

## CHAPTER 9

## QUALITY AND AVAILABILITY OF INDIGENOUS STATISTICS

### INTRODUCTION

This chapter provides an outline of the quality and availability of data in relation to Aboriginal and Torres Strait Islander people. There is increasing demand for good quality information concerning Australia's Aboriginal and Torres Strait Islander peoples and, as has been noted throughout this publication, generally the Indigenous population data that are available are of lower quality than statistics for the Australian population as a whole. Several types of collections are used to provide information on the Indigenous population. These include the five-yearly Census of Population and Housing, other major surveys conducted by the ABS and other agencies (e.g. AIHW), and 'by-product' datasets obtained from the administrative procedures of service delivery agencies.

The quality of Indigenous health and welfare statistics depends upon the accuracy of Indigenous population estimates, the level of completeness achieved in the collection of Indigenous status by surveys and administrative records, and the accuracy of reporting for data items. This chapter begins with a discussion of the identification of Aboriginal and Torres Strait Islander peoples in official statistics, followed by a section on estimating the size and composition of the Indigenous population. (As indicated in earlier chapters, a substantial amount of new information will become available from the 2001 Census.) A discussion of the quality and availability of data obtained from surveys and administrative sources is then presented, including recent initiatives in relation to administrative data and the ABS's new survey program. The chapter concludes with an overview of the developments in strategic initiatives to improve data quality in Indigenous health, community services and housing.

### IDENTIFYING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Complete and consistent Indigenous identification in censuses, surveys and administrative data collections is fundamental to developing high quality information about Aboriginal and Torres Strait Islander peoples. This requires substantial effort on the part of government and non-government organisations to establish the broad acceptance of a standard question on Indigenous origin in all key data collections. The ABS standard question is used in the five-yearly census, ABS surveys and many national administrative datasets. This standard is discussed below and inset 9.1 provides the current wording and an explanation of the way it is recorded and reported.

The 'Commonwealth working definition' states that "an Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he lives" (Department of Aboriginal Affairs 1981). Although this definition is commonly cited, it is not always practical to collect information on all three aspects (i.e. descent, self-identification and community acceptance) in statistical collections. The definitions used in statistical collections generally focus on descent and/or self-identification, rather than community acceptance.

In Australian Censuses of Population and Housing, the question currently used to identify Indigenous people asks about origin (or descent) only, although it is assumed that there is an element of self-identification inherent in the way a person responds to the question. That is, people of Aboriginal or Torres Strait Islander origin may choose to answer the question in the negative because they do not identify as such, while those who respond positively are, in effect, self-identifying as Indigenous. The approach used by the ABS in censuses has been broadly the same since 1981, although there have been some changes to the wording. For example, in 1996, it became possible for people of both Aboriginal and Torres Strait Islander origin to make two responses, that is 'yes' to both 'Aboriginal' and 'Torres Strait Islander' (see inset 9.1).

Prior to 1967, 'Aboriginal' people were identified in the census in order to exclude them from official population figures, as required by the Constitution, and identification of a person as 'Aboriginal' was restricted to people of more than 50% Aboriginal descent. Following the results of the 1967 Referendum, in which Australians voted to grant full citizenship to Aboriginal people, the Constitutional requirement that Aboriginal people be excluded from the official population figures was revoked, resulting in the need for a new, broader definition of an Aboriginal person. Numerous changes over the past three decades have led to the development of the 'Commonwealth working definition' discussed above (Ross 1999).

Since 1971, Torres Strait Islanders have been counted in the census as a separate group. Prior to this, they were either regarded as Aboriginal, and thus excluded from official population counts until 1967, or classified as Polynesian or Pacific Islanders and counted as such in official counts. The Commonwealth working definition was extended to include Torres Strait Islanders in 1972 (DAA 1981), but, as discussed above, it was not until the 1996 Census that individuals could identify as both Aboriginal and Torres Strait Islander.

The status of South Sea Islanders has been the subject of some concern (HREOC 1992, ABS 1998e). This population group is recognised as experiencing social and economic disadvantage, but is not regarded as Indigenous. The extension of the definition of Indigenous origin to South Sea Islanders has previously been the subject of consideration by the Commonwealth, although it has been concluded that this population remains outside the definition of peoples who are indigenous to Australia (Department of Aboriginal Affairs 1975, Aboriginal Law Reform Commission 1986). However, the exclusion of this population group from analyses of Indigenous data continues to raise some data quality concerns. Anecdotal evidence and analyses of census data on language spoken by people identifying as Indigenous suggest that some South Sea Islanders do identify as Indigenous in censuses (Ross 1999).

## 9.1 ABS STANDARD QUESTION ON INDIGENOUS STATUS

In 1995, the ABS formally adopted the following question as the standard for identifying persons as members of the Indigenous population:

Are you of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

The categories expected to be used in collecting Indigenous status data are derived from the answers to the relevant question in the question module, but include the supplementary category 'Not Stated/Inadequately described', where applicable:

1. No
2. Yes, Aboriginal
3. Yes, Torres Strait Islander
4. Not Stated/Inadequately described

However, these 'input' categories do not include the category 'Both Aboriginal and Torres Strait Islander Origin' because that category is defined when both the 'Yes' boxes are ticked. When this occurs the results are amalgamated and appear in the standard output (see below).

It can be seen that the 'output' categories are the same as the categories agreed for use in the collection protocol for Indigenous status in the National Health Data Dictionary and the National Community Services Data Dictionary, and create the following output data:

1. Aboriginal but not Torres Strait Islander origin
2. Torres Strait Islander but not Aboriginal origin
3. Both Aboriginal and Torres Strait Islander origin
4. Neither Aboriginal nor Torres Strait Islander origin
5. Not stated/Inadequately described

The ABS standard question is based upon the 'Commonwealth working definition' but does not include the third element of the Commonwealth definition, namely; that 'an Aboriginal or Torres Strait Islander is a person who is accepted as such by the community in which he or she lives'. Collecting information on the basis of community acceptance is often impractical and can lead to serious inaccuracies, and for these reasons it is not included in the ABS standard.

### IDENTIFYING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE *continued*

The standard question is used in the census and in other surveys conducted by the ABS, and has also been adopted by Registrars-General throughout Australia. The National Health Data Dictionary and the National Community Services Data Dictionary recognise the ABS standard, although the categories required for collection refer to the ABS output standard and the definition refers to community acceptance as a criterion for Indigenous status. Later sections of this chapter discuss some of the differences that remain from collection to collection with respect to the actual question used and, for data reported by service delivery agencies, whether the question is actually asked of clients. These issues have a potentially substantial impact on the completeness and consistency of reported data.

Despite using largely the same question in the census since 1981, there have often been substantial intercensal changes in the counts of Indigenous people which cannot be fully explained by natural increase (Ross 1999). Between 1991 and 1996, for example, the number of people counted as Indigenous in the census increased by 33%, while the corresponding increase for the total population was 5% (ABS 1997d, ABS 1998b, Ross 1999). Just over half of this increase (53%) was attributable to a combination of natural increase (i.e. births and deaths), changes in census editing procedures, and changes in the transmission rate (i.e. the rate at which couples in which one partner is Indigenous identify their children as Indigenous on the census form) (Ross 1999). The proportion of couples where one parent is Indigenous has increased steadily over the period 1986–96. The transmission rate of Indigenous identification from parents to child in such families is high, rising from 80% to 88% for Australia as a whole, between 1991 and 1996 (Ross 1999).

Other possible explanations for the increase, all of which are unquantifiable, include the census undercount, and previous non-response to the question on Indigenous status on the census form. In addition, improvements to the ABS' Indigenous Enumeration Strategy (see below) may have had an impact on the census count in some areas, although the effectiveness of the strategy is very difficult to measure (Ross 1999). While these factors are likely to have affected the extraordinary increase in the number of Indigenous people over the last two censuses to some extent, the main effect seems to stem from changes in personal attitudes to Indigenous self-identification in some people of Aboriginal and/or Torres Strait Islander descent, and increased willingness to indicate Indigenous status on the census form among people who already personally identify as Indigenous, or a combination of the two (see Ross 1999 for a full discussion of these issues).

