as high for Indigenous people aged 55 years and over as for non-Indiginous people in this age group (ABS & AIHW 2003).

In 2000–01, the separation rates of Indigenous people for influenza and pneumonia (combined) were nearly five times the rates for non-Indigenous people (ABS & AIHW 2003).

In 2000-01 the national chronic obstructive pulmonary disease rates for Indigenous people were 4–5 times the rates for non-Indigenous people (ABS & AIHW 2003). In the NT, hospitalisation rates for this rose dramatically between 1983 and 1997 for Indigenous men and women, while the non-Indigenous rates fell for men and increased only slightly for women (Weeramanthri & Clark 2001:103).

In 2001, asthma was managed by GPs for Indigenous people at about twice the rate of management in the total population (5.0% of encounters compared with 2.8%). It was the third most commonly managed problem among Indigenous people compared with seventh in the total population (Britt et al 2002, cited in ABS & AIHW 2003). The higher prevalence of asthma in Indigenous Australians is noted across all age groups and increases as age increases, with peaks at ages 5–24 years (18%) and 55 years and over (21%). In non-Indigenous people, the prevalence of asthma peaks among those aged 5–24 years (16%) (ABS & AIHW 2003).

In central Australia the rates seem to be much lower than is found in the Indigenous population in the rest of the country. Veale et al (1996) found that in 1990-91, the prevalence of asthma in rural Indigenous communities was 0.5% among 8-12 year old children and 3.3% among adults. They suggested that the low prevalence of asthma could be due to environmental factors that influence the acquisition of conditions such as hayfever, although a review by Dawson (2004) points to a wide disparity of data and inconclusive results about the prevalence of asthma in Indigenous remote and urban populations; respiratory conditions were the most common reason for presentation to the Central Australian Aboriginal Congress (CAAC) (CAAC 2004).

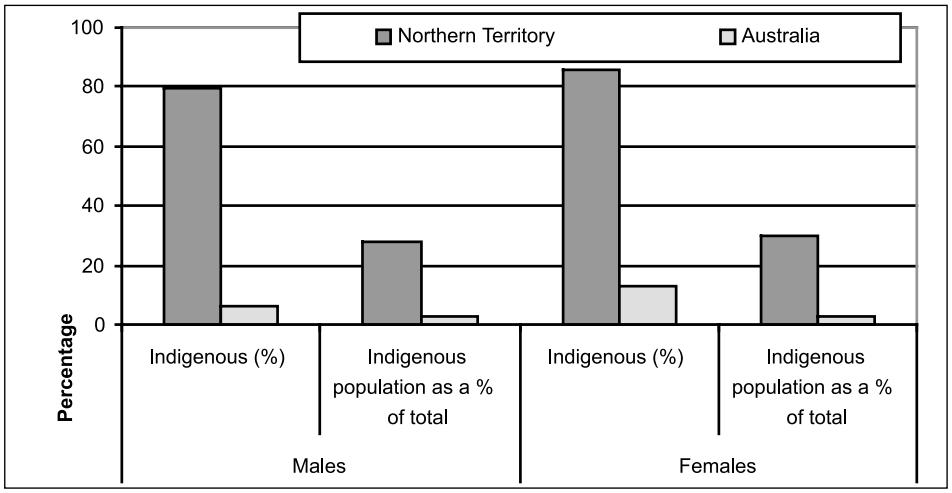
Renal disease

Kidney disease is much more prevalent in the Indigenous Australian population than in non-Indigenous Australians (ABS & AIHW 2003). The last stage of kidney disease is called End-Stage Renal Failure, (ESRF), where dialysis or transplantation is necessary to sustain life. The survival of patients with kidney failure is worse for Indigenous people; the median is 3.6 years from the onset of kidney failure compared to 12.3 years for non-Indigenous people (Spencer et al 1998). The difference is partly due to a greater number of co-existent illnesses such as diabetes, a higher rate of serious infection and a higher rate of withdrawal from treatment which may be related to the burden of dialysis on patients (Spencer et al 1998). Factors which are thought to contribute to kidney disease are streptococcal infection and diabetes (White et al 2001), and low birthweight (Hoy et al 1999).

The Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) holds information about people with ESRF. In 2001, 6.2% of people registered with ANZDATA were Indigenous, although Indigenous representation in the population is only 2.4% (ABS & AIHW 2003). Age distribution shows that kidney disease is more common in younger Indigenous people than in non-Indigenous people; 66% of Indigenous people registered with ANZDATA were under 55 years old, compared with less than half for non-Indigenous people in that age group registered with the database (ABS & AIHW 2003).

Indigenous Australians accounted for 9% of new patients starting ESRF treatment in 2001, compared with 4.3% in 1991 (Russ 2002, cited in ABS & AIHW 2003). The sex ratio is different for the Indigenous and non-Indigenous population; Indigenous females accounted for 12.9% and Indigenous males for 6.3% of new cases; both comprise 2.4% of the Australian population.

Figure 26: Incidence of ESRF in Indigenous people, by sex, NT and Australia, 2001



Source: ABS & AIHW 2003

The picture in the NT is much more alarming; almost 80% of new male cases and 86% of new female cases were Indigenous people, although they make up 27% of the male and 30% of the female population in the NT. In remote regions, standardised ESRF incidence among Indigenous Australians has been shown to be up to 30 times the national incidence for the total Australian population (Cass et al 2001, cited in ABS & AIHW 2003). Cass et al (2001) comment on the steep differential between the more remote regions and urban areas, whilst most treatment facilities are in metropolitan areas, resulting in gross inequity of access to appropriate services for those populations most in need.

In Australia there is also disparity in the management of ESRF for Indigenous and non-Indigenous people. Almost half the non-Indigenous ESRF patients had functioning kidney transplants, whereas only 16% of Indigenous people had had transplants (ABS & AIHW 2003). The balance are reliant on dialysis; an extremely invasive method of treatment which impacts on the whole family as patients often have to move away from their communities to urban centres to receive treatment. Some of these differences are because of disparities

in the availability of treatment, and some because of the differences in health status between Indigenous and non-Indigenous people when they present for treatment (Cass et al 2001; Thomas 1998, cited in ABS & AIHW 2003).

The number of Indigenous males undergoing haemodialysis procedures peaks at 598 per 1,000 in the age group 65-74 years, compared to the rate for non-Indigenous males which is just 139 in the same age group. Indigenous males are experiencing highly elevated rates of treatment from age 45 (around 550 per 1,000). The number of Indigenous females having the treatment peaks at a rate of 867 per 1,000 in the age group 55-64 years. The rate of treatment for non-Indigenous females peaked at 104 people per 1,000 in the age group 65-74 years. These figures are affected by high levels of repeated use of the service per individual; each dialysis patient may need to undergo dialysis 2–3 times a week (ABS & AIHW 2003).

Diabetes

Type 2 diabetes mellitus is increasing in prevalence in the general Australian population and about 50% of cases are undiagnosed. While type 2 diabetes is a disease of older age groups, increasing prevalence is now detectable in the 35-44 year old group. There are no accurate prevalence data for Indigenous Australians. However, it is undoubtedly a major public health problem and estimates of prevalence are in the range 10 to 30% (de Courten et al 1998). In 2001, the age-standardised prevalence of self-reported diabetes among Indigenous Australians was 11% compared to 3% in the non-Indigenous population. Indigenous Australians from remote areas were almost two times more likely than those from non-remote areas to report having diabetes (16% compared with 9%) and Indigenous women were slightly more likely to report some form of diabetes than Indigenous men (12% compared with 9%) (ABS 2002e, cited in ABS & AIHW 2003).

Over the past three decades, NT Indigenous mortality declined for communicable, maternal, perinatal and nutritional conditions by 62%, and for injury by 33%, but showed a small non-statistically significant rise for chronic disease, including diabetes (Condon et al 2004). Whilst diabetes isn't always accurately reported as a cause of death, there have been significant changes in diabetes mortality in the NT between 1981 and 1995 as shown in the following table. There has been a dramatic increase in diabetes deaths for Indigenous women from 2.8 times the Australian rate in 1981-85 to over 11 times the rate in 1991-95. There is no significant change in the non-Indigenous NT female rate (Dempsey & Condon 1999). For Indigenous men in the NT, death rates rise by 50% from the first to last 5-year periods. There is a notable rise for non-Indigenous men in the NT from well below the Australian death rate to 1.4 times the Australian death rate over the 15-year period.

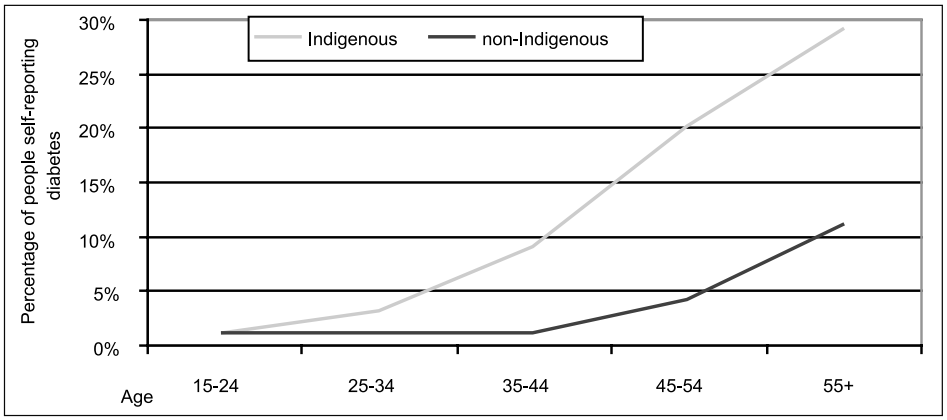
Table 61: Diabetes: NT death rate ratios relative to all Australia by Indigenous status, 1981-1995

	Indigenous women	Non-Indigenous women	Indigenous men	Non-Indigenous men
1981-1985	2.8	1.2	4.3	0.3
1986-1990	11.8	0.6	4.7	0.9
1991-1995	11.5	1.2	6.1	1.4

Source: Dempsey & Condon 1999

An eight-year follow-up study conducted in 1995 in a remote Indigenous community in central Australia reported an increase of 80% in the prevalence of type 2 diabetes from 11.6% in 1987 to 18.6% in 1995. For women aged between 15-24 years this increase was four- to fivefold. For men under 25 years, although diabetes was non-existent at the commencement of the study, by its conclusion cases had begun to appear. As noted in the study, the trend for onset of diabetes to begin earlier has worrying public health implications (McDermott et al 2000).

Figure 27: Self-reported diabetes by Indigenous status and age, Australia, 2001



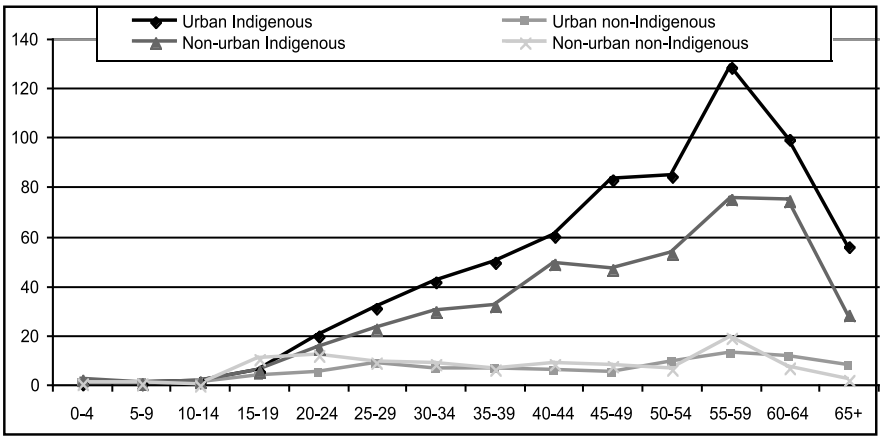
Source: ABS & AIHW 2003

Analysis of NT separations data with a diabetes diagnosis[89] over 6 years (1995-1998 and 1998-2001) showed that separations increased by 20%, which was made up of an increase in the numbers of people as well as in the number of separations per person. Females had the highest numbers of separations per person in the 35-39 year age group, men in the 35-44 years age group. Higher numbers of separations per person over the age of 40 years is generally due to increased complications, including complications of the circulatory system, microvascular, multiple and renal complications (Warchivker et al 2003).

Hospital separations data for the NT can be used as proxies for central Australia; non-urban figures represent the CR region and urban represent Alice Springs. The major trend in the periods 1994-98 and 1998-2001 was that separations of Indigenous people are much higher than of non-Indigenous people, from age 20 years onwards with the difference increasing with age. Urban Indigenous people have higher rates of separation in most age categories than non-urban Indigenous people. This may be the result of a number of factors. Some people with diagnosed diabetes may move to town from their communities in order to receive dialysis or other treatment. Those people would be recorded as urban rather than non-urban.

Separation rates for women peak in the age group 40-44 years, and for men peak in the age group 45-49 years. Separations for men are lower than those for women, but this may reflect differences in the utilisation of services and evidence of opportunistic screening by health services when women present for childbirth related care, rather than difference in prevalence. The trend of increasing complications in younger age groups (35-54 years age groups have increasing numbers of complications in each 5-year bracket) indicates a probable increase in the next several years (Warchivker et al 2003).

Figure 28: Hospital separations by ICD 9 for diabetes, NT, 1994-98



The peak for Indigenous and non-Indigenous people occurs in the age group 55-59 years.

For non-urban Indigenous people the rate rose from 75 separations per 1,000 people in 1994-98 to almost 100 by 2001.

For urban Indigenous people, the peak rose from almost 130 in 1994-98 to 137 per 1,000 people by 2001.

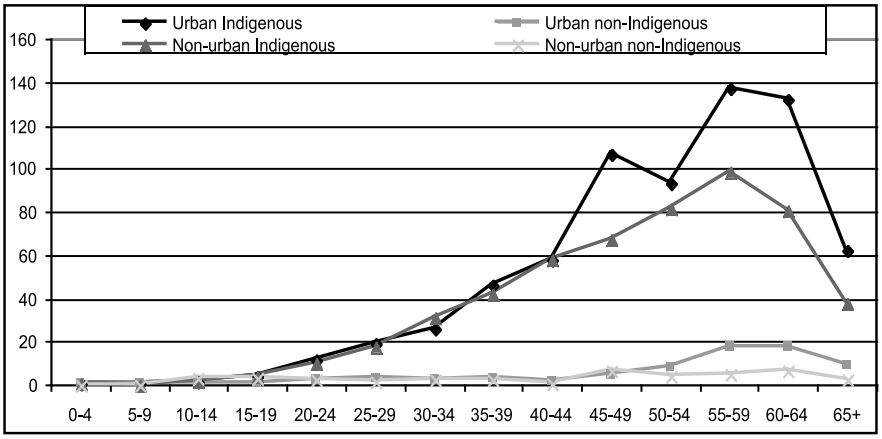
Again, this could be due to improved access to health services, or increase in prevalence, or both.

Source: Warchivker et al 2003

Uses 2001 Census figures as population denominator.

[89] All records that had International Classification of Diseases (ICD) 9 or later ICD 10 related to diabetes as one of the diagnoses were included in the data set.

Figure 29: Separations by ICD 10 for diabetes, NT, 1998-2001



In the period 1994-98 non-urban Indigenous people at the age of 40 years had a rate of almost 50 separations per 1,000 people.

By 2001, this has increased to 60 separations per 1,000 people; an increase of almost 20%.

Source: Warchivker et al 2003
The ICD categories changed in 1998.
Uses 2001 Census figures as population denominator.

Injury

This section is derived from concurrent work being carried out in central Australia and is based on epidemiological work carried out by Wakerman et al 2005.

Injury is the second most common cause of death in the NT and is the greatest single cause of excess deaths and years of potential life lost. The NT injury death rate is the highest in Australia. Injury is the leading cause of death for Indigenous people aged between 1 and 34 years. Injury is the leading cause of hospital admission in Alice Springs for men aged between 15 and 44 years, and for women between 30 and 44 years.

Injury hospitalisation rates for both Indigenous and non-Indigenous people were higher in central Australia than in the NT as a whole for the period 1997-2002, but the differences were larger for Indigenous people. Among non-Indigenous people of all regions, rates of hospitalised injury for males were higher than for females, 1.8 times higher both in central Australia and the NT as a whole. In contrast, rates for Indigenous women were about as high as for Indigenous men, and higher in Alice Springs.

Table 62: Hospitalisations due to injury of selected regions, by Indigenous status, 1997-2002

	Alice Springs		Central Australia excluding Alice Springs		Central Australia		Northern Territory	
(2-year case counts and annual average rates)	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Indigenous males	399	8,797.4	549	6,541.8	948	7,350.0	2,737	5,273.9
Non-Indigenous males	541	2,460.4	71	2,436.7	612	2,419.3	3,136	2,120.9
Indigenous females	475	10,740.1	514	5,639.9	989	7,394.2	2,370	4,570.7
Non-Indigenous females	281	1,375.3	31	1,490.4	1524	1,372.3	1,524	1,200.9
Indigenous persons	874	9,763.8	1,063	6,068.3	1,937	7,379.0	5,109	4,927.6
Non-Indigenous persons	822	1,933.0	102	2,005.3	924	1,915.0	4,664	1,687.1

Source: Ung, D 2003, NTDHCS, email, 15th October

** Age-standardised annual average rates per 100,000 population.*

Injury deaths

Counts and age-adjusted rates of injury deaths from 1997 to 2002 are presented in the following table. Age standardised rates for deaths due to an external cause were very high for the NT (68.1 deaths per 100,000 population per year). This was largely attributable to the very high rate for Indigenous people in the NT, and the large proportion of Indigenous people in the NT.

Rates were higher again for central Australia (72.5 deaths per 100,000 population per year) which comprises the Alice Springs region (57.2 deaths per 100,000 population per year) and the remainder of central Australia, excluding Alice Springs, (106.3 deaths per 100,000 population per year).

Death rates due to external causes were much greater in the Indigenous population than the non-Indigenous population for the NT. For the NT as a whole, age-standardised rates of death due to injury were 2.4 times higher for Indigenous people. These rates were greater for central Australia, where rates for Indigenous people were 4.0 times higher than for non-Indigenous people. This was largely due to the high rate of deaths of Indigenous people in the Alice Springs region (rate ratio 4.6:1).

Table 63: Deaths due to injury, selected regions by Indigenous status, 1997-2002

	Alice Springs		Central Australia excluding Alice Springs		Central Australia		Northern Territory	
6-year case counts and annual average rates	Count	Rate*	Count	Rate*	Count	Rate*	Count	Rate*
Indigenous males	27	199.6	50	180.6	77	188.3	255	162.0
Non-Indigenous males	34	51.5	6	63.2	40	52.0	339	73.7
Indigenous females	18	126.9	25	84.6	43	98.8	123	76.5
Non-Indigenous females	10	18.0	**	**	11	17.0	83	21.4
Indigenous persons	45	162.6	75	131.7	120	142.7	378	119.0
Non-Indigenous persons	44	35.2	7	42.2	51	35.3	422	49.4

Source: Harrison 2004, customised ABS mortality data

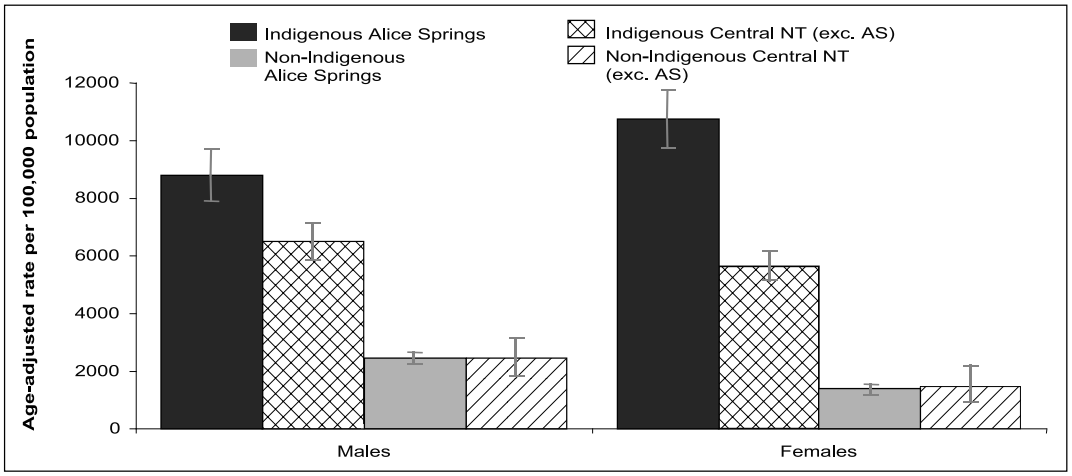
** Age-standardised annual average rates per 100,000 population.*

*** Case number is too small to produce a meaningful rate.*

The rate of fatal injury among Indigenous people was approximately 30% higher for central Australia than for the NT as a whole. The rates for non-Indigenous people differed to a lesser degree between regions, tending to be lower for people of Alice Springs than for the NT as a whole. For Indigenous people age-adjusted rates were around two times higher for males than for females. For non-Indigenous people, rates for males were around three times higher than for females.

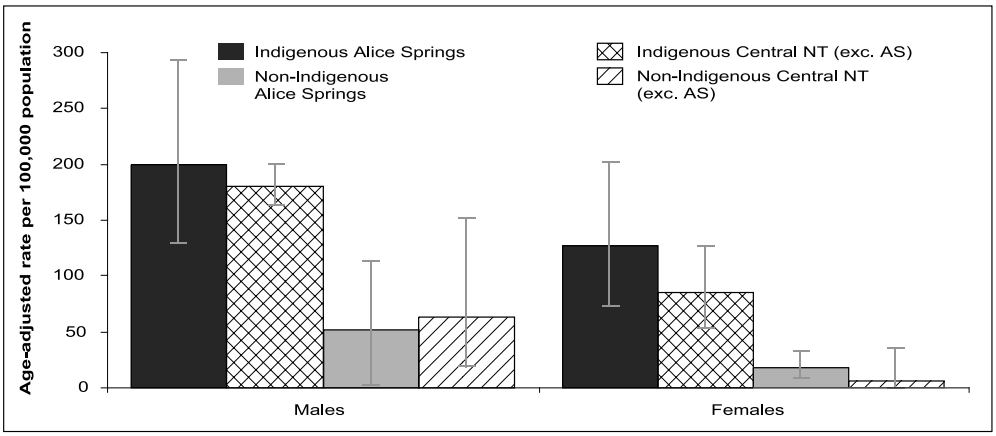
Serious injury is much more common in the Indigenous population of central Australia than the non-Indigenous population, whether measured in terms of hospital admission or deaths. Age-standardised rates of death (1997–2002) and hospitalisation (2000-01 and 2001-02) due to injury in central Australia were both about four times higher for Indigenous people than for non-Indigenous people.

Figure 30: Injury hospitalisations due to all external causes, by Indigenous status and sex, central Australia, 2000-01 to 2001-02



Source: Ung, D 2003, NTDHCS, email, 15th October

Figure 31: Injury deaths due to all external causes, by Indigenous status and sex, central Australia, 2000-01 to 2001-02



Source: Harrison 2004, customised ABS mortality data

The case number and age-standardised rates for ten types of external causes of deaths due to injury during the period 1997–2002 for Indigenous and non-Indigenous people of central Australia is shown in the following table. Land transport accidents were the most common cause of injury deaths for all people of central Australia (36% of all injury deaths). For Indigenous people, homicide (intentional injury inflicted by another person) and suicide (intentional self-harm) was the next most common with similar rates, whereas for non-Indigenous people suicide was the second highest cause of injury death, followed by falls.

As noted above, the rates of all injury deaths for Indigenous people were four times higher than for non-Indigenous people (see previous table). Similarly for injury deaths by the type of external cause, with the exception of accidental falls. This difference was greatest for intentional injury inflicted by another person. Rates for this cause were about 40 times higher for Indigenous people. Rates for Indigenous people were approximately four times higher for land transport and three times higher for intentional self-harm than for non-Indigenous people.

