

COMMONWEALTH GRANTS COMMISSION

INDIGENOUS FUNDING INQUIRY

SUBMISSION

From: Queensland State Government

Submission No: IFI/SUB/0012

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INDIGENOUS FUNDING INQUIRY

QUEENSLAND'S RESPONSE TO THE COMMONWEALTH GRANTS COMMISSION'S INFORMATION PAPER No. 1

OVERVIEW

Introduction

Queensland considers the Commonwealth Grants Commission's (CGC) Inquiry into Commonwealth Indigenous Funding a timely review of the distribution of Commonwealth funding available for Indigenous programs amongst States and communities within a State. The inquiry has the capacity to provide a better understanding of the issues inherent in the provision of services to Indigenous populations.

This submission is presented on behalf of the Queensland Government in response to the CGC's Information Paper No. 1 relating to the Indigenous Funding Inquiry. The submission comprises of a number of individual responses provided by the relevant Queensland Government Departments. Contributions are from:

- Department of Aboriginal and Torres Strait Islander Policy and Development;
- Queensland Health;
- Department of Education;
- Department of Housing;
- Department of Employment, Training and Industrial Relations; and
- Department of Communication and Information, Local Government and Planning.

Queensland Treasury has coordinated these responses and provided specialist advice to agencies on the Commission's methods and processes. Queensland Treasury will continue to be the primary point of contact between the Commission and Queensland Government Departments during the Inquiry and will liaise with the Departments of Aboriginal and Torres Strait Islander Policy and Development, Premier and Cabinet in finalising submissions to the Inquiry.

The role of the Department of Aboriginal and Torres Strait Islander Policy and Development will be crucial in assisting the Commission in its regional visits and the implications of cross functional relationships.

Scope of Funding

There is also a need to inquire into allocations of Commonwealth funding, other than general revenue, to the States as some allocations are based on historical shares or other obscure data. Although many specific purpose payments from the Commonwealth are included in the Commission's standard budget for general revenue grant relativities, there are many payments to other bodies that are out of scope for the purposes of fiscal equalisation. For example, local government funding which is allocated on a population basis.

Queensland believes that the scope of Commonwealth funding should not be limited to direct funding in the form of specific purpose payments or funding direct to Indigenous groups, but should also include indirect Commonwealth funding (eg. funding for health services through the Medical Benefits Schedule and the Pharmaceutical Benefits Scheme). The inclusion of these indirect funds permits a more holistic and equitable approach to funding allocations and has the potential to complement the Commission's assessment of general revenue relativities.

Method

Queensland continues to support the principle of fiscal equalisation and believes that the Commission should adopt a similar approach (the development of a standard budget and the assessment of revenue and expenditure needs) to Indigenous funding as it does for general revenue funding. This method has the capacity to develop an in-depth understanding of issues related to service delivery within Indigenous communities. It is anticipated that the information collected during the inquiry will prove useful for use in the Commission's assessments of General Revenue Grants Relativities.

Needs Measurement

The paucity of relevant data combined with the sensitivities associated with Indigenous funding present a considerable challenge for both the Commission and the States when investigating and measuring the relative needs of Indigenous communities. While differing needs between some groups may be acknowledged, there needs to be appropriate and sensitive measuring of these needs.

Similar to the measurement of needs for the general revenue method, there will be evidence of overlapping differences in needs between groups, for example, urban versus regional and Aboriginal versus Torres Strait Islander will create four distinct groups. It is expected that a major factor affecting expenditure needs will be Socio-demographic composition. It cannot be understated the importance of an accurate measure of this assessment.

A common theme emerging from Departmental submissions is that each functional area cannot be viewed in isolation. There are interrelationships between functional areas that impact on each other or on another area. For example, the Department of Education notes that there is a close relationship between poor health outcomes and low levels of educational achievement. The Commission in its assessment of overall Indigenous needs, will need to consider the dependency of one set of needs on other functional areas.

Consultation

An additional difficulty in measuring needs is ensuring that there is representation of the majority. The Commission has provided for a wide range of consultation in addition to regional visits. It is expected that there will be a number of submissions from articulate and politically aware groups supporting vested interests. The Commission's use of regional visits and functional conferences will hopefully provide the degree of balance needed to ensure that the interests of the majority are adequately represented.

Terms Of Reference:

- 1. Pursuant to Section 18 of the Commonwealth Grants Commission Act 1973, the Commission should, by 28 March 2001 at the latest, inquire into and develop a method that can be used to determine the needs of groups of Indigenous Australians relative to one another across government and government-type works and services provided or funded by the Commonwealth, or by the States, territories or local government with Commonwealth financial assistance through specific purpose payments.**

The Department of Aboriginal and Torres Strait Islander Policy and Development (DATSIPD) supports developing a more equitable method for determining the needs of Indigenous groups relative to one another. Any analysis of Indigenous funding, however, must also take into consideration the needs of Indigenous Australians relative to non-Indigenous Australians and the funding required for achieving equitable standards.

The demand for housing and infrastructure funding is one clear example:

- It is estimated that over \$200 million is currently needed to meet the demand for housing on Queensland Deed of Grant in Trust (DOGIT) communities alone; and
- In 1996 a survey of DOGIT infrastructure needs identified that a further \$500 million was needed for water, waste disposal and transport infrastructure.

The principles of the *National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islander Peoples*, endorsed by the Council of Australian Governments in 1992, call for effective coordination in the formulation, planning, management and provision of services to Indigenous peoples. Consequently, the main focus for action has been the development of bilateral agreements between Commonwealth and State/Territory Governments. Queensland has established agreements with the Commonwealth in relation to health, education, and housing and infrastructure in the Torres Strait Region. Work is in progress toward an Indigenous justice agreement as well as a separate housing and infrastructure agreement for mainland Queensland.

It is acknowledged that much remains to be done in the rationalisation of planning, delivery and review arrangements related to the services and facilities provided by government to Indigenous peoples. There is not at present an integrated picture of the resources committed to the delivery of services to Indigenous people by Commonwealth, State and Local Government agencies.

DATSIPD is currently coordinating the development of a whole of Government Ten Year Planning Framework for Indigenous Affairs in Queensland which will provide a mechanism for a collaborative assessment of the priority needs of Indigenous Queenslanders. The Planning Framework will also provide a mechanism for developing and implementing agreed outcomes, targets and performance measures. The principal objective of the Planning Framework is to achieve improved social, economic and cultural outcomes for Indigenous peoples and the Queensland community by:

- improved coordination at all levels of Government (Commonwealth, State and Local Government) and between the public, private and community sectors;
- improved service provision through the establishment of new equal partnership arrangements between Indigenous Queenslanders and Government; and
- improved accountability through the establishment of agreed targets and performance measures.

A Senior Officers Steering Committee has been established to oversee the implementation of the Planning Framework, with representation from key Queensland Government Departments and the Aboriginal and Torres Strait Islander Advisory Board, which is the Queensland Government's principal source of community advice in relation to Indigenous issues. Working Groups have also been established to focus on justice, economic development, reconciliation, human services, service delivery, land, heritage and natural resources, and community governance.

While some progress is being made in addressing the overwhelming housing and infrastructure needs, the current rate of funding will not result in equitable living standards. Estimates of funding needed for Indigenous services and facilities must also account for the mobility of the Indigenous improve.

In order to plan for the next 10 years it is necessary to define the existing level and distribution of funds for Indigenous programs and services in Queensland. DATSIPD is currently conducting an audit of those programs. The Queensland Government has demonstrated its commitment to developing the information resources to support a more effective systems planning approach to the development and delivery of services to Indigenous peoples by compiling and publishing, since 1994-95, a Queensland Government wide summary description of all mainstream and Indigenous specific services provided by Queensland Government agencies.

The Planning Framework initiative in Queensland was preceded by a cross agency demonstration project entitled the Whole of Government Indigenous Community Infrastructure Coordination Strategy. It was designed to demonstrate an approach to service/facility provision emphasising community and regional development planning as a fundamental part of the process of formulating a Queensland Government wide Indigenous services plan. This broad concept is now being incorporated as an important element of the approach represented by DATSIPD's new Ten Year Planning Framework.

2. The Commission should develop a method that:

- (i) is based, where possible, on existing or readily available data sources;**
- (ii) distinguishes, where possible, between the needs of Aboriginal people and Torres Strait Islanders (including those living outside the Torres Strait region; and**
- (iii) enables comparison of the relative needs of Indigenous Australians for works and key services by geographic region (Aboriginal and Torres Strait Islander Commission regions if possible) and State and Territory.**

Historically, there has been a paucity of Indigenous specific data for assessing the relative needs of Aboriginal and Torres Strait Islander peoples in Queensland.

The Queensland Registry of Births Deaths and Marriages commenced the collection of Aboriginal and Torres Strait Islander data in 1996 and the first Indigenous vital statistics have only recently been released. Previously, indicators for Aboriginal and Torres Strait Islander death rates and other health statistics have been extrapolated from Western Australia, South Australia and the Northern Territory data. Similarly, surveys of Indigenous housing needs have focused on DOGIT and other discrete Indigenous communities, because of the problem of obtaining a representative sample size in urban areas. Indigenous education, employment and training needs are largely derived from the Census data and school statistics collected by Education Queensland.

As a result of recent advancements in improving data quality and including Indigenous identifiers in data collection activities, particularly by Queensland Health, there is now some data available at the State level. There is much less regional level data available, however, to enable meaningful analysis of Indigenous Issues and relative needs between regions within Queensland.

The paucity of client registration information identifying Indigenous clients of the "mainstream" programs of the State and Commonwealth Governments has been noted in previous research in this area. For example, the Commonwealth Government's Budget Paper No. 7, "*Towards Social Justice for Indigenous Australians*" and the series of papers describing the programs and resources

allocated to Indigenous services published by the Queensland Government since 1994-95 (*Program Statement – Aboriginal and Torres Strait Islander Affairs*) have highlighted this problem.

The unavailability of Indigenous data has made it exceedingly difficult to make well informed judgements about whether special purpose funding allocated expressly for the provision of services to Indigenous peoples is augmenting or substituting for mainstream program investments in addressing the needs of this client group. Any method devised by the Commission will need to deal effectively with this problem.

Most of the research and analysis on Indigenous needs, and consequently the provision of funds, has focused on the more remote, discrete communities in North Queensland, West Queensland and the Torres Strait. While there is clearly a high demand for programs and services in those areas, over 50% of the Queensland Indigenous population live in metropolitan areas and large regional centres, where there has been little attempt to determine Indigenous needs. Anecdotal evidence suggests that there are significant issues about Indigenous people not accessing mainstream health, housing, education and employment services in urban areas.

In recent years there has been an increased focus on prevention and early intervention programs and services in response to important issues such as substance abuse, family violence and youth justice. With this has come a shift towards funding evidence-based approaches for supporting those initiatives and, consequently, a greater demand for high quality, Indigenous data.

There is very little data to distinguish between the needs of Aboriginal people relative to the needs of Torres Strait Islander people. The Census provides details about the distribution of the Torres Strait Islander population and some insight into the social and economic characteristics of Torres Strait Islanders but has limited value in terms of assessing needs outside the Torres Strait region. Approximately 50% of Torres Strait Islander people live outside of Queensland and less than one third of those living in Queensland actually live in the Torres Strait region.

DATSIPD, in addressing the need to improve Indigenous data quality, is currently working with the Queensland Office of Economic and Statistical Research (OESR) to develop an inventory of Indigenous data collected by each Queensland Government Department. The inventory will provide a comprehensive summary of Indigenous data, and also identify the gaps in data collection. Strategies can then be developed to improve data collection, as part of the Ten Year Planning Framework.

DATSIPD is also working with OESR to develop broad relative needs indices useful in assessing Indigenous community development needs. A broad index developed initially for the Queensland Government's Community Renewal Program as well as the Socio-economic Indicators for Areas developed by the Australian Bureau of Statistics are being considered as possible models for the approach to be adopted.

Quantitative social and economic indicators are a necessary but not a sufficient guide to determining the relative priority to be accorded to competing developmental objectives at the community or regional levels. They are useful in making broad judgements about the equity and adequacy of program resource allocation. It should be emphasised, however, that such indicators need to be used in conjunction with a differential approach to community capacity building and related community development planning practice which is integral to the philosophy and principles underlying this approach. It is obvious that any given community may place a different valuation than another on a particular service or facility. Governments generally ought to be endeavouring to be responsive to such different valuations in the interest of empowering communities to take greater responsibility for their own development agendas.

In doing so, the Commission should take into account:

- (i) the full range of sources from which funding could be obtained, including Indigenous specific and mainstream programs, and the inter relationships between these funding sources;***
- (ii) the methods by which distributions of funding are presently determined, and any other research relevant to the assessment of needs, both generally and for Indigenous peoples;***
- (iii) the likelihood that meeting needs in some regions would require a higher initial investment of resources;***
- (iv) the nature and timing of existing strategies to provide works or develop services to meet those needs; and***
- (v) any interaction between the recommendations of this inquiry, the level of expenditure by the States and Territories and Indigenous Australians and the Commission's assessments for the distribution of Commonwealth funding to the State and Territories generally. If necessary, the report should advise on the implications that any such interactions may have on the level of services of Indigenous Australians of Commonwealth-State financial relations.***

There are restrictions on the ability of agencies to separately identify Indigenous and Indigenous related programs and services due to the structure of the systems that each agency has in place for monitoring program expenditure.

Identifying Indigenous specific and Indigenous related works and services is problematic but an essential component of assessing the relative needs of Indigenous Queenslanders. As part of the development of the 10 Year Planning Framework, DATSIPD has been liaising with each agency to compile a summary of State Government spending on Indigenous Queenslanders. DATSIPD has also compiled a summary of State Government spending in relation to Cape York. To extrapolate this to other Queensland regions would require considerably more effort, resources and commitment by each agency. To gain a complete summary, this same commitment will also be required from all Commonwealth agencies.