In response to the large increase in people identifying as Indigenous, and the uncertainty about peoples' interpretation of the standard question, in 1999 the ABS conducted a consultation exercise to investigate responses to the ABS standard question on Indigenous origin. Open ended discussions were held with 13 groups of Aboriginal and Torres Strait Islander people living in five cities, and one group of non-Indigenous people living in Indigenous households. The study found no evidence of an urgent need to change the ABS standard question, and the participants provided a strong view that definitions or questions based on "community recognition" would not be acceptable.

Uncertainty about interpretation of the standard question and how responses may change over time leads to difficulty in estimating and projecting the Indigenous population. This in turn results in uncertainty about the accuracy of rate and ratio statistics which use census-based population estimates as their denominators. The way in which people interpret and respond to the Indigenous status question in other collections, such as births, deaths and hospital statistics, means that the numerator in rate and ratio statistics is also affected. This makes the assessment of trends difficult.

Population estimates and projections for the total Australian population are derived from the most recently available census counts, using well-established methods. The counts (by sex and single year of age) are first adjusted for the estimated amount of under-enumeration at the time of the census, and then 'grown' backward or forward to the date for which the estimate or projection is required. For the total Australian population, this involves adjustments for the numbers of births, deaths and estimated migration into and out of Australia (or a State or Territory, for jurisdictional population estimates). Assumptions about future rates of fertility, mortality and migration are used to derive population projections.

Estimating the size and demographic structure of the Indigenous population is problematic and prone to uncertainty (ABS 1998c, ABS 1998d). Because satisfactory data about Indigenous births, deaths and migration are often not available, the usual methods cannot be applied. For this reason, the ABS estimates and projections of the Indigenous population are referred to as 'experimental'.

An additional source of uncertainty, with respect to the estimation of the Indigenous population, is that many people do not provide information about their Indigenous status in the census. This can occur when a person does not fill out a census form at all, or when a census form is completed without a response to the Indigenous identification question. In 1996, for example, over 525,000 people did not respond to the question on Indigenous status, which is considerably more than the almost 353,000 people who indicated they were of Aboriginal and/or Torres Strait Islander origin (ABS 1998b). It is assumed that some of these non-respondents were Indigenous, but the proportion is not known (ABS 1998e, Ross 1999). In order to calculate population estimates, it is necessary to assign these people to either the Indigenous or non-Indigenous population using probabilities based on their sex and place of residence.

Despite the difficulties described above, the best currently available estimates and projections of the Indigenous population by age and sex for each State and Territory, and for Australia as a whole, are the experimental estimates for 1991–96 and the experimental projections for 1996–2006 produced by the ABS after the 1996 Census (see Appendix tables A19 and A20). A new set of estimates and projections will be derived from the 2001 Census.

Two series of experimental projections based on the 1996 Census have been produced and published for the years 1996–2006 (ABS 1998d) (see Appendix table A19). These two series use different assumptions about future changes in the propensity of people to identify as Indigenous. In both series, it is assumed that the fertility rates of Indigenous females will decline by 1% per year, that Indigenous paternity rates (i.e. birth rates where the mother is non-Indigenous and the father is Indigenous), mortality and net interstate movements will remain constant, and that there will be zero net overseas migration over the period of the

projections. The low series projections assume there will be no change over time in people's propensity to identify as Indigenous, and that the Indigenous population will only change as a result of natural increase. This series is an extension of the previously published 1991–96 estimates (ABS 1998c), (see Appendix table A20). The high series projections assume that there will be an increase over time in people's propensity to identify, with the rate of change estimated to be the same as that which occurred between the 1991 and 1996 Censuses. The other assumptions are the same as those for the low series projections. The 2001 low series population projections by State and Territory, sex and five-year age group are shown in table 9.2.

The impact of the assumption about changes in the propensity of people to identify as Indigenous can be seen in the projections. For 2006, the low series projection of the Indigenous population is 469,000, representing an annual increase of 2.0% over the period. The high series projection for the same year is 649,000, with an annual average rate of increase of 5.3% (ABS 1998d). The projected distribution of the Indigenous population by State and Territory also varies between the low and high series. For example, New South Wales' share of the Indigenous population would go from 28.5%, in 1996, to 28.3% (low series) or 33.3% (high series), in 2006. The Northern Territory's share would decline from 13.4%, in 1996, to 12.9% (low series) or 9.9% (high series), in 2006.

The projections are not intended as predictions or forecasts, but are illustrations of the changes which would occur in the population, if the assumptions about future demographic trends and changes in the propensity of people to identify as Indigenous were to prevail over the projection period. There is no certainty that these assumptions will be realised, and no assessment of their accuracy can be made until the results of the 2001 Census are available. Care must be taken when comparing the experimental population estimates and projections presented here with those produced at other times, because estimation procedures and assumptions will continue to be refined and modified as new information becomes available.

9.2 PROJECTIONS OF THE INDIGENOUS POPULATION BY AGE AND SEX—30 JUNE 2001(a)

Age group (years)	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory	Australian Capital Territory	Australia(b)
MALES									
0-4	8 560	1 735	8 432	1 541	4 020	1 138	3 648	271	<b>29 348</b>
5-9	8 131	1 662	8 000	1 575	3 908	1 049	3 611	194	<b>28 138</b>
10-14	7 662	1 415	7 434	1 618	4 049	1 057	3 397	186	<b>26 827</b>
15-19	6 814	1 297	6 456	1 296	3 284	980	3 047	229	<b>23 416</b>
20-24	5 156	1 065	5 242	960	2 750	753	2 664	177	<b>18 785</b>
25-29	4 655	1 027	4 804	967	2 581	560	2 743	190	<b>17 537</b>
30-34	4 013	972	4 250	874	2 310	521	2 440	130	<b>15 519</b>
35-39	3 563	791	3 599	747	1 990	524	1 776	112	<b>13 110</b>
40-44	3 038	676	2 995	624	1 672	481	1 447	125	<b>11 065</b>
45-49	2 538	502	2 284	531	1 221	412	1 102	50	<b>8 646</b>
50-54	1 994	415	1 740	348	933	320	791	42	<b>6 590</b>
55-59	1 372	291	1 120	274	619	190	617	14	<b>4 501</b>
60-64	950	193	722	175	401	111	402	6	<b>2 966</b>
65-69	629	109	591	106	268	92	271	7	<b>2 076</b>
70-74	361	82	311	75	213	40	176	7	<b>1 265</b>
75+	313	93	360	80	214	38	189	—	<b>1 287</b>
<b>Total</b>	<b>59 749</b>	<b>12 325</b>	<b>58 340</b>	<b>11 791</b>	<b>30 433</b>	<b>8 266</b>	<b>28 321</b>	<b>1 740</b>	<b>211 166</b>
FEMALES									
0-4	8 181	1 622	8 086	1 557	3 773	1 094	3 384	225	<b>27 926</b>
5-9	8 067	1 537	7 940	1 578	3 698	996	3 190	212	<b>27 226</b>
10-14	7 247	1 427	7 158	1 426	3 945	925	3 089	202	<b>25 430</b>
15-19	6 357	1 200	6 298	1 383	3 365	968	2 989	200	<b>22 765</b>
20-24	5 030	967	5 210	1 101	2 666	839	2 648	176	<b>18 644</b>
25-29	4 994	955	5 101	1 072	2 601	666	2 670	183	<b>18 251</b>
30-34	4 678	1 026	4 774	1 072	2 569	603	2 314	174	<b>17 219</b>
35-39	4 126	940	3 996	905	2 197	536	1 876	160	<b>14 740</b>
40-44	3 551	764	3 266	668	1 845	554	1 562	123	<b>12 340</b>
45-49	2 785	545	2 667	516	1 366	382	1 263	88	<b>9 618</b>
50-54	2 113	403	1 996	409	978	306	993	46	<b>7 253</b>
55-59	1 472	247	1 287	274	671	164	674	26	<b>4 819</b>
60-64	1 042	201	948	196	447	136	496	11	<b>3 478</b>
65-69	723	160	663	144	373	76	407	8	<b>2 556</b>
70-74	501	126	469	109	271	56	220	5	<b>1 759</b>
75+	526	141	550	112	307	77	268	10	<b>1 994</b>
<b>Total</b>	<b>61 393</b>	<b>12 261</b>	<b>60 409</b>	<b>12 522</b>	<b>31 072</b>	<b>8 378</b>	<b>28 043</b>	<b>1 849</b>	<b>216 018</b>

(a) Low series projections.