Table 64: Injury deaths by type of external cause, Indigenous status and sex, central Australia, 1997-2002

External cause of injury	Indigenous		Non-Indigenous		Ratio
	6-year case counts and annual average rates				
	count†	rate*	count†	rate*	
Land transport accidents	42	51.9	20	13.9	3.7
Accidental falls	**	**	6	4.7	**
Intentional injury, inflicted by other person	28	33.4	**	**	37.1
Intentional self-harm	27	29.6	16	10.9	2.7
Complications of medical and surgical care	**	**	0	0	n/a
Fires, burns	**	**	**	**	**
Accidental drowning	**	**	**	**	**
Accidental poisoning: drugs	**	**	**	**	**
Other unintentional causes	13	15.9	3	1.9	8.4
Undetermined Intent	3	3.2	**	**	**
Total external causes	120	142.7	51	35.3	4.0

Source: Harrison 2004, customised ABS mortality data

† Counts are totals across the six-year period 1997–2002.

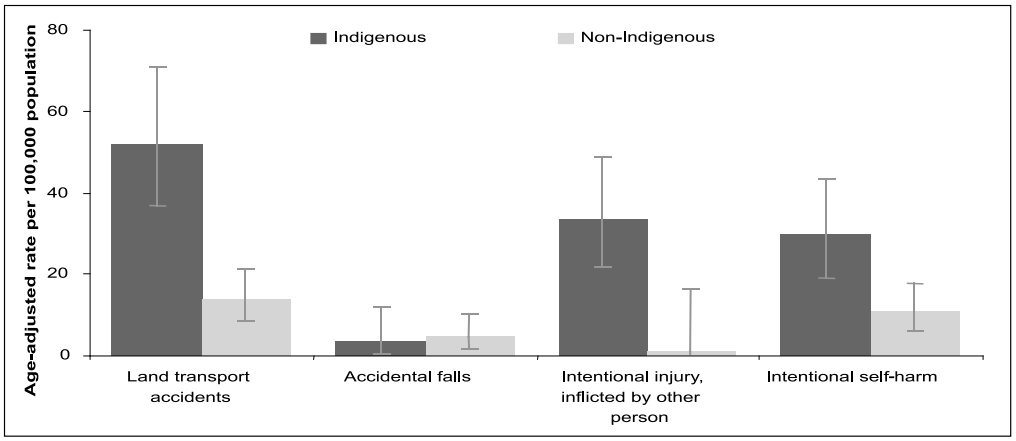
** Annual average rates per 100,000 population, age-standardised (direct method)*

Shaded areas indicate the three types of specified external cause for which rates were highest (i.e. excludes 'Other unintentional injury').

*** Case number is too small to produce a meaningful rate.*

Rates for the four most common types of injury death are presented in the following figure.

Figure 32: Injury deaths by type of external cause, Indigenous status and sex, central Australia, 1997-2002



Source: Harrison 2004, customised ABS mortality data

Summary data for ten types of external causes of injury hospitalisations are presented in the following table. Assault and other interpersonal violence were by far the most common external cause of hospitalised injury of Indigenous people of central Australia, accounting for about 47%. Complications of care and falls were other common categories of external causes of injury for Indigenous people. Falls and land transport crashes were the most common external causes of hospitalised injury for non-Indigenous residents.

Age-adjusted rates for Indigenous people were four times higher than for non-Indigenous residents for injury hospitalisations in central Australia. The age-adjusted rates for Indigenous residents were higher than the rate for other residents for all external causes, with the exception of drowning and accidental poisoning (but case numbers were very small). As for deaths due to external causes, this difference was greatest for inter-personal harm. Rates for this cause were again about 40 times higher for Indigenous residents. Rates for Indigenous residents were approximately six times higher for complications of medical and surgical care and two times higher for accidental falls.

Table 65: Hospitalisations due to injury by type of external cause, Indigenous status, in central Australia, 2000-01 and 2001-02

External cause of injury	Indigenous		Non-Indigenous		Ratio
	6-year case counts and annual average rates				
	count†	rate*	count†	rate*	
Land transport accidents	108	383.1	201	406.0	0.9
Accidental falls	224	830.4	216	474.6	1.7
Intentional injury, inflicted by other person	906	3,453.6	41	80.1	43.1
Intentional self-harm	67	240.5	68	140.7	1.7
Complications of medical and surgical care	233	1,036.5	87	175.9	5.9
Fires, burns	60	219.8	12	25.0	8.8
Accidental drowning	0	0	**	**	n/a
Accidental poisoning: drugs	6	17.7	13	26.1	0.7
Accidental poisoning: not by drugs	0	0	10	21.3	n/a
Other unintentional causes	293	1,032.2	266	543.0	1.9
Undetermined intent	35	145.8	8	17.9	8.1
Total external causes	1,937	7,379.0	924	1,915.0	3.9

Source: Ung, D 2003, NTDHCS, email, 15th October

† Counts are totals for the two year period 2000-01 to 2001-02.

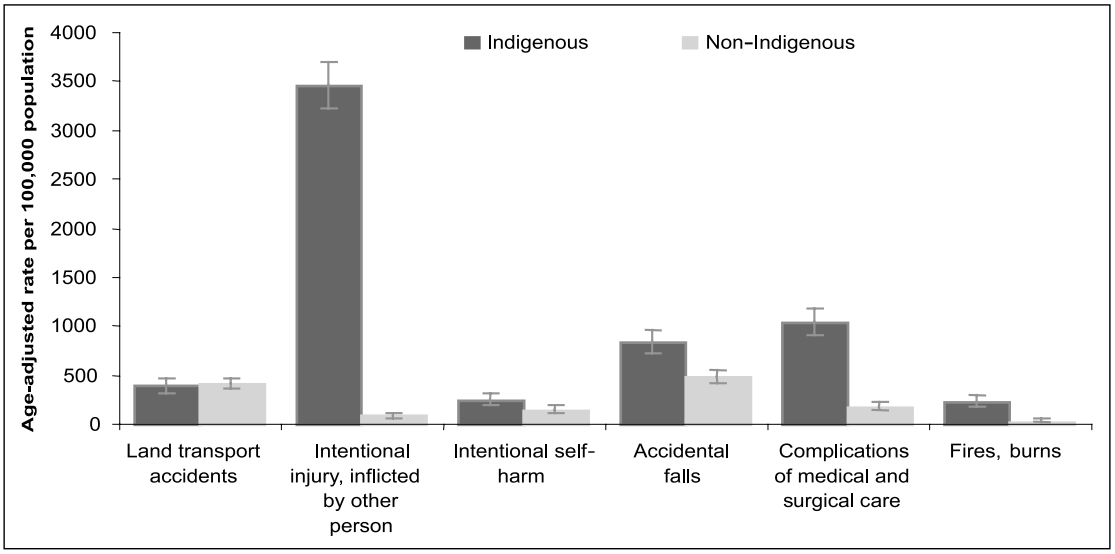
Annual average rates per 100,000 population, age-standardised (direct method)

Shaded areas indicate three highest rates for specified injury (i.e. excludes 'Other unintentional injury').

*** Case number is too small to produce a meaningful rate or rate ratio.*

The six most common external causes of hospitalisations are presented in the following figure.

Figure 33: Hospitalisations due to injury by type of external cause, Indigenous status in central Australia, 2000-01 and 2001-02



Source: Ung, D 2003, NTDHCS, email, 15th October

Suicide

Suicide is defined by the International Classification of External Causes of Injury as 'deliberate use of physical or other against oneself, with the intent to cause harm, injury or death' (ICECI 2003:270). Self-harm hospitalisations in injury studies include 'injuries in suicide and attempted suicide, and self-inflicted injuries specified as intentional' (Moller et al 1996).

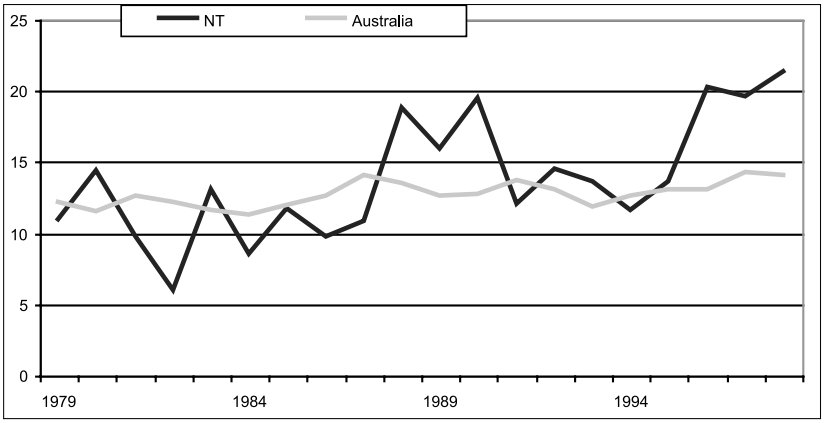
In Australia, Indigenous people aged 15-39 years have double the rates of hospitalisation from self-inflicted injuries of those for non-Indigenous people. Females account for 57% of hospitalisation due to self-inflicted injury, but Indigenous males are twice as likely to be hospitalised as a result of self-inflicted cutting or piercing injuries than females (Moller et al 1996:2). According to Tatz (1999), youth suicide, which was unknown amongst Indigenous people until three decades ago, is now at least double, and possibly treble, the rate of non-Indigenous suicide. This particularly affects young males, since in 1997, the rate of suicide by Indigenous male youths was 127.8 per 100,000, or five times the already high national rate of between 24 and 26 per 100,000 of the population .

In the NT between 1993 and 1997, self-inflicted injury was the principal diagnosis for 645 hospital admissions, and 36% of these were for Indigenous people. Of these, 19% were also diagnosed with a non-psychotic mental illness, 6% with a psychotic illness and 35% were diagnosed with alcohol or drug dependence/ misuse (Nagel 2001:64).

Between 1999-2001 there were 198 deaths of Indigenous people from suicides in Queensland, SA, WA and NT. The highest rates of suicide among Indigenous people were found in males aged 15–24 years (85 per 100,000 population, or 4 times the total Australian male rate) and males aged 25–34 years (109 per 100,000 population or over three times the total Australian male rate) (ABS & AIHW 2003:162).

In the period 1979–1998 standardised suicide rates for the NT varied widely. However, there are some discernible trends, for example, since the late 1980s the NT's standardised suicide rate has trended upwards and peaked in 1998 at 21.3 per 100,000 population.

Figure 34: Suicide rates per 100,000 population, by region, 1979-1998



Source: ABS 2000

Rural areas had higher suicide rates than capital city or other urban areas; consistently higher when the whole population was considered, but dividing them by sex showed that females suicides are less frequent in rural areas than in the cities (ABS 2000:31). The disparity between the male and female rates of suicide grows with increasing remoteness; in the 10 years between 1988-1998, males' suicide rates averaged 3.5 times females' rates in capital cities. In other urban centres the average rate of suicide by males was 4.5 times the rate of females, and in rural areas it was 5.5 times across the 10 year period (ibid).

Nutrition

Poor diet and nutrition are associated with a variety of diseases which are prevalent in Indigenous communities. The primary two are cardiovascular disease and diabetes, but other diseases such as respiratory diseases and infectious diseases are also affected by poor nutrition which results in reduced resistance. Structural impediments to good nutrition may be food prices on communities, store management and household expenditure (Taylor & Westbury 2000, cited in Taylor 2004). The Community Market Basket Survey was discussed in the Cost of living section of Chapter 5. It was shown there that on average remote residents are paying 45% more for their market basket than Alice Springs residents.

Table 66: Cost of different food groups in central Australia, community stores and supermarkets, 2003

	Alice Springs supermarkets	Remote community stores	Ratio
Breads and cereals	66	84	1.27
Fruit	89	131	1.47
Vegetables	66	126	1.91
Meat and alternative	60	90	1.50
Dairy	85	100	1.18
Other foods	15	22	1.47

Source: Nutrition and Physical Activity Program 2003

It can be seen that vegetables are almost twice as expensive in remote communities than they are at the Alice Springs supermarkets, and even the products which have the least disparity in price (dairy) are still almost 20% dearer on remote communities.

The other factor that is important in remote communities is availability of fresh food. Although the survey found that 98% of items in the basket were available in remote community stores in central Australia, anecdotal evidence suggests that supplies of foods that are of benefit to people with specific health needs, such as diabetics and babies, may be infrequent at these stores. Indeed, the survey notes that a limitation of the data is that an item was recorded as available if the store usually stocked it, not necessarily if it was on the shelf on the day of the survey. Adequate intake of fruits and vegetables can provide protection against diseases such as coronary heart disease, hypertension, type 2 diabetes, stroke and some cancers. The difficulty for people living on remote communities is a combination of restricted availability and increased costs (Nutrition and Physical Activity Program 2003).

Another issue that is not covered by the survey, is the consumption of non-healthy items. Other foods such as various deep-fried products, pastries and soft drinks are also available in community stores. Given that they are not included in the market basket survey, it is difficult to see if these foods are cheaper than the healthier options, and therefore more attractive to consumers.

Child health

Maternal age in central Australia is concentrated in the younger age groups. A higher proportion of children born in central Australia are likely to have a mother aged between 15-19 years (range from 29% in 1997 to 40% in 1998 for the CR region, and 16% in 2001 to 30% in 1996 for the AS region). For the same period, over 30% of mothers were aged 20-24 years in both regions.

Table 67: Number of births to Indigenous women by maternal age, AS region, 1996-2003

Year	15-19	20-24	25-29	30-34	35+
1996	45	49	32	16	7
1997	25	36	26	11	7
1998	32	46	40	15	7
1999	23	42	30	15	8
2000	24	36	35	27	9
2001	21	41	41	20	12
2002	30	35	39	17	14

Source: ABS 2002a, ABS customised tables

Table 68: Number of births to Indigenous women by maternal age, CR region, 1996-2003

Year	15-19	20-24	25-29	30-34	35+
1996	60	66	32	9	7
1997	57	71	42	19	8
1998	84	63	37	18	9
1999	57	62	34	12	11
2000	75	59	46	22	10
2001	73	61	46	26	13
2002	66	73	45	20	7

Source: ABS 2002a, ABS customised tables

In Australia, babies weighing less than 2,500 grams at birth are classified as low birthweight. Nationally, babies of Indigenous women were twice as likely to be of low birthweight (12.8% of births) than babies of non-Indigenous women (6.5%) (ABS & AIHW 2003). The NT has slightly higher rates of low birthweight for babies of both Indigenous (13.6%) and non-Indigenous (7.6%) mothers, however the differential between babies of Indigenous and non-Indigenous women of nearly twice the rate is maintained. The following table shows the percentages of babies born with a low birthweight.

Table 69: Births, by birthweight and maternal Indigenous status, NT, 1998-2000

	Low birthweight (under 2,500 g)	Normal or high birthweight (2,500 g or more)
	%	%
NT		
Indigenous women	13.6	84.7
Non-Indigenous women	7.6	91.8
Australia		
Indigenous women	12.8	86.9
Non-Indigenous women	6.5	93.5

Source: ABS & AIHW 2003

In central Australia, the CR region has a high proportion (over 20%) of babies with low birthweight (Day et al 1999, cited in Warchivker 2003).

In Walungurru (Kintore) the incidence of low birthweight fell from 35% in the period 1 Jan 1995 to June 1998 to just 8% in the period July 1998 to June 2001 (Warchivker 2003), which is similar to the rate found in babies born to non-Indigenous women as a result of a community-based nutrition program.

The results of one study show that low birthweight can be the result of pre-term birth, fetal growth retardation, or a combination of the two (Alberman 1994, cited in ABS & AIHW 2003). Factors which may influence the birthweight of a baby include socio-economic disadvantage, the size and age of the mother, the number of babies previously born, the mother's nutritional status, smoking and other risk behaviours, illness during pregnancy, presence of a multiple birth and the duration of pregnancy. Babies born with low birthweight are more prone to ill health during childhood, and may be more vulnerable to illness in adulthood (Alberman 1994, cited in ABS & AIHW 2003; Barker & Clark 1997, cited in ABS & AIHW 2003:125). As seen previously, these babies may be at higher risk of developing chronic diseases, many of which occur in elevated rates in the older age groups.

The perinatal mortality rate in Australia was twice as high for babies born to Indigenous women (20.1 per 1,000) as that for babies born to non-Indigenous women (9.6 per 1,000). Although the rate fell in the NT from 27.0 deaths per 1,000 births in 1994–96 to 24.9 per 1,000 in 1998–2000, this rate is still the highest in Australia (ABS & AIHW 2003).

Sexual health

Data regarding the rate of sexually transmitted diseases (STIs) are not collected in the same manner for the AS and CR regions. The AS and CR regions correspond roughly (but not directly) to the NTDHCS Alice Springs Remote and Urban regions. It is more difficult to obtain or assess available data for Alice Springs Urban region (AS region).

The NTAIDS/STD program provides quarterly updates of regional data on a variety of STIs, however, as these are reported by the regional departmental districts of the NTDHCS (e.g. Alice Springs Remote and Barkly regions) we are not able to provide a breakdown by ATSIC regions. Another source of data are those reported as part of the Tri-State STD/HIV Project, the results of STI screening in 27 remote communities in central Australia, which includes most of the CR region communities and some communities in the Barkly region (K Smith, pers. comm., October 2004). This screening identified and treated STIs for people in the 15-19 years age group.

The rates of gonorrhoea, chlamydia, syphilis and trichomonas in the Alice Springs Remote district are more than twice the rates in the other districts and 3-4 times the rates identified in the Darwin district. There has been an increase in the cases of chlamydia detected in the Alice Springs Remote district compared to the number detected in 2002.

Table 70: Gonorrhoea, chlamydia, syphilis and trichomonas rates in the Alice Springs Remote district in the third and fourth quarters of 2003

Alice Springs	Gonorrhoea	Chlamydia	Syphilis	Trichomonas
Q3 2003	16.59	16.59	4.97	6.07
Q4 2003	14.90	16.79	3.77	9.93

Source: NTDHCS 2003b

Rates are cases per 1,000 population

The coverage rate of Tri-State screening was just over 50% of people within the 15-19 year age group which is lower than in adjacent community controlled health services (Nganampa and Ngaanyatjarra health services). There has been an increase in the proportions of males and females with chlamydial infections from 4.5% in 2000 to 13.9% in 2003. There was significant change in the crude prevalence[90] of gonorrhoea for males and females but generally in 2003 there was a decline in percentage of males with gonorrhoea from 17.2% in 2002 to 11.4% in 2003.

[90] Crude prevalence rate does not take into account that the chances of contracting a disease varies with age, gender, race and socio-economic status.

Table 71: Crude prevalence results from screening for gonorrhoea, chlamydia and syphilis, 27 communities in the Alice Springs Remote district, 2003

Alice Springs	Gonorrhoea	Chlamydia	Syphilis
Male	11.40%	8.70%	2.1%
Female	18.90%	19.30%	5.3%

Source: K Smith, pers. comm., October 2004

Other studies from the AP and Ngaanyatjarra Lands suggest a lower crude prevalence of both gonorrhoea (6% and 7.5% respectively) and for chlamydia (10.55% and 5% respectively). However the screening in both these regions covers different age groups; 12-40 years of age in the AP lands compared with 15-40 years of age in the Ngaanyatjarra lands which may have implications for the lower rates reported. Having said that, both the AP and Ngaanyatjarra lands report higher coverage rates than the Tri-State screening in the younger age group of 15-19 years.

Recent developments in health service delivery in central Australia

Data collection at the regional level has been part of the health department of the NTG since the 1980s. The development of community profiles in the 1990s was the first systematic attempt to collate and disseminate health and demographic information at a community level. In 1997 a first attempt to collect and provide information to communities about the health status of the community was developed by the epidemiology unit in central Australia.

Health service regions

The health sector was among the first service providers that acknowledged the need to decentralise its services. The work of Wakerman et al (1997) and Bartlett et al (1997) provided a clear indication regarding an alternative structure of health services, recognising that the preference of consumers was to have services delivered in a more decentralised fashion along language group lines. The new 'zones' clustered groups of communities together that share language and cultural links. The development of the health sector regions was parallel to similar regional moves by the NTDEET and CLC, however these processes were not coordinated, resulting in communities belonging to different regions for different areas of service provision.

The identification of the sub-regions, areas and zones, is a complicated matter that requires appropriate consultation and a degree of flexibility, allowing communities to move in and out of areas and zones. The regions need to be sufficiently understood and accepted by the people who are to receive services, as well as by the service providers. Currently at least three service providers (NTDHCS, NTDEET and NTDCDSCA) are attempting to develop a regional structure. The approach of identifying the sub-regions within central Australia to date has been uncoordinated and has resulted in a degree of confusion as different consultants tend to discuss issues with different Indigenous representatives.

Several factors need to be considered: current settlement patterns; traditional and language groups; patterns of mobility and affiliation; historical associations; pragmatic considerations such as travelling distance; and currently established infrastructure or quality of service. This may involve some cross-border issues. It is important that a coordinated approach to consultation is taken if Indigenous people and service provider agencies are to agree about boundaries and development of regional plans.

In health service delivery there are additional factors: a number of service providing organisations as well as several resourcing methods. Generally, there is no coordinated effort to provide services to remote communities and intersectoral collaboration rarely occurs. The development of the Indigenous Coordination Centres (ICC) following the dissolution of ATSIC has the potential for greater coordination. The role of ICCs is to coordinate the delivery of Indigenous-specific and mainstream programs at the regional level. While the ICCs will not be responsible for health programs, some of their programs are health-related.

National initiatives

At the national level in 1989 the National Aboriginal Health Strategy Working Party published the National Aboriginal Health Strategy (NAHS). The strategy was endorsed by the NT Health Minister in 1990. The second landmark document making recommendations on the delivery of health (and other) services to Indigenous people was the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) Report (Johnson 1991). An evaluation of the implementation of the NAHS (NAHS Evaluation Committee & ATSIC 1994) suggested that the strategy was never fully implemented, and identified major structural problems as limiting the ability of ATSIC to engage with the health sector and influence the necessary direction of service delivery which was still dominated by state administrated health services.

Following this evaluation, and a report by Bartlett and Legge (1994), the administrative responsibilities for Commonwealth funded Aboriginal health services were transferred from ATSIC to the Commonwealth Department of Health and Ageing (CDHA)[91] in 1995. The Office of Aboriginal and Torres Strait Islander Health (OATSIH) was established within the CDHA. The main rationale for this change was better access to financial resources available within the health sector, and developing a more effective relationship between CDHA and state-operated health services.

OATSIH oversees health service to Aboriginal communities, and its establishment increased the focus on improving funding levels to, and performance indicators of, the health services. One of the first commissioned studies funded by OATSIH (AIHW 2001) established the baseline comparison of health expenditure between Indigenous and non-Indigenous people. Some key indicators are listed in the following table.

Table 72: Ratios of health expenditure by type of service, Indigenous status, Australia, 1995-96 and 1998-99

Type of services	Non-Indigenous	Indigenous
All services in 1996-97	$1	$1.08
Acute hospital care and Primary Health Care (PHC) programs	$1	$2.20
MBS and PBS	$1	$0.24
All services in 1998-99	$1	$1.22

Source: AIHW 2001

The ratio of 1:1.08 is inadequate, particularly for the NT considering the following factors: the relative health status of Indigenous and non-Indigenous people (a rate of illness 3 to 4 times higher for Indigenous people); the higher cost of services in remote communities where a large proportion of the Indigenous population reside; the lower income levels; and higher general costs of living of many Indigenous people. The largest difference is the Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) expenditure. An update of the health expenditure study conducted in 1998-99 estimated the new ratio for all services as 1:1.22. Recurrent per capita annual expenditure in 1998-99 (not including capital costs) was $3,065 for Indigenous people and $2,518 for non-Indigenous people.

Acknowledging these discrepancies in access to specific services, the CDHA and the Health Insurance Commission moved to increase access for Indigenous people to health services. Two mechanisms that were developed were the changes to Section 100 of the PBS to allow the supply of PBS medicines to remote area Indigenous Health Services, so that medicines could be provided directly from the health service without the need for prescription and without charge[92]; and the Primary Health Care Access Program (PHCAP) funding.

