

GENERAL

SUPPORTING MATERIAL

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DATA ISSUES

1. Implementing an indicator driven system for allocating funds according to relative need requires comparable data on a regional basis for many variables, including:

- (i) basic demographic data — such as the number of Indigenous and non-Indigenous people, their age distribution, household size, income characteristics, employment status and where they live etc;
- (ii) the use of services by Indigenous people — such as primary health care, hospitals, school and training enrolments, and participation in various labour market programs;
- (iii) availability of facilities — including availability of housing and infrastructure, access to health facilities, schools etc;
- (iv) outcomes of services — such as literacy and numeracy achievements, indicators of health status, employment status, housing occupancy and housing condition;
- (v) other indicators of efficiency and effectiveness of services provided to Indigenous people; and
- (vi) funds available for providing services to Indigenous people — for both mainstream and Indigenous-specific programs of Commonwealth, State and other providers.

2. This section:

- (i) provides an overview of data presently available which describes the Indigenous population, the levels of expenditure on services for that population and its use of services;
- (ii) describes the data which the Commission has collected during this Inquiry;
- (iii) discusses data limitations;
- (iv) sets out data requirements to support a needs based distribution of funds; and
- (v) discusses strategies for collecting required data.

AVAILABLE DATA SETS

3. Major public data sets which were available for use during this Inquiry included:

- (i) ABS Census of Population and Housing, 1996;
- (ii) ABS National Health Survey, 1995;
- (iii) Community Housing Infrastructure Needs Survey, 1992 and 1999;
- (iv) National Aboriginal and Torres Strait Islander Survey, 1994;
- (v) Hospital Morbidity data: Australian Hospital Statistics, 1998-99; and
- (vi) National Schools Statistical Collection, 1999.

4. This section provides detail of the coverage of each of these data sets, discusses any constraints on the use of the data for this Inquiry and lists how the data were used in this Inquiry or could be used in a needs based allocation process.

ABS Census of Population and Housing, 1996

5. The Census is the major source of data on population and a number of other social and economic variables for Australia as a whole, the States, regions and smaller areas. Information obtained from the Census (and other ABS national surveys) has been collected using uniform definitions and is generally comparable across regions. However, there is evidence that the level of accuracy of people's responses to some questions (such as those on Indigenous identification or household size) differs between regions.

6. It is widely accepted that even the most comprehensive national data collection (the Census) has deficiencies. ABS estimated an under-enumeration rate of about 7 per cent for Indigenous people in the 1996 Census. It was less than 2 per cent for the total Australian population. There were more people who did not respond to the question on Indigenous status than people who identified as Indigenous¹. To adjust for these and other factors, the ABS prepared the *Experimental Estimates of the Aboriginal and Torres Strait Islander Population, 30 June 1991-30 June 1996*. These estimates provide better information on the Indigenous population, although the ATSI region is the smallest geographical area for which they are produced.

7. While the ABS believes its procedures produce reliable estimates of Indigenous population and age distributions at the national, State and ATSI region levels, other data available from the Census cannot be adjusted and are available on a Census count basis only.

¹ Kate Ross, ABS Occasional Paper: *Population Issues, Indigenous Australians*, 1996: ABS Cat No. 4708.0.

8. Notwithstanding the adjustments to the population data, made by the ABS, most submissions and discussions raised the accuracy of Census data on Indigenous people as an issue. The data were thought to undercount the true population, especially for small areas, although in Tasmania the Census was generally said to have resulted in a large overcount. The large increase in the reported number of Indigenous people between the 1991 and 1996 Censuses was used to illustrate the unreliability of the data.

9. The claimed undercounting is attributed to many causes, including mobility of Indigenous people, some Indigenous people not declaring all those living in a house on Census night, and some people not responding to the question on Indigenous origin. People often pointed to local knowledge or to alternative data sources such as health centre records or school enrolments to support their claims. Each of the alternative sources of information mentioned have their own deficiencies.

10. Despite these concerns, the Census data are the most comprehensive and the best data available and are used by Commonwealth and State service providers in their planning and resource distribution processes. The Commission has used them as the basis of its comparisons.