There are also over 500 Aboriginal and Torres Strait Islander community organisations in Queensland, most of which receive financial assistance from a range of Commonwealth and State agencies and the Local Government sector. There is also an extensive range of initiatives being run within the 22 Queensland Government agencies which either directly or indirectly impact on the issues being addressed by this Inquiry.

The need for a holistic, whole of Government approach to Indigenous issues is well recognised and the 10 Year Planning Framework is aimed specifically at facilitating closer working relationships between Government agencies. The methods by which funding is distributed are the responsibility of individual line agencies. Once the 10 Year Planning Framework is operational, however, some agencies may introduce "notional pooling" of funds.

Approximately 50% of Indigenous Queenslanders live in rural and remote areas. The higher cost of providing services and facilities to those communities is an important factor relevant to the construction of a useful needs index. There are very significant disparities between Queensland Indigenous communities in terms of access to services and cost of service provision. The cost of building a house in remote areas of Cape York or the Torres Strait is 2-3 times that of building a house in Brisbane. Factors that influence those costs include the distance involved in transporting materials, accessibility in the Torres Strait and Cape York, particularly during the wet season, and the availability of builders. It is recommended that the Inquiry take into consideration all factors when developing appropriate indexes for determining relative regional needs.

3. The Commission should then apply its method to:

- (i) report on the relative needs of groups of Indigenous Australians in key functional areas of works and services for each geographical region, State and Territory;**
- (ii) derive indexes of relative need that could be used to determine distributions of resources across these functional areas, geographical regions, States and Territories based on its assessments of relative need; and**
- (iii) compare such distributions with the current distributional patterns.**

Comments

DATSIPD supports the proposed application of the methods as described.

The proposed report would serve the purposes of the *National Commitment* referred to earlier if it is prepared in collaboration with the Commonwealth and State agencies responsible for the co-ordination of services delivery to Indigenous peoples. The data bases and related needs assessment and program planning and delivery approaches would be enhanced through collaborative effort. Such an approach should be possible to develop without compromising the Grants Commission's need to develop its own independent appraisal of needs and relevant resource allocation patterns.

4. The Commission should provide the Indigenous people and their organisations, and all relevant Commonwealth, State, Territory and local government agencies, with adequate opportunities to provide input into the inquiry.

Comments

DATSIPD agrees with the need to ensure that Aboriginal and Torres Strait Islander peoples and the relevant Government agencies have adequate opportunity to provide input into the Inquiry.

Ms Andrea Smith
Intergovernment Relations Branch
Economic Performance Division
Treasury Department

Dear Ms Smith,

I refer to your request of 14th February 2000 for comments from the Department of Employment, Training and Industrial Relations (DETIR) relating to the *Commonwealth Grants Commission – Indigenous Funding Inquiry, Information Paper No. 1*. The Commonwealth Grants Commission has been asked to determine a method that can be used to identify relative needs of groups of Aboriginal and Torres Strait Islander peoples to assist the Government better target resources and provide key functions to areas of greatest need.

The paper was circulated throughout the Department and officers of DETIR have reviewed the document and provided the following information that addresses a number of issues contained in the paper. Particular issues raised include:

- *Improving data gathering methods, communication and consultation strategies for Indigenous Communities.* Ensuring Indigenous communities are approached in an appropriate manner to ensure accurate representation of various Indigenous groups occurs; and
- *Distribution of Funding to Indigenous communities.* Issues relating to effective operation and coordination of Government programs at all levels (Commonwealth, State and Local) incorporating specific regional and rural considerations.

More specific comments are included in Attachment 1, thank you for the opportunity to comment on the paper.

Yours Sincerely

BERNIE CARLON
A/Deputy Director-General
/ / 2000

COMMONWEALTH GRANTS COMMISSION
INDIGENOUS FUNDING INQUIRY

DEPARTMENT OF EMPLOYMENT, TRAINING AND
INDUSTRIAL RELATIONS

General Comments

The purpose and concept of the paper is a worthy one and generally encapsulates the intent of the terms of reference. The approach to the inquiry relies heavily on written submissions from interested organisations and people, and public conferences of government agencies responsible for funding or providing services and facilities. This approach could result in greater emphasis on input from government agencies and community organisations. Greater emphasis on strategies to encourage input from Indigenous individuals, particularly in rural and remote communities is needed.

Visits to a sample of Indigenous communities for discussions with community and Indigenous organisation representatives are one component of the research. The purpose and benefits of the series of conferences should be clearly assessed to ensure that the needs of individuals and Indigenous communities, rather than government agencies, are being drawn out. Consideration could be given to alternatives to conferences that might be more suitable for this purpose.

The Commission's terms of reference seek to derive an index of relative need that could be used to determine distributions of resources. If this is possible, consideration should be given to how the index will take into account the changes that are constantly occurring in communities.

There is a strong link between Education, Training and Employment. It is proposed to look at these functions separately, however it will be important to consider them also as a holistic function, in terms of the life patterns of individuals. The Health Function is a related and important consideration in terms of improving the individual's ability to achieve training and employment outcomes.

At a State level there is work being undertaken to release a recognition statement for the Australian South Sea Islander Community. Will the Commonwealth Government recognise this group formally in the consultation process as distinct from Indigenous and Torres Strait Islander people and consequently benchmark resource allocation given the needs of this group?

Data Gathering, Communication and Consultation Strategies for Indigenous Communities

The following comments provide information on how to improve data gathering projects when dealing with Indigenous communities in order to achieve recognisable outcomes for the communities. The information regarding dealing with communities is provided to assist

the Commission to identify workable strategies that take into account an understanding of family allegiances.

- A more coordinated approach between Commonwealth and State agencies on training and employment requirements and opportunities when consulting with communities on infrastructure or capital works projects is imperative. This will reduce the revolving door syndrome experienced in many communities when dealing with project stages.
- Government negotiation principles are designed to suit government systems. The system works best when an agency deals with one point of contact in an Indigenous community. Currently government agencies deal with a single steering committee, a single community organisation, a single commission. This model of negotiating relies on one person having the power to rule and speak on behalf of many. This model was successful in dealing with other Indigenous peoples from pacific localities but it has not been successful in Australia. The paper states that a written submission is the main tool in collating input. This method is not necessarily the best way of collecting information from Indigenous communities, organisations or individuals. Other methods should be considered (eg. focus groups, questionnaires, small group discussions).
- Indigenous people's communication style is suited to communication with their own "mob" or family. An individual's allegiance is to their mob which includes the extended family. In many respects individuals are beholden to uncles, aunties and cousins and rarely focus outside the circle of family influence. Yet when dealing with government agencies, families can be pressured to negotiate on behalf of another mob or family with whom they may have little or no allegiance.
- For improved outcomes in terms of specific programs and strategies communication processes need to be put in place that will enable negotiations with all family groups in a particular region. Programs will not reach full potential if families are required to fit into regional or community goals. It is far better to design a goal that incorporates all the dreams and aspirations of individual mobs or family groupings.
- There needs to be a personal touch (face-to-face) when dealing with Indigenous people and the purpose of the visit should be clearly stated prior to the visit. A broad statement was made that each ATSIC zone will be visited at least once. Visits to communities should be determined by locations and density of population to get a good representation of views. Additionally, cultural differences between communities should be considered, eg. one Island community does not necessarily have the same need as another.
- When addressing written communications to Indigenous communities, organisations or individuals it should be in plain English - this paper did not reflect this. It is not clear what format the submission application will take but it should be clear and concise (if there is an application). To ensure success of any project in an Indigenous community it is important to employ local Indigenous people to liaise with locals to

deliver the project. This creates an environment where people feel comfortable about releasing information.

Distribution of Funding

Attachment B of the Information Paper outlines the need to address the question of how the activities of the various governments and service providers relate to one another.

Given that the aim of the inquiry is to better target resources of areas of greatest needs, priority should be given to identifying the relationships between programs that Commonwealth, State and Local Governments have in place, and how these relationships can be utilised to maximise the effectiveness of the allocation of resources. A great deal of feedback provided to the Department of Employment, Training and Industrial Relations through its consultative mechanisms expresses community frustration at duplication and gaps in Commonwealth, State and Local Government allocation of funds. Full consideration of how to better target resources to areas of greatest need should pay attention to this issue.

The Grants Commission needs to take into account the optimal method of delivering Government services in an integrated way so that the gaps and duplication in service provision can be eliminated and outcomes maximised. This integrated approach is also being utilised between levels of Government, in particular State Government Departments and local Councils in programs such as the Community Jobs Plan, Community Renewal Program and the Queensland Government's Crime Prevention Strategy. This coordinated approach enables local communities to assist the long term unemployed and provides direct benefits through labour market initiatives, employment and training initiatives, utilising place management strategies. It is envisaged that DETIR would be able to provide information to the Inquiry on employment programs specifically targeted towards Indigenous peoples and existing projects through the Community Employment Assistance Program and Community Jobs Plan.

Funding of Aboriginal and Torres Strait Islander Infrastructure

The only funding currently available that is specifically directed to the provision of infrastructure for vocational education and training to Aboriginal and Torres Strait Islander persons and communities is the Aboriginal and Torres Strait Islander Facilities component of the Australian National Training Authority Infrastructure Program.

Almost all infrastructure projects or capital work projects planned for Indigenous communities require a training strategy to support their implementation as well as ongoing maintenance requirements. Ensuring vocational education and training is part of infrastructure development in Indigenous communities requires timely notification from the lead government agencies. This timely notification includes the exchange of long term forecasts between relevant agencies so that resources can be allocated to communities and regions where indigenous peoples reside and ensures implementation occurs as soon as possible. Consultation with communities is necessary to identify skills gaps, training needs and long term employment opportunities. However, some Indigenous communities feel

they are the recipients of far too many requests from various Governments, Non Government Organisations and research faculties wishing to conduct an analysis of their way of life.

The Aboriginal and Torres Strait Islander Facilities component of the Infrastructure Program was run previously in the three year period 1996 to 1998. Funding during that three year period was \$15 million (\$5 million x 3 years) and funds were allocated to State and Territories on an approximately proportional basis. Queensland's share of the funds was \$3 million. Funding for the Aboriginal and Torres Strait Islander Facilities component has been set at \$4 million for 2000.

The Australian National Training Authority Ministerial Council has not yet considered the basis on which funds will be allocated. However, discussions with officers of the Australian National Training Authority suggest that the basis for allocation may be by competitive submission across the entire country. There are large and politically powerful Aboriginal and Torres Strait Islander groups located in the Northern Territory (Alice Springs) and New South Wales (Sydney) that may seek to influence the allocation of funds. Queensland's interests would be best served by a strictly proportionate allocation across States and Territories. The current allocation of \$4 million limited to one year, provides little scope for Queensland, or other States and Territories, to plan a program of investment in Aboriginal and Torres Strait Islander Infrastructure.

COMMONWEALTH GRANTS COMMISSION INDIGENOUS FUNDING INQUIRY

DEPARTMENT OF EDUCATION

Overview

The education and training of Indigenous Australians is core business for Australia's education and training sector and it is an area of core business that is under performing.

The scale of educational inequality for Indigenous Australians remains vast and continues, despite considerable work over several decades by all Australian governments, despite the egalitarian belief of Australians that everyone is entitled to a quality education and despite the commitment and belief of Indigenous parents.

Over the last decade, two important and identifiable phases of work have been undertaken to support the achievement of educational equality for Indigenous students. The first phase was the establishment of national commitment to a raft of policy initiatives in Indigenous education. In the second phase, the Indigenous education sector led the way in establishing an outcomes-based approach in Australian education.

Nevertheless, progress in achieving educational equality has been slower than anticipated. A third phase of work is needed now to build on this work nationally.

To this end, Australia's Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) established a Taskforce in May 1999 to provide advice on making the achievement of educational equality for Australia's Indigenous peoples an urgent national priority. In addition, the Goals of the Adelaide Declaration on *National Goals for Schooling in the 21st Century (1999)* reaffirms the urgency of this issue.

In 1999 Education Queensland undertook a series of consultations that determined its future direction for State education. In addition, the Director-General chaired the *Review of Education and Employment Programs for Aboriginal and Torres Strait Islander Peoples in Education Queensland*. The findings of the review identified many issues in relation to the provision and delivery of education services to Aboriginal and Torres Strait Islander students and their communities.

Key Elements to measure needs across states and territories

Overall, there are a number of key elements that we propose should be considered when developing a framework to measure the relative needs of Aboriginal and Torres Strait Islander peoples in areas across Queensland and Australia. These key elements include:

- Population and distribution;
- Barriers to access;
- Barriers to participation;

- Isolation;
- Involvement in decision-making.

More specifically, as it relates to education, there are a number of specific standards that also require attention in the development of a framework. These include:

- Literacy and numeracy;
- Attendance, retention and completion rates;

Population distribution

Figures from the 1996 Australian Bureau of Statistics (ABS) census indicate that Aboriginal and Torres Strait Islander people comprise 2.8 percent of the State's population. In Queensland, the number of people who reported as being of Indigenous origin increased by 36.2 percent between 1991 and 1996, from 70,124 to 95,516. This represents an increase from 2.4 percent to 2.8 percent of the total Queensland population. A regional overview of the State's Indigenous population reveals that the States' North West (7,967) and Far North (25,752) contained the highest proportions of people reporting to be of Indigenous origin, representing 20.7 percent and 11.0 percent of the regional population respectively. Table 1 provides a breakdown of the State's Indigenous population by ABS statistical divisions.