(b) Includes Jervis Bay Territory.

Source: ABS data available on request, *Experimental Estimates and Experimental Projections of the Aboriginal and Torres Strait Islander Population*.

Torres Strait Islander estimates

Separate estimated resident population figures for the Torres Strait Islander population have not been available until recently. In the 1996 Census, people were able to identify themselves as of 'Aboriginal origin', 'Torres Strait Islander origin' or 'both Aboriginal and Torres Strait Islander origin'. Prior censuses asked respondents to choose either Aboriginal or Torres Strait Islander origin, but not both. Following consultations with key stakeholders, estimates for 1996 were produced for the Torres Strait Islander population, comprising those who indicated either 'Torres Strait Islander origin' alone or 'both Aboriginal and Torres Strait Islander origin', in the 1996 Census.

In 1996, more than half (54%) of the Torres Strait Islander population lived in Queensland, while the remaining 46% were distributed across the remaining jurisdictions (table 9.3).

### 9.3 EXPERIMENTAL ESTIMATED RESIDENT POPULATION—30 JUNE 1996

	<i>Torres Strait Area</i>	<i>Rest of Queensland</i>	<i>Rest of Australia</i>	<i>Total Australia</i>
Torres Strait Islander(a)	6 335	16 705	19 363	42 403
Aboriginal(a)	709	86 300	267 689	354 698
Total Indigenous(b)	6 654	98 163	281 232	386 049

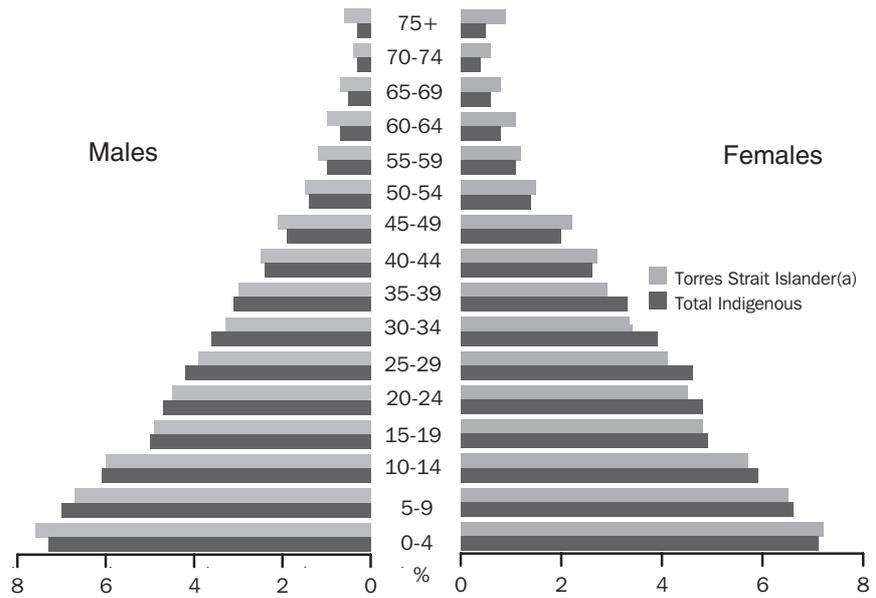
(a) Includes those people who identified themselves as being of both Aboriginal and Torres Strait Islander origin.

(b) The Indigenous categories do not add to the total Indigenous population because people who identified themselves as being of both Aboriginal and Torres Strait Islander origin are included in both the Torres Strait Islander and Aboriginal categories.

Source: ABS 2000a.

The age structure of the estimated Torres Strait Islander population was similar to that of the total Indigenous population, with higher proportions in the younger age groups and lower proportions in the higher age groups than the total Australian population (graph 9.4).

9.4 EXPERIMENTAL ESTIMATED RESIDENT POPULATION — 30 June 1996



(a) The Torres Strait Islander population includes those people who identified themselves as being of both Aboriginal and Torres Strait Islander origin.  
Source: ABS 2000a.

QUALITY AND AVAILABILITY OF DATA FROM CENSUSES AND SURVEYS

Table 9.5 lists previous national censuses and surveys that have produced information relevant to the health and welfare of Aboriginal and Torres Strait Islander peoples and table 9.6 lists those either currently under way or planned.

9.5 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE—1994–1999

<i>Collection (sponsoring agency), year</i>	<i>Status</i>	<i>Approximate sampling fraction(a)</i>	<i>Comment</i>	<i>Coverage</i>
Census of Population and Housing (ABS), 1996	Results reported	100%	Conducted every 5 years. Content includes population, housing, income, education, employment. Complete coverage of the population is an advantage.	All people; Indigenous data reportable down to Indigenous location (ILO) level, and CDs except where confidentiality is an issue.
National Aboriginal and Torres Strait Islander Survey (ABS), 1994	Results reported	5%	Wide range of topics in the areas of: family and culture; health; housing; education and training; employment and income; and law and justice.	All Indigenous people; data reportable down to ATSI regional level.
Housing and Community Infrastructure Needs Survey (ATSIC), 1992	Results reported	100% of selected communities	Housing, environmental and health service infrastructure.	All remote and rural Indigenous communities. Some communities in major urban centres; data reportable down to community level.
Community Housing and Infrastructure Needs Survey (ATSIC and ABS), 1999	Results reported	100% of selected communities	As above	Discrete Indigenous communities and Indigenous housing organisations; data reportable down to community level.
National Drug Strategy Household Survey(b) (DHS), 1994	Results reported	6%	Drug use and exposure, knowledge, attitudes and policy preferences, law enforcement indicators, campaign awareness and impact.	Indigenous people 14 years or more in selected urban areas; Indigenous data reportable at national level.
National Drug Strategy Household Survey (CDHAC), 1998	Some Indigenous results reported but numbers indicative only	0.08%	Drug use and exposure, attitudes, awareness, knowledge and behaviours.	All persons 14 years or more; Indigenous data reported at national level.
Labour Force Survey (ABS), 1994 and on	Results reported	0.5%	Labour force status. A question on Indigenous status was included in the survey in February 1994 and in the March surveys for 1995–99. Since May 2001, the Indigenous status question has been included monthly.	All people 15 years and over. Data for Indigenous people reportable at the national level.
National Health Survey (ABS), 1995	Results reported for non-remote areas	0.7%	Wide range of information about health conditions, actions, behaviours etc. Included an enhanced sample of Indigenous people.	All people; Indigenous data reportable at national level in non-sparsely settled areas.