11. Perhaps the greatest deficiency of the Census data for this Inquiry is that they reflect things as they were on a particular day almost five years ago. This is important in the case of Indigenous people because of their high mobility and developments in service delivery that have taken place since 1996.

12. The problems of other data collections are greater than those attaching to the Census. Consistently identifying Indigenous people in administrative data is very difficult, even in basic collections such as births and deaths. Notwithstanding efforts to improve the collections, the accuracy of the identification varies from place to place and over time. Improving the identification is a large task, illustrated by the fact that in April 1999, the Australian Health Ministers Advisory Council (AHMAC) allocated resources to promote improved Indigenous identification in hospitals, and all States were given until the end of 2001 to report on the accuracy of their data.

ABS National Health Survey, 1995

13. The 1995 National Health Survey (NHS) was conducted throughout the 12 months from February 1995 to January 1996. The survey was designed to obtain national benchmark information on a range of health-related issues, and to enable the monitoring of trends in health over time. Information about health status, health actions and health related behaviours were obtained from a sample of residents of both private and non-private dwellings. Households were selected at random using a multi-stage area sample, which ensured that persons within each State and Territory had, in the main, an equal chance of selection in the survey.

14. To enhance the reliability of estimates for the Indigenous population, and to better enable direct comparisons with the health characteristics of non-Indigenous people, a supplementary sample of about 1000 Indigenous respondents was obtained for the survey (this brought the number of Indigenous respondents to approximately 2000). Because of

concerns about the quality of some of the responses from Indigenous participants living in remote areas, it was decided to exclude from the published survey results responses from all people, Indigenous and non-Indigenous, living in those areas identified by the ABS as being sparsely settled.

15. Consequently, data from this source were of limited use to the Inquiry as it was out of date, the self reporting nature of the data made using it problematic and it did not contain information on remote areas.

Community Housing Infrastructure Needs Survey (CHINS), 1992 and 1999

16. The objectives of the 1999 CHINS were to obtain information which could be used to:

- (i) identify and assess community and housing related infrastructure in discrete Indigenous communities, and to make basic assessments of other Indigenous community housing;
- (ii) contribute to the process of planning for future development in Indigenous communities;
- (iii) provide a basis for evaluating future need in Indigenous communities; and
- (iv) enable the development of databases on discrete Indigenous communities and other Indigenous community housing in each State and Territory.

17. The survey collected data from Indigenous housing organisations (number and condition of stock, number of rooms, rent collected, repairs and maintenance expenditure), and also from discrete Indigenous communities (housing and related infrastructure — including water and power supply, sewerage systems, and drainage and roads). Data on access to health, education and other services were also included.

18. Although called a survey, technically the CHINS is a complete enumeration of all Indigenous housing organisations and discrete Indigenous communities. This includes organisations and communities located in urban and sparsely settled areas in all States and Territories. In instances where small housing organisation(s) had dwellings managed by a larger Indigenous organisation, such as a resource agency, information was gathered from the larger organisation. The smaller organisation was then considered to be out of scope, as the dwellings involved were already included in the data for the larger organisations.

19. The Survey data are particularly useful in identifying the broad need for basic infrastructure in each community. They also provided a level of detail on Indigenous Housing organisations and the housing that was not previously available. It is proposed that the survey will be repeated again in 2001 at the same time as the 2001 Census, which will significantly enhance users capacity to analyse data across Australia.

20. Data from this Survey have been used extensively in the Commission's calculations of needs for the housing and infrastructure functions. They were also used to gain insights into the accessibility of services in the education and health functions. Details of some of the information available are published in the volume of Consultant's Reports.

National Aboriginal and Torres Strait Islander Survey, 1994

21. The National Aboriginal and Torres Strait Islander Survey (NATSIS), which was conducted in 1994 by the ABS, was the first national survey of Australia's Aboriginal and Torres Strait Islander people, and was part of the government response to a recommendation by the Royal Commission into Aboriginal Deaths in Custody. The survey was designed primarily to provide information on the social, demographic, economic and health status of Indigenous people, and included questions on a wide range of topics in the areas of family and culture, health, housing, education, training, employment and income, and law and justice.