The main framework of PHCAP is pooling of funds, including additional CDHA resources. The commitment to remote communities was to increase funding to a level of up to 4 times the then current (2001) average MBS funding less the current (2001) CDHA allocation for Indigenous health. At the end of 2001 a memorandum of understanding between the NTG and CDHA was agreed in principle and consultants were employed to develop the strategic plans for five sub-regions in central Australia (Western Arrernte, Warlpiri, Anmatyerre, Pintupi Luritja, Eastern Arrernte and Alyawarr).

[91] Formerly called the Commonwealth Department of Health and Human Services.

[92] In 1997 the Minister for Health and Aged Care, The Hon. Dr Michael Wooldridge, approved arrangements under Section 100 of the National Health Act 1953. In May 2000 a memorandum of understanding between the NTDHCS and the CDHA secured the participation of state funded health services in the Section 100 arrangements A review of the impact of Section 100 has been completed, but is not yet publicly available.

In 1996-97 the coordinated care trials in the Katherine West Region and the Tiwi Islands commenced. These trials injected additional health care funds from the Commonwealth, and more importantly pooled these with NTG funds to allow greater flexibility. The trials also involved Indigenous people in determining their own health priorities and the way health services are provided in their regions.

In the 1999-2000 budget, $78.8m was allocated to PHCAP over four years, and it was planned to implement PHCAP at the four former coordinated care trial sites where joint regional planning had been completed. A further $19.7m each year from 2003-04 was allocated in the 2001-02 budget. The total recurrent base for the program was $54.8m per annum (Commonwealth of Australia 2003a). There have been ten high priority sites selected to implement the PHCAP in the NT and SA, and planning has begun in most of the sites in SA.

The CDHA in collaboration with NTDHCS, funded training for Aboriginal Health Workers (AHW) in central Australia.[93] Recently, the introduction of a Medicare item for Indigenous Adult Health Checks indicates a more responsive approach by MBS for Indigenous medical services.[94]

The parliamentary inquiry *Health is Life - Report on the Inquiry into Indigenous Health* (Standing Committee on Family and Community Affairs, 2000) emphasised the roles and responsibility of the Commonwealth in relation to the health and well-being of Indigenous people. The report recognised the need for adequate resources for a revised approach to funding Indigenous health, as well as the need for a more active role in planning, delivery and monitoring of services to Indigenous people to be taken by the Commonwealth. The report supported an increase for community control, recognising the role it plays in the planning of health services for Indigenous people. The inquiry recognised the importance of socio-economic factors affecting health, and made recommendations regarding housing and infrastructure services, cultural, educational and economic aspects of Indigenous life that impinged on health status.

In 2001 CDHA provided funding for community-based initiatives associated with child nutrition. The CR region received over $700,000 of funding for three years and six communities participated in programs.

Another policy developed by the Australian Health Ministers' Advisory Council (2002) was the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.* The objectives include increasing the number of Indigenous people in the health workforce across all professional levels, improving the clarity and roles of AHWs and clear accountability for government programs.

The National Aboriginal and Torres Strait Islander Council developed a *National Strategic Framework of Aboriginal and Torres Strait Islander Health,* in consultation with stakeholders, which was endorsed by health ministers in July 2003. The framework is based on nine principles, which include taking a holistic approach, ensuring that services are delivered in culturally appropriate ways, and having a focus on local control and decision-making.

Ultimately, government is responsible for ensuring that all Australians have access to appropriate and effective health care. At the moment the only additional funds that can assist in the implementation of the framework are the additional funds injected in to the region through the PHCAP.

NT initiatives

There have been several reviews of health services and attempts at restructuring operations and management of health services for central Australia. Kerr (1991) recommended the recognition of and better collaboration with the community controlled health services; the establishment of a Central Australian Health Council with representation from NTDHCS, the community controlled sector and Commonwealth authorities; and that a position of Deputy Chief Medical Officer responsible for policy implementation and integrated programs be developed.

[93] The Central Australian Remote Health Training Unit, now called Central Australian Remote Health Development Services commenced in 1998 and provides in-service training for AHWs.

[94] There are other non-Indigenous specific changes to the Primary Health Care (PHC) that may benefit Indigenous people. The Enhanced Primary Care Medicare Benefits Schedule (EPC MBS) items introduced in November 1999 have had limited impact in remote communities, largely due to the administrative requirements (Wilkinson et al 2003). The Practice Incentives Program (PIP) aims to reward quality general practice through payments for chronic disease management, after hours service provision and teaching. Specific PIP payments were included for diabetes, cervical screening, asthma and mental health—all identified Indigenous health issues, however like EPC MBS it has had limited impact on service delivery in remote communities.

The CRESAP Review (1992) recommended strengthening the Primary Health Care (PHC) sector by implementing structures which focus on the community to ensure equity of resources and access to services. At that stage there was no clear understanding at the departmental level about resource allocation at the community or regional level. Other recommendations included establishing district health councils with local community representation to ensure accountability of the departmental health services to the community; establishing a process of community input into health service decisions; and giving high priority to the AHW workforce.

CRESAP created a matrix structure and deregionalised the delivery of health and community services. The result was in fact a decentralisation of authority within the community health sector as districts had reasonable autonomy within the new structure. However, this was one of several major reviews and restructurings over the next decade that would see the health department structure move away from regions and then back again.

In 1995 the health department experienced another restructure, and decentralisation of management responsibilities took place with greater emphasis on the role of the 5 health regions. In 1995-96 the first analysis of resource allocation in 3 remote regions was conducted (Warchivker 1996), which found that a large inequality in resource allocation existed, and generally the small communities received fewer resources per capita than the large communities.

In 1995 the population health unit was established with a specific aim to coordinate the activities of different sections of service delivery in relation to adult health. It allowed for integration between services, such as the NTDHCS sexual health unit with the Tri-State program, and the NTDHCS disease control unit linking with all service providers.

In 1996 NTDHCS developed an Indigenous health policy, which recognised the role of PHC in better health outcomes. In 1997 NTDHCS published its Indigenous employment strategy, with the main objective of increasing employment of Indigenous people within the department.

The *Review of Northern Territory Government Remote Health Services in Central Australia* (Wakerman et al 1997) recommended a decentralisation of health services to language group areas, and strong community participation in the health service decisions, including resource allocation at the area health service level. Other recommendations included regional management structures, increased numbers of AHWs and allied health professionals, and establishment of community workers assigned to activities such as health promotion, child health and chronic illness support.

CDHA commenced the Remote Community Initiative to improve access to PHC services in remote Indigenous communities that currently have little or no access to services. A number of small communities in central Australia received extra resources for nursing staff accommodation and salaries. Forty-six communities in the NT received funding under this initiative.

In 1998 the Population Profile Project commenced within the Population Health Unit, and health staff in remote communities serviced by NTDHCS received the first community health information.[95]

During the late 1990s four communities began to operate a Strong Women, Strong Babies, Strong Culture program, based on a model developed in Top End communities.[96] The Growth Assessment and Action Program which also aimed at improving health outcomes for Indigenous children started in central Australia in 1998. A child health program started at Walungurru in 1998, and indicated that it is possible to reduce hospitalisation and improve child growth in a cost effective manner (Warchivker 2003).

At the end of the 1990s, *Strategy 21,* the landmark policy statement of the then Territory Health Services department, provided a framework for five strategic goals that included: strengthen community capacity, develop a robust health and community service sector, and significantly increase the Aboriginal involvement in the health and community service workforce.

[95] This project is currently discontinued and the latest data produced by the project were for 2001.

[96] The program in three Top End communities was evaluated in 1998 (Mackerras) and the main improvement noted was the larger decline in low birthweight of children born in the three communities compared to the other NT Top End communities.

In 1999 a review of services and structure of NTDHCS (Parker 1999) indicated there was a degree of 'change fatigue' in the department but at the same time recommended implementing changes that were considered improvements.[97]

In response to increased suicide rates, funding was provided in 1999-2000 for suicide prevention activities. Two officers in the Top End and two in central Australia were employed to support the strategy and link programs such as the Life Promotion Project and Mental Health Services, focusing on support for individuals and families.

In 2000 the Western Dialysis Appeal raised over $1m through an auction of Indigenous art, to assist people to return home on dialysis. After three years of lobbying, a training centre was established in Alice Springs and a dialysis room was built at Walungurru. The first patients received dialysis there in 2004.

In 2002 the NTDHCS began delivering specialist services under the Medical Specialist Outreach Assistance Program (MSOAP) funding. This increased the variety of services available and the frequency of specialist visits in remote communities.

In 2002 CAAC re-established its AHW training, and the unit provides training with on-site clinical placements. Recently it has begun negotiations with a few remote clinics for AHW training for people from those communities.

The Banscott Review (2003) is the most recent review of the NTDHCS. This identified structural problems that impact on the department's ability to achieve its medium- and long-term health goals. Breakdown in management systems resulted in funding pressures, and the review noted that 'significantly improved management' is required in the department and government to ensure that very basic priority areas are addressed.

Some of the recommendations of the Banscott Review that may have an impact on the services in central Australia include:

- renal services should aim to reduce social dislocation
- increase outreach specialist services
- re-examine the response to the recommendations of the CRESAP and Parker reviews
- the funder/puchaser/provider model should be abandoned (although the current approach to the development of service agreement and plans between the department and service providers should be retained)
- mental health was identified as a priority area given the poor level of service coverage
- an office of Aboriginal Health and Service support should be established
- the department should initiate processes to articulate and differentiate the roles of nurses, AHWs, DMOs and social workers, family support workers and community welfare workers
- the department should include Aboriginal participation in policy development and decision making and should utilise its own Aboriginal expertise
- the report recognised the value of Aboriginal language skills as an important aspect of health service delivery.

(Banscott 2003)

The Banscott review recommended a new program-based organisational structure which effectively meant abandoning the regional structure, and the new structure has increased the concentration of management responsibilities in Darwin.

In 2003 the NTDHCS began its work on the document *Building Healthier Communities: A Framework for the Department of Health and Community Services*. The document prioritises comprehensive PHC, community control and working together as its major strategies. In the section about Aboriginal health, the framework contains much of the elements from the *National Strategic Framework* mentioned above (NTDHCS 2004).

[97] There were 7 recommendations regarding rural and remote services that included an 'annual health service plan' be developed by local communities to establish real priorities; better coordination of services between District Medical Officers (DMO), GPs and hospital staff; epidemiological analysis of clinic and regular feedback of results to clinic staff; and improving the understanding of the funder/purchaser/provider concept throughout NTDHCS, by establishing a purchasing advisory resource unit.

Regional initiatives

Central Australia is characterised by having a range of funding sources for health services which have evolved as a patchwork of different models and management structures. Reasons for this relate to the different histories of communities: some were missions, others emerged from government administration, some originated from people living on cattle stations, and some very small communities are outstations of a larger settlement. The different contact characteristics of missionaries, pastoralists, and government administration shaped the development of health services in the region. The policies of protectionism, assimilation, self-determination, land rights, and support for outstations, all shaped the location, size, and characteristics of settlement in central Australia.

During the 1970s and 1980s health services to remote communities moved from a centralised health service to decentralised nursing posts in many remote communities. By 1995 there were 24 communities with nursing staff and two communities with doctors (both Aboriginal Community Controlled Health Organisations (ACCHO)). Most other communities had visiting District Medical Officer services either from the NTDHCS or Central Australian Aboriginal Congress (CAAC). The frequency of these visits depended on the size of the community. Ten communities had visiting nursing services, and most communities had AHWs working on a part-time basis.

Throughout the 1990s there were four forms of funding and service delivery arrangements. Most of the communities had clinics operated by NTDHCS, five were funded by OATSIH as ACCHOs, and two had a service agreement with the NTDHCS.[98] In addition communities were able to apply for specific program (or one-off project) funding through the different NTG and Commonwealth agencies, or in conjunction with service providers such as Waltja Tjutangku Palyapayi.

The development of the ACCHO shaped access to health services, especially in Alice Springs. CAAC was established in 1974 and was the first community controlled health service in central Australia. In 1997 Urapuntja health service was taken over from Aero Medical services and linked to CAAC until it incorporated in 1979. Papunya community had a short period of independent health services between 1979 and 1982. At Walungurru the Pintubi Homeland Health Service was established in 1984, and Mutitjulu health service has operated as an ACCHO since 1986. In 1994 the largest community serviced by Urapuntja health service, Ampilatwatja, established their own independent health service, the Aherrenge Health Service.

Table 73: Funding and service arrangements in CR region

DHCS funded and serviced communities		Community Controlled Health Services	Service Agreement Communities
Artytyerre	Alpurrurulam	Central Australian Aboriginal Congress, (including Areyonga Health Clinic in 2003)	
Areyonga	Bonya		
Engawala	Ikuntji	Ampilatwatja Health Service	
Kaltukatjara	Laramba - Napperby	Aherrenge	Apatula
Ntaria	Nyirrpi	Imanpa Health Service	
Papunya	Tara	Mutitjulu Health Service	Ltyentye Apurte
Titjikala	Ti Tree	Urapuntja Health Service	
Yuelamu	Yuendumu	Pintubi Homelands Health Service (Walungurru)	
Wallace Rockhole	Watiyawanu		
Watarrka	Wilora	Amoonguna Health Clinic	
Willowra			

Source: I Warchivker 2004, pers. comm., 22 November

The major achievements of the Aboriginal Community Controlled Health Service (ACCHS) have been improvement in access to health services, especially in Alice Springs where services were dominated by non-Indigenous structures. It has allowed the development of Indigenous management and strong advocacy, and has improved the employment of Indigenous people in the health sector.

[98] One of these also received funding from OATSIH.

CAAC has played an important role over three decades in the development of health services in the region. It was integral to the establishment of ACCHSs at Utopia and Papunya, as well as the formation of the Aboriginal Medical Services Alliance Northern Territory. It has been an effective advocate for the transfer of health responsibility from ATSIC to OATSIH, establishing PHCAP and taking responsibility for overseeing implementation of it in the Warlpiri zone. CAAC has administrative responsibility for the clinic at Areyonga, and has developed a multidisciplinary health service (including an ear health program, under 2s and frail aged program). CAAC is also a core partner in the Co-operative Research Centre for Aboriginal Health.

Resourcing

The initial data request of this project to the NTDHC in March 2004 included health status data and workforce and resourcing information. As outlined earlier, the NTDHCS were unable to provide these data in a timely manner. A data request that included information on programs and resourcing by program stream for central Australia was also submitted to the CDHA. Similarly these have not been provided at the time of writing. As such we have compiled resourcing data from a variety of public sources; annual reports, Commonwealth and NTG budgets. They are intended to provide an overview of funding arrangements and provide a starting point for compiling as comprehensive a picture of resourcing as possible. Where there are gaps that could not be sourced alternatively, this has been noted.

Health funding is a complex mix of Commonwealth and state/territory sources. The Commonwealth government is the largest source of health funding and subsidises many non-government services through the MBS, PBS and the private health insurance rebate. It also funds a number of national public health programs as well as providing funding to the states/territories for public hospital services as specific purpose payments through the Australian Health Care Agreements. Set out below are the specific purpose payments to the NT.[99]

Table 74: Commonwealth budgeted specific purpose payments to the NT, 2000-01 to 2002-03

	2000-01 $ '000	2001-02 $ '000	2002-03 $ '000
Blood transfusion services	398	1,461	1,009
Health program grants	1,685	639	334
Health care grants	72,856	75,909	79,096
Highly specialised drugs	3,218	2,884	4,142
Youth health services	0	52	53
National public health	3,744	928	4,632
Essential vaccines	1,024	988	2,629
Aged care assessment	856	862	721
Home and community care	3,793	4,031	4,559
Disabilities services	4,494	5,291	5,534
Children's services	2,592	2,222	760
Supported accommodation assistance	5,077	5,112	5,132
National illicit drugs strategy	0	183	4,875
Fringe benefit tax[100]	1,126	1,119	1,097
Total	**100,862**	**101,681**	**114,573**
NT % increase 2000-01 to 2002-03			**+13.6%**
Australia % increase 2000-01 to 2002-03			**+11.3%**

Source: Commonwealth of Australia 2001b, 2002b, 2003b ; CPI adjusted

[99] It should be noted that the Commonwealth makes these payments in two categories—health and social security. These allocations have been combined in the following table as both categories are administered by NTDHCS in the NT.

[100] This includes transitional grants for public hospitals and the extension of fringe benefits which is compensation for changes to the fringe benefits tax system.

The Commonwealth also directly funds ACCHOs across Australia. In central Australia there are 3 types of government funded health services: 21 NTDHCS clinics, 2 Grant in Aid[101] schemes, and 8 Aboriginal Community Controlled Health Services funded through OATSIH as outlined in Table 73.

In addition, the CDHA also directly funds non-government organisations for targeted health related programs, health policy research and coordination activities. This includes programs such as the National Respite for Carers Program, National Illicit Drugs Strategy, Aged Care User Rights, National Infant Nutrition Program and the Rural Health Support Education and Training Program. Participating non-government organisations would have a service agreement direct with the CDHA. There are some specific purpose payments that are channelled through the states/territories (eg. Home and Community Care, Supported Accommodation Assistance) such that the non-government organisation or health service would have a service agreement with the NTDHCS.

The Commonwealth provides a general purpose grant to the NTG which is adjusted by the Commonwealth Grants Commission (CGC) for factors regarding health status and cost of service provision under the principle of horizontal equalisation. The NTG can distribute this at its discretion, and this is the source of the NTG general appropriation. States/territories retain control of operation, regulation, inspection and licensing of public health institutions and personnel. The following table sets out the sources of revenue for the NTDHCS for 2002-03.

Table 75: NTDHCS revenue, 2002-03

Source of funds	$ '000
Commonwealth grants	116,667[102]
NTG appropriation	387,922
Other agency revenue	18,923
Miscellaneous	1,839[103]
Total revenue	**525,351**

Source: NTDHCS 2004

Following is the total spending on health services by the NTG over a five-year period.

Table 76: NTDHCS expenditure, 1998-99 to 2002-03

	1998-99 $ '000	1999-00 $ '000	2000-01 $ '000	2001-02 $ '000	2002-03 $ '000
Acute care (hospital and outpatient)	210,500	223,100	222,500	253,600	287,000
Public health	48,100	48,800	40,200	42,100	39,500
Community services	69,900	79,000	81,400	77,700	117,900
Primary health care	98,900	102,100	100,300	102,500	100,100
Organisational support	25,000	24,800	23,100	25,500	0
Total	**452,400**	**477,800**	**467,500**	**501,400**	**544,500**
Percentage increase 2000-01 to 2002-03					**+16.5%**
Percentage increase 1998-99 to 2002-03					**+20.4%**

Source: THS 1999, 2000; NTDHCS 2001, 2002, 2003; CPI adjusted

[101] Grant in Aid schemes were developed to allow non-government organisations to deliver specific community services. A community council or other incorporated association can receive grant(s) to provide community services such as health, alcohol and drug prevention and treatment services, environmental health etc. Grant in Aid Health Services are frequently community controlled and therefore are usually also recognised as ACCHOs.

[102] This includes capital grants of $84,000. We have been unable to obtain details of the Commonwealth specific purpose payment to the NTG. The 2002-03 Commonwealth Budget, Part B, Specific Purpose Payments to the States, details a budget allocation of $114.573m including capital, which is a difference of $2.094m from the NTDHCS 2002-03 annual report. This could be due to variations between the Commonwealth budgeted amount and the actual received by NTDHCS. Alternatively it is possible that grants other than specific purpose payments are included.

[103] Includes profit on sale of assets of $484,000.

The NTG has increased spending on health by 16.5% over the three years from 2000-01 to 2002-03. Over the same period, the Commonwealth's contribution to health resources in the NT through specific purpose payments has increased by 13.6%, and the Commonwealth has increased the NT untied grant funding by a similar amount of 13.9%. This indicates that the proportion of general revenue (Commonwealth untied grants and other revenue) that the NTG has allocated to health services has increased. It should be noted that Commonwealth grants (specific purpose payments and untied grants) made up approximately 70% of the total revenue of the NTG, and that the health factor[104] is the largest influence in the expenditure assessments on which the calculation of the untied grants is made (CGC 2001a: 10). The table below indicates the health expenditure that is not funded by specific purpose payments as a proportion of the total untied grant revenue from the Commonwealth.

Table 77: Proportional health expenditure from Commonwealth untied grant revenue, 2000-01 to 2002-03

	2000-01 $ '000	20001-02 $ '000	2002-03 $ '000
Total untied and general purpose grants	1,361,000	1,432,000	1,542,000
Net NTG health expenditure[105]	344,500	372,400	406,500
% of untied grants expended on health	25.3%	26.0%	26.4%

Source: NT Treasury 2001, 2002, 2003

In addition to Commonwealth funding directed through the NTG, the CDHA provides funding through OATSIH direct to ACCHOs and other community organisations. This includes programs such as ACCHO support, specific Indigenous health intervention strategies such as the Social and Emotional Well-being Action Plan, the Sexual Health Strategy, the Eye Health Strategy and Hearing Health. Set out below is the national funding to OATSIH over a five-year period.

Table 78: OATSIH national expenditure, 1998-99 to 2002-03

Programs[106]	1998-99 $ '000	1999-00 $ '000	2000-01 $ '000	2001-02 $ '000	2002-03 $ '000
Health services programs	172,400[107]	140,100[108]	175,100	188,700	209,500
Health infrastructure for Indigenous communities	1,100	38,400	18,700	17,700	0
Departmental expenses	11,600	22,300	25,700	23,000	22,300
Total	**185,100**	**200,800**	**219,500**	**229,400**	**231,800**

Source: Commonwealth of Australia 1999a, 2000, 2001a, 2002a, 2003a, CPI adjusted

We have been unable to obtain the OATSIH funding direct to the NT and central Australia from the CDHA. However the *Report on Indigenous Funding* (CGC 2001a) noted the following breakdown of OATSIH funding for 1998-99 on a state-by-state basis.[109]

Table 79: OATSIH expenditure on PHC for Indigenous Australians, 1998-99 ($'000,000)

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
20	12	22	24	15	2	1	27	124
16.3%	9.8%	17.9%	19.5%	12.2%	1.6%	0.8%	22.0%	100.0%

Source: CGC 2001a

Based on this proportional allocation, set out below is the estimated OATSIH funding to organisations within the NT. This assumes that the allocations between the states have not varied which they may well have done,

[104] $985 per capita for the 2000-01 contribution of expenditures (CGC 2001b).

[105] This is the total health expenditure for the NT after deducting all Commonwealth specific purpose payments for health and other NTDHCS revenue. This gives the net amount payable by the NTG for health from untied revenues.

[106] Program reporting groups changed in 2000-01 and again in 2002-03. The following notes provide details on the variations for each year.

[107] This includes health services program funding of $137.9m; substance abuse services of $19.3m; coordinated care trials of $9.9m and combating infectious disease of $5.4m.

[108] This includes health services funding of $119.7m; substance abuse services of $18.6m; combating infectious diseases of $1.8m and national coronial information system of $40,000.

[109] The CGC 2001 report only considers health services funding, thus it excludes funding for health infrastructure and substance abuse services. As such, it may not consider differences in the funding mix between the states for expenditures on other programs such as substance abuse services, health infrastructure, coordinated care trials etc.

however it is unlikely the NTG's share would have declined significantly. As such the estimate is likely to be below rather than above the actual allocation.

Table 80: NT OATSIH funding estimate, 1998-99 to 2002-03, ($ '000)

	1998-99	1999-00	2000-01	2001-02	2002-03
Funding	40,632	44,078	48,183	50,356	50,883

Source: Commonwealth of Australia 1999a, 2000, 2001a, 2002a, 2003a, CPI adjusted, CGC 2001a

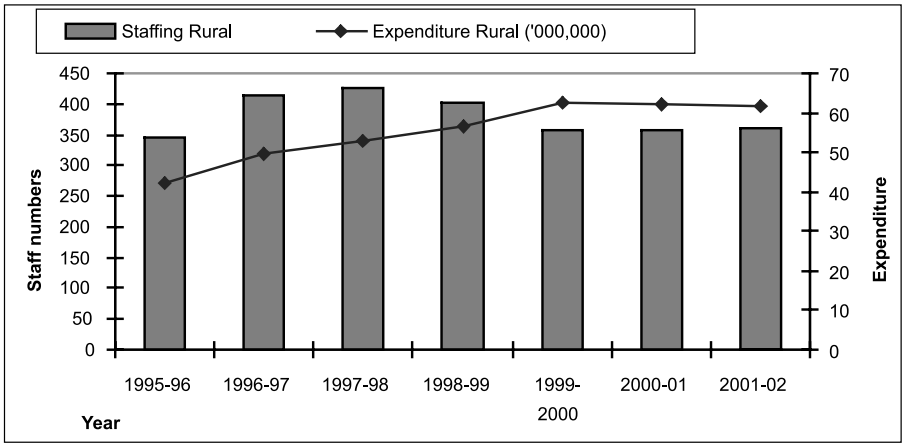
The NT was reported to have the highest per capita government expenditure on health services for Indigenous people ($3,208) (AIHW 2001). This is partly due to the high proportion of Indigenous people living in the NT and the relatively higher costs of delivering health services to a dispersed and remote population.