9.5 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE—1994–1999  
—continued

<i>Collection (sponsoring agency), year</i>	<i>Status</i>	<i>Approximate sampling fraction(a)</i>	<i>Comment</i>	<i>Coverage</i>
Australian Housing Survey, 1999	Results reported	0.8%	As above. Included an enhanced sample of Indigenous dwellings.	All dwellings except in sparsely-settled areas; Indigenous data reportable at national level.
BEACH (General Practice Statistics and Classification Unit, Sydney Uni. and AIHW), 1998 and on	Indigenous results reported for 1998–99	1,000 randomly selected active GP's annually, 100 consecutive encounters each	A survey of General Practice activity. GP consultations including characteristics of GP, patient, reason, treatment, risk factors.	General Practitioners in private practice on a fee for service basis; some state-level Indigenous data available.

(a) The sampling fraction refers to the survey's coverage of Indigenous people (or dwellings/communities) and is calculated as the number of Indigenous people (or dwellings/communities) in the sample divided by the number of Indigenous people (or dwellings/communities) in the population of interest at the time of the survey.

(b) Urban Aboriginal and Torres Strait Islander Peoples' Supplement.

9.6 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE—2000–2005

<i>Collection (sponsoring agency), year</i>	<i>Status</i>	<i>Approximate intended sampling fraction(a)</i>	<i>Comment</i>	<i>Coverage</i>
Census of Population and Housing (ABS), 2001	Fieldwork completed	100%	Conducted every 5 years. Content includes population, housing, income, education, employment. Complete coverage of the population is an advantage.	All people; Indigenous data reportable down to Indigenous location (ILOC) level, and CDs except where confidentiality is an issue.
Community Housing and Infrastructure Needs Survey (ATSIC & ABS), 2001	Fieldwork completed	100% of selected communities	Housing, environmental and health service infrastructure survey, following initial survey in 1999.	Discrete Indigenous communities and Indigenous housing organisations; data reportable down to community level.
Labour Force Survey (ABS), 2000 and on	Ongoing reporting	0.5%	Labour force status. Since May 2001, the Indigenous status question has been included monthly.	All people 15 years and over. Data for Indigenous people reportable at the national level.
National Health Survey (Indigenous) (ABS), 2001	Fieldwork in progress	0.8%	Wide range of information about health conditions, actions, behaviours, etc. Subset of questions to be used in remote areas. To be conducted in conjunction with the National Health Survey.	All Indigenous persons; data reportable at national level.
Beach (General Practice Statistics and Classification Unit, Sydney Uni. and AIHW), 2000 and on	Ongoing reporting	1,000 randomly selected active GPs annually, 100 consecutive encounters each	A survey of General Practice activity. GP consultations including characteristics of GP, patient, reason, treatment, risk factors.	General Practitioners in private practice on a fee for service basis; some state-level Indigenous data available.

9.6 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE—2000–2006  
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<i>Collection (sponsoring agency), year</i>	<i>Status</i>	<i>Approximate intended sampling fraction(a)</i>	<i>Comment</i>	<i>Coverage</i>
Indigenous Health Survey (ABS)2004/5 (b)	Proposed	2.4%	Wide range of information about health conditions, actions, behaviours. To be conducted in conjunction with the National Health Survey.	All Indigenous persons; proposed that some data will be reportable down to State/Northern Territory level.
Indigenous Social Survey (ABS), 2002	Survey to be conducted	4.0%	General social survey reporting on areas of social concern including health, housing, education & income. To be conducted in conjunction with the General Social Survey. To be conducted at 6-yearly intervals thereafter.	Indigenous persons aged 15 and over; data reportable down to State/Northern Territory level.

(a) The sampling fraction refers to the survey's coverage of Indigenous people (or dwellings/communities) and is calculated as the number of Indigenous people (or dwellings/communities) in the sample divided by the number of Indigenous people (or dwellings/communities) in the population of interest at the time of the survey.

(b) From 2004/5, the National Health Survey (Indigenous) will be referred to as the Indigenous Health Survey.

The Census of Population and Housing

The Census of Population and Housing is perhaps the most useful statistical collection in Australia, with respect to providing data about Aboriginal and Torres Strait Islander people. It provides the basis for the estimation of the size of the Indigenous population, as well as information on a range of topics, such as housing, employment, education, income and language.

The 2001 Census was held on the 7th August and processing of data is now under way. Results will be released progressively from July 2002, starting with the Basic Community Profile, in which Indigenous status will be a variable. As with previous censuses, an Indigenous Enumeration Strategy (IES) was used to improve the coverage and accuracy of the count of the Indigenous population. The IES consists of special collection procedures and census awareness activities. Special collection procedures include the use of specially designed forms for use by interviewers in some Indigenous communities, and the employment of Indigenous people to assist with census enumeration. A variety of awareness activities are used as and where appropriate. These include newspaper articles, posters, presentations in Indigenous languages, radio and television interviews and information brochures. These are designed to address cultural barriers that may discourage Indigenous people from participating in the Census, and raise understanding of the purpose of the Census and its potential benefits. Extensive and ongoing consultation and liaison with Indigenous organisations and communities are seen as essential elements of the strategy. Census staff are also trained in Indigenous enumeration procedures, and a special recruitment effort ensures that, wherever possible, Aboriginal and Torres Strait Islander peoples are employed to assist with the census collection. Coordination

The Census of Population and Housing *continued*

of census activities with preparations for the 2001 CHINS were an added element to the IES this year. An evaluation of the 2001 IES will be conducted after the census.

In addition to the IES the ABS has a 2001 Census evaluation plan for discrete Indigenous communities which includes: capturing field information about collection activities, community response, difficulties and barriers experienced in the field; an assessment of the success of the collection; identification of unoccupied dwellings; comparisons of the Census counts of people and dwellings with the counts obtained in the 2001 CHINS; observational studies undertaken during Census 2001 collection; an analysis of a wide range of administrative data sources in order to compare the similarities and differences between these and Census data for particular communities; and a report, Population Issues, Indigenous Australians (Cat. 4708.0) which will provide special analyses of the 2001 Census data, including comparisons with 1991 and 1996 counts, and will be published in 2003. The results of the evaluation strategy will be published in both detailed papers and brought together in an overarching publication to guide users on Census Indigenous data quality.

ABS Indigenous survey program

In 1999, the ABS conducted a review of its household survey program. In parallel, a strategy for Aboriginal and Torres Strait Islander statistics was also developed. Both initiatives included wide consultation, involving all levels of government and the Aboriginal and Torres Strait Islander community. The survey program outcomes include:

- regular social surveys of Aboriginal and Torres Strait Islander people to be conducted;
- selected national surveys to have supplementary Aboriginal and Torres Strait Islander samples; and
- regular identification of Aboriginal and Torres Strait Islander people to occur in the Labour Force Survey so that broad employment data will be available in the intercensal period;

The results of these surveys will have the capacity to provide a broad information source to improve understanding about the social environment, and health and wellbeing of the Indigenous population. These surveys (discussed below) include the Community Housing and Infrastructure Needs Survey, an Indigenous sample supplement in the National Health Survey in 2001 and then the expanded Indigenous Health Survey from 2004/5 and six yearly thereafter, and the Indigenous Social Survey.

ABS Indigenous survey  
program *continued*

Survey strategies are designed to ensure that data are relevant, that collection methods are sensitive to Aboriginal and Torres Strait Islander peoples, and that broad consultation processes are in place. Achieving long-term credibility for survey results requires a substantial level of acceptance by the Aboriginal and Torres Strait Islander community, and the ABS is engaging a wide range of community stakeholders in consultative processes throughout the conduct of its Indigenous surveys. There is also an identified need for ongoing liaison with communities and respondents, as a routine function in the consultation process.