22. Prior to and during the development stages of the survey, there was widespread consultation with Indigenous people and organisations to ensure that the information collected was relevant to Indigenous people, and was collected in a culturally appropriate manner. The survey was based on personal interviews with a sample of Indigenous persons. The interviews were conducted by Indigenous people especially recruited and trained to interview the Indigenous people selected in the sample.

23. The Survey data were not used extensively during the Inquiry as they are generally out of date and more recent data are available. Although, the ABS did include some of the information in preparing the experimental index of Indigenous socio-economic disadvantage.

Hospital Morbidity data: Australian Hospital Statistics, 1998-99

24. The Australian Institute of Health and Welfare (AIHW) has produced four reports describing the characteristics and activities of Australia's hospitals. The latest one is based on data for 1998-99 supplied by State health authorities. The data include the National Hospital Morbidity Database (NHMD), which collates patient-level data on the diagnoses and other characteristics of admitted patients in both public and private hospitals, and on the hospital care they receive. The collection and reporting of the data were undertaken by the AIHW, under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement.

25. The NHMD is a compilation of data relating to admitted patients in almost all Australian hospitals including: public acute, public psychiatric, private acute, private psychiatric, and private free-standing hospital facilities. Public sector hospitals that were not included were those outside the jurisdiction of a State health authority (they include hospitals operated by the Department of Defence or correctional authorities, or hospitals located in off-shore territories).

26. This was one of the few sources of regional and State data. Its use is qualified as. However, its use as an indicator of Indigenous need is limited because the accuracy of Indigenous identification varies between States and the data collected reflect met need. There has been significant effort put into improving the data set in recent years. A standard question on Indigenous identification has been adopted in all States. Further work is underway to improve the data set.

27. Notwithstanding the limitations, the data are used widely in health planning and analysis. The Commission used the data to obtain insights into Indigenous health status and regional patterns. The Commission's health consultant (the Office of Aboriginal Health in the Health department of Western Australia) used the data in its measure of the relative health needs of ATSIC regions in Western Australia.

National Schools Statistical Collection, 1999

28. The National Schools Statistical Collection (NSSC) aims to establish sets of descriptive statistics which will provide information on the Australian schooling system. Centred on matters pertaining to the provision of primary, secondary and special education in schools and ancillary education establishments, the scope and format of the statistics are intended to maximise the comparability of the statistics from one authority to another, and from one sector to another.

29. Conceptual and definitional difficulties have traditionally plagued educational statistics, making comparability between jurisdictions difficult. One of the major purposes of the NSSC is to address and overcome these problems, and to provide national statistics as a basis for planning.

30. The scope of the NSSC consists of all establishments which have as their major activity the administration or provision of full-time day primary, secondary and/or special schools education (or primary or secondary education by radio or correspondence). The scope includes all establishments:

- (i) administered by a Department or Ministry of Education under Directors-General (or equivalent) of Education as defined by membership of the Conference of Education Systems CEOs (CESCEO);
- (ii) not administered by a Department of Education or other government authority; and
- (iii) administered by any other government authority.

31. The Commission used data from this collection to enhance its understanding of Indigenous education achievements and needs, which were generally based on 1996 Census data.

WHAT THE COMMISSION COLLECTED

32. The Commission asked Commonwealth and State agencies for information to help it identify:

- (i) what services are provided and where they are provided;
- (ii) who provides those services;
- (iii) what processes are adopted in making resource allocation decisions;
- (iv) how much is spent on providing the services;
- (v) who uses the services; and
- (vi) the outcomes of the services.

33. Much information was collected, but it suffered from practical difficulties that restricted its use in regional analysis, including the following:

- (i) Indigenous identification in service use data was often incomplete, especially in mainstream programs — for example, most States were not able to provide estimates of Indigenous people in their mainstream public housing;
- (ii) estimates of expenditure attributable to Indigenous people were usually not available;
- (iii) data are often not available on a consistent regional basis, so it was necessary to adopt estimation processes to achieve some comparability; and
- (iv) outcomes data, especially in the education area, were frequently not available for less than the whole of the State.