Table 1: Aboriginal and Torres Strait Islander Population by Statistical Division, Queensland, 1996.

Statistical Division	Indigenous population			% of total Indigenous population			Indigenous population as % of regional population		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Brisbane	10,617	11,270	21,887	22.7	23.1	22.9	1.5	1.5	1.5
Moreton	2,832	2,876	5,708	6.1	5.9	6.0	0.9	0.9	0.9
Wide Bay-Burnett	2,694	2,896	5,590	5.8	5.9	5.9	2.4	2.6	2.5
Darling Downs	2,133	2,275	4,408	4.6	4.7	4.6	2.2	2.3	2.3
South West	1,111	1,117	2,228	2.4	2.3	2.3	7.9	8.9	8.4
Fitzroy	3,502	3,588	7,090	7.5	7.4	7.4	3.8	4.1	3.9
Central West	361	361	722	0.8	0.7	0.8	5.2	5.7	5.4
Mackay	1,834	1,796	3,630	3.9	3.7	3.8	2.8	2.9	2.9
Northern	5,111	5,385	10,496	10.9	11.1	11.0	5.2	5.6	5.4
Far North	12,655	13,097	25,752	27.1	26.9	27.0	10.6	11.4	11.0
North West	3,909	4,058	7,967	8.4	8.3	8.3	18.6	23.3	20.7
Queensland	46,759	48,719	95,478	100	100	100	2.8	2.9	2.8

Source: Australian Bureau of Statistics 1996 *Census of Population and Housing*

In 1996, there were approximately 27,000 Indigenous people aged between 12 – 25 years living in Queensland, representing 28 percent of the total Queensland Indigenous population. Like the total Indigenous population statistics indicate that almost 40 percent of

Queensland's Indigenous youth reside in the north of the State compared to 12 percent of non-Indigenous youth. In particular, 12 percent of these young people lived in the Northern Statistical Division and 26 percent in the Far Northern statistical Division. Although the majority of Indigenous young people live in major regional centres such as Cairns and Townsville, many also live in the rural and remote areas of North and Far North Queensland.

Among Indigenous young people, 41 percent (11,106) reported that they were attending an educational institution in 1996. Most of the participation was in the younger age groups, with 90 percent of 12–14 year-olds and 55 percent of 15-17 year-olds in education. Just 9% of 20-25 year-olds remained in education.

As of July 1999, the number of Aboriginal and Torres Strait Islander students attending Queensland State schools was 28,578. In comparison to other States and Territories, this is the second highest Aboriginal and Torres Strait Islander student population in Australia. One factor, which makes Queensland unique in comparison to other States and Territories in terms of its student population, is that Queensland also has a significant proportion of Torres Strait Islander students attending Queensland schools. Approximately 64.6 percent of the student population were located in the primary sector, 26.3 percent in the secondary sector and 8.6 percent in the preschool sector.

Young Indigenous people are less likely to complete secondary school or to pursue post-secondary education than non-Indigenous people. Whilst there has been an increase in recent years of Indigenous students remaining in education, in 1999 only 46 percent of Indigenous students completed Year 12. Aboriginal and Torres Strait Islander students attend more than 70% of Queensland State Schools. Like the total Indigenous population a significant proportion of Queensland State School students live in remote areas of Queensland. In particular, many of the students attending Queensland state schools are located in the State's Northern, North West and Far Northern statistical divisions of Queensland. Table 2 below provides an overview of enrolment of Indigenous students in Queensland State School by education level and district.

Table 2: Enrolment of Indigenous Students in Queensland State School by Education Sector and District

Districts	Preschool	Primary	Secondary	Special	All levels
Bayside	30	353	125	1	509
Bundaberg	42	390	137	3	572
Cairns	303	2,086	848	0	3,237
Cape and Gulf	234	1,462	368	0	2,064
Chinchilla	19	73	34	0	126
Coopers Plains (Brisbane)	18	338	133	1	490
Corinda (Brisbane)	13	268	185	3	469
Darling Downs	26	225	94	0	345
Emerald	21	158	75	0	254
Fraser-Cooloola	25	320	130	6	481
Geebung (Brisbane)	51	409	185	3	648

Gladstone	34	347	171	2	554
Gold Coast North	18	213	85	1	317
Gold Coast South	11	211	109	0	331
Ipswich	77	533	166	9	785
Isis Burnett	29	202	97	4	332
Logan/Beaudesert	43	592	303	3	941
Longreach	12	138	54	0	204
Mackay Hinterland	37	333	172	0	542
Mackay North	72	524	288	2	886
Mooloolaba	31	319	159	2	511
Mt Gravatt (Brisbane)	14	239	135	3	391
Mt Isa	100	864	276	9	1,249
Murrumba	62	634	234	9	939
Nambour	20	206	85	1	312
Rockhampton	111	918	345	4	1,378
Roma	71	427	191	0	689
South Burnett	71	346	116	0	533
Stafford (Brisbane)	18	191	157	0	366
Tablelands-Johnstone	124	920	423	7	1,474
Toowoomba	49	464	186	7	706
Torres Strait Islands	337	1,494	384	0	2,215
Townsville Burdekin	118	1,088	501	14	1,721
Townsville North and West	126	748	300	0	1,174
Warwick	27	220	80	0	327
West Moreton	15	224	117	0	356
All Locations	2,409	18,477	7,448	94	28,428

Source: Performance Measurement Office, Education Queensland (1999)

Contextual factors

There are two distinct Indigenous groups in Queensland – the Aboriginal people and the Torres Strait Islander people. Within these two groups, there is much diversity, which consists of groups of people with different histories and needs.

During European settlement, there were more than 600 Aboriginal tribes located throughout the continent, with around 250 distinct language groups. Presently, a hybrid of English and Aboriginal languages is used.

Aboriginal tribes were comprised of close-knit clan groups or extended families and were, and in some areas still remain, defined by complex social and kinship laws, customs and beliefs. In these societies, there was also dependence on support through social relationships rather than on individual effort. Therefore, any incentive to accumulate possessions may be undermined because of continuing cultural pressures to share resources with the wider kinship and social network.

With the influx of European settlers, the Aboriginal economy was altered, as Aboriginal people were removed from their traditional lands. Aboriginal people therefore became more and more dependant on the new settlers for basic needs.

One factor, which continues to affect the delivery of services, particularly education, to Aboriginal and Torres Strait Islander people within contemporary society, involves the placement of families and tribes onto missions and government settlements, mostly in rural and remote locations. This relocation also meant that families may have been separated. For many, this led to much knowledge of traditional social and cultural processes and structures being lost or confused including loss of language and identity.

Many Aboriginal families continue to live in these communities, which are largely devoid of commercial opportunities and lack access to mainstream labour markets. The Aboriginal population in Queensland is distributed across the State, with a concentration in South-east Queensland and a significant number of discrete communities located in remote areas of the State, in particular in the Cape York Peninsula and Gulf of Carpentaria regions. These communities were originally set up as missions and government settlements but many have since become Deed of Grant in Trust (DOGIT) communities, governed by Aboriginal Community Councils.

In comparison, Torres Strait Islander people have been less removed from their traditional lands than Aboriginal people.

The Torres Strait is a 150-kilometre-wide passage between Cape York Peninsula and the south-west coast of Papua new Guinea consisting of about 100 islands, of which 15 are inhabited with populations ranging from 40 to 750. There are also two mainland Torres Strait Islander communities – Seisa and Bamaga. The proximity of the Torres Strait to Asia and Papua New Guinea has exposed Torres Strait Islanders to a diverse mix of cultural influences. Two traditional languages are spoken in the Torres Strait – Merian Mir and Kala Lagaw Ya, with Creole the common link between these languages and English.

Torres Strait Islander society comprised tribal groupings, clans and extended families. Family kinship, home, totemism and spirituality relationships were interwoven in Torres Strait Islander society. There was a recognised hierarchy within Torres Strait Islander society, which accommodated both community and individual interests.

In Torres Strait Islander society, community and family members had specific roles and responsibilities to fulfil. These responsibilities ranged from child rearing and education to the maintenance of spiritual and sacred sites. Torres Strait Islander people also used, and today continue to use extensively, body language as a means of communication. Like Aboriginal people, these differences also affect the individual pursuit of employment, education, training and business opportunities for Torres Strait Islanders.

In summary, a number of traditional and historical issues continue to affect Aboriginal and Torres Strait Islander people's opportunities in education. An awareness of these issues will deliver a better understanding and appreciation of Aboriginal and Torres Strait Islander peoples.

Prior to 1967, missionaries and the "Department of Aboriginal and Islander Advancement" established the schooling that was available for Aboriginal and Torres Strait Islander people in most communities. In 1985, the last of these schools became part of the Department of

Education. Consequently the relationships between Aboriginal and Torres Strait Islander peoples and schooling in Queensland was developed in the context of changes in government policies and programs over this period.

As of July 1999, current data on educational outcomes (provided in Appendix 1) of Aboriginal and Torres Strait Islander students suggests that attention must be focused on:

- Improving performance in literacy and numeracy;
- Improving school attendance;
- Reducing dropout rates in the transition from primary to secondary school, and in the lower secondary years;
- Increasing school completion rates;
- Lowering rates of juvenile offences and detention.

Issues

This population distribution poses additional problems in addressing the, educational needs of Aboriginal and Torres Strait Islander people. One of the major factors impacting on the delivery of educational services to Queensland's Aboriginal and Torres Strait Islander people is the fact that a considerable proportion of the Indigenous population reside in remote and isolated areas of Queensland. There are communities in Queensland that do not have access to basic education services.

Besides transport and other costs related to geographical remoteness which add to the costs of provision of education, there are other issues which impact on the delivery of educational services to Queensland's Aboriginal and Torres Strait Islander students. Research into the provision of educational services to Aboriginal and Torres Strait Islander people in isolated and remote regions highlights the importance and gaps in the provision of:

- bilingual and Aboriginal and Torres Strait Islander languages programs;
- the involvement of the community in education and the need to support them;
- the critical nature of transport;
- the need for staff housing;
- the need to train local people as teachers and Indigenous education workers;
- the need for provision of secondary education at the local level and the effects of homesickness on students who board;
- the need to access tertiary study, adult education and training at the local level, and
- the potential of distance education strategies.

There are considerable problems in delivering educational services to people in remote areas, as the needs and aspirations of people located in these areas are quite often distinct from those in urban centres. Providing education services in isolated and remote areas is significantly more expensive than it is in urban areas. It is also complex in terms of staffing, resources and economies of scale.

Among people working in remote places or those supporting them, there are many criticisms of the levels of education provision. Many say that a comparison between the standard of education in urban and remote locations reveals double standards in relation to the provision of staffing and physical resources. In addition, many claim that:

- staffing formulas do not take into consideration the unique needs and circumstances of small schools;
- the level of English as a second language support is inadequate;
- enrolments by secondary-aged students are not recognised in staffing formulas, and
- young, inexperienced teachers are often appointed in remote schools and left without adequate levels of support.

While remote Aboriginal and Torres Strait Islander communities with significant populations generally have some kind of secondary education, many smaller communities do not. In these cases the options available for families are to either send their children to boarding school, enrol them in some form of secondary correspondence course or to abandon school altogether. In many cases that latter option is the one often taken. Leaving home, and making the transition to a new school environment and new living arrangements is highly often stressful for the student because of cultural, social and language differences, and many do not manage the transition successfully.

In 1998/99 Education Queensland was successful in attracting funding through the Commonwealth Strategic Initiatives Programme (SRP) to establish the Vocational Education and Training (VET) in Schools Project. This project aimed to increase VET opportunities for post-compulsory aged Aboriginal and Torres Strait Islander students located in rural and remote communities. One of the aims of the project was to overcome the disadvantages of geographical and socio-cultural isolation and enhance the employment and training prospects of Indigenous students. Outcomes of this project highlighted the significant barriers faced by Aboriginal and Torres Strait Islander students in the participation of VET. Essentially, the project highlighted that pathways in VET are often limited because of:

- Geographical location;
- Dropping out before Year 11;
- Poor literacy and numeracy skills limiting students to courses that lead to lower qualifications;
- Limited availability of employers in specific industries.

In remote communities where the provision of educational services is restricted, there is evidence to suggest that the use of modern technologies as a promising method to resolve this undesirable situation. At present this solution has been largely untested in remote communities with Aboriginal and Torres Strait Islander students. There are small descriptions of programs in which technology has been used to assist Aboriginal and Torres Strait Islander student's access to educational services, however addressing this issue requires high quality research to examine the feasibility of implementing such an initiative. It should be noted that developing technologies could serve to meet the educational needs of Indigenous young people who are physically isolated in youth detention centres.

Housing for teachers in remote places is often viewed as a problem in meeting the educational needs of Aboriginal and Torres Strait Islander people. The lack of appropriate housing for teachers working in remote places would add to the difficulty in attracting suitable people to these areas.

Impact of other functions

The lack of an integrated long-term plan for provision of cross-portfolio services to the Aboriginal and Torres Strait Islander community at the urban, rural, and remote levels has resulted in services not being provided in a cohesive manner.

There is a close relationship between low levels of educational outcomes and issues in other portfolio areas such as poor health, overcrowded housing and poor access to government services and infrastructure, such as transport and information and communication technology, that other Australians take for granted. Any improvement in these other portfolio areas is likely to generate better educational outcomes.

For example, there is a close relationship between poor health outcomes and low levels of educational achievement. There is some evidence that the infant mortality rate drops by between 7% and 10% with the addition of a single extra year of education in a population. Though the Indigenous infant mortality rate has reduced over the last two decades, it is still three times that of the Australian population as a whole, and there are some communities with higher infant mortality rates.