An analysis of expenditure by NTDHCS for the whole of the NT between 1995-96 and 2001-02 reveals:

- for all health services an increase in funding of 33% ($370[110]m to $490m) and 2.3% in staff
- for rural services an increase in expenditure of 47% ($46.9[111]m to $61.8m), and 4.0% in staff
- for hospital services an increase in expenditure of 51% ($164[112]m to $248m) and 10% in staff.

(THS 1996, 1997, 1998, 1999, 2000, NTDHCS 2001, 2002). Data for 2002-03 and 2003-04 could not be included due to changes in the annual reporting methods.

Figure 35: Rural staffing and expenditure, NT, 1995-96 to 2001-02



Source: THS 1996, 1997, 1998, 1999, 2000; NTDHCS 2001, 2002

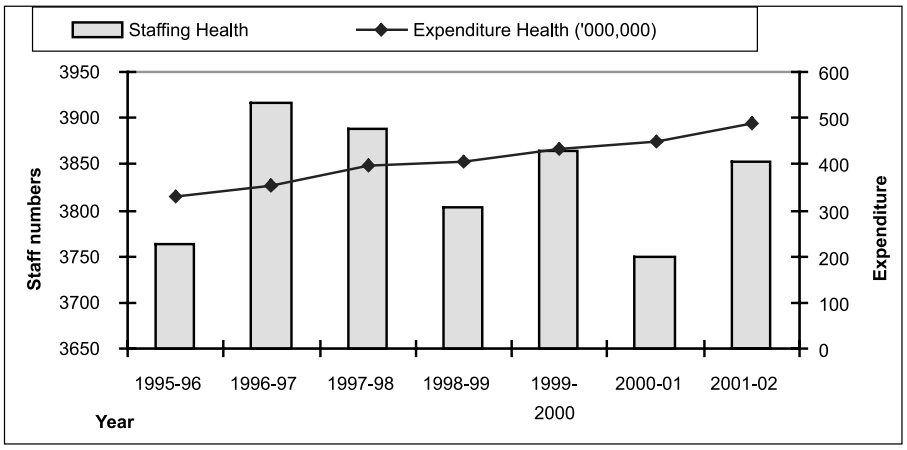
The trend in staff numbers at NTDHCS indicates an increase in hospital staff numbers over the years and a decline total staff.

In rural heath, staff numbers have been declining since 1997-98. Staff numbers for NTDHCS rural health services peaked at 425 people in 1997-98, but by 2001-02 had declined to 360.

For total NTDHCS staff, the peak was 3,916 people in 1996-97 and by 2001-02 it was 3,852.

The total number of AHWs at NTDHCS clinics has remained static, with a decline in the numbers of male AHWs.

Figure 36: Health staffing and expenditure, NT, 1995-96 to 2001-2002



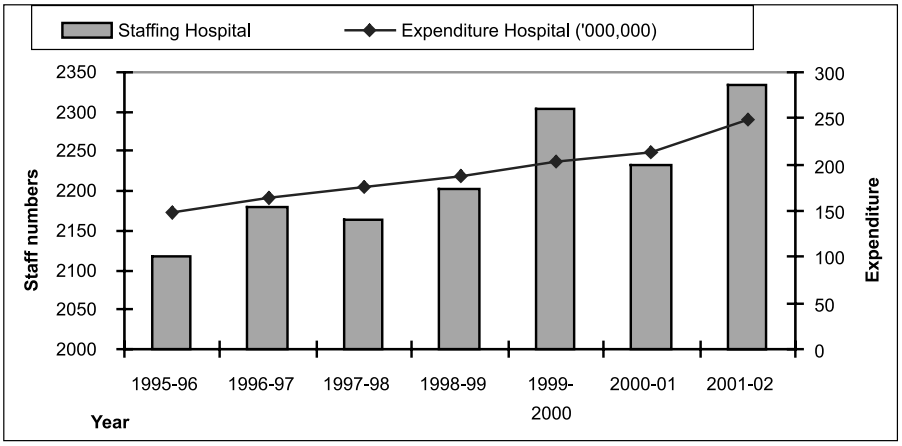
Source: THS 1996, 1997, 1998, 1999, 2000; NTDHCS 2001, 2002

[110] CPI adjusted to 2003 dollars from $311m in 1995-96.

[111] CPI adjusted to 2003 dollars from $42m in 1995-96.

[112] CPI adjusted to 2003 dollars from $147m in 1995-96.

Figure 37: Hospital staffing and expenditure, NT, 1995-96 to 2001-2002

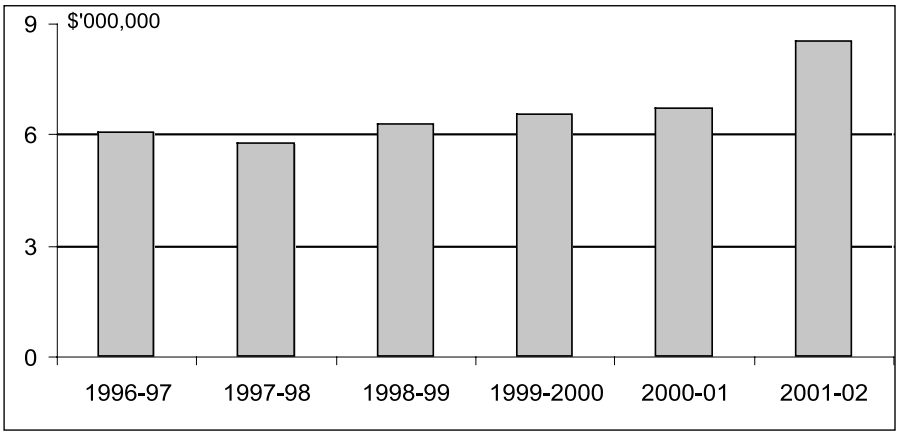


Source: THS 1996, 1997, 1998, 1999, 2000; NTDHCS 2001, 2002

In most remote communities serviced by NTDHCS the bulk of clinic attendances are serviced by nursing staff and AHWs. In communities with a community controlled health service, having a doctor on site makes it easier for people to see a doctor, so doctors generally see a higher proportion of the population and can increase the funding base of the health service through MBS funds. In 2002 there was an increase in the number of specialist visits available to remote communities through the introduction of the MSOAP program in central Australia.

An analysis of health expenditure of CAAC revealed that expenditure was steadily increasing (CAAC 2003). In 1997 CAAC expenditure was estimated at $6.1m.[113] In 2002 expenditure was estimated at $8.5m[114] of which 75% was for salaries and wages. This suggests an increase of 41% over the 6-year period. Most of the increase in expenditure occurred between 2001 and 2002; it is likely that the majority was from MBS funds.

Figure 38: CAAC expenditure, 1997-2002



Source: CAAC 1998, 1999, 2000, 2001, 2002, 2003

Staff numbers at CAAC increased from 97 in 1997 to 143 in 2001 (CAAC 2002).

The total number of clients increased from 7,180 in 2001 to 7,671 in 2002, then decreased to 7,059 in 2003.

The composition of residency changed with an increase in the numbers of people from Alice Springs, from 3,872 in 2001 to 4,836 in 2003.

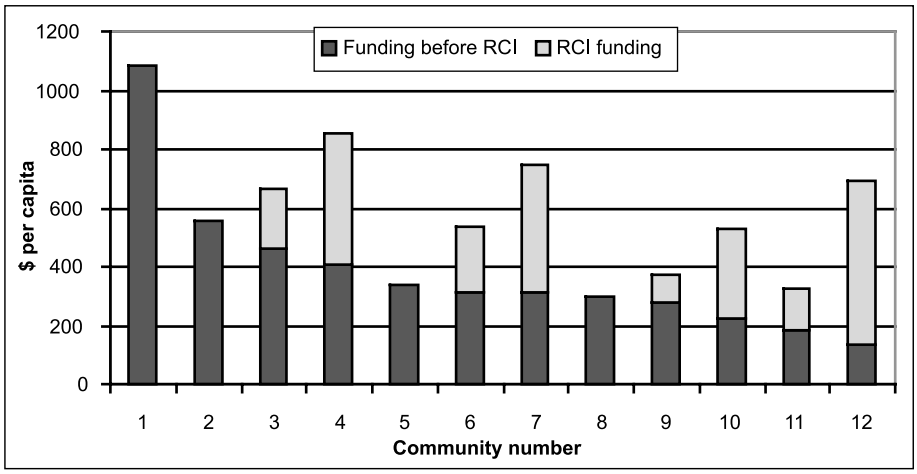
There has been a decline in the number of people from town camps (from 1,401 in 2001 to 821 in 2003); people from communities; and people from locations outside central Australia.

Resource allocation to remote communities is much less for smaller remote communities (pop <200) than for large communities (Warchivker 1996; Wakerman et al 1997). The CDHA introduced the Remote Community Initiative to improve access to PHC. The following illustrates the impact of this initiative. Currently only four communities have an expenditure of less than $400 per capita for clinical services.

[113] CPI adjusted to 2003 dollars from $5.4m in 1996-97.

[114] CPI adjusted to 2003 dollars from $8.3m in 2001-02.

Figure 39: Clinical health expenditure per capita in selected remote communities (popn <200), central Australia, 1995-96 and 1997-98



Source: based on Warchivker 2002

The most recent health expenditure per person information available to us are national data for 1998-99 (SCRCSSP 2003). In 1998-99 government expenditures on health services to Indigenous people was 1.56 times greater in total than those for non-Indigenous people. The opposite is true for private sector services, with expenditures for Indigenous people being only 23% of non-Indigenous expenditures. This is a clear reflection that Indigenous people are far more reliant on government health care systems than private sector services. Private services are often unavailable in remote areas, where many Indigenous people live. Apart from access, Indigenous people in these areas are unlikely to be able to afford private services and/or health insurance. Government services, which heavily subsidise treatment through a variety of means, are therefore often the only option for Indigenous people.

Overall funding in 1998-99 was $3,065 per Indigenous person and $2,518 per non-Indigenous person, or a ratio of 1.22 to 1. This relative expenditure should be related to relative need. The significantly inferior state of health of the Indigenous population, and the relatively recent history of access to health services (the first ACCHO was established in 1974 in central Australia) should be reflected in proportionately increased expenditure in this area.

It is also notable that only a small proportion of Indigenous funding goes to Indigenous specific services. The vast majority is channelled through mainstream health programs such as the public hospital and specialist care systems.

Discussion

Comprehensive regional morbidity and mortality data are lacking. In this report we have used hospital separation data, which have limitations. High hospital use by Indigenous people reflects not just high levels of disease in the community, but also poor access to PHC services.

In the NT, Indigenous mortality rates have improved over the past four decades. However, apart from the group aged 0-4 years, declines in mortality have not been at a comparable rate to non-Indigenous Australians. Declines in infant mortality rates nationally, and 0-4 years mortality in NT, have plateaued since the 1980s. However, whilst health services are not yet at adequate levels for the Indigenous population, there is a suggestion that there will be limits on the impact of health services on health outcomes and further gains will be linked to social and economic improvements.

Whilst overall mortality rates are declining, the differential in death rates between Indigenous and non-Indigenous young to middle-aged adults has increased in recent decades. There is some evidence that both Indigenous and non-Indigenous adults are dying from an increasing prevalence of non-communicable or

chronic diseases, such as diabetes. These are linked to obesity, food availability and intake, and physical inactivity. The prevalence of these diseases is generally higher in the Indigenous population. Improvements in health outcomes with respect to chronic diseases are linked to changes in individual behaviour as well as structural issues such as access to medical care, access to health information and food security.

There has been an increase in expenditure in the health sector in central Australia over the past decade. The NT Government and Commonwealth Government jointly through PHCAP have provided an incremental increase in funds. The Section 100 program, providing drugs and pharmacy services to remote communities, has been successful. The PHCAP pooled funding model is a good one. These increases have resulted in an enhanced health service in Alice Springs through Congress, and the NTG increases have mainly increased hospital services. Particularly in the face of a chronic diseases epidemic, and given the high costs of delivering services to remote communities, funding for remote primary health care remains inadequate. For example, a recent unpublished planning study recommended an increase of more than 100% in the number of allied health positions in the region in order to reach minimum benchmarks, which roughly approximated national averages for the disciplines concerned. In order to improve health status in the region, we require both adequate access to high quality health services and improvements in the social and economic conditions for Indigenous people.

10. Regional involvement in the criminal justice system

According to the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (ABS 2004b) an estimated 17.4% of Indigenous people in the NT aged 15 years and over reported that they had been a victim of physical or threatened violence in the last 12 months. In addition, 12.9% of Indigenous people aged 15 years and over in the NT had been arrested by police in the last five years. These figures can be further broken down to reveal that 21.1% of Indigenous males and 5.2% of Indigenous females, or 12.1% of Indigenous people living in remote areas and 17% of people living in non-remote areas have been arrested by police in the last five years (ABS 2004d).

The Royal Commission into Aboriginal Deaths in Custody report (RCIADIC 1991) highlighted that Indigenous people are more vulnerable to participation in the criminal justice system—both as offenders and victims—as a consequence of the history of colonisation, dispossession from their land and policies of forced removal of children from their families. The continuing legacy of this history includes the disadvantage outlined elsewhere in this report: lower socio-economic status, higher unemployment levels, lower education levels, overcrowding, and poorer housing conditions and health than the general Australian population. These socio-economic circumstances have a significant bearing on Indigenous people's risk of contact with the criminal justice system as both perpetrators and victims of crime.

The relative disadvantage of Indigenous central Australians (as compared with non-Indigenous central Australians) within the criminal justice system is contrary to Australia's obligations pursuant to United Nations Human Rights instruments including the Convention on the Rights of the Child, The International Covenant on Civil and Political Rights and the Convention on the Elimination of Racial Discrimination.

More than ten years after the RCIADIC report was released in 1991, interaction with the police, the criminal courts and custodial institutions (jails and detention centres) remains commonplace in the lives of Indigenous people and their families in central Australia. It cannot be assumed that frequency of contact with the criminal justice system results in an understanding of its processes.

The Kurduju Regional Crime Prevention Committee in its submission to the review on Indigenous Law and Justice (2004) noted:

> *One of the big problems we are having is understanding how your law works and how it finds out how people are guilty of breaking the law. In our culture we have an inquisitorial process for establishing guilt ... in our culture all these things are worked out ... some people are guilty in our law but they are not guilty in your law.*

While substantial progress has been made in some areas[115], many of the justice specific recommendations contained in that report have not been addressed. In addition, new challenges in accessing the already inadequate levels of access to justice lay ahead, for example the proposed tender of Aboriginal legal services.[116]

Taylor (2004) has argued that one relationship between crime rates and the regional society and economy is the degree to which past and present convictions and interaction with police, courts and prisons, influence individual chances of participating successfully in the regional society and economy. In this chapter, we have adopted the approach from Hunter and Borland (1999), also used by Taylor (2004) of 'attempting to derive estimates of the population for whom contact with the police and a criminal conviction might represent a barrier, or at least a brake, on social and economic participation'.

[115] Significant reduction in the number of deaths in police custody.

[116] The draft tender document showed a profound disregard for the reasons underpinning Indigenous people's involvement with the criminal justice system and the need for access to culturally appropriate legal services. In particular it contained a proposal to exclude representation for traffic and minor offences (in 2002-03, 589 Indigenous people were apprehended in Alice Springs for driving offences, from a total of 1,512 Indigenous people apprehended for all offences that year), to exclude representing people more than once for assault offences and the creation of a means test more stringent than that currently employed by the NT Legal Aid Commission and therefore discriminatory. In addition, the tender document did not take into account the need for and cost of travel to represent clients at court in remote communities. The proposal is contrary to the RCIADIC recommendations including the importance of access to specialised Indigenous managed organisations. If implemented, a tender process will risk reduction in the quality of services provided, prevent Indigenous people from enforcing their rights and result in further increase in the already high levels of incarceration.

A second relationship between crime rates and the regional society is the extent to which Indigenous lives are disrupted as a consequence of exposure to violence both as witnesses and victims. The incidence of violence is disproportionately high in Indigenous communities, and the rights of Indigenous people to personal security are being violated when compared with the rates of violence in the total Australian population.

The prevalence and seriousness of violence in Indigenous communities has recently been reiterated by a major study (Memmott et al 2001). In addition, the issue of violence has been addressed in the ATSIC Board of Commissioners' Family Violence Policy Statement in the Social Justice Report (ATSISJC 2004), and the Aboriginal and Torres Strait Islander Women's Task force on Violence Report (2000).

Two of the three priority outcomes in *Overcoming Indigenous Disadvantage* (Steering Committee Review of Government Service Provision (SCRGSP) 2003) directly relate to the issue of safety: positive child development and prevention of violence, crime and self-harm; and safe, healthy and supportive family environments with strong communities and cultural identity. The third priority outcome signals the connection between contact with the criminal justice system and disadvantage: improved wealth creation and economic sustainability for individuals, families and communities.

The key indicators adopted by the productivity commission show that there are higher rates of:
- substantiated child protection notifications
- death from homicide
- hospitalisation for assault
- victim rates for murder, assault, sexual assault and domestic violence.

for Indigenous people than non-Indigenous people in Australia (SCRGSP 2003:3.44-3.57).

While these measure the manifestation of these high rates of victimisation, they are not linked to any policy goal or programs to address contributing factors. They do not consider the level of disruption to both personal security and the social and economic fabric of Indigenous communities through injury and death arising from violent crime.

Data sources

The process of selecting and presenting data regarding law and justice issues is problematic. While the focus should be on identifying the manner in which contact with the legal system disrupts the social and economic participation of Indigenous people, the data presented are defined by availability. Most data stem from contact with the criminal justice system and the data in this section have been extracted from police, court and prison records. It is beyond the scope of this work to extract data in relation to participation in civil legal matters, or the exercise of civil rights or broader access to justice issues. We also note the following limitations to our approach:
- the systems that are *deemed to be relevant* are the mainstream NT and Australian legal systems rather than relevant Indigenous law and culture, such as Aboriginal customary law
- recorded data are dependent on the existence of services, for example the presence of police will directly affect the data, and there are many remote communities in central Australia without a police presence[117]
- data are not currently recorded about related issues, e.g. the mental health status/history of people in custody
- some behaviours that have a significant impact on the safety of Indigenous people are not illegal, e.g. petrol sniffing.

The identification and collation of further data in relation to these issues could be undertaken in the future. In deciding which data to include and exclude, judgements have been made about the relevance of available information.

We are also seeking to establish the extent of victimisation experienced by Indigenous people. The available data reflect only those victims where the violence was recorded by police, thus do not include incidents that did not come to the attention of police, or for which data were not recorded by the police. Offences may not come to the attention of police for a range of reasons including:

[117] See later section on police services for list of police stations in central Australia.

- violent criminal incidents involving family members, sexual assault and child sexual assault are frequently not reported to police (Bolger 1991, Lloyd & Rogers 1992)
- when contacted, police do not always attend violent occurrences and when they do attend, the situation is often settled, but escalates after police leave (Memmott et al 2001:37)
- victims' difficulty attending or non-attendance at police stations for reasons of remoteness, injury and or pressure from family members
- victims' previous dealings with the police or lack of confidence in the police and or judicial process
- the tendency for persons to report to police may differ between Indigenous and non-Indigenous people, and there is no way of estimating the level of under-reporting (SCRGSP 2003:3.53).

Subject to these limitations, data are available from a variety of sources. Primary sources are the NT Department of Justice, Correctional and Court Services statistics (NTG 2003a, 2004) and the NT Police (NTG 2003b). In addition the Police Juvenile Diversion Division keeps juvenile specific statistics. Secondary sources include the NT Office of Crime Prevention Quarterly Crime and Justice Statistics (NTG 2004), and the Australian Institute of Criminology (AIC) (AIC 2002-03).

There are three stages at which data are recorded in the NT criminal justice system. The first stage is through contact with the police, either as a victim, witness or person suspected of committing an offence. Police data include information about victims, offences and people apprehended. After an offence has come to police attention, the police either:
- choose not to proceed (e.g. where there is not enough evidence), or
- arrest and charge the person suspected of committing the offence, or
- summons that person to attend court.

The second stage involves the processing of individuals who have been summonsed or charged with an offence by the NT courts. Data in relation to outcomes of the criminal court proceedings are published by the ABS at a territory and state level (ABS 2003a). Statistics relating to the activities of the Supreme Court are captured by the NT Department of Justice Statistical Summary.

The third point of data collection is Correctional Services who hold data for those found guilty of an offence and sentenced to either a custodial sentence (jail) or non-custodial community corrections order (e.g. a good behaviour bond supervised by community corrections).

Data in relation to offences and offenders and victims are not directly interchangeable. The one 'incident' can be recorded in various ways, for example: as a type of offence, according to details of the victim, by the details of the person accused of offending, the person charged with the offence, the person convicted of the offence by the courts, or prisoner serving a sentence for that (and perhaps other unrelated) offences.

For the purpose of comparison with national trends, we have accessed ABS data—in particular the criminal courts, prisoners and recorded crime data (ABS 2003a, 2003b, 2003c) and Australian Institute of Criminology data (National Deaths in Custody Program and National Homicide Monitoring program) (AIC 2002-03).

ABS recorded statistics are victim-based (based on the number of victims per selected offence category) and are not directly interchangeable with NT police data which are offence-based (based on the total number of offences recorded).

There are also differences in data collected by states and territories; for example in the NT the Indigenous status of an offender is assigned by police and corrections staff (S Jackson 2004, Northern Territory Department of Justice (NTDOJ), pers. comm., 15 July) and in NSW justice agencies explicitly ask people to self-identify Indigenous status.

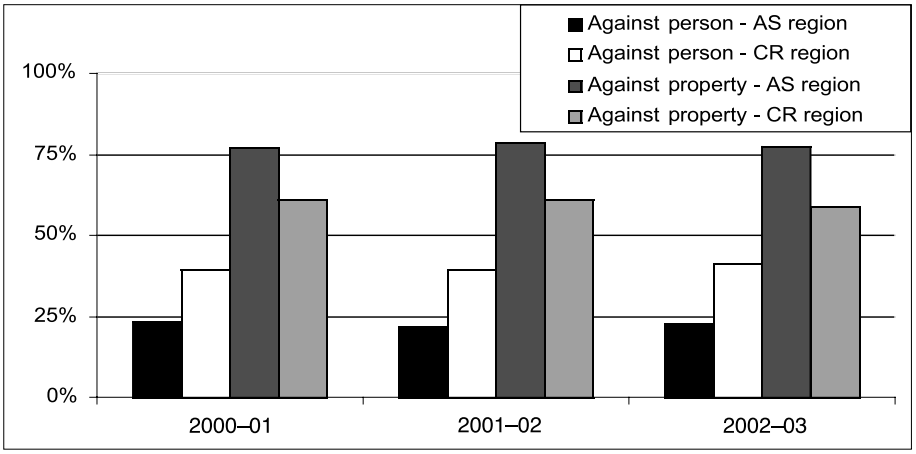
Data are sometimes presented as a percentage per 100,000 people. Differences in data expressed in this manner result from the different population estimates the AIC and ABS use to calculate the rates.