34. Since the terms of reference asked for comparisons between the existing distribution of funds used for providing services to Indigenous people and a distribution of those funds based on relative needs, details of expenditure were essential. Table 1 outlines the expenditure data available to the Commission for the Inquiry. It indicates that data on Commonwealth and State expenditure for Indigenous people were frequently not available on a regional basis. Moreover, much of the data that were available were not of a high quality. For example, some regional expenditures were estimated by allocating expenditures on the basis of Indigenous population or a relevant sub-group of the population. Some limited comparisons of the type requested by the terms of reference were made for the housing and employment functions but their accuracy was limited by data deficiencies.

Table 1 DATA ON EXPENDITURE RELATING TO INDIGENOUS PEOPLE AVAILABLE TO COMMISSION

Program	Data available and quality
HEALTH	
Commonwealth mainstream programs	
Medicare and PBS(a)	Estimates of expenditure on Indigenous people for ARIA categories
Australian Health Care Agreement SPPs	Payments to States (Indigenous dissection not applicable)
Other SPPs	Payments to States (Indigenous dissection not applicable)
Commonwealth Indigenous-specific	
OATSIH expenditure	Expenditure by purpose, postcode, State health region and ATSI region, but subject to confidentiality restrictions
State expenditure (mainstream and Indigenous-specific)	
Community health services(a)	Estimates of expenditure on Indigenous people for ARIA categories
Hospital services(a)	Estimates of expenditure on Indigenous people for ARIA categories
Aged care services(a)	Estimates of expenditure on Indigenous people for ARIA categories
HOUSING AND INFRASTRUCTURE	
Commonwealth mainstream	
Rent Assistance	Total Australian expenditure on Indigenous people
Commonwealth–State Housing Agreement	Payments to States (Indigenous dissection not applicable)
Commonwealth Indigenous-specific	
ATSI CHIP/NAHS programs	Expenditure, separately for housing and infrastructure, by State and region
Aboriginal Rental Housing Program	Payments to each State
State mainstream	
Mainstream public housing	No data for expenditure attributable to Indigenous people available
State Indigenous specific	
Indigenous housing	Total expenditure by region available for most States, but no data on type of expenditure (that is, construction, upgrading and recurrent expenses) and limited data on rent for some States
Indigenous infrastructure	Total expenditure in the State for some States, but coverage and quality varied between States

Table 1 DATA ON EXPENDITURE RELATING TO INDIGENOUS PEOPLE AVAILABLE TO COMMISSION (*Continued*)

Program	Data available and quality
EDUCATION AND TRAINING	
Commonwealth mainstream	
Schools SPPs (general and targeted)	Total payments to each State (Indigenous dissection not applicable)
Commonwealth Indigenous-specific	
IESIP	Total payments to each State and provider (no regional data)
IEDA	Total payments to each State (no regional data)
State mainstream expenditure	
Schools programs	Total State expenditure on education (no details of Indigenous proportion or regional expenditure)
State Indigenous-specific	
Schools programs	Total State expenditure for some States (no regional data)
EMPLOYMENT	
Commonwealth mainstream	
Job Network	Estimates for Indigenous proportion at the State level
Indigenous-specific	
Indigenous Employment Program	Estimates based on Indigenous population available for regions
CDEP	Available for regions

(a) Data were sourced from working drafts of the 2nd Report on Indigenous Health Expenditure being undertaken by the AIHW. Hence, use of the data was restricted as they had not been fully verified by the AIHW.

WHERE THE GAPS ARE

35. Some features of the data that were available and that affect measures of relative needs include the following:

- (i) Much of the data (such as that on hospital inpatients) reflect met rather than ‘unmet’ needs. Thus, from the perspective of resource allocation, they measure the wrong thing. They may also be affected by how the service is delivered (for example, the accessibility and location of hospitals). Using these data as a basis for decisions about total needs (met plus unmet) requires a great deal of care.