The first Community Housing and Infrastructure Needs Survey (CHINS) was conducted in 1999, after the Aboriginal and Torres Strait Islander Commission (ATSIC) engaged the ABS to conduct surveys of all Indigenous Housing Organisations (IHOs) and discrete Indigenous communities in Australia. CHINS collected housing and management information from Aboriginal and Torres Strait Islander housing organisations, and a range of community infrastructure information for those locations identified as discrete communities (see inset 2.1). The 2001 CHINS was conducted in conjunction with Census 2001, and will update the 1999 CHINS. CHINS data that are collected from IHOs include details of the current housing stock, and management practices and financial arrangements of Indigenous housing organisations providing housing to Aboriginal and Torres Strait Islander people. Details of housing and related infrastructure, such as water, power and sewerage systems, as well as other facilities, such as education and health services available in discrete Aboriginal and Torres Strait Islander communities, are also collected.

The Commonwealth Department of Health and Aged Care has entered into a partnership with the ABS to fund a program of triennial national health surveys, the first of which is currently being conducted. The program will allow for an enhanced Indigenous sample to be collected for the first two surveys and every six years thereafter. The 2001 National Health Survey (Indigenous) (see table 9.6), will provide national estimates on some indicators of health status, as well as opportunities for the ABS to increase its understanding of appropriate collection strategies, particularly in remote areas. It will also provide an opportunity to develop the survey so that the content can be reliably compared with results from ABS surveys of the general population. At this stage, detailed data on Indigenous health that can provide estimates for all States and the Northern Territory will not be available until the results of the larger 2004/05 Indigenous Health Survey are released. However, the 2002 Indigenous Social Survey to be released during 2003 (see below), will collect data of relevance to Indigenous health, and will deliver State/Northern Territory estimates. Considerable development will be undertaken before the content and methodology of the 2004/05 Indigenous Health Survey is finalised.

ABS Indigenous survey program *continued*

The Indigenous Social Survey (ISS) will be conducted for the first time in 2002, and at six-yearly intervals after that. It will provide broad information across all areas of social concern, including health, housing, work, education and income. The survey will allow for inter-relationships between different areas of social concern to be explored, and provide information on the extent to which some people face multiple social disadvantage. Another of the objectives of the ISS is to provide comparisons with non-Indigenous population data, such as that to become available from the General Social Survey (GSS).

Inset 9.7 describes a survey recently conducted in Western Australia. The survey seeks to examine health and its determinants among a large sample of Indigenous children, and represents a potentially valuable source of health data about young Indigenous people.

#### 9.7 WESTERN AUSTRALIAN ABORIGINAL CHILD HEALTH SURVEY

An extensive State-wide survey of Western Australian Indigenous children aged 0–17 years was undertaken in 2000, by TVW Telethon Institute for Child Health Research, Perth, following extensive collaboration and consultation with Aboriginal communities and agencies throughout the State. By examining a range of possible factors in the development of ill health, behaviour problems and adverse health behaviours among Indigenous children, the study aims to provide an understanding of the determinants of educational performance, long-term health risk behaviours and psychosocial problems. The survey is also notable for attempting to determine some of the factors which promote resilience in Aboriginal children, exploring both individual and environmental aspects of childhood development. Information has been sought from caregivers and educators, in an endeavour to provide a comprehensive picture of the issues involved, with a sample of over 1,500 families and around 4,000 Aboriginal children.

The information collected is expected to provide comprehensive data which can be used to inform planning and monitoring of Aboriginal health strategies by a range of agencies, including ATSIC Regional Councils, Aboriginal Community Controlled Health Organisations and State and Commonwealth government departments. The social and demographic data will also be utilised to monitor sentinel health conditions as part of the National Child Health and Indigenous Child Health Information Framework.

*Source: Dr Steven Zubrick, Institute for Child Health Research, personal communication.*

#### QUALITY AND AVAILABILITY OF ADMINISTRATIVE DATA

Work coordinated by the ABS and the AIHW, in partnership with State and Territory authorities, has resulted in improvements in the completeness with which Aboriginal and Torres Strait Islander peoples are recorded in a range of administrative datasets. Priorities to date have been hospital records, and births and deaths registrations. Work on births and deaths registrations continues to be undertaken by ABS, in collaboration with State and Territory Registrars, and has uncovered a number of ways in which the quality of Indigenous vitals (i.e. births and deaths) data can be improved. These efforts are reflected in increases in the estimated coverage of Indigenous birth and death registrations.

**Births** Information regarding Indigenous births is obtained by ABS from birth registration forms and by AIHW from the perinatal collections from each jurisdiction. Birth registrations provide information on the Indigenous status of both parents, whereas the perinatal collections include information only about the mother. Although the questions used in each jurisdiction to identify Indigenous status on birth registration forms are based on the ABS standard (see above), variations remain in the questions used on the perinatal collection forms. Most jurisdictions, however, have undertaken to update Indigenous identification questions to conform to the ABS standard. In Western Australia, for example, Birth Registration forms have recently been updated, while Tasmanian perinatal collections are expected to be brought into line with the ABS standard in the near future. At present, although the Tasmanian perinatal collections form does not feature the standard question, the perinatal collections officer has instructed all midwives to ask the question directly of the child's mother (see Appendix table A21).

In 1999, there were 10,580 births registered in Australia in which at least one of the parents was identified as of Indigenous origin (ABS 2000d). This is likely to be an under-estimate of the actual number of births to Indigenous parents because not all parents of Indigenous origin would have been identified as such.

One way of assessing the completeness of the data on Indigenous births is to compare the number registered (in which at least one parent was identified as Indigenous) with the number expected, which is derived using experimental Indigenous population estimates/projections and a constant set of age-specific fertility and paternity rates (see ABS 1998d). Table 9.8 shows the number of births registered in calendar years 1996–99 as a proportion of expected births.

9.8 RATIO OF REGISTERED TO EXPECTED BIRTHS—1996–99

	<i>1996 based projections</i>			
	1996	1997	1998	1999
New South Wales	0.72	0.82	0.87	0.88
Victoria	0.71	0.67	0.87	0.77
Queensland	0.79	0.93	0.93	0.89
South Australia	0.89	0.93	1.03	0.99
Western Australia	0.98	0.93	0.92	0.97
Tasmania	0.56	0.70	0.67	0.74
Northern Territory	0.95	0.88	0.89	0.98
Australian Capital Territory	0.73	0.57	0.44	0.77
<b>Australia</b>	<b>0.81</b>	<b>0.87</b>	<b>0.94</b>	<b>0.90</b>

Source: ABS 2000d.

*Births continued* On the basis of the ratios in table 9.8, as well as other available information about collection processes, detailed data on births registered as Indigenous in 1999 were published for all States and Territories, except the Australian Capital Territory (ABS 1999a). The small total number of Indigenous births in the Australian Capital Territory precluded publication. Detailed Indigenous birth registration data for New South Wales and Victoria were published for the first time in 1998, followed by the addition of Tasmanian data in 1999. While apparent decreases in coverage were experienced in Victoria, Queensland and South Australia between 1998 and 1999, the coverage ratios indicate that, overall, progress has been made improving the coverage of Indigenous births, in recent years. It should be noted that there are some limitations in the methodology used to calculate the coverage ratios of Indigenous births and deaths (see below), and therefore these ratios should be considered indicative only.

Another way of assessing the completeness of birth registration data is to compare registrations with data collected by midwives, and others, for perinatal statistics collections. As indicated in table 9.9, the perinatal collections only include information about the Indigenous status of the mother, while birth registration forms ask about both the mother and the father. Table 9.9 presents data for 1998 for birth registrations, perinatal collections and 1996 Census-based low series projections of the Indigenous population for 1998. The table presents 1998 rather than 1999 data, as information from the perinatal collections is not yet available for 1999.