Finally, we have accessed the ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS 2004b), the earlier National Aboriginal and Torres Strait Islander Survey (NATSIS) (ABS 1996) and the ABS General Social Survey data (ABS 2004d). As these data are collected directly by survey (rather than through the formal justice data filters of the police, courts and jails), it is anticipated that some of the NATSISS data may be useful either by way of comparison or illustration when interpreting criminal justice data. The manner in which survey questions are framed will be significant in this respect; for example a question such as 'Have you been a victim of physical or threatened violence in the last 12 months?' may identify some people who have been victims of violence but not reported or had that incident of violence recorded by police. However, care must be taken, as the words 'threatened violence' are ambiguous and cannot be presumed to have the same meaning as a criminal assault.

Reported offences

General data on reported offences record incidents rather than individuals. The data include both reported offences for which no offenders were apprehended and the many instances where one offender is charged with multiple offences. The number of offenders is likely to be fewer than the number of offences as many people are charged with multiple offences. The following figure shows the relative proportion (%) of reported offences against the person and property offences for both the CR and AS regions. The CR region has a higher proportion of crimes against the person than property crimes, whereas the opposite is the case for the AS region. The pattern is consistent for the three years of data provided.

Figure 40: Reported offences against the person and property, AS and CR regions, 2000-01 to 2002-03



In 2003, a total of 5,022 offences were reported in central Australia (combined CR[118] and AS regions and including Yulara), 3,748 (75%) of which involved property offences, comprising 30% property damage, 27% other theft, 11% unlawful entry into dwellings and businesses and 7% for motor vehicle.

There were 1,274 (25%) offences against the person, most which were assault (23%). This does not include sexual assault, which was 1% of total reported offences.

Source: NT Office of Crime Prevention 2004, email, 24 August

The AS region data are for all offences reported at the Alice Springs police station. The CR region data are for reported offences at the Harts Range, Kulgera, Papunya, Ntaria, Ti-Tree and Yuendemu police stations.[119] The central Australian data on reported offences are the combined AS and CR regions and Yulara police station. There are significant differences in the patterns of recorded offences—in the CR region, offences against the person account for 41% of all recorded offences, compared with 23% for the AS region in 2002-03.

The following table provides the persons apprehended by Indigenous status. As set out by Taylor (2004), contact between the police and the central Australian regional population is also recorded as persons who are apprehended by the police (either via arrest or summons), or are diverted (as juveniles) through the cautioning system and referred to the Juvenile Diversion Division.

[118] Yulara police station is generally excluded from the CR region statistics because of its high tourist population which results in quite different figures from the rest of the CR region. The total number of offences recorded at the Yulara police station in 2002-03 was 94.

[119] A police station at Kintore was established in January 2004, and statistics from here will be included in the CR region data in the future.

Table 81: Persons apprehended by offence category and Indigenous status, AS and CR regions, 2002-03

	Alice Springs region		Central Remote region[120]	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Offences against the person	524	141	79	
Property offences	217	67	29	1
Firearm	46	14	21	2
Drug	6	34	5	
Driving	589	142	181	2
Justice procedures	53	24	6	
Public order	39	28	113	5
Other	38	34	5	
Total	1,512	484	439	10
% of population[121]	40.3%	2.9%	7.5%	0.4%

Source: NT Office of Crime Prevention 2004, email, 24 August

The proportion of Indigenous people apprehended is higher in both regions, with apprehensions in the AS region being significantly higher than in the CR region. This is a result of the data recording which region the person was apprehended in (by police station location), rather than where the person apprehended resided. A large number of people apprehended in Alice Springs may be visitors to Alice Springs rather than residents.

Court proceedings

The findings of court proceedings in the form of penalties (sentences) can be grouped into four broad categories: custodial, non-custodial, fines and dismissals. According to the ABS sentence type classification (ABS 2003b:71), custodial orders involve being detained in a correctional institution (jail or juvenile detention centre), with either imprisonment for a set term, or periodic detention, with the latter applying only to juveniles. Non-custodial orders include a variety of community supervision or work orders and community service orders, as well as probation and treatment orders. Other non-custodial orders include good behaviour bonds, fines, recompense to victims, licence disqualifications or suspensions.

The correctional services data only include convictions and prison outcomes, they do not track dismissals and community-based orders. It is difficult to get data regarding the length of time that people are involved with the criminal justice system on a particular matter. There are data on the number of cases (matters) lodged and the number of cases finalised by year, however the cases finalised in one particular year, say 2003, may have been lodged any year prior to 2003.

Indigenous men and women in prison

The total Australian total prison population as at June 2003 was 23,555. In the period 1993 to 2003 the female prison population has grown by 110% to 1,594 and the male prison population has increased by 45% to 21,961 (ABS 2003b). Over the same period, the prisoner population has increased from 119 to 153 prisoners per 100,000 adult population. The NT has maintained the highest per capita imprisonment rate in Australia for the past four years. In 2001-02 the NT rate of imprisonment (0.48%) is over three times the national average (0.145%) (SCRCSSP 2003).

[120] The total number of persons apprehended at the Yulara police station (which are excluded from the CR figures) in 2002-03 was 111, of which 73 were Indigenous and 38 were non-Indigenous.

[121] The population base used is the ERP for people aged 10 years and older. While the population may have increased slightly from 2001 to 2003, the relative populations will be similar.

Table 82: Imprisonment rates by gender and Indigenous status, all states and territories, June 2003

	NSW[(a)]	Vic	Qld	SA	WA	Tas	NT	ACT[(6)]
Males	321.2	186.6	341.4	230.1	360.6	240.6	942.9	193.6
Females	22.3	14.3	23.7	16.8	28.9	12.8	32.9	9.4
Indigenous	2,181.2	1,183.0	1,697.6	1,672.3	2,743.9	527.3	1,626.0	697.8
Non-Indigenous	135.2	93.8	139	87.5	125.7	109.3	111.3	93.2
All prisoners	169.4	98.3	180.7	121.3	193.7	123.8	513.6	99.6

Rate per 100,000 adult population.[122]

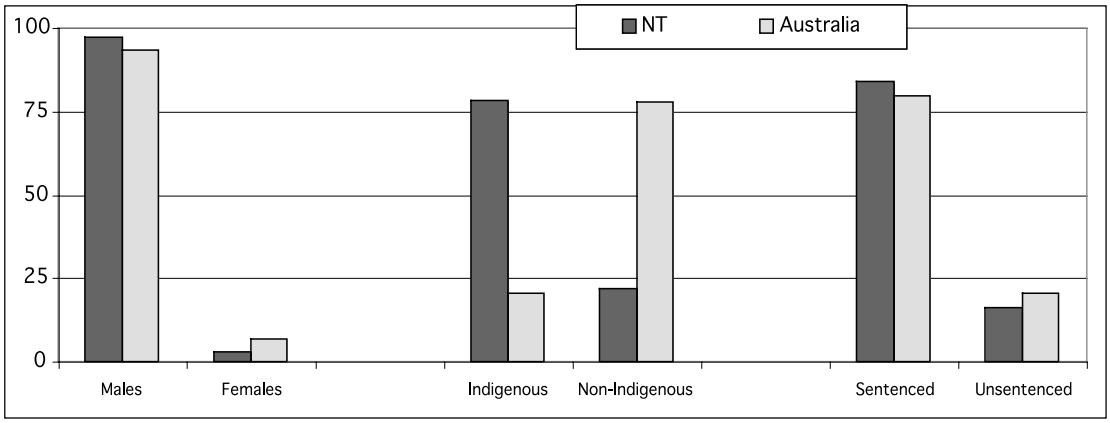
(a) Data for NSW exclude ACT prisoners held in NSW prisons.

(b) Data for ACT include ACT prisoners held in ACT as well as ACT prisoners held in NSW.

Source: ABS 2004f

As at 30 June 2003, there were 4,818 Indigenous prisoners in Australia. This is 20% of the prisoner population, an increase in the proportion of Indigenous prisoners from 15% in 1993. With an imprisonment rate of 1,888 prisoners per 100,000 adult Indigenous population, the Indigenous imprisonment rate is now 16 times higher than the rate for non-Indigenous prisoners. While the NT recorded the largest proportional increase in the Indigenous imprisonment rate between 2002 and 2003 (21%), at 1,626 Indigenous prisoners per 100,000 adult Indigenous population, its rate remains below the national average.

Figure 41: Percentage of prison population by sex, Indigenous and sentenced status, NT and Australia, June 2003



Source: ABS 2004f

Indigenous women in Australia were imprisoned at a rate 19.3 times that of non-Indigenous women (ABS 2003b).[123] While in absolute numbers the Indigenous female prison population is significantly lower than the male prison population, there is an increase in the level of female Indigenous incarceration which signals a new pattern of disruption to social and economic participation and warrants further research.

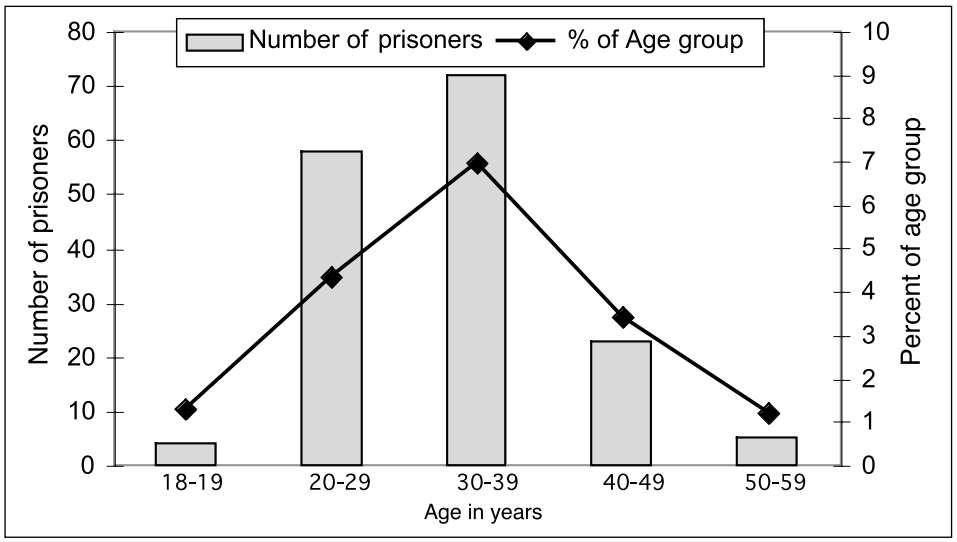
In the NT Census of prisoners in June 2003, a total of 196 people indicated the central Australian region as their last known address. Of these prisoners, 193 were male (185 Indigenous and 8 non-Indigenous) and 3 were Indigenous female (NT Office of Crime Prevention 2004, email, 24 August). The following figure provides a breakdown by age of male prisoners. We have not provided a breakdown for female prisoners due to the small numbers. The figure shows that the 30-39 year age groups has the highest absolute and relative[124] level of incarceration, with 7% of the 30-39 year old and 4.3% of the 20-29 year old population being imprisoned.

[122] The ABS has noted that care should be taken when referring to Indigenous imprisonment rates as at 30 June 2003, as the denominator is benchmarked on the 1996 census.

[123] The breakdown by Indigenous status for male prisoners was not available to calculate a comparative rate for males.

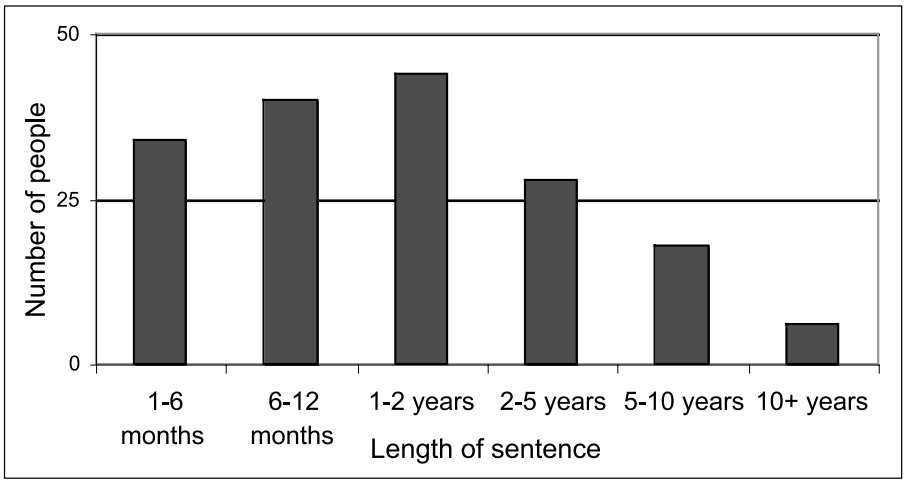
[124] The relative level of imprisonment is calculated using the 2001 ERP as a population base.

Figure 42: Imprisonment numbers and rates by age, Indigenous prisoners, central Australia, 30 June 2003



Source: NT Office of Crime Prevention 2004, email, 24 August

Figure 43: Length of prison sentence, Indigenous prisoners, central Australia, 30 June 2003



The length of sentence varied considerably with 20% of sentences 6 months and less, 24% 6-12 months, 42% between 1 and 5 years, and 16% over 5 years. There were a total of 26 (13%) prisoners on remand and 170 sentenced prisoners at June 2003.

156 (92%) of prisoners had been imprisoned previously and 14 (8%) had not been imprisoned before.

Source: NT Office of Crime Prevention 2004, email, 24 August

In 2002-03, 90% of the NT Indigenous prison population had known prior periods of imprisonment (ABS 2003b:Table 30). The NT (and most other states) are considering and implementing alternative sentencing programs designed to limit the prospects of re-offending and improve reintegration into the community.

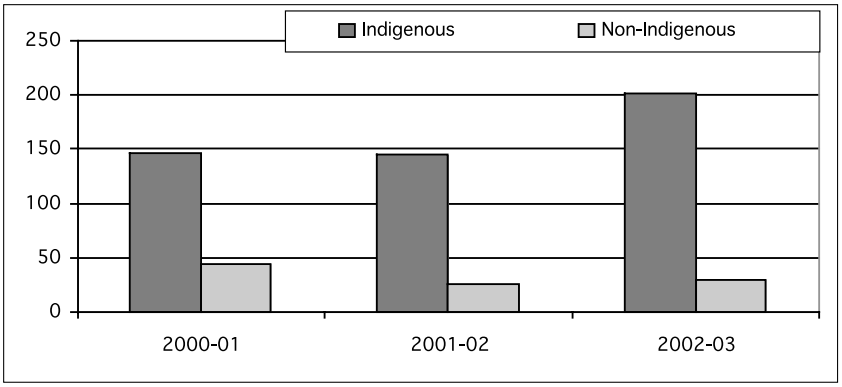
The initial data request to the NT Department of Justice included data in relation to the education level and labour force status for prisoners in the central Australian region, however the Department indicated that there was some concern regarding the reliability of this information and that additional time would be required to provide this (S Jackson 2004, NTDOJ, pers. comm., 15 July). As such the data were not pursued, however they may provide some indication of the link between socio-economic status and involvement in the criminal justice system. In particular, it would be interesting to note the link between property crime and income, given that 12% of Indigenous people aged 15-24 years had nil income (ABS 2002a). This is supported by CDEP data (refer Regional labour force status and Employment and welfare income sections).

Data were also sought in relation to the known prior mental health status of prisoners, however these data are not currently collected. Consideration could be given to obtaining data on the relationship between mental health status and incarceration through the data collected by medical service providers at the jail or cross-tabulating data with the Alice Springs Hospital.

Juveniles

Juvenile offenders are those aged between 13 and 17 years. The following figure provides the number of juveniles apprehended from 2000-01 to 2002-03. There were 231 juveniles apprehended in the central Australian region in 2002-03 (the AS and CR regions are combined due to the low numbers). Of these, 29 (13%) were non-Indigenous and 202 (87%) were Indigenous. This information comes from the NTDOJ (NTG2003a) and contrasts with police information from their annual report (NTG 2003b), which says that 30% of apprehensions were non-Indigenous and 70% of apprehensions were Indigenous. There may be some difference in the time periods to which the data refer.

Figure 44: Juvenile apprehensions, central Australia, 2000-01 to 2002-03



NT wide, 15% of apprehended juveniles are female and 85% are male.

The gender breakdown was not provided for central Australia due to the low numbers of data.

Source: NT Office of Crime Prevention 2004, email, 24 August

The following table sets out the offence categories for which juveniles were apprehended. The majority of apprehensions of Indigenous juveniles were for property offences (51%), offences against the person (29%) and driving offences (11%). Apprehensions of non-Indigenous juveniles were for property offences (38%), offences against the person (24%) and driving offences (28%).

Table 83: Juvenile apprehensions by offence category, central Australia, 2002-03

	Indigenous	Non-Indigenous
Offences against the person	58	7
Property offences	104	11
Firearm	4	0
Drug		
Driving	23	8
Justice procedures	5	1
Public order	7	1
Other	1	1
Total	202	29

The ERP of 13-17 year olds in 2001 for the central Australian region was 1,506 Indigenous and 1,566 non-Indigenous juveniles.

As one person may have multiple apprehensions we cannot calculate an offending rate, however the comparison between the number of apprehensions of Indigenous and non-Indigenous juveniles shows how much higher the apprehension rate is given that the Indigenous and non-Indigenous juvenile populations are similar.

Source: NT Office of Crime Prevention 2004, email, 24 August

The Juvenile Diversion Scheme in the NT is a pre-court rather than a court-based diversion scheme, and is administered by the police. The scheme was introduced in the NT in 2000 following the Senate Inquiry into Mandatory Sentencing, and allocation of Commonwealth funding for an alternative to juvenile mandatory sentencing. The scheme represented a significant shift from the preceding mandatory sentencing regime which was in contravention of UN Conventions on the Rights of the Child.

Police have a variety of options available when they apprehend a juvenile offender. They can charge the offender (who will then be dealt with through the formal criminal court processes), or they can use their discretion to 'divert' the offender away from the formal justice system and the courts.

Diversionary mechanisms include verbal and written cautions, and attendance at community, family and victim/offender conferences. These options allow juveniles to be dealt with in a manner consistent with their age and level of maturity. The cost, time and stress inherent in the criminal court processes are avoided

while still reprimanding the juvenile offender. Young people who have been in detention are more likely to experience imprisonment in adulthood (Ogilvie & Van Zyl 2001:4). This approach is one step towards addressing over-representation of Indigenous juveniles and people in the criminal justice system, however much more comprehensive approaches are needed given the complexity of the causes of offending and the range of responses required (Developmental Crime Prevention Consortium 1999).

Data in relation to the type of juvenile diversion (caution, written caution, family conferencing and victim/offender conference) were requested, but not provided for central Australia. NT-wide data indicate that 169 diversion programs were provided to 139 individuals. In 2002-03, 50% of juveniles who were apprehended were offered diversion; 41% were family conferences, 37% were written warnings, 19% were victim/offender conferences and 3% of diversions were verbal warnings.

Data relating to the number of Family and Community Services (FaCS) referrals made by the police may also provide some indication of links to child sexual assault and child abuse. It would also provide an indication of the follow up and links between the police and other services for juveniles which attempt to address some of the broader issues associated with juvenile offending.

Regional and Indigenous specific data in relation to the work of the Juvenile Diversion Division would facilitate community understanding and feedback in relation to the juvenile program.

There are variations across jurisdictions over what is determined to be a 'diversion'.[125] For example, a large proportion of diversions in the NT in 2001-02 (80%) were the result of the inclusion of verbal warnings in police data. Verbal warnings are not included as diversions in other jurisdictions. In 2002-03, the NT recorded the greatest decrease in the use of juvenile diversions, from 80% to 57%. This fall however was primarily the result of a significant decrease in the use of verbal warnings in favour of family conferences (SCRCSSP 2003: Table 5A.65).

In 2002-03, 296 matters were lodged at the juvenile jurisdiction in central Australia; 259 against Indigenous juveniles and 35 against non-Indigenous juveniles. The number of matters lodged was a significant increase from 179 in 2001-02. The convictions entered in 2002-03 are set out below. These data include juveniles apprehended and matters lodged in the juvenile court in previous years.

Table 84: Juvenile convictions by offence category, central Australia, 2002-03

	Indigenous	Non-Indigenous
Offences against the person	34	5
Property offences	68	8
Firearm	5	0
Drug	0	0
Driving	25	8
Justice procedures	1	0
Public order	5	1
Other	1	0
Total	**139**	**22**

Source: NT Office of Crime Prevention 2004, email, 24 August

Fifteen Indigenous juveniles from central Australia (12 male and 3 female) and no non- Indigenous juveniles commenced detention episodes in a NT correctional institution in 2002-03.

A conviction rate of offences committed cannot really be obtained by comparison of this table with Table 83 above because there is no way to tell if an individual has just one, or multiple convictions. The same point as was made above remains true however; given that the Indigenous and non-Indigenous juvenile populations are similar in size, the rate of conviction of Indigenous juveniles is still very high compared with that of non-Indigenous juveniles.

[125] The juvenile diversion ratio is defined as the proportion of juveniles who would otherwise be proceeded against (that is, taken to court) but who are diverted by police, as a proportion of all juvenile offenders formally dealt with by police.

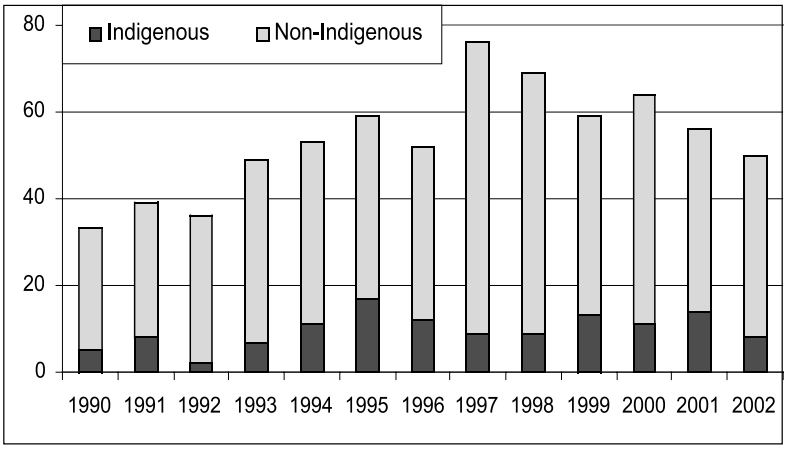
Deaths in prison and police custody

The RCIADIC recommended the establishment of a National Deaths in Custody Program (NDICP). The NDICP is notified of deaths in custody, that is, the death of a person:

- in prison custody or police custody or detention as a juvenile
- fatally injured in the process of police or prison officers attempting to detain that person, or
- fatally injured in the process of that person escaping or attempting to escape from prison custody or juvenile detention.

In 2002 there were a total of 69 deaths in custody in Australia. Fifty of these deaths were in prison custody (includes 8 Indigenous people) and 19 occurred in police custody (includes 6 Indigenous people). Of the police related deaths, 2 Indigenous people died in police custody and 4 died in custody related police operations.

Figure 45: Trends in prison custody deaths by Indigenous status, 1990-2002



In the 13 year period since the RCIADIC report, the prison population in Australia has substantially increased and deaths in prison custody have also increased.

Over-representation of Indigenous people in custody means that the rate of deaths in custody for Indigenous people (as a percentage of the total Indigenous population) is higher than the rate of deaths in custody of non-Indigenous people (as a percentage of the total non-Indigenous population).

If Indigenous and non-Indigenous deaths in custody are expressed as a percentage of the respective Indigenous and non-Indigenous prison populations, then the deaths in custody rates are similar.

Source: AIC 2004

In the NT there were 3 deaths in custody in 2002 (police custody 2 and prison 1), all involving Indigenous people. Indigenous deaths in custody made up 20% of all custodial deaths nationally but 100% of all custodial deaths in the NT (Collins & Ali 2003).

The number of deaths in police custody has remained relatively constant in the decade since RCIADIC. The definition of deaths in custody has been broadened to include the death of a person in the process of police officers attempting to detain that person (Collins 2001). This second category of deaths in 'custody related police operations' accounted for 74% of all deaths in police custody in 2002.

In 2002, the lowest number of deaths in police custody and custody related police operations was recorded since 1990, however 2 of these deaths occurred in the NT.