The incidence of otitis media with effusion (OME) among Indigenous Australian children living in remote communities has been found to range from 40% - 70%. OME in advantaged populations around the world is approximately 5% in childhood, falling to less than 1% after age 12. Younger children experience more frequent infectious episodes and eardrum ruptures typically begin within the first three months of life. With repeated ruptures, healing, and re-ruptures, the eardrums become scarred and thickened. In many cases the ruptures become too large to heal and would require reconstructive surgery to repair. Therefore during the early years, which are critical for speech and language development as well as for growth and elaboration of the nerve pathways between the inner ear and the temporal cortex of the brain, the great majority of Indigenous children experience fluctuating hearing loss. Such sensory deprivation during the developmental period subsequently makes it much more difficult for these children to learn.

On the other hand, improvements in Indigenous educational outcomes impact on other portfolio areas and on the total well-being of the Indigenous and national community. Indigenous people are more likely to be sick and less likely to be able to take action in relation to the health of their children, the less education they have relative to the Australian population as a whole.

There is also a great deal of research which shows that education has a positive effect on the health of adults, not just on their children. The effect that education has on people's health occurs to some extent independently of the effect that education has on their income or employment levels. In other words, even if income and employment levels do not increase, there is still a significant improvement in health status, both among adults and especially among their children.

Improvements in Indigenous educational outcomes also impact on other portfolio areas and on the total well-being of the Indigenous and national community. For example, the Royal Commission into Aboriginal Deaths in Custody noted that the formal education system, child welfare practices, juvenile justice, health and employment opportunities were inextricably linked to the disproportionate representation of Aboriginal and Torres Strait Islander people in custody. The Commission highlighted a number of educational problems and concluded that the most significant reason for the disproportionate rate of contact was the severely disadvantaged social, economic and cultural position of many Indigenous people.

Nevertheless, since the Royal Commission, the number of Aboriginal prisoners has more than doubled and the number of deaths of Aboriginal men in prison has also risen. Compared to the 1980s, the proportion of deaths in the 20-24 age group has trebled in the 1990s and death from suicide has taken over from illness as the leading manner of death.

Despite the urgency of these issues, there seems to be considerable difficulties in developing efficient mechanisms at State/Territory, national and local levels to resolve these cross-portfolio issues permanently at a local level for Indigenous Australians.

Responsibilities of State and Commonwealth Governments

All governments have a responsibility to create and maintain an environment that enables Aboriginal and Torres Strait Islander people to improve their education status. This was formally endorsed by Australian governments in 1989, through the Australian Education Council, which introduced the *Hobart Declaration on Schooling* which described ten common and agreed national goals for schooling in Australia, including:

- to provide an excellent education for all young people, being one which develops their talents and capacities to full potential, and is relevant to the social, cultural and economic needs of the nation (Goal 1);
- to respond to the current and emerging economic and social needs of the nation, and to provide those skills which will allow students maximum flexibility and adaptability in their future employment and other aspects of life (Goal 4);

- to develop knowledge, skills, attitudes and values which will enable students to participate as active and informed citizens in our democratic Australian society within an international context (Goal 7).

In addition, in 1989, the Council introduced the *National Aboriginal and Torres Strait Islander Education Policy (AEP)* to come into effect from 1 January 1990. The AEP sets out twenty-one long-term goals with the objective of achieving educational equality by the year 2000. In particular, the AEP establishes as the standard for Indigenous Australians, the level of educational access, participation and outcomes achieved by other Australians. The AEP deliberately refutes the notion that a gap in access, participation and educational outcomes between Indigenous and other Australians is 'normal'.

The twenty-one goals of the AEP relate to four themes:

- involvement of Indigenous people in educational decision-making;
- achievement of equality of access to educational services;
- achievement of equality of educational participation;
- achievement of equitable and appropriate educational outcomes.

In 1993, Ministers undertook a review of the effectiveness of the AEP in its first triennium to improve access, participation and equitable and the achievement of appropriate educational outcomes. When the review reported in 1995, it was clear that access and participation rates had improved but the scale of educational inequality still remained vast for Indigenous Australians. In addition, the 1995 National Review described a range of barriers that continue to contribute to educational inequality for Indigenous peoples.

The *National Strategy for the Education of Aboriginal and Torres Strait Islander Peoples (1996-2002)* built on the recommendations of the 1995 National Review and recommended reforms in the implementation, evaluation and arrangements relating to the twenty-one goals of the AEP.

The strategy outlined eight priority areas for each sector of education:

- to establish effective arrangements for the participation of Aboriginal and Torres Strait Islander peoples in educational decision-making;
- to increase the number of Aboriginal and Torres Strait Islander peoples employed in education and training;
- to ensure equitable access for Aboriginal and Torres Strait Islander students to education and training services;
- to ensure participation of Aboriginal and Torres Strait Islander students in education and training;

- to ensure equitable and appropriate educational achievement for Aboriginal and Torres Strait Islander students;
- to promote, maintain and support the teaching of Aboriginal and Torres Strait Islander studies, cultures and languages to all Indigenous and non-Indigenous students;
- to provide community development training services including proficiency in English literacy and numeracy for Aboriginal and Torres Strait Islander adults;
- to improve AEP implementation, evaluation and resourcing arrangements.

The strategy provides the basis for the current operational plans for Aboriginal and Torres Strait Islander education units in State/ Territory government education and training systems.

The Queensland Government therefore shares with the Commonwealth the responsibility for the provision of educational programs and services to Aboriginal and Torres Strait Islander people in Queensland. The Commonwealth Government's role is to develop policy and a strategic framework to improve their relative education status within the Australian community. Whereas, the State Government's role is to advance major policy initiatives and develop the framework to deliver educational services and infrastructure.

The role of the Queensland Government's Department of Aboriginal and Torres Strait Islander Policy and Development (DATSIPD) as the lead agent in across government initiative *Ten Year Planning Framework for Indigenous Affairs* is critical. Their role is to develop, coordinate and review policies and programs for Indigenous people, and to support Aboriginal and Torres Strait Islander Community Councils in the effective managements of communities. This coordination role includes economic development programs and services.

Conclusion

In summary the Education Queensland recognises that there is significantly more effort needed to achieve the necessary outcomes for Aboriginal and Torres Strait Islander people, not only in the provision of new educational programs and services but in significantly improving existing educational programs and services.

Education Queensland also recognises that there must be a joint effort between all levels of government, private sector and the community. Coordination of access by Indigenous people to educational programs and services is an issue across Queensland. A coordinated, whole-of-government approach to the delivery of educational programs and services (including Commonwealth, State and Local Governments and community service providers) will minimise any duplication that may exist, as well as fill gaps in programs and service provision to ensure that finite resources are used most effectively. Improving coordination will also assist in reducing delays in project approval processes.

- Achievement levels;
- Indigenous languages

APPENDIX 1: Current data on educational outcomes of Aboriginal and Torres Strait Islander students

Year 2 Net	<p>Aboriginal and Torres Strait Islander students are 6.8% of the Year 2 population. The gap between indigenous and non-indigenous students needing support:</p> <ul style="list-style-type: none"> • in reading (28.5%); • in writing (28.7%) • In Number (32.2%)
Year 5 Test	<p>Aboriginal and Torres Strait Islander students are 6% of the Year 5 population. The gap between indigenous and non-indigenous students identified in the lowest 15% of achievers:</p> <ul style="list-style-type: none"> • in literacy (30%) • in numeracy (32.2%) <p>(Performance Measurement and Review, 1998)</p>
Dropping Out	<p>A high drop out rate is found:</p> <ul style="list-style-type: none"> • in the transition from Year 7 to 8 (Corporate Data Warehouse Database, Feb '98); • from Year 8 to 10 (22% in 1997).
Subject Choice	<p>In Years 9 and 10, Aboriginal and Torres Strait Islander students are under represented in the subjects (apart from compulsory subjects) that provide students with wide academic choices in Year 11 and 12.</p>
School Completion	<p>The retention rate for indigenous students in Years 11 and 12 is 46% compared to 73% for non-indigenous students (Corporate Data Warehouse Database, February 1998).</p> <p>Many indigenous students in Years 11 and 12 are not eligible for an Overall Position. The Board of Senior Secondary School Studies estimated that fewer than 150 indigenous year 12 students obtained an OP score in 1998.</p>
School Disciplinary Absences in 1998	<p>Aboriginal and Torres Strait Islander students, representing 6% of the student population, represented 13% of all school disciplinary absences in 1998. (School Disciplinary Absence Report, 1998).</p> <p>6.52% of indigenous students experienced school disciplinary absences compared to 2.47% of non-indigenous students (Performance Measurement and Review Data Set, 25 February 1998).</p>
Secondary Attendance	<p>Indigenous students were absent from school for an average of 27.3 days in 1998, compared to an average of 15.4 days for non-indigenous students. (Performance Measurement and Review Data Set, 25 February 1998).</p>
Juvenile Justice	<p>In June 1997, Aboriginal and Torres Strait Islander young people aged 10 to 16 represented over half (55%) of the detainees in Queensland's three juvenile detention centres.</p> <p>This represents a detention rate for Aboriginal and Torres Strait Islander young people approximately 22 times higher than their non-indigenous counterparts. (Crime Prevention in Aboriginal and Torres Strait Islander communities;1999).</p>

**COMMONWEALTH GRANTS COMMISSION
INDIGENOUS FUNDING INQUIRY
QUEENSLAND HEALTH SUBMISSION**

Introduction

Queensland Health welcomes the opportunity to present a submission to the Commonwealth Grants Commission (CGC) Inquiry into Indigenous funding. Improving Indigenous health is a priority issue for Queensland Health. This submission highlights some of the key issues in establishing relative need for Indigenous populations, shortcomings in the data available to measure need, and proposed approaches to overcoming identified problems.

The Commonwealth Grants Commission (CGC) terms of reference for the inquiry seeks to determine relative need for one or more of the functions, including housing and infrastructure, employment and training, health and education of Indigenous people between groups of Indigenous people. These issues of defining need are complex as there are a number of approaches that could be adopted.

Approaches To Defining Health Need

The CGC terms of reference for the inquiry focus on determining relative need between Indigenous populations. However, it is also important that the Commission are informed about the needs of Indigenous people relative to non-Indigenous populations in Queensland in terms of a broader context. Three main approaches in determining need for Indigenous people include: per capita expenditure, funding to enable equivalent access, and expenditure required to achieve equivalent health status.

A per capita approach involves calculating the per capita expenditure required to provide services to Indigenous people which are equivalent to expenditure on the same services for non-Indigenous people. This approach represents in the short term, the most simple and transparent approach to resource allocation and obviates the need for more complex methodologies. There are two problems with this approach, firstly, the unreliability of indigenous population estimates, and secondly, this approach does not recognise different levels of need of Indigenous populations compared to the general population.

Determining the level of expenditure required to achieve the equivalent level of access to services by Indigenous people relative to non-Indigenous people is another approach. This is also technically difficult, due to a paucity of data (ie measuring cost relativities and factors impacting on access to appropriate services).

A third approach is to develop a series of needs weights that reflect a requirement to adequately treat the high level of excess ill-health in Indigenous populations in the short and medium term and in the long term reduce the well documented health inequities in Indigenous populations.

Per Capita Expenditure

The Australian Institute of Health and Welfare (AIHW) in the report *'Expenditures on Health Services for Aboriginal and Torres Strait Islander People'* suggests that there is a need to determine the level of expenditure required to ensure that, Indigenous people receive the same average expenditure per case as the non-Indigenous population.

The AIHW propose that estimates of total health expenditure by disease or health problem and estimates of the incidence and/or prevalence of health problems in the Indigenous and non-Indigenous populations are required.

In Queensland, a per capita expenditure approach can be demonstrated through application to the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). These Commonwealth programs provide funding for General Practitioner services, medical specialists (MBS) and pharmaceuticals (PBS).

Medical Benefits Scheme (MBS)

A study conducted by the AIHW in 1995/96 showed that Indigenous people benefited very little from such mainstream services as the MBS and PBS. The study found that Indigenous Australians used MBS at only one quarter of the rate of other Australians, yet their health needs are approximately three times higher. Per person, their benefits under Medicare were only 27 per cent of the average for non-Indigenous people and the proportion was only 22 per cent for prescribed drugs. It is estimated that Indigenous people receive about \$100 less per person than other Australians from the MBS and PBS alone.

Queensland has historically experienced a shortfall in its share of the national MBS and PBS benefits because in rural and remote areas there are fewer private (and public) services and because Queensland Health is supplying and funding a substitute service in a number of areas. In particular, the lack of access to, and utilisation of, the MBS/PBS benefits for pharmaceuticals and primary care health services by Indigenous people in Queensland has resulted in a cost shift to the State which provides these services free of charge through the public hospital system. At the present time, the Commonwealth is making savings of around \$25 million per year on MBS services that are provided and funded by Queensland Health but which should be funded by the Commonwealth, given around 1.1 million services at an average MBS benefit paid in Queensland of \$23 per service.

Given the paucity of health services available to Indigenous communities in remote parts of Queensland, the level of under-expenditure of MBS is more marked than for non-rural and remote populations.

Recognised Aboriginal Communities in Queensland: MBS and PBS Benefits

- There are currently eleven Deed of Grant in Trust Aboriginal Communities in Queensland and three Shires where people of Aboriginal and Torres Strait Islander descent represent at least 90% of the population. Approximately 19,330 or 20% of Queensland's Indigenous population live in these communities.

