

CONTENTS

	Page
<i>Ernabella Report Summary</i>	i
Introduction	1
1 Demographics	5
2 Services	11
3 Assets	41
4 Early Childhood	45
5 Schooling	53
6 Health	61
7 Economic participation	69
8 Healthy homes	75
9 Safe communities	79
10 Governance and Leadership	87
<i>Appendix 1 Methodology and data quality</i>	91
<i>Appendix 2 APY Data Audit</i>	95
<i>Appendix 3 NPYWC Attitudinal Survey Results</i>	105
<i>Appendix 4 Ernabella Community Indicators Table</i>	109
<i>Appendix 5 References</i>	110

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ERNABELLA REPORT SUMMARY

In July 2009 the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) contracted Langford Consulting Pty Ltd (Langford) to develop Baseline Community Profiles (BCPs) for 7 communities in the South Australian APY lands: Mimili, Amata, Kalka, Kaltjiti (Fregon), Indulkana, Pipalyatjara and Pukatja (Ernabella).

This **Pukatja (Ernabella)** Baseline Community Profile (BCP) reflects a snapshot of the regional and individual community's situation at the time of drafting (late 2009). Analysis is based on the data and official information provided to the consultants by FaHCSIA by November 2009; and reflects the views of service providers and Pukatja residents in service agency and focus group interviews and one-on-one surveys conducted at the time of fieldwork (September/October 2009). As such, opinions and views reported in the BCP may have changed since that time for any number of reasons but importantly, because of possible impacts due to regional and community specific changes through implementation of government initiatives relating to the COAG auspiced Indigenous *Remote Service Delivery National Partnership*.

Information on the BCP methodology is in *Appendix 1*. Further details on the summary of findings presented here are contained in the relevant BCP chapters from which this summary is drawn.

1 Population details

The 2006 Census count of usual residents of Pukatja was 326; made up of 289 Indigenous persons and 37 non-Indigenous persons. In addition there were 112 persons counted as usual residents of the Anilalya Homelands, near Pukatja. The Indigenous count can be adjusted upwards for likely undercount by 6% (see discussion above), giving a total Indigenous population estimate for Pukatja of 306, and 119 for its associated homelands. Given the frequent movements between Pukatja and its homeland areas it is useful to combine the adjusted census estimates discussed above (306+119) to arrive at a total estimated population for Pukatja and homelands of 425 in 2006.

Pukatja's population age profile is fairly typical of the Australian and APY lands Indigenous population, with comparatively fewer people in older age ranges, with younger age ranges dominating the distribution. The 25-29 and 30-34 cohorts appear to have an uneven distribution of males and females however if collapsed together this disparity is removed, suggesting age mis-reporting may have occurred. It is also possible that some under-counting of males in the 25-29 cohort occurred. Irrespective of some age discrepancies in the Pukatja data, it remains apparent that Pukatja has a large number of children and young people approaching working age in the next few years. This fact has significant ramifications for future job availability and positioning young people from Pukatja to be job ready.

Although Pukatja's population (excluding homelands) declined by about 5% per annum between 2001 and 2006 it is now seen by service providers as relatively stable with possibly a slight increase, allowing for temporary comings and goings for cultural, medical, family and sporting events.

In community interviews it was reported that 28 homelands were associated with Pukatja, and the school bus regularly collects students from four of the homelands.

2 Services

Key on-site services available in Pukatja include:

- a school with between 130-150 students and facilities for preschool, primary and secondary students;
- football oval, softball pitch, BMX track, a multi-purpose hall for performing arts and sports activities, and a ceramics workshop within the school facility;
- a full-sized synthetic turf basketball court;
- a Commonwealth and State joint funded South Australian National Football League (SANFL) program delivering sporting activities that include after school and holiday activities and youth recreation activities;
- a SA Department for Families and Communities (DFC) operated Youth shed with a Youth Program Officer which provides a range of diversionary recreational activities targeted at youth aged 12-24 years;
- a regular school holiday program funded by DFC and delivered by Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC);
- a clinic with three full-time nurses providing a 24 hr service which works on a 1:200 client ratio;
- a Centrelink service predominantly delivering income benefits and disability and aged pension services;
- AP Services provision of a community waste removal service and a range of municipal services within Pukatja and the homelands, including a garage depot at Umuwa and a rubbish compactor in the community, and back-up support for State municipal services;
- 50 Indigenous homes of which half experience overcrowding and lack regular repair and maintenance assistance;
- a Family Centre operated by DFC which provides disability support for clients and aged residents, providing 'meals on wheels' daily, and supporting young mothers and families;
- an Aged Care facility that offers independent residential accommodation for 12-16 aged clients;
- Ernabella Aboriginal School has a State Government grant to construct a child care centre (CCC) as part of the family centre; which will cater for around 15 long day care placements for children aged from 0 to 5 years;

- NPY Women's Council (NPYWC) regional health and human services providing regular services including domestic violence, child nutrition, youth, aged, disability, emotional and social well being, Ngangkari, Tjanpi weaving and cultural continuation programs;
- a store operating under the auspices of Nyinti Stores which offers an ATM and eftpos facility and provides a range of food, clothes and variety goods staffed by 6 non-Indigenous staff;
- a garage operating under the auspices of Nyinti Stores which offers an eftpos facility and provides fuel, car spares and variety goods staffed by 2 non-Indigenous staff;
- Ernabella Arts and Crafts Centre which has 70 to 80 people, both men and women across the age spectrum, as being registered artists on their books with 30-40 people regularly working out of the centre;
- an onsite SA Government funded VET/Transition Project Officer to develop programs designed to promote job opportunities for secondary school students;
- a TAFE SA Regional campus with a community based lecturer in Ernabella with students actively engaged in a range of driver licence attainment, accredited certificate courses; internet access and support for visiting lecturers;
- TAFE courses are regularly attended (54 students in 2008) and there are students enrolled in every course being offered by TAFE in 2010;
- 17 students are enrolled under the SA AnTEP program;
- a CDEP with 79 active participants, managed externally through Bungala Aboriginal Corporation in Port Augusta (up from 48 in 2006);
- newly constructed police facilities providing 4 permanent police positions in Ernabella, who will be on-ground on a rotational system;
- there are no current emergency services in Pukatja for building and bushfire, rescue or flood - nor is an emergency plan prepared. The AARD states it is willing to move forward with an innovative proposal but there is no funding to progress this;
- serviced bitumen internal roads and poorly serviced main road access which is now inhibiting school bus routes, health and general community vehicular travel;
- a regular weekly bush bus service based in Alice Springs;
- a regular weekly air service for mail, health supplies and limited passenger capacity;
- a weekly plane from Alice Springs delivers mail.

Service issues

Service provider interviews and Anangu focus groups raised a number of service issues which are detailed in the following chapters. In summary they include:

- dissatisfaction and confusion over house repair and maintenance arrangements;
- increased time being lost from police duties, school tasks and store responsibilities as these providers were having to spend time fulfilling "gap duties" for community offices whose funding arrangements had changed at the time of fieldwork;
- community disengagement with CDEP because of its outsourced Port Augusta management;

- new State health agreements, whereby Alice Springs Hospital no longer accepts new dialysis patients who now have to go to Adelaide or Port Augusta, making it difficult for families to provide patient support and breaking up family cohesion;
- the paucity of youth support services, especially for young teenage women;
- a need to expand the art centre facilities and capacity so as to engage more men; and
- the poor state of the roads into and out of the community creating critical transport issues (inhibiting use of the school bus and health transport and causing damage to vehicles and potential safety issues). The condition of the roads was seen to add to the isolation of Pukatja from other communities.

3 Assets or strong points about the community

For Anangu, maintenance of ceremonial life and its attendant strengthening of cultural identity was considered essential to Pukatja's well-being. For some this included active participation in the local church.

Community strengths identified by Pukatja residents included:

- Ernabella Choir, which has been operating since 1940 and has a world-wide reputation of which the community is justifiably proud;
- sporting carnivals and events;
- cultural activities (*"...taking them out bush for hunting and bush tucker and inma"*);
- maintenance of homelands; and
- Ernabella Art Centre (*"...is a good way to bring young and old together"*).

Amongst these, Pukatja's cultural connectedness (evidenced through participation in cultural activities, homelands, and the Arts Centre) was seen by community people as being its strongest asset.

Steps needed to improve community wellbeing included:

- improving the relationship and cultural transfer between young people and elders;
- a greater local police presence (being implemented);
- more recreational activities for teenagers;
- improved roads;
- more proper jobs;
- reduced drug trafficking.

(Source: Service provider and Anangu focus group interviews, Oct 09)

In asking people about what issues affected people's well-being, the community members, staff and service providers across all of the seven BCP communities regularly named particular government initiatives as impacting directly on their well-being (see Table 3.1 in Chapter 3):

- the regionalisation of CDEP which was seen as resulting in community member's alienation and disengagement from government work initiatives; reduced community control over assets; greater municipal untidiness; and less personal spending money for food,
- FaHCSIA's cessation of community office administration funding, resulting in confusion due to a change in how the funding was administered,
- changed administrative arrangements resulting in inadequate consultation with communities about new municipal service arrangements,
- new main road service arrangements resulting in deteriorating conditions causing damage to government fleet vehicles and community cars, escalating school bus costs, affecting medical evacuations and creating safety problems, and
- changing responsibility for housing R&M creating confusion and despondency about how to fix urgent repair issues and dissatisfaction that community labour is seen by service providers to be no longer valued.

4 Early childhood

Across the APY lands, Nganampa Health Council reports:

- a sustained increase in mean birth weight since the establishment of the health service in 1983;
- decrease of low birth weight babies from 14.2% of births to 9.9% of births;
- 80% reduction in peri natal mortality in the first ten years of the service (from 45.2 deaths per 1000 births to 8.65 deaths per 1000 births);
- a greater than three-fold increase in attendance for antenatal care in the first trimester;
- reductions in the proportion of children with moderate or severe growth failure;
- sustained child immunisation coverage at or close to 100%; and
- a marked decline in the incidence of acute respiratory illness and diarrheal disease in children : (*see Chapter 4 for source references*)

The following is a summary of the key points on health (*see Chapter 4*) for the 40-50 children aged 0-5 years in Pukatja:

Preventable diseases and injury

Based on Alice Springs Hospital data for the years 2004/05 to 2007/08, there were on average, 112 hospital separations per year for Pukatja children aged 0-5 years. The 2006 Census data for the number of 0-5 year olds in Pukatja was only 26 although this number would increase slightly with the addition of those 0-5 year olds living in allied homeland areas. The apparent rate for preventable diseases and injuries for Pukatja at about 40 separations for every 10 children aged 0-5 years is higher than the apparent rate for other communities across the APY lands (ranging from around 7-10 separations to over 20 per 10 children aged 0-5 years). After taking into account possible undercounting of this cohort at census time (see discussion in Chapter 1), and after taking into account likely multiple separations for some children, the rate for Pukatja may be closer to the rates for other communities, which nevertheless are high overall.

A similar pattern of apparently high rates of hospital separations is evident across the APY lands for an estimated 220 plus children aged 0-5 years (refer to Tables in Chapter 4).

The predominant causes of hospital separations for preventable diseases and injury among Anangu children aged 0-5 years were infectious and parasitic diseases, ear diseases, and diseases of the respiratory system (see Table 4.3, Chapter 4).

Immunisation

Immunisations are closely managed by the clinic sisters and immunisation rates for Pukatja, as for the whole region, are close to 100% (source: Nganampa HC).

Antenatal and postnatal care

Nganampa Health Council provides comprehensive pre and postnatal programs and check-ups across the APY lands. This is also the case in Pukatja, with most parents participating.

NPYWC Child Nutrition Program provides a prevention and early intervention service for children 0-5 years and their families, as well as early intervention with antenatal women considered at high risk.

Breastfeeding

As found in other APY communities, breastfeeding occurs for the first 3-4 years of life in Ernabella. Also in common with the views of clinic staff in other communities, is the concern that extended breastfeeding occurs to the detriment of the child's nutrition and that some children suffer iron deficiencies. The suggestion was also made that extended breast-feeding was a budgetary measure; as a means of feeding the child when alternative food was unavailable (source: focus group and service provider interviews, Oct 09). One of the

strategies of the NPYWC Child Nutrition program is to ensure children are introduced to solids foods to compliment breastfeeding.

Foetal alcohol syndrome

Alcohol was not mentioned as an issue in pregnancy either by the clinic sister or focus group women or most other service providers. Nganampa Health Service advised that there is no data produced or available on foetal alcohol syndrome within the APY lands. Interview information obtained during fieldwork suggests this syndrome and its potential effects on youth behaviour and educational attainment is a health problem not well recognised and which is yet to surface.

NPYWC Child Nutrition Program is currently providing case management for eight children under 5 yrs across the APY Lands who were referred for growth failure who also experienced prenatal exposure to alcohol and suffer from Foetal Alcohol Spectrum Disorder. Through the Disability Program, the NPYWC also provide support to adults and children over 5 yrs that demonstrate foetal alcohol related developmental, cognitive, intellectual and behavioural problems.

NPYWC suggests under-diagnosis on the APY Lands is a problem; that the low diagnosis rate is due to a lack of awareness of the developmental and behavioural symptoms associated with Foetal Alcohol related disorders and to the lack of a specific diagnostic tool in Australia that is able to diagnose children along the Foetal Alcohol spectrum, not just the syndrome specifications.

Failure-to-thrive

The Department of Family and Community Services (DFC) funds and operates a Family Centre in Pukatja, delivering a range of family support programs including a Failure-to-Thrive program.

Data from the NPYWC Child Nutrition Program shows that 27 children under 5yrs from Pukatja were referred to the Nutrition Program in 08/09 for failure to thrive. Of these, 53% were children living with domestic violence, 47% were involved with Statutory child protection agencies and 40% had one or more parent with serious substance misuse issues. The NPYWC Child Nutrition Program also conducted 5 weeks of nutrition education workshops for young mothers and children including 42 people.

School readiness

Pukatja's new Child Parent Centre opened in February 2009. It offers Pukatja, like other communities across the Lands, a pre-school program provided by the SA Department of Education and Children's Services (DECS) as part of its Aboriginal Strategy 2005-2010. One of

the features it will offer is early access to build computer familiarity, with computers being specially tailored to include big buttons, bright colours and spill-proof keypads. In October 2009 it had 17 students under the age of 5. These children also participate in the Red Cross "Breakfast Program," along with the other primary school children attending school.

The school's assessment was that no 5 year olds in Pukatja are 'school ready.' Family organisational routines and structures to get them ready are absent. A lack of ESL programs, lack of reading, bed time routines, nutrition, home safety, regularity, consistency, a bed of their own to sleep in, were identified as contributing to the failure of having children 'school ready.' Lack of parental engagement with the school to achieve 'school readiness' of younger children is also a key issue. Without improvements in these areas it was suggested that children may "never be ready".

5 Schooling

In term 3 of 2009 Pukatja had 129 students enrolled from reception through to senior secondary years. The school has around 95 primary and 34 secondary students, with 12 fulltime teachers and 2 part-time teachers, of whom 3 are Anangu teachers. Also on staff are the Anangu Coordinator and 11 AEWs and 3 School Support Officers. At the time of fieldwork, no children were attending the Wiltja Education high school program in Adelaide. A significant number of students suffer intermittent hearing loss, and all classes from CPC to Upper Primary are fitted with sound field amplification systems.

Although there is an active school committee and parents generally support the school, interviews show there is limited understanding from parents that obtaining post-primary education is the cornerstone for their children's future work and life opportunities.

Attendance

In 2009 there was an increase in overall class attendance as a result of positive school and community strategies. The school currently has about 80% attendance (compared to 72% in 2008) and this is improving slowly due to home/school partnerships and one-on-one meetings.

Numeracy and literacy

Student performance data for Pukatja school was provided although results in recent years for Indigenous students across the APY lands gives some insight into the local situation. Results of national benchmark tests for Indigenous students on the APY lands show the percentage of students reaching benchmarks in the 3 years 2005 to 2007, has never exceeded 50% at any level tested. Mean scores across most test areas in Literacy & Numeracy improved in 2009.

Post high school achievement

Few if any students undertake further study after Year 12. However, students in Pukatja do successfully participate across the full range of TAFE courses, with two student graduates in 2008 having attained Certificate III level in Aged Care, and 1 student gaining NAATI accreditation.

Barriers to achieving optimum schooling outcome (see Chapter 5):

- lack of teachers with experience and strong departmental and other networks,
- most students experience conductive hearing loss in the range of mild to severe. Australian Hearing visits the school each year to test students. FM soundfield systems in all teaching areas support students to access the curriculum;
- family issues and cultural obligations impact on the attendance of the Anangu staff; and
- lack of community understanding of the need to promote and support children in attaining post-primary education as a key to their future work and life opportunities.

(Source: service provider and Anangu focus group interviews, October 2009).

What works well at Ernabella School (see Chapter 5):

- establishment of a pre-school curriculum aimed at improving attendance and fostering lifelong enjoyment of learning and school;
- Red Cross sponsorship of a breakfast at school through the "Breakfast Club" program;
- home/school partnerships and one-on-one meetings
- football and softball games/carnivals being played on weekends, not during the school week;
- involvement of the school in BMX bike trials, dance and sporting competitions, and the Kindred Circus activities.

(Source: service provider and Anangu focus group interviews, October 2009).

6 Health

The fieldwork interviews clearly demonstrate that the community knows about eating healthy foods, but people find it hard to make young children consumed these foods, especially with the high cost of meat and fresh vegetables and the pressure to buy drugs with food money. Some focus groups commented that "*every weekend we run out of food, no sugar, no tea, no*

bread" and *"we've got a flour tin and will have damper for a few days;"* and another said that children eat *"anything that will catch their eye and they know they can open and eat straight away."*

The Nganampa Health Council Clinic that services Pukatja advised that the main conditions for which they frequently treat are:

- children's' skin diseases (dogs are seen by the clinic as a major contributor here);
- failure-to-thrive children who are monitored by the clinic and the NPYWC Child Nutrition program;
- minor injuries;
- monitoring pregnant women and later their new babies (intensive over first 3 months following birth);
- diagnosing potential diabetes and referring patients for treatment elsewhere as necessary (3 people currently receiving dialysis treatment in Alice Springs and Port Augusta); and
- diagnosing eye problems and referring patients elsewhere for treatment as necessary.

All Hospital separations data (Alice Springs Hospital only) for Pukatja Indigenous residents suggest that for a relatively small population, there were reasonably high numbers of episodes of illness and injury being experienced by community residents:

- 15 separations for mental and behavioural disorders in 2007/08 and a total of 44 separations over 4 years 2004/05 to 2007/08;
- 88 separations for diseases associated with poor environment eg skin, respiratory diseases etc in 2007/08 (all diagnosis codes) (see also Chapter 8);
- 52 separations for injury and assault (interpersonal violence) in 2007/08 (see also Chapter 9);
- 128 separations for preventable injuries or diseases in children aged 0-5 years in 2007/08 (see discussion in Chapter 4);
- over 4 years from 2004/05 to 2007/08 there were (on average) 112 annual separations for preventable injuries or diseases in children aged 0-5 years (see discussion and Table 4.3 in Chapter 4).

Smoking

Data provided on tobacco sales from stores in selected APY Lands communities in 2007 shows per capita sales were highest in Amata (\$1445 per annum) and Fregon (\$1134 per annum). Mimili and Indulkana recorded mid-range per capita results (\$746 and \$703 per annum respectively), while Pipalyatjara had the lowest per capita expenditure at \$527 per annum (refer Nganampa Health Council data, Figure 3 Chapter 6). Although the ABS/ Australian Institute of Health and Welfare data does not provide a national per capita smoking dollar

figure with which to compare these calculations, they state that Indigenous adults smoke at twice the rate of non-Indigenous adults (ref: catalogue no 4704.0,2008). Interviews reveal most tobacco is purchased from the local store.

Issues impacting on local health conditions

Local service providers, in particular the Nganampa Health Clinic, provided information and views on the main issues that might impact on local health conditions now and/or in future:

- the problem of parents not feeding young children the correct nutritional foods;
- a large proportion of the community's young and older adults smoke cigarettes regularly;
- most Anangu homes do not have fridges making it hard to keep food fresh; and creating a potential barrier to the success of prescribed treatments such as antibiotics or insulin, which, when prescribed, need to be retained in the clinic and administered and monitored by clinic staff; and
- access to more affordable healthy food (local store food has to incorporate the high cost of transport and refrigeration) and was seen as being expensive for low income families.

7 Economic participation

Labour Force profile

The labour force profile of Pukatja (using 2006 Census data as a guide) was, and is still, dominated by CDEP participants: 48 out of 81 people employed were on CDEP. The unemployment rate of about 8% would be much higher (approx 63%) if CDEP employees were removed from the employed category on the basis that CDEP jobs were not always viewed as 'proper' jobs, and instead were classified as unemployed; that is, looking for and available to work. Some of those currently classified as not in the labour force are of course not available for work due to old age, illness, still at school, or caring for family.

Irrespective of how CDEP participants are classified within the labour force data, it is clear that the pool of potential job seekers is significant and this situation will be exacerbated as the current cohort of young Anangu attempt to transition from school to work. As noted earlier, Pukatja has a large number of children and young people approaching working age in the next few years and the ramifications for future job availability and positioning young people to be job ready will be significant.

Approximately 45% of Pukatja's Anangu population aged over 15 years was participating in the labour force, similar to the APY Lands overall participation rate (47%).

Jobs and employment opportunities

Typical of small remote Indigenous communities, the potential for establishing new businesses with employment opportunities is limited in Pukatja. Future work opportunities in the mining industry at Coober Pedy are likely to expand in the near future through a joint initiative being undertaken by “Complete Personnel” (a Job Network provider) and SA TAFE.

Focus group and Attitudinal Survey interviews on attitudes to job opportunities and barriers to work suggest that there are entrenched issues that would need to be addressed to change the current situation. While some people suggested that Anangu do not want to work, or were moving around too frequently on sorry business to be available for work, others mentioned the discouragement felt when after completing education or training, no jobs were available to suit their skills. Overall, people expressed little knowledge about local economic opportunities, but did mention that local leadership regarding job development was lacking. Respondents to the NPY Women’s Council attitudinal survey advised that a lack of good English was a barrier to understanding the job market.

Income security

The median weekly income for individuals in Pukatja (2006 Census) was \$208 compared to \$466 for all Australians. The number of people employed under CDEP conditions (on usually less than full-time hours per week) and examination of data available on persons in Pukatja receiving Centrelink benefits bears out the low weekly income available to individuals and their families in Pukatja. Centrelink data shows that 229 people, well over half the adult population at Pukatja, are receiving income benefits (but note that some people may be entitled to, and in receipt of, more than one benefit type).

8 Healthy homes

Housing

In 2009 there were 50 Indigenous Housing Office houses in Pukatja (SA Housing, August 2009); of whom half (25) would be classified as experiencing overcrowding based on the 2006 census results. Thirteen houses would require 1 additional bedroom and another 12 would require 2 more bedrooms to accommodate the then population.

Overcrowding leads to continuing problems with toilets, blocked pipes, leaking taps and so on. Focus groups participants in Pukatja generally indicated a lack of satisfaction with both housing availability and repairs and maintenance. Participants commented that everyone has something broken in their houses – doors, windows, lights etc, showers broken, holes in the roof etc. One participant stated: “*we are glad the army is coming in to fix these old houses.*”

Environmental health issues

Hospital separations data for diseases associated with a poor environment (see chapter 8 data from Alice Springs Hospital) shows a relatively large number of episodes of skin diseases and intestinal infectious disease requiring hospital intervention, with most (comparatively less serious) treatments being provided locally by Nganampa Health Clinic. However, these have progressively declined in recent years (see Tables in Chapter 8).

Nganampa Health Clinic saw dogs as a health risk in the community and provided a visiting veterinarian to euthanize diseased dogs, whereas community people saw dogs as contributing to well-being through companionship and protection against 'evil spirits'.

Advice gathered during BCP interviews with service providers and community members in October 2009 suggested that the current rubbish removal was less than satisfactory.

Infrastructure

Data collected in 2006 as part of the national Community Housing and Infrastructure Needs Survey (CHINS) and confirmed through interviews conducted for this report, indicates that Pukatja's environmental health related infrastructure is basically sound and that drinking water had not failed tests in the previous 12 months. At the time of fieldwork, one service provider noted that pollution controls were absent; play equipment is inadequate and often broken; street lighting is satisfactory only in some parts of town. The condition of internal roads was raised as a serious problem along with a dust problem, particularly near the aged care facility. Shade areas in town were also raised as being inadequate.

9 Safe communities

Law and order

Whilst apprehensions for property offences have remained fairly stable in recent years (at around 60-70 per year), those for public disorder and related alcohol, drug and petrol offences have dropped markedly since 2004. The maintenance of law and order remains a community concern, with focus groups saying that *"...grog, gunja, gambling lead to fighting and violence – not safe for kids to walk around at night"* and that *"police only come when called to problems and they come too late."* A frequent response to relevant questions from the NPY Women's Council Attitudinal Survey was that Pukatja is not a safe place, especially at night: *"too many drunks."*

Court circuits

The courts circuit the APY approximately 12 times per year and Pukatja is included in the *APY Central* circuit, along with Amata and Fregon. Although sitting dates change pending demand,

the courts usually commence the circuits from early March through to mid October. The courts are working on a number of priority areas in the *Remote Service Delivery National Partnership* Document (see Chapter 9).

Assaults and domestic violence

Available data indicates that apprehensions for assaults (not necessarily domestic) have increased in the last couple years to 72 in 2008 (see Table 9.1). However apprehensions for property offences and offences against public order have decreased markedly since 2006. Similarly the number of apprehensions for substance offences has decreased.

The issuance of and breach of domestic violence restraining orders in 2008 (11) was half that of four years earlier in 2004 (22). The NPY Women's Council reported that their Domestic Violence Service (DVS) had 15 active clients in Pukatja in the first 6 months of 2009 and that many assaults are not formally reported to Police.

There were 52 hospital separations relating to injuries occasioned by assault and interpersonal violence for Pukatja residents in 2007/08, continuing the increases recorded since 2004/05 (based only on Alice Springs hospital data: see Chapter 9). These numbers could mask higher unreported assault injuries and/or injuries treated locally at the clinic.

During September to December 2008 the NPYWC undertook a special project at Pukatja, at the request of the community safety and wellbeing committee. This involved training 5 people in how to respond and support children who have been sexually abused; and in raising community awareness about these issues. Two DVS workers were involved in this project working in the community for a total of 8 weeks.

Alcohol and drug use

Anangu focus group participants and attitudinal survey respondents reported that alcohol and marijuana continues to have a detrimental effect on the community: *"...every day kids see fighting in the community."*

Gambling

Gambling is considered a continuing problem in Pukatja. Focus groups noted that it *"...causes hunger due to lack of money – kids starve, causes fights – no sleep."*

Dog control

Pukatja dogs were not reported to be a particular safety issue.

Homelands

Regular movement out to the many homelands around Pukatja was an important part of community life. Keeping the homeland bores and houses in good condition and the roads to them in good condition were important for everyone.

Roads into Pukatja

The poor condition of roads leading to Pukatja and to the other places where Pukatja people travel to in the Lands is a major safety issue for the community.

10 Governance and leadership

The Australian Government through FaHCSIA; the South Australian State Government through its Department of the Premier and Cabinet; and the Office of the Registrar of Indigenous Corporations, have been working to address governance and capacity issues in all APY communities Pukatja.

In Pukatja, as for all the APY BCP selected communities, interviewee comments and observations indicate there is a widening gulf between older people and younger people, which especially impacts on the inter-generational transfer of cultural knowledge between men and women of high degree (recognised cultural leaders of significance) and the younger generation.

Universally the focus groups and service providers agreed that community bodies like the council are not functioning well at all. The situation was summarised by one focus group comment as *“(Pukatja) leaders are concerned about getting young people involved but do nothing or can’t do anything without funding and a functioning council.”*

The School identified bush trips to learn stories and dances, some of the AEW’s involvement with young people in church and its values, and the development of the skill shed (construction training for young men at school) as all helping to involve young people in potential leadership roles.

INTRODUCTION

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is responsible for coordinating a 'whole of government' approach to delivering services to Indigenous Australians. It has commissioned a series of Baseline Community Profiles (BCPs) to assist in mapping an initial baseline profile of seven identified Anangu Pitjantjatjara Yankunytjatjara (APY) Land communities: Amata, Kalka, Kaltjiti (Fregon), Indulkana, Mimili, Pipalyatjara and Pukatja (Ernabella).

The following BCP for **Ernabella** is one of seven APY Land profiles. It reflects a snapshot of the regional and individual community's situation at the time of drafting (late 2009). Analysis is based on the data and official information provided to the consultants by FaHCSIA by November 2009; and reflects the views of service providers and Pukatja residents in service agency and focus group interviews and one-on-one surveys conducted at the time of fieldwork (September/October 2009). As such, opinions and views reported in the BCP may have changed since that time for any number of reasons but importantly, because of possible impacts due to regional and community specific changes through implementation of government initiatives relating to the COAG auspiced Indigenous *Remote Service Delivery National Partnership*. (See *Appendix 1* for more information on the BCP project's methodology and data quality and *Appendix 2* for an audit of the APY data provided).

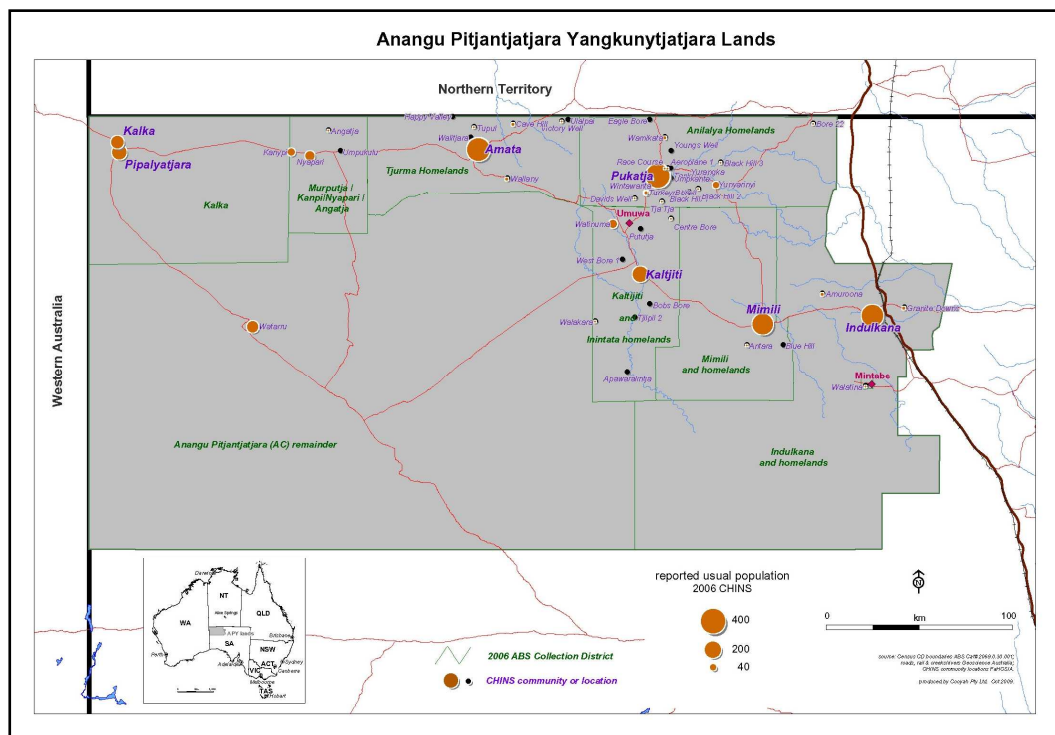
Regional Context

The APY lands BCP project presents profiles for 7 communities located in the region legally defined by the *APY Land Rights Act 1981*. Given population size and mobility within the APY lands, and the way services are delivered to communities and homeland centres in the region, each community's BCP has been presented within the broader regional context of the APY lands. So, where relevant, and where supported by quantitative and qualitative information, each BCP module for each community studied has included a regional context.

Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

The APY lands include what was originally the North West Aboriginal Reserve (proclaimed in 1921) as well as a number of pastoral leases which were taken up in the 1930s. The South Australian Parliament's 1981 *Anangu Pitjantjatjara Yankunytjatjara Land Rights Act* bestowed Aboriginal people with the title to more than 103,000 square kilometres of land now known as "the APY lands". Within this area there are seven Aboriginal communities (each with from 200-400 people) which have been selected for profiling, and some 50 or more associated homeland centres. In 1991 a centrally located administrative centre was established on the Lands at Umuwa, mid way between Pukatja and Kaltjiti (see Map 1 below).

MAP 1 APY lands in South Australia showing the location of the 7 BCP communities



(Source: APY 2006 CHINS population map)

Regional governance

APY is incorporated under the 1981 *Anangu Pitjantjatjara Yankunytjatjara Land Rights Act* and all Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra people who are traditional owners of any part of the Lands are members of APY. Under the Act, an elected Executive Board of 10 Directors governs APY for a three-year term under elections supervised by the SA Electoral Office. The Executive chooses its own Chairperson and the Executive Board must meet at least every two months, though it often meets monthly because of the number of issues they consider. The members of APY meet at least once in every calendar year.

Anangu living on the APY lands are also served by Tjungungku Kuranyukuta Palyantjaku (TKP), a Committee representing the needs of Anangu which “... aims to get better results through improved services for Anangu through shared responsibility for policy development, service planning and coordination (including priorities, gaps, barriers and opportunities), and reporting on progress and results.”

Membership of TKP continues to consist of high level representatives from Australian Government and State Government Departments and Anangu Directors of the peak regional organisations servicing the APY lands. Three community council chairpersons representing the community councils from the East, Central and West Wards on the APY lands were added

following a review of membership in February 2009 (source: ICC email to consultant 17 August 2009).

Pukatja (Ernabella): location and background

Pukatja was first established in the 1930s as a Protestant Presbyterian Christian mission, known as Ernabella. This name is still widely used today.

Situated in the Musgrave Ranges about 30 km south of the Northern Territory border, Pukatja is 450kms by road from Alice Springs and some 1400kms by road from Adelaide, and is reached via Indulkana, Mimili, and Fregon.

Map 1 shows Pukatja's position relative to the other APY communities and its location within South Australia.

The following aerial photograph (Map 2) shows the community's physical layout.

MAP 2 Pukatja (Ernabella) aerial photograph, November 17, 2006



(Source: Google earth, 2009)

CHAPTER 1 DEMOGRAPHICS

1.1 Regional context

Community and associated homeland populations should be understood in the broader context of the APY. The APY lands account for 10% of South Australia's total area, but only 0.2% of its total population. The Indigenous population of the APY lands makes up about 85% of the total APY lands population and about 8% of the State's total Indigenous population. Much of the Lands is unpopulated desert, with the APY communities of Mimili, Pipalyatjara, Amata, Pukatja, Indulkana, Kalka and Kaltjiti being the key population centres (refer Map 1). The administrative centre, Umuwa, is mainly occupied by non-Indigenous government and Indigenous organisation staff and allied workers who provide service support to people on the APY lands.

Population estimates

Following the 2006 Census, the Australian Bureau of Statistics (ABS) produced a series of population estimates (including separate Indigenous estimates) for all Australian Statistical Local areas (SLAs) as at 30 June 2006. These take into account additional information such as estimates of the likely Census undercount of the population, and the Census usual resident counts are then adjusted accordingly. The resulting 'estimated resident population' (ERP) for the APY lands was 1991 Indigenous persons and 350 non-Indigenous persons, making a total ERP of 2341. Using these ERP figures in comparison to the 2006 Census count of Indigenous usual residents in the APY lands (1884) an estimate of the 2006 Census Indigenous undercount across the APY lands can be derived at about 6% (email, ABS, 11 Aug 2009). A finer breakdown of the potential undercount (eg by community) is not available but this APY wide estimate provides a reasonable basis for informally adjusting the 2006 Census counts for communities within the APY lands.

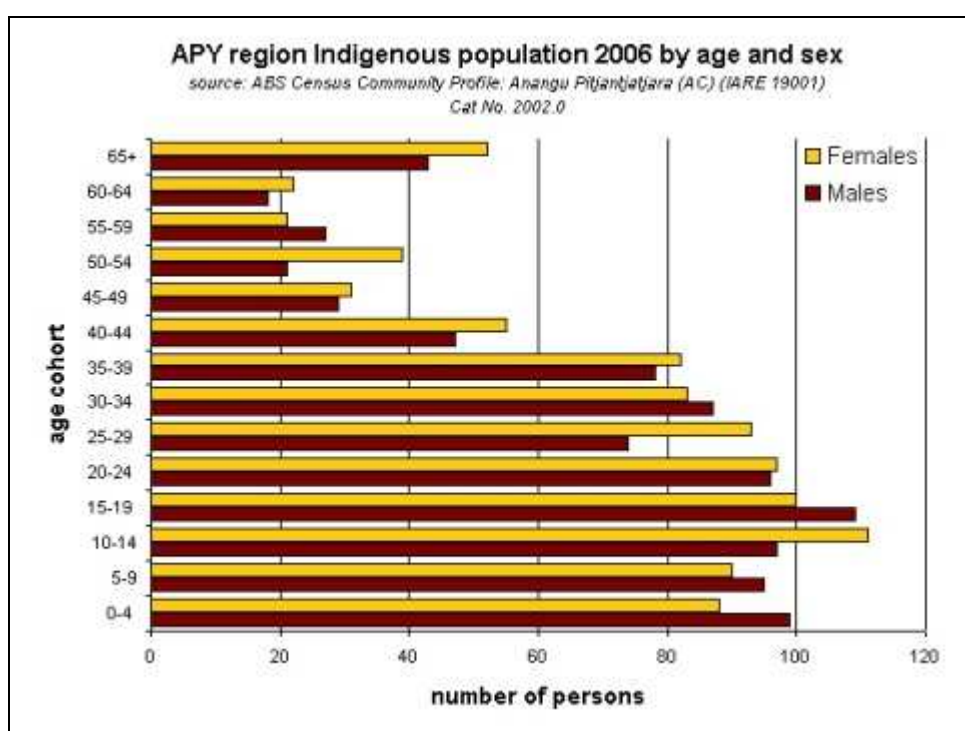
Population projections

The ABS has projected the annual Indigenous population growth in Indigenous Regions through to 2021 (ABS Cat. No. 3238.0, supplementary data file for Indigenous Regions). Projections are available for the Port Augusta Region within which the APY lands are situated. The 2006 Indigenous ERP for the Port Augusta Region was 7231. Both the ABS high and low series projections for this region predict fairly similar annual growth rates from 1.2% tapering off to about 1% by 2021. While these projections are for a much larger region than the APY lands they are a useful indicative tool to estimate, albeit crudely, population growth on APY lands. Applying the high series projections to the APY lands implies a population in 2009 of 2063; and in 2016 of 2242. More recent work commissioned by FaHCSIA on APY population projections was not available at the time of writing.

Age distribution: APY Lands

The age distribution of the Anangu in the APY lands is typical of the Australian Indigenous population generally, and in that regard, quite different to the non-Indigenous population. It features proportionally large numbers of young people and a comparatively small but growing older population. This distribution is evident in all the APY communities. The large number of children and young people approaching working age in the next few years will have significant ramifications for future job availability and in positioning young people to be job ready.

Figure 1 APY Region Population 2006 by age and sex



Summary indicators comparing the APY lands to Pukatja are included in *Appendix 4* to this Report.

1.2 Pukatja

The 2006 Census count of usual residents of Pukatja was 326; made up of 289 Indigenous persons and 37 non-Indigenous persons. In addition there were 112 persons counted as usual residents of the Anilalya Homelands. The Indigenous count can be adjusted upwards for likely undercount by 6% (see discussion above), giving a total Indigenous population estimate for Pukatja of 306, and 119 for its associated homelands. Given the frequent movements between Pukatja and its homeland areas it is useful to combine the adjusted census estimates discussed above to arrive at a total estimated population for Pukatja and homelands of 425 in 2006.

The South Australian Housing 2008/09 Indigenous Community Housing Occupant List estimate (including visitors) for Pukatja was 313. These housing occupants numbers need to be used with caution, but nevertheless give a contemporary indication of Pukatja's size.

At various times, especially football carnivals, Pukatja experiences sudden increases in people that dramatically swell the demand for services. The following local estimates reflects Pukatja's broader service population:

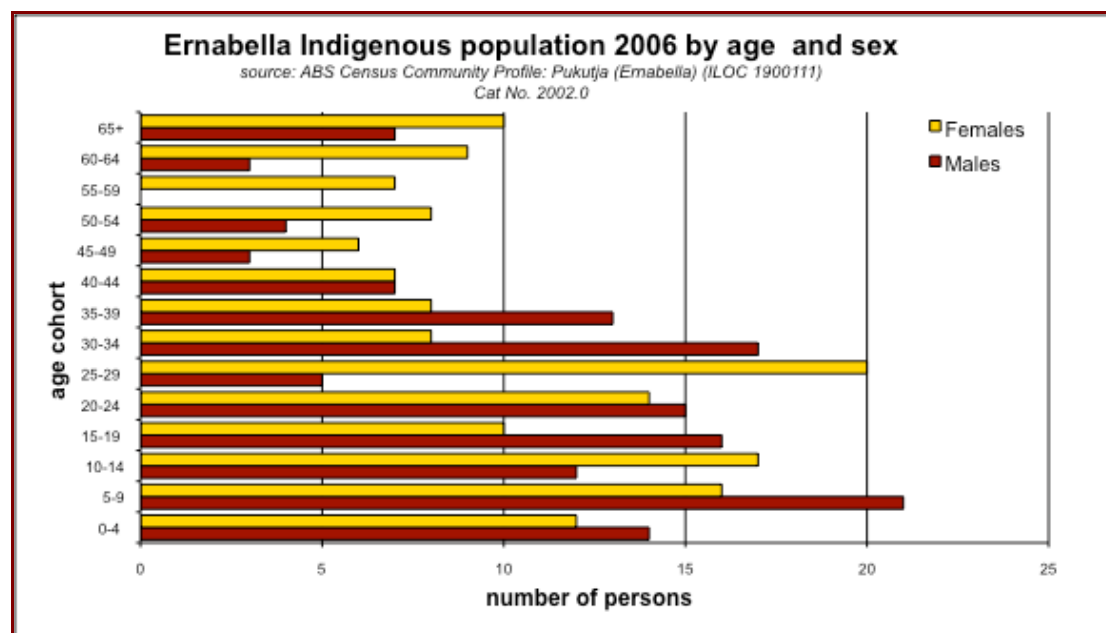
- the clinic manager indicated they treat about 650-700 local Anangu, plus about 50 non-Indigenous on-site community staff; and
- the store manager thought about 500 Anangu live in Pukatja, plus about 20 visitors a day use the store.

Given the above, a reasonable estimate for the Indigenous population of both Pukatja and its homelands could range from 400 to 500 persons, varying according to movements of Anangu within the region.

Age distribution: Pukatja

Pukatja's population age profile is fairly typical of the Australian and APY lands Indigenous population, with comparatively fewer people in older age ranges, with younger age ranges dominating the distribution. The 25-29 and 30-34 cohorts appear to have an uneven distribution of males and females however if collapsed together this disparity is removed, suggesting age mis-reporting may have occurred. It is also possible that some under-counting of males in the 25-29 cohort occurred. Irrespective of some age discrepancies in the Pukatja data, it remains apparent that Pukatja, like other communities in the APY lands, has a large number of children and young people approaching working age in the next few years. As noted earlier, the ramifications for future job availability and positioning young people from Pukatja to be job ready are significant.

Figure 2 Ernabella Indigenous Population 2006 by age and sex



Growth

Between 2001 and 2006, Pukatja's population (excluding homelands) declined by about 5% per annum ie down from 389 Indigenous persons (unadjusted) in 2001. The population is now seen by locals as relatively stable with possibly a slight increase, allowing for temporary comings and goings for cultural, medical, family and sporting events.

People moving around

Most commonly cited reasons for Pukatja travel included:

- *Homelands:* Focus groups indicated people travelled regularly to the large number of homelands that surround the town. The most frequently visited places include Racecourse, Balfours, Turkey Bore, Eagle Bore and Black Hill. Homeland visits are usually for a few days at a time using private cars as transport. The school services 4 homelands daily by bus: Turkey bore, Eagle Bore, Black Hill, and Racecourse.
- *Other communities:* : travel between communities is also a regular feature of Pukatja life. According to the store manager, around 100 or so people may visit Pukatja for weekend sport and perhaps 500 for the annual sports carnival. The store manager also advised that while funeral movements are hard to predict, they can be large, and things like the Alice Springs show or an AFL league game played in Alice Springs can attract large numbers away from the town. The end of year school holidays also have many people leaving the community for some weeks. The school principal indicated

there were at least 10 children a week at the school from other APY communities pretty much all the time. She also thought there were about 10 medical visits to Alice Springs each week, and football involves about 30% of all kids on the weekends it is on wherever it is played.

- *Other places:* people regularly visit Adelaide, Alice Springs, and Port Augusta. These stays are longer and often involve health treatments or family funerals. Other reasons include meetings and exhibitions and church activities. (source: service provider and focus group interviews, October 2009).

Table 1.1 **Demographic indicators**

	Pukatja	APY lands
Indigenous Population estimate at Sept 2009 (<i>incl homelands</i>)	400+	2000 approx
Indigenous Population count 2006 Census (adjusted by +6%)	306	1991
Non-Indigenous usual resident population count 2006 Census	37	350
Median age	24 years	23 years
Sex ratio	90	95
Young kids (0-4) %	9	10
School age (5-14)%	23	21
Youth and young adults (15-24) %	19	21
Older Adults (25-64) %	43	43
Elderly (65+) %	6	5
Modified dependency ratio <15 - >50) %	94	78
Annual % growth rate 2001-2006	-4.7	-2.6%.

(Source: ABS 2006 Census Community Profile: Pukatja; Cat No. 2002.0; service provider and focus group interviews Oct 2009)

CHAPTER 2 SERVICES

This chapter presents Pukatja's services and service delivery issues from the view point of residents and community based staff. Some services, such as housing maintenance, are provided by agencies with offices located either at the administrative centre of Umuwa or outside the APY lands such as Alice Springs (NT) and Port Augusta (SA). For this reason and where relevant, the APY regional context of service delivery is also presented. For some services more detailed discussion is contained in later chapters.

2.1 Education Services

Regional context

Across the APY lands the Pitjantjatjara Yankunytjatjara Education Committee (PYEC) is responsible for strategic planning and policy and operational procedures in education. Its membership includes an elected representative from each community, the Anangu Coordinator from each school (joint administrator working with the Principal), and an Anangu Executive Officer, known as the Director. In total the AP schools employ 129 people, including 47 Anangu Education Workers and 9 Anangu Directors.

All schools on the APY lands work under joint management of the Department of Education Training and Employment and the PYEC. PYEC policy and operations control the schools. Strategic priorities are developed between PYEC and Leaders Group, which is comprised of principals, the superintendant, and other administrators. Community schools determine their local priorities from within these frameworks. The Anangu Education Services (AES) office located in Adelaide and Ernabella, led by the District Director, provides administrative, financial and curriculum support and training and development facilities.

School efforts have focused on raising literacy and numeracy levels and a variety of strategies have been used to achieve this including linking attendance to access to community swimming pools, encouraging sports events to occur on weekends, and encouraging visitors to attend local schools when they are on extended sorry business in other APY communities.

High school education facilities are limited and "*high achievers*" are most often sent to the Wiltja Program co-located at the Woodville High School in Adelaide. In 2008, fifty students from the Lands were resident in Adelaide. Efforts have been made to promote community engagement in education and most Anangu interviewed across the Lands expressed positive attitudes towards their local school.

For APY school teachers, service constraints ranged from poor IT services, deteriorating road conditions and lack of staff accommodation. As noted below, a number of school principals

commented on a growing demand from community residents for help with administrative matters (such as correspondence and form completion) following closure of community offices.

In Pukatja

The Ernabella school principal indicated that in October 2009 the school catered for students from pre-school through Reception to Year 12. The school had 12 fulltime teachers and 2 part-time teachers of whom 3 are Anangu teachers. Also on staff was the Anangu Coordinator and 11 AEWs and 3 School Support Officers. There are variably between 130 to 150 students with about 95 primary and 35 secondary students. About 17 children attend the pre-school (CPC). The principal estimates the school currently has about 80% attendance (compared to 72% in 2008).

The School only caters to 4 of 28 outstations with a daily bus run that picks up the children from these homelands.

The community is generally supportive of the school even though parents and broader community involvement is limited. Parents use the school for banking, tax advice, and as a surrogate Centrelink office now that the council/office is not working.

Selected barriers to delivering optimum school services which were identified during the school interview included (see Chapter 5 for more detail):

- lack of teachers with experience and strong departmental and other networks,
- access to critical data on student birth dates and similar as held by other agencies such as Nganampa Health, because absence of this data was claimed to significantly affect needs assessments and consequent funding allocations to the school's services,
- greater funding recognition of school buying restrictions because of remoteness. For example, school grants are reported to be worth about 20-30c in the dollar compared with Adelaide when assessed for their buying power because, for example, concrete work may be \$600/cubic meter in Adelaide and \$2,100 in Ernabella so Ernabella School cannot achieve purchasing parity with non-remote schools,
- limited support from parents for education as a corner stone for children's future work and life opportunities, and
- increased AEW training and support.



Ernabella School

2.2 Health Services

Regional context

Nganampa Heath Council

All clinics on the AP lands are controlled by Nganampa Health Council which has an Aboriginal Board. The health service has nine health clinics and staff of around 150, including some 37 part-time staff and some 50 or so community staff, including health workers, health mayatjas and cleaners. In 2007-08 the Council received \$5.5 million from the Commonwealth Department of Health and Ageing and \$1.3 million from the South Australian Department of Human Services.

Programs provided by the Council include aged care, sexual health, environmental health, health worker training, dental, women's health, male health, children's health and substance abuse prevention.

Overall clinic operations attracted little comment from Aboriginal residents. In contrast, many clinical staff expressed dissatisfaction with the attendance of Aboriginal staff, the common issues being reported being high levels of health worker absenteeism that was difficult to manage locally.

While Nganampa has recently introduced an electronic patient information management system in all clinics, advice from Nganampa's Medical Director is that "we generally do not collect community specific data. Given the small denominators and frequent travel between communities it makes little sense to do so" (email 20 October 2009).

Substance Misuse Centre

In late 2005 the SA Government announced the establishment of a substance misuse centre on the APY lands to be managed by Drug and Alcohol Services South Australia (DASSA). This facility is located in the community of Amata and was opened on 12 June 2008. The Australian Government through the former Department of Immigration, Multicultural and Indigenous Affairs in the Port Augusta Indigenous Coordination Centre¹ provided \$3.3 million to build the facility and the Government of South Australia provides \$1.2 million annually for the Centre's operational costs. The facility is managed by Drug and Alcohol Services South Australia (DASSA) who works closely with other agencies and health providers on the APY Lands to address substance misuse through providing a range of treatment and rehabilitation programs to Anangu who live or come from the APY Lands and who are experiencing problems caused by substance misuse.

The Service has two core functions: one being the provision of residential rehabilitation and diversionary programs and the second being a mobile outreach service. The residential rehabilitation service offers a short term residential assessment, transitional care to and from detoxification facilities, planned residential programs for specific groups and education program for males and females, with assertive follow up in the community. Careful monitoring of clients in the initial stages of treatment ensures appropriate responses should any signs of withdrawal be noted and clients that have undergone detoxification elsewhere are welcome. The mobile outreach team sees individuals in their communities throughout the APY Lands for any drug or alcohol problem. It provides assessment and planned intake into the facility, motivational talks, education, information, relapse prevention and counselling. The service visits all major communities on the APY Lands.

In Pukatja

The Nganampa Health Clinic at Pukatja has 3 registered nurses and 3 Anangu health workers (AHWs). The clinic also has a part time cleaner, a part time clerical position, plus a clinic supervisor.

Visiting doctors/health professionals include GPs (Nganampa), Psychiatrist, Psychologist, and eye specialists. There is also a Home and Community (HACC) program operating in the community, and the DFC funded Family Centre provides family and child nutrition program support that links into clinic referrals.

Other health programs managed through the clinic include: Immunization, School Age Screen, Adult Screen, STI Screening, Women's Check Up, ENT - Hearing team out every 3 months, Dental visits, and monthly child checks for child immunization.

¹ Erratum – Reports were amended to reflect funding provision for the substance misuse centre was through the former Department of Immigration, Multicultural and Indigenous Affairs in the Port Augusta Indigenous Coordination Centre, and not the Department of Health and Ageing.

In addition, selected services are referred by the clinic to other centres. Some outpatient services are handled in Alice Springs, while renal dialysis and specialist eye treatments are referred to Alice Springs Hospital or to Adelaide and Port Augusta.

Advice obtained during the clinic interview indicated that nurses work to a 1:200 client ratio; and that about 90% of doctors consultations are serviced by phone from Alice Springs.

A number of performance issues raised by in-situ staff included:

- performance of existing Anangu staff, including poor attendance, resulting in increased workloads for other staff; with a "no work no pay" policy being raised as a part solution;
- communication issues between APY and AP Services;
- IT issues, including staffing for this role;
- clinic staff were overwhelmed with the volume of acute care necessitated by community violence, leading to mental health stress for staff,
- understaffing in administration and IT as well as nursing and clinical services.

2.3 Welfare Services

Regional context

Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC)

The NPY Women's Council provides a range of health and human services to over 6,000 people residing in southern Northern Territory, South Australia and Western Australia, covering 350,000 square kilometres. What began as an advocacy organisation is now also a major provider of human services in the region, in essence working to improve the lives of Anangu and Yarnangu families. These services have been created at the request of community members in response to prioritised needs and the service delivery model continues to adhere to a community led governance model.

NPYWC currently operates with a budget of more than \$8M per annum from a wide variety of agencies. It employs at present more than sixty full-time and part-time staff. It has an elected Executive/ governing committee of twelve members from the region, including a Chairwoman and Vice-Chairwoman who are responsible for the over-all policy direction of the organisation.

Centrelink

Just over 1000 Anangu in the APY lands are recipients of government support benefits arranged and managed through Centrelink (about 50% of the total Indigenous population on the lands). The Centrelink service model involves a contract with each community where Centrelink pays the community to select, train and employ 2-3 people to manage a local Centrelink agency; and who are supported by periodic visits from Alice Springs based staff. With recent changes in the Community Development Employment Project (CDEP) the role of a Centrelink agency has expanded. It requires people to register for income support and participate in 6-weekly reviews.

While Centrelink has, to date, been the keystone user of PY Ku Centres situated in communities, agency staff believe arrangements worked better when there was a dedicated PY Ku Coordinator working across the Lands encouraging government agencies to use the buildings. Advice was also provided that forward planning is necessarily uncertain while PY Ku funding arrangement remains unresolved. In contrast to all other major communities, Pukatja does not have a PY Ku Centre and Centrelink services are based in the community office.

Senior Centrelink staff also report that four communities have recently had difficulty finding community staff to fill agency positions and that the Alice Springs office has increased field visits to maintain services. The suggestion was also made that the capacity of communities to fulfil their Centrelink contracts depended on stable governance and administrations and that at least four communities were in apparent difficulty in this regard.

With reference to people's access to eligible payments, Centrelink staff are concerned that when remote area exemptions were lifted and people were transitioned to income support benefits, a number were wrongly listed and should have been on a disability pension. Centrelink staff thought that possibly up to 50 of these people have not been able to comply with the job search requirements and have "dropped out" of receiving any supporting payments altogether.



Pukatja Clinic

Community Offices

FaHCSIA funding of community offices ceased at the end of June 2009 but negative community responses induced FaHCSIA to fund AP Services \$300,000 to keep office administrators placed in the seven main communities plus Wataru and one for Kanpi and Nyapari. At the time of the fieldwork the funding keeps the offices open only for limited hours which is one reason why staff in community schools, shops and clinics are experiencing an escalation in requests for help from residents for advice and interpretation of correspondence.

FaHCSIA has not advised AP Services on what plans exist post December 2009 and the future is uncertain for those currently filling the positions.

Typical tasks of the administrative offices includes managing community mail, coordinating visits and liaising with external organisations, assisting Council members prepare for meetings, organising travel arrangements, keeping individuals bank card records and pin numbers, assisting the Chairpersons manage visitors, maintaining corporate records, invoicing people for use of community equipment and accommodation and facilitating services provided by APYs regional organisations. Community chairpersons regard these services as essential and view with alarm FaHCSIA's intention to cease funding the office workers.

In Pukatja

NPYWC was active in Pukatja through its range of range of health and human services including the Domestic and Family Violence (DV) Service, the Child Nutrition Program and assistance to failure-to-thrive children, targeted youth service delivery, frail aged, disability and mental illness support, and the Tjanpi Desert Weavers social enterprise programs.

In July 2009, funding from FaHCSIA for community office services ceased. Focus groups and service providers indicated the lack of council staff had led to a lack of community meetings and a lack of general communication to community members and service providers in Pukatja, as to what is happening in and around the community. Service staff advised that the consequences of the office being closed included:

- knowledge being retained by a few leaders rather than information being disseminated through the community,
- confusion for community members due to changed administrative arrangements, and
- poor general community functioning and coordination.

2.4 Municipal Services

Regional context

Anangu Pitjantjatjara (AP) Services

Anangu Pitjantjatjara (AP) Services has its administrative offices located in Alice Springs and its works depot and mechanical repair garage at Umuwa. Since 1993, the organisation has been a separately incorporated body under the Commonwealth's Office of the Registrar of Aboriginal Corporations (ORAC). It has five Governing Committee members and 28 general members.

Advice from a person central to the establishment of AP Services is that the organisation was established as a service arm of Anangu Pitjantjatjara and designed to complement other regional services of the time including Pitjantjatjara Services, Nganampa Health and a regional airline service. As things have evolved, AP Services is now an independent organisation that undertakes project management tasks and the coordination of a range of maintenance programs, particularly concerning Anangu environmental health and safety. AP Services works very closely with Nganampa Health's Environmental Health section. Since June 2009, and in line with changing Commonwealth State service arrangements, AP Services responsibilities have diminished to community waste management and collection and servicing homeland needs. AP Services also undertakes contract works and provides back-up support to State municipal services, for example urgent water and sewerage maintenance.

On 16 February 2009 AP Services was placed under administration by the Office of the Registrar of Indigenous Corporations (ORIC, formerly ORAC) in order to address membership and solvency problems. In August 2009 ORIC extended the administrative period to 31 March 2010.

Whilst under administration, AP Services was awarded a FaHCSIA contract from 1 July 2009 to provide municipal services to the AP communities. Responsibilities include twice weekly domestic rubbish pick-ups, maintenance of landfill sites, monthly large domestic waste removal, sweeping and minor maintenance of internal roads, dust reduction and maintenance of community parks, ovals and windbreaks. Services to homelands include maintenance of power and water facilities and removal of rubbish; these services being subject to homeland occupancy rates. AP Services also maintains a fee for service garage service at Umuwa and Pipalyatjara and tenders for road and airstrip maintenance.

AP Services' delivery arrangements involve having a community works officer at Pipalyatjara/Kalka, Amata, Pukatja, Mimili and Indulkana.

AP Services advises there are gaps in these new arrangements and some confusion. For example, all community tips require extensive restoration in the surrounding areas, and this task falls outside the AP Services' responsibility and requires a major investment in remedial action. Like wise, community members find emergency power and water assistance confusing. For instances, while the Department of Transport and Infrastructure is responsible for emergency services, the lack of locally based staff means AP Services may be requested to assist.

In Pukatja

In Pukatja AP Services have a rubbish compactor and a couple of Anangu trainee Environmental Service Officers. The rubbish service was criticised in focus group interviews as providing an inadequate service, although the AP Services contract to deliver the service had only recently shifted from Bungala CDEP delivery. It was not clear as to why the service was seen as inadequate: but appeared to centre around the dissatisfaction with Bungala's control of CDEP and associated changes in the regularity and extent of CDEP funded services.



Construction of Pukatja Young Mens' Building

2.5 Housing Services

Regional context

Since 2007, AP housing programs have been progressively changed:

- in 2007 the Commonwealth announced it would provide \$25 million to the SA State Government for a major housing program on the Lands providing APY entered into new long term leases;
- in 2008 responsibility for maintaining houses was transferred from AP Services to SA Housing;
- in August 2008 the APY Executive agreed to grant leases for 50 years for all new and upgraded house sites subject to communities gaining Commonwealth funding; and
- in October 2009, construction of the first group of houses commenced.

Repair and Maintenance (R&M) operations are managed from Umuwa and electrical, plumbing and construction trades are sourced through annual contracts that address cyclical need and urgent on-demand works. Over the past 18 months, effort has been focused on establishing records and systems and addressing urgent R&M.

The lack of community office staff (specifically Community Service Officers) is creating a problem for the Umuwa-based housing office in that the communities have no identifiable local person to whom people can report house damage or urgent repairs. Discussions are currently underway with Family Centre staff in communities to see whether it will be possible for them to be the community contact point.

Community dissatisfaction with house maintenance was uniformly high across all communities visited by the consultant teams, a finding the SA Maintenance Coordination Officer regarded predictable given the time required to set up maintenance systems and address “hidden” priorities like dysfunctional septic systems. A deeper division of thinking is apparent concerning the place community labour has in future R&M works. The current SA Housing model for R&M service relies on imported skilled labour and its contract arrangements are not open to the employment of unskilled community labour. Lack of community participation in house R&M has attracted criticism in several communities and from some community CDEP groups.

In Pukatja

There were 50 houses in Pukatja (SA Housing, August 2009). Half (25) of these were classified as experiencing overcrowding based on the 2006 census results.

Focus group participants generally indicated a lack of satisfaction with both housing availability and repairs and maintenance. The outside contractors model for R&M was not well received during focus group discussions: *“It takes a long time to get anything fixed in Ernabella”*; and frequent reference was made to previous arrangements whereby local CDEP workers undertook (some aspects of) maintenance work. A youth focus group noted that they *“...need proper training so Anangu can fix houses.”*

2.6 Aged Care, Disability and Youth Services

Regional context

Independent Living Units (ILUs)

The South Australian Department of Families and Communities has established four Independent Living Units (ILUs) on the Lands: at Indulkana, Amata, Fregon and Kalka. They were provided for elderly people who are independent and do not require care. Management and maintenance is a community responsibility.

In addition to the three operating ILUs (Amata’s is now a derelict building), there is a specialist aged care/respite facility at Pukatja which employs nurses and health workers and is managed by Nganampa Health Council.

Family Centres

DFC operates Family Centres in Kalka, Pipalyatjara, Amata, Pukatja, Indulkana, Mimili and Fregon. Each Centre usually employs a Community Support Officer (supervisor), two trainees and a number of casual CDEP workers. A range of programs are delivered from the family centres including, family support, disability support and Home and Community Care (HACC).

The Family Support Program aims at improving the safety and well-being of Anangu children and youth by helping parents create a safe and healthy home environment. The program includes informal training in skills relating to cleaning and maintaining a safe healthy environment and the preparation of nutritious meals, and maintaining the family centres as a clean, safe place for families.

Disability Services delivered from the Family Centres includes:

- local disability support;
- specialist intervention support for people with violent/aggressive and challenging anti-social behaviours; and
- physiotherapy support, through a visit once every two months to local workers in the Pukatja Aged Care facility (at Pukatja), and to home carers supporting individuals with physiotherapy exercises.

The Home and Community Care (HACC) program delivers a daily meal, blanket washing and some local transport to eligible HACC recipients.

NPYWC also has focused teams that work with aged, disabled residents and youth across the APY Lands. NPYWC Aged Care Support Service SA provides support for Anangu frail-aged elders in SA with a service aimed at enabling them to remain at home on country and supporting carers and families in achieving this goal. The service currently supports 83 frail and aged people on the APY lands. Through the carer respite program, NPYWC supply some essential items that support carers to keep their family members at home such as warm clothes, blankets and swags. The service also supplies mobility aids such as shower chairs, walkers and canes, and liaises with other agencies for wheelchairs and correct diagnosis of clients. Other important components of the program include taking elders on bush trips and follow-up contact with family when clients need to be moved to a higher level of care away from their country.

NPYWC also coordinates a Tjilpi Pampa Festival (Festival for Old People) every 18 months on the APY Lands.

NPYWC has a disability client list of 80 people living across the APY lands. Most (at least 12) of the *high needs* disability clients have been identified with multiple issues including on-going substance misuse and mental health problems.

The NPYWC Emotional & Social Well-Being Project has been working on Aboriginal Mental Health First Aid for people out on the APY Lands to build the capacity of individuals & the community to understand and respond appropriately to people with mental health issues.

TAFE SA Regional-APY Lands is working with Bungala CDEP and DFC with trainees studying Certificate II and III in Community Services Work in all Family Centres across the Lands.



Ernabella Church

Multi-Sport Regional Partnership Agreement

The Anangu Pitjantjatjara Yankunytjatjara (APY) Multi-Sport Regional Partnership Agreement (the RPA) has the stated objective of providing alternative activities to combat petrol sniffing and substance misuse on the APY Lands.

The RPA has three major components:

1. Sports leagues (Australian Rules Football and softball)
2. After school and holiday activities
3. Youth recreation activities.

The South Australian National Football League (SANFL) is Commonwealth and State joint funded for \$1.42m between 2006/07 to 2009/10 to deliver the activities under the RPA. Separate to the RPA but complementary to its outcomes is funding provided by the Commonwealth Attorney General's Department under their Indigenous Justice Program, which is funded over the same period at \$0.77m. Also separately, additional funding has been accessed to support the Far North West Sports League (FNWSL) and to commence the development of a centralised sporting complex on the APY Lands.

A Steering Committee has been established to oversee the initiative and is comprised of Commonwealth and South Australian Government representatives and SANFL staff. There is also a sub-group to this committee who is responsible for logistical operations.

In Pukatja

Pukatja has a regional Aged Care facility that offers residential accommodation at low, medium and respite levels for about 12-16 aged clients. Advice at the time of fieldwork was that its focus is more on aged care than respite care. The facility has 8 full time staff and 5 CDEP participants. There are 9 Anangu staff overall out of a total of 17 staff. Tasks range from nursing work to gardening, washing and cooking. JobNetwork provider, Complete Personnel, is training the CDEP participants. Supervisors complained in interviews that Anangu often fail to turn up for training. As is the case across the APY Lands, poverty also means that families are often unable to participate properly to support their family members in care.

The SA Department of Families and Communities (DFC) is funded to provide Home and Community Care (HACC) programs in all of the APY BCP communities, with the exception of Pukatja, where Nganampa Health provides the HACC program. Five disabled clients are currently registered as being assisted through this program: 1 high needs client, 3 identified needs clients and 1 perceived needs client.

SA DFC also funds a youth worker at Pukatja who has been trained to Certificate 3 level through Relationships Australia. The youth worker has organised the construction of a dirt bike track and this is currently being used to train the APY team for the annual Finke Desert Dirt Bike race. Ancillary to the bike racing, disabled youth are also being organised through the youth worker in a DFC diversionary program to assist as pit crew in the Finke Desert race and other bush bike events.

There is also a Youth Shed at Pukatja which provides safe supervised space for youth to congregate and become involved in a range of activities. A School holiday program also operates through NPYWC. In the first half of 2009 the NPYWC Youth Service provided intensive case management to 6 male and 4 female clients in the 15 to 20 year range. NPYWC also organises an annual Kungka (young women's) Career Conference for young women aged 12-24 years.

In addition, the SA National Football League (SANFL) coordinates and manages a jointly funded Federal/SA government program of football and softball sporting competitions on the Lands for men and women. Pukatja has been an active participant and the 2008 grand final was held at Pukatja.

Pukatja has an outdoor full-sized synthetic turf basketball court which the community uses for competitions held during summer.



Pukatja football oval

2.7 Community Enterprises

Regional context

Community stores

Mai Wiru, which translates as ‘good food’ in Pitjantjatjara, is a regional stores policy designed to improve the health and wellbeing of Aboriginal people living on the APY lands. It aims to ensure access to safe, nutritious and affordable food as well as essential health items through community stores in seven APY lands communities. The goals of Mai Wiru endorse the expressed aim of the 1999 South Australian Food and Health Policy ‘*to promote the health of South Australians and reduce the preventable burden of food-related illness, disability and early death*’ (*Strategic Implementation Plan, Mai Wiru.*)

The Commonwealth Department of Health and Ageing provides funding to Nganampa Health Council to support the implementation of the Mai Wiru Stores Policy on the APY lands. The Mai Wiru Stores Support Unit provides health promotion and nutrition programs on the Lands, monitors store turnover and purchasing behaviour, provides IT and retail support to Store Managers, and supports local store committees with recruitment and training of store workers.

Since 2006 Nganampa Health and its Mai Wiru Stores Policy partners, APY and the NPY Women’s Council, have made good food a community priority. In particular, they have worked to improve the range of available foods in stores, providing healthier choices of bread and pastries, keeping prices down, being able to buy small amounts at a time, and making free chilled water available as an alternative to soft drinks (*source: Nganampa Health Council*).

Arts and crafts

Production of arts and crafts is an important cultural activity and source of additional income. The overseas demand for desert art has escalated over the past few years and the Arts centres are one of three export initiatives for communities (camels and cattle are the other two).

Ananguku Arts is an Aboriginal-owned and governed not for profit organisation which is the peak regional body for the arts in the region. Members are the artists who live on the APY lands and work in one of the seven Aboriginal art centres of Ninuku Artists, Tjungu Palya, Tjala Arts, Ernabella Arts, Kaltjiti Arts and Crafts, Mimili Maku, and Iwantja Arts and Crafts.

In recent years there has been considerable government support for Arts Centres and their cultural programs on the APY lands. In the 2008-09 financial year the Department of Environment, Water, Heritage and the Arts approved around \$1.8 million dollars in projects that contributed to operational costs supporting community based artist services across the APY lands. A further \$1.6 million is committed for 2009-10 (source: DEWHA funding table July 2009 provided by FaHCSIA).

Also the NPYWC Tjanpi Desert Weavers is an important regional art and craft enterprise, whereby many community women make and sell baskets to Tjanpi which has a retail outlet in Alice Springs in the Pitjantjatjara Council Resource Centre. This service also offers a special outlet for the APY “renal ladies” (as they are called) so they can have some meaningful activity whilst they are in Alice Springs on dialysis. This is also for the spouses of men on dialysis. They come to the Womens’ Council to do the basket making on site and also give workshops at the Desert Park in Alice Springs.

Maruku Arts and Crafts is another group that supports the production of punu carvings and has an outlet at UKTNP cultural centre at Uluru to sell people’s work.

The role community art centres have in community life seems to be changing; where they once functioned as craft centres, they are now also valued by older people for being places of stability and respite from government control and change.

In Pukatja

Pukatja Store

The Pukatja store and the garage are both managed on an extended contract by Nyinti Stores. Nyinti Stores has run them both for about 4 years having assumed the contract to manage them when both services were insolvent and virtually closed. The current managers have been there 4 years and have built the store trade back up but have not been able to engage local Anangu on the way.

The store provides ATM and eftpos facilities and will cash cheques. Their systems and strategies are determined by Nyinti management. According to the current manager:

- there are 6 staff but no Anangu – it is claimed that training locals is an issue due to poor availability/attendance,
- the store runs its own nutrition policy which includes lower mark up on healthy items,
- there are weekly deliveries from Alice Springs and operators have flexibility to shop around for bargains (unlike Mai Wiru stores in other local communities),
- prices are less than double Alice Springs Woolworths but lower than many small corner stores in Alice Springs – and take away is cheaper than can be purchased at Marla Bore,
- when the current operators started 4 years ago cigarettes were the number one turnover item – now it is bread, fruit pieces, followed by cigarettes.

During Anangu interview discussions, focus groups participants complained about the prices, quality and availability of healthy food. Selected comments are summarised as:

- *“Not happy for takeaway – greasy food – good food is there but expensive”*
- *“Need a nutritionist to work with Anangu about health food and put in store”*
- *“Everything is no good but too far to go to other shops in town”*
- *“Good food is there but expensive for the incomes of people “*
- *“Anangu buy rubbish food – need more education”*

Service providers commented:

- *“Good food there but very expensive – Anangu eat rubbish instead of hunting”*
- *“Lack of home storage – fridges etc forces people into takeaways”*
- *“IT failures – eg lose their key card – takes weeks to get another one – causes poverty and pressure on clinic to help out”*
- *“Many non-Indigenous people in Ernabella do not use the store for the majority of their purchases but use bush orders from Alice Springs.”*



Pukatja Store

Ernabella Arts Incorporated

Operating for over 60 years, the Ernabella Arts Incorporated is Australia's oldest Indigenous art centre. It operates as the community hub and has built a reputation for producing fine quality arts and crafts for export and galleries worldwide. The centre's range of artworks includes paintings, tjampi baskets, hand-spun woollen mukata beanies, batik screen prints and punu carvings.

Ernabella Arts provides additional income for artists and strengthens the communities' self worth. It also provides an avenue for passing on culture between the generations. The 70 to 80 people who work in the centre are all ages and include many men and women who are registered artists. About 30 to 40 work each day on site.

2.8 Training and Employment Services

Regional context

Nganampa Health Council

Earlier section 2.2 describes the health services provided by Nganampa Health Council. Amongst these was the provision of an Aboriginal health worker training program which Nganampa provides through being a registered training organisation.

Technical and Further Education (TAFE)

TAFE has community-based lecturers located at Indulkana, Mimili, Fregon, Ernabella, Amata and Pipalyatjara and in 2008-09 operated on revenue of \$3.2 million.

Community based lecturers are responsible for:

- delivery of accredited units from the Certificate I in Introductory Vocational Education (such as - learner's permit, internet banking, literacy and numeracy, computing, finding a job, personal Income);
- delivery of accredited training –see table below ;
- supporting students studying remotely with visiting lecturers – Community Services (Family Centres and Nganampa Health), Business Studies (PY Ku, Ananguku Arts, Schools), Interpreting (NAATI accreditation);
- supporting visiting lecturers both remotely and face to face;
- close collaboration and negotiation with all agencies operating in the Lands to ensure relevant training is delivered;
- supporting mining program initiative for Prominent Hill with Oz Minerals, Complete Personnel and Bungala – 12 guaranteed employment opportunities on successful completion of training.

In the APY lands in 2008 there were approximately 400 TAFE students of whom about 350 studied at the Regional Institute. The following **Table 2.1** provided by TAFE SA Regional, shows results for 2008 by location in the APY lands.

Table 2.2 lists the 2010 courses provided by TAFE at the community level. Face-to-face training includes that provided at the Umuwa training facility.

Table 2.1

TAFE students' outcomes, APY lands, 2008

Community	Student numbers	Student success
Amata	75	21 gaining L's or P plates
Ernabella	54	44 gaining L's or P plates 2 graduates Cert III aged care 1 gained NAATI accreditation 2 gained casual interpreter work
Indulkana	70	43 gaining L's or P plates 3 graduates Cert II community services 1 graduate Cert II business
Mimili	21	5 gaining L's or P plates 2 graduates Cert II community services 2 gained casual interpreter work
Fregon	41	16 gaining L's or P plates
Pipalyatjara/Kalka	40	16 gaining L's or P plates 3 gained casual interpreter work
Other	13	3 gaining L's or P plates 4 graduates Cert II community services work 2 graduates Cert II business

(Source: DFEEST Student Management System)

Issues raised by TAFE management include:

- the lack of case management for individual students across the training spectrum;
- Commonwealth and State program changes and funding volatility causing a gross contraction of job training opportunities across the Lands;
- increasing uncertainty within AP communities about new service arrangements which required TAFE staff time to address or clarify; and
- contracting community administrative capacity to support community members with finances and documentation required for some TAFE courses (such as drivers licenses).

The common theme underlying these points is that stable frameworks necessary to support individual students to undertake 4-6 years training were lacking; the result being that very few students were enrolled in trade courses at Certificate 3 or higher levels.

Table 2.2 TAFE courses on offer in 2010

Locations	Courses															
	Cert II in Information Technology	Introductory Vocational Education (IVEC)	Cert I in Construction	Cert II in Construction	Cert II in Business	Cert III in Business	Cert II Community Services	Cert III in Community Services	Cert III Child Care	Cert III in Aged Care	Cert IV in Disability	Cert I in Resources and Infrastructure	Cert II in Metalliferous Mining	Cert II in Conservation and Land management in partnership with APY	Cert I in Conservation and Land Management. In partnership with APY	Cert IV TAA for Anangu
Ernabella *	✓	✓	■	✓	✓	✓	■	■	■	✓	■	■	✓	■	■	■
Fregon *	✓	✓	✓	■	✓	✓	■	■	■	□	□	■	✓	■	■	■
Indulkana *	✓	✓	✓	■	✓	✓	■	■	■	□	□	■	✓	■	■	■
Amata *	✓	✓	✓	■	✓	✓	■	■	■	□	□	■	✓	□	□	■
Mimili *	✓	✓	✓	■	✓	✓	■	■	■	□	□	■	✓	■	■	■
Pipalyatjara* /Kalka	✓	✓	□	□	✓	✓	■	■	■	□	□	□	□	■	■	■
Umuwa	✓				✓	✓	□	□					□			□
Kanpi/Nypari	✓	✓	□	□	✓	✓	□	□	□	□		□	□			□
Watarru		✓	□	□	✓	✓	□	□	□	□		□	□	✓	■	■
Kenmore Park	✓	✓	□	□	✓	✓	□	□	□	□			✓			■

(Source: DFEST Student Management System)

Key: * location of a community based educator; ✓ training funded through the APY TAFE Budget;
 ■ additional funding required; ✓ ■ mix of funding

Anangu Tertiary Education Program (AnTEP)

AnTEP is a community based tertiary education program run by the University of South Australia for Anangu students living in the APY lands, and at Yalata and Oak Valley (outside the APY lands). It operates on-site in most AP communities and prepares Anangu students to become independent classroom teachers in their own community schools and also provides courses to enable AEWs to upgrade their professional knowledge and competencies. The Program offers two awards: a Diploma in Education (Anangu Education) and Bachelor of Teaching (Anangu Education).

AnTEP commenced with its first intake of 10 students at Ernabella in 1984. It is now in its third decade of operation and most graduates are teaching independently in their own community schools. Lecturers are located at Ernabella and in Adelaide at the University of South Australia's Mawson Lakes campus. SA Department of Education and Community Services (DECS) employs AnTEP Tutors who work with students in all locations. At the close of May 2009 there were some 10 full time and 34 part-time AnTEP students on the program.



Ernabella Arts Centre

CDEP

CDEP has undergone progressive restructuring: ten years ago there were 17 community controlled CDEP organisations managing a participant population across the APY lands of nearly 1000 (Ref: 1998 Langford Report). In 2005-06 and again in 2006-07 CDEP organisations were reduced in number, eventually to only one in 2007-08. The current regional CDEP is managed by Bungala CDEP based in Port Augusta. Recently, rules have again changed and new participants are on Centrelink income support payments, now with two work streams: one stream which prepares individuals to gain non-CDEP employment and the other stream which temporarily occupies people in various welfare tasks.

Bungala CDEP oversees work activities on each AP community by employing community-based supervisors in all major communities and part-time workers in the smaller centres. In 2009, Bungala had 14 staff on the Lands supervising approximately 550 CDEP participants, including 112 homeland participants.

Bungala conducted some 255 literacy and numeracy tests in 2007-09 and, in the same period, delivered financial literacy and training to 202 participants.

Typical activities undertaken through the community development stream range across vehicle and machinery R&M, installation of facility equipment like gates, shade sails and agency support. Activities under the employment stream may include Learner's Permit Training, Certificate II and III in Business Studies, Certificate I Community Services, Catterall Brother Building Service, AP Services, and Health and Hygiene Training.

Discussions with Council representatives in most communities were critical of the current CDEP arrangements. Points of dissatisfaction included ownership of assets, control of CDEP funds, work planning practices, work projects and pay levels. Bungala is in a difficult position as it is being criticised for issues like "top-up" pay limits, work registration and work rules over which it has no control, and the organisation is also being required to operate in an environment where community offices have been defunded and there is entrenched conflict between some regional service providers.

In Pukatja

As of 26 May 2009, Ernabella had 17 students enrolled under the AnTEP program. Twelve of these were doing stage 1 of the advanced certificate in education (Anangu Education) and 5 were enrolled in stage 2 which is the diploma of education (Anangu Education).

Under the Literacy and Numeracy program Bungala CDEP has assessed 72 CDEP participants in Pukatja, six of whom were above Year 4 (only 15 of the 255 people assessed in 2009 across the Lands under this Bungala program were assessed at higher than year 4 in literacy). Assessment findings are that most levels of literacy and numeracy are very low among all age groups and that numeracy levels are generally lower than literacy levels.

The Bungala CDEP operating in Pukatja is almost unsupervised although it has an administrative officer on site most of the time completing timesheets and other administration work for CDEP. The former supervisor recently moved to AP Services in Pukatja and a replacement had not been appointed at the time of the BCP fieldwork. There were 79 people registered for CDEP in Pukatja in September 2009. Although an extensive program of activities had previously been undertaken through the CDEP over the years, current activities were primarily limited to parks and gardens maintenance and equipment maintenance, with some support activities undertaken with service provider organisations such as aged care.

Both the focus group and service provider interviews suggested that dissatisfaction with CDEP was far greater since it has been delivered remotely from Port Augusta compared to when it

was under local control. Other comments (from focus group participants) raised concerns that participation in CDEP was restrictive eg *“go to Alice Springs and you lose all your money for the fortnight.”* This was claimed as a reason for the drop off in young men participating in CDEP.

The perception of CDEP being not real work was also raised *“Forcing CDEP into a work model but no training or jobs – just pushing people around.”*

An exception was noted as being the Aged Care facility which was regularly engaging CDEP participants to work in service delivery.



Oval change rooms

2.9 Community Safety Services

Regional context

Emergency Services

No community on the APY lands has a formal Community Emergency Risk Management Plan (CERM) and no agency has been appointed to replace previous informal arrangements which relied on local community controlled municipal and CDEP resources.

The South Australian Fire and Emergency Services Commission (SAFECOM) has undertaken a 12 month assessment of risks in each community, completing the work in 2008. Advice from SAFECOM is that currently no work is occurring on the Lands (*source: email from SAFECOM, 11/11/09*).

The South Australian Country Fire Service (CFS) does have a volunteer unit at Marla Bore and this is fitted with road crash equipment for highway services and the State Emergency Service (SES) has a similar unit at Mintabie. A volunteer unit is being established at Pukatja.

Both Marla Bore and Mintabie CFS units have difficulties in maintaining a trained service with mobile community populations. Little has been done on the Lands because of resource shortages and the need to develop a service that is appropriate to the local risks and community capacities. The maintenance of training standards and equipment are

problematical. At this stage, the CFS is seeking to deliver basic training to residents and CDEP workers at Ernabella in the use and maintenance of basic equipment including smoke detectors, extinguishers and water tankers.

Police

Police have progressively increased their number of fulltime officers based on the Lands following a number of inquiries and recommendations, the most recent being the Mulligan Inquiry which was tabled in the SA Parliament in 2008 - *"Children of Anangu Pitjantjatjara Yankunytjatjara (APY) Lands"*.

As of March 2010 the police have established 19 permanent police positions on the APY Lands: 4 in Amata, 4 in Mimili, 4 in Ernabella, 4 in Umuwa and 3 in Murputja. There is also one project officer focused on Community Safety Committees who is living at Murputja on a twelve month posting.

In addition, the police advise they have 10 Community Constable positions for the lands, of which 3 positions are currently filled. Money from the vacant CC positions has funded 2 police Aboriginal Liaison Officers which are currently filled positions. These people are supported by 6 sworn officers and one clerical officer at Marla Bore.

SA Police Northern Operations Service (44) also advises that they have approved 3 extra positions for 12 months to tackle sexual abuse, 1 detective and 2 victim management investigators. Expressions of interest for these positions closed on 19 May 2010.

In the first instance, people interviewed generally regarded their communities as "safe." However, this comment was progressively qualified when discussion included drugs and movement at night. Non-Indigenous residents made the same qualifications: communities were generally safe, but not when drugs or alcohol were in the community. At these times, it was unsafe for people to be out of their homes. It was frequently noted in community interviews, that drug consumption is a major cause of violence and in this context, police were considered to be too slow in responding to requests for assistance and ineffective in addressing the drug problem. Concerning police responsiveness, eastern community office and clinic staff also claimed that too often a call to Umuwa for police resulted in a phone diversion south (to Marla or Port Augusta) and no action.

Anti-drug initiatives including Community Safety Committees, police PY media broadcasts, and Substance Abuse Intelligence Desks attracted little comment from community residents or service staff.

In Pukatja

Anangu interviewees thought the newly constructed police complex with 4 permanent police positions stationed on a rotational basis, was "good". The rotational system will work as for mining camps whereby Pukatja will have two police on-ground for 3 weeks, who will then fly

out to be replaced by two other officers on a rotational system. During interviews with Police (at Umuwa) it was noted that the ratio on the Lands of one police officer per 35 people is currently the highest ratio in South Australia.

Focus group participants commented along similar lines to those in other APY communities that police are seen "*as taking a long time to respond to incidents*" and of being "*not hard enough on drug trafficking through Mintabie*" (there has since been a successful police raid at Mintabie: source: Adelaide Advertiser, 24.4.10, *Far North cannabis drug ring smashed*).

2.10 Transport and Roads

Regional context

Road maintenance

Except for some urgent, minor contract works undertaken by AP Services, people commonly claimed that road maintenance has not occurred on the Lands for most of 2009.

AP Services had the contract for road maintenance till the end of June 2009. However, this work was effectively suspended in early 2009 after a significant investment was made in repairing rain-damaged roads and available funds were used. Selection and appointment of a new road contractor was delayed and occurred at the end of October 2009. Advice from AP Services is that the nominated contractor is still to find accommodation and mobilise equipment, so further delaying road repairs.

The new contractor has a two year contract and is required by the South Australian Department for Transport, Energy and Infrastructure to "*conduct maintenance grading to a standard that ensures the road is in a safe and trafficable condition, without corrugations, protruding rocky outcrops, rough areas or potholes.*"

The lack of road maintenance attracted criticism from virtually all community residents and staff consulted. Concerns covered the additional cost of poor roads on vehicles, safety issues relating to school travel on the roads, the possibility of community freight services being cancelled because of the damage being done to the trucks, and health issues relating to the transport of critically sick people over corrugated roads.

Community residents also advised that homeland roads were also deteriorating. Advice from AP Services is that responsibility for homeland road maintenance is currently being disputed. While the Department for Transport, Energy and Infrastructure claims it is an AP service responsibility, the latter advises that this task is not listed in the service contract. AP Services also advises that more attention to homeland roads is required given the number of families that are developing cattle or camel projects. These projects involve the use of heavy cattle trucks that have the potential to cut up roads designed only for light traffic.

In most communities, internal roads have been bituminised and AP Services have the responsibility for sweeping them and filling potholes. The efficacy of these roads to minimise dust in the community is reduced through the widespread use of short cuts and unconstructed roads.

In Pukatja

As for other APY communities, a critical transport issue for Pukatja is the poor state of the roads into and out of the community. Roads to other communities and to the main highway are in disrepair and deteriorating, causing damage to vehicles. Focus group participants and service provider representatives all commented on the poor condition of roads ..*"no grader had been through recently and the wash-a-ways were now very dangerous"*.

2.11 Communication Services

Regional context

PY Media

PY Media started as Ernabella Video and Television (EVTV) in the early 1980s in Ernabella community (Pukatja). In 1987 PY Media was incorporated as a regional body to assist communities develop their own community media centres. In the mid 1990s PY Media moved out of Ernabella to Umuwa to set up a regional office that enabled fair representation for all communities on the APY lands.

PY Media administers current projects that include remote communications and new technology developments within the APY region and nationally around Australia. In addition to broadcasting across the Lands, PY Media provides radio, video and IT training among other media related activities..

In Pukatja

PY Media runs the local radio station and studio from Umuwa, with some community members having access to rehearse and record their local bands.

All houses in Pukatja have the phone connected and mobile phone coverage is available in the community.

2.12 Coordination Agencies

Anangu Pitjantjatjara Yankunytjatjara (APY)

Besides managing responsibilities that arise from the *1981 Anangu Pitjantjatjara Yankunytjatjara Land Rights Act*, APY provides direct financial support from untied funds to assist communities and individuals with emergency funding for such areas as food, fuel, funerals and vehicle repairs. Demand on these funds is heavy.

APY services include a Land Management program that works with traditional owners patch burning land, rock hole cleaning, caring for threatened species and feral animal control. It may also assist with establishing enterprises such as gardens, bush tucker and small tourist ventures.

The future role of APY is causing dissention; several government agencies claim the organisation only has a land holding function while APY staff believe the organisation has a much wider function including the provision of community services. The APY staff view is consistent with staff formerly employed by APY in the early 1990s who were responsible for establishing Umuwa and regional services.

Tjungunku Kuranyu-Kuta Palyantjaku (TKP)

As noted earlier in Chapter 1 under the sub-title Regional Governance, available information shows the TKP committee *'aims to improve services for Anangu through shared responsibility arrangements for the Region.'*

The Remote Service Delivery single government interface

Until very recently, the APY lands have been serviced through the Port Augusta Indigenous Coordination Centre (ICC). In November 2009, however, government responsibility for the APY lands was transferred from the Port Augusta ICC to the Regional Operations Centre (ROC) in Adelaide. This was part of a broader strategy to establish a single face of government consisting of community based Government Business Managers (GBMs) and Indigenous Engagement Officers (IEOs) to serve each of 29 Remote Service Delivery communities which include the communities of Amata and Mimili.

Regional Operation Centres

On 1 July 2009 the Australian Government and the South Australian State Government established a Regional Operations Centre (ROC) in Adelaide where, as part of the single government interface strategy, staff from both governments will work together and report to a Board of Management in each jurisdiction. The ROC will work across government with Aboriginal people and other stakeholders to support and develop Local Implementation Plans for Amata and Mimili and ensure that the plans are implemented in a timely and accountable way.

The ROC is tasked with ensuring integrated service planning and delivery through a single point of contact (GBM's) for the communities of Amata and Mimili. Services will be delivered to create sustained social and economic improvement.

Government Business Managers (GBM's)

A Government Business Manager (GBM) is being employed at Amata and Mimili. Once in place, the GBM will be the single interface of both the Commonwealth and State Government in the community. Once in place, the GBM's will be responsible to coordinate local service delivery and to inform FaHCSIA of issues that are impacting on service delivery. Another key responsibility for the GBM in Amata is to work with a locally elected reference group to assist in the development of a Local Implementation Plan. This plan will drive the coordinated delivery of service within Amata. Following acceptance of the plan by all level of governments, the GBM will work with the reference group in monitoring and review the plan's implementation. The GBM will report to the Regional Operations Centre in Adelaide.

Indigenous Engagement Officers (IEO's)

In addition to the recruitment of a Government Business Manager in Amata, the government will also recruit an Indigenous Engagement Officer. The IEO is seen as a vital link between the Amata community and government. They will meet and talk with families, clans and community groups to discuss government initiatives and gain feedback on the impact of these from community members. To increase community understanding of government initiatives and engage with the Amata community the IEOs and GBMs will need to develop an effective working partnership.

Community views

At the time community consultations were undertaken for this project (September /October 2009), no GBMs had been appointed and the new ROC-ICC arrangements were still being established. Comments from community members and community-based agencies reflected a general lack of understanding in communities about what changes were being made. In this context, people expressed concern about the lack of clarity around who was responsible, who should be contacted for different issues, and the brief visits and consultations being held with community members. People were particularly sensitive about these matters in the light of FaHCSIA's recent defunding of community office administrative staff.

In Pukatja

In reviewing service delivery gaps in Pukatja, focus group interviews identified several key service delivery gaps which are summarised in Table 2.3 below:

Table 2.3

Pukatja Service Delivery Gaps, October 2009

SERVICE/PROGRAM	POTENTIAL CLIENTS/CUSTOMERS	COMMENTS
SA Housing: dissatisfaction with house maintenance	50+ families	New housing to overcome overcrowding and local repairs and maintenance capacity
Council office administrative support	400-500 (incl homelands)	At time of fieldwork administrative funding had been withdrawn, leaving the community without administrative support facilities
Night Patrol	300	Suggested gap from some focus group participants to address the fighting from drugs
Youth services	50-100	Increased opportunities for young women
Sport and Recreation programs including a swimming pool	150-200	Based on the increased school attendance and pride seen in adjacent communities with pools
Proper CDEP programs for both men and women with real work	100+	Dissatisfaction with outsourced program
Expanded art centre facilities and capacity especially to engage more men	50-100	Self-explanatory

(Source: focus group interviews, Pukatja Oct 09)

CHAPTER 3 ASSETS

This chapter briefly addresses some of the issues that affect Pukatja's wellbeing based on comments from in-situ staff and community focus group discussions

In asking about assets and what issues affected people's well-being, several government initiatives impacted directly on all the APY BCP communities and were raised by community members, staff and service providers across all communities consulted. Table 3.1 is a regional summary of these comments.

Focus group discussions held in October 2009 highlighted some important community views about Pukatja's current strengths and weaknesses. On the positive side, cultural activities and some long standing community based activities were seen as contributing to the community's wellbeing ('things works better') and status building; in particular:

- Ernabella Choir has a world-wide reputation of which the community is justifiably proud. It has been operating since 1940 when the community was a mission of the Presbyterian Church of Australia. It offers choir members an opportunity to travel and perform. The choir was a guest artist at the 2007 Adelaide Festival of Music.
- Sporting carnivals and events
- Cultural activities (*"...taking them out bush for hunting and bush tucker and inma"*).
- The Art Centre (*"...is a good way to bring young and old together"*).

As in other APY Lands communities, the relationship between young people and elders appears variable, and this aspect was the predominant discussion point in focus groups regarding the community's perceived weaknesses:

- *"Young people not listening – losing respect even if still working in culture"*
- *"Not a good relationship - too many things going on in the world outside"*
- *"Young people are lazy – not working – not enough to do"*
- *"Nothing is being done to improve things – alcohol is a problem"*
- *"Only a few get involved in church which helps improve relationships"*
- *"No one is showing young people the right way – only cards"*
- *"Young people getting married and having kids way too young – they don't know anything"*

Service providers were also asked to provide their views on Pukatja's strengths and weaknesses, and while the arts centre and the choir were nominated as sources of pride, most comments focused around attitudes of the younger members of the community and their poor relationships with older members: *"some of the school programs with elders help but never as good as missionary days when there was a closed and more cohesive society – simpler lives."*

A recurring theme was that young people were disinterested, don't care etc. The recent "lost" generation of petrol sniffers and drug users was noted as impacting now on the development of younger community members.

Table 3.1 Government policy changes – a regional summary of views.

	Government policy initiative	Impact on community well-being
CDEP	Continual changes in the CDEP policy, especially the regionalisation of CDEP (see Section 2.3 in chapter 2 on services and chapter 7 on employment participation)	<ul style="list-style-type: none"> • Alienation from this work program, spilling over into general disengagement with government work initiatives • Lack of control over assets and confusion over who owns assets • Demonstrable loss in municipal tidiness (resulting in a shame job for the community) • Less money for food as most people still on "maintenance CDEP pay" which is less than unemployment benefits
ICC FaHCSIA Staff replaced by ROC	Until very recently, FaHCSIA serviced the APY lands through the Port Augusta ICC. Early in November 2009 the FaHCSIA State Office removed responsibility for the APY lands from the ICC in Port Augusta and transferred it to the Regional Operations Centre (ROC) in Adelaide (see section 2.12 and commentary throughout the report). ICC staff employed by DEEWR, DEWHA and DoHA continue to work on the APY Lands.	<ul style="list-style-type: none"> • Inadequate consultation with communities about new municipal service arrangements

Revised Municipal & Housing Service Policies		
Office Closure	FaHCSIA ceased funding of community offices at the end of June 2009. The closure has now been delayed until December 2009. (see section 2.3 in chapter 2 on services and commentary throughout this report)	<ul style="list-style-type: none"> • Reduced community control in decision-making • Lack of knowledge about what is going on with new government changes and arrangements • Additional administrative burden on all other services in community • Rise in police/Centrelink breaches etc, as mail not being read
Roads	AP Services contract to maintain the roads ended in June 2009. SA Government selected new 2 year contractor to replace AP Services but the contractor is not yet in place on the Lands. New contract specifies opportunities for Anangu workers. (see sections 2.4 and 2.10 in chapter 2 on services and chapter 9 on safe communities)	<ul style="list-style-type: none"> • Deteriorating conditions of roads causing damage to government fleet vehicles and community cars • School bus costs escalating • Affects medical evacuations • Safety issues affecting school excursions, medical and general travel.
Housing	In 2008 responsibility for maintaining houses R&M moved from AP Services to the SA Government. R&M now managed from Umuwa where new records and systems are being established. There is now no identifiable local person in the community to respond to damage or urgent repairs. New model relies on imported skilled labour and does not use community labour (see section 2.5 in chapter 2 on services).	<ul style="list-style-type: none"> • Confusion and despondency about how to fix urgent repair issues • Dissatisfaction that community labour no longer valued

(Source; focus group and staff interviews and attitudinal surveys, September -October 2009)

Table 3.2, which follows, summarises the focus group comments on the strengths and weakness perceived by service providers and Anangu at Pukatja:

Table 3.2 **Pukatja Community wellbeing and strengths**

<i>Steps needed to improve community wellbeing</i>	<i>Community strengths</i>
<ul style="list-style-type: none"> • Council administrative support • addressing drug issues • improve relationships between young people and elders 	<ul style="list-style-type: none"> • Arts and Crafts Centre • the school • football • the choir • homelands

(Source: Focus group/ NPYWC Attitudinal survey interviews, Oct 09)

CHAPTER 4 EARLY CHILDHOOD

Early learning, development and socialisation opportunities are essential precursors to children achieving their potential in life. Most of the following discussion is based on the views of community members and relevant service provider representatives, as well as selected “early childhood indicators gathered from local service providers.” Only limited quantitative information from official sources was available for this report. Views, attitudes and perceptions of Pukatja men and women who participated in the NPYWC’s Attitudinal Survey give further insights that might go towards explaining some outcomes.

Early childhood services

The Nganampa Health clinic, NPYWC and the school play critical roles in Pukatja regarding early child development (source: clinic interview Oct 09).

Focus group discussions and service provider interviews shed some light on early child development issues in Pukatja, although the views were not always consistent. Parents in focus groups considered that mothers were “*doing alright in this area*” and “*making good food for home*”. However, several groups noted the fact that women regularly ring the NPYWC in Alice Springs for help with food. Focus groups were also supportive of the pre-school Red Cross breakfast program, but expressed the view that a similar lunch program was also required.

Service providers considered that services for young children generally are inadequate with support funding mainly being consumed by travel time (to and from Alice Springs) and not face to face with the children.

Young mothers’ lack of knowledge about child health, maternal health and child development were raised as general concerns in service provider interviews. Available facilities like the crèche and play groups were reported as not being properly used/accessed by parents. Irregular attendance by Anangu staff is a problem but it was also noted that extra funding was needed to provide mentoring and training for both Anangu and non-Indigenous staff/teachers to increase their interest.

Many children are being treated for failure to thrive: the school reported 5, the clinic reported 10-15 regularly and there are more according to clinic but they are not formally enrolled in the NPYWC failure-to-thrive program; staff shortages are reported to be inhibiting expansion of the programs. (Source: focus group and service provider interviews Oct 09).

The DFC operated Pukatja Family Centre continues to work closely with NHC and NPYWC to address the issues of children identified as ‘failure to thrive’ by providing daily meals and support to mothers. DFC is committed to working with all agencies that provide parenting and nutritional programs to decrease the incidence of children identified as ‘failure to thrive’.

The NPYWC Child Nutrition Program provides early intervention and prevention for children with actual or perceived risk of Failure-to-Thrive in Pukatja. The Project Officers work closely with Nganampa Health Council and Alice Springs Hospital Paediatric Liaison team to monitor and support these children. The program provides fortnightly visits for client follow up and community education, as well as a remote service from Alice Springs as needed. When children are not thriving or in fact losing weight, in collaboration with NHC, the Program arranges to bring them in to Alice Springs to work more intensively with our staff for nutritional rehabilitation and parenting support.

Early childhood health

A range of early childhood quantitative indicators were not able to be provided for Pukatja such as prevalence of low birth weight babies, peri-natal mortality, teenage pregnancies, level of antenatal care visits. A regional perspective is available from Nganampa Health Council from the Department of Health and Ageing's website, wherein Nganampa Health Council reports:

- a sustained increase in mean birth weight since the establishment of the health service in 1983;
- decrease of low birth weight babies from 14.2% of births to 9.9% of births;
- 80% reduction in perinatal mortality in the first ten years of the service (from 45.2 deaths per 1000 births to 8.65 deaths per 1000 births);
- a greater than three-fold increase in attendance for antenatal care in the first trimester;
- reductions in the proportion of children with moderate or severe growth failure;
- sustained child immunisation coverage at or close to 100%; and
- a marked decline in the incidence of acute respiratory illness and diarrheal disease in children.

Data from the NPYWC Child Nutrition Program shows that 27 children under 5yrs from Pukatja were referred to the Nutrition Program in 08/09 for failure to thrive. Of these, 53% were children living with domestic violence, 47% were involved with Statutory child protection agencies and 40% had one or more parent with serious substance misuse issues.

The NPYWC Child Nutrition Program also conducted 5 weeks of nutrition education workshops for young mothers and children including 42 people.

Table 4.1 below summarises the available data on births to Indigenous mothers for the combined 7 BCP study communities in the APY Lands.

Table 4.1 Early child development: selected indicators, 2005 – 2008, APY Lands BCP communities (a)

Indicator	APY Communities total		Comment
	<i>Number (average per year 2005-2008)</i>	<i>Rate</i>	
Total live births to Indigenous women residents	44	..	
Total live births to Indigenous mothers aged 17 or less	3	4%	of total births
Births with weight less than 2500g	10	12%	of total births
Antenatal visits (1-6 visits) per teenage pregnancy (17 years & less)	*	*	Numbers too small for useful analysis
Antenatal visits (7+ visits) per teenage pregnancy (17 years & less)	*	*	Numbers too small for useful analysis
Antenatal visits (1-6 visits) per pregnancy (18 years +)	15	18%	On average 18% of mothers 18+ received 7 or more antenatal visits
Antenatal visits (7+ visits) per pregnancy (18 years +)	24	29%	On average 29% of mothers 18+ received 7 or more antenatal visits

(Source: NT Health and SA Health; (a) SA data has a relatively minor contribution to the aggregations as most hospitalizations from APY Lands occurred at Alice Springs Hospital, NT)

Preventable diseases and injury

On average, over the years 2004/05 to 2007/08, there were 112 hospital separations per year for Pukatja children aged 0-5 years (see Table 4.2 below). The 2006 Census data for the number of 0-5 year olds in Pukatja was only 26 although this number would increase slightly with the addition of those 0-5 year olds living in allied homeland areas. The apparent rate for 0-5 preventable diseases and injuries for Pukatja at about 40 separations for every 10 children is higher than the apparent rate for other communities across the APY lands (ranging from around 7-10 separations to over 20 per 10 children aged 0-5 years). After taking into account possible undercounting of this cohort at census time (see discussion in Chapter 1), and after taking into account likely multiple separations for some children, the rate for Pukatja may be closer to the rates for other communities, which nevertheless are high overall.

Table 4.2 Alice Springs Hospital separations: preventable injuries and disease for resident children aged 0-5 years, Pukatja, 2004/05-2008/09

APY communities	2004/05	2005/06	2006/07	2007/08	2008/09	Annual average(excluding 2008/09)
	(a)	(a)	(a)	(a)	(b)	
Amata	80	96	110	82	34	92
Ernabella	134	104	82	128	53	112
Fregon	39	21	30	29	18	30
Indulkana	74	46	61	83	32	66
Kalka	28	17	19	12	13	19
Mimili	41	41	38	28	33	37
Pipalyatjara	38	31	19	45	33	33
Total for 7 APY communities	434	356	359	407	225	389

(Source: NT Health (AC IU Team); (a) includes eye, ear, dental and environmental health conditions and (b) is incomplete, as the full year data has not yet processed.)

An APY lands regional perspective on the extent and detail of preventable disease and injury for 0-5 year olds is provided in hospital separations data from the Alice Springs Hospital. Separations data from the SA Government's Health Department was not available due to the lack of detailed coding of patient residence and/or small numbers rendering data confidential, however advice provided by the Department indicates that most APY lands hospital presentations occur at the NT Government's Alice Springs Hospital. As Table 4.3 below shows, infectious and parasitic diseases and diseases of the respiratory system are the main preventable causes of hospital separations among Anangu children aged 0-5 years.

Table 4.3 Alice Springs Hospital separations: preventable injuries and disease for resident children aged 0-5 years, for total of 7 APY communities, 2004/05-2008/09

ICD	2004/05	2005/06	2006/07	2007/08	2008/09 (a)
<i>Certain infectious and parasitic diseases (A00-B99)</i>	169	127	139	158	58
<i>Nutritional anaemia (D50-D53)</i>	48	43	19	24	13
<i>Malnutrition (E40-E46)</i>	25	11	13	11	13
<i>Diseases of ear & mastoid process (H60-H95)</i>	50	35	47	32	19
<i>Diseases of respiratory system (J00-J99)</i>	70	69	93	70	71
<i>Diseases of oral cavity etc (K00-K14)</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
<i>Diseases of skin etc (L00-L99)</i>	30	31	24	40	20
<i>Injury poisoning & consequences of external causes (S00-T98)</i>	25	22	12	36	18
<i>Transport accidents (V01-V99)</i>	0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0
<i>Other external causes of accidental injury (W00-X59)</i>	15	13	<i>n.p.</i>	23	9
<i>Complications of medical & surgical care (Y40-Y84)</i>	0	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
<i>Assault (X85-Y09)</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>

(Source: NT Health (AC IU Team); (a) incomplete, full year data not yet processed

n.p. = not published, because there were less than 4 separations, however several larger cells have also been suppressed to prevent derivation from totals published elsewhere)

Breastfeeding

Nearly all respondents to interviews said that children are breastfed up to 3-4 years of age. Similar to other AP communities, there is some concern that mothers prolong the breastfeeding cycle to the exclusion of other varieties of food, sometimes to the detriment of the child's nutrition. For instance, it was noted that in receiving breast milk to the exclusion of other varieties of food, some children suffer iron deficiencies. The suggestion was also made that extended breast feeding was a budgetary measure, in other words, a means of feeding the child when alternative food was unavailable. (Source: focus group and service provider interviews, Oct 09). One of the strategies of the NPYWC Child Nutrition program is to ensure children are introduced to solids foods at the right age to compliment breastfeeding.

Antenatal and postnatal care

Nganampa Health Council provides comprehensive pre and postnatal programs and check-ups across the APY lands. This is also the case in Pukatja, with most parents participating.

NPYWC Child Nutrition Program provides a prevention and early intervention service for children 0-5 years and their families, as well as early intervention with antenatal women considered at high risk.

Foetal alcohol syndrome

Alcohol was not mentioned as an issue in pregnancy either by the clinic sister or focus group women or most other service providers. Nganampa Health Service advised that there is no data produced or available on foetal alcohol syndrome within the APY lands. NPYWC staff and some senior Indigenous women interviewed commented that the number of women from the Lands who are binge drinking in Alice Springs, the lack of awareness by young women of the dangers; and the behavioural problems already beginning to emerge in schools; suggests this is a potentially growing health problem that has yet to really surface.

NPYWC is currently providing case management for eight children under 5 yrs across the APY Lands who were referred for growth failure who also experienced prenatal exposure to alcohol and suffer from Foetal Alcohol Spectrum Disorder. NPYWC also work with adults in the disability program and children over 5 that demonstrate foetal alcohol related developmental, cognitive, intellectual and behavioural problems.

NPYWC suggests under-diagnosis on the APY Lands is a problem, and due to a lack of awareness of the developmental and behavioural problems associated with Foetal Alcohol related disorders, as well as the lack of a more specific diagnostic tool in Australia that diagnoses children along the Foetal Alcohol spectrum, not purely the syndrome specifications.

Immunisation

Immunization rates for Pukatja are close to 100% and monitored closely by the clinic sisters.

School readiness

The school's assessment was that "*no 5 year olds in Pukatja are school ready.*" Family organisational routines and structures to get them ready are absent. A lack of ESL programs, lack of reading, bed time routines, nutrition, home safety, regularity, consistency, a bed of their own to sleep in, were identified as contributing to the failure of having children 'school ready.' Lack of parental responsibility in helping the school to achieve 'school readiness' of younger children is also a key issue. Without improvements in these areas it was suggested that children may "*never be ready*".

A range of issues emerged during the interviews for NPY Women's Council Attitudinal Survey such as "*young children often stay up late at night*" and/or have "*difficulty sleeping because of the activities of older children and adults in the house*". This is exacerbated by the overcrowding and poor condition of houses in Pukatja. A number of survey and focus group

respondents confirmed that it was difficult to get children organised in the morning due to erratic sleeping habits caused by the above.

NPY Women's Council Attitudinal Survey

Findings from the Attitudinal Survey provides some light on parents' influence and involvement in their children's early development and initial school readiness:

- none of the parents who were interviewed indicated they read books to their children;
- although some people answered that they thought children should go to bed between 7-8pm (early), the reality that many children are often up till after midnight was reflected in the aside comments which included *"late, they are going to bed and watching TV till late, big kids walk around at night, bad for kids"* and *"running around, that's why they come late, sleep and no school, 3am come home;"*
- interviewees nominated healthy food as one way to help stop kids getting sick; with clinic visits and preventing kids running around too much at night also being mentioned;
- although most of those interviewed said they *"never"* give little kids tea with sugar, one respondent said *"kids want it"* and *"it keeps them awake at night and too tired for school;"*
- most people thought that the right age for people to get married and have babies was after the teenage years when they had some work and life experience. They also indicated that many young people are marrying or getting pregnant too young with potential problems for the children and the relationships: *"A lot are having babies early – they are only kids themselves"* and *"if you marry someone too quickly you are stuck with them and end up with domestic violence."*

CHAPTER 5 SCHOOLING

Human capital development through education is the key to future Indigenous opportunities on the Lands. Responsive schooling requires attention to infrastructure, workforce (including teacher and school leader supply and quality), curriculum, student literacy and numeracy achievement and opportunities for parental engagement and school/community partnerships. Transition pathways into schooling and into work, post school education and training are also important. Life-long learning is important and attention is also needed regarding adult literacy and numeracy skills (*FaHCSIA BCP template*).

This chapter is based on data provided by FaHCSIA, the SA Department of Education and information obtained from Anangu focus group discussions, the NPY Women's Council Attitudinal Survey and school staff.

Students and staff

The Ernabella school principal indicated they cater for students from pre-school, through Reception to Year 12. In term 3 of 2009 Pukatja had 129 students enrolled from reception through to senior secondary years. The school has around 95 primary and 34 secondary students, with 12 fulltime teachers and 2 part-time teachers, of whom 3 are Anangu teachers. About 17 children attend the pre-school (CPC). Students include a small number from 4 outstations, picked up daily via a bus run.

The school has 12 fulltime teachers and 2 part-time teachers of whom 3 are Anangu teachers. Also on staff are the Anangu Coordinator and 11 AEWs and 3 School Support Officers.

The school advises there is sufficient housing stock of three bedroom houses and two bedroom duplex houses in Pukatja to meet the piranpa (non-Indigenous) staff's existing housing needs.

As significant numbers of students suffer intermittent hearing loss (Otitis Media), all classes from CPC to Upper Primary are fitted with sound field amplification systems.

The School has a BMX track and a multi-purpose hall for performing arts and sports activities. There is also a Ceramics workshop which all students use once a week. In addition the school also sponsors a circus program called Kindred Circus that has been running in Ernabella for 9 years. They offer an intensive course for 10-12 students from years 5 to 12, and cover such skills as trampolining, juggling, stilt walking and trapeze work. The program builds self-confidence and cooperative teamwork.

The community is generally supportive of the school even though parents and broader community involvement is limited. Parents use the school for banking, tax advice, and as a surrogate Centrelink office now that the council/office is not working.

Citing the health advantages that swimming pools offer other communities (such as Mimili), one focus group discussion commented that Pukatja kids "... cry for swimming – no pool." However all school classes have the opportunity to travel 204 kms to the Mimili Swimming Pool to participate in a structured swimming program during Term 1 and Term 4.

Barriers to delivering optimum school services mentioned by school staff included:

- the need for more teachers with experience and strong departmental and other networks,
- not having access to critical data on student birth dates and similar as held by other agencies such as Nganampa Health, because absence of this data was claimed to significantly affect needs assessments and consequent funding allocations to the school's services,
- the need for grant funding to give greater recognition to the impact remoteness has on educational inputs; -for example, concrete work may be \$600/cubic meter in Adelaide and \$2,100 in Ernabella so Ernabella School cannot achieve purchasing parity with non-remote schools,
- although parents generally support the school, limited support from parents in promoting education as a corner stone for their children's future work and life opportunities, and
- insufficient AEW training and support.

Table 5.1 below provides some summary indicators for the school:

Table 5.1 Pukatja School: summary indicators, October 2009	
Total students	130-150
Pre-school age	15
Primary	95
High School (Pukatja)	35
High School (Wiltja Adelaide)	n.a.
Teaching staff	14 (including 3 Anangu)
Aboriginal Education Workers	11
Attendance (<i>those who attend 80% of time</i>)	80%
APY lands Post-compulsory school retention rate (from Year 8 to 12)	47.4 (compared to 72.7 SA total)

(Sources: Pukatja School interview in Oct 09; and http://cms.curriculum.edu.au/anr2006/pdfs/2006_Benchmarks.pdf)

School readiness

Pukatja's new Child Parent Centre opened in February 2009. It offers Pukatja, like other communities across the Lands, a pre-school program provided by the SA Department of Education and Children's Services (DECS) as part of its Aboriginal Strategy 2005-2010. One of the features it will offer is early access to computer familiarity with computers being specially tailored to include big buttons, bright colours and spill-proof keypads.

In addition, Ernabella Aboriginal School was also provided with a State Government grant to construct a child care centre (CCC) as part of the family centre; it is designed to cater for approximately 15 long day care placements for children aged from birth age to 5 years. It also offers local Anangu work opportunities. It also has the advantage of acclimatising children to structured play in preparation for school attendance.

Attendance

The school currently has about 80% attendance (compared to 72% in 2008) and this is improving slowly due to home/school partnerships and one-on-one meetings.

The school interview elicited some additional factors impacting on attendance/turnover viz:

- attending students have absences averaging about 1.5 days per week
- about 30% of students have erratic attendance
- new/unexpected enrolments can account for up to 15% of students
- retention rate of students was estimated at about 70%
- Men's Business, especially for boys under 17, impacts on attendance
- the school has started a Wati classroom for young men so they are not so shamed to go to school.

The issue of children travelling to other communities and attending school there was thought to be no longer a significant problem now that the SA Department of Education has a system of linking all school data across the APY lands. School principals can therefore log in and note attendances and details from other schools eg if children arrive at Ernabella school due to sorry business, family visits.

Attendance issues were noted as closely linked to having the right teachers; and having succession planning in place prior to when they are ready to leave Pukatja. Unlike other communities, the school has sufficient housing stock to attract and keep potential teacher recruits.

The most common issue affecting movement of school students had been attendance at football games on the Lands. Now that this has been largely addressed through having weekend competitions there has been far less interruption to school attendance as families

tend to limit their travel to the games to the weekends. Other events, like the Ernabella Sports and Dance Competition, or funerals can affect attendance rates at specific times of the year.

Attendance rates for the school are shown in the following Table 5.2. They show that for the three years to 2008, attendance averages 71.3%, which is close to the APY regional rate of 72.2%, but well below the State average of 91.1%.

Table 5.2 Attendance rates, Pukatja, 2000-2008

		2000	2001	2002	2003	2004	2005	2006	2007	2008
Pukatja	Primary	54.6	53.0	71.2	66.2	65.7	74.4	77.7	77.3	77.5
	Secondary	50.5	60.0	61.1	74.7	75.6	70.5	76.0	66.3	59.6
	Total %	53.0	55.0	67.8	68.7	68.5	73.4	77.2	73.8	71.7
Average across region (a)	Total %	61.7	61.8	66.9	69.7	75.3	75.2	76.5	73.2	71.7

(Source: DECS SA, provided through FaHCSIA SA email, 27 October 2009, (a) figure includes Kenmore

Numeracy and literacy

In 2008 the situation for students across the APY lands is described in the 2008 report, *Excellence or Exit*, by the School of Social and Policy Research, Charles Darwin University. This report notes: “...the results of national benchmark tests for Indigenous students, including students on the APY lands, are demonstrably poor. The percentage of students reaching benchmarks in the last 3 years on the APY lands has never been more than 50% at any level tested...Further, the percentage of students on the APY lands who reach reading and numeracy benchmarks decreases from Year 3 to Year 7. Comparing trends in reading and numeracy, there is also some evidence that students are performing worse now than ever ... While 50% of Year 3 students met reading proficiency benchmarks in 2005, this dropped to 45% in 2006 and 29% in 2007”.

The report continues with “...these figures (demonstrate) the massive gap between APY Land students and SA’s total student population, as high as 82% (Reading Year 5, 2005) and only as low as 37% (Numeracy Year 3, 2005)”.

Table 5.3 Students reaching the reading benchmarks, APY lands

	2006	2007
	%	%
Year 3	45	29
Year 5	21	7
Year 7	26	18

(Source: http://cms.curriculum.edu.au/anr2006/pdfs/2006_Benchmarks.pdf)

Table 5.4 Students reaching the numeracy benchmarks, APY lands

	2006	2007
	%	%
Year 3	37	23
Year 5	24	15
Year 7	8	17

(Source http://cms.curriculum.edu.au/anr2006/pdfs/2006_Benchmarks.pdf)

While Ernabella School's performance may not necessarily be reflected in these outcomes, they do give some idea of the circumstances that are being confronted by the school, its teachers and students. Nevertheless Literacy and Numeracy are seen as a continuing priority for the school. Background literature provided by the school states "*the majority of our students are ESL Learners and ESL Methodologies underpin all curriculum areas*". Teaching therefore focuses on ESL methodologies, Accelerated Literacy and ESL Scope and Scales is used as a writing assessment tool.

Regarding bi-lingual education, PYEC and DECS have introduced a domain separation approach whereby AEWs and Communities are responsible for teaching traditional Pitjantjatjara and Yankunytjatjara Culture, Language, Land Management, Tjurkurpa (traditional story telling), Inma (traditional dance and songs) and Country. Piranpa (non-Anangu) teachers are responsible for teaching the mainstream aspects of the curriculum and the Pitjantjatjara language program is taught by trained Anangu staff. The Anangu Coordinator also works with AEWs and the students on the Keeping Safe Program (Child Protection Curriculum).

A more positive note is that post-compulsory school retention (from Year 8 to 12) has improved across the APY lands in recent years and by 2007 had reached 47.4%, slightly higher than the national Indigenous retention rate (42.9%), (ABS, 2007).

NAPLAN 2009 results

The Table 5.5 below is based on material from the *MySchool website* and shows results for reading, spelling, grammar and punctuation and numeracy for Ernabella school compared

other similar schools and all Australian schools. The Table does not include writing as Ernabella's results for 2009 were below the reportable threshold.

Table 5.5 Ernabella 2009 NAPLAN School Results

Year 3			Year 5		Year 7		Year 9	
	Below NMS (%)	At or above NMS (%)	Below NMS (%)	At or above NMS (%)	Below NMS (%)	At or above NMS (%)	Below NMS (%)	At or above NMS (%)
Ernabella reading results, 2009								
Ernabella School	14	86	88	12	83	17	BTR	
Statistically similar schools	50	50	75	25	67	33		
All Australian schools	4	96	7	93	5	95		
Did not participate	0		11		14		46	
Ernabella spelling results, 2009								
Ernabella School	BRT		BRT		85	15	86	14
Statistically similar schools					49	51	61	39
All Australian schools					6	94	9	91
Did not participate	0		11		7		36	
Ernabella grammar and punctuation results, 2009								
Ernabella School	29	71	88		BRT		BRT	
Statistically similar schools	62	38	80	20				
All Australian schools	6	94	6	94				
Did not participate	0		11		7		36	
Ernabella Numeracy results, 2009								
Ernabella School	43	57	50	50	85	15	83	17
Statistically similar schools	64	36	56	44	56	44	53	47
All Australian schools	4	96	4	96	4	96	4	96
Did not participate	0		11		7		46	

KEY:

NMS = National Minimum Standard; BRT = below reportable threshold; NP = not reported; "Did not participate" = % of students absent from class at selected school.

(Source: www.myschool.ed.au)

Table 5.5 underscores previous comments on the communities educational issues and shows that while students in year 3 may out-perform similar schools, by year 9, they are trailing behind.

Post high school achievement

Post school education in Ernabella is virtually non-existent with 0% year 12 equivalents and reflects people's concerns raised in focus group discussions that students who leave the Lands for schooling in Adelaide or Port Augusta, learn about drugs and bring it back to community.

The school engages its secondary boys in a VET construction program (see further comment in Chapter 7). This involves paying a builder to work with young men who would otherwise not engage in school at all. The boys in this program are engaged in the construction of the school's two new secondary student classrooms, funded under the *Building the Education Revolution* program.

Community involvement

This was evidenced by:

- AEW's in all classes
- Anangu governing school council of 16
- Families sitting in child care and CPC
- Home school reporting one-on-one with families
- At all community assemblies the school choir sings - for instance, at funerals.

NPY Women's Council Attitudinal Survey

The survey sheds light on parents influence and involvement in their children's schooling and selected findings are summarised here:

- most people interviewed who had school children said that children going away to secondary (boarding) school would be a good thing: *"There is no choice on the Lands for secondary;"*
- just over half said their children went to school every day, and conversely about 50% said they *"miss school sometimes"*;
- main reasons given for children not attending every day included travelling to funerals or football and being tired from staying up all night. Comments included *"bullying,*

that's why kids stay home", "sometimes they don't have clothes", and "for some kids school is too hard".

- almost all said their kids "*do not do any school work at home*".

Achieving improved health outcomes requires access to, and delivery of, effective primary and preventative health care. Community primary health services play an important role and also need to be responsive to and accountable for achieving government and community health priorities. Parental health is critical to supporting children and the heavy onset of chronic diseases in the 34–45 age range requires concerted effort in prevention, management and treatment. Parents also need the skills to promote healthy, structured lifestyles (*FaHCSIA BCP template*).

This chapter presents available health indicators for Pukatja's Community's population and summarises community views on health. The hospital separations data used in this and other chapters necessarily draws heavily on data for the Alice Springs Hospital provided by the Northern Territory Health Department. Separations data from the South Australian Government's Health Department was provided too late for inclusion in this report. Departmental advice to the consultants was that most APY lands hospital presentations occur at the NT Government's Alice Springs Hospital, and the SA data would have little impact on the results for the region. Subsequent examination of the SA hospitals data confirmed the small levels of cases, precluding their use for confidentiality reasons.

As noted in the Health Services section of Chapter 2, the Nganampa Health Clinic at Pukatja has 3 registered nurses and 3 Anangu health workers (AHWs). The clinic also has a part time cleaner, a part time clerical position, plus a clinic supervisor. Advice obtained during the clinic interview indicated that nurses work to a 1:200 client ratio; and that about 90% of doctors consultations are serviced by phone from Alice Springs.

The clinic has a patient base estimated at about 650-700 Anangu, drawn from a wider area than just Pukatja, so that it includes people from homeland areas and short-term visitors from communities. Non-Indigenous community-based staff also use the service.

The clinic provides a range of services similar to other NHC clinics on the Lands including: immunisation, school/adult screening, ante and prenatal services, eye, ear and dental check-ups. The main issues and conditions for which they currently provide treatment include:

- children's' skin diseases;
- failure-to-thrive children who are monitored by clinic and NPYWC;
- minor injuries;
- monitoring pregnant women and later their new babies (intensive over first 3 months following birth);
- diagnosing potential diabetes and referring patients for treatment elsewhere as necessary; and

- diagnosing eye problems and referring patients elsewhere for treatment as necessary.

The clinic, school and other service providers noted during interviews that a number of children are being treated for failure to thrive; virtually all children have some type of skin disease: *“all the kids at the school have a boil somewhere”*. The Clinic reports scabies, school sores and boils are being treated constantly.

The Ernabella school assists in youth health by running a national mental health initiative for secondary schools, funded by the Department of Health and Ageing. The program is called “Mind Matters” and is delivered by trained Anangu staff.

Hospital separations data (Alice Springs Hospital only) for Pukatja Indigenous residents suggest that for a relatively small population, there were reasonably high numbers of episodes of illness and injury being experienced by community residents:

- 15 separations for mental and behavioural disorders in 2007/08 and a total of 44 separations over 4 years 2004/05 to 2007/08;
- 88 separations for diseases associated with poor environment eg skin, respiratory diseases etc in 2007/08 (all diagnosis codes) (see also Chapter 8);
- 52 separations for injury and assault (interpersonal violence) in 2007/08 (see also Chapter 9);
- 128 separations for preventable injuries or diseases in children aged 0-5 years in 2007/08 (see discussion and Table 4.3 in Chapter 4);
- Over 4 years from 2004/05 to 2007/08 there were (on average) 112 annual separations for preventable injuries or diseases in children aged 0-5 years (see discussion and Table 4.3 in Chapter 4).

(Source: NT Health (AC IU Team); Patient locality =Pukatja 2007-08)

A regional summary of selected key health indicators for the total of the 7 BCP communities in the APY Lands is provided in the following Table:

Table 6.1 **Selected Health indicators, 2007/08**

<i>Health indicator</i>	<i>Pukatja</i>	<i>APY communities total (a)</i>	<i>comments</i>
Children under 12 diagnosed with STDs (A50-A64)	n.p.	n.p.	NT Health data indicates fewer than 4 separations for children under 16 per year since 2004/05
Sexual health		A reduction in syphilis on the APY lands from around 20% in 1984 to around 0.5% over the last six years rates of gonorrhoea and chlamydia reduced to about one third of their previous level.	Source: Nganampa Health Council
Hospital separations 2007/08 (b)			
Diabetes	Not provided	165	A decrease from 2006/07 when it was 250 separations
Renal failure	Not provided	18	An increase over 2006/07 when it was 3 separations
Mental health and behavioural disorders	15	57	An increase over 2006/07 when it was 6 separations
Mental disorders disease related to Alcohol, petrol sniffing	Not provided	128	An increase from 2006/07 when it was 104 separations
Number on a diabetes management plan	Not provided	Not provided	Nganampa HC advises that majority of people diagnosed with a chronic disease have management plan (email 20 Oct 09)

(Source: NT Health (ACIU Team); and Nganampa Health Council

(a) seven communities in the APY BCP project (b) NT Health (AC IU Team) Alice Springs Hospital (all diagnosis codes); n.p. = fewer than 4 separations)

Hospitalisations

While hospitalisations data are not strictly indicators of disease prevalence, the data nevertheless gives some insight into the reasons why people are being hospitalised. Tables 6.2 and 6.3 below summarise these (Alice Springs Hospital) separations by Major Diagnostic Code (refer ICD10) for Anangu patients in the 7 APY communities in the BCP project. Table 6.2 shows the top 6 diagnoses for Anangu hospitalisation in the APY Lands, averaged over the 4 years 2004/05 to 2007/08.

Table 6.2 **Top 6 reasons for Alice Springs hospitalizations from APY Lands in 4 year period 2004/5 to 2007/08**

Top 6 reasons for Alice Springs hospitalizations from APY Lands averaged over 4 yr period 2004/5 to 2007/08	
1	Through Contacts with Health Services <i>(people encountering health services for examination and investigation: eg encounters for special procedures, potential health hazards such as communicable diseases, dialysis care, circumstances related to reproduction and encounters for psychosocial circumstances etc)</i> annual average = 200 patients or (21.2 % of total patients (b));
2	Diseases and Disorders of the Respiratory System Annual average = 105 patients (11.1% of total patients (b))
3	Diseases and Disorders of the Digestive System Annual average = 77 patients (8.2% of total patients (b))
4	Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast Annual average = 70 patients (7.4% of total patients (b))
5	Diseases and Disorders of the Musculoskeletal System and Connective Tissue Annual average = 63 patients (6.7% of total patients (b))
6	Injuries, Poisonings and Toxic Effects of Drugs Annual average = 62 patients (6.6% of total patients (b))

(Source: NT Health (AC IU Team) Alice Springs Hospital.

(a) Seven APY communities of the BCP project (b) annual average number of patients =943)

**Table 6.3 Alice Springs Hospital separations for usual residents of APY communities (a):
Unique Patients by Major Diagnostic Codes, 2004-05 to 2007-08**

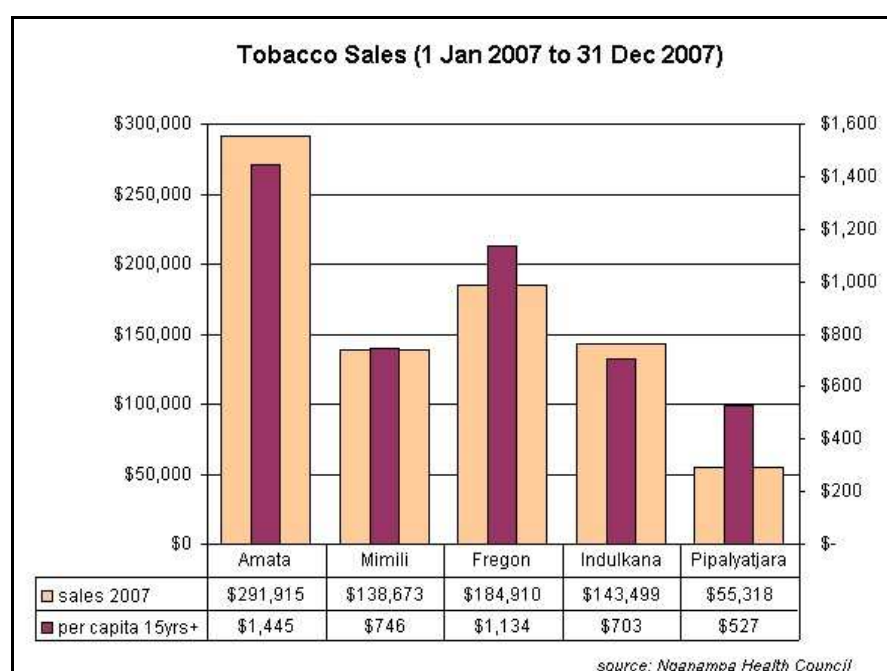
Indicator	2004-05	2005-06	2006-07	2007-08
Diseases & Disorders of the Nervous System	28	32	28	32
Diseases & Disorders of the Eye	12	14	9	17
Diseases & Disorders of the Ear, Nose, Mouth & Throat	21	22	27	40
Diseases & Disorders of the Respiratory System	92	103	118	105
Diseases & Disorders of the Circulatory System	32	29	35	30
Diseases & Disorders of the Digestive System	74	80	82	71
Diseases & Disorders of the Hepatobiliary System & Pancreas	10	15	15	16
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	46	63	69	74
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	58	82	57	84
Endocrine, Nutritional & Metabolic Diseases & Disorders	24	18	25	15
Diseases & Disorders of the Kidney & Urinary Tract	46	40	45	47
Diseases & Disorders of the Male Reproductive System	n.p.	n.p.	8	n.p.
Diseases & Disorders of the Female Reproductive System	13	20	15	22
Pregnancy, Childbirth & the Puerperium	55	61	58	41
Newborns & Other Neonates	44	43	46	33
Diseases & Disorders of Blood, Blood Forming Organs, Immunological Disorders	4	8	5	12
Neoplastic Disorders (Haematological & Solid Neoplasms)	n.p.	0	n.p.	0
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	20	16	15	33
Mental Diseases & Disorders	19	19	n.p.	12
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	11	15	12	20
Injuries, Poisonings & Toxic Effects of Drugs	64	57	58	69
Burns	6	12	7	12
Factors Influencing Health Status & Other Contacts with Health Services	190	186	203	220
Unknown	n.p.	n.p.	12	n.p.
Total	873	940	949	1010

(Source: NT Health (AC IU Team) Alice Springs Hospital; n.p. = less than 6 observations
(a) Seven APY communities of the BCP project)

Smoking (tobacco)

Interviews with service providers and community focus groups indicated that the majority of adults, (and many younger people) are regular smokers. The following graph (Figure 3) illustrates tobacco sales from stores in selected APY Lands communities in 2007. The sales data is also presented as a per capita expenditure (a) to demonstrate the relativities across communities for which tobacco sales for 2007 were provided.

Figure 3 2007 Tobacco Sales in community stores



- (a) *The age range 15 years and over has been chosen for the population denominator on the basis that smoking was reported as occurring regularly among people younger than the prescribed minimum age for purchase (18), however this does not suggest that sales occurred to under-age smokers at the stores, nor that all persons 15 years and over are smokers.*

As Figure 3 shows, per capita sales were highest in Amata (\$1445 per annum) and Fregon (\$1134 per annum). Mimili and Indulkana recorded mid range per capita results (\$746 and \$703 per annum respectively), while Pipalyatjara had the lowest per capita expenditure at \$527 per annum. As the Pipalyatjara store services both Pipalyatjara and Kalka communities, this figure is even lower for these two communities. Across these 5-6 communities this equates to almost \$80 being spent each month by every person aged 15 years and over. These figures are indicative only as they do not include tobacco purchased outside these communities (eg in Alice Springs, Mintabie etc).

Although the ABS/ Australian Institute of Health and Welfare data does not provide a national per capita smoking dollar figure with which to compare these calculations, they state that

Indigenous adults smoke at twice the rate of non-Indigenous adults (ref: catalogue no 4704.0,2008).

NPYWC Attitudinal Survey

The survey sheds light on parents' attitudes to some health related issues and selected findings are summarised here:

- three quarters of people interviewed said "*parents should be responsible*" for keeping kids clean and for ensuring they have clean clothes; the remainder said that "*grandparents also have a responsibility*." In Pukatja it was noted that the school helps sometimes with second hand clothes, and that "the whole family" should share the responsibility;
- to prevent kids from getting sick, the most frequently given response was to provide clean clothes and blankets, followed by healthy food; and to keep kids clean. Visits to the clinic and preventing kids running around all night were also highlighted;
- "*vegetables, fruit and cereal*" were the most frequently quoted 'best foods' to give kids;
- many of those interviewed responded that parents do feed good food to kids "*most of the time*"; while the remainder said "*sometimes*." Running out of food money was a big problem in maintaining good food intake;
- most popular foods that kids like to eat if they can get them were: lollies and chocolates, takeaway food (hamburgers/pizza) and soft drinks – "*anything that will catch their eye and they know they can open and eat straight away*"; and
- almost all people interviewed said that "*food*" was their major expenditure item: with "*clothes*" also a major item.

CHAPTER 7 ECONOMIC PARTICIPATION

Individuals and communities should have the opportunity to benefit from the mainstream economy – real jobs, business opportunities, economic independence and wealth creation (FaHCSIA BCP template). This chapter describes the current employment and income profile of Pukatja and provides community views on job opportunities and CDEP. Information presented here is based on available quantitative data and qualitative assessments gathered during interviews with service providers and focus groups in October 2009.

Labour force profile

The labour force profile of Pukatja (using 2006 Census data as a guide; see Table 16 below) was, and is still, dominated by CDEP participants: 48 out of 81 people employed were on CDEP. The unemployment rate of about 8% would be much higher (approx 63%) if CDEP employees were removed from the employed category on the basis that CDEP jobs were not always viewed as 'proper' jobs, and instead were classified as unemployed; that is, looking for and available to work. Some of those currently classified as not in the labour force are of course not available for work due to old age, illness, still at school, or caring for family.

Irrespective of how CDEP participants are classified within the labour force data, it is clear that the pool of potential job seekers is significant and this situation will be exacerbated as the current cohort of young Anangu attempt to transition from school to work. The age distribution impact comment summarized in the demographics chapter 1 is worth repeating here: '(it is) apparent that Pukatja has a large number of children and young people approaching working age in the next few years. The ramifications for future job availability and positioning young people to be job ready are significant.'

The high number of people who were employed in the private sector is probably a distortion due to classifying participants as working for privately managed CDEP programs. It is not an indicator of private sector job strength in the community.

Table 7.1 Employment indicators, Pukatja and APY lands, 2006

	<i>Pukatja Males</i>	<i>Pukatja Females</i>	<i>Pukatja Persons</i>	<i>APY Total</i>
Persons 15 years +	87	109	196	1308
Employed	41	40	81	575
Unemployed	7	0	7	35
Total Labour force	48	40	88	610
Not in Labour force	33	56	89	643
LFS not stated	8	13	21	54
Unemployment rate (a)	14.6%	0%	8.0% (a)	5.7% (a)
Labour force participation rate	53.9%	36.7%	44.4%	46.7%
Proportion of pop employed	46.1%	36.7%	40.9%	44.0%
CDEP participants	33	15	48	425
Emp Govt sector	4	3	7	288
Emp private sector (b)	36	33	69	260(b)

(Source: ABS 2006 Census Community Profile: Pukatja (ILOC 1900111) table I27. Cat No. 2002.0

(a) Approx 63 % in Pukatja & 75% in APY if CDEP classified as unemployed

(b) Includes most CDEP employees classified as private sector)

Interviews with service provider staff and focus group participants raised a number of employment related issues, opportunities and concerns, including some with the operation of CDEP.

CDEP

CDEP is the major source of work for Anangu in Pukatja. It is managed through Bungala Aboriginal Corporation in Port Augusta. At the time of the survey the local CDEP manager had very recently moved to AP Services, as he had not been replaced at the time interviews were being conducted for this project, local information on CDEP operations is limited.

Some CDEP participants highlighted difficulties in getting women involved because there is little appropriate work for them, although the Aged Care facility was an exception.

Two men are currently working with AP services full time on rubbish collection. Community landscape work and parks and gardens upkeep was the most common CDEP activity, with a concerted community rubbish clean up being undertaken on the days of the BCP consultations.

Jobs and opportunities

The potential for establishing new businesses with employment opportunities is limited in Pukatja. In 2008 the APY Executive agreed to grant leases for 50 years for all new and upgraded house sites subject to communities gaining Commonwealth funding, so the lease arrangements for investments in future land capital is possible.

Future work opportunities in the mining industry at Coober Pedy are likely to expand in the near future through a joint initiative being undertaken by "Complete Personnel" (a Job Network provider) and SA TAFE.

Focus group and Attitudinal Survey interviews on attitudes to job opportunities and barriers to work suggest that there are entrenched issues that would need to be addressed to change the current situation. While some people suggested that Anangu do not want to work, or were moving around too frequently on sorry business to be available for work, others mentioned the discouragement felt when after completing education or training, no jobs were available to suit their skills. There was support for changes/improvements to the local CDEP, which had 79 Pukatja people registered as current at September 2009.

While people interviewed generally had little knowledge of local economic opportunities, there was the mention of expanding the role of the Arts Centre and starting the bakery up again. Residents of homelands associated with Pukatja also suggested family based enterprises in vegetable gardens, tourism and cattle agistment.

Respondents to the NPY Women's Council survey noted that a number of respondents commented that Anangu feel a loss of control over their job prospects. One commented that there was a secret white fellas' language *"...and we only see the small picture."* Another made a similar comment that *"it was difficult for Anangu to get a clear picture of what is happening job-wise"*.

Training

In developing future skills for the workforce, an onsite South Australian Government funded VET/Transition Project Officer develops programs for secondary students with future jobs in mind. One such program that began at Pukatja in 2009 is the "Doorways to Construction" program that aims to equip young men with basic construction skills, and assist them gain employment in construction of houses through the Commonwealth Government's \$25m housing offer.

Through this program the school hall concrete slab was extended and a series of maintenance and repair jobs have already been completed. The program works closely with the school. While this program was seen by the community and service providers as a positive initiative, several criticisms of it were also raised such as *"no TAFE support – all done internally by school"*. It was also stated that if there was a locally managed housing and R&M programs, trainees could be involved in local building/maintenance projects, and thereby enhance their skills/training in a practical way, and of benefit to the community.

Attitudes to jobs and work

Results from the NPY Women's Council Attitudinal Survey demonstrate community member's views about jobs and apparent low interest levels in available opportunities:

- almost half those interviewed said "*they did not know*" what jobs in the community required year 12 education; the remainder nominated various jobs in the school, clinic and store among others. One young man nominated "*a policeman's job*";
- types of work people liked to do were extensive: the main ones being painting/craft related; others included working in the store, garage (mechanic), clinic, child care and aged care, rubbish collection, cattle work and working in tourism;
- reasons given why so many people did not have jobs included: "*problems reading and writing English*"; "*not enough jobs for everyone*"; and "*low wages (CDEP)*". Also several people blamed outsiders (white fellas) for taking the jobs, whilst others indicated that now many Anangu were no longer interested and had become disengaged;
- most people said that having a job was "*a positive thing*"; with "*getting money*" as the key reason; and
- just under half of the people interviewed said "*Anangu should work 7-8 hours a day*"; the remainder said "*4-6 hours*" (at least half a day).

Income security

The median weekly income for individuals in Pukatja (2006 Census) was \$208 compared to \$466 for all Australians. Weekly household income data for Pukatja is not used here as the greater level of overcrowding in Pukatja houses distorts any comparison with other households and can also imply a false picture of income security.

The number of people employed under CDEP conditions (on usually less than full-time hours per week), plus an examination of the limited data available on persons in Pukatja receiving Centrelink benefits (see Table 7.2 below), indicates that income levels in Pukatja bears out the low weekly income available to individuals and their families in Pukatja. Centrelink data shows that 229 people, well over half the adult population at Pukatja, are receiving income benefits (but note that some people may be entitled to, and in receipt of, more than one benefit type). New Start Allowance has the largest number of recipients (101) of all benefit types, followed by Disability Support pension with 32 recipients. There were 21 recipients of the Age Pension. Recipient numbers for other benefits have been suppressed for confidentiality reasons (ie usually fewer than 20 recipients per relevant benefit).

Table 7.2 Number and rate of people on Centrelink benefits, Pukatja, 2009

Benefit	Number on benefit	% of age eligible population (a)
NewStart Allowance	101	31
Disability Support pension	32	8
Parenting payment	n.p.	n.p.
Carers payment	n.p.	n.p.
Age pension	21	100
Family Tax benefits	n.p.	n.p.
Youth allowance	n.p.	n.p.
Total Benefits	229	n.a.

(Source: Centrelink data provided from FaHCSIA email, Nov 09; (a) Rates based on applicable ABS 2006 Census age counts. n.p. = counts less than 20 have been suppressed to meet confidentiality requirements)

CHAPTER 8 HEALTHY HOMES

A healthy home and local community environment is a fundamental precondition of a healthy population. Important contributors to the current unsatisfactory living conditions in APY lands communities include overcrowded housing, lack of housing maintenance (such as damaged doors, locks, blocked toilets), significant amounts of rubbish in the streets and community grounds, high levels of dust and an excessive numbers of dogs. While these issues affect every resident in the community, the health and wellbeing of children in particular needs to be based on safe and clean environments with adequate infrastructure conducive to good hygiene and study and free of overcrowding (*adapted from FaHCSIA BCP template*).

This chapter presents selected available quantitative data, supplemented with qualitative information from service provider representatives and Anangu focus group members interviewed during field visits by the consultants in September 2009.

Housing

Overcrowding can occur even when a reasonable supply of housing stock is available because of the community's extended family living arrangements, this in turn can be exacerbated by visitors sometimes staying for protracted periods. In 2009 there were 50 IHO houses in Pukatja (SA Housing, August 2009); of whom half (25) would be classified as experiencing overcrowding based on the 2006 census results. Thirteen houses would require 1 additional bedroom and another 12 would require 2 more bedrooms to accommodate the then population.

House maintenance

Overcrowding was widely mentioned as a problem, with focus groups expressing a lack of satisfaction with both housing availability and repairs and maintenance arrangements. Participants commented that everyone has something broken in their houses – doors, windows, lights etc, showers broken, holes in the roof etc. One participant stated : *“we are glad the army is coming in to fix these old houses.”*

A common response to questions about food security in houses elicited from the NPY Women's Council Attitudinal survey was that the poor condition of houses, broken locks and cabinets etc meant that food was often taken by others; and further, that houses break-ins occurred frequently.

Nganampa's Public and Environmental Health Report for 2008 claims " *The AP Services managed housing repairs and maintenance (R&M) program collapsed during the year. Despite a MoU between APY and the Office of Aboriginal Housing [OAH] being signed in December 2007 by APY, as of November 2008 no contract for cyclical maintenance has been arranged*".

Environmental health issues

Hospital separations data for diseases associated with a poor environment (see Table 8.1 data from Alice Springs Hospital) show a relatively large number of episodes of skin diseases and intestinal infectious disease requiring hospital intervention, with most (comparatively less serious) treatments being provided locally by Nganampa Health Clinic.

Table 8.1 Hospital separations: Diseases associated with Poor Environment, Pukatja

Indicator	2004-05	2005-06	2006-07	2007-08	2008-09
Acute Upper respiratory infections (J00-J06)	9	8	n.p.	7	n.p.
Bacterial disease (A20-A49)	16	15	11	9	9
chronic rheumatic heart disease (I05-I09)	7	6	0	5	n.p.
Infuenza and Pneumonia (J10-J18)	52	36	29	24	15
Intestinal Infectious Diseases (A00-A09)	40	23	22	31	10
Scabies (B86)	7	7	6	11	n.p.
Tuberculosis (A15-A19)	0	n.p.	n.p.	0	0

(Source: NT Health (AC IU Team); Patient locality = Pukatja; ICD-10 codes displayed; data are for all diagnosis codes; 2008/09 data is part year only; n.p. = less than 4 observations)

Infrastructure

In general, data collected in 2006 as part of the national Community Housing and Infrastructure Needs Survey (CHINS) (see Table 8.2 below), indicates that Pukatja's environmental health related infrastructure is basically sound (confirmed by service provider comments in October 2009) and that drinking water had not failed tests in the previous 12 months.

Other service provider comments on infrastructure noted that pollution controls were absent; play equipment is inadequate and often broken; street lighting is satisfactory only in some parts of town. The condition of internal roads was noted as a serious problem along with a dust problem, particularly near the aged care facility. Shade areas in town are also inadequate.

Advice gathered during BCP interviews with service providers and community members in October 2009 suggested that the current rubbish removal was less than satisfactory.

Table 8.2 Indicators of effective environmental health systems, Pukatja, (2006 CHINS)

Indicator	CHINS 2006 response
Waste management:	
Sewerage System Main Types	Community water borne system
Sewerage System Connection Status	Connected to all permanent dwellings
No. days in year when sewerage/septic system overflowing/not working	n.a.
Rubbish Disposal Type	Fenced community tip
Organised Rubbish Collection Frequency	Once a week
Organised Rubbish Collection Point	Each dwelling in community
Organised Rubbish Collection Responsible Party	Community Council
Water supply:	
Drinking Water Main Source	Bore water
Water Connection Status	Connected all dwellings
Drinking Water Treatment Types	Direct filtration
Drinking Water Testing Frequency	Every 3 to 6 months
Drinking Water Test Failure Status	Drinking water did not fail testing in last 12 months
Alternative Water Sources	n.a.
Water Interruption Longest Duration in Days in last 12 months	n.a.
Water Interruption Longest Duration Period in last 12 months	n.a.
Water Interruption Occurrences in last 12 months	n.a.
Water Interruptions Reasons	Not stated
Power supply:	
Electricity Main Source	Community generators
Electricity Connection to Permanent Dwellings Status	Connected to all permanent dwellings
Electricity Interruption Occurrences in Last 12 Months	1 to 4 times
Electricity Interruption Longest Duration in Hours in last 12 months	6
Electricity Interruption Longest Duration Period in last 12 months	Less than 1 day
Electricity Interruption Reasons	Equipment breakdowns, planned outages for maintenance
Alternative Electricity Sources	n.a.
Housing:	
IHO Owned/Managed Dwellings – 3 bedroom separate houses	46
People Living in Temporary Dwellings	10

(Source: ABS/FaHCSIA CHINS 2006)

NPY Women's Council Attitudinal Survey

Relevant points in the survey on how people think about their home conditions:

- about half those interviewed said *"it was hard to keep food, swags, blankets and money safe in their houses"*; and reasons included family asking for things (*"can't refuse"*); *"people taking things, drug related break-ins"*, and *"difficulty locking up things"*;
- a number of respondents said they *"often"* keep their houses safe and clean, while most said only *"sometimes"*;
- almost all said that *"it was hard for people to keep homes clean"*. Reasons offered included: overcrowding; family visiting; old houses that have unrepaired maintenance issues, poor health and illness, and a lack of training and support programs to teach people how to manage their houses better. *"Because some people need training how to keep a house and yard clean;"*
- when asked what things could be fixed locally instead of by visiting contractors, the most common items reported were: *"broken locks; broken windows and doors; blocked toilets and leaking taps/pipes"*; and
- further comments suggested it would depend on having the right tools and some training support and included *"All the tools are locked up by the white fellas"* and *"You can do these things yourself too – otherwise you could wait for years"*, as well as *"With help, good idea to teach young men to do it."*

Indigenous people (men, women and children) need to be safe from violence, abuse and neglect. Fulfilling this need involves improving family and community safety through law and justice responses (including accessible and effective policing and an accessible justice system), victim support (including safe houses and counselling), child protection and also preventative approaches. Addressing related factors such as alcohol and substance abuse will be critical to improving community safety, along with the improved health benefits to be obtained (*FaHCSIA BCP template*).

The following discussion outlines some of the key issues of concern in Pukatja such as violence, alcohol and substance abuse; and how people feel about their community and their safety.

Service providers interviewed in October 2009 provided comments on various safety issues in Pukatja:

- some said *"Safety is a problem"* although one respondent said *"it is better than 10 years ago when sniffers were rife"*
- *"Police are ok but magistrates won't follow through and penalise offenders so they repeat and repeat – such as breaking into the store again and again"*
- *"Domestic violence is a problem especially for bored angry drinking men"*
- *"Universally gambling is seen as a major problem leading to violence and threats to get money for food etc... kids starving and neglected.. there are threats to old people and aged care staff"*
- *"Only the school staff noted dogs as a real problem – up to 40 a day in the school yard. There is a dog control program but not well known among residents".*

NPY Women's Council Attitudinal Survey and Focus group discussions

Selected findings are presented here to give some insight into how people in Pukatja think about the following issues:

- Generally people think there are *"too many dogs in Pukatja – make kids sick", "make a mess", "need fences for houses to keep cheeky dogs in."*

Law and order

Two focus groups said that law and order is a problem: “...grog, gunja, gambling lead to fighting and violence – not safe for kids to walk around at night” and that “police only come when called to problems and they come too late.”

A frequent response to relevant questions from the NPY Women’s Council survey was that Pukatja is not a safe place, especially at night: “...too many drunks.”

Apprehensions for property offences have remained fairly stable in recent years (at around 60-70 per year) while those for public disorder and related alcohol, drug and petrol offences have dropped markedly (see Table 9.1 below).

Court circuits

The courts circuit the APY approximately 12 times per year. These circuits are broken up into 3 area categories: *APY East* (Indulkana, Mimili and Coober Pedy); *APY Central* (Amata, Ernabella and Fregon); and *APY West* (Amata, Kanpi and Pipalyatjara). *Coober Pedy* is also circuited 4 times in the year. Although sitting dates change pending demand, the courts advise they usually commence the circuits from early March through to mid October. In the summer months the court understands that Anangu are often away from communities on ceremonial business or are away due to CDEP holidays.

Courts in the APY are working toward closing the gap in a number of the priority areas as outlined in the Remote Service Delivery National Partnership document. In relation to safe communities they explain their role as:

- building expectations of standards that Anangu are entitled to within the justice system, encouraging community/family participation in the court process;
- bringing services to court, creating contact points, identifying and engaging (drug & alcohol – violence intervention);
- road safety – explaining how to get a licence, linking with services, removing obstacles (e.g. fines);
- accessible (AJO’s) - for dealing with fines, licences, court matters, explaining outcomes (during and after circuits);
- ensuring availability of Interpreters;
- changing behaviours to prevent risk of reoffending, with elders, family and community input in court;
- maintaining culture, address degeneration;
- addressing issues that make it hard to obtain & retain employment (Jobs not Jails);

- networking – open door policy for all whilst in community; and
- empowering local elders in communities by inviting them to sit with the Magistrate to provide advice as required.

By making the courts more user friendly while working on circuit in the APY it is intended there will be a flow on effect for Anangu in other priority areas: *“If everything is good at home the rest will fall into place.”* (source: SA courts)

Alcohol and drug use

Alcohol fuelled fighting in the community was a common concern of focus groups and respondents to the survey: *“...every day kids see fighting in the community.”*

Survey respondents noted that there were too many drug users in Pukatja and that drugs were obtained from Mintabie.

Gambling

Gambling is considered a continuing problem in Pukatja. Focus groups noted that it *“...causes hunger due to lack of money – kids starve, causes fights – no sleep.”*

Dog control

Nganampa Health Clinic saw dogs as a safety issue in the community, whereas community people saw them contributing to well-being through companionship and protection against 'evil spirits'. Pukatja is visited by a veterinarian, although residents are reluctant to let the vet euthanize their dogs.

Homelands

Focus group participants commented on the regular movements to homelands. This is seen as important for cultural reasons, and for teaching children about bush safety and bush tucker. Staying at homelands also provides respite from community life in times of 'trouble'. Maintenance of homeland infrastructure and roads is regarded as critical to wellbeing.

Roads into Pukatja

The poor condition of roads leading to Pukatja and to other places that Pukatja people travel to in the Lands is a major safety issue for the community. Clinic staff made the point that because Ernabella's airport did not have lights, night evacuations had to be made from the

Fregon strip. This entailed a 130km trip for seriously ill patients on rough, unmaintained roads.

Assaults and domestic violence

Available data indicates that apprehensions for assaults (not necessarily domestic) have increased in the last couple years to 72 in 2008 (see Table 9.1 below). However apprehensions for property offences and offences against public order have decreased markedly since 2006. Similarly the number of apprehensions for substance offences has decreased.

The issuance of and breach of domestic violence restraining orders in 2008 (11) was half that of four years earlier in 2004 (22); but several times greater than for the two previous years (7 for both 2006 and 2007: see Table 9.2 below). The NPY Women's Council reported that their Domestic Violence Service had 15 active clients in Pukatja in the first 6 months of 2009. "Active" here means that there has been contact with the service during that 6 month period. This could range from a one-off contact to intense support over several weeks. A number of people in focus groups commented positively on the work of the NPY Women's Council in attempting to raise awareness of, and address, domestic violence in the Lands.

There were 52 hospital separations relating to injuries occasioned by assault and interpersonal violence for Pukatja residents in 2007/08, continuing the increases recorded since 2004/05 (based only on Alice Springs hospital data in Table 9.3). These numbers could mask higher unreported assault injuries and/or injuries treated locally at the clinic.

Child sexual abuse

During September to December 2008 the NPYWC undertook a special project at Pukatja, at the request of the community safety and wellbeing committee. This involved training 5 people in how to respond to and support children who have been sexually abused; and in raising community awareness about these issues. Two NPYWC Domestic Violence Service workers were involved in this project working in the community for a total of 8 weeks.

Table 9.1 Apprehensions: drugs, property, assault crimes, Pukatja, 2004-2008

Indicator	2004	2005	2006	2007	2008
Assault (Offences against the person)	77	55	62	50	72
Property offences	89	71	79	41	46
Offences against the Public Order	268	110	146	60	64
Drug offences	0	n.p.	n.p.	0	0
Traffic management offences	n.p.	n.p.	n.p.	5	n.p.
Law 22112 Part 1/2 Petrol			n.p.	n.p.	
Law 3726 Part 0 Alcohol	34	12			
Law 3851 Part 0 Substances	149	44			
Law 5964 Part 0 Gambling	n.p.				
Law 21662 Part 0 Alcohol			22	18	11
Law 21663 Part 0 Substances		n.p.	41		
Law 21664 Part 0 Gambling		5			
Law 22115 Part 0 Substances			9	6	
Law 22116 Part 0 Alcohol					

(Source: SA Police (original dataset) processed by the Office of Crime Statistics and Research, Attorney-General's Department, Government of South Australia; n.p = less than 4 observations.)

NB: 88988 Law 3851 Part 0 Substances repealed 26/10/2005

88988 Law 5964 Part 0 Gambling repealed 26/10/2005

88988 Law 21663 Part 0 Substances repealed 28/9/2006)

Table 9.2 Domestic violence in Pukatja (applications, orders and breaches by community)

Indicator	2004	2005	2006	2007	2008
Breach of DV restraining order (inc foreign orders)	22	9	7	7	11
Breach of restraint/summary protection order nec	5	0	n.p.	n.p.	6
Issuance of restraint order by a court nec	n.p.	0	n.p.	0	n.p.
Issuance of DV restraining order by a court	n.p.	n.p.	n.p.	n.p.	n.p.
Issuance of DV restraining order by telephone	22	9	7	7	11

Source: SA Police (original dataset) processed by the Office of Crime Statistics and Research, Attorney-General's Department, Government of South Australia; n.p = less than 4 observations.)

Table 9.3 Pukatja Hospital separations (NT): injury from assault, interpersonal violence

Indicator	2004/05	2005/06	2006/07	2007/08
Intentional self-poisoning by and exposure to alcohol (X65)	0	0	0	0
Assault by sharp object (X99)	6	5	8	13
Assault by blunt object (Y00)	12	19	20	16
Assault by bodily force (Y04)	9	12	14	16
Assault by other specified means (Y08)	0	n.p.	n.p.	n.p.
Assault by unspecified means (Y09)	0	n.p.	n.p.	n.p.
Total	27	42	44	52

(Source: NT Health (AC IU Team)

Patient locality = Pukatja; ICD-10 codes displayed

n.p = less than 4 observations.)

NPY Women's Council Attitudinal Survey

The survey featured an important suite of questions (Feeling safe module) on attitudes to violence, particularly domestic violence. These and other selected findings are presented here to give some insight into how people think about these issues:

- respondents were divided about whether Pukatja was regarded as *"a safe place"*; however most said there were significant ongoing safety issues particularly at night. Views expressed included *"safe for whitefellas."* *"This is a man's world out in the centre"*, and *"Not like in the olden days, I wouldn't let my children go walking around at night. Lots of things have been introduced. It's not safe;"*
- some people interviewed said it was *"OK for Anangu men to hit other Anangu men"*; particularly as part of punishment for drinking and bad behaviour. As one person said, *"people will get punishment for drinking, causing trouble for other people;"*
- almost all respondents said it was *"not OK for Anangu men to hit women"*; and about half said it was *"not OK for Anangu women to hit each other"*; however the common reason nominated for both was if the woman was being punished for drinking and bad behaviour or for neglecting children. Sometimes jealousy was also accepted as a reason. One respondent pointed out *"Sometimes it happens here between family – money, food. Both men and women. Sort it out in the family;"*
- all respondents said that kids saw grown-ups fighting in the community;

- *“fighting” or “people trying to fight with family”* was nominated as a common problem resulting from alcohol and marijuana being brought into Pukatja, as well as car accidents and kids *“getting hungry and sick;”*
- marijuana use in Pukatja commonly resulted in general harassment for food and money, fighting, theft, child neglect, and almost half the respondents attributed it to suicide in the community.

CHAPTER 10 GOVERNANCE AND LEADERSHIP

This chapter summarises recent initiatives in governance designed to enable the community to take greater ownership of reform and developments that will accrue long-term benefits to community members

Achieving functional and sustainable community governance across communities on the APY Lands is acknowledged as an ongoing challenge. The joint government approach (described earlier in Section 2.12) recognises that reform is required to address a range of structural, cultural, family and gender dominance issues; so that every community has the opportunity to benefit from government initiatives and prosper from community wellbeing and economic and social development.

Recent initiatives

In late 2008, the Council of Australian Governments (COAG) agreed to a new National Partnership Agreement on Remote Service Delivery to improve the delivery and coordination of government services in 29 Indigenous communities across Australia, including Amata and Mimili. The COAG approach is expected to improve the delivery and coordination of government services at the local community level by engaging as partners with the APY Lands communities of Amata and Mimili and to build on existing projects by:

- working with communities to establish a single government Interface through Government Business Managers (GBM's) in Amata and Mimili; and providing for interaction between the community and all government agencies at all stages of the service planning and delivery cycle;
- establishing whole of government regionally based operations centres (ROC's) supported by locally based staff from agencies of the State and Commonwealth governments. Regional operations centres will work across government with local Indigenous people and other stakeholders to develop Local Implementation Plans and ensure that they are implemented in a timely and accountable way;
- working with the community to feed into Local Implementation Plan processes (e.g. 'negotiation tables') to agree on service delivery priorities between community groups and governments, and non-governmental and private sector organisations where relevant; and by ensuring that
- priorities are embodied in publicly available documents including targets, actions and associated milestones and timelines; with publicly available joint annual reports on progress against these performance indicators.

In parallel with this process, the Australian Government through FaHCSIA; the South Australian State Government through its Department of the Premier and; and the Office of the Registrar of Indigenous Corporations, have been working collaboratively through both existing and additional projects, to address governance and capacity issues in all APY communities.

Projects have been ongoing and include:

- identification of community priorities and the changes to governance arrangements necessary to develop cohesiveness, communication and collaboration within the community and within structures, such as community councils;
- assessment and evaluation of current community governance arrangements, including structures and frameworks, systems, roles and responsibilities, policies and procedures, long and short term strategic planning, administrative operations, financial accountability processes and broad legal structures and legal requirements;
- implementation of appropriate mentoring and education for individuals and groups regarding systems of governance, leadership styles, communication in governance processes, dispute resolution, rights of appeal in decision making, election processes and community representation (including family group, gender, age balance) and agreed group behaviours (source: SA FaHCSIA).

Pukatja Focus Group responses

The main point that emerged from resident interviews and informal discussions was people's lack of knowledge about what is going on in the community about government changes, CDEP, training, Centrelink and housing.

Focus groups and service providers agreed that the community bodies like the council are not functioning well at all and that some people were detrimental to the council's effective operation.

As in other APY Lands communities, the loss of the council administrative officer was seen as having a negative effect on the community governance and leadership.

An issue raised by older community members, and noted in other community BCPs, is the break-down in the generational transfer of cultural knowledge between men and women of high degree (recognised cultural leaders of significance) and the younger generation.

In Pukatja, as for all the APY BCP selected communities, interviewee comments and observations indicate there is a widening gulf between older people and younger people, and a real sense of hopelessness amongst senior people that younger people are not interested in learning more about law and culture.

The situation was summarised by one focus group comment as *“(Pukatja)leaders are concerned about getting young people involved but do nothing or can’t do anything without funding and a functioning council.”*

The School identified bush trips to learn stories and dances, some of the AEW’s involvement with young people in church and its values, and the development of the skill shed (construction training for young men at school) as all helping to involve young people in potential leadership roles.

Method

Preparation of the BCPs involved the following steps:

- extraction, collation and analysis of statistical data;
- field work: – on site interviews were conducted with senior community based staff, including school principals, senior clinic nurses, shop managers, CDEP supervisors and TAFE lecturers. As described below, extensive consultations were also conducted with community members to obtain a cross section of views from community leaders, family groups, elders and the young.
- follow-up interviews with regional agencies, either on site or by phone: examples including AP services, APY, TAFE and the CFS telephone;
- draft preparation of reports and executive summaries for community distribution; and
- exit interviews with community groups.

Because some statistical data was not available prior to the fieldwork occurring, validation of statistical information through on-site discussions was limited. Tight time frames for preparing the profiles for Amata and Mimili also meant that field work had to occur at times when the availability of key community members and staff was limited.

Community consultations

Consultations with community members occurred in three ways:

- one-on-one interviews occurred with significant community and family leaders and elders;
- focus group discussions occurred with groups of people (3- 10) and included family groups, art centre participants, CDEP work teams and young people ; and,
- as detailed below, community one-on-one Attitude surveys.

In each community the aim was to conduct 3-4 focus group meetings and complete 15-20 Attitudinal Surveys. A flexible approach was taken to both Attitudinal Surveys and Focus Group interviews. As both took an hour or so to conduct, depending on participant interest and engagement, Attitude Surveys could become unstructured focus group meetings.

It was also planned to augment the number of Attitudinal Surveys by interviewing SA women attending the Women's Council's AGM. In the end this did not happen because sorry business required deferral of the AGM.

Collaboration with the NPY Women's Council for the Attitudinal Survey

The NPY Women's Council had the main responsibility for designing and conducting the Attitudinal Survey. Early discussions with the Women's Council had indicated there was little documented information on how Anangu men and women felt about the issues relevant to the key themes of the BCP modules. To address this, the Council designed a suite of 'attitudinal' questions that would resonate with Anangu and could shed further light on the BCP issues. Attitude Survey questions were organised into the following modules: *jobs; homes; going to school; kids at home; kids and food; and feeling safe*. Each of these survey modules relates directly to one or more BCP modules (for example, *feeling safe* corresponds with *safe communities*).

The Attitude survey has not been designed to be statistically representative, and data from the survey needs to be interpreted with usual care. People were chosen opportunistically, with assistance from community Malpas (advisers). Where answers are sharply divided among the question categories, and/or where they are more evenly spread across categories, this has been noted in presenting the results. Open-ended answers and responses have proven valuable by allowing a more detailed opinion to be documented. Following the September Mimili and Amata pilot surveys, the Women's Council finetuned some questions. Attitudinal survey collection occurred alongside the consultancy team's October focus groups and service provider interviews in each of the five additional selected communities for the APY BCPs.

Feedback suggests Anangu found it a novel experience that their opinions were important and of interest to the consulting team and government.

Participation in the survey process has been beneficial for the NPY Women's Council in that it has provided valuable raw data on issues of central concern to the Council.

Data quality

The BCP project requires inclusion of both quantitative and qualitative information. Suitable qualitative information for these reports was sourced from community consultations as described above. As with such qualitative data there are always some inherent difficulties in defining the parameters of such information. To counter this, every effort has been made to ensure qualitative statements and assessments add value to, or help fill gaps in, the quantitative data. Similarly effort has been made to assess the representativeness of statements made by interviewees, and to provide qualifying comments where required.

The information featured in the profiles comes from a wide range of disparate sources over different timeframes. Most information in the BCPs is drawn from years 2006 to 2008. Sometimes the metadata that underpins some of this information may be inadequate, making assessment difficult, and in some cases, the data unusable. Where there may be potential data quality issues in the BCP report, or where data has been used as a surrogate because more finely detailed disaggregations were either not available or could not be provided, this data has been qualified.

APPENDIX 2 APY DATA AUDIT

The following Table checklists the APY data sets provided by the Department of Families, Housing, Community Services and Indigenous Affairs for the Baseline Community Profile project.

Report Key: # not included because of data issues

CP Indicator	Source & Date Provided	Report Ref
Demographics		
ABS Census counts and ERPs of Indigenous and non-Indigenous population by five-year age group and sex	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant) ERPs for APY SLA: ABS Cat# 3238.0.55.001 from ABS website (by consultant)	Chap 1 Chap 1 Chap 1
Number of Indigenous persons registered with Medicare with a usual address in the defined geographical area	information not provided	
Clinic estimate of 'active client' Indigenous and non-Indigenous population	information not provided	
Age and sex of Centrelink customers by payment type	information not provided	
Age and sex of regional residents on the electoral roll	information not provided	
Services		
Qualitative data on services is required to include type, location and funding amount and source (if applicable)	Not supplied consistently. Some agencies have provided various aspects of this information by email.	Chap 2
Numbers of community members by sex employed in service delivery by occupation	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009. Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	#

Assets		
Community organisations in receipt of royalty payments from Native Title determinations or Indigenous Land Use Agreements?	information not provided	
Early childhood		
Total number of live (Indigenous) births to women who are resident in the community in specified reporting period	NT Health email 25 Nov 2009. Format: Excel. SA Health email 1 Dec 2009. Format: MS-WORD.	#
Rate of live births to females aged 17 and under (per 1,000)	NB: numbers only (not rates) NT Health email 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: MS-WORD.	# #
Low birth weight, number and rate per 1000 (<2500 grams born to Indigenous mothers)	NT Health email25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: MS-WORD.	# #
Number of antenatal visits per teenage pregnancy (17 years and younger)	NT Health email 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: MS-WORD.	# #
Number of antenatal visits per pregnancy (18 years and over)	NT Health email 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: MS-WORD.	# #
Incidence of foetal alcohol syndrome rates	Information not provided.	
Number and rate of hospital separations for (Indigenous) infants aged 0-5 years for the specified reporting period and who are residents of the community / region with: Preventable injury and disease including: <ul style="list-style-type: none">• Otitis media• Proportion of decayed, missing and filled teeth• Trachoma• Gastroenteritis	NT Health emails 3 Sept and 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: Excel.	Chap 4 #

Proportion of children with basic skills for life and learning, and who are vulnerable, as identified by the Australian Early Development Index (AEDI)	Information not provided	
Growth characteristics of under-six AEDI where available	Information not provided	
Children Fully Immunised at 12-15 Months of Age: expressed as a percentage of children aged 12-15 months.	Some information provided through Nganampa Health 2008 Annual Report from website by consultant.	Chap 4
Proportion of Indigenous three and four year olds accessing quality early childhood education	SA Dept of Education and Children's Services (DECS) by email 17 August 2009 format: Excel	#
Number and rate of children above average weight when they start school	Information not provided	
Schooling		
Number of enrolments and rate of preschool and school attendance for Indigenous children /non Indigenous children by age, sex and grade	1. SA Dept of Education and Children's Services (DECS). by email 17 August 2009. Format: Excel.	Chap 5
	2. SA DECS Project Officer - Aboriginal Lands email 19 Oct 2009; format: MS-WORD doc	Chap 5
Number of children who attend school at least 80% of the time	SA (DECS) by email 17 August 2009: Format: Excel.	Chap 5
NAPLAN results for relevant schools by Indigenous status – all domains and year levels	Information on 2009 NAPLAN results provided by DECS Some APY regional data in CDU 2008 Education Report (by consultant)	
Rates of participation in NAPLAN tests	Information on 2009 NAPLAN results provided by DECS	
Proportion of the Indigenous 19 year old population having attained at least a Year 12 or equivalent AQF Cert II	Information not provided.	#
Proportion of population aged 20 and above with post-school qualifications	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 5

Number and percentage of Indigenous students participating in accelerated literacy and numeracy programs	Information not provided.	Chap 2 at 2.8 derived info
Number of registered teachers and teachers aides (Indigenous and non Indigenous)	SA DECS email 17 Aug 2009. Format: Excel. Comm. Dept of Education, Employment and Workplace Relations (DEEWR) by email 17 August 2009. Format Excel.	Chap 5 Chap 5
Number of absent (Indigenous) student days per term	SA DECS email 17 Aug 2009. Format: Excel.	#
Transition rate from primary to secondary school (annual indicator) for indigenous children /non indigenous children	Information not provided.	
School attendance by age, sex and grade level	1. SA DECS by email 17 Aug 2009. Format: Excel. 2. SA DECS Project Officer - Aboriginal Lands email 19 Oct 2009; format: MS-WORD doc	Chap 5
Indigenous retention rate Yr 7/8 to Yr 9, Yr 10, Yr 12	SA DECS by email 17 Aug 2009. Format: Excel.	#
School participation rates by age, sex and grade level	Information not provided.	
Health		
Hospital patient separations by Major Diagnostic Code (MDC) by five-year age group and sex	NT Health email 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: Excel.	# #
Unique hospital patient by MDC by five-year age group and sex	NT Health email 25 Nov 2009. Format: Excel. Information not provided from SA Health.	#
Chronic disease incidence by age and sex	Nganampa Health email 20 Oct 2009 Format: text in email (Limited information).	Chap 5
Number of Indigenous people on Disability Support Pension	SA DECS email 24 Aug 2009 Format: MS-WORD doc. (Limited information).	Chap 5
Number and rate of hospital separations for (Indigenous) by five year age groups and sex for the specified reporting period and who are residents of the community / region with preventable injury and disease	NB: numbers only. NT Health emails 3 Sept & 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: Excel.	Chap 8 #

Numbers of hospital separations for (Indigenous) people whose primary diagnosis is one of the following conditions for the specified reporting period and who are residents of the community / region: <ul style="list-style-type: none"> ▪ Diabetes ▪ Renal failure ▪ Alcohol, kava, petrol sniffing, related mental disorders and disease ▪ Mental health 	NT Health emails 3 Sept & 25 Nov 2009. Format: Excel. SA Health email 1 Dec2009 Format: Excel.	# #
Hospitals separations for cellulitiss, age standardised rates	Information not provided from NT Health NB: numbers only from SA Health email 1 Dec 09 Format: Excel	#
Hospitalisation rates for ambulatory care sensitive hospital admissions	Information not provided from NT Health NB: numbers only from SA Health email 1 Dec 09 Format: Excel	#
Number and rate of (Indigenous) children aged under 16 years with a reported diagnosis of one of the specified sexually transmitted infections (STIs) for the specified period and for children who are residents of the community / region	NT Health emails 3 Sept & 25 Nov 2009. Format: Excel. (Hospital separations data only). SA Health email 1 Dec 09. Format: Excel Nganampa Health 2008 Annual Report and MJA articles [vol 189 #8] present some additional information for 14-40yr olds. From website (by consultant)	# # Chap 6
Clinic staffing classification by Indigenous status	Information not provided.	
Ambulatory care sensitive hospital admissions per Indigenous person	Information not provided by NT Health. SA Health email 1 Dec 09 Format: Excel.	#
Economic participation		
Census data on labour force status, industry, occupation, hours worked, employment and non-employment income by Indigenous status, age and sex	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 7

Employment to population ratio for the population aged 15-64 (including and excluding CDEP participants from the denominator)	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 7
Unemployment rate	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 7
Median weekly individual income by age breakdown	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 7
Labour force participation rate by age breakdown	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	Chap 7
Indigenous employment by industry, occupation, full-time/part-time	2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)	#
CDEP participants by age, sex, occupation and activity	1. Bungala CDEP Manager by email 19 October 2009. Format: Excel. 2. Bungala Aboriginal Corporation email 20 Oct 2009. Format: MS-Word doc 3. CDEP Programme Management Branch (FaHCSIA) by email 2 Sept 2009. Format: Excel	# # #

CDEP - off CDEP job placements	Information not provided.	
CDEP usage by government agencies/other businesses and not for profit associations	Community Development Projects (FaHCSIA) email 2 Sept 2009 Format: table in email	
Number of CDEP placements undertaking service delivery by type	Bungala Aboriginal Corporation by email 20 October 2009 Format: MS-Word doc	#
Centrelink payments by type and number by five-year age group and sex, and \$ amount	Information not provided	
Centrelink recipients by payment type	DEEWR via FaHCSIA email W. Matthews, November 2009	Chap 7
Proportion of welfare payments as part of the overall household income	Information not provided. Consultant used limited Centrelink payments data from above	Chap 7
Enrolments by training provider category by field of study by certificate level and accreditation category by outcome status by Indigenous status, age and sex	1. SA Dept of Further Education, Employment, Science and Technology (DFEEST) email 24 Aug 2009 Format: PDF files	Chap 2
	2. AnTEP via SA Dept of Education and Children's Services (DECS) email 17 August 2009: MS-Word docs	Chap 2
Proportion of the Indigenous 18-24 year olds engaged in full-time employment, education or training at or above Certificate III	SA DFEEST email 24 Aug 2009 Format: PDF files	#
Job Placements	1. DEEWR email 17 Aug 2009. Format: Excel. 2. SA DECS email 17 Aug 2009 format: table in email (Anangu Education Workers as at July 2009)	# Chaps 2 & 5
Off benefit outcomes	Information not provided.	
Number of commencements in STEP and STEP ERS	Information not provided.	
Number of referrals to Language, Literacy and Numeracy programs	Information not provided.	
Number and type of traineeships and apprentices	DEEWR email 17 Aug 2009. Format: Excel.	#
Number of Indigenous Small Business Fund (ISBF) projects funded in prescribed communities, outstations and town camps	Information not provided.	
Number of expressions of interest for business development assistance	Information not provided.	

Healthy homes		
Housing stock by occupancy and number of bedrooms	<p>1. Housing SA Office for Aboriginal Housing email 24 August 2009. Format: PDF files (dwelling numbers only)</p> <p>2. FaHCSIA (CHINS) email 24 August 2009. Format: Excel</p> <p>3. 2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009</p> <p>Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)</p>	<p>Chap 8</p> <p>Chap 8</p> <p>Chap 8</p>
Percentage of people with a disease associated with poor environmental health Indigenous/non Indigenous by 5 year age and sex	<p>NT Health email 3 Sep 2009. Format: Excel. (hospital separations only) NB: Numbers only from SA Health email 1 Dec 09. Format: Excel</p>	<p>Chap 8</p> <p>#</p>
Number of Indigenous people who own or are purchasing their dwelling	<p>2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara: ABS Cat# 2004.0 from ABS website (by consultant)</p>	#
Housing stock by repairs needed	FaHCSIA (CHINS) email 24 August 2009. Format: Excel	#
Number of days in the year when the sewerage system was overflowing (or otherwise not working)	FaHCSIA (CHINS) email 24 August 2009. Format: Excel	Chap 8
Number of days in the year when the water system failed a potable water test	FaHCSIA (CHINS) email 24 August 2009. Format: Excel	Chap 8
Number of interruptions to the power supply	FaHCSIA (CHINS) email 24 August 2009. Format: Excel	Chap 8
Average number of people per bedroom	<p>2006 Census Indigenous Profiles (ILOCs): ABS Cat # 4706.0.30.001 on CD provided 13 Aug 2009 Collection District Profiles only for Kalka and Pipalyatjara:ABS Cat# 2004.0 from ABS website (by consultant)</p>	Chap 8

Proportion of dwellings meeting the first four standards for healthy living practice	Information not provided.	
Safe communities		
Admissions to sobering up shelters and protective custody	Information not provided. (SAPOL advised by email 2 