Table 85: Trends in deaths in police custody and custody-related police operations by Indigenous status, 1990-2002

Year of death	Indigenous	Non-Indigenous	Total
1990	5	26	31
1991	5	26	31
1992	7	24	31
1993	3	28	31
1994	3	24	27
1995	4	22	26
1996	6	23	29
1997	6	23	29
1998	6	19	25
1999	6	20	26
2000	5	20	25
2001	5	26	31
2002	6	13	19
Total	**66**	**295**	**361**

Source: AIC 2004

The data released annually by the NDICP do not include breakdown by sex in relation to deaths in custody. Collins and Mouzos (2002) have identified that there is a stable female prison death rate despite the rapid increase in incarceration numbers. Over the period 1980 to 2000, the majority of Indigenous female deaths occurred in police custody (79%: N=19) rather than prison custody (17%: N=4). At the time of their death, 54% of Indigenous women were in custody for public order[126] offences (compared with 28% of non-Indigenous women and 19% of Indigenous men). Collins and Mouzos (2002:5) highlight the link between custody-based responses to alcohol abuse and the use of public spaces, and deaths in police custody of Indigenous women.

In view of the statistically small numbers involved, NT specific data in relation to female deaths in custody have not been sought for the purpose of this report. However, community concerns about and responses to public drunkenness in central Australia must be informed by the desire to avoid increases in female Indigenous deaths in police custody.

Victims of violent crime

Violence is at a critical level in Indigenous families and communities. According to NATSISS data, 17.4% of Indigenous people in the NT aged 15 years and over reported that they had been a victim of physical or threatened violence in the last 12 months, compared with the national Indigenous figure of 24.5% (ABS 2004b). This is a significant increase from the 1994 NATSIS data of 10.7% for Indigenous people in the NT (and 20.7% nationally). While the reported rate of violence experienced by Indigenous people in the NT is lower than the national rate, it is increasing in the NT at a faster rate than nationally.

Comparisons between NATSISS and the General Social Survey indicate that Indigenous people aged 18 years or over experienced double the victimisation rate of non-Indigenous people. As set out in this section, there are higher rates of:

- death from homicide
- victim rates for murder, assault, sexual assault and domestic violence
- hospitalisation for assault
- substantiated child protection notifications.

for Indigenous people than non-Indigenous people (SCRGSP 2003:3.44-3.57).

Data

Data in relation to victims of violence can be classified and recorded in a number of ways that include:

- categories of crime (murder, assault, sexual assault etc)
- the type of injury inflicted (death, loss of consciousness, fracture, stabbing wound, bruising, burns etc)
- categories of victims: sex, age or the relationship with the offender (domestic violence, spouse abuse, family violence, child abuse)
- based on situational factors (alcohol related violence, property violence, violence by neglect etc) (Memmott et al 2001:35).

Irrespective of the category used, it is likely that data will understate the actual level of victimisation in Indigenous communities. As set out earlier, victims of crime do not always report matters and police do not always record or take action in relation to matters of violence (Bolger 1991, Lloyd & Rogers 1992:151). In this section of the report we shall look at recorded crime, hospital and NATSISS data.

Recorded victims of crime

Recorded offences data provide a much lower estimate of victims of crime than the NATSISS and General Social Survey (ABS 2004b, 2004d). This result is consistent with the view that recorded crimes statistics largely understate the number of people affected by crime.

Central Australian specific data on recorded victims of crime were sought from the NTDOJ Office of Crime Prevention, but not provided. The NT published crime statistics (NTG 2004) record offences rather than victims. Alice Springs and Tennant Creek offence data are available but data specific to remote communities in central Australia are not published. As these data relate to offences rather than victims, the Indigenous status of victims are not indicated. The data record outcomes for property and drug offences but not for offences against the person.

[126] Also known as 'Good Order Offences', and includes public drunkenness, disorderly conduct and prostitution.

Table 86: Recorded victimisation rates (per 100,000 people) for offences against the person, NT, 2003

Offence	Rate per 100,000 people	
	NT	Australia
Homicide and related offences	9.1	4.7
Assault	1,847	798
Sexual assault	153	92

Source: ABS 2004g

The only available data in relation to victims of crime are at a NT level rather than central Australian level. The numbers of victims of murder and assault in the NT, when expressed as a per capita basis, is consistently higher than other states and territories (SCRCSSP 2003:5.33). In the NT, the assault victimisation rate is more than twice the national figure.

The Indigenous status of victims of recorded crime is not available at a territory level, except in relation to homicide, which is set out in the homicide section below.

Family violence and sexual assault

Attempts to reduce the incarceration rate of a particular group (e.g. men who are convicted of violent offences and facing imprisonment) through community-based rehabilitation schemes may sometimes be in conflict with the rights of other groups (e.g. women's and children's right to personal security) Indigenous women have been disempowered along with Indigenous men, but in the context of family violence, the consequences are gender specific. Nationally, 67% of murder and of attempted murder victims were male, and 57% of assault victims were male. However females comprised 82% of sexual assault victims and 62% of kidnapping/abduction victims (ABS 2003c).

In 1991, Bolger (1991:11) estimated that in a year almost a third of the Indigenous female population in the NT is attacked in some way, be it assault, sexual assault, kidnapping/abduction, attempted murder, or murder. The proportion of male to female victims of assault in the NT is the inverse of the national. Significantly more females than males (2,188:1,473 or 60%:40%) were recorded as victims of assault. When looking at all offences against the person, the proportion of female to male victims is 62%:38% (ABS 2004g). In 19% of assaults involving male victims and 55% involving female victims, a familial relationship existed between the victim and offender (ABS 2004g).

Approximately 73% of the victims of murder, attempted murder, assault and sexual assault knew their offender. A higher proportion of female than male victims had a family member as their offender for the offences of murder, attempted murder and assault. For sexual assault, the victim was four times more likely to know the offender than not.

Indigenous people are more likely to be the victim of an assault arising from Indigenous rather than non-Indigenous offenders. The high rate of apprehension of Indigenous males for offences against the person and the ABS recorded crime data (ABS 2003c, 2004g) indicate that the vast majority of both male and female Indigenous victims were assaulted by Indigenous males. The high level of victimisation at the hands of Indigenous offenders highlights the need to find solutions which will reduce the numbers of Indigenous victims of crime (ATSISJC 2004:223).

Two further factors which impact on levels of victimisation are age and remoteness. People in the 15-19 year and 20-24 year age groups had the highest victim of assault rates (1,600 per 100,000 population), which was more than twice the total assault victimisation rate. Persons aged 24 years or less also comprised the majority of recorded victims of sexual assault (72%) and kidnapping/abduction (71%). In contrast, this age group comprised less than one in three victims of attempted murder (31%), murder (27%), and driving causing death (25%) (ABS 2004g).

Nationally, there was little difference in the levels of victimisation between people living in remote and non-remote areas (23% and 25%). However in the NT, 15.9% of Indigenous people who live in a remote area and 24.9% who live in non-remote areas have been a victim of physical or threatened violence in last 12 months (ABS 2004b). The lower rate of victimisation for people in remote areas is contrary to previous reports which suggest that spousal assault and violence are more likely to occur on remote communities (Memmott et al 2001:38, Bolger 1991). It may be difficult to draw out the levels of violence on remote communities, as data sources are through services; offences and apprehensions data come from the police, and separations data from hospital services. Both these services may well be absent or inaccessible for remote communities.

Hospital data

Another source of data in relation to victimisation rates are hospital separations[127] (non-fatal) data for injuries caused by assaults. These data include separations for which a diagnostic category of assault[128] was recorded; they do not record the level of injury for assault. The number of admissions (or separations) far exceeds the number of individuals admitted, because many people are admitted more than once. It is important to note that people treated at health services other than hospitals will not be included in these data, and that many injured victims do not seek medical treatment. Many who do, give an alternate cause for the injury when they do obtain treatment (Bolger 1991:16-18), or there are communication difficulties that make recording the cause difficult.

Hospital data have not been provided for the central Australian region. The rates of hospital separation for Indigenous people in the NT are significantly higher than the national Indigenous population; almost double for both males and females.

Table 87: Rates of hospitalisation due to assault by sex and Indigenous status, NT and Australia, 2001-02

		Northern Territory	Australia
Indigenous	Male	24.3	13.4
	Female	25.7	13.0
Non-Indigenous	Male	2.0	1.6
	Female	0.5	0.4

Source: SCRCCSP 2003:T3A10.6, 10.7[128]

Rate per 100,000 people

Comparison with the non-Indigenous male and female populations highlight the race and gendered nature of assault victimisation. Nationally, Indigenous males were 8 times more likely to be hospitalised due to assault than non-Indigenous males, and Indigenous females were 30 times more likely to be hospitalised because of assault than non-Indigenous females. The NT figures are alarmingly high; the ratio of Indigenous to non-Indigenous males hospitalised is 12 to 1, and Indigenous females are 52 times more likely to be hospitalised for assault related injuries than non-Indigenous females.

The national injury statistics show that Aboriginal and Torres Strait Islander peoples have the highest rates of hospitalisation arising from injuries from interpersonal violence, at 17 times higher than the population as a whole (Moller et al 1996).

NATSISS

NATSISS data record the proportion of Indigenous people who reported to the ABS survey conductors that they had been a victim of physical or threatened violence in the previous 12 months. The national figures in relation to victimisation were similar for men and women (26% compared with 23%). In the NT, 21.6% of Indigenous men aged 15 years and over reported being a victim of physical or threatened violence in the last twelve months compared with 13.5% of Indigenous women. The lower rate of victimisation for Indigenous females is inconsistent with the recorded crime and hospitalisation data.

The NATSISS data can again only be used as an indicator of the extent of violence. While it is likely to record some incidents of violence not reported to, or recorded by police, the circumstances in which the survey was conducted may impact on the accuracy of the data. For example, incidents of family violence are likely to be under-reported if the survey was undertaken in the presence of other family members, or in a culturally inappropriate manner. In addition, the victimisation question does not ascertain whether there have been multiple incidents of violence (either with the same or different offenders), even though information in relation to frequency was sought and recorded in relation to arrests.

[127] A separation is when a person leaves hospital.
[128] Australian Refined Diagnosis Related Group classification of X85–Y09.

Homicide

During the period 1 July 2002 to 30 June 2003, 324 people died as a result of homicide in Australia, a rate of 1.6 per 100,000 of the population (ABS 2004b). In the same period, the NT recorded the highest victimisation rate at 9.1 homicide victims (males 6.8 and females 10.6) per 100,000 people. The NT figure is consistently significantly higher than the national average.

Table 88: Crimes against the person (murder, attempted murder and manslaughter), NT and Australia

Year	NT	Aust
1998	10.5	3.8
1999	6.2	3.9
2000	12.3	4.0
2001	7.1	4.2

Source: SCRCSSP 2003:5.33

Rate per 100,000 people

In the period 1999-2002, 78.3% of homicide victims in the NT were Indigenous.

Over the same period, the NT recorded the highest homicide victimisation rate for both males (12.5) per 100,000 population and females (10.5) (SCRCSSP 2003:T3A.10.3).

Indigenous people account for only 29% of the NT population, yet 63.6% of homicides in the NT occurred between Indigenous persons (Mouzos 2001:2, 3).

The highest rate of homicide victimisation occurs in Indigenous people in the 35-44 year age group, which at 44.8 per 100,000 people is 25 times greater than the general population victimisation rate.

Table 89: Age specific homicide rates across four jurisdictions (Qld, WA, SA, NT), 2001

	Indigenous	Non-Indigenous	Total[129]
Under 25	3.8	1.1	1.3
25–34	29.1	1.4	2.6
35–44	44.8	1.6	3.2
45+	10.2	1.0	1.2
Total	**14.8**	**1.2**	**1.8**

Source: SCRCSSP 2003: Table 3A.10.

Rate per 100,000 people

Mouzos (2001) reports that over the 11 year period from July 1989 to June 2000, Indigenous people accounted for 15.7% of homicide offenders, although they represent only 2% of the Australian population. During this period, the NT recorded the highest homicide offending rates for both males (13.5) and females (2.1). Males (n=272; 87%) outnumbered females (n=39; 13%) as homicide offenders by a ratio of about 7:1 (AIC 2002-03). Over the three-year period to 30 June 2002, Indigenous offenders were involved in 42 of the 45 (93%) homicides involving Indigenous victims in the NT. Given the small size of the NT sample, caution should be exercised before drawing a pattern from this figure. The national figure for the same period is 90% (SCRCSSP 2003 T3A.10.4). The overall rate of homicide offending in Australia for 2002-03 was 1.6 per 100,000 persons.

Mouzos (2001) also found that 45% of Indigenous homicides occurred as the result of a domestic 'altercation', almost twice the rate of non-Indigenous domestic violence related homicides (23.7%). SCRCSSP statistics are comparable, with 40% of Indigenous homicides[130] involving a domestic altercation (this figure does not include inter-racial domestic homicides with Indigenous victims). Over half of the Indigenous homicide victims were either intimate partners with the offender (36%) or family of the offender (18%). Friends and acquaintances were involved in a further 42% of Indigenous homicides (SCRGSP 2003 T3A.10.5). Only 4% of Indigenous homicide victims are strangers to the offender.

NT Indigenous specific data are again not available (and would be compromised by the small sample size), however the NT general data (ABS 2003c) indicate that 80% (n=12) of victims of homicide[131] were family members of the offender and the other 20% (n=3) were non-family members known to the victim in 2003.

The impact of alcohol on levels of violence in Indigenous communities has been widely commented upon. As an indication, just less than three-quarters of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence (69.3%) (Mouzos 2001:5).

[129] Total rates include Indigenous status 'Not stated'.

[130] Defined as Indigenous victim and offender.

[131] Includes victims of murder and manslaughter.

Child protection

The number of substantiated child protection notifications can provide some insight into the extent of abuse, neglect and/or harm to children. These data show those instances where authorities have been notified and have subsequently decided that a child was, or could be at risk. However, child abuse or neglect is associated with complex social and personal factors including poverty; unemployment; overcrowded living conditions; substance abuse and violence within the family; and lack of access to health care and education. The data do not reflect the complexities which may cause child abuse or harm. Also, the availability of services to work with families in addressing protective issues and broader underlying factors contributing to neglect, harm or abuse, will affect the data. For example, the problems with provision of suitable food for children at the community store may place all children in that community at risk of nutritional deprivation.[132]

Care would also need to be taken in interpreting the data, as an increase in notifications may actually be the result of increases in services and awareness, or decreased tolerance within a community. Data that provide an indication of the cause for notification (e.g. failure to thrive, petrol sniffing of the child, neglect of children with complex medical conditions or disabilities or sexual abuse) are needed for notification data to be meaningful. There also needs to be some follow up on children after notification, as the ability of the service to provide a positive outcome will affect people's interaction with services. This would depend on the cause; an example might be that children who have been removed from their communities because of failure to thrive are monitored after removal in order to get a full understanding of the results of this intervention.

Another issue is that the data are of an individualised nature, reflecting that the response of services is to single children, in what is often a community issue. Substantiation may necessitate the involvement of the legal system in an adversarial manner between the family and the child protection services, which may not be conducive to working with the families and communities to address protective issues. In addition this is an especially sensitive area given the previous history of welfare in removal of children; Indigenous people may be unwilling to become involved with welfare services at times when early intervention could prevent later, more serious harm to children.

A data request for this information in the central Australian region was submitted to the NT Department of Family and Community Services, however this request could not be followed up and received in a timely manner. The request can be found at Appendix K.

Law and justice related services

The services related to the criminal justice system in the NT are carried out predominantly by two government departments, the NTDOJ and the Department of Police, Fire and Emergency Services (NTDPFES). In addition to the police, the community-based initiative of night patrol provides services at a community level. The NTDOJ has four main service areas—Legal Services which include the solicitor for the NT, Agency Legal Services and Legal Policy, and includes the Office of Public Prosecutions; Court Services which include the higher Courts (Supreme Court for more serious offences) and lower (Magistrate) court services; Correctional Services which include custodial services (prisons), community corrections and juvenile detention; and Community Services which include the Registrar-General, consumer and business affairs and the Office of Crime Prevention.

In central Australia the Supreme Court sits in Alice Springs and the Magistrate's Court sits in Alice Springs, Mutitjulu, Papunya, Yuendumu, Ntaria (Hermannsburg) and Yulara. Access to representation for Indigenous people in the NT, given the level of involvement that people have with the criminal justice system, has required the establishment of services to supplement the mainstream legal aid services.

There are police stations located at Alice Springs, Ntaria, Yulara, Kulgera, Harts Range, Papunya, Ti Tree, Yuendumu and Kintore (opened April 2004) in central Australia. The Alice Springs police station is the headquarters for the southern command, headed by a Commander, whose area includes all of the central Australian police stations. Alice Springs has its own administrative staff, criminal investigation bureau, drug and criminal intelligence section, juvenile task force, communications, prosecutions and community relations sections (NTG 2003b).

[132] 'Nutritional deprivation' is classified as a kind of child maltreatment which could allow the removal of children from caregivers under Section 4, subsection (3), clauses (b) and (c) of the *1983 Community Welfare Act*.

Resourcing

The funding for police and justice comes almost exclusively from state and territory (NTG appropriation from general revenue) governments with some limited specific purpose Commonwealth grants. The CGC however does consider factors related to the costs of providing services in distributing the general funds. The police assessment structure includes a weight of 3.5 for Indigenous persons, 2.5 for male youth, 1.1 for people in Sydney or Melbourne, as well as factors for isolation, administrative scale and dispersion (CGC 2002: 7). Similar factors are used for administration of justice and corrective services. An example of some of the comparison factors for some states are set out below:

Table 90: Comparison factors used for CGC funding, NSW, WA and NT, 2002

	NSW	WA	NT
Police socio-economic demographic factor	1.00953	0.99422	1.58963
Police services dispersion factor	0.98193	1.08733	1.42413
Criminal courts socio-economic demographic factor	0.95663	1.11366	3.92021
Criminal courts dispersion factor	0.99936	1.00694	1.04242

Source: CGC 2002

The NTG has argued that the current factors do not adequately recognise the cost disabilities for the NT, in particular that the Indigenous status weighting is too low because it understates the additional costs of servicing this population, particularly in remote areas. Real recurrent expenditure (less revenue from own sources) on police services varied from $541 per person in the NT to $225 in Victoria with Australian average being $240. The NT prison population is the highest per capita in Australia, and the NT also has the highest expenditure per person on corrective services of $205 compared with the Australian average of $81. Set out below is the income and expenditure for the year 2002-03.

Table 91: Income and expenditure, NTDOJ and NTDPFES, 2002-03

	Justice	NTDPFES
Revenue	**$'000**	**$'000**
Grants and subsidies	2,671	5,521
NTG Consolidated Revenue	93,033	125,503
Other agency revenue	4,690	1,736
Miscellaneous revenue	1,110	895
Profit/loss on disposal assets	696	239
Total operating revenue	**102,200**	**133,894**
Departmental allocations		
Legal services	24,199	
Court services	23,536	
Correctional services	52,127	
Community services	8,095	
Police Service		125,344
Fire and Rescue Services		14,797
Emergency Services		1,593
Total operating expenses	**107,957**	**141,734**[133]

In 2001-02 the NT expenditure on court administration was $23.3m ($23.5m for 2002-03).

Of this, $10m was expended on civil courts, $12m on criminal courts and $1.3 on coroner's courts (SCGSCP 2003).

In 2001-02 the NT expenditure on prisons and periodic detention was $36.4m and community corrections was $5.2m, a total of $41.6.

Source: NTG 2003a, 2003b

While we requested specific central Australian funding and workforce data, at the time of writing we have not received these data. The 2003 NTDPFES annual report lists the Aboriginal Community Police Officers (ACPO) in central Australia in the following table. There are others that are not included, for example, one at Santa Teresa that covers an area across to Titjikala, perhaps as there is no police station there. In the NT there were 42 (6%) ACPOs out of a total of 694 police staff (excluding administration) at June 2003 (NTG 2003b).

[133] Between 1998-99 and 2001-02, the departmental budgets and financial statements separately quantified funding arrangements for each of the three services. In 2002-03, this changed to reflect a combined total for all three services. The figures shown for 2002-03 are based on a split of actual expenditure in the same proportion (in terms of hours and cost per hour) as the budgeted estimates for the year.

Table 92: Community-based police staff numbers at police stations, December 2003

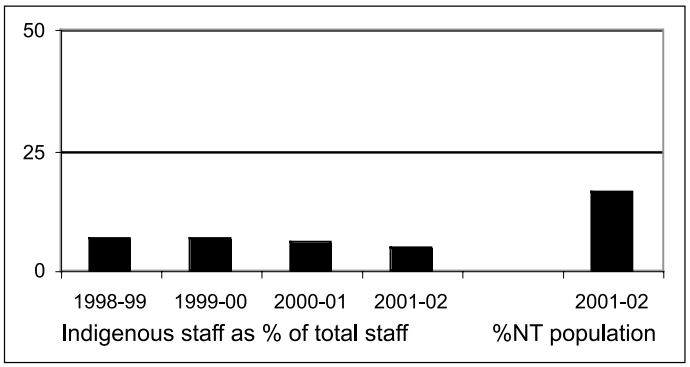
	Police Officers	Aboriginal Community Police Officers
Ntaria	3	1
Yulara/Mutitjulu	4	1
Kulgara	1	1
Harts Range	2	
Papunya	2	2
Ti Tree	2	
Yuendumu	3	1
Kintore[134]	3	2

The staffing profile of NTDPFES at June 2003 included 694 police staff (including Commissioner of Police, Sergeants, Constables, Police Auxiliary and ACPOs); 154 Fire and Emergency Services staff and 226 administrative staff; a total of 1,074 staff.

Apportioning the administrative staff on the basis of other staff provides a total staff of 889 for police functions and 195 for emergency services.

Source: NTG 2003b

Figure 46: Indigenous staff as a percentage of police staff, 1998-99 to 2001-02; and of NT Indigenous population, 2001-02



The level of Indigenous staff as a proportion of the estimated working age (20-64 years) Indigenous population is a way of assessing representation. The NT has the highest proportion of Indigenous police staff (4.4%) compared to other states.

However, most states had a percentage of police staff in line with their working age Indigenous population, whereas the NT has a significantly lower Indigenous representation of police staff given the estimated Indigenous population aged 20-64 years of 14.7%.

Source: SCRCSSP 2003:Table 5A.35

The relatively low levels of Indigenous staff in the police in the NT is important considering the significantly higher level of involvement of Indigenous people in the criminal justice system, and the level of containment of the offences within the Indigenous population, particularly in relation to crimes against the person.

Night patrols

Night patrols were started in Tennant Creek about 18 years ago, and have been operating in Alice Springs and some central Australian remote communities since, often inconsistently due to resourcing and other issues. They also operate in all states of Australia and other communities in the NT. Night patrols are initiatives in the NT to self-police Aboriginal communities and enforce community by-laws.

The involvement of Aboriginal Councillors in voluntary policing and their preparedness to use their own vehicles and money to patrol the streets and camps every night points to their dissatisfaction with policing in their communities; 'while it was not obvious to government agencies it was tragically clear to the Julalikari community that something had to be done if the escalating violence, trauma and deaths in town camps were to be halted' (D Curtis 1991: 39, cited in Blagg & Valuri 2003).

One of the key reasons for their success, apart from the enormous difference that language makes, is that they belong to the community and are underpinned by Indigenous cultural authority. As the NT Police Submission (in Blagg & Valuri 2003) notes:

> *Night patrols are able to deal with the issues affecting Aboriginal people as they understand the language and have a working knowledge of the cultural and family issues. They are therefore better placed to predict the outcome of incidents brewing in their communities and respond by dealing with the issue in an appropriate manner.*

[134] The Kintore police station has 3 police officers, 2 of whom are NT Police and the other is WA Police. All 3 are however sworn in to serve in both NT and WA. The Kintore police station carries out patrols into WA, particularly Kiwirrkurra.

The submission also suggests that night patrols are cost effective when compared to mainstream services dealing with social order. In many remote communities they often represent the only consistently available mechanism for ensuring social order. Night patrols are not police, however they do want the support of the police, and can work effectively with the police.

Aboriginal ownership is a key factor in their success, and this also means they need to remain independent of non-Aboriginal structures. They cannot become the property of the NTG or other government agencies. Independence of resourcing is also essential.