- The following table shows the quantum of additional funding needed in these fourteen communities to ‘Cash Up’ the MBS and PBS per capita to the level of the Australian average per capita payment. The figures are based:
 - on the population of 19,330
 - average MBS payment per Indigenous person in Queensland of \$88.82 per annum compared to the average per capita expenditure for all Australians of \$338.16
 - average PBS payment per Indigenous person in Queensland of \$27.94 compared to the average per capita expenditure for all Australians of \$135.69
 - on the assumption that there is access to MBS and PBS services in these communities

\$M	Average per capita MBS	Average per capita PBS	TOTAL
Indigenous population	<i>1.72</i>	<i>0.54</i>	<i>2.26</i>
Australia	6.54	2.62	9.16
Aust’s Indigenous Communities Shortfall compared to AUST per capita payment	4.82	2.08	6.90

- An additional \$7M is needed through the MBS and PBS just to equalise Indigenous per capita expenditure with the level of the rest of Australia. This is not an entirely accurate representation of the needs of these communities as Indigenous health needs are significantly higher than the rest of the population. Therefore the figure of \$7M represents equity on a straight per capita basis only.
- Expenditure through the MBS and PBS on Indigenous persons represents only 27% and 22% of per capita expenditure for the Non-Indigenous population.
- As noted above, the table above assumes access to MBS and PBS in these remote Indigenous communities. In reality there is very limited access to these services in the above communities. On this basis it could be argued that expenditure per capita on MBS and PBS in these communities is closer to zero. Given this, funding of \$9.16M would be needed.

Queensland’s Indigenous Population

- People of Aboriginal and Torres Strait Islander descent currently comprise 2.8% of Queensland’s population. Excluding the sites identified above there are several other areas across the State where the Indigenous population is higher than the State average.
- Given the significant representation of Indigenous people in these communities a case could also be made to ‘Cash Up’ MBS and PBS per capita to the level of the Australian average per capita payment. The following table shows the funding implications of Cashing Up areas where the Indigenous population is higher than the State average. The figures are based on the population of 55,287 and excludes the communities identified above.

\$M	Average per capita MBS	Average per capita PBS	TOTAL
Indigenous population	<i>4.91</i>	<i>1.54</i>	<i>6.46</i>
Australia	18.70	7.50	26.20
Aust's Indigenous Communities Shortfall compared to AUST per capita payment	13.79	5.96	19.74

- An additional \$19.74M is needed through the MBS and PBS to equalise Indigenous per capita expenditure with the level of the rest of Australia in areas in Queensland where the Indigenous population is above that of the State average. This is not an accurate representation of the needs of these areas as Indigenous health needs are significantly higher than the rest of the population. Therefore the figure of \$19.74M represents a minimum.
- There is mounting evidence that even in areas where there is ostensibly ready access to general MBS and PBS services, for example, the Brisbane Metropolitan Area, the use of these services by Indigenous people is much less than the general population, most probably as a result of socio-cultural barriers. To improve the level of access to basic services may require extra resources and services to be provided as an alternative to MBS services.

Equivalent Access to Health Services

All health services, both Commonwealth and State funded are available to the Indigenous population as well as the wider community. Services provided include acute public hospital services (funded by the Commonwealth and the State), community health services, Aboriginal Medical Services, public health programs including screening for breast and cervical cancer, and immunisation programs.

Given that all health services are available to all Queenslanders, including Indigenous people, and that in this State, Indigenous status has only been recorded in hospital records since 1996, it is difficult to accurately and separately identify expenditure on Indigenous health services. However, there are some specific Indigenous health programs in Queensland. These include:

Cervical Screening Program (QCSP)

Indigenous women suffer a disproportionate burden of illness and death from cancer of the cervix than non-Indigenous women with incidence rates that are 4.7 times higher than the rest of the population, and mortality rates 13.3. times higher than the state average.

Current projects/services available to Indigenous women include:

- The Mobile Women's Health Service (MWHS)
- The employment of Indigenous Women's Cancer Support Officers which are unique in Australia.

- Other specific Indigenous community based Women's Health and Education Programs.

Breast Screen Queensland

- Breast cancer has been identified as the second most common cancer diagnosed in Indigenous women after cancer of the cervix and the third most common cause of cancer death in women after cancer of the cervix and cancer of the lung. The risk of breast cancer among Indigenous women is at least as high as the risk for non-Indigenous women.
- Although the BreastScreen Queensland Program does not provide specific funding for projects/services for Indigenous women, participation of Indigenous women is a key performance measure for all Services to meet for accreditation under the BreastScreen Australia National Accreditation Requirements. A range of activities/services have been implemented to encourage high levels of participation of Indigenous women in the BreastScreen Queensland Program.

Specific Targeted Programs

- *The Well Person's Health Check (WPHC)* is a population based screening program which includes testing for sexually transmitted infections (STIs), diabetes, renal disease, and cardiovascular risk factors in Indigenous communities.
- *The Indigenous Eye Health Program* aims to develop a sustainable quality eye health program for Aboriginal and Torres Strait Islander people in Queensland.
- *The Visual Impairment Prevention Program (VIPP)* aims to increase detection of diabetic retinopathy at early stages in Indigenous people and reduce the severity of impairment where retinopathy exists.
- *The Ear Nose and Throat Outreach Project* aims to provide ENT specialist outreach services, including respiratory services to Aboriginal and Torres Strait Islander children in rural and remote areas of North Queensland.

Commonwealth Funded

Rural and Remote Medical Benefits Scheme

Following approval being granted by the Commonwealth Department of Health and Family Services, salaried medical officers employed by Queensland Health at approved sites are now bulk billing for medical services.

The scheme operates as follows:

- Funds generated via bulk billing arrangements are returned to the respective Health Service District where the funds have been generated.

- Approved sites are currently bulk billing, however, the success, gauged by the amount of funds generated is dependent on a range of issues.
- An arrangement with the Commonwealth that maximises Queensland Health potential to access funds under the Medical Benefit Scheme
- An additional 9 doctors have been employed in Cape York, Torres Strait, Mt Isa and Cairns Districts under the scheme.

Aboriginal Medical Services (AMSs)

The Commonwealth provides funding direct to twenty one AMSs in rural and regional areas throughout Queensland. As well as providing medical services, some AMSs provide non-medical services (ie. pregnancy support services).

State Funded

For the State, the main funding issue is the unfair burden carried by public hospitals in providing access to both primary and acute care services in rural and remote communities. The lack of General Practitioners and medical specialists in rural and remote areas means that the State is the only provider of primary care services through its public hospitals in many rural and remote areas, particularly for Indigenous communities.

Indicators of Health Status

The proportion of Indigenous people in Queensland, relative to the State's population, is significantly higher than the ratio of Indigenous people to the general population nationally and in other States. The 1996 ABS census showed that the Indigenous population in Queensland is 27 per cent of the total national Aboriginal and Torres Strait Islander population.

In Queensland, the health of the Indigenous population remains substantially worse than other sections of the Queensland population with significantly higher death rates and lower life expectancy than the non-Indigenous population. In addition, the Queensland population is more dispersed than that of any other Australian State or Territory. Indigenous communities, particularly those living in rural and remote parts of the State face difficulties in accessing appropriate health services.

Aboriginal and Torres Strait Islander people have a greater need for health services, based on their demonstrably higher rates of mortality and the prevalence of infectious diseases, as well as lifestyle related conditions (such as smoking and alcohol related illness, and diabetes). Measures of need based on health status which have been applied by the Australian Institute of Health and Welfare to the assessment of need include infant mortality, life expectancy, mortality, morbidity and reported illness. Aboriginal and Torres Strait Islander people nationally show higher levels of need based on these parameters when compared to the rest of the Australian population.

At a national level, assessment of needs based on health status points to a number of key indicators of need by Aboriginal and Torres Strait Islander people for health services. These include:

- High infant mortality rates – currently still over three times higher than the non-Indigenous rate, and recent evidence suggests that the gap is widening.
- Lower life expectancy compared to the non-Indigenous population - adjusted mortality levels are estimated to be more than three times higher than the non-Indigenous population.
- Mortality rates for Indigenous people, within the age range of 25 and 64 years of age are 5 to 7 times higher than those experienced by other Australians.

The above needs indicators fluctuate in Queensland according to place of residence. For example, Mathers (1995) carried out an analysis of mortality in Statistical Local Areas in North Australia (WA, QLD, and NT) where more than 50 per cent of the population identified as Aboriginal and Torres Strait Islander in the 1991 population census. He found that Aboriginal and Torres Strait Islander people living in remote areas had significantly higher death rates for a range of specific causes including:

- Cardiovascular disease
- Infectious and parasitic diseases – 17.8 and 21.7 times higher for males and females respectively
- Cancer of the cervix-11.5 times higher
- Diabetes-18 and 22 times higher for males and females respectively
- Respiratory diseases-7.9 and 12.5 times higher for males and females respectively
- Diseases of the genitourinary system-9.1 and 16.8 times higher for males and females respectively
- Homicide-15.4 and 7.8 times higher for males and females respectively.

This suggests that the need for access to appropriate health services is much higher in these areas, particularly those services which may improve health status in relation to the conditions outlined above.

Standardised Mortality Ratios (SMRs) as an indicator of need

The standardised mortality ratio (SMR) is the most common and accessible index as a measure of relative need for health services (*AIHW Expenditure Report*). For example, geographical areas with significantly raised mortality rates (often areas with a high proportion Indigenous people), have similarly raised levels of hospital use. While levels of service use may be determined by factors other than relative need, for example, geographical accessibility, socio-cultural barriers etc, SMRs are considered the most reliable measure of health status and relative need. SMR weightings have been used widely to determine need in resource allocation models, for example, New South Wales and the United Kingdom.

Data available for Indigenous Health Needs Measurement in Queensland

By using place of usual residence rather than relying on an indigenous identifier, good information is available on the health status of Deed of Grant in Trust (DOGIT) Indigenous communities, which account for approximately 20 per cent of Queensland's Indigenous

population. Analysis of mortality and hospital morbidity data for these communities reveal highly elevated mortality and hospital morbidity, (3.7 and 3.2 times the general Queensland population respectively).

An Indigenous identifier has only been included on Queensland mortality data since 1996 and for the years 1996 and 1997, levels of Indigenous identification were considered inadequate. However, by 1998, the Australian Bureau of Statistics considered the level of Indigenous identification in the 1998 mortality data to be about 70 per cent complete and for the first time published Indigenous mortality data for the State. Even given the incomplete identification, age standardised mortality rates for indigenous populations over three times the State general population mortality rate were evident.

Hospital Morbidity

Queensland hospitals (public and private) provide to Queensland Health information on inpatient activity generating one record for every hospital separation. Hospitals have been required to provide self-identified Indigenous status of patients since June 1993. Validation surveys have established that Indigenous patients are under-identified in public hospitals in the South-East of the State, while the accuracy of identification is better elsewhere.

Comparative Demography

An analysis of ABS 1996 Census demographic data for the Indigenous population by age, sex and the Rural & Remote Area (RARA) classification revealed there were only minor differences in the age/sex distribution of the Indigenous population between urban, rural and remote areas. In fact capital city and urban Indigenous populations evidenced a slightly younger demographic profile than the rural remote areas.

There are three possible explanations for this pattern:

- The death rates and fertility rates are similar across RARA for Indigenous populations.
- There is significant in-migration to urban areas by the younger Indigenous population resulting in a younger age profile.
- A combination of higher death rates and high migration rates.

A comparison of the 1991 and 1996 ABS Census Indigenous population profile shows that even though a higher proportion of the population in urban areas identified as Indigenous there was little change in the proportions in each age group which identified as Indigenous. This suggests that at least between 1991 and 1996, that the effects of migration rates in changing the proportional structure of the population are minimal and that rural/urban migration patterns are relatively stable over time. Thus it is likely that mortality rates for all of Queensland have similar indigenous mortality and morbidity rates as the remote indigenous communities.

Further work analysing median age at death and median age of admission to hospital showed that indigenous people are dying of and being admitted to hospital for chronic diseases such as cardiovascular disease, diabetes and respiratory disease 20 years younger

than the general population. Moreover, these patterns were similar for all areas of the Rural And Remote Areas classification (RARA).

Efforts to address the health problems of the Indigenous population in Queensland have concentrated largely on Indigenous populations in rural areas, especially remote rural Indigenous communities. However, these patterns indicate that health promotion and prevention programs and services provided for the general population may be ineffective in addressing the specific health needs of Indigenous populations in capital city and urban areas. Greater provision of health services which specifically address the health needs of urban Indigenous populations may be required to ameliorate Indigenous and non-Indigenous health differentials.

Cost differentials in providing Indigenous health services in remote communities

Although the available data shows little difference in the age/sex distribution of Indigenous people between urban and rural areas, differences in cost to provide health services to rural as opposed to urban communities are significant. In particular, the cost of capital in rural and remote areas of the State are higher than for urban and metropolitan areas where economies of scale can be achieved and where materials are readily available. Queensland Health applies a loading of up to 200% for remote communities when constructing new health facilities, compared to 100% for metropolitan areas.

Estimating Indigenous population in Queensland

Estimating the size of Queensland's Indigenous population has relied heavily on the Australian Bureau of Statistics Census counts. According to Census estimates, Queensland's Indigenous population increased some 38 per cent between 1991 and 1996, an increase well above that that could be explained by natural population growth. Moreover, the percentage increase in urban areas of the State was over 60 per cent. This increase is primarily the result of increased self-identification rather than real increase. Thus there are inherent difficulties in estimating the true level of Queensland Indigenous population.

For the remote Indigenous communities, Queensland Health has accumulated increasing evidence that suggests that ABS Census estimates consistently under-enumerate the population of these communities, possibly by up to 40 per cent.

Attached is a paper outlining problems underlying the measurement of Indigenous health status in Queensland and estimating accurate indigenous populations, particularly in remote communities, and some alternative methods of measurement.

A further approach to determining the level of expenditure required to achieve an equivalent health status for Indigenous people compared to other Indigenous people is through the joint planning process to be undertaken under the Framework Agreement, as outlined below.

