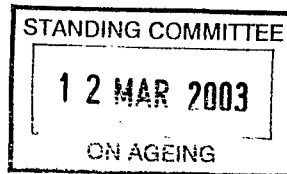




**ATSIC**

CHIEF EXECUTIVE OFFICER



Ms Allyson Essex  
Inquiry Secretary  
House of Representatives  
Standing Committee on Ageing  
Parliament House  
CANBERRA ACT 2600

Dear Ms Essex

Thank you for your Committee's invitation of 18 July 2002 to provide a submission to the inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years.

I apologise for the delays in responding to you. However, as you will note from the attached submission, ATSIC has attempted to provide the Committee with a very comprehensive submission to assist Committee members in their deliberations.

As I believe the Committee has already been informed, the demographics of the Aboriginal and Torres Strait Islander population vary in a great many ways to those of the rest of the Australian population. This difference provides both opportunity and risk for our constituents.

I recommend the attached submission to the Committee for further consideration.

Yours sincerely

W J Gibbons

7 March 2003

**Aboriginal and Torres Strait Islander Commission (ATSIC)**  
**Submission to the**  
**House of Representatives Standing Committee on Ageing**  
**Inquiry into long-term strategies to address the ageing of the Australian**  
**population over the next 40 years**  
**March 2003**

**1.0 INTRODUCTION**

1.1 On 14 May 2002, the Government released its Intergenerational Report which identified emerging issues associated with an ageing population. This report generalised the impact of an ageing population and was not able to provide the sophistication required to highlight issues associated with Australia's first peoples, the Aboriginal and Torres Strait Islander population. The report also set the clear goal that "Major policy priorities should continue to include both those that increase the economy's capacity to generate revenue, and those that reduce the growth in government spending" (p1).

1.2 The following recommendations include a number of effective strategies to address issues associated with the ageing and future of Aboriginal and Torres Strait Islander peoples as part of this country in 2042:

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*1: ATSIC recommends that governments commit to and appropriately resource the three-pronged capacity building approach as a priority to assist Aboriginal and Torres Strait Islander peoples build on their existing skills and assist governments to better engage with Aboriginal and Torres Strait Islander peoples.*

*2: It is recommended that Small Business Ministers in consultation with ATSIC, the Australian Local Government Association, Indigenous Business Australia and the Registrar of Aboriginal Corporations develop a coordinated business assistance stream targeting Aboriginal and Torres Strait Islander peoples.*

*3: It is recommended that the Commonwealth in consultation with the States and Territories trial over the next ten years a series of differing geographical taxation zones to promote business investment in those areas of Australia currently making little contribution to National Income.*

*4: Supporting recommendation 1, ATSIC would like to work with governments to develop an evaluation framework to assist governments validate capacity building and community development spending to tax and rate payers.*

*5: ATSIC recommends that governments work with Aboriginal and Torres Strait Islander families to identify ways to ensure greater participation of their in pre-school child care and other early childhood initiatives.*

*6: ATSIC recommends that governments fund a sustained program of reform across all schools adopting best practice teaching methodologies for Aboriginal and Torres Strait Islander students. These best practices can be learned from the various pilot*

*projects (such as the Strategic Results Projects) that have been conducted over the past five to ten years, but had since not received continued funding.*

*7: ATSIC recommends that the Department of Health and Ageing and the Department of Family and Community Services in consultation with Aboriginal and Torres Strait Islander carers develop and resource a strategy to provide better support for Indigenous carers.*

*8: ATSIC urges governments, health organisations and educational institutions to take urgent action to increase the number of Aboriginal and Torres Strait Islander people in the health workforce.*

*9: ATSIC believes improved coordination on environmental health issues is needed across all spheres of government and that this improved coordination be supplemented by improved resourcing of environmental health workers, particularly in remote Aboriginal and Torres Strait Islander communities.*

*10: In the interests of equality, ATSIC would support linking access to superannuation and aged pensions to the same gap which applies to the rest of the population between average life expectancy and eligible age to access these services and entitlements.*

*11: ATSIC believes that the Commonwealth should support employer contributions for CDEP participants to reduce the future aged pension burden associated with CDEP participants.*

*12: ATSIC believes the Department of Family and Community Services should fund a study of the projected housing needs of Aboriginal and Torres Strait Islander people over the next 20 years and that this study should form a critical element of the negotiation of the next Commonwealth-State Housing Agreements.*

*13: To provide critical advice to governments on Aboriginal and Torres Strait Islander welfare dependence, it is recommended that ATSIC be invited to all future welfare reform forums.*

*14: It is recommended that the CDEP growth formula be reviewed to provide for the future demand of the scheme.*

*15: In addition to recommendations 1 and 5, ATSIC recommends governments place a greater focus on supporting Aboriginal and Torres Strait Islander families with one or more parents in prison or care.*

*16: It is recommended that governments work with ATSIC to properly resource the preservation and maintenance of Aboriginal and Torres Strait Islander languages and culture.*

These recommendations cannot be acted on in isolation by the Commonwealth and will require the cooperation of forward looking governments in States, Territories and local government.

**1.3** The issues facing our peoples in relation to population trends therefore differ in a great many ways from those facing the general population. As a result, policy settings that might address issues for the total population will not meet the needs of our peoples. For instance, the Intergenerational Report focuses on the implications of supporting a declining population, with a growing proportion who are older than current perceptions of the working age. Sadly, this latter issue is not an issue for Aboriginal and Torres Strait Islander peoples. Today, Indigenous Australians struggle to gain access to services that are designed for other Australians, often at the expense of appropriateness to our peoples' needs and aspirations. Our community leaders and Regional Councillors are well aware of such issues, as they face them on a daily basis. It is important that government at all levels, and non-government institutions, work in partnership with us to develop appropriate responses. This interaction between the differing population trends and relevant social policy settings are explored in the following sections of this submission. ATSIC welcomes the opportunity to discuss and implement long-term strategies.

## **2.0 DEMOGRAPHICS**

### **2.1 Demographic Overview**

ATSIC recognises that demographic trends generally in Australian society demand policy responses from government to address issues of ageing. However, the demographic trends in our population are not the same as those of the total population.

The Aboriginal and Torres Strait Islander population is younger and growing more rapidly than the rest of the population. These basic characteristics are likely to continue over the next 40 years. Therefore, Aboriginal and Torres Strait Islander peoples face a different population future from that of Australia as a whole. Our younger age structure and higher mortality across all age groups mean that, without intervention, for the foreseeable future:

- our school-aged population is likely to *increase* both absolutely and in proportion to our total population;
- our working-age population is likely to remain young and relatively less educated, requiring a greater emphasis on later-life acquisition of pre-tertiary education and entry-level vocational training;
- our young adult to middle-age population is more likely to suffer ill-health, with consequences for employment, income, housing and retirement incomes; and
- the proportion of older people in our population is *unlikely to change* markedly from today.