- (ii) The use of ATSI regions as the basis of comparisons can mask variations in needs between locations within the region. The data for the region are an average of all locations in the region and do not reflect accurately the position of individuals or localities within the region.
- (iii) Data for small areas, were often not available for privacy reasons. For example, information is often collected by health and education bodies but little of it, even in a confidential form, was provided to us.
- (iv) Measuring improvements in outcomes requires comparable data for several years. Because the improvements being made, the data that exist for successive periods (such as those from the 1992 and 1999 CHINS) were often not fully comparable.

Health

36. ***Health Status.*** Data on Indigenous health status — for example, mortality rates, morbidity data — are not generally considered to be reliable below the State level. Because of this, it is not possible to provide any detailed regional overview of the provision of health services across Australia. The analysis of needs the Commission did was based on data classified by ARIA category, not ATSI region. The health consultant was able to undertake regional level analysis for western Australia, one of the three jurisdictions with the more reliable data.

Housing

37. There are limited data on Indigenous use of public housing, although changes over recent years to the way data is collected means that most States are beginning to collect the data.

38. The 1999 Housing agencies use different geographical regions from the ATSI regions; as a result, estimation is required to report housing data by ATSI region.

39. While researchers have done much analysis of needs in the housing function, that analysis is generally based on 1996 Census data, with some augmentation in recent times with data from the 1999 CHINS and the improving administrative data collections. The 2001 Census and 2001 CHINS should assist in gaining more comprehensive data on Indigenous housing, including better tenure identification and better data on the quantity and quality of housing.

Infrastructure

40. Data on infrastructure are based predominantly on the CHINS survey, and some States also collect data and maintain databases of infrastructure and related issues. Detailed community planning projects are based on these data, and on detailed community analysis. Administrative data are becoming available that can be used to show where specific funds are being spent.

Education

41. Comparisons and needs assessments for Education were very difficult because financial and non-financial data at less than State level were rarely available. Those that were available, were not on a consistent basis. Schooling outcomes data (for 1998 and 1999) were only available at the State level.

42. Regional analysis was restricted to broad measures of educational outcomes, and was based on 1996 Census data.

43. States' education systems do not allocate costs by type of student, although broad allowances for remoteness of services are often included. The Commission obtained State level data on the numbers of Indigenous students, by level and by sector, but not the additional costs of delivering schooling to these students. Consequently, analysis was restricted to inter-sector, inter-level comparisons.

Employment

44. Because the provision of employment services is essentially a Commonwealth responsibility, data consistency problems, which normally exist when States have responsibility for provision of services, did not arise.

45. Financial and non-financial data on employment services, were available from relevant Commonwealth agencies at the regional level. However, much of the expenditure data for mainstream programs included estimates that reflected broad population based allocations.

Training

46. The VET System is a complex interaction between the Commonwealth, the States, private and public Registered Training Organisations, and industry. The complex funding and delivery arrangements coupled with the trend towards private provision and the lack of correlation between Indigenous students' addresses and training institution addresses (especially for rural and remote students), all contribute to making consistent and current financial data on Indigenous training unavailable.

47. Extensive non-financial data at regional levels were available from the National Centre for Vocational Education Research, although there were concerns about the accuracy of the identification of Indigenous students.

WHAT NEEDS TO BE DONE

Initiatives to Improve Data Availability and Quality

48. Despite the 1992 National Commitment to a planning framework which 'identifies needs, and establishes clear and measurable objectives, agreed outcomes and

performance indicators' and 'nationally consistent statistical reports with a policy orientation', comparable and reliable data are still difficult to obtain.

49. There has been much activity in the areas of health, housing and education aimed at defining performance indicators and standardising data definitions and collection processes. However, improvements are occurring slowly. Greater priority will need to be given to implementing the agreements and publishing data, especially on a small area basis. Exposing data to public scrutiny will result in improvements in its quality. Informed decision making demands that data be collected and used sensitively in planning, monitoring and evaluating service delivery.