Framework Agreement for Aboriginal and Torres Strait Islander Health

community planning. To date community plans have been completed for Yarrabah, Quilpie, Toowoomba, Goondiwindi, St. George and Cunnamulla. The Framework Agreement is not a funding agreement per se, but rather provides the basis for collaboration between the Commonwealth and State in identifying health needs for Indigenous communities in Queensland.

Resource Allocation: models and approaches

Casemix

Queensland Health has developed an output based funding model to assist in benchmarking and encouraging performance improvement. The method involves funding public hospitals on the basis of the number, type and complexity of cases treated. At this stage, the model does not differentiate between the needs of Indigenous and non-Indigenous people. Also, small hospitals in rural and remote areas are not considered suitable for casemix funding due to the low level of activity.

Community Health Services

State funding in Queensland for community based health services is provided based on community consultation to identify priority health needs, and appropriate service configurations. Indigenous community health planning has occurred in Normanton, Doomadgee and Toowoomba.

Capitation Model

Queensland Health is currently in the process of developing a Resource Distribution Model. In developing a Resource Distribution Model, parameters were identified which had an impact on health services in Queensland, including Indigenous health. weightings based on age specific standardised mortality ratios were used as a surrogate measure of Indigenous health need.

Conclusion

Queensland Health supports the CGC inquiry into Indigenous funding, as Indigenous health remains a major issue in this State, as it does at a national level. The concept of need requires clarity in terms of a shared understanding and agreed definition. The concept of need could be interpreted as the broadest level to extend infinitely, and it is vital that the CGC consult with States and Territories and agree on an approach to defining need.

The issue of defining need is far from simple. There are a number of different approaches which have been covered in this submission including:

- Expenditure on a per capita basis (\$ per person per annum). This is the least complex, and most transparent approach, although it does not take into account differentials in health status.
- Determining a level of expenditure which enables equivalent access to health services by Indigenous people relative to non-Indigenous people as well as to other groups of non-Indigenous people.
- A third approach, based on the funding levels required to achieve a similar level of health status for Indigenous people compared to the non-Indigenous population.

There are inherent problems with the quality of Indigenous health information from health and health related collections and with ABS Census derived Indigenous population estimates. Orthodox methods used to quantify Indigenous health status, especially in areas with a relatively small proportion of Indigenous population, are not reliable.

However, using historical data sources with incomplete Indigenous identification in a different way can provide valuable evidence to quantify the health differentials of Indigenous populations compared to the population overall.

Moreover, using recently released ABS 1998, Indigenous mortality information for Queensland, Standardised Mortality Ratios (SMRs) for Indigenous populations for the State as a whole can be clearly demonstrated to be at least three times that of the general Queensland population suggesting Indigenous populations require a level of funding and resources matching the SMR differentials.

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'Health of Queensland's Aborigines and Torres Strait Islanders: Status Report', Health Information Centre, Queensland Health, 1996

'Expenditures on Health Services for Aboriginal and Torres Strait Islander People', Australian Institute of Health and Welfare, published by Public Affairs, Parliamentary and Access Branch, Department of Health and Family Services, 1998

'Problems Underlying the Measurement of Indigenous Health Status in Queensland and Some Alternative Methods of Measurement', unpublished paper, Health Information Centre, Queensland Health

ATTACHMENT

Problems Underlying the Measurement of Indigenous Health Status in Queensland and some Alternative Methods of Measurement

While there is relatively good information on the health status of the Deed of Grant in Trust (DOGIT) Indigenous communities which account for approximately 20 per cent of the Queensland's Indigenous population, assessing the health of the rest of the Indigenous population of Queensland is problematic. There is little empirical evidence to show that the health status of these remote Indigenous communities can be used as a surrogate measure of the health for the other 80 per cent of Indigenous people living in Queensland.

In many areas of Queensland, although the numbers of Indigenous people may be substantial, as a proportion of the total population they are small. For example, the Statistical Divisions of Brisbane and Moreton account for 28.3 per cent of the total Indigenous people in Queensland but represent less than one per cent of the total population of those areas. Urban areas with relatively high proportions of Indigenous people are also areas with large proportions of low socio-economic status non Indigenous populations and therefore it is difficult to stratify the two populations by geographical location to measure health differentials.

Problems of Indigenous Identification in Health and Health-related Collections

Problems with Numerators

An Indigenous identifier has only been included on the Queensland Registrar General's Cause of Death information since 1996. Experience from other States which have had an identifier in their collections for some time suggest that it will be a considerable period before reliable identification is achieved. Due to the relatively small numbers of Indigenous deaths compared to the population overall, approximately five years of data are required to be aggregated to achieve statistically reliable and robust measures of the health of Indigenous Queenslanders. Given the above two factors, it may be ten years or longer before useful identification is achieved for Queensland mortality information.

Indigenous identification on hospital morbidity and perinatal information has been collected since July 1993. However, the accuracy of the identification has been poor especially in South East Queensland as well as those areas where Indigenous people account for only a small percentage of the overall population. Two recent validation studies estimate that for these areas, between 30 and 50 percent of Indigenous patients were not being identified as Indigenous through the normal admission process.

There is also mounting evidence that some deaths in the more remote parts of the State are not being registered and therefore undercounting of the number of deaths in remote communities is likely.

Problems with denominators

ABS population and Housing Census information which is required to derive resident population denominators has shown growth rates of identification between 1991 and 1996 which are considerably above that which can be explained by real population growth. Between 1991 and 1996 the number of those who identified as Indigenous in Queensland grew from 69,000 to 95,000, an increase of some 37 per cent.

Moreover, this growth rate was not evenly distributed across the State with the number of persons identifying as Indigenous in Brisbane and Moreton Statistical Divisions increasing 61% and 116% respectively. Other statistical divisions such as Wide Bay-Burnett, Darling Downs and Mackay had increases of nearly 50 per cent or over in the same period. In contrast remote statistical divisions such as South West and North West increased by approximately 10 per cent, an increase approximating natural population increases, given the Indigenous population's relatively high fertility rates. Thus it is difficult to derive a set of suitable denominators to analyse health status, especially when attempting to analyse changes over time.

Anecdotal evidence from community health workers in remote Indigenous communities of considerable under-enumeration in Census counts has been supported by using information from other sources. For example, information obtained from Centrelink on the number of active beneficiaries over the age of 20 residing in the Deed of Grant in Trust (DOGIT) Indigenous communities suggest that under-enumeration in the Census in this age group may be in the order of 45 per cent (Table 1.).

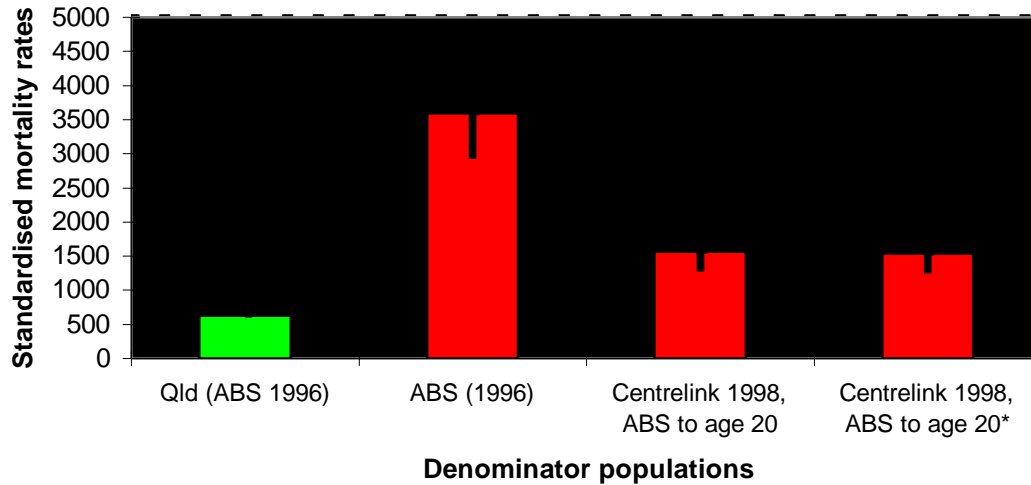
TABLE 1

Comparison of Number of Centrelink Beneficiaries October 1998 with ABS Census Counts August 1996 for Persons Aged 20 and Over

DOGIT COMMUNITY	Centrelink data 1998	ABS Census data 1996	Percentage difference
Aurukun	650	461	41.0
Cherbourg	870	528	64.8
Doomadgee	893	408	118.9
Hope Vale	716	396	80.8
Kowanyama	718	568	26.4
Lockhart River	542	271	100.0
Napranum	534	474	12.7
Pormpuraaw	3626	377	-4.0
Woorabinda	928	569	63.1
Wujal Wujal	307	190	61.6
Yarrabah	1405	1009	39.2
Mornington Island	709	670	5.8
Torres Strait	6574	4778	37.6
Palm Islands	1923	1116	72.3
All DOGITs + Torres Strait	17131	11815	45.0

Figure 1

DOGIT Community X - Comparison of standardised mortality rates, All causes 1992 to 1996 using 3 population estimates



ABS 1996 Census populations to age 20 used and adjusted proportionally by Centrelink excess for older age groups

*

In summary, there is a lack of a reliable and stable Indigenous identifier for hospital morbidity information, a lack of an Indigenous identifier as well as an unknown number of deaths from remote communities not being registered. This, coupled with large variation in base population estimates means that achieving accurate and meaningful health measures of the Indigenous population is problematic. Orthodox methods used to quantify Indigenous health status, especially in areas with a relatively small proportion of Indigenous population, are not applicable. However, using data sources with incomplete Indigenous identification in a different way can provide valuable evidence to quantify the health differentials of urban Indigenous populations compared to the population overall.

An Alternative Approach to Measuring Urban/Rural/Remote Indigenous Health Differentials

Comparative Demography

An analysis of ABS 1996 Census demographic data for the Indigenous population by age, sex and the Rural & Remote Area (RARA) classification revealed there were only minor differences in the age/sex distribution of the Indigenous population between urban, rural and remote areas. In fact capital city and urban Indigenous populations evidenced a slightly younger demographic profile than the rural remote areas (Figure 2).

Figure 2

1996 ABS Population & Housing Census - population pyramids for Queensland Non-Indigenous and Indigenous populations by Rural and Remote Area Classification (RARA)