Adequate, predictable and consistent resourcing for night patrols is one of the key issues affecting their ability to operate. Workers need to be paid appropriately—the larger night patrols in urban areas, e.g. Tangentyere in Alice Springs, have paid workers and coordinators, but these are the exception. Most workers on patrol in the NT volunteer their time and receive no wages, and not all night patrols have paid coordinators. Administration and record keeping can be a major problem, particularly where there are minimal resources for wages and staff.

Operating times are constrained by resources, both human and physical. Most work a range of shifts extending from a few nights per week, up to 7 days per week. Lack of community infrastructure, for example phone communications, can hamper effective work.

The core funding has come from ATSIC through night patrol funding and CDEP places. CDEP often provides the base wage subsidy for night patrol staff, and if other resources are available the wage is topped up. There are problems with CDEP, in particular the amount of pay is set (at 30 hours per week) and does not provide incremental increases to recognise length of service or experience of workers. It does not recognise that being a night patroller is a real job, and does not allow the organisation to provide a career path or encourage long-term employment.

The NTG has provided some funding in recent years from a variety of sources including the Wine Cask Levy, NTsafe, Public Behaviour program, Community Harmony program, NTDHCS, and in conjunction with the Alcohol and Rehabilitation Foundation. This funding may be single issue based, rather than ongoing core funding. Following is an indication of the levels of funding:

- two separate grants of $12,000 from Remote Area Aboriginal Alcohol and Other Substance Strategy
- $15,000 from Crime Prevention NT for remote area night patrol support for sports' weekend (allowed approximately $2-3,000 per community)
- $81,840 from the CDHA for regional coordinator of remote night patrol.

The following remote central Australian communities received funding for night patrols between 1998-99 and 2002-03: Ampilatwatja; Anmatjere Council (on behalf of Engawala, Ti Tree, Nturiya, Pmara Jututa); Aputula; Areyonga; Ikuntji; Laramba; Ltyentye Apurte; Ntaria; Nyaangatjatjara (on behalf of Kaltukatjara, Mutitjulu, Imanpa); Nyirripi; Papunya; Tapatjatjaka (Titjikala); Urapuntja; Walungurru (Kintore); Yuelamu; and Yuendumu.

Councils such as Anmatjere and Ngaangatjatjara received night patrol funding on behalf of several constituent communities. The breakdown of this funding between the constituent communities is not available from ATSIC Annual Reports. Not all communities received funding each year, for example the Walungurru (Kintore) night patrol was not funded for two years between 1999 and 2001. Some night patrols did not seek funding each year due to problems at a community level; initiatives such as night patrol sometimes mirror the crises in communities and become inoperative, and some night patrols openly admit their lack of effectiveness at times (Blagg & Valuri 2003). However the lack of resourcing for management and support are a significant contributing factor where there is failure of night patrols.

Table 93: ATSIC night patrol funding, AS and CR regions, 1998-99 to 2002-03

	1998-99	1999-2000	2000-01	2001-02	2002-03
Alice Springs region	326,000	298,600	423,200	350,600	359,600
Central Remote region	164,600	411,700	240,300	500,900	311,500

Source: ATSIC 1999a, 1999b; 2000a, 2000b; 2001b, 2001c; 2002a, 2002b; 2003a, 2003b; adjusted to 2003 dollars

Night patrols have been valuable and are an indispensable part of the NT wider justice system. The police, health and welfare bodies, and local government need to make a greater contribution towards the funding of these services as there are sometimes high expectations placed on night patrols by these bodies without being willing to provide any funds. The responsibility to fund night patrols should not be offloaded on to Indigenous organisations. Securing consistent and adequate funding for salaries, vehicles, infrastructure, administration and training is a key issue for night patrols.

Access to legal representation

The level of involvement that Indigenous people have with the criminal justice system has required the establishment of Aboriginal legal services to improve access to representation. To date this has been funded by the Commonwealth government through ATSIC. The funding for central Australia goes to two organisations; the Central Australian Aboriginal Legal Aid Service (CAALAS) and the Central Australian Aboriginal Family Legal Unit (CAAFLU). While CAAFLU deal with family law rather than criminal law matter, we have included the funding.

Table 94: ATSIC law and justice funding, AS and CR regions, 1998-99 to 2002-03

	1998-99	1999-2000	2000-01	2001-02	2002-03
CAALAS	2,242,700	2,024,700	1,982,400	2,096,500	2,184,000
CAAFLU	-	88,100	300,400	339,800	350,400
Total	2,242,700	2,112,800	2,282,800	2,436,300	2,534,400

Source: ATSIC 1999a, 1999b; 2000a, 2000b; 2001b, 2001c; 2002a, 2002b; 2003a, 2003b; adjusted to 2003 dollars

Table 95: Commonwealth Legal Aid specific purpose funding, NT, 1998-99 to 2002-03

1998-99	1999-2000	2000-01	2001-02	2002-03
2,248,000	2,235,000	2,235,000	2,316,000	2,200,000

Source: Commonwealth of Australia 1999a, 2000, 2001b, 2002b, 2003b

Discussion

The issues raised in this chapter have been influenced by the data sources which give only a particular view of the interaction of Indigenous and non-Indigenous people in the criminal justice system in central Australia. Other issues which are relevant are less supported by documentary evidence, but nevertheless impact on the provision of legal services to the population of the region.

The extent to which the violence discussed in this section is contained within the Indigenous population warrants discussion. There are a number of factors which prevent the spilling over of violence into the non-Indigenous population. The first of these is the degree of segmentation between the Indigenous and non-Indigenous people in the area. Housing is highly segregated, with large numbers of Indigenous people resident in Alice Springs living in town camps, public housing flats, or Aboriginal hostels. Also, many Indigenous people live in communities which are remote from Alice Springs. The labour force is also segregated; as noted in Table 7 in the Demography section of this report, almost 80% of non-Indigenous people are employed in the private or public sector (category 'other'), while over 70% of non-Indigenous people are either working for CDEP, are unemployed, or are not in the labour force. This marginalisation of Indigenous from non-Indigenous people in terms of living and working arrangements ensures that the opportunities for violence by Indigenous people to non-Indigenous people are relatively sparse.

Implications for services and interventions are that they need to be directed to and developed from an Indigenous community-level; night patrol services need to have more secure funding so that effective community-level services can be maintained, and there need to be more Indigenous police; at least a level which reflects the percentage of Indigenous people in the population, but ideally that which reflects the degree to which police work involves Indigenous people.

The degree of segregation has the added effect of insulating the non-Indigenous population from the level of violence, the inferior housing and the lack of infrastructure provided to Indigenous people. This 'out of sight, out of mind' mentality serves to perpetuate the structures which create the disparity between the populations. What needs to be examined further is the extent to which involvement in the criminal justice system prevents Indigenous people from further economic and social participation, if this impediment to further participation is different between Indigenous and non-Indigenous people who are involved in the criminal justice system, and the degree to which these impediments to participation are maintained by the social and economic segregation discussed above, and by the lack of understanding in the non-Indigenous population.

11. Arts and culture

This section covers the funding under arts and culture programs to central Australia. While indicators of culture are important as part of a profile for Indigenous communities, particularly in the context of cultural rights and benchmarks that attempt to measure well-being, this is an area that needs to be driven by Indigenous people in central Australia. This is an area that could be developed in the future.

The three principal government agencies that provide funding under arts and culture programs are ATSIC, the Australia Council at a Commonwealth level, and Arts NT (formerly NT Department of Arts and Museums), which is an agency of the NTG.

ATSIC

There were three ATSIC programs that fell within the Indigenous arts and culture sector:

- Indigenous broadcasting
- preservation and promotion of Indigenous culture (arts and crafts)
- preservation of Indigenous languages.

ATSIC provided total funding of approximately $13m for 32 national and 100 regional broadcasting programs in 2002-03. The Broadcasting for Remote Aboriginal Communities Scheme program aims to give Indigenous Australians some control over what is broadcast into their communities, as well as provide connections to mainstream television and radio. This program provides some wages (generally CDEP) for approximately 2 hours of locally generated radio programs each day. Other broadcasting programs are Imparja Television and Central Australian Aboriginal Media Association (CAAMA).

ATSIC has been the main source of funding support for Indigenous visual art and craft production. The National Arts and Crafts Industry Support Strategy (NACISS) has provided operational funding to Aboriginal art and craft centres on communities in the NT, WA and SA since 1991-92. The art centres originated because many Aboriginal artists did not and could not negotiate directly with retailers/wholesalers or other institutions (for example, art galleries). Art centres are not production organisations; however they do facilitate production by providing materials and skills development to artists. Their primary role is as an intermediary between artists and the market, and between artists and other institutions. Most art centres are Aboriginal owned and controlled, and the involvement of the local producers in the management of the organisation significantly affects their goals. In the 2002-03 year, the Aboriginal art centres that were supported received $70,816 on average.

ATSIC was the main source of support to community-based language projects, advocating the maintenance of languages as part of Indigenous identity and culture. In February 2003, funding was approved for a national languages survey to assist the development of a policy for the preservation of Indigenous languages (ATSIC 2003c). In 2002-03 funding for programs under the preservation of Indigenous languages was $4.89 m for 37 national projects and $642,700 for 12 regional projects.

Table 96: ATSIC arts and culture funding, AS and CR regions, 1998-99 to 2002-03

Alice Springs region	1998-99	1999-2000	2000-01	2001-02	2002-03
Preservation of Indigenous culture/art	309,300	344,300	355,700	458,400	274,100
Broadcasting	3,961,000	3,532,700	3,701,900	3,417,400	3,175,100
Language maintenance	536,600	592,700	668,800	690,700	328,200
	4,806,900	4,469,700	4,726,400	4,566,500	3,777,400
Central Remote Region					
Preservation of Indigenous culture/art	664,400	874,800	953,200	781,200	683,000
Broadcasting	3,915,000	4,243,700	4,102,800	3,876,400	3,698,100
Language maintenance	167,600	78,200	678,400	892,400	399,300
	4,747,000	5,196,700	5,734,400	5,550,000	4,780,400
Total both regions	**9,553,900**	**9,666,400**	**10,460,800**	**10,116,500**	**8,557,800**

Source: ATSIC 1999a, 1999b; 2000a; 2000b; 2001b; 2001c; 2002a; 2002b; 2003a; 2003b

The uncertainty (at the time of writing) regarding the future funding of ATSIC programs, and in particular the NACISS program that is essential to the operation of the art and craft centres on remote Aboriginal communities, could have significant effects on those communities.

Arts NT

Arts NT has recently started to identify funding programs specifically for Indigenous artists. This funding has in part supported the two peak NT-based Indigenous visual arts support and advocacy organisations: Desart and the Association of Northern Kimberley and Arnhem Aboriginal Artists (ANKAAA) (Arts NT 2003). Desart and ANKAAA represent over 60 Indigenous arts centres in the NT, WA and SA. The focus of Arts NT funding is the business practices in Aboriginal art centres and development of arts and crafts authenticity labels to protect artists' rights and ensure consumer confidence in product.

In 2002 the NTG started to create a broad arts and cultural policy to build on the previous arts polices that had focussed on economic and community development. An Indigenous arts strategy was developed for the first time, which is significant given the role of the Indigenous arts sector in the NT, its links to tourism and the role of tourism in the NT economy. The strategy focuses on employment and training for artists/arts workers and economic development of the Indigenous arts industry, building upon tourism's influence (NT Indigenous Arts Strategy 2002:3). The strategy will be monitored by an interdepartmental committee and assisted by an Indigenous arts reference group.

In 2000-01 Indigenous-specific funding was approximately $52,000 of a total arts funding of $2.61m, which is 2.0%. This is surprisingly low given that the Indigenous population of the NT is approximately 25%, and there are a far greater proportion of Indigenous people than non-Indigenous people involved in arts and crafts; it is one of the few opportunities for economic participation in which Indigenous people have consistently been involved. Over the course of a year that figure rose to $185,000 (Altman 2003). Funding for Indigenous arts projects within the central Australian region rose from $38,310 in 2001-02 to $109,195 in 2003-04.

Arts NT currently provides only nominal funding to the Indigenous arts industry in the NT. The amount of arts funding provided by the NTG trails behind other states and is less than half the national average on a per capita basis. Given that sales of Indigenous arts and crafts in the NT are valued at more than $50 million, the industry is worth support and development in the form of government assistance (Altman 2003). Industry development services from industry departments such as NT Department of Business Industries and Resource Development similar to that provided to other industries in the NT should be developed.

Set out below is the Arts NT program funding to the AS and CR regions. Data were not provided for 1998-99 and 1999-2000, and we have included the 2003-04 year as it shows that the increase in funding is continuing.

Table 97: Arts NT program funding, AS and CR regions, 1998-99 to 2003-04

ARTS NT	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04
Alice Springs region			-	42,400	83,400	122,800
Central Remote region			9,400	2,800	14,000	7,000

Source: Juanita Gay 2004, Arts Sponsorship Program Officer, Arts NT, email, 15th June

Australia Council

The Australia Council, created in 1973, is the Commonwealth government's arts funding and advisory body. There are 8 individual boards covering different art forms[135] including the Aboriginal and Torres Strait Islander Arts Board (ATSIAB). Within the Australia Council the ATSIAB provides the major support to Indigenous artists and arts organisations; however Indigenous artists and organisations can apply to the other arts boards.

[135] Visual arts & crafts, theatre, new media arts, music, literature, dance, community cultural development and Aboriginal and Torres Strait Islander arts.

In 2000-01 the Australia Council funding (all boards) was $534,174 to 18 organisations, and $56,155 to 5 individuals within the NT (Myer 2002). In 2001-02 the Australia Council supported 61 projects in the NT totalling $1.88 million, of which 24 projects (valued at $624,000) were for identified Aboriginal and Torres Strait Islander arts projects (Altman 2003).

Two Indigenous organisations have been allocated triennial funding from the Australia Council for 2003-05. CAAMA received $225,000 and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council[136] receieved $150,000 to assist with holding regional women's law and culture meetings (Australia Council 2002b).

ATSIAB also has initiatives that aim to develop partnerships with the state/territory; one particular project was called the NT Indigenous Performing Arts Scoping Project funded at $50,000, however, it was a Darwin-based project.[137]

Table 98: Australia Council ATSIC funding to central Australia, 2002-04

ATSIAB grants	July 2002	July 2003	December 2003
Total funding approved for all areas	691,029	718,411	836,369
Skills and arts development	150,000 (7 applications)	214,123 (10 applications)	209,745 (6 applications)
Total funding received to central Australia	20,000	52,923	60,390

Source: Australia Council 2002 a; 2003a; 2004b

Department of Communications, Information Technology and the Arts

The main function of the Department of Communications, Information Technology and the Arts (DCITA) in the area of arts and culture is to develop policy areas, obtain research and deliver statistics, as well as provide a small number of grants. Activities supported include visual arts and craft, performing arts and exhibition touring programs, festivals, contemporary music touring program, national arts training organisations, regional arts, lending rights, cultural gifts programs and sponsorship/philanthropy (DCITA 2004).

Regional Arts Australia (RAA) administers 'quick response grants' of the regional arts fund for regional artists and organisations. RAA is also funded by DCITA for national projects. In 2001-02 a total of $100,000 was committed to RAA (Regional Arts Australia 2004).

DCITA does not administer funding for Indigenous art and culture programs to community groups. Any funds available are through joint projects with the Australia Council on a national level or are administered through the Regional Arts Fund with RAA. DCITA has worked on programs to develop policy within Indigenous arts and culture, for example the Return of Indigenous Cultural Property (RICP) program in which DCITA was involved as secretariat. This program was established to support the right of Aboriginal and Torres Strait Islander people to decide the future of their cultural property held in Australian museums, and involves collaboration with the major museums to repatriate ancestral remains and secret sacred objects (DCITA 2004). The Museum and Art Gallery of the NT is one of eight museums able to apply for funding to assist in the RICP program; this funding will cover costs associated with repatriation to Indigenous Australians and is provided to communities through the museums. The RICP Program was completed at the end of 2003.

In 2003, DCITA, The Australia Council's ATSIAB, and ATSIC began participating on a working group to achieve a more strategic, whole-of-government approach to Indigenous arts and to create sustainability within the Indigenous visual arts sector (ATSIC 2003c).

The Networking the Nation project directly impacts on Indigenous Australians as it contains the Telecommunications Action plan for Remote Indigenous Communities, and it was financially assisted by ATSIC.

[136] This organisation is based in Alice Springs, and works with the Anangu Pitjantjatjara lands in SA, Ngaanyatjarra lands in WA and the bottom of the NT (Finke to Kaltukatjara).

[137] A partnership project between Arts NT, ATSIAB and Browns Mart performing arts program developed a staged blueprint for the development of the Indigenous performing arts sector throughout the NT (Australia Council 2003b).

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ABS ____ see Australian Bureau of Statistics

AIC ____ see Australian Institute of Criminology

AIHW ____ see Australian Institute of Health and Welfare

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NTDEET ____see Northern Territory Department of Employment, Education and Training

NTDHCS ____see Northern Territory Department of Health and Community Services

NTDLG ____see Northern Territory Department of Local Government

NTDPFES ____see Northern Territory Department of Police, Fire and Emergency Services

NTG ____see Northern Territory Government

NTGC ____see Northern Territory Grants Commission

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Appendix A: Regional Council members for the Alice Springs and Central Remote regions

Alice Springs Regional Council (Elected October 2002)

Des Rogers (Chairperson)
Amelia Turner (Alternate Deputy Chairperson)
Eileen Van Iersel
Helen Kantawara
Betty Campbell
Daniel Forrester (Deputy Chairperson)
Russell Bray
Alison Hunt
Sabella Turner
William Tilmouth

Central Remote Regional Council (Elected October 2002)

Clarry Robinya (Chairperson)
Conrad Ratara (Deputy Chairperson)
Phillip Wilyuka
Gilbert Corbett
Sandra Armstrong
Marilyn Inkamala Nangala
Alison Anderson (NT Central Region Commissioner)
Irene Nangala (Alternate Deputy Chairperson)
Jasper Haines
Daryl Kantawara
Darryl Ryder
Rex Granites Japanangka

Appendix B: Community list in the AS and CR regions

Table 99: Alice Springs and Central Remote communities and town camps (listed by resource agency)

Alice Springs		
Amoonguna Community Inc	**Ingkerreke Outstation Resource Services Aboriginal Corp**	**Tangentyere Council Inc**
Amoonguna	16 Mile Camp	Akngwertnarre
Arrernte Council Of Central Australia	Alkupitja	Anthelk-Ewlpaye
Angatyepe	Artekerre	Anthepe
Angkerle Arrenge (A)	Blacktank Bore	Aper-Alwerrknge
Angkerle Arrenge (B)	Burt Creek	Ewyenper-Atwatye
Arrillhjere	Corkwood Bore	Hoppy's Camp
Elitjia	Mbantarinya	Ilperle-Tyathe
Irriltyere (A)	Mount Twellar	Ilpiye-Ilpiye
Irriltyere (B)	Snake Well	Ilyiperenye
Iteyepintye	Turner's Camp	Inarlenge
Itperlyenge	Undoolya Bore	Itwiyethwenge
Kwale Kwale	Werre-Therre	Karnte
Payeperrentye (B)	Williams Well	Larapinta Valley
Perte Therre	**Iwupataka Housing Association**	Mount Nancy
Tnerte	Iwupataka	Mpwetyerre
Twetye (A)		Namatjira Camp
Twetye (B)		New Ilparpa
Tywenpe (A)		Nyewente
Tywenpe (B)		White Gates
Tywenpe (C)		
Tywenpe (D)		
Tywenpe (E)		

Central Remote		
Aherrenge Association Inc	**Arltarlpilta Community Government Council**	**Kaltukatjara Community Council Inc**
Ampilatwatja	Alatyeye	Amputjuta
Atnwengerrpe	Atitjere	Eagle Valley
Irrultja	Foxalls Well	Irkini
Welere	Irrerlirre	Kaltukatjara
Amundurrngu[138] Outstation Council Inc	Mt Eaglebeak	Karu Kali
Amundurrngu	Spotted Tiger	Kulang
Ilpili	**Central Land Council**	Kunapula
Inyilingi	Akarnenehe Well	Kurkatingara
Lizard Bore	Ilperle	Kurkutjara
New Bore	Maperte	Little Puta Puta
Tjintirtjintirpa	Orrtipa-Thurra	Mantapayika
Warren Creek	Penyeme	Mantarur
Anmatjere Community Government Council	Urlampe	Mulga Green
Adelaide Bore	Warlpeyangkrere	Ngangurr
Alyuen	**Ikuntji Community Council Inc**	Oondaloo
Angula	Haasts Bluff	Petalu
Anningie	Kungkayunti	Pilakatal
Engawala	Ngankiritja	Pirrulpakalarintja
Ileparratye	Town Bore	Punritjanta
Laramba	Utily	Puta Puta
Mulga Bore	Winparku	Tjauwata
Nturiya	**Imanpa Community Inc**	Tjitjinadi
Pantharrpilenhe	Angas Downs	Tjunti
Petyale	Imanpa	Tjuntinanta
Pine Hill	**Ingkerreke Outstation Resource Services Aboriginal Corporation**	Ukatjupu
Pmara Jutunta	Injulkama	Urilpila
Aputula Housing Association Inc	Little Well	Walka
Antere	Pwertentye	Walu
Beer St Bore	Wanarkula	Walytjatjata
Bloodwood Bore	Welmala	Wangkari
Charlotte Waters		Wataru
Finke		**Ltyentye Apurte Community Government Council**
Halfway Camp		Phillipson Bore
Ulbulla		Santa Teresa
Areyonga Community Inc		
Areyonga		

[138] Amundurrngu is the resource centre for the outstations around Watiyawanu (Mt Liebeg).

Mutitjulu Community Inc	**Tjuwanpa[139] Outstation Resource Centre**	**Tjuwanpa Outstation Resource Centre (Cont'd)**
Mutitjulu	Alkngarriintja	Undurana 1c
Yulara Pulka	Armstrongs	Undurana 2a
Ngurra Waltja Council Inc	Arrkapa	West Waterhouse
Kalipimbut	Camel's Hump	Yakala
Ngurratjuta Resource Centre	Eight Mile	Yateman's Bore
Lilla	Five Mile	Red Sandhill
Morris Gap	Gilbert Springs	**Urapuntja Council Aboriginal Inc**
Pantyinteme	Ilkarralalama	Amengernterneah
Pertarratenge	Importna	Ankerrapw
Tarawara	Intjartnama	Arawerr
Ukaka	Ipalala	Arlparra
Ulpanyali	Ipolera	Artekerr
Wanmarra	Kaporilya	Atheley
Ntaria Council Inc	Katjutari	Atneltyey
Hermannsburg	Kulpitharra	Camel Camp
Nyirripi Community Council Inc	Kwala	Indaringinya
Nyirripi	Labrapuntja	Inkawenyerre
Papunya Community Council Inc	Liltjera	Inkwelaye
5 Mile Bore	Ltira	Iylentye
Alkipi	Luntharra	Ngkwarlerlanem
Blackwater	Lyilyalanama	Prrawaw
Ililli	Mbalkanaka	Pungalindum
Jungarrayi Warrnu	Merral Ntarrakala	Soakage Bore
Karrinyarra	Motna's	Tommyhawk Swamp
Mbunghara	Natjitnama	**Wallace Rockhole Community Government Council**
Papunya	Ntakarra	Wallace Rockhole
Ulambara	Old Station	**Walungurru Council Aboriginal Corp**
Warumpi	Palm Paddock	Ininti
Tapatjatjaka Community Government Council	Rarangantjuta	Kintore
Alice Well	Rodna	Mantardi
Mount Peachy	Rutjingka	Muyin
Oak Valley	Sugar Creek	Nguman
Pwerte Marnte Marnte	Tjamangkurra	Ngutjul
Titjikala	Tnawurta	Pinpirnga
Walkabout Bore	Tnawurta	Tinki
Tjurma Homelands Amata	Tnyimipurta	Yuwalki
Alpara	Ulpunda	**Watiyawanu Community Government Council**
	Undandita	Mount Liebig

[139] Tjuwampa is the resource centre for outstations on the Ntaria Land Trust around Hermannsburg.