50. Ideally, these data would be available for both Indigenous and non-Indigenous people, and for several years. They need to be defined and collected in a consistent manner in all States, and greater cross-functional coordination would be possible if the definition of regions were similar for all services.

51. There is an increasing demand for data for use in developing, monitoring and evaluating policies aimed at reducing Indigenous disadvantage. The deficiencies in the available data have been noted in many recent reports and there have been many initiatives aimed at improving the availability and quality of data.

- (i) In 1996, the Prime Minister wrote to all Heads of government seeking agreement to improved performance reporting on service delivery to Indigenous people.
- (ii) In 1997, the Prime Minister asked the Steering Committee of the Review of Commonwealth-State service provision to oversee monitoring of service provision to Indigenous people.
- (iii) A National Aboriginal and Torres Strait Islander Health Information Plan was endorsed by AHMAC in October 1997.
- (iv) A set of performance indicators developed by the Heads of Aboriginal Health Units (Commonwealth and State) was first reported on in late 1997.
- (v) Commonwealth and State Housing Ministers established a Commonwealth-State Working Group on Indigenous Housing data which has developed agreed definitions and performance indicators.
- (vi) Performance indicators have been established under the reporting arrangements for the Indigenous Education Strategic Initiatives Program (IESIP).
- (vii) Estimates of 1998-99 health expenditure for Indigenous people have been prepared by the AIHW.
- (viii) The ABS has developed an Indigenous Survey Strategy (ISS) to generate a broad range of socio-economic data. The ISS strategy will result in a more ordered collection of Indigenous statistics, including

regular Indigenous General Social Surveys (IGSS), Indigenous sample supplementation in regular health surveys (and possibly other surveys), annual Indigenous estimates from the labour force survey, and possibly further CHINS collections.

- (ix) The central focus of the ABS ISS will be a general social survey of the Indigenous population across Australia. The ABS will conduct an IGSS in 2002, and at six yearly intervals after that. The IGSS survey will be conducted in conjunction with the general social survey (GSS) of all Australians, which the ABS will conduct three-yearly as part of its Household Survey Program.
- (x) ABS is currently working with key users of health statistics to develop a future program of regular health surveys. To this end DHAC has entered a partnership with ABS to fund a program of triennial health surveys, commencing in 2001. The program will allow for supplementation of the Indigenous sample for the first two surveys, and every six years thereafter.
- (xi) ABS has reviewed its approach to collecting data on Indigenous people in its Household Survey Program. More detailed or extensive data for the Indigenous population may be needed about a particular topic than is available in the broad level data from the general social survey. This may require the ABS to supplement the sample size of Indigenous households in its special household surveys on selected topics. Although not usually designed to produce statistics about Indigenous people, special household surveys are designed to collect the highest priority data relating to a particular topic. Where information on Indigenous people is a key data requirement, the survey methodology could be adapted, where practicable, to collect relevant Indigenous population.
- (xii) The ABS is also aware of a high priority need for annual labour force data about the Indigenous population. It plans to continue to seek data about the Indigenous status of persons in the Labour Force Survey, with the aim of producing broad annual measures of employment and unemployment.
- (xiii) The ABS may also conduct further user-funded community level collections of information on housing and infrastructure in Indigenous communities. Another CHINS survey is to be conducted with the 2001 Population Census.

52. While these initiatives have resulted in some increase in the information available at the national and State levels, accurate information at the regional level continues to be rare.

53. In the Report, the Commission concluded that the initiatives required of Commonwealth, State and other service providers to improve data availability are:

- (i) identify minimum data sets and define each data item using uniform methods so that the needs of Indigenous people in each functional area can be reliably measured;
- (ii) prepare measurable objectives so that defined performance outcomes can be measured and evaluated at a national, State and regional level;
- (iii) ensure data collection is effective, yet sensitive to the limited resources available in service delivery organisations to devote to data collection;
- (iv) negotiate agreements with community based service providers on the need to collect data, what data should be collected, who can use the data, the conditions on which the data will be provided to others and what they can use it for; and
- (v) encourage all service providers to give a higher priority to the collection, evaluation and publication of data.