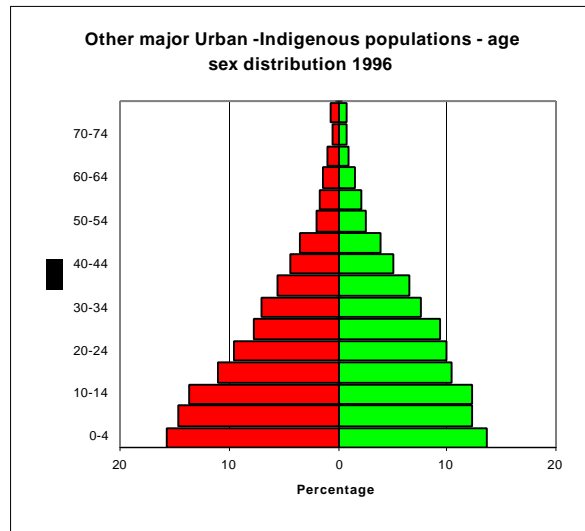
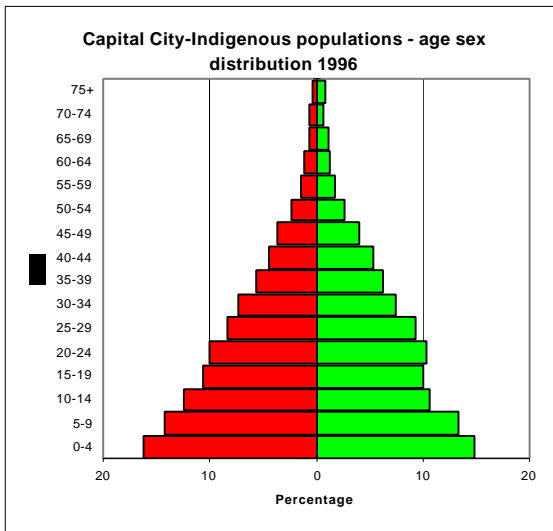
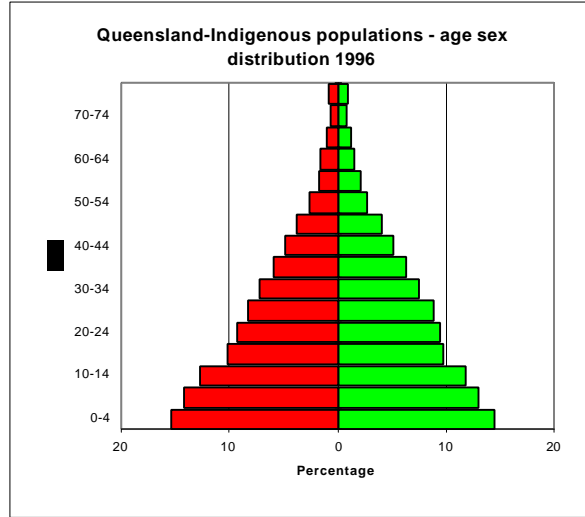
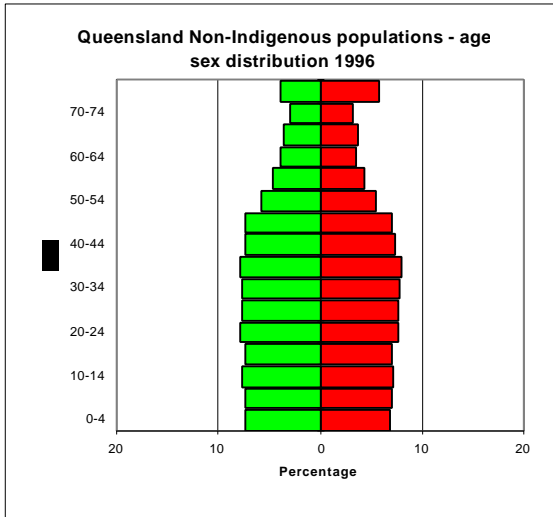
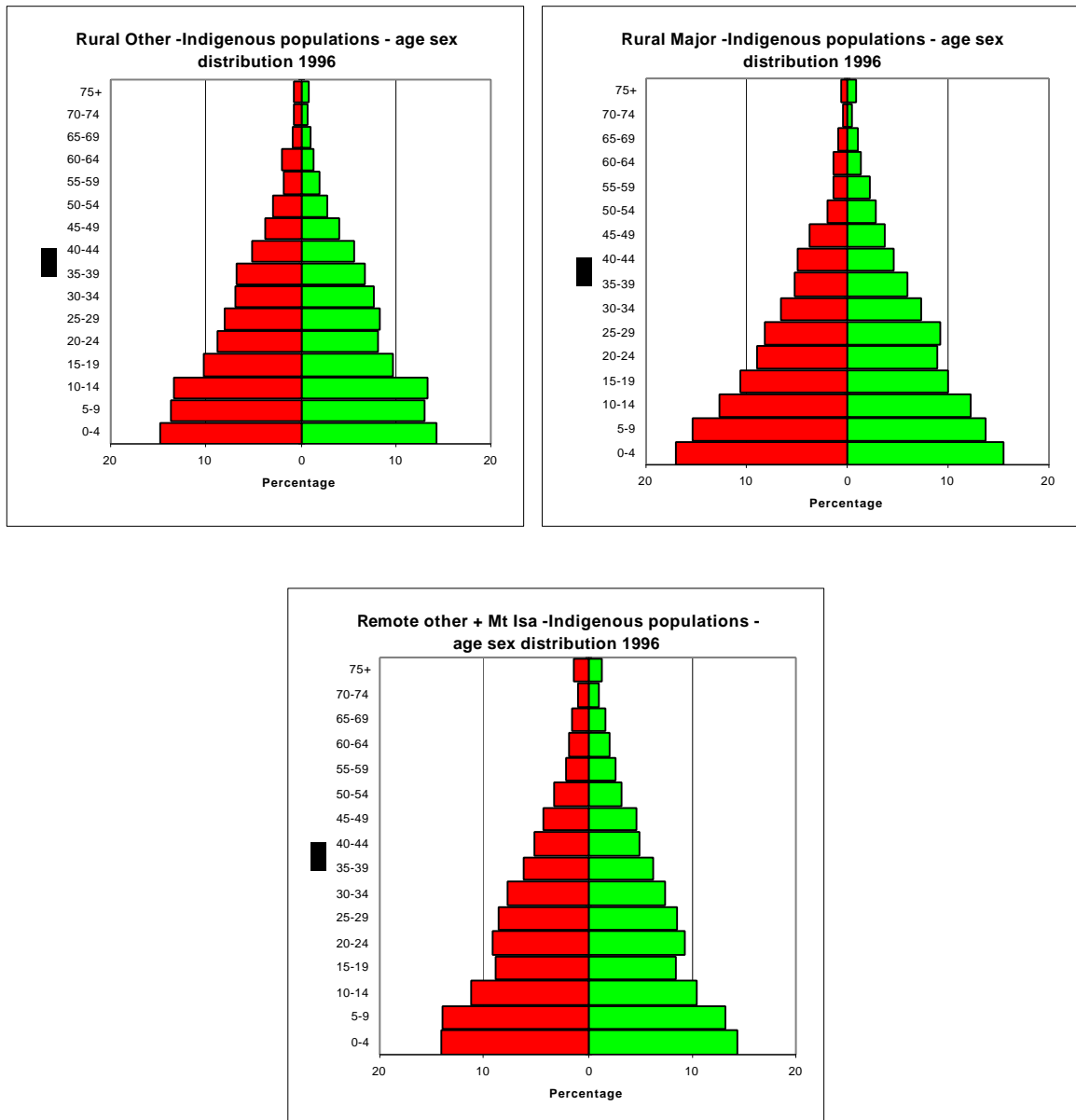


Figure 2 -Continued

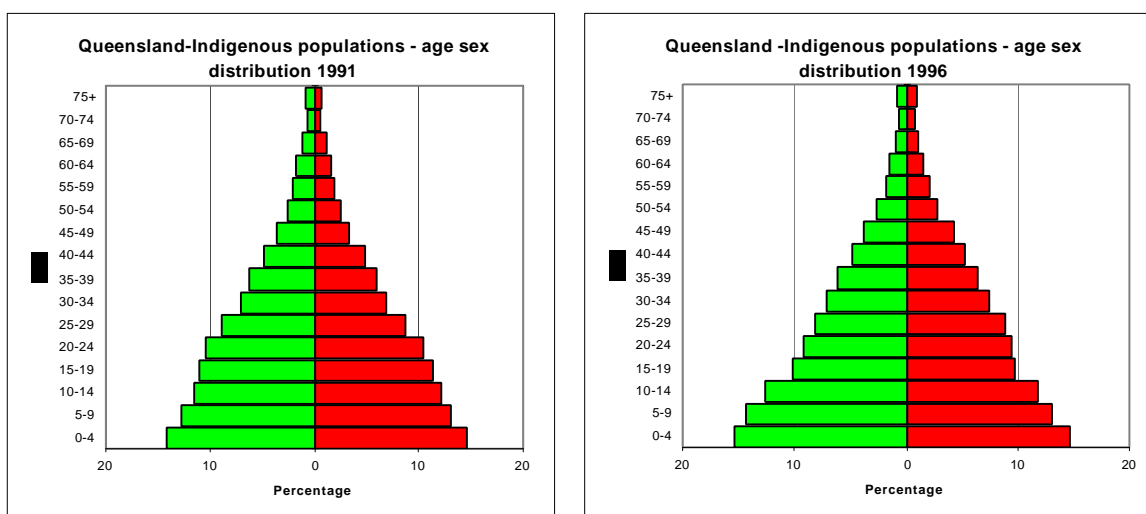


There are three possible explanations for this pattern:

- The death rates and fertility rates are similar across RARA for Indigenous populations.
- There is significant in-migration to urban areas by the younger Indigenous population resulting in a younger age profile.
- A combination of higher death rates and high migration rates.

A comparison of the 1991 and 1996 ABS Census Indigenous population profile shows that even though a higher proportion of the population in urban areas identified as Indigenous there was little change in the proportions in each age group which identifies as Indigenous (Figure 3). This suggests that at least between 1991 and 1996, that the effects of migration rates in changing the proportional structure of the population pyramid are minimal and that rural/urban migration patterns are relatively stable over time.

Figure 3
Proportion of population in each age group 1991 and 1996 ABS Population & Housing Censuses



An Alternative Approach to Measuring Urban/Rural/Remote Indigenous Health Differentials

There is under-enumeration in hospital morbidity information for the Indigenous population particularly in urban areas and geographical areas that have relatively small proportions of Indigenous population. While recognising this, hospital morbidity information is still a potentially useful dataset to analyse the health differentials of the Indigenous population compared to the Queensland population in general.

Using Median Age at Death from Queensland Hospital Morbidity Information

Data from Queensland Hospitals for the years 1993/94 to 1996/97 were extracted where the discharge status was recorded as death. These data were stratified by the available Indigenous identifier and the RARA classification and the median age of death for those that were identified as Indigenous was compared to the non Indigenous population (Table 2 and Figure 4)

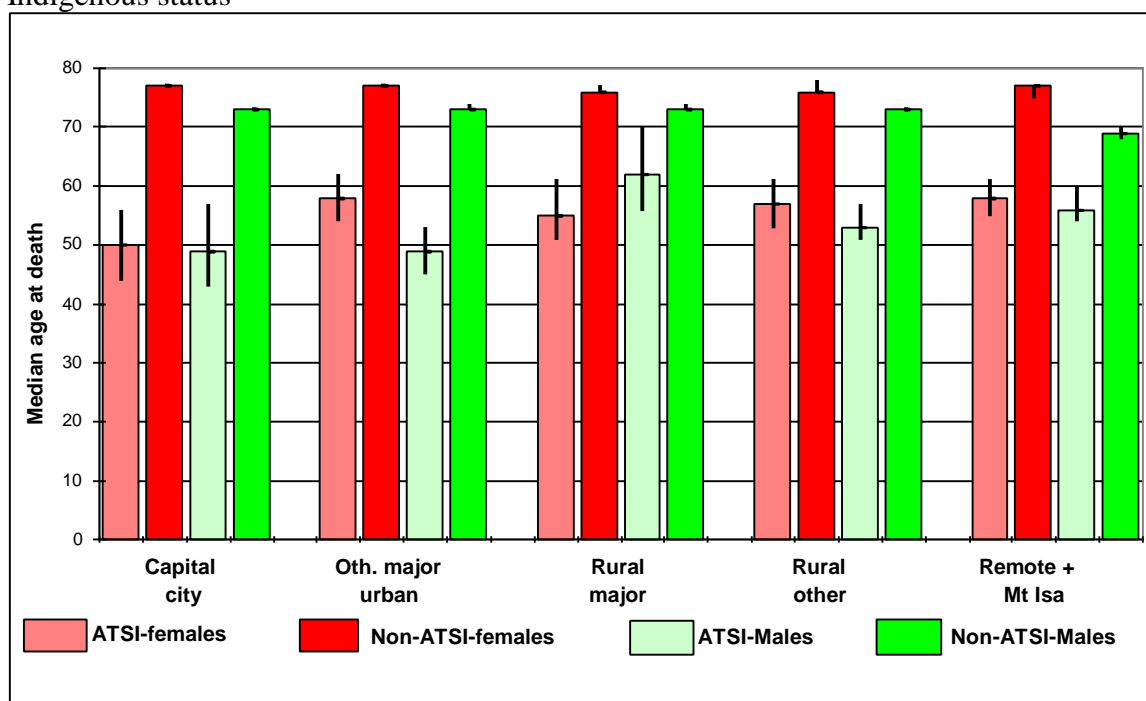
Table 2
Deaths in Queensland Hospitals July 1993 to March 1998 by RARA
and Indigenous Status

Number of deaths	Males		Females	
	ATSI	Non-ATSI	ATSI	Non-ATSI
RARA				
Capital City	57	13087	66	11308
Other Major Urban	96	6445	109	5001
Rural Major	40	3979	41	3111
Rural Other	178	5114	149	3633
Remote + Mt Isa	201	672	194	472
Grand Total	572	29297	559	23525

Median age at death	Males		Females	
	ATSI	Non-ATSI	ATSI	Non-ATSI
RARA				
Capital City	50	73	50	77
Other major urban	49	73	58	77
Rural major	63	73	56	76
Rural other	54	73	57	76
Remote + Mt Isa	57	69	58	77
Total	54	73	57	77

Figure 4

Median age at death in Queensland hospitals, July 1993 to March 1998 by RARA and Indigenous status



The median age at death for those identified as Indigenous was approximately 20 years younger than the non-Indigenous population. This pattern was relatively consistent across

the RARA classification which suggests that the death rates for the capital city and other major urban Indigenous populations are similar to those of rural Indigenous populations.

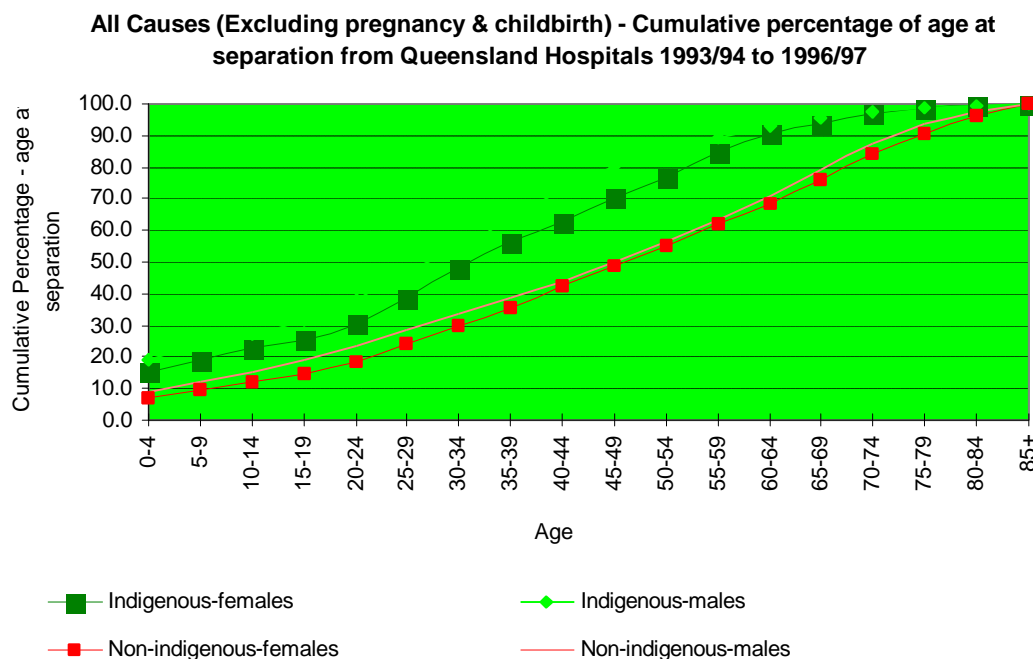
A comparative analysis of Western Australian 1992/93 to 1996/97 data, where there is more complete Indigenous identification in mortality and morbidity information, showed a similar pattern at a Statewide level. Moreover, a comparison of the median age of death in Western Australian hospitals and ABS mortality information showed there was little difference in the median age of death between the two sources. This suggests that the median age of deaths that occur in hospital is a good proxy measure for the all causes median age at death.

