

CHAPTER 11

RECENT DEVELOPMENTS IN THE COLLECTION OF INDIGENOUS STATISTICS

INTRODUCTION

There is an increasing need for good quality information concerning Australia's Aboriginal and Torres Strait Islander peoples. Good quality data are needed for benchmarking, to assess the effectiveness of programs and interventions, and to evaluate policies that are designed to improve the status of, and service development and delivery to, Aboriginal and Torres Strait Islander peoples. Emphasis on evidence-based approaches to inform policy and program development continues to be of paramount importance. 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.

This Chapter consists of two parts: the first part discusses recent developments in the collection and reporting of statistics relating to Aboriginal and Torres Strait Islander peoples, and the second part provides information on the quality of data collected on Indigenous peoples from the Census, surveys, and administrative records. Further information will be available in the forthcoming ABS publications: *Population Measurement Issues* (ABS cat. no. 4708.0), *Experimental Estimates and Projections of Indigenous Australians, 1991–2016* (ABS cat. no. 3238.0) and an information paper, *Issues in Monitoring Trends in Indigenous Mortality*.

RECENT NATIONAL STRATEGIC INITIATIVES AND FUTURE PLANS

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) — the peak body for information management in health — to oversee its implementation.

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) was established following a decision taken at the AHMAC meeting in October 2000, in order to provide broad strategic advice to the NHIMG on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and to draw together the range of existing activities already underway, into a coordinated and strategic process.

National Advisory Group on
Aboriginal and Torres Strait
Islander Health Information
and Data *continued*

NAGATSIHID superseded the National Indigenous Health Information Plan Implementation Working Group and the former Aboriginal and Torres Strait Islander Health and Welfare Information Unit Advisory Committee, which had previously advised the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) on their joint work program on Indigenous statistics.

NAGATSIHID is responsible for:

- continuing the implementation of the NIHIP until this process is completed. This includes monitoring and improving Indigenous identification in a range of administrative data collections including birth registrations, deaths registrations, hospital separations data, cancer registries, general practice data collections, community mental health services data, and alcohol and other drug treatment services data (see 'Quality and availability of administrative data' below for further details)
- advising relevant agencies on information and data priorities
- providing advice to NHIMG and AHMAC's Steering Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) on the National Performance Indicators for Aboriginal and Torres Strait Islander Health jurisdictional reporting and associated activities.

NAGATSIHID endorsed a work plan to complete the NIHIP process and address emerging data and information needs.

National Community
Services Information
Agreement

The National Community Services Information Agreement (NCSIA), which has operated since March 1997, is a multilateral agreement between the Commonwealth, state and territory community services authorities, the ABS and the AIHW. The purpose of the Agreement is to develop quality community services data that are nationally compatible between agencies and across jurisdictions and services. A benefit of promoting nationally consistent data is that information can be reliably compared across jurisdictions and between services, and internationally through the adoption of common terminology, definitions, classifications and code sets. The Agreement covers the areas of aged care, disability services, child care, family support services, child welfare, supported accommodation assistance and emergency relief and crisis services.

The NCSIA established the National Community Services Information Management Group as a sub-committee of the Community Services Ministers' Advisory Council to oversee the development and maintenance of national community services information. The work program of the Management Group has included a number of data development projects to support policy development and program delivery for Aboriginal and Torres Strait Islander clients of the community services sector.

National Community Services Information Agreement <i>continued</i>	The National Community Services Data Committee (NCSDC), which includes members from non-government organisations, is a standing committee of the Management Group. The NCSDC is responsible for developing and maintaining the National Community Services Data Dictionary and promoting national data consistency.
Indigenous data quality project	<p>The National Community Service Information Management Group, supported by funding from the Community Services Ministers' Advisory Council, is overseeing a project to enhance Indigenous identification in community services statistics. The project is being undertaken at the AIHW.</p> <p>The project consists of two major components. The first is a series of analyses of national community services data collections held at the AIHW aimed at identifying data quality, trends in data quality, and areas of particular strength and weakness. The outcome of these analyses will be published in a report (<i>Report on the data quality of Indigenous identification in seven community services data collections</i>), and will provide jurisdictions and agencies with an evidence base on which to more specifically target efforts to improve the quality of their data collections.</p>
National Housing Data Agreement	<p>The second component of the project is the development of a web-based resource. This is aimed at facilitating access to available materials and information about current activities which are concerned with improving the quality of Indigenous identification in state, territory and national data collections. It will include actual resources as well as useful links.</p> <p>The National Housing Data Agreement (NHDA), a subsidiary agreement of the 1999 Commonwealth State Housing Agreement (CSHA), established a framework for the development and provision of nationally consistent data for the CSHA and related programs. The Agreement spells out roles and responsibilities and includes three schedules relating to minimum data sets, national performance indicators and national data definitions and standards.</p> <p>The NHDA has enabled significant progress in improved identification of Indigenous households using mainstream programs. Also, it has undertaken data development for the CSHA Aboriginal Rental Housing Program, including collection of state and territory owned and managed Indigenous housing data for inclusion in the 2002 and 2003 Council of Australian Governments (COAG) Report on Government Services. This was one of the few targeted Indigenous programs across all COAG areas to achieve data of publishable standard for 2003. Access to the national minimum data set for this program is available through the NHDA Data Access Protocols.</p>