#### 9.9 INDIGENOUS BIRTHS(a)

	1998 Birth Registrations(a)						
	1998 Projected Indigenous births(b)(c)	1998 Projected births to Indigenous mothers(b)	1998 Perinatal collection(d)	Mother and father both Indigenous	Mother Indigenous(e)	Father Indigenous(f)	Total Indigenous
New South Wales	3 448	2 338	2 043	664	1 368	979	3 011
Victoria	680	456	445	119	264	207	590
Queensland	3 312	2 497	2 731	1 076	1 189	820	3 085
South Australia	639	484	412	211	258	192	661
Western Australia	1 597	1 313	1 504	643	522	304	1 469
Tasmania	450	259	196	28	154	118	300
Northern Territory	1 436	1 351	1 248	600	581	103	1 284
Australian Capital Territory	96	58	73	7	18	17	42
<b>Australia</b>	<b>11 658</b>	<b>8 906</b>	<b>8 642</b>	<b>3 348</b>	<b>4 354</b>	<b>2 740</b>	<b>10 442</b>

(a) In 1998, data for New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory were considered by the ABS to be of publishable quality. See text and ABS 1999a for more details.

(b) Based on 1996 census-based projected population for 1998, low series, and a constant set of age-specific fertility and paternity rates.

(c) Includes children of Indigenous mothers and/or Indigenous fathers.

(d) Refers to babies of Indigenous mothers.

(e) Father non-Indigenous or father's Indigenous status not stated or paternity not acknowledged.

(f) Mother non-Indigenous, or mother's Indigenous status not stated.

Source: AIHW National Perinatal Statistics Collection, 2001, ABS 1999a, ABS data available on request, births registrations database.

Births *continued* The information in table 9.9 can be used to highlight discrepancies among the various data sources. For example, in Victoria there were 590 birth registrations in 1998, for which at least one parent was identified as Indigenous. This is lower than the 680 births projected for Victoria for that year. Similarly, the number of births to Indigenous mothers in Victoria, as identified through birth registrations (383, or 119+264) was lower than the number recorded in the perinatal collection (445) and projected births to Indigenous mothers (456).

Discrepancies between data sources vary between States and Territories. Some jurisdictions have established data linkage projects between the perinatal data collection and the relevant Registry of Births, Deaths and Marriages. For example, a study conducted in Victoria, linking the perinatal collection, births registrations and hospital admissions, showed that there were many mothers identified as Koori in one collection, but not in the others. It is estimated that in 1998, there were 1,095 births where either the mother and/or the father was Koori, considerably higher than the 680 Indigenous births projected for Victoria for that year (table 9.10) (Department of Human Services 2000).

Deaths Most jurisdictions have adopted the ABS standard question on Indigenous status on death registration and medical cause of death forms (see Appendix A22). The ABS continues to work with State and Territory registrars to improve the recording of Indigenous status on registration forms.

In 1999, there were 1,976 deaths registered as being of an Aboriginal or Torres Strait Islander person (ABS 2000e). While most Indigenous deaths in Australia are registered, Indigenous status is not always recorded on death notification forms. The extent to which identification of Indigenous people occurs in data collections is referred to as 'coverage', or 'completeness of coverage'. Coverage in death registrations can be estimated by comparing the number of deaths registered with an expected number of deaths, derived using a life table. A life table is a statistical model that can be used to show the levels of mortality of a population at different ages. Life tables produced for the Indigenous population are considered 'experimental' because of deficiencies in births, deaths and population data.

Table 9.10 shows the estimated coverage of Indigenous deaths for 1997-99, i.e. the actual number of deaths registered as Indigenous in 1997-99 as a proportion of the Indigenous deaths 'expected' to occur in those years.

Deaths *continued* It should be noted that the calculation of 'expected' Indigenous deaths discussed in this section is different from the concept of 'expected' deaths in relation to indirect standardisation, as used in Chapter 8. The former is related to the assessment of the completeness of registration of Indigenous deaths, and 'expected' numbers are based on assumed underlying Indigenous mortality rates. The latter, on the other hand, is related to differences in age structures for two or more groups, with expected deaths based on a standard set of rates (such as those of the total Australian population) (Cunningham & Paradies, 2000) (see inset 8.1 for details of 'expected' deaths in this context).

#### 9.10 RATIO OF REGISTERED TO EXPECTED DEATHS—1997–99

	Registered deaths			Registered to expected deaths, 1996 Census based projections		
	1997	1998	1999	1997	1998	1999
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>ratio</i>	<i>ratio</i>	<i>ratio</i>
New South Wales	(b)88	462	435	(b)0.09	0.47	0.43
Victoria	93	123	130	0.43	0.56	0.59
Queensland(a)	531	593	529	0.58	0.63	0.55
South Australia	132	127	116	0.68	0.64	0.57
Western Australia	351	378	350	0.70	0.74	0.68
Tasmania	5	13	11	0.04	0.10	0.08
Northern Territory	458	415	399	1.00	0.88	0.83
Australian Capital Territory	4	3	6	0.20	0.14	0.27
Australia(c)	1 662	2 114	1 976	0.49	0.61	0.56

(a) Queensland introduced an improved Death Information Form in 1996 to capture Indigenous origin. Although the penetration of this new form increased from 1996 to 1997, it was only used for around 80% of deaths throughout the State in 1997.

(b) The small number of Indigenous deaths registered in New South Wales in 1997 is the result of a technical issue.

(c) Includes 'Other Territories'.

Source: ABS 2000e.

The coverage ratios are derived from the 1991–1996 experimental life tables (one for males and one for females), based on data from the 1991 and 1996 Censuses. A detailed explanation of how the ABS estimates coverage of Indigenous deaths in registration data, including a discussion of the limitations of the method and a discussion of the issues concerning the quality of mortality statistics about the Aboriginal and Torres Strait Islander population, has been published in an ABS occasional paper, *Mortality of Aboriginal and Torres Strait Islander Australians* (Cunningham & Paradies, 2000).

Because of difficulties with some aspects of the method used to calculate the 1991–96 life tables, the ABS constructed a new set of experimental life tables for 1997–99 (see ABS 2000e). However, on further analysis, it was found that the method used in the construction of these new life tables involved a methodological weakness. Consequently, the construction of Indigenous experimental life tables, along with estimates which use these as a basis, such as life expectancy, are currently under review (see Demography Working Paper 2001/2 for more information).

Deaths *continued* Coverage ratios, and decisions based thereon, should be interpreted with caution. They are based on current knowledge, current demographic methods and the available data. Until adequate information on Indigenous births, deaths and migration becomes available, it will be necessary to continue to use experimental methods to construct life tables for the Indigenous population. As Cunningham and Paradies (2000) note, "it is important to understand—and accept—the limitations of the methods, including the sensitivity of the results to the assumptions used and the many uncertainties inherent in the process" (p. 23).

Hospital separations data There remains variation on the form and method of Indigenous identification for public hospital admissions employed by each jurisdiction (see Appendix table A23). The health departments in New South Wales, Victoria, Queensland, Tasmania and the Australian Capital Territory consider their 1998–99 Indigenous hospital inpatient data to be in need of improvement (AIHW 2000c).

There are currently no national estimates of the level of completeness of coverage for the collection of Indigenous status data in hospital records. A jurisdiction-wide estimate is available for the Northern Territory which, in a 1997 data quality audit of all its public hospitals, showed a 94% agreement with respect to Indigenous status between hospital records and patient reports (Condon et al. 1998). The Health Department of Western Australia has recently undertaken an assessment of its hospital data in which face-to-face interviews were conducted with 10,000 patients, in 26 hospitals throughout Western Australia, with the information collected and compared to the patients' hospital records. Results from this project will be reported in the near future (Young, forthcoming).

The level of agreement in the Northern Territory was much higher than had been previously found in small studies conducted in a small number of hospitals in other jurisdictions (e.g. Lynch & Lewis 1997, Shannon, Brough & Haswell-Elkins 1997). In a 1998 pilot study, conducted by the Aboriginal and Torres Strait Islander Health and Welfare Information Unit in eleven hospitals, it was found that the accuracy with which a person's Indigenous status was recorded varied greatly from hospital to hospital, ranging from 55% to 100% of those interviewed (ATSIHWIU 1999).

As a result of this project, a set of procedures was developed, detailing the steps that a hospital, group of hospitals and State and Territory health departments can follow to enable them to implement a data quality assessment exercise within their collection(s). This included approaches to sample selection and a training package for interviewers who undertake the data collection (ATSIHWIU 1999). This methodology was also used in the Western Australian audit, referred to above (i.e. Young, forthcoming).

Hospital separations data  
*continued*

The Australian Health Ministers' Advisory Council (AHMAC) continues to allocate resources to promote improved Indigenous identification in hospitals in all States and Territories. As part of this process, all jurisdictions were asked to assess the completeness of recording of Indigenous status in their hospital data collections, by the end of 2001. Most states are now implementing or planning training programs for staff, and others are conducting data quality audits. Other activities include awareness-raising for the general public and data collectors, and documentation of best practice procedures, including 'less threatening strategies'. The project also involves joint partnership arrangements between hospitals and health authorities.

A process is also being developed that will provide ongoing monitoring of the quality of Indigenous identification in hospital records.

Primary health care data

There is a need to develop and collect information on the delivery and utilisation of primary health care services for Indigenous clients, although there is no agreed national dataset in this area. The most comprehensive source of data is collected by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisation (NACCHO), from Commonwealth-funded Aboriginal Medical Services. In addition, AHMAC has asked the Commonwealth and the Health Insurance Commission, subject to Aboriginal and Torres Strait Islander community agreement, to implement an Indigenous identifier in MBS and PBS systems for statistical purposes, by 1 January, 2002. Indigenous data available for statistical purposes from these administrative data bases would provide essential and timely information on some aspects of service utilisation and expenditure.

There is some information available on the Indigenous patients of general practitioners (GPs) from the Bettering the Evaluation and Care of Health (BEACH) survey, a collaborative work program between the Australian Institute of Health and Welfare (AIHW) and the University of Sydney. The survey questionnaire includes an Indigenous identifier, although it is unknown whether GPs filling out the survey forms are asking the question of their patients and recording the information consistently. As shown in Chapter 4, the representation of Aboriginal and Torres Strait Islander patients in the survey is below their representation in the population (see Chapter 4).

Mental health data

As discussed in Chapter 6, at present there is a scarcity of data regarding mental health among Aboriginal and Torres Strait Islander peoples. Inset 9.11 contains a discussion on some of the complex issues related to social and emotional wellbeing, the term preferred by Indigenous people to refer to mental health.

## 9.11 THE NEED FOR DATA DEVELOPMENT ON SOCIAL AND EMOTIONAL WELLBEING

Social and emotional wellbeing is a broader concept than that of mental health. The National Inquiry into the Human Rights of People with Mental Illness (HREOC 1993) recognised that definitions of mental health used by the general Australian community did not apply to the mental health of Aboriginal and Torres Strait Islander people. Predominantly, mental health professionals distinguish 'the mind and its illnesses' from 'the body and the spirit', whereas Aboriginal and Torres Strait Islander people see physical, mental and spiritual wellbeing as inextricably linked (HREOC 1993, p. 694). After listening to evidence from Aboriginal people, the Inquiry acknowledged that 'environmental and social factors have had a lasting and significant impact on their psychological wellbeing' (p. 695). Such factors caused mental distress, predisposed people to mental disorders, and were linked to anti-social and self-destructive behaviour which often went undiagnosed or brought people into contact with the criminal justice system (HREOC 1993). Swan and Raphael (1995), in developing the National Aboriginal Mental Health Policy and Plan, reiterated the need for Aboriginal mental health to be viewed holistically and stated that any discussion of the mental health of Indigenous people should be seen in the context of the impact of colonisation, loss of traditional lands, loss of culture, separation of children from their families, racism, social inequity, trauma, loss and grief.

The measurement of the social and emotional wellbeing of Aboriginal and Torres Strait Islander people continues to be limited by a number of constraints including the following:

- a lack of data definitions, standards, and data collection instruments that encapsulate the holistic nature of social and emotional wellbeing in a culturally appropriate way while allowing for statistical measurement needs to be met. At the National Indigenous Mental Health Data Workshop held in Brisbane in 1996, it was agreed that there were no existing culturally appropriate survey instruments to measure social and emotional wellbeing (DHFS, 1998). The Mental Health Promotion and Prevention National Action Plan for 1998–2003, a joint commonwealth, state and territory initiative, says that 'there is an urgent need to develop and evaluate the effectiveness of culturally valid holistic models of mental health promotion and prevention' (CDHAC 1998, p. 29);
- inaccuracies in available data as a result of misdiagnosis of people with symptoms of social and emotional distress. Certain behaviours which might be appropriate in terms of Aboriginal and Torres Strait Islander culture may be diagnosed as mental illness in non-Indigenous terms (HREOC 1993). The use of psychological tests based on concepts alien to Aboriginal culture is another potential source of inaccurate diagnosis. Misdiagnosis may also occur because of language communication problems, particularly in the elderly (HREOC 1993);
- under-reporting of mental and behavioural disorders and associated conditions because of the under-identification of Indigenous people in administrative records such as hospital and death records. This is referred to in various parts of this publication including Chapter 6, Chapter 8 and elsewhere in this chapter; and
- national surveys have not had sample sizes sufficiently large and/or geographically representative of the Indigenous population to produce results about mental health for Indigenous people. For example, the 1997 ABS National Survey of Mental Health and Wellbeing of Adults had a sample of about 10,000 people, and was not conducted in remote and sparsely settled parts of Australia. There were not enough Indigenous people in the sample to allow separate results to be reported. However, even if the survey had been able to produce results for Indigenous people, the questions used may not have been appropriate. A recent study by the Queensland Centre for Schizophrenia Research found that the questionnaire method of assessing Indigenous patients with mental illness was considered by Indigenous mental health consumers and carers to be the least culturally appropriate method to use (Gulash, undated). Because of the lack of culturally appropriate survey instruments and methods for Indigenous people, no information on mental health will be collected by the 2001 National Health Survey Indigenous supplementary sample. The issue will be reviewed for the 2004/5 Indigenous Health Survey. The Western Australian Aboriginal Child Health Survey, described in inset 9.8, will look at some psychosocial aspects of health in children. The ABS plans ongoing consultation with the Aboriginal and Torres Strait Islander community and other key stakeholders on appropriate methods for measuring Indigenous mental health.

RECENT NATIONAL  
STRATEGIC INITIATIVES AND  
FUTURE PLANS

Australian governments are increasingly committed to accountability in Aboriginal and Torres Strait Islander health and welfare, and to monitoring the effectiveness of programs and the evaluation of policies that are designed to improve the status of, and service delivery to, Aboriginal and Torres Strait Islander peoples. In addition, there has been an increasing emphasis on evidence-based approaches to policy and program development. This has resulted in growing demand for high quality, regularly reported Indigenous information and data at a range of geographic levels, for the development of performance indicators on service delivery and for the provision of time series on health status and social conditions.

National Indigenous Health  
Information Plan

In October 1997, the Australian Health Ministers' Advisory Council (AHMAC) adopted the 'National Indigenous Health Information Plan...this time let's make it happen' (NIHIP) and asked the National Health Information Management Group (NHIMG) to oversee its implementation.

The NIHIP, which will be reviewed during 2002, contained 42 recommendations for the collection and maintenance of quality statistics on the health of Indigenous Australians. The plan's recommendations fall into three main areas: the development of an appropriate infrastructure for the collection and maintenance of Indigenous data; technical improvements required to support the collection of high quality statistics on Indigenous health; and effective national leadership and coordination to progress issues and strategies, across all jurisdictions (ATSIHWIU 1997).

An Implementation Working Group was appointed by NHIMG in 1998 to develop a set of priority areas from the Plan's recommendations, identifying the lead agency responsible for progressing each of the goals. This Working Group was subsequently superseded by the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), established by AHMAC in October 2000, which is taking responsibility for implementation of NIHIP from 2001, and will report to NHIMG.

ABS and AIHW, in conjunction with central health authorities and other key stakeholders, are undertaking a range of activities aimed at achieving a number of recommendations of the Plan. These include facilitating improvements in administrative data (the highest priorities being the improvement of Indigenous identification in hospital separation collections and births and deaths registrations data), improving data available through surveys, and improving population estimates (for a detailed outline of plans for improving survey data and population estimates, see above).

For birth and death registrations, work continues to be undertaken by States and Territories, in collaboration with the National Project Centre for Vital Statistics in the ABS Queensland Office, and with working groups organised through ABS Regional Offices.

National Indigenous Health  
Information Plan *continued*

Two AHMAC funded projects have been undertaken by ABS and AIHW in conjunction with State and Territory Health Departments. The first was undertaken by the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU) to develop, implement and evaluate a method of assessing the completeness of identification of Indigenous people in hospital records. The second project emerged as an adjunct to the AHMAC initiative (see hospital separations, above) in response to the need to establish best practice procedures for collecting Indigenous status.

National Minimum Data Sets (NMDS) have been agreed that will provide information on Indigenous patients and clients in two community health service delivery areas relevant to the NIHIP recommendations. These are the Alcohol and Other Drug Treatment Services NMDS and the Community Mental Health Care NMDS, both of which include the Indigenous identifier as a reporting requirement. Data available from the Alcohol and Other Drug Treatment Services Collection will provide information on service utilisation, treatment protocols, and clients' alcohol and drug problems (including injecting drug use), and will report types of drugs used by clients according to the Australian Standard Classification of Drugs of Concern (ABS 2000c). The Community Mental Health collection will include information on service events, diagnosis and mental health legal status. Standard demographic characteristics of clients will be included in reports from both datasets. These national minimum datasets are expected to be available for reporting for the 2000–2001 period, and to be released during 2002.

National Aboriginal and  
Torres Strait Islander  
Community Services  
Information Plan

The collection of accurate data on the Indigenous clients of community services that are comparable both between sectors and jurisdictions, has been hindered in the past by inconsistencies in the methods used to collect the information. Although the ABS Indigenous identification standard is not widely used by community service agencies at this time, it has been introduced in programs such as Home and Community Care (HACC) and the Supported Accommodation Assistance Program (SAAP).

In April 1999, the Community Services Ministers' Advisory Council (CSMAC) approved funding for the development of principles and standards for community services Indigenous population data. This work was undertaken by ATSIHWIU, and was based upon a series of focus group discussions held with employees, managers and the Indigenous clients of each sector of community services from across Australia. In addition to the principles and standards work, separate reviews of the collection of Indigenous status in Child Protection and Welfare, the Supported Accommodation Assistance Program and Commonwealth/State Disability Agreement-funded agencies were completed. A draft Aboriginal and Torres Strait Islander Community Services Information Plan also forms part of the broader community services Indigenous principles and standards paper, which is currently under review, with publication anticipated in 2001.

Agreement on National  
Indigenous Housing  
Information

In December 1999, the Agreement on National Indigenous Housing Information was signed by the Commonwealth, States and Territories, the Aboriginal and Torres Strait Islander Commission, the Torres Strait Regional Authority, the ABS and the AIHW, formalising a commitment by all signatories to develop consistent, accurate, reliable and timely housing information. The agreement will be progressed by the National Indigenous Housing Information Management Forum, and data developments will be the responsibility of the National Indigenous Housing Information Implementation Committee (NIHIIC).

An important aspect of the agreement is an ongoing triennial work program of national Indigenous housing information projects. The main focus of NIHIIC will be the endorsement and revision of National Indigenous Housing Minimum Data Set/s and the maintenance, revision and development of data concepts, definitions and standards for Indigenous housing information. Data standards will be in a form that is suitable for inclusion in a National Housing Data Dictionary. Consultation with expert working groups in other areas of information and data development will be a key strategy for the work program. The work of NIHIIC will also provide a channel for making access to the development process more widely available to stakeholders in the national Indigenous housing arena.

PERFORMANCE  
INFORMATION

The development of mechanisms to monitor progress in Indigenous health will require the development of improved administrative data and benchmarks derived from service delivery systems, as well as the establishment of surveys and other collections that can sustain consistent and comparable reports over time. Work on performance information is currently in progress in a number of areas.

Annual summary of  
jurisdictional health  
performance indicators

There has been a collaborative effort between statistical agencies, health departments and Aboriginal and Torres Strait Islander organisations to design and refine datasets, for improving reporting on Aboriginal and Torres Strait Islander health and services. An interim indicator set was endorsed by the Australian Health Ministers Advisory Council (AHMAC) in 1998, and a refined set was endorsed in 2000. However data for the refined indicators may not be available for reporting before 2002.

The interim set of national performance indicators for Aboriginal and Torres Strait Islander health has been reported for 1998, and will continue for the 1999 and 2000 reporting periods. The interim indicators cover performance within a framework of nine aspects of health status, risk factors and service delivery. The first of these reports was compiled by OATSIH from separate jurisdictional data sources. The second report (due in the near future) has been compiled by AIHW in a similar way. The refined indicator set and a draft framework were developed through a project undertaken by the Co-operative Research Centre for Aboriginal and Tropical Health, in consultation with AIHW, OATSIH, Heads of Aboriginal Health Units (HAHU), NHIMG and NACCHO. The project identified the validity and reliability of data sources and reporting procedures.

Annual summary of jurisdictional health performance indicators  
*continued*

There are over 50 indicators in the refined set, covering mortality, morbidity, access to health services, health services impacts, workforce developments, risk factors, intersectoral issues, community development, and quality of service provision. For many jurisdictions, the data required to report on the indicators are either unavailable, of poor quality, or require substantial development in order to be reported. However, States and Territories have agreed to ongoing reporting of data on an annual basis, and to endeavour to make the improvements necessary for complete coverage of the indicators in future.

Government Service Review  
— Indigenous client data

The Indigenous Data Working Group of the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) met for the first time in 2000 to progress the reporting of performance information on Indigenous clients of government services. The Steering Committee has requested that its Working Groups develop performance information that will provide an adequate assessment of service delivery and outcomes for Indigenous clients of government services.

The 2001 Report on Government Services (SCRCSSP 2001) included an overview of data development, outlining the need for improvements in the collection of the Indigenous identifier as the major data quality issue. Currently, there is a lack of data across all the sectors required to support reporting against the performance framework. However, where data are both available and of good quality, publication of performance information should proceed even though coverage across all jurisdictions may not be possible.

## SUMMARY

The fundamental need for complete and consistent Indigenous identification in the range of collections used to measure the wellbeing of the Indigenous population, is being addressed and the level of attainment rising. The ABS standard question wording is recognised by the National Health Data Dictionary and National Community Services Data Dictionary, although the categories required for collection refer to the ABS output standard. Most jurisdictions have either updated their Indigenous identification questions to the ABS standard for birth registrations or have undertaken to do so, and most jurisdictions have adopted the ABS standard question wording on death registrations and medical cause of death forms. However, variation remains in the form and method of Indigenous identification in public hospital admissions. A number of developments are under way to improve the quality and completeness of Indigenous identification across the range of administrative data sources and the ABS and AIHW continue to work with each jurisdiction to improve recording.

To improve the analysis of Indigenous health and welfare, the quality of Indigenous population estimates is targeted for improvement through both the ABS Indigenous Enumeration Strategy and a range of Census evaluation activities, and 'experimental' intercensal Indigenous population estimates and projections are published. Also, a program of ABS national surveys has been put in place to deliver a range of information relevant to the health and welfare of Aboriginal and Torres Strait Islander people.