Unfortunately the small numbers of deaths in Queensland hospitals with an Indigenous identifier did not permit meaningful stratification by specific causes of death.

Median Age of Separation from Queensland Hospitals

Because of the considerably larger numbers of Indigenous identified and non-Indigenous separations for any discharge status, comparisons across the Rural and Remote Area classification by major disease groups is possible. As Figure 4 shows, for the Indigenous population, median age at separation all causes from Queensland is about 15 to 20 years younger than the general population.

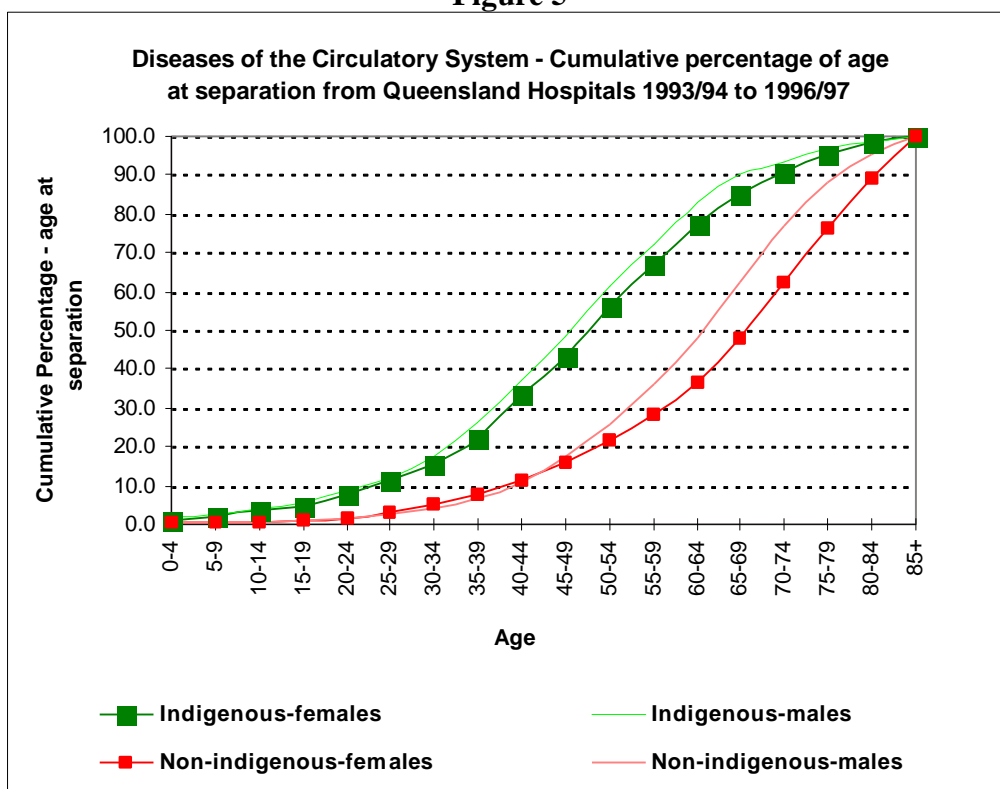
Figure 4



This pattern is relatively consistent across the RARA categories, that is, the median age of separation is similar for the Capital City and Other Major Urban Indigenous populations as the Minor and Remote Rural populations. While this does not provide a direct measure of the health differentials between the Indigenous and non-Indigenous populations, it is suggestive that similar patterns of morbidity are present.

Median age of separation for diseases of the circulatory system show a similar pattern with Indigenous populations being 15 to 20 years younger (Figure 5). This pattern shows little variation across the RARA classification.

Figure 5



Conclusion

Efforts to address the health problems of the Indigenous population in Queensland have concentrated largely on Indigenous populations in rural areas, especially remote rural Indigenous communities. The analysis suggests however that the median age at death for urban Indigenous populations is similar to rural Indigenous populations despite urban Indigenous populations theoretically having access to the same level of services as non-Indigenous populations. Moreover, it provides some evidence that health promotion and prevention programs and services provided for the general population appear to be ineffective in addressing the health needs of Indigenous populations in capital city and urban areas. Greater provision of health services which specifically address the health needs of urban Indigenous populations may be required to ameliorate Indigenous and non-Indigenous health differentials.

The apparent under-enumeration of populations in remote Indigenous communities in ABS Census counts if Centrelink beneficiaries data are accurate have two major implications:

- Levels of health funding and the provision of services to those communities on a per capita basis is being considerably understated.
- The Centrelink data casts considerable doubt on ABS resident population estimates that have been used in the past as a denominator population for statistical analysis of Indigenous mortality and hospital morbidity. Centrelink information for identified Indigenous communities in other states needs to be analysed to determine whether there is a consistent pattern of under-enumeration. If this proves to be the case, a method of adjusting population estimates to provide more accurate denominators will need to be developed that can be applied consistently across the states.

While there is no substitute for accurate and reliable numerator and denominator information and continuing efforts to improve identification are vital, in the short term, alternative methods such as analysis of median age at death or hospital separation may prove useful in identifying differences in health status between Indigenous and non-Indigenous populations where identification is unreliable.

Bryan Kennedy (Principal Analyst, Epidemiology Services Unit)
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Queensland Health

4 November 1998

**COMMONWEALTH GRANTS COMMISSION
INDIGENOUS FUNDING INQUIRY**

DEPARTMENT OF HOUSING RESPONSE

A Multi-Measured Approach to Housing Need for Indigenous Communities

The Department of Housing supports the use of a multi-measure approach for measuring housing need and the allocation of resources across regions to address the housing need of Aboriginal and Torres Strait Islander people. The Department has moved to a more need-based approach using various measures for its Five-Year Capital Works Plan for the Aboriginal Rental Housing Program (ARHP) and its Community Program, including the Capital Works Program for Deed Of Grant in Trust (DOGIT) Communities. The development of a multi-measure need based methodology has drawn on recent research, including the report on *Measures of Indigenous Housing Need and Resource Allocation in the ARHP and CHIP* (Jones, Neutze, Sanders; August, 1998) prepared for the Indigenous Policy Unit, Department of Social Security (executive summary attached).

A number of complex variables contribute to the measurement of housing need. The inadequacy of a single measure for determining need has highlighted that Indigenous people living in urban and remote areas face quite different types of housing need.

The Jones' (1998) report argues that multiple measures should be developed because:

- different cultures value and use housing in different ways;
- across urban, rural and remote areas, there are a diversity of Indigenous cultures in Australia, as well as differences between Indigenous and non-Indigenous; and
- housing need in any culture is multi-dimensional and complex.

In addition, it is difficult to use different standards in different regions unless there is some objective and widely accepted reason that they should be different. The use of several measures in tandem enables both the capture of several aspects of housing need and allows the relative merit and impact of these different measures to be considered in the assessment process for resource allocation.

A holistic approach to understanding and measuring housing need is also required. Housing needs must be considered in consort with related infrastructure and service needs such as the provision of water, waste disposal, sewerage and roads. For Queensland, factors such as remoteness; climatic conditions (eg higher levels of depreciation in tropical areas, the occurrence of natural disasters, such as flooding and cyclones); and levels of input costs (eg higher input costs to supply and maintain housing and related infrastructure because of both the size of the State and the remoteness of many locations) must be considered in any need assessment and resource allocation.

In addition, the resources and capacity of housing organisations and Community Councils to provide ongoing asset and tenancy management also impacts on housing outcomes and therefore requires consideration in needs assessment and resource allocation. For example, the Aboriginal and Torres Strait Islander Housing Community Housing Management Strategy (CHMS) aims to assist Aboriginal and Torres Strait Islander Community Councils to develop, establish and implement long-term tenancy and asset management capacity within their communities in order to increase the viability of housing programs. This Strategy includes funding for a range of activities and management infrastructure costs including:

- housing office set-up projects;
- training for housing policy development and implementation;
- financial accountability and asset management responsibilities;
- installation of a dedicated computer Housing Management System;
- tenant awareness and support projects;
- housing facilitator projects; and
- Social Housing Skills Development Projects to address ongoing education, training and skill development.

The overall capability of Councils with respect to general administration and financial skills and accountability also impacts on their housing management capabilities as well as other aspects of human service delivery. This highlights the need for holistic and regional need assessments of the administrative scale and capabilities required to deliver programs.

Any proposed conceptual framework for measuring housing need and resource allocation should include: a multi measure approach, the quantity and depth of need, and a holistic approach encompassing housing related infrastructure and organisational capacity building required to deliver successful housing outcomes.

Based on the Jones (1998) report and the current work in the Department of Housing, the following inter-related measures are suggested as important for a multi-measure approach to housing need.

Measures of Adequacy

Adequacy refers to housing that is of a satisfactory size and standard for the household that is occupying it. This includes measures of homelessness, overcrowding, services and stock condition.

Service need measures the basic facilities considered essential to adequate housing, including such features as running water connected to dwelling, toilets, hot water service, laundry area, kitchen sink, food storage areas, cooking facilities, connected electricity etc. For various regions of Queensland provision of adequate cooling should also be considered an essential service requirement.

Measures of Appropriateness

Appropriateness refers to the design of housing and its siting relative to other housing and facilities to allow the household to function in a culturally and socially appropriate way.

Adequacy and appropriateness of housing can be the most important issues for many Indigenous Queenslanders, especially for those residing in remote locations. Important considerations include:

- Environmental issues – climate, the cost of providing infrastructure, and the environmental impact on the operation and durability of housing and infrastructure.
- Physical issues – the size, location and style of housing relative to lifestyle, climate, social issues and community needs. (For example, fittings and fixtures need to be of sufficient quality to withstand increased wear and tear when kinship obligations lead to frequent visitors and overcrowding.)

Measures of Affordability

Affordability means that paying the cost of such housing should ‘leave households with sufficient income to meet their basic needs such as food, clothing, transport, medical care and education’ (National Housing Strategy, 1991).

Housing affordability is the greatest problem confronting Indigenous people, residing or wishing to reside, in South-East Queensland as well as major centres such as Cairns and Mt Isa which have relatively high cost private rental markets. Jones’ analysis of the 1996 census also indicates that affordability need is greatest in cities. This raises particular concerns for people who have locational or cultural ties to high cost locations, for example in Queensland in Musgrave Park (inner city Brisbane), Cairns and Thursday Island.

In addition, many Indigenous Queenslanders are denied access to Rent Assistance, which is intended to respond to affordability need. This may occur in areas where ‘rent’ is levied on every individual, a common practice in communities, which have CDEP and where Indigenous community housing organisations do not charge the threshold rent required to attract Rent Assistance. The cycle of low incomes, low rent and limited access to Rent Assistance has implications for the efficient management and maintenance of community housing stock in urban as well as rural and remoter locations. The combined household income of large or overcrowded families may also limit access to Rent Assistance, even in circumstances where rents are higher.

Measures of Security of Tenure

Security of tenure means tenants should have freedom to use the dwelling, and have security of tenure similar to that afforded to householders in private rental and to homebuyers. Security of tenure is an important quality of housing for Indigenous people, however it is difficult to measure and more research is required around possible measures and weighting for security of tenure.

Measures of Emerging Need

An emerging need measure estimates the anticipated growth in that need in the near future. The Department considers that inclusion of emerging need is important to any multi-measure approach, as its exclusion is likely to have serious implications for meeting future need, eg provision of housing in places where people will not want to live and inadequate housing. Population size and growth, geographical distribution, rural-urban migration and household formation characteristics are factors in assessment of emerging need. Queensland has a rapidly growing Indigenous population, which is characterised by three main groups; urban residents, rural/remote residents and Deed of Grant in Trust community residents. The current and projected housing needs of these groups differ considerably, especially in relation to geographic and market conditions.

According to ABS census data, the total number of Indigenous people in Queensland is estimated at 104,817. The ABS projections for growth in the Indigenous population by 2006 estimate a population of 133,288 if no change in propensity to identify as Aboriginal or Torres Strait Islander is assumed, and 179,338 if a 3.3% per annum change in the propensity to identify is assumed. Based on these assumptions 66.42% of the Indigenous population in Queensland is projected to be under 30 years of age by 2006 (no change in propensity to identify) or 66.27% (3.3% change in propensity to identify). This is likely to result in high rates of household formation and overcrowding in existing households.

The Department of Housing currently analyses projected housing need based on ATSI regions for a planned period through an analysis of population, stock conditions and housing backlog to inform its capital works planning.

Availability and Quality of data

Jones (1998; 47-62) provides a relatively recent comprehensive analysis of current existing data, and its usefulness and limitations for measuring the housing need of Indigenous people.

Although improving, the availability of current, verifiable and comparable data limits the capacity to quantify and analyse the depth of the housing need of Queensland's Indigenous population – including for urban, rural and DOGIT communities. Some more recent data sets have provided an improved capacity to quantify need in relation to DOGIT communities, namely:

- Aboriginal Coordinating Council (ACC) Community House Crowding Survey 1998;
- ACC 1995 Housing Needs Assessment and Triennial Allocations Project Report; and
- Island Coordinating Council (ICC) Torres Strait Housing Report 1996

While some information is available about the supply of private rental housing, more detailed research is required to more accurately identify the extent of market failure for Indigenous people. A consultancy project on market failure for Indigenous people is currently being finalised, with preliminary findings indicating that discrimination is

widespread and the supply of low cost private rental stock is decreasing for Indigenous people.