National Housing Data
Agreement *continued*

Responsibility for managing the NHDA rests with the National Housing Data Agreement Management Group (NHDAMG). The major components of the NHDAMG work program are based on four priority policy areas for national data: public rental housing, private rental market assistance, community housing, and Indigenous housing. Indigenous housing priorities are being progressed jointly with the National Indigenous Housing Information Implementation Committee (NIHIC) which operates under the Agreement on National Indigenous Housing Information (ANIHI).

The AIHW prepared a report on 'Identifying Indigenous households in mainstream CSHA programs' for the NHDAMG. This report examined the quality and coverage of Indigenous status data in the 2000–01 collections for the mainstream Public Rental Housing Program, CSHA Community Housing Program, the Crisis Accommodation Program, Home Purchase Assistance Program and the Private Rent Assistance Program. Seven out of eight jurisdictions were able to report about the Indigenous status of both existing and new households in the 2000–01 public housing data collection. However, variation exists between jurisdictions in regard to the level at which this information is collected. Indigenous status data is available for community housing and is collected via a provider survey. For 2000–01, two jurisdictions did not conduct the survey, and response rates for the remaining six varied from 16% to 100%. Indigenous status is not available for the Crisis Accommodation Program, and there is only partial coverage of the Home Purchase Assistance and Private Rent Assistance Programs. The NHDAMG will be revising this paper for the 2001–02 collections.

National Indigenous Housing
Information Agreement

In May 2001, Housing Ministers endorsed a 10-year statement on directions for Indigenous housing reform to provide better housing for Indigenous Australians, *Building a Better Future: Indigenous Housing to 2010* (HMAC 2001).

Indigenous housing information priorities are being progressed jointly with the HMAC Standing Committee on Indigenous Housing and the NIHIC. The Standing Committee has responsibility for the implementation of the Housing Ministers' 10-year statement. The development of data is one of the key implementation areas in the Standing Committee's work plan.

The NIHIIC operates under the 1999 ANIHI, and provides data support and expertise to the Standing Committee. The Indigenous Housing Information Management Strategy, endorsed by the Standing Committee in November 2001, aims to improve the quality of, and access to, Indigenous housing information at the national level and at the same time maintain and protect the confidentiality of the data for individuals and for the signatories to the agreement. The report contained six strategy areas:

1. National data leadership
2. Developing a supportive national data infrastructure
3. Improving the compatibility of Indigenous housing data across all relevant areas
4. Providing expertise and technical support to policy and program development
5. Development of national minimum data sets
6. Developing and supporting the use of national data standards.

The strategy and action plan represent an important first stage in the process of the Standing Committee and NIHIIC developing national Indigenous housing administrative data.

NIHIIC also manages the work of the National Indigenous Housing Minimum Data Set Sub-committee. NIHIIC conducted a workshop in February 2002 to specify a National Minimum Data Set that could be developed to meet national data requirements to monitor progress and evaluation of the work of the Standing Committee, and to assist in other national data reporting requirements.

A joint Standing Committee-Aboriginal and Torres Strait Islander Commission (ATSIC) workshop was held in May 2002, and was also attended by a number of NIHIIC members. This workshop was held to progress work on the development of a multi-measure approach to measuring Indigenous housing need, including the use of data sources, and to consider the relationship of future ATSIC work to progress this approach. As a result, HMAc have endorsed 8 dimensions of Indigenous housing needs. These are:

1. Affordability
2. Overcrowding
3. Stock condition
4. Services
5. Homelessness
6. Appropriateness
7. Security of tenure
8. Emerging need.

Measures for these are currently being developed by NIHIIC, with a fully operational model to be available by 2005.

PERFORMANCE
INFORMATION

Annual summary of
jurisdictional health
performance indicators

Work on performance information related to Aboriginal and Torres Strait Islander health and welfare is currently in progress in a number of areas.

In May 2003, the Standing Committee on Aboriginal and Torres Strait Islander Health agreed to oversee the development of an Aboriginal and Torres Strait Islander Health Performance Framework to support the implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health. There has been a collaborative effort between statistical agencies, health departments and Aboriginal and Torres Strait Islander organisations to design and refine performance indicators, for improving reporting on Aboriginal and Torres Strait Islander health and services. An interim indicator set was endorsed by AHMAC in 1997, and a refined set was endorsed in 2000.

The interim set of national performance indicators for Aboriginal and Torres Strait Islander health has been reported for the 1998, 1999 and 2000 reporting periods. The interim indicators cover performance within a framework of nine aspects of health status, risk factors and service delivery:

- mortality/morbidity
- access to health services
- health services impacts
- workforce developments
- risk factors
- intersectoral issues
- community development
- quality of service provision.

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, the Office for Aboriginal and Torres Strait Islander Health (OATSIH), SCATSIH, NHIMG and the National Aboriginal Community Controlled Health Organisations (NACCHO).

There are over 50 indicators in the refined set, covering government inputs, determinants of health (including social equity, access to services and risk markers), and outcomes for people. 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. In 2003, the AHMAC requested that a scoping project, overseen by SCATSIH, be carried out to prioritise data development and quality improvement for reporting against the national indicators for Aboriginal and Torres Strait Islander Health. In the interim, 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.

Review of
Commonwealth/State
Service provision

In 1997, the Prime Minister asked the Steering Committee for the Review of Commonwealth/State Service Provision to give particular attention to the performance of mainstream services in meeting the needs of Indigenous Australians. This was reinforced by the COAG in 2000 where heads of government agreed that ministerial councils will develop action plans, performance reporting strategies and benchmarks to facilitate review of the progress made in this area. Improving reporting on services to Indigenous Australians is a key priority for the Steering Committee across all service areas covered in the Report on Government Services — education, health, justice, emergency management, community services and housing. It is envisaged that the report will be further developed and refined to include relevant health system specific indicators.

Overcoming Indigenous
disadvantage: key indicators

In April 2002, COAG commissioned the Steering Committee for the Review of Commonwealth/State Service Provision to produce a regular report against key indicators of Indigenous disadvantage. This report will help to measure the impact of changes to policy settings and service delivery and provide a concrete way to measure the effect of the COAG's commitment to reconciliation through an agreed set of indicators.

The Steering Committee set up a Working Group to progress the development of the framework for the report. The Working Group comprises representatives from the central agencies of all governments, the Ministerial Council for Aboriginal and Torres Strait Islander Affairs (MCATSIA) and ATSIC. The ABS and AIHW participate as advisers on data issues.

The proposed framework has been endorsed by COAG. The first report is due for release by the end of 2003. The framework will elevate the profile of Indigenous data reporting, which will, over time, lead to improvements in data quality.

IDENTIFYING ABORIGINAL
AND TORRES STRAIT
ISLANDER PEOPLES

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 of Population and Housing, ABS surveys and many national administrative datasets. Box 11.1 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 or she lives" (DAA 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. In the absence of appropriate methodology to measure community acceptance, the definitions used in statistical collections generally focus on descent and/or self-identification.

In Australian Censuses of Population and Housing, the question currently used to identify Indigenous peoples asks about origin (or descent) only, on the basis of self-identification. 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' (box 11.1).

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, 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 of Population and Housing 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.

11.1 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.

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 inaccuracies, and for these reasons it is not included in the ABS standard.

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 (NHDD) and the National Community Services Data Dictionary (NCSDD) recognise the ABS standard. Version 12 of the NHDD, published in mid-2003, no longer includes 'community acceptance' in its definition, recognising that it is often not feasible to collect this information in general purpose statistical and administrative collections. This change will also occur in the NCSDD version 3, due to be published towards the end of 2003. 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 peoples which can not be fully explained by natural increase (Ross 1999). Between 1996 and 2001, the total population increased 6% while the number of people counted as Indigenous in the Census increased by 16%, 12% due to natural increase (i.e. births and deaths) and a further 4% due to other factors, primarily an increasing propensity to identify as Indigenous (ABS 2002g). This was considerably less than between 1991 and 1996, where the number of people counted as Indigenous in the Census increased by 33%, while the corresponding increase for the total population was 5% (ABS 1997e; Ross 1999). Fourteen percent was attributable to natural increase while the remaining 19% resulted from a combination of an increased propensity to identify, 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).

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 'Census of Population and Housing' section 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). Data from recent Censuses would tend to indicate changes in personal attitudes to Indigenous self-identification in some people of Aboriginal and/or Torres Strait Islander descent. This has been evident by an increased willingness to indicate Indigenous status on the Census form among people who already personally identify as Indigenous (Ross 1999).

IDENTIFYING ABORIGINAL
AND TORRES STRAIT
ISLANDER PEOPLES
continued

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.

ESTIMATING THE
ABORIGINAL AND TORRES
STRAIT ISLANDER
POPULATION

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 backcast or projected 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 1998a, 1998b, 2002g). 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'.

The best currently available estimates are the final experimental Indigenous estimated resident population figures based on the 2001 Census, presented by age and sex in Appendix 6. Estimates by age and sex for each state and territory, and a new set of estimates and projections derived from the 2001 Census, are scheduled to be released in November 2003.

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. 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. Estimates and projections based on 2001 Census of Population and Housing will provide further assistance in refining future estimates.

Torres Strait Islander estimates

Separate estimated resident population figures for the Torres Strait Islander population have not been available until recently. From 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. For more information on Torres Strait Islander people, refer to Chapter 10 of this publication.

QUALITY AND AVAILABILITY
OF DATA FROM CENSUSES
AND SURVEYS

Table 11.2 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 11.3 lists those either currently underway or planned.

11.2 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE
— 1992–2001

<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 & 2001	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 (ILOC) 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, 2001	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 (DHAC), 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 (Indigenous) (ABS), 1995, 2001	Results reported for non-remote areas 0.7% (1995) 0.8% (2001)	0.7% (1995) 0.8% (2001)	Wide range of information about health conditions, actions, risk factors etc. Included an enhanced sample of Indigenous people. For 2001, sub-set of questions used in non-remote areas.	All people; Indigenous data reportable at national level (restricted to non-sparsely settled areas in 1995).
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 (AIHW & General Practice Statistics and Classification Unit, Sydney Uni.), 1998 and on	Information on service delivery to Indigenous clients reported for 1998–99	0.1% of encounters between GPs and patients	A survey of general practice activity. GP consultations including characteristics of GP, patient, reasons for encounters, treatment, risk factors.	General practitioners in private practice, some state-level Indigenous data on services provided to Indigenous clients.

(a) The sampling fraction refers to the surveys' 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

11.3 NATIONAL CENSUS AND SURVEY COLLECTIONS RELEVANT TO INDIGENOUS HEALTH AND WELFARE
— 2002–2008.

<i>Collection (sponsoring agency), year</i>	<i>Status</i>	<i>Approximate intended sampling fraction(a)</i>	<i>Comment</i>	<i>Coverage</i>
Indigenous Social Survey (ABS), 2002, 2008	Fieldwork completed, results at end of 2003	3.4%	Reporting on areas of social concern including health, disability, language, culture, crime and justice, housing, employment, education & income. Conducted 6-yearly.	Indigenous persons aged 15 and over; data reportable down to state/territory level.
Indigenous Health Survey (ABS) 2004/5	Survey to be conducted	2.4%	Wide range of information about health conditions, actions, behaviours. Conducted 6-yearly.	All Indigenous persons; data will be reportable down to state/territory level.

(a) The sampling fraction refers to the surveys' 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.

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 peoples. 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 7 August and results have been released progressively from July 2002, starting with the Basic Community Profile, in which Indigenous status is 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 when appropriate. These include newspaper articles, posters, presentations in Indigenous languages, radio and television interviews and information brochures. Awareness activities are designed to address cultural barriers that may discourage Indigenous peoples 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 of Census activities with preparations for the 2001 Community Housing and Infrastructure Needs Survey (CHINS) were an added element to the IES.

The Census of Population
and Housing *continued*

In addition to the IES, the ABS implemented a 2001 Census evaluation plan for discrete Indigenous communities which included 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 second edition of *Information Paper: Population Issues, Aboriginal and Torres Strait Islander Peoples 2001* (cat. no. 4708.0) which will provide special analyses of the 2001 Census data, including comparisons with 1991 and 1996 counts, to be published in late 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.

To complement the 2001 Census IES, the ABS arranged for three independent researchers from the Centre for Aboriginal Economic Policy Research (CAEPR) to accompany Census enumerators. These official observers were able to assess the effectiveness of the IES in a representative selection of different types of remote locations designed to cover different remote-area contexts. A full discussion of the findings and recommendations of the research team have been released in *Research Monograph 22—Making Sense of the Census: Observations of the 2001 Enumeration in Remote Aboriginal Australia* (Martin et al. 2002).

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 peoples to be conducted
- regular health surveys of Aboriginal and Torres Strait Islander Peoples to be conducted
- regular identification of Aboriginal and Torres Strait Islander peoples 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 broad and complementary information sources to improve understanding about the social environment, and health and wellbeing of the Indigenous population. These surveys (discussed below) include the CHINS, regular and expanded Indigenous Health Survey from 2004–05 (and every six years thereafter), and the Indigenous Social Survey.

ABS Indigenous survey
program *continued*

The 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 CHINS was conducted in 1999, after the ATSIIC engaged the ABS to conduct surveys of all Indigenous Housing Organisations (IHOs) and discrete Indigenous communities in Australia. The 1999 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 (box 3.1). The 2001 CHINS was conducted in conjunction with Census 2001, and updates the 1999 CHINS by maintaining comparability with that collection. CHINS data include details of the current housing stock, and management practices and financial arrangements of Indigenous housing organisations. 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 Ageing entered into a partnership with the ABS to fund a program of triennial national health surveys from 2001. The program also allows for an Indigenous health survey to be collected every six years. Results from the 2001 National Health Survey (Indigenous) (from a sample of about 3,700 Aboriginal and Torres Strait Islander adults and children) (table 11.2) were released in November 2002 and provide national estimates on some indicators of health status, health service use and other actions taken for reasons of health, health-related life-style and risk factors, and summary womens health characteristics. Estimates at the state and territory level will be available from the larger 2004–05 Indigenous Health Survey.

The Indigenous Social Survey was conducted for the first time in 2002, and will be repeated at six-yearly intervals. It will provide broad information across all areas of social concern, including health, disability, housing, work, language, culture, crime and justice, education and income. The results will allow 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 objective of the ISS is to provide comparisons with non-Indigenous population data, such as that available from the General Social Survey. Its results will be published in November 2003 and will deliver state and territory estimates.

Box 11.4 describes a survey recently conducted in Western Australia by the Telethon Institute for Child Health Research. The survey seeks to examine health and its determinants among a large sample of Indigenous children, and will be a valuable source of health data about young Indigenous people.

11.4 WESTERN AUSTRALIAN ABORIGINAL CHILD HEALTH SURVEY

The first fully representative community survey of Aboriginal child health and wellbeing has been underway throughout Western Australia since April 2000. The project is being conducted under the auspices of the Kulunga Research and Training Network by researchers from the Telethon Institute for Child Health Research. Funding for the project has come from a mixture of Commonwealth and state government and private organisations. The ABS has been a major partner providing consultancy services as well as outposted staff and support for survey development and field work.

By the end of 2001, over 130 screeners and interviewers (60% of whom were Aboriginal Australians) enumerated a selection of 786 census districts from across Western Australia, listing 166,287 dwellings and randomly sampling 2,386 families with Aboriginal children under the age of 18 years. A total of 1,999 (83.8%) of these families consented to participate. Intensive interviews gathered information on 5,289 children with separate interviews on 1,073 young people aged 12–17, and additional interviews with 3,153 carers of these children. School data was also collected for a high proportion of the children.

During 2002, intensive data screening, cleaning, editing and validation took place. In addition, record linkage work was undertaken to further enhance the scope of the data; 92% of carers gave consent for their survey data to be administratively linked to hospital records, and 96% of carers gave consent for the data on their children to be linked to both hospital and birth records. Where consent was given, 96% of children and 93% of carers were successfully linked to the administrative health records maintained on the WA Health Services Research Linked Database.

Survey results will be communicated to participating Aboriginal communities in a culturally appropriate form with the assistance of the project's Aboriginal Steering Committee and the Kulunga Research and Training Network. Starting in late 2003 and continuing through 2004, the findings will be published in several formats. A monograph will provide an epidemiological framework not previously available as a planning resource to define the burden and impact of common child disorders at the population and regional levels. This information will assist policy makers, service planners and purchasers in health, education, family and children's services and justice in estimating service needs and the potential advantages of alternative policies and programs. Additionally, a major community-based dissemination strategy is planned to communicate survey findings to Aboriginal communities throughout Western Australia. This aims to provide information relevant to community level decision making needs.

Reference: Telethon Institute for Child Health Research.

AIHW and ABS have initiated, and continue to drive, programs in partnership with state and territory authorities, to improve the completeness with which Aboriginal and Torres Strait Islander peoples are recorded in a wide range of administrative data sets. Work on birth and death 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. The AIHW continues to work with state and territory authorities to document and improve the quality of data in such areas as hospital separations, cancer registrations, general practice, community mental health services, alcohol and other drug treatment services, juvenile justice, children services, and disability services.

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. Perinatal collections, apart from Victoria, include information only about the mother. With minor variations, the questions used in each jurisdiction to identify Indigenous status on birth registration forms are based on the ABS standard question which allows for five potential responses (see box 11.1 for the standard ABS question). Five of the jurisdictions use the standard ABS question on the perinatal form. South Australia and Tasmania ask a question on the mother's race, while the Northern Territory question on the mother's Indigenous status has a Yes/No option only (see Appendix 8 for full listing of perinatal questions).

In 2001, there were 11,405 births registered in Australia in which at least one of the parents was of Indigenous origin (ABS 2002b). 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 Indigenous) with the number expected which is derived using low series experimental Indigenous population estimates/projections and a constant set of age-specific fertility and paternity rates (see ABS 1998b). Table 11.5 shows the number of births registered in calendar years 1999–2001 as a proportion of expected births.

11.5 RATIO OF REGISTERED TO EXPECTED BIRTHS — 1999–2001

	<i>1996 based projections</i>		
	1999	2000	2001
New South Wales	0.88	0.86	0.88
Victoria	0.77	0.67	0.77
Queensland	0.89	0.93	0.97
South Australia	0.99	0.97	0.93
Western Australia	0.97	1.06	0.98
Tasmania	0.74	0.72	0.99
Northern Territory	0.98	1.06	1.17
Australian Capital Territory	0.77	0.57	0.65
Australia	0.90	0.92	0.95

Source: ABS 2002b.

On the basis of the improvement in the ratio of registered births to expected births from 1996 to 1999, as well as other available information about collection processes, detailed data on births registered as Indigenous were published by ABS from 1999 for all states and territories, except the Australian Capital Territory. 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. The coverage ratios indicate that for the period 1999–2001 overall, coverage of Indigenous births has improved. 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 held at AIHW. As indicated in table 11.6, the perinatal collections only include information about the Indigenous status of the mother, while most birth registration forms ask about both the mother and the father. Table 11.6 presents data for 2000 for birth registrations, perinatal collections and 1996 Census-based low series projections of the Indigenous population for 2000. The table presents 2000 rather than 2001 data, as information from the perinatal collections is not yet available for 2001.

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 to highlight and resolve these discrepancies.

11.6 INDIGENOUS BIRTHS

2000 birth registrations

	2000 projected Indigenous births(a)(b)	2000 projected births to Indigenous mothers(a)	2000 Perinatal collection(c)	Mother and father both Indigenous	Mother Indigenous(d)	Father Indigenous(e)	Total Indigenous
	no.	no.	no.	no.	no.	no.	no.
New South Wales	3 498	2 350	2 122	664	1 330	997	2 991
Victoria	679	447	380	69	204	179	452
Queensland	3 401	2 544	2 840	1 069	1 271	831	3 171
South Australia	650	494	451	222	241	169	632
Western Australia	1 618	1 325	1 515	904	484	334	1 722
Tasmania	466	270	58	39	158	139	336
Northern Territory	1 444	1 354	1 360	582	848	100	1 530
Australian Capital Territory	100	60	54	6	23	28	57
Australia(a)	11 860	8 997	8 780	3 557	4 561	2 777	10 895

(a) Based on 1996 census-based projected population for 2000, low series, and a constant set of age-specific fertility and paternity rates.

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

(c) Refers to babies of Indigenous mothers.

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

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

Source: AIHW National Perinatal Statistics Collection, 2001; ABS 2002b, ABS data available on request, Births Registration Database.

The information in table 11.7 can be used to highlight discrepancies among the various data sources. For example, in Victoria there were 452 birth registrations in 2000, for which at least one parent was Indigenous. This is lower than the 679 births projected for Victoria for that year. Similarly, the number of births to Indigenous mothers in Victoria, recorded through birth registrations (273, or 69+204) is lower than the number recorded in the perinatal collection (380) and projected births to Indigenous mothers (447).

Deaths All jurisdictions have adopted the ABS standard question on Indigenous status on death registration and medical cause of death forms (Appendix 9). The ABS continues to work with state and territory registrars to improve the recording of Indigenous status on registration forms.

In 2001 there were 2,063 deaths registered as being of an Aboriginal or Torres Strait Islander person (ABS 2002c). 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 peoples 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.

Deaths *continued* Table 11.7 shows the estimated coverage of Indigenous deaths for 1999–2001, that is the actual number of deaths registered as Indigenous in 1999–2001, as a proportion of the Indigenous deaths expected to occur in those years. These coverage ratios have been carefully monitored over time. When coverage ratios have been deemed to be at acceptable levels on a consistent basis, data from the respective jurisdictions are combined to provide a representative picture of Indigenous mortality. Currently the jurisdictions of Queensland, South Australia, Western Australia and the Northern Territory meet these consistent coverage criteria. Other states and territories should be added upon reaching the consistent coverage criteria.

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 9. 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 populations, with expected deaths based on a standard set of rates (such as those of the total Australian population) (Cunningham & Paradies 2000) (see box 9.1 for details of ‘expected’ deaths in this context).

11.7 RATIO OF REGISTERED TO EXPECTED DEATHS — 1999–2001

	Registered deaths			Registered to expected deaths, 1996 Census based projections		
	1999	2000	2001	1999	2000	2001
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>ratio</i>	<i>ratio</i>	<i>ratio</i>
New South Wales	435	473	481	0.43	0.46	0.45
Victoria	130	108	93	0.59	0.48	0.41
Queensland	529	535	565	0.55	0.54	0.56
South Australia	116	144	125	0.57	0.69	0.59
Western Australia	350	407	336	0.68	0.77	0.62
Tasmania	11	8	32	0.08	0.06	0.22
Northern Territory	399	450	429	0.83	0.92	0.85
Australian Capital Territory	6	n.p.	n.p.	0.27	n.p.	n.p.
Australia(a)	1 976	2 127	2 063	0.56	0.59	0.55

(a) Includes Other Territories.

Source: ABS 2002c.

The coverage ratios are derived from the 1991–96 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* (cat. no. 3315.0) (Cunningham & Paradies 2000).

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 overseas 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'.

In order to try to simplify the issues associated with measuring Indigenous mortality and explain coverage issues, ABS will produce an *Information Paper: Issues in Monitoring Trends in Indigenous Mortality, Australia* (cat. no. 4716.0) in late 2003.

Hospital separations data Hospital separations data in the National Hospital Morbidity Database (NHMD) are based on the NHDD definitions for the National Minimum Data Set for Admitted Patient Care.

For 2000–01, the quality of the data provided for Aboriginal and Torres Strait Islander status for this database was better than for previous years as, for the first time, all jurisdictions used the categories in the NHDD definition. However, the extent to which Indigenous patients were identified as such in the data varied. It was considered acceptable for South Australia and the Northern Territory and in need of improvement in all other jurisdictions. Indigenous status was not reported for about 3.1% of separations overall, 0.9% for public hospitals and 6.9% for private hospitals. For 2001–02, the quality of the Indigenous status data was also considered to be acceptable in Western Australia.

There are no national estimates of the level of completeness with which Indigenous patients are identified in hospital separations records. In 1998, a pilot study was conducted in 11 hospitals as part of a project to develop procedures for assessment of the completeness of Indigenous identification data in hospitals (ATSIHWIU 1999). This study 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. Western Australia conducted a representative assessment of their hospital data in 2000, based on the pilot study methods and involving 10,000 patients in 26 hospitals. Results from this assessment indicated that Indigenous status was recorded correctly in 86% of separation records (Young 2001). The Northern Territory conducted an assessment for all its public hospitals in 1997 which showed 94% agreement on Indigenous status information between the separation records and patient reports (Condon et al. 1998).

States and territories are engaged in a range of initiatives aimed at improving the quality of Aboriginal and Torres Strait Islander origin information in hospital separations data. These include the production and dissemination of publications and circulars, and training programs for data collection staff.

- Cancer registries Improvement of Indigenous identification in cancer incidence data in state and territory cancer registries is a standing item on the agenda of the Australasian Association of Cancer Registries and the registries continue to work on its development. Until recently Western Australia and the Northern Territory were the only jurisdictions which were able to report reliable Indigenous cancer incidence data. Now the Queensland registry has also developed its Indigenous identification to the point where it can also report reliable cancer incidence data for Indigenous peoples.
- Primary Health Care Services The Department of Health and Ageing has been working with the Health Insurance Commission and stakeholders to implement a voluntary Indigenous identifier to better assess access to mainstream Medicare services and the Pharmaceutical Benefits Scheme (PBS). From November 2002 Aboriginal and Torres Strait Islander peoples can identify on the Medicare database. 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 services provided to Indigenous patients attending general practitioners (GPs) from the Bettering the Evaluation and Care of Health survey, a collaborative work program between the 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 always asking the question of their patients and recording the information consistently. The reliability of the results is currently being tested in a sub-study of about 9,000 patients encountered during the survey. As shown in Chapter 4, the representation of Aboriginal and Torres Strait Islander patients in the survey is below their representation in the population. However, this may be due to lower attendance in general practice where other services (such as Aboriginal Community Controlled Health Services) exist or the geographic distribution of GPs does not reflect that of the Indigenous population. Other reasons may also include Aboriginal and Torres Strait Islander peoples not accessing care when they need it and using hospital emergency departments, or other advice (e.g. pharmacists').

Box 11.8 describes an innovative diabetes related study being conducted in Darwin

11.8 DIABETES AND RELATED CONDITIONS IN URBAN INDIGENOUS PEOPLES IN THE DARWIN (YILLI RREUNG) ATSIK REGION (DRUID STUDY)

The DRUID Study is a groundbreaking partnership between researchers, health service providers and members of the Darwin Indigenous community to: examine the health of Indigenous adults aged 15 years and over; refer people with diseases to appropriate health care and related services; follow people over time to collect information on the state of their health and their use of health services; and test the effectiveness of an intervention program to prevent diabetes among those at highest risk.

The DRUID Study will provide the first ever data on the burden of diabetes and related conditions in an urban Indigenous population and can be directly compared with the recently collected national data from the AusDiab Study. DRUID will provide an important vehicle for training of Indigenous researchers, and the central involvement of Indigenous peoples in the study will promote improved local awareness and understanding of diabetes among Indigenous peoples and increase the capacity of Indigenous peoples and service providers to manage diabetes and related conditions.

Source: Menzies School of Health Research, personal communication.

Community mental health services data

The National Community Mental Health Care Database, which contains records of service contacts in public community mental health services throughout Australia, was collated for the first time for 2000–01. This data collection is based on the NHDD definitions for the National Minimum Data Set for Community Mental Health Care, which includes the data element for Aboriginal and Torres Strait Islander status, based on the standard ABS question on Indigenous status. Data on the Indigenous status of clients for service contacts are included in the database (AIHW 2003d). About 2.4% of the 3.7 million service contacts in 2000–01 were reported to be with Indigenous patients.

For 2000–01, data collection was not considered to be complete or of sufficient quality for inclusion in this report, but the quality of the data have been reviewed (AIHW 2003d). The NHDD Indigenous status categories were used by all states and territories. The only exception was South Australian adult services which only reported 'Indigenous' and 'non-Indigenous' categories.

The extent to which Indigenous patients were identified as such in the data varied among the jurisdictions. Indigenous status was not reported for about 8.6% of the 3.7 million service contacts reported overall, including for about 39% of service contacts in New South Wales, 22% in the Australian Capital Territory, 13% in Tasmania and 11% in South Australia. The quality of Indigenous identification was considered acceptable only in the Northern Territory. In all other jurisdictions, it was considered to be in need of improvement, or the quality of the data was unknown.

Community mental health services data *continued*

States and territories are using a range of strategies aimed at improving the quality of Indigenous status information in these data. These include surveying service providers to determine the approaches currently used; dissemination of pamphlets, posters, and information sheets, and feedback of data to data collectors and users; and removal of default values in computer systems, clarifying the meaning of the NHDD categories, and developing approaches to recording Indigenous status and other demographic information relating to crisis care situations.

Alcohol and other drug treatment services

The Alcohol and other drug treatment services National Minimum Data Set (AODTS NMDS) is a subset of alcohol and other drug treatment services information that is routinely collected by states and territories to monitor treatment services within their jurisdiction. The information collected by the AODTS NMDS is a nationally agreed set of common data items collected by service providers for clients registered for treatment.

The 2000–01 AODTS NMDS collection reported a national ‘not stated’ response relating to Indigenous status of 8.5%. This varied by jurisdictions from 0.5% to 9.2% for all jurisdictions except South Australia, which had a ‘not stated’ response of 31%.

Jurisdictions have said they have emphasised to their service providers the importance of asking the Indigenous status question. South Australian staff, for example, are taking steps to improve the quality of this data item such as training agency staff on the necessity of asking the question and suggesting more sensitive ways of doing it. Service providers have also been told that they are not to use the ‘not stated’ option unless the client has refused to answer the question or is unable to do so (when they are there for someone else’s drug use).

However, it is still the case that, because this question is sometimes perceived as sensitive, service providers may not ask the client their Indigenous status and may put down the response that they think is correct. Or, if they are unable to form an opinion about the client’s Indigenous status visually, the service provider may leave the response blank. In some cases the question may be asked and the client may refuse to answer. Clearer wording in the Indigenous status data element within the NHDD v.12 may help to improve responses to this question.

Juvenile justice

As outlined in Chapter 5, juvenile justice is a complex system, involving numerous organisations with different roles and responsibilities. Currently there is little integration of information across these organisations even at the state and territory level, and very limited nationally comparable information is available. The quality of information on Indigenous status varies among organisations and jurisdictions.

The only national juvenile justice data available is a quarterly collection on people in juvenile detention centres (AIC 2002). While somewhat limited in scope, this collection includes information on the Indigenous status of people held in juvenile justice detention centres. The tables provided in Chapter 5 are based on this data.

Juvenile justice *continued*

The AIHW has been funded by all states and territories to develop and test a more comprehensive National Minimum Data Set for juvenile justice (JJ NMDS) which will include community supervision as well as detention centres. This is currently being pilot tested in all jurisdictions with a final report due in 2003. The quality of the information collected on the Indigenous status of juvenile justice clients will be tested as part of the pilot.

In conjunction with the development of a JJ NMDS, all states and territories and the AIHW are also developing National Indicators for Juvenile Justice. The level of Indigenous representation has been identified as a key Juvenile Justice System Indicator.

Children's services

The pilot test of the first stage of the Children's Services NMDS was conducted in August 2002. Indigenous status of children using child care and preschool services was collected from 47 services involved in the pilot test (including four Indigenous specific services), using the ABS standard question. At the pilot test briefings, service providers were requested to provide the information from their existing records. The pilot test found that Indigenous status is collected on most, but not all, service enrolment forms, but that it is collected in very different ways. For example, in many cases no distinction is made between Aboriginal and Torres Strait Islander origin and children are recorded as being 'Aboriginal and Torres Strait Islander'; in some cases, Indigenous status is recorded as part of an 'other' or 'special consideration' category.

The quality of the information recorded also varied. Parents filled in the enrolment forms themselves, but some of them did not answer the Indigenous status question. In some cases where the answer was not recorded, service providers recorded the child's Indigenous status based on their own knowledge and assumptions.

Commonwealth-State
Disability Agreement (CSDA)

The CSDA minimum data set collection, in operation since 1994, has recently been subject to a major redevelopment by the National Disability Administrators (NDA) and the AIHW. The NDA were committed to ensuring that all relevant data items should conform to the National Community Services Data Dictionary (NCSDD) standards. The Indigenous identifier codes had for some years conformed to the national standards, but the NCSDD standard question posed problems in field testing, as respondents preferred mutually exclusive categories. As a result of a series of discussions National Community Services Information Management Group (NCSIMG) requested the NCSDC to examine this issue in its work program for the next revision of the NCSDD.

In the training in all jurisdictions for implementation of the new collection, the importance of correct Indigenous identification and the reasons for the data item were emphasised, and the training included discussion of issues that may arise. All jurisdictions were provided with pamphlets to distribute to participating disability service agencies, to support them in collecting information about Indigenous status.