### **2.2 The Aboriginal and Torres Strait Islander Population in 2042**

In 2042 there will be over 1 million Aboriginal and Torres Strait Islander people in Australia, representing around one-third of the population living outside the metropolitan area and representing a large portion of the Northern Territory population. Under this conservative projection, the Aboriginal and Torres Strait Islander population will more than double from its current level of around 460,000 or 2.4% of the total Australian population.

The following indicative analysis is based on the continuation of trends observed between 1991 and 2001. As a result of natural increase, or the excess of births over deaths, the total Indigenous population is assumed to continue grow at an average annual rate of 2.3% per annum (or 12% per 5-year inter-censal period). In the absence of measurable differences in age-structure over the past decade, the current age structure of the Indigenous population is assumed to hold over the projection period.

Under these assumptions (low series), the Indigenous population will grow to 1.2 million by 2042.

If annual growth was assumed to be 2.8% (or 15% per 5-year intercensal period) to account for an increase in the propensity of people to identify as Aboriginal or Torres Strait Islander in statistical and administrative collections (high series), then the population would reach almost 1.5 million by 2042.

Based on our low series projections, 80,000 Aboriginal and Torres Strait Islander people will be aged 55 years and over, of whom 30,000 will be aged 65 and over.

An Aboriginal or Torres Strait Islander child born today can expect to live 20 years or one-quarter of a life-time less than a non-Indigenous child. Unfortunately, there is little evidence to date of any improvements in Indigenous life expectancy. However, if these occur during the next 40 years then the number of Aboriginal and Torres Strait Islander people aged 65 and over would exceed those assumed in the projections (based on current age structure). Therefore, gains in life expectancy will lead to some ageing of the Indigenous population.

**Table 1. Indicative projections of the Aboriginal and Torres Strait Islander population, 2002-2042**

Age group	2002(.)	2022(.)	2042(l)	2042(h)
	'000s			
0-14	180	290	460	570
15-24	90	140	210	270
25-54	170	260	420	520
55-64	20	30	50	60
65+	10	20	30	40
<b>Persons</b>	<b>470</b>	<b>740</b>	<b>1,170</b>	<b>1,450</b>

*Footnotes:* l. low series; h. high series

*Source:* ATSIC Indigenous population projections

Research is needed to provide detailed analysis of possible future scenarios for the Indigenous population. Nevertheless, in 2042 we would observe the following demographic shifts under the low series projection: (see Table 2):

- The Aboriginal and Torres Strait Islander population will grow across all age groups, with increases in children, young people, working age adults and older people. The overall share of Indigenous Australians in the general population would rise from one in forty to one in twenty.

- As a consequence of this steady growth and the ageing of the all-Australian population, the proportion of Aboriginal and Torres Strait Islander people in the younger age groups will rise. The number of Indigenous children aged 0-14 years will rise from its current level of one in twenty to over one in ten of all Australian children.
- The number of Aboriginal and Torres Strait Islander people in the working age all-Australian population will rise steadily from current levels of 2% to 5%.
- The share of Aboriginal and Torres Strait Islander people in regional and remote areas will rise from around one in five to one in three persons.

**Table 2. Aboriginal and Torres Strait Islander people in the total population**

Age group	2002	2022	2042(l)	2042(h)
0-14	4.7%	7.6%	12.4%	15.4%
15-64	2.1%	2.8%	4.4%	5.4%
65+	0.5%	0.5%	0.5%	0.7%
Persons	2.4%	3.2%	4.6%	5.7%

*Footnotes:* l. low series; h. high series

*Source:* ATSIIC Indigenous population projections and Treasury projections of the total population shown in the Intergenerational Report, 2002.

### 3.0 CAPACITY BUILDING

#### 3.1 The need for a New Approach

The current levels of dysfunction in many Aboriginal and Torres Strait Islander communities (in urban, regional, rural and remote areas), recorded across a wide range of indicators, suggest that much of the “service delivery” approaches have done little to change the well-being, social capital or economic participation of Aboriginal and Torres Strait Islander peoples. In fact there is a strong case that such approaches can often contribute to the on-going erosion of social capital.

Investigating how to enable Indigenous communities to engage fully and equally with the social, economic and governance environment of Australia as both *citizens* and *Aboriginal and Torres Strait Islander peoples* will be a critical issues for this Committee. Recommendations that are made in relation to Indigenous Australians will need to move beyond silo based program responses and an examination of the efficiency of existing programs. When the Committee considers strategies to increase productivity and reduce public spending over the next 20 to 40 years it will need to focus on how government policies and resources can more effectively contribute to sustainable Aboriginal and Torres Strait Islander development.

#### 3.2 What is Capacity Building?

The United Nations defines Capacity Development as the process by which individuals, groups, organisations, institutions and societies increase their abilities to (a) perform core functions, solve problems, define and achieve objectives and (b) understand and deal with their development needs in a broad context and in a sustainable manner.

Kretzmann and McKnight (1993) define Capacity-focussed Community Development as the development of policies and activities based on the local capacities, skills and assets.

A capacity building approach builds community-wide life skills as a foundation and promotes social inclusion. It is not an end in itself, but a series of strategies to achieve community-determined goals, build sustainability and encourage independence.

ATSIC's research and case studies show that a *people-centred* development approach is required to build the human and social capital necessary for Indigenous participation in holistic local level planning and contextualising, organising and administering important programs, such as those for health, housing, education and economic development.

### **3.3 How can Capacity Building be actioned?**

ATSIC recommends a three-pronged integrated strategy for capacity building which requires bipartisan commitment by parliaments and long-term efforts by government agencies to reform. It requires a commitment to Aboriginal and Torres Strait Islander individuals, families and small groups as well as governance reform in organisations delivering services to Indigenous Australians. Such localised responses support local efforts to resolve dysfunction.

Essentially, there is a need for local level planning processes that can better match 'vertical' sectoral resource supply systems with local level development planning so as to build integrated 'horizontal' environmental, economic, social and governance systems. ATSIC is proposing to develop a model of local level planning that:

- is participative, awareness raising and empowering;
- effectively incorporates or is compatible with concepts of mutual obligation and sustainable development;
- supports the development of greater economic self-reliance, while working to reduce the ubiquity of attitudes of passive dependency and fatalism; and
- can be part of the processes of program and service delivery reform by better matching supply planning and coordination with the conceptualisation and measurement of local level need.

The three-pronged approach can be outlined as follows through identifying the three spheres in need of capacity building.

*In community* – A focus on empowerment and community development. Participative community asset development techniques are most appropriate for work with individuals, families and small groups. Family/ clan planning could also include demographic projection, strategies for social change and feasibility assessment of economic development aspirations. These approaches mean local responses to local issues and active involvement in identifying problems and contributing to solutions.

*In Community Organisations* – A focus on governance such as Harvard University's First Nations Approach. Systemic change to legislative and regulatory frameworks would be required to enable culturally appropriate forms of governance, which are

accountable to community and government. The facilitation of service delivery organisations, empowered to contract for the delivery of services to their communities, is planned to occur in parallel with the facilitation of civic organisations in which the individual families and groups can pursue their private interests. Negotiation of roles between organisations and kinship based groupings would be a critical aspect of organisational reform.

*In Government* – A focus on integration. Whole-of-government engagement with whole-of-community will build on the emerging capacities within communities and constituent groups and allow flexible service delivery across coordinated agencies in all jurisdictions. Communities would deal with agencies in structured planning environments.

The three-pronged approach to capacity building will require significant and sustained effort within Aboriginal and Torres Strait Islander communities as well as within governments. Primarily it requires a change in approach and attitude where Aboriginal and Torres Strait Islander peoples can engage as equals with service delivery agencies to ensure services are delivered in ways that are appropriate to local circumstances. Development agencies will advise that this approach will take considerable time to yield an impact – perhaps as long as ten years before minor impacts become apparent. However, the benefits of this approach are generational and there is a clear history that this type of developmental approach can result in significant improvements across a broad range of socio-economic indicators within a 10 to 20 year period. Most importantly though, it is a tried and proven approach which has lifted the living standards of perhaps millions of people across the world, but which currently has little application in Australia. As the Committee looks to strategies for the next 40 years, ATSIC strongly recommends this three-pronged capacity building approach be recommended to Parliament as an essential component of those strategies to address the particular issues facing Aboriginal and Torres Strait Islander peoples. Indeed, supporting this approach can be seen as effectively actioning the Council of Australian Governments' (COAG) framework to advance reconciliation.

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*Recommendation 1: ATSIC recommends that governments commit to and appropriately resource the three-pronged capacity building approach as a priority to assist Aboriginal and Torres Strait Islander peoples build on their existing skills and assist governments to better engage with Aboriginal and Torres Strait Islander peoples.*

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## **4.0 ECONOMIC PROSPECTS**

### **4.1 Aboriginal and Torres Strait Islander people and the economy of 2042**

The contribution that the 1 million Aboriginal and Torres Strait Islander people make to the economy of 2042 will depend on what we do today. If we continue to rely on delivering first world services to people often living in third world conditions, then we risk that population becoming a net drain on the economy at a time the Nation can least afford it. If, however, we take capacity building approaches today to build the resilience and productivity of our Indigenous population today, the generational effects will ensure that Indigenous Australians do not form a part of the underlying



level of structural unemployment<sup>1</sup>. When ATSIC asserts the rights of Aboriginal and Torres Strait Islander peoples to self-determination, it asserts the rights of its *constituents* to deliver services or contract those services in ways that meet the needs and aspirations of our peoples. In doing so, Indigenous Australians make a clearer and more positive contribution to the future of Australia.

#### 4.2 The search for a resilient workforce in 2042

Access Economics<sup>2</sup> has estimated that the working age population currently grows by around 170,000 people a year. However, trends already in place will see the working age population grow by only 125,000 for the entire decade of the 2020s. If CDEP participants are added back to current unemployment figures, the current Indigenous unemployment rate would be around 40%. How can Australia take advantage of forward projections of a potentially growing unemployed Indigenous population to address the search for a skilled labour force which can support Australia's future retired age population?

Healthy and resilient Aboriginal and Torres Strait Islander children in supportive families and communities contribute to a productive future workforce. It also reduces the cost of adult health at critical transition points in the life cycle from before birth to early adolescence. This has the effect of reducing the likelihood of later substance misuse, mental illness, suicide, family violence, child abuse and crime.

A capacity building approach will contribute to increased participation and productivity by the Aboriginal and Torres Strait Islander population. Access Economics<sup>3</sup> estimates that an increase in participation by 450,000 people by 2025 would fund an across-the-board 2¢ in the dollar tax cut, by 2030. In today's dollars, that translates to a tax cut of \$8 billion a year. Alternatively, the extra taxes and reduced social spending would be enough to fund increases in health, education and other outlays, offsetting some of the potential negatives noted in the Intergenerational report. While these estimates were made in support of encouraging older Australians to continue working, they would to a large degree be equally applicable to moving from income support or the CDEP scheme. It should also be noted that the group identified for continued employment by Access Economics would largely be self-funded retirees, whereas increased participation by potentially unemployed Aboriginal and Torres Strait Islander people has a greater potential to reduce the cost of income support payments.

Taylor and Hunter estimated that for Indigenous Australians to achieve levels of employment and unemployment experienced by the total Australian population of 1996 within a decades time, an extra 77,000 jobs would be required for Indigenous Australians by 2006 (Taylor and Hunter 1998). In 2025 and 2042, that number would increase to around 120,000 jobs and 170,000 jobs respectively on conservative estimates. In its own right, the Aboriginal and Torres Strait Islander population could alone contribute to over a quarter of the increased participation target of 450,000

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<sup>1</sup> Structural Unemployment is defined by Baumol (et al, 1988) as arising "because the composition of the labour force does not respond quickly enough to changes in the structure of the economy which accompanies technological progress or permanent shifts in demand".

<sup>2</sup> *Population Ageing and the Economy*, Access Economics, 2001

<sup>3</sup> *Population Ageing and the Economy*, Access Economics, 2001

people if the Government simply used the 1996 level of unemployment for all Australians as a future target for Indigenous Australians.

### **4.3 Keeping the bush alive**

In remote and very remote Australia, Indigenous people currently account for around one fifth of the total population. By 2042, this will probably rise to around one third of the population<sup>4</sup>.

Taylor (2000) found that "Since at least 1976, the overall effectiveness of migration flows in redistributing the Indigenous population between metropolitan and non-metropolitan areas has been very low, with net migration gains mostly to Brisbane and Perth offset by persistent net losses mostly to Sydney and Melbourne (Gray 1989; Taylor and Bell 1996: 400-2 1999). Part of the perception that rapid urbanisation is underway derived from the focus of early migration studies on movement into cities with almost no attention paid to the net effect of movement out which has also been significant (Gale and Wundersitz 1982: 32; Gray 1989).

Unlike the all-Australian trend of domestic migration from rural and regional centres to metropolitan areas, the Aboriginal and Torres Strait population, whilst migrating from remote areas, are migrating to rural and regional centres rather than predominantly to metropolitan areas. The implications of this observation is that Aboriginal and Torres Strait Islander peoples can be regarded as critical to the future of regional and rural centres in Australia. With appropriate skills and capacity, our peoples could become the backbone of Australia's regional and rural workforce in 2042 in the face of a general decline in these areas by other elements of the population. In addition to supporting skills development, governments will need to ensure appropriate infrastructure is maintained where we live.

Tourism, art and bush tucker are all businesses which Indigenous Australians have a unique ability to develop in some of Australia's harshest areas. An emerging few are beginning to demonstrate these businesses are viable. Unfortunately, many Indigenous Australians do not possess the business acumen or wealth base to establish such businesses, despite their skills in delivering these products or services and despite growing demand. Furthermore, while there are a myriad of Commonwealth, State and local government initiatives which might assist potential Indigenous entrepreneurs through various stages of the business cycle, this assistance is extremely disjointed and would require a particularly high level of knowledge of governments.

In the USA and Canada, differing geographical taxation zones have proved successful in improving the availability of capital for the establishment of businesses in areas which would otherwise have no labour market. Such zones would offer taxation incentives for businesses operating in remote areas of Australia. While not Indigenous-specific, if such a measure was trialed over the next 10 years, it may demonstrate that areas with a negative contribution to National Income may either break-even or in fact become a net contributor to National Income growth.

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<sup>4</sup> See for example, John Taylor, (2002) Population Futures in the Australian Desert, CAEPR Discussion Paper No. 231, ANU.

*Recommendation 2: It is recommended that Small Business Ministers in consultation with ATSIC, the Australian Local Government Association, Indigenous Business Australia and the Registrar of Aboriginal Corporations develop a coordinated business assistance stream targeting Aboriginal and Torres Strait Islander peoples.*

*Recommendation 3: It is recommended that the Commonwealth in consultation with the States and Territories trial over the next ten years a series of differing geographical taxation zones to promote business investment in those areas of Australia currently making little contribution to National Income.*

## **5.0 FUTURE SPENDING ISSUES**

### **5.1 The need for policy change and actions to back it up**

The Intergenerational Report states that “if policies are not adjusted, the current generation of taxpayers is likely to impose a higher tax burden on the next generation” (p1).

“If present trends continue some experts predict that the impact of population ageing is projected to be as follows:

- 2000s Labour supply and income tax revenues start to slow down.
- 2010s Pension outlays start to increase as a result of an increasing baby boomer cohort of retired people.
- 2020s Health outlays start to rise.
- 2030s Aged care demands increase.”

(The Hon Bronwyn Bishop’s MP foreword to *Population Ageing and the Economy*)

To build an Indigenous population which is healthier and less reliant on income support, governments need to invest in appropriate capacity building, education, environmental health, housing and early childhood interventions now. This requires a significant leap in government actions in Aboriginal and Torres Strait Islander Affairs.

While it has taken 30 years for governments to begin to incorporate the notion of capacity building into their policies, it is clear that there remains difficulty on the part of governments to understand what is required to action such policies. Election cycle outcomes can not be validated under a community development approach to build capacity. Community development has a cumulative and multi-generational affect on outcomes. Fortunately, studies by United Nations bodies, Australia’s own AusAid and other experts in the field of community development will all indicate that it is not unreasonable to see enormously positive changes over a ten to twenty year period.

### **5.2 The cost of Capacity Building and Early Childhood Interventions**

If a capacity building approach was commenced today, we would see a clear improvement in 2022. By 2042, Indigenous unemployment rates could be level with non-Indigenous rates forecast for that time. If such an approach is not taken, the level

of passive reliance on government services and income support amongst Aboriginal and Torres Strait Islander people could rise by 150% on today's figures by 2042.

In the United States of America, studies have confirmed the dollar value of good interventions over the longer term, with estimates ranging as high as \$25 saved from every \$1 expended on prevention/early intervention. For example, evidence indicates that children who miss out on pre-school are the most likely to be those who are from already disadvantaged backgrounds. These children are the ones who will benefit most from quality early learning experiences.

In 2002-03 Australia allocated over \$1.8 billion to Overseas Aid. Much of this was for community development and environmental health type work. Unlike assistance provided under Australia's Overseas Aid program, government guidelines have dictated that domestic funding provided for Australia's Indigenous peoples should be focused on particular areas of activity rather than a general development approach. Services and activities associated with domestic Indigenous-specific programs are generally aligned within the confines of an agency's core responsibilities. General development funding has never been sponsored by any government on a long-term basis.

The Community Development and Employment Projects (CDEP) scheme was established in 1977 with a potential community development focus. However, governments have consistently focused on the economic aspects of CDEP and limited support funding (often referred to as "participant on-costs") to largely meeting supervision, administration for participants, government reporting and government statutory and contractual obligations of CDEP organisations regarding workers compensation and various insurance policies. The current CDEP scheme has very little capacity to fund assistance for community development activities such as building community-wide life skills. This is reinforced by the frequent description of CDEP as the Indigenous work-for-the-dole, rather than perceiving CDEP as a domestic version of our Overseas Development Assistance.

ATSIC agrees that more work needs to be done in Australia to develop appropriate evaluation strategies to validate the performance of a community development approach. However, such an approach has yielded significant improvements in socio-economic indicators in other countries. The challenge is to be able to monitor these improvements in a small area as a gauge to control government investment.

The cost will be significant, but the opportunity cost in not pursuing this approach in the very near future will outweigh the investment cost even more significantly.

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*Recommendation 4: Supporting recommendation 1, ATSIC would like to work with governments to develop an evaluation framework to assist governments validate capacity building and community development spending to tax and rate payers.*

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### **5.3 Education**

The Intergenerational report states that "For the Commonwealth, increased health and age pension spending should be partly offset by CPI-indexed unemployment payments and family payments and to a lesser extent, by education spending" (p58).

However, the Intergenerational report also notes that “Education and training is likely to result in higher living standards for individuals, by increasing labour productivity” and predicts greater per student expenditure on education (pp 46-47). This greater per student spending will be essential for Aboriginal and Torres Strait Islander peoples, not only to provide education where we live, but to build the generational capacity of our peoples to pass knowledge of technology onto our children. To date, mainstream education funding has not responded well to developing innovative ways of improving Aboriginal and Torres Strait Islander outcomes. Governments must take greater action to improve Indigenous education outcomes in the future by either improving the performance of mainstream resources or by diverting the reduced demand for mainstream resources into Indigenous-specific resources.

As a result of relatively high fertility and mortality, the Aboriginal and Torres Strait Islander population has a young age structure. It is also growing steadily.

The median age of the Indigenous population is 20 years compared with 34 years for the all-Australian population. Nearly 40% of Indigenous people are aged under 15, compared with 20% of the non-Indigenous population.

Table 3 shows that the population of Indigenous school-aged young people has increased over the past 10 years at a rate 10 times that of the increase in the population of non-Indigenous school-aged young people. This evidences an increased demand for education services for Indigenous school-aged students in the context of a slackening of demand in the general population.

**TABLE 3: Growth in Census counts by Age Cohort 1991-2001**

<b>Age</b>	<b>Identified Indigenous 1991</b>	<b>Identified Indigenous 1996</b>	<b>Identified Indigenous 2001</b>	<b>Average Annual Indigenous Growth 1991-2001</b>	<b>Average Annual All- Australian Growth 1991-2001</b>
0-4	39,500	50,300	52,900	3.0%	-0.1%
5-9	35,200	48,200	56,500	4.9%	0.6%
10-14	31,100	42,900	51,600	5.2%	0.7%
15-19	28,900	34,700	42,300	3.9%	0.1%
<i>Sub-total 5-19</i>	<i>95,200</i>	<i>125,800</i>	<i>150,300</i>	<i>4.7%</i>	<i>0.5%</i>

*Source: Census of Population and Housing*

Table 4 shows how these differential growth rates are affecting the composition of the school-aged population. Over the 10 years to 2001 the proportion of Aboriginal and Torres Strait Islander young people aged 5-19 years among the all-Australian population increased from 2.5% to 3.8%. In other words, the share of Aboriginal and Torres Strait Islander young people increased from 3 to 4 in every 100 aged 5-19 in the all-Australian population and the share of non-Indigenous young people fell from 97 to 96 in every 100. The reducing non-Indigenous demographic in these age

cohorts reflects a long-term opportunity to use more mainstream education funding on improving outcomes for Aboriginal and Torres Strait Islander students.

**TABLE 4: Share of total Census count for those who identify as an Aboriginal and/or Torres Strait Islander 1991-2001**

Age	1991	1996	2001
0-4	3.1%	4.0%	4.2%
5-9	2.8%	3.8%	4.2%
10-14	2.5%	3.3%	3.9%
15-19	2.2%	2.8%	3.2%
<i>Sub-total 5-19</i>	<i>2.5%</i>	<i>3.3%</i>	<i>3.8%</i>

*Source:* Census of Population and Housing

In addition to population growth in the school-aged cohort, any success achieved through government education programs today can expect to have flow on effects in later stages of the education cycle. This could include increased demand for secondary school places (with associated boarding facility demands in rural and remote areas); increased demand for school to work programs, increased demand for vocational education and training places and increased demand for higher education places.

*Recommendation 5: ATSIC recommends that governments work with Aboriginal and Torres Strait Islander families to identify ways to ensure greater participation of their in pre-school child care and other early childhood initiatives.*

*Recommendation 6: ATSIC recommends that governments fund a sustained program of reform across all schools adopting best practice teaching methodologies for Aboriginal and Torres Strait Islander students. These best practices can be learned from the various pilot projects (such as the Strategic Results Projects) that have been conducted over the past five to ten years, but had since not received continued funding.*

#### **5.4 The health of Aboriginal and Torres Strait Islander peoples**

Findings of the Government's Coordinated Care Trials indicated that in some areas, Indigenous Australians do not have a Medicare Card and therefore do not have access to the Medicare system. This suggests the "true" health needs and therefore costs for Aboriginal and Torres Strait Islander peoples are under-reported and not being given full and proper consideration in Australia's future health strategies.

According to the Australian Bureau of Statistics, between 1997-99, death rates for Aboriginal and Torres Strait Islander people were higher than those recorded in the total population, for almost all causes of death, and for all age groups.

The leading causes of death for Indigenous and non-Indigenous populations were circulatory diseases, cancer and external causes including injuries, respiratory diseases, digestive disorders and mental and behavioural disorders.

A higher (13%) proportion of babies of Indigenous mothers were of low birth weight, compared to all births (6.7%) in 2000.

In 2000, the Infant mortality for Indigenous babies is two to three times that of non-Indigenous babies.

The prevalence of type 2 diabetes is nine times higher in Indigenous 35-44 year olds than for the non-Indigenous population. (ABS 2002).

In 1999-2000, Indigenous Australians were nearly twice as likely to be admitted for overnight psychiatric care compared with the rest of the population. Despite data difficulties, the 2003 Report on Government Services was able to assert that in 2000, “the suicide rate for Indigenous people was considerably higher than the rate for the rest of the population”. For example, in Western Australia during 2000, the Indigenous suicide rate was 41.4 per 100,000 Indigenous people, compared with around 13.7 per 100,000 for the total West Australian population.

Indigenous people under 55 years old are twice as likely to have been admitted to hospital (ABS 2002). Descriptive data on Indigenous and non-Indigenous Public hospital separations in 2000-01 suggests that 520 separations for Indigenous patients were reported per 1000 Indigenous population compared to the corresponding All-Australian figure of 195 separations per 1000 population.

Between 1997-99, the life expectancy at birth for an Indigenous male was 56 years compared to the population of 76 years, and for an Indigenous female 63 years compared to the total population of 82 years. Australia’s Indigenous health statistics are also worse than comparable Indigenous populations overseas.

**Table 5: International Life Expectancy comparisons**

Country	Difference in life expectancy rates between Indigenous and non-Indigenous people
Australia	19 years
Canada	7 years
New Zealand	5-6 years
USA	3.5 years

Source: CGC Report on Indigenous Funding 2001 p105

Aboriginal and Torres Strait Islander people are ageing faster, developing chronic illnesses younger, and suffering a higher level of morbidity than the rest of the population of the same age. Each of the indicators outline the currently disproportionate demands placed on the health system by Aboriginal and Torres Strait Islander peoples. The major consideration for this Committee is that trends indicate the prevalence of many of these issues is growing amongst Indigenous Australians.

## 5.5 Caring for Aboriginal and Torres Strait Islander peoples

High levels of illness or disability means increased need for care. This raises the question regarding who does the caring?

Indigenous health workforce numbers are already declining, and those currently in the health system are older than they were 5-10 years ago. Young Indigenous Australians are not entering this sector of the workforce. This will have an impact on the level of care which can be provided to Indigenous Australians.

ATSIC hopes that further action can be progressed as a priority in conjunction with Aboriginal and Torres Strait Islander peoples to ensure the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework results in the cooperation of government, health and educational institutions to increase the number Indigenous health workers.

Cultural beliefs often support home-based care through links to land and family. Unfortunately, Indigenous carers are often poorly supported. The pressures of family obligations start young, particularly for girls. This can result in difficulty in attaining an education and subsequently maintaining employment, and consequently increases the likelihood of reliance upon income support, welfare dependency and living in poverty.

Some of the key issues associated with the issue of carers include:

- The need to assist carers through appropriate community services, and financial support such as Carer Payment, Carer Allowance and more broadly Family Payment.
- The need for flexibility in carers' payments to recognise the extensive network of Aboriginal and Torres Strait Islander carers.
- The need for payments for carers to be mobile so that payments can match the various locations of care of the aged or disabled. (eg. There may be a network of carers, rather than a single carer).
- With an increasing proportion of aged care services being provided in people's own homes there is a greater need than ever for a focus on training health workers in issues associated with Indigenous ageing and disability, and about cultural aspects of care.

*Recommendation 7: ATSIC recommends that the Department of Health and Ageing and the Department of Family and Community Services in consultation with Aboriginal and Torres Strait Islander carers develop and resource a strategy to provide better support for Indigenous carers.*

*Recommendation 8: ATSIC urges governments, health organisations and educational institutions to take urgent action to increase the number of Aboriginal and Torres Strait Islander people in the health workforce.*

## 5.6 Environmental and Preventative Health Care

The World Health Organisation has found that some countries achieved very good health outcomes at relatively little cost, adding 15 to 20 years to life expectancy at



birth in a span of just two decades. In these cases, there was a strong commitment to assuring a minimum level of all health services, food and education, along with an adequate supply of safe water and sanitation<sup>5</sup>.

In its September 1999 submission to the House of Representatives standing committee on family and community affairs inquiry into Indigenous health, the National Aboriginal Community Controlled Health Organisation (NACCHO) stated that:

“There appears to be a systematic exclusion of the application of public health legislation to Aboriginal communities. There is often a continuing requirement to demonstrate health gain from government provision of basic citizenship rights in Aboriginal service and infrastructure projects. When Aboriginal communities attempt to make local and state government responsible for health standards, they have been met with frustration and finger pointing”.

The NACCHO submission went on to provide an example:

“The ‘Madiwah Loop’ example illustrates this. A local shire brought an action in the West Australian Supreme Court against the state over substandard living conditions on state-owned Aboriginal reserve land, claiming a breach of the 1911 Health Act. The shire (and community) lost the case, not for want of evidence of a breach, but on a legal technicality - that the Crown did not bind the Crown. Basic health hardware appears to be denied to Aboriginal communities on the basis that responsible state government departments are not bound by their own public health laws”.

Health Framework Agreements have been made between the Commonwealth and each State setting out the responsibilities of each party. However, in 2001, the Commonwealth Grants Commission concluded in relation to environmental health that “overall planning and coordination of services for many communities needs to be addressed”<sup>6</sup>. It went on to state “This leads to many environmental health issues falling through the cracks”.

“From an Indigenous perspective, the detrimental aspects of cost shifting arise when ... services are not provided because one party has ‘vacated the field’, assuming another will provide the service – for example, we were told of cases where States were said to ignore the requirements of some, predominantly small, Indigenous communities in the knowledge that ATSIC would provide the services ... [and] ... funds provided from one tier of government to another for an Indigenous-specific service are diverted to other purposes ...”<sup>7</sup>

A joint study by ATSIC and the Local Government Ministers’ Conference in 1998 found that ATSIC was providing support for local government and municipal type services of up to \$257m a year when ATSIC programs were taken into account. This was equivalent to an additional 21% of the Commonwealth Local Government Financial Assistance Grants (FAGs) to the States being provided to Local

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<sup>5</sup> World Health Organisation, *World Health Report*, 2000

<sup>6</sup> Commonwealth Grants Commission, *Inquiry into Indigenous Funding vol. II*, 2001 p25

<sup>7</sup> Commonwealth Grants Commission, *Inquiry into Indigenous Funding vol. I*, 2001, p57

Governments for municipal services<sup>8</sup>. The situation has not changed as evidence in the recent Australian National Audit Office's (ANAO) Performance Audit of ATSI's Municipal Services funding which declared "At the heart of ATSI's role in 'municipal services' is the fact that mainstream services are not being made available to some Indigenous communities by State or local Government bodies"<sup>9</sup>. This was reiterated by the ANAO's audit of the ATSI Grant Management System finding that mainstream programs are not dealing with demands, so ATSI programs are substituting rather than supplementing funding from other agencies<sup>10</sup>.

Under current resource arrangements, such "cost-shifting" to ATSI is unsustainable. By the same token, environmental health improvements are critical to the future of our peoples. ATSI is working with other Commonwealth agencies to improve the environmental health situation on communities. ATSI is also reaching its own partnership agreements with State, Territory and local governments, to identify responsibility for the provision of services to our peoples. However, we are limited by the scope of such agreements and by the ability of relevant agencies of each of differing spheres of government to cooperate effectively to address the necessary environmental health factors affecting our communities.

*Recommendation 9: ATSI believes improved coordination on environmental health issues is needed across all spheres of government and that this improved coordination be supplemented by improved resourcing of environmental health workers, particularly in remote Aboriginal and Torres Strait Islander communities.*

## **5.7 Superannuation and Age related services and entitlements**

The Government has established "three pillars" of retirement income. They are:

- (i) means tested pension payments;
- (ii) compulsory employer superannuation; and
- (iii) self-funded retirement savings

These three "pillars" do not support Aboriginal and Torres Strait Islander people well within their current policy settings.

Given the early onset of ageing, and the average age of death for Aboriginal and Torres Strait Islander peoples, the definition of what should constitute old age for the Indigenous community may vary from the mainstream. This is particularly important given that access to aged care services, benefits such as the Age Pension, and access to superannuation, Pensioner Concession Cards and Commonwealth Seniors Health Card are all determined by age. This age limit reflects an expectation of life that is far less likely to be reached by Indigenous Australians. The outcome of this is that Aboriginal and Torres Strait Islander peoples are less likely to live to receive their

<sup>8</sup> Local Government Services to Aboriginal and Torres Strait Islander Communities: It's Capacity to Achieve the National Commitment to Improve Outcomes for Aboriginal & Torres Strait Islander Peoples, June 1998. Vol Two p21

<sup>9</sup> Municipal Services for Indigenous Communities, ATSI Performance Audit, Australian National Audit Office, 2001, 2001. pg 49

<sup>10</sup> Grant Management, ATSI Audit, Australian National Audit Office, 2002, sections 1.3; 1.6; 1.7; 2.6; 2.29; 2.30.

superannuation, pension, or aged care services. Premature ageing also means that they are likely to require these services earlier.

The Commonwealth Grants Commission received evidence that the Commonwealth Department of Health and Ageing allowed Indigenous Australians to access “aged person” related services at 50 years old rather than 70 years old limit set for the general population<sup>11</sup>. It is not clear how widespread this rule is applied to Department of Health and Ageing services. However, the logic in this rule is quite clear as it would allow both the average Aboriginal man and the average Australian man 6 years of these services and would allow the average Aboriginal woman 13 years of service compared to 12 years of service for the average Australian woman. In contrast the average Aboriginal man will have passed away one year after receiving his superannuation entitlements, whilst the average Australian man will be enjoying his entitlements for the next 21 years.

Furthermore, the more than 36,000 CDEP participants are not entitled to superannuation. This defers the support burden for these people, who are considered as employed in employment statistics, to future generations.

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*Recommendation 10: In the interests of equality, ATSIC would support linking access to superannuation and age pensions to the same gap which applies to the rest of the population between average life expectancy and eligible age to access these services and entitlements.*

*Recommendation 11: ATSIC believes that the Commonwealth should support employer contributions for CDEP participants to reduce the future aged pension burden associated with CDEP participants.*

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## **5.8 Housing**

The implications of a growing population is a future demand for accommodation. Indigenous home ownership rates are low compared to the rest of the population. Rates of overcrowding and homelessness amongst the Aboriginal and Torres Strait Islander population are high in comparison with the rest of the population. Furthermore, current levels of government housing stock for use by Aboriginal and Torres Strait Islander people are already struggling to keep pace with replacing existing stock. A significant boost is required to housing assistance to have any impact on future Indigenous overcrowding and homelessness. In order to promote a productive workforce, Aboriginal and Torres Strait Islander people need housing which is designed for the conditions where people live and designed to meet the family needs of Indigenous Australians. This indicates a greater pressure on mainstream housing programs to design Indigenous-specific homes or alternatively, an equivalent transfer of resource to Indigenous-specific housing programs to meet this demand.

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<sup>11</sup> Commonwealth Grants Commission, *Inquiry into Indigenous Funding vol. II*, 2001, p61

*Recommendation 12: ATSIC believes the Department of Family and Community Services should fund a study of the projected housing needs of Aboriginal and Torres Strait Islander people over the next 20 years and that this study should form a critical element of the negotiation of the next Commonwealth-State Housing Agreements.*

## **5.9 Income Support and CDEP**

At April 2002, Centrelink reported that there were 41,638 Aboriginal and/or Torres Strait Islander people on Newstart Allowance and 12,015 on Youth Allowance. There are over 36,000 people participating in the Community Development Employment Projects (CDEP) scheme. Alone, these three schemes account for around 90,000 Aboriginal and Torres Strait Islander people or around one third of the working age population.

Under the current growth formula for the CDEP scheme there is expected to be 55,000 funded places in the scheme in 2042. Under our low series projection there will be 630,000 Aboriginal and Torres Strait Islander people aged between 15 and 54. That means that a little under 9% of the working age population would be able to participate in the CDEP scheme in 2042. This drops to a little under 7% using ATSIC's high series population projections. To put this in context, the equivalent in proportion in 2002 is 13.5%. Thus, the current "growth" formula will ensure that in 2042 terms, over 30,000 less Aboriginal and Torres Strait Islander people will be able to access CDEP than currently access the scheme. That number is almost equal to the total number of funded places today.

*Recommendation 13: To provide critical advice to governments on Aboriginal and Torres Strait Islander welfare dependence, it is recommended that ATSIC be invited to all future welfare reform forums.*

*Recommendation 14: It is recommended that the CDEP growth formula be reviewed to provide for the future demand of the scheme.*

## **5.10 The Justice System**

In 1994, over one in five of Indigenous people aged 13 and over reported having been arrested in the preceding five years. Nearly half (46 per cent) of males aged 18–24 years had been arrested with 32 per cent having been arrested more than once (Mukherjee et al 1998, p vii). Unemployment was the strongest predictor of arrest over the previous five years (Mukherjee et al 1998, p ix).

In 1991 there were 2,140 Indigenous adult prisoners in Australian prisons. In 2001, this number had more than doubled to 4,445 people. The increase in the incarceration rates between 1991 and 2001 for Indigenous Australians was 60% compared to 32% for the general population. This indicates that Indigenous incarceration rates have increased far more quickly than the growth in the Aboriginal and Torres Strait Islander population. In 2001, 14% of all adult prisoners were Aboriginal and/or Torres Strait Islander people, despite the fact that Aboriginal and Torres Strait Islander people make up around 2% of this segment of the total Australian population.

This represents a significant over-representation of Indigenous Australians in the prison system<sup>12</sup>.

Even more disturbing is the fact that the proportion of repeat prisoners is much higher among Aboriginal and Torres Strait Islander peoples. Over the last ten years, between 75% and 80% of Indigenous prisoners had prior adult imprisonment. This is compared with between 50% and 60% for other Australian prisoners<sup>13</sup>.

The rate of children in out-of-home care per 1000 children is 21.1 for Indigenous children compared to only 3.1 for non-Indigenous children<sup>14</sup>.

Each of the statistics reported have significant resource implications for governments in addition to the obvious social implications for Aboriginal and Torres Strait Islander people. A community development approach will promote social inclusion rather than exclusion and will assist many of our people at risk of contact with the justice system find their place in the community. In addition, almost all of the gap between Indigenous and non-Indigenous Australians could be addressed by improved living standards, effective early childhood interventions along with improved support for families with one or more parents in prison or care.

Twelve years ago, the Royal Commission into Aboriginal Deaths in Custody found that the most significant factor in our over-representation in jails was the “disadvantaged and unequal position” of Aboriginal and Torres Strait Islander peoples in all aspects of Australian society. The same moral and political obligation exists today to work with us to bring about genuine and lasting change.

*Recommendation 15: In addition to recommendations 1 and 5, ATSIC recommends governments place a greater focus on supporting Aboriginal and Torres Strait Islander families with one or more parents in prison or care.*

## 5.11 Language and Culture

Indigenous elders are the traditional and often only custodians of local Indigenous languages and dialects. The stark reality remains that these languages and dialects often die with the small number of elders who can speak them. For instance, in 2002 it is believed that there are only ten surviving people who are fluent in the Gumbaynggir language (spoken by Aboriginal peoples from the area of Grafton to Scotts Head).

Indigenous elders are also often the sole custodians of traditional knowledge with regards to the preservation and sustenance of sacred sites and customs. Remote communities may be unable to retain such knowledge given the growing trend of the Aboriginal and Torres Strait Islander population migrating from remote areas to rural and regional centres.

<sup>12</sup> Wijesekere, G, *Incarceration of Indigenous and non-Indigenous adults: 1991-2001: trends and differentials*, Office of Evaluation and Audit, ATSIC, 2001, p4

<sup>13</sup> Wijesekere, G, *Incarceration of Indigenous and non-Indigenous adults: 1991-2001: trends and differentials*, Office of Evaluation and Audit, ATSIC, 2001, p7

<sup>14</sup> AIHW, *Child Protection Australia*, 2001

While there has been a growing recognition of the need to protect Indigenous sites of importance and artifacts, it is equally important that urgency be given to supporting the retention of knowledge regarding traditional lands and culture which has been handed down by our peoples for thousands of generations.

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*Recommendation 16: It is recommended that governments work with ATSIC to properly resource the preservation and maintenance of Aboriginal and Torres Strait Islander languages and culture.*

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## 6.0 CONCLUSION

Some social analysts would describe Australia's Aboriginal and Torres Strait Islander population as a fourth world population. Others describe it as a third world population living in a first world country. Despite the difference in terminology, both agree that first world service delivery will not in itself bring long-term and sustainable change to Indigenous Australians.

ATSIC's position on issues relating to population change must be seen in the context of the continuing interaction between our peoples and Australian government structures.

Too often, our peoples are cast in the role of recipients. Governments, and some non-Indigenous institutions, have set up 'programs' to fix 'problems' identified and defined with little reference to our peoples, and delivered those 'programs' through largely non-Indigenous agencies. This 'service delivery' approach places our peoples in passive roles, reinforces dependency and does little to build on existing community structures. Continual and expanding 'service delivery' is unsustainable in the long term and does not address the social, political and economic development needs of individuals, families and communities. It detracts from our rights as people to determine how we live our lives. For a sustainable future, a development approach must begin to replace 'service delivery'.

This means that policy makers must recognise and support community governance structures. A development approach requires government to work 'with' our peoples, not 'for' us. To do otherwise will be to condemn new initiatives to the same record of failure as previous government interventions.

Experience shows that community development takes considerable time to yield an impact. Fortunately, if a community development approach is progressed now, this change will occur at a time when Australia needs it the most. If this opportunity is missed, the predictions outlined in the Intergenerational report could be even more bleak.

Aboriginal and Torres Strait Islander peoples have been asserting a right to self-determination throughout the colonised history of Australia. Only now are governments coming to the understanding that if Indigenous Australians have the capacity to deliver services to their own peoples and have the capacity to build wealth in their own right, will they also be given the opportunity to make an even greater contribution to the Australian economy.

ATSIC stands ready to work with governments, industry and its constituents to ensure the future prosperity of these lands we share.

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### Estimating Aboriginal and Torres Strait Islander Population Growth

It is accepted that enumeration of the Aboriginal and Torres Strait Islander population is difficult. Indeed, it has only been in recent times that population estimation has achieved any level of sophistication or analysis. As such, the demography of Aboriginal and Torres Strait Islander people is still a developing science. However, even in this short period, some of the consequences of history are beginning to unravel. Population trends described in the previous section under the low series projection are based on natural increase only. They exclude additional population growth as a result of people discovering their Aboriginal or Torres Strait Islander ancestry and/or choosing to identify that background in statistical and administrative collections. There are still debates about the similarities and differences between people who have recently identified as Aboriginal or Torres Strait Islander and those who have done so over a long period.

If the propensity of people to newly identify as Aboriginal and Torres Strait Islander continues into the future, then the population will grow at a faster rate. As noted above, a growth rate of 2.8% per year (15% per 5-year inter-censal period) would result in an Indigenous population of 1.4 million or three times the current size in 2042 (see Table 2). While it is unlikely that high levels of new identification would continue indefinitely, the impact of this component has contributed to strong population growth over the past 35 years.

**Table A1. Indigenous Population Counts (a) 1966 to 2001**

	Indigenous Population	Change %
1966	80,207	-0.4
1971	115,953	44.6
1976	160,915	38.8
1981	159,897	-0.6
1986	227,593	42.3
1991	265,371	16.6
1996	352,970	33.0
2001	410,003	16.2

*Footnote:* a. Includes people who are Aboriginal, Torres Strait Islander, or both  
*Source:* Population of Census and Housing

As shown in Table 3 the counted Indigenous population has increased significantly since 1966. Increases in 1971, 1976, 1986 and 1991 are attributed to a mix of better collection methods, natural growth and a greater propensity to identify.

In more recent times the growth of the population has been the subject of a more sophisticated level of research and analysis. Detailed analysis of the 33% growth between 1991 and 1996 suggests about half can be explained by demographic factors, mostly births and deaths, some migration and by improved collection and data editing

procedures<sup>15</sup>. The other half of that change was attributed to an increasing propensity to identify as Aboriginal and/or Torres Strait Islander.

The 2001 population counts show an increase of just over 16%. Early analysis suggests that about 12% of this is attributable to natural growth and 4% to other factors, mainly due to the increased propensity to identify.

Because a much greater part of the most recent change can be attributed known factors, the current population measures are the best ever and should lead to more reliable population estimates.

### **Indigenous fertility**

Based on natural increase alone, that is the excess of births over deaths, growth in the Indigenous population has been estimated at an average rate of 2.3% per year over the past 10 years (or around 12% per 5-year inter-censal period). Two factors drive growth in Indigenous births: (1) births to Aboriginal and Torres Strait Islander women; and (2) births to non-Indigenous women where the father is Aboriginal and/or Torres Strait Islander.

In Australia, women are generally having fewer children and starting childbearing later. The total fertility rate declined to 1.73 births per woman in 2001, well below the level of 2.1 required for population replacement.

Compared with the general population, Indigenous women have more children and start childbearing at younger ages. Nevertheless, the fertility rate for Indigenous women has declined since the 1970s from around 5.8 births per woman to 2.1 births in 2001.

In 2001, over one-quarter of recorded Indigenous births were to non-Indigenous women and Indigenous fathers.

### **Indigenous mortality**

Life expectancy at birth for Aboriginal and Torres Strait Islander children is 56 years for boys and 63 years for girls. These life expectancies are 20 years below those for non-Indigenous people and reflect expectations of life observed in the all-Australian population some 100 years ago.

Death rates for Indigenous people are higher at all ages than for non-Indigenous people. Recent analysis indicates that the greatest gains in life expectancy could be achieved by reducing death rates of adults aged 25 years and over. Aboriginal and Torres Strait Islander people are more likely to die at young ages from chronic disease, such as cardiovascular disease, respiratory disease or diabetes, and to die from external causes such as accidents, injury and poisoning.

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<sup>15</sup> For a detailed analysis of the 1996 Census see K Ross Population Issues, *Indigenous Australians, ABS Occasional Paper*