Willowra Community Inc	Yuelamu Community Government Council	Yuendumu Community Government Council
Mount Barkly	10 Mile Outstation	Chilla Well
Willowra	Arrunge	Injirramurri
Wulaign Home Council Aboriginal Corporation	Coniston Station	Mala
Mungurrupa	Dons Bore	Mount Denison
Ngarnka	Pulardi	Putulu
Parrulyu	Yuelamu	Puyurru
Yartalu Yartalu		Tjulpungu
		Walkalba
		Wayililinypa
		Yatjalu
		Yinyiripalangu
		Yuendumu
		Yumurrpa
		Yuwerli

Appendix C: Data collection areas (Indigenous Profiles) ABS 1996 and 2001

Table 100: Apatula (now Central Remote) ATSIC region

Indigenous Area	Indigenous Locality
Petermann	Mutijulu Imanpa Wallace Rockhole Aputula (Finke) & Homelands Kaltukatjara (Docker river) & Outstations Petermann remaining
Tanami	Yuendumu & Outstations Walungurru (Kintore) & Outstations Nyirripi & Outstations Papunya & Outstations Yuelamu & Outstations Watiyawana (Mount Liebig) & Outstations Areyonga Haasts Bluff & Outstations
Sandover	Arltarlpilta (Atitjere) (CGC) Tapatjatjaka (Titjikala) Outstations Sandover remaining
Hermannsberg (Ntaria) & Outstations	Hermannsberg (Ntaria) Tjuwanpa Outstations
Anmatjere (Ti Tree)/Wilora	Wilora Laramba Engawala Anmatjere (Ti Tree)/Wilora remaining
Willowra	Willowra
Urapuntja Outstations	Urapuntja Outstations
Ampilatwatja & Outstations	Ampilatwatja & Outstations
Santa Teresa (Ltyentye Apurte)	Santa Teresa (Ltyentye Apurte)

Appendix D: CDEP participant and Social Security entitlements

CDEP participants may have access to the following Centrelink benefits:

- CDEP Participant Supplement
- Employment Entry Allowance
- Family Payments
- Rental Assistance
- Bereavement Payments
- Telephone Allowance
- Healthcare Card
- similar payments.

Social Security entitlements

The following table lists the main social security benefits people in central Australia are entitled to.

Table 101: Centrelink standard benefits payments, 2004

Main benefit type	$ per week	$ per year	Notes
Newstart Allowance: Single	194.60	10,119.20	
Newstart Allowance: Single with children	210.50	10,946.00	
Newstart Allowance: Partnered	175.55	9,128.60	Each partner receives this amount
Youth Allowance: 18-24 – not at home	159.25	8,281.00	
Youth Allowance: 18-24 – living at home	104.85	5,452.20	
Youth Allowance: 18-24 – single with child	208.70	10,854.20	
Parenting Payment: Single	232.10	12,069.20	
Parenting Payment: Partnered	175.55	9,128.60	Each partner receives this amount
Age Pension: Single	232.10	12,069.20	
Age Pension: Partnered	193.80	10,077.60	Each partner receives this amount
Widow Allowance: No children	194.60	10,119.20	
Widow Allowance: Children	210.50	10,946.00	
Disability Support Pension: Single	232.10	12,069.20	
Disability Support Pension: Partnered	193.80	10,077.60	Each partner receives this amount
Supplementary benefits	**$ per week**	**$ per year**	
Carer Allowance (Child)	45.05	2,342.60	
Remote Area Allowance: Single	9.10	473.20	
Remote Area Allowance: Partnered	7.80	405.60	Each partner receives this amount
Remote Area Allowance: Children	3.65	2,342.60	Additional benefit for each dependent
Maternity Payment		3,000.00	Lump sum paid for each child when born
Rent Assistance: Single	47.70	2,480.40	Max payment - $ depends on rent payable
Rent Assistance: Partnered	45.10	2,345.20	Max payment - $ depends on rent payable
Rent Assistance: Up to 2 children	56.07	2,915.64	Max payment - $ depends on rent payable
Rent Assistance: 3 or more children	63.35	3,294.20	Max payment - $ depends on rent payable
Family Tax Benefit A: Each child under 13	66.78	3,472.56	
Family Tax Benefit A: Each child 13-15	84.70	4,404.40	
Family Tax Benefit A: Each child 16-17	21.49	1,117.48	
Family Tax Benefit A: Each child 18-24	28.91	1,503.32	
Family Tax Benefit B: Youngest child under 5	57.33	2,981.16	Low income earners only - income tested
Family Tax Benefit B: Youngest child 5-15 years	39.97	2,078.44	Low income earners only - income tested

Source: Centrelink 2004

Appendix E: Case studies CDEP & Centrelink benefit recipients

Case study 1: Central Remote region

Clara is a 50 year old Indigenous woman who lives in a remote central Australian community. She is unmarried and separated from her partner who lives in another remote community. Clara is not part of a CDEP scheme. She is also the permanent carer and official guardian for her four grandchildren aged between 3 and 14. The community has no childcare centre and none of her grandchildren are attending secondary school away from the community. None of her grandchildren are disabled. Clara pays $30 per week to the local Community Government Council to rent her house. Clara's Centrelink entitlements are as follows:

	$ Week	$ Year
Parenting Payment: Single Sole Carer	235.35	12,238.20
Family Tax Benefit A: Payable fortnightly or lump sum		
Child 1 (age 3)	66.78	3,472.56
Child 2 (age 4)	66.78	3,472.56
Child 3 (age 9)	66.78	3,472.56
Child 4 (age 14)	84.70	4,404.40
Large Family Supplement	4.62	240.24
Family Tax Benefit B: Payable fortnightly or lump sum for any child under 5 years old	57.33	2,981.16
Remote Area Allowance - Clara	9.10	473.20
- 4 Children	14.60	759.20
Total benefit receivable	**606.04**	**31,514.08**

Case study 2: Central Remote region

Warren is a 30 year old Indigenous man with a partner and two children living in a remote central Australian community. Their children are aged 8 and 10. Warren and his partner Thelma (age 28) are both part of the local CDEP scheme but are not eligible for any top-up payments. Warren pays $40 per week rent for his house to the local Community Government Council. Note: people on CDEP are not entitled to the remote area allowance. Warren and Thelma's family entitlements are as follows:

	$ Week	$ Year
CDEP Payment (Warren)	217.00	11,284.00
CDEP Payment (Thelma)	217.00	11,284.00
Rent Assistance	0	0
Centrelink CDEP Supplement - Warren	10.40	540.80
- Thelma	10.40	540.80
Family Tax Benefit A: Payable fortnightly or lump sum		
- Child 1	66.78	3,472.56
- Child 2	66.78	3,472.56
Family Tax Benefit B based on estimate of $11,718[140] each pa $434 x 27 pays in 2004-05 = $11,718	10.36	538.72
Total benefits receivable	**598.72**	**31,133.44**

[140] The Family Tax Benefit part B requires an estimate of the total income earned, however usually customers estimate higher and receive FTB top-up at reconciliation.

Case study 3: Central Remote region

William is a 19 year old single Indigenous person living in a remote central Australian community. He lives at home with his parents and is employed under the local CDEP scheme. He does not receive top-up. He pays $30 per week to the Local Community Government for rent. William's entitlements are as follows:

	$ Week	$ Year
CDEP payment	217.00	11,284.00
CDEP Centrelink Supplement	10.40	540.80
Total benefit receivable	**227.40**	**11,824.80**

Case study 4: Alice Springs region

Mary is a 50 year old Indigenous woman who lives in a rented house in Alice Springs. She is unmarried and separated from her partner who lives in a remote community. Mary is part of a CDEP scheme but does not receive any top-up. She is also the permanent carer and official guardian for her four grandchildren aged between 3 and 14. Mary uses a childcare centre for the two youngest children whilst the two oldest are attending school. None of her grandchildren are disabled. Mary pays $260 per week to a real estate agent to rent her house. Mary's Centrelink entitlements are as follows:

	$ Week	$ Year
CDEP Payment	217.00	11,284.00
Centrelink CDEP Supplement	10.40	540.80
Family Tax Benefit A: Payable fortnightly or lump sum		
Child 1 (age 3)	66.78	3,472.56
Child 2 (age 4)	66.78	3,472.56
Child 3 (age 9)	66.78	3,472.56
Child 4 (age 14)	84.80	4,409.60
Family Tax Benefit B: Payable fortnightly or lump sum for any child under 5 years old	57.33	2,981.16
Large Family Supplement	4.67	242.84
Parenting Payment Single top-up (Child Care) for 2 children	20.00	1,040.00
Rent Assistance	64.26	3,341.52
Remote Area Allowance: - Mary	9.10	473.20
- 4 children	14.60	759.20
Total benefit receivable (Plus Child Care Benefit reduced fees)	**682.50**	**35,490.00**

Case study 5: Alice Springs region

Darryl is a 30 year old Indigenous man with a partner and 3 children living in a town camp in Alice Springs. Their children are aged 7, 8 and 10. None of their children are in childcare. Darryl and his partner Irene (age 28) are both unemployed. Darryl and Irene each pay 12% of their gross weekly income for rent for their house to the town camp council. This equates to about $40 per week each. Darryl and Irene's family entitlements are as follows:

	$ Week	$ Year
Newstart Allowance: Darryl	178.00	9,256.00
Parenting Payment Partnered: Irene	178.00	9,256.00
Rent Assistance	0	0
Remote Area Allowance: - Darryl	7.80	405.60
- Irene	7.80	405.60
- 3 children	10.95	569.40
Family Tax Benefit A: Payable fortnightly or lump sum		
- Child 1	66.78	3,472.56
- Child 2	66.78	3,472.56
- Child 3	66.78	3,472.56
Family Tax Benefit B with no child under 5, based on estimate of $9,612 each for 2004-05	18.41	957.32
Total benefits receivable	**601.30**	**31,267.60**

Appendix F: Centrelink payments July 2004

Table 102: Fortnightly payments, average payment per person, by Indigenous status, AS and CR regions, 11/06/04

15-24	Indigenous AS	Non-Indigenous AS	Indigenous CR
Aged Pension			
Disability Support	$419	$429	
Parenting Payment	$460	$445	$392
Newstart Allowance	$193	$373	$302
Youth Allowance	$132	$292	$179
Family Tax Benefit A	$179	$143	$174
Family Tax Benefit B	$69	$83	$47
25-54			
Aged Pension			
Disability Support	$453	$410	$425
Parenting Payment	$429	$342	$423
Newstart Allowance	$205	$408	$306
Youth Allowance			
Family Tax Benefit A	$261	$144	$252
Family Tax Benefit B	$70	$73	$61
55+			
Aged Pension	$457	$395	$462
Disability Support	$443	$432	$418
Parenting Payment	$461	0	$470
Newstart Allowance	$36	$24	$308
Youth Allowance			
Family Tax Benefit A	$253	0	$208
Family Tax Benefit B	$75	0	$74

Source: R Stow [Centrelink, Alice Springs] 2004, email, 1 October

Table 103: Average payment per person, CR region, fortnightly payments 11/06/04

	15-24 Years Indigenous	25-54 Years Indigenous	55+ Years Indigenous
Aged Pension ($)			$171,397
Number of recipients			371
Disability Support ($)		$85,886	$37,218
Number of recipients		202	89
Parenting Payment Single ($)	$28,991	$93,049	$12,679
Number of recipients	74	220	27
Newstart Allowance	$130,234	$589,155	$40,326
Number of recipients	431	1,928	131
Youth Allowance	$104,541		
Number of recipients	583		
Family Tax Benefit A	$56,687	$216,449	$20,574
Number of recipients	326	859	99
Family Tax Benefit B	$13,063	$30,183	$4,592
Number of recipients	277	493	62
Total payments	**$333,516**	**$1,014,722**	**$286,786**
Number of recipients	**1,691**	**3,702**	**779**
Average payment per person	**$197**	**$274**	**$368**

Source: R Stow [Centrelink, Alice Springs] 2004, email, 1 October

Appendix G: Date of lease of town camps

No	Town camp	Other name	Language groups resident	Date of lease
01	Ilperle Tyathe	Warlpiri Camp	Warlpiri	30.01.79
02	Aper-Alwerrknge	Palmers Camp	Arrernte	25.07.79
03	Bassos Farm			
04	Mount Nancy		Arrernte, Kaytetye, Anmatyerre, Alyawarr	16.07.76
05	Anthelk-Ewelpaye	Charles Creek	Arrernte, Anmatyerre	12.08.77
06	Nywente	Trucking Yards	Arrernte, Luritja	28.12.78
07	Akngwertnarre	Morris Soak	Arrernte, Warlpiri	22.12.77
08	Ewyenper-Atwatye	Hidden Valley	Arrernte, Warlpiri	30.01.80
09	Yarrenyty-Arltere	Larapinta	Arrernte, Pertame, Luritja, Pitjantjatjara	23.06.81
10	Anthepe	Drive In	Arrernte, Warlpiri, Luritja, Pitjantjatjara	18.11.76
11	Inarlenge	Little Sisters	Arrernte, Warlpiri, Luritja, Pitjantjatjara	11.06.73
12	Ilyperenye	Old Timers	Arrernte, Warlpiri, Luritja, Pitjantjatjara	14.09.81
13	Ilparpa		Arrernte, Pertame, Luritja	02.07.80
14	Mpwetyerre	BP or Abbots	Arrernte, Warlpiri, Luritja, Pitjantjatjara, Warumungu	
15	Ilpeye Ilpeye	Golders	Arrernte, Kaytetye	
16	Karnte		Luritja, Pitjantjatjara	
17	Tangentyere Council	Motor Bike Camp		
18	Lhenpe Artnwe	Anmatyerre	Arrernte, Warlpiri, Anmatyerre	
19	Anhelke	Namitjiras	Arrernte	
20	Irrkerlantye	Whitegate	Arrernte	

Appendix H: Evaluation of CRM Housing Model

The CR regional construction program is referred to as the Central Remote Model (CRM) in the evaluation. The CRM was piloted to determine whether the Papunya model should be replaced. The aims of the CRM are to achieve cost and related efficiencies in the delivery of Indigenous housing. The Papunya model contracts are awarded on a contract-by-contract basis while the CRM process has one project manager to supervise all of the construction contracts. The communities were able to choose from a selection of six standard housing designs because the CRM has centralised planning and design of housing.

Outcomes of the CRM Housing Model Evaluation

In April 2003 IHANT commissioned SGS Economics and Planning Pty Ltd (SGS), Paul Howorth, Strategies Planning and Policy and Far North Strategies Pty Ltd to conduct an evaluation of the Central Remote Indigenous Housing Delivery Model (Papunya Model).

The evaluation framework consisted of 6 components and included:

- meeting the need for housing in Indigenous communities

and delivering

- cost efficiencies to government
- coordination efficiencies
- a high degree of satisfaction for stakeholders
- social and economic benefits to communities.

To ensure that labour and associated construction costs are kept to a minimum, housing needs to be provided in a timely manner. Costs have been found to be up to 80% higher in remote communities in Australia when compared to urban environments (SGS Economics and Planning, 2000).

It is important to recognise that under the CRM program there were two projects happening at the same time. The first was the construction-only project which provided houses that were built by outside contractors. The second was the training and employment project, where houses were built by community members, and training was provided.

Savings are being achieved under the CRM for the construction-only project houses as follows in that the budgeted costs of CRM housing (between $166,000 and $214,000) were very close to actual costs, with actual costs varying on average by an additional 0.87%. CRM housing is considered more environmentally friendly and culturally appropriate than the housing provided under the Papunya model (and previous housing programs), although the construction costs are higher. CRM housing costs between $166,000 and $214,000 with an average cost of $180,000; housing provided under the Papunya model cost between $130,000 and $160,000. However, because of environmental appropriateness and the construction methods utilised, the economic life of dwellings under the CRM is expected to be 10 years as opposed to an average of 5 years under the Papunya model. Using present value calculations, the combination of the cost and economic life indicates that the CRM will save approximately $120,000 per house over a 30-year period when compared with the Papunya model. If 56 houses were provided every two years, the saving of $138 million would be achieved.

A broad assessment of the training and employment project indicates a cost neutral result. The assessment includes the costs of construction and the potential savings to government by employing people through a reduction in CDEP payments only, and not including associated reduction in health and other social costs resulting from increasing employment when considering the costs of the training and employment houses.

The assessment showed the following:

- Although housing under the training and employment part of the CRM program was 33% to 140% higher than budgeted costs between $338,000 and $603,000 with an average cost of $450,000 per house), the training provided participants with real qualifications.
- If 4 people are trained per house, and real jobs provided after 4 years, then CDEP would not be required for housing construction participants.
- Over 30 years, savings to government through the decrease of approximately $40,000 per year ($10,000 per CDEP participant) from year 4 would result in cost savings of $1.08 million or present value of $366,000.
- The employment and training houses are costing a net figure of $432,000 per house (the present value of providing and replacing a house with an average cost of $450,000 and an economic life of 10 years is $798,000, less the savings in CDEP not paid of $366,000).
- Comparisons with the Papunya model ($440,000) indicate that the training and employment houses are saving approximately $10,000 per house.

To achieve these efficiencies real jobs are required. If there was employment for only two years after the training program, the additional cost per house in present value terms would be approximately $300,000 when compared to the Papunya model, and $423,000 compared to the construction-only houses under CRM.

Better coordination occurred under the CRM as opposed to the Papunya model. This was because:

- Timeframes for completion of CRM houses were in line with budgeted timeframes.
- Streamlined access to materials resulted in economy of scale cost efficiencies.
- Although timeframes were not very different for the Papunya model (average 26 weeks per house and 22 weeks for the CRM), the construction process was considered more streamlined under the CRM.

Social and economic outcomes

The evaluation found that the CRM delivered wide social and economic benefits, especially through the training and employment program. These include:

- Participants received national accreditation.
- Approximately 45-55% of the original participants remained on the program. A total of 24 people participated in the program with 19 people obtaining qualifications to date.
- Construction by Indigenous members of the community encouraged a sense of pride and ownership in the community. This meant that houses were protected and less likely to be subjected to misuse and vandalism.
- The CRM has introduced greater cooperation between all stakeholders. As such there has been success in reducing the expectation amongst community members that houses will be provided and maintained endlessly, regardless of the treatment by the owner and community.

A negative impact that was highlighted with the adoption of the CRM was that some community building teams already in place felt they were disadvantaged in being awarded parts of the CRM construction-only contracts, as they were not properly qualified for them, and they did not have the training skills to do the training and employment contracts.

As houses built under the training and employment project went over budget, some communities did not receive as many houses as originally allocated. Now the project manager is bound to provide the allocated amount of housing regardless of budget over-runs because changes have been made to the project management of the training program.

Some of the training and employment project participants were absent sometimes, and the need to understand reasons for occasional absences was highlighted. If ways are found to ensure that this can be managed, it reduces the possibility of a bad effect on the overall outcome.

It was considered that using the housing contracts to provide meaningful training and employment on remote communities was one of the most courageous and forward thinking aims of the CRM. This part of the CRM was considered very important especially in light of the NTG's aim of creating sustainable Indigenous communities. The project could be extended to include other housing-related employment, for example housing management, maintenance, plumbing, and electrical work. It is crucial that real jobs are available for those finishing their qualifications.

Applicability of the CRM to the NT & the need for a wider regional perspective

The CRM is considered to be a better way of delivering housing to Indigenous communities within the CR region compared to the former models. Although the CRM needs further changes, parts of this model can easily be applied across the NT. This includes:

- an effective training and employment program
- centralising the housing design process, such that a clear set of documented designs can be built
- a centralised approach to project management of the construction houses (and perhaps expanding this with an Indigenous liaison arrangement)
- incorporation of streamlined and coordinated construction processes.

However, it is likely that parts of the CRM will need to be tailored for each individual community. The 'readiness' of communities to accept such a model will be based on many issues, including:

- the social unity of the community, and their ability to foster training and employment opportunities
- the effectiveness and built-in response of the regional council (i.e. it may be more appropriate in some instances for the regional council to adopt the project management role).

The more 'functional' a community is, the greater its capacity to support training and community building teams, and to develop a sustainable Indigenous sector. The less functional communities may require substantial social support, as well as housing, before contemplating taking on a training program. However, even the more functional communities are likely to still require some level of social support. The assessment

of housing need should continue to be undertaken on a regional basis, but this should be done with assessments about the social capacity of communities, and their 'readiness' for receiving and delivering training programs, developing community building teams and developing the Indigenous sector of local and regional economies (SGS Economics and Planning 2000).

Appendix I: Data request from NT Department of Health and Community Services

Attachment

The region we are collecting data for corresponds to the ATSIC Central Remote and Alice Springs regions. As I understand it, these regions correspond to the NTDHCS Alice Springs rural and urban regions. The two combined are the same as the NTDCDSCA Southern Region.

The time range that we would like to collect data for is the last three financial years: 2000-01, 2001-02, and 2002-03. If calendar years are easier then 2001, 2002 and 2003.

Aggregation level: for the health status it would be preferable to have it at a PHCAP zone level, unless otherwise stated (e.g. by service location for mental health).

Health status

Chronic disease (cardiovascular, diabetes, hypertension, renal (early and late if possible), rheumatic fever, liver disease, lung disease, asthma) incidence by:
age[141], Indigenous status and sex

Specific DRGs: anameia, dialysis by age, Indigenous status and sex

Number of hospital patients (HRN) and separations by MDC by age, Indigenous status and sex for urban and rural region

Mental Health: Community Mental Health consumers by service location (Alice Springs urban and rural) by age, Indigenous status and sex

Child health: GAA growth assessment data including number and % measured by Indigenous status

STD: incidence by age, Indigenous status and sex

Disability: Number of people with a disability by category (profound, severe, moderate, mild[142]) by age, Indigenous status and sex

Service information

In general terms financial information at a PHCAP region level:

Clinic expenditure: By staff stream (DMO, Nurse, AHW) operational and pharmacy by region

Allocation for programs such as STD; Chronic Disease; Alcohol and other drugs; Child health; Health development; Strong mothers, strong culture, strong babies; RFDS funds for women's centres etc. delivered by NTDHCS (or funded by NTDHCS) to region

Hospital expenditure (ASH)

Staffing: number of people by stream by Indigenous status

[141] We are working in 5 year age groups: 0-4, 5-9 etc. We are happy to do the grouping ourselves, but if your data are already aggregated into these age groups then supply by the age groups rather than age.

[142] These are estimates of the categories used; if there are other categories that the department uses then amend the request to match those.

Appendix K: Data request from NT Department of Family and Community Services

The region we are collecting data for corresponds to the ATSIC Central Remote and Alice Springs regions. As I understand it, these regions correspond to the NT Department of Health and Community Services Alice Springs rural and urban regions. The two combined are the same as the NT Department of Community Development Sport and Cultural Affairs Southern Region.

The time range that we would like to collect data for is the last three financial years: 2000-01, 2001-02, 2002-03.

Health status

Number of:

- allegations of child abuse in the central Australian and Central Remote region by Indigenous status and by reason for allegation (abuse/neglect/other)
- allegations of child abuse investigated in the central Australian and Central Remote region by Indigenous status and by reason for allegation (abuse/neglect/other)
- investigations in the central Australian and Central Remote region by length of time for investigation, by Indigenous status and by reason for allegation (abuse/neglect/other)
- substantiated allegations of child abuse in the central Australian and Central Remote region by Indigenous status and by reason for allegation (abuse/neglect/other)
- children placed in substitute care as a consequence of allegations of child abuse in the central Australian and Central Remote region by Indigenous status and by length of care period/s and reason for allegation (abuse/neglect/other)
- children on long-term care and protection orders in the central Australian and Central Remote region by Indigenous status and by reason for order (abuse/neglect/other)
- Aboriginal children placed in accordance with the Aboriginal child placement principle
- Children discharged from care and protection orders by length of time on an order.

Service information

In general terms financial information:

Allocation for programs by stream (child care, early childhood development and parent support services; support services for individuals and families in crisis and child protection services) by urban and rural region. As the bulk of the services are based in Alice Springs then a percentage allocation based on client groups is an alternate method, if the programs identify a target client group.

Staffing: number of people by stream by Indigenous status and location based (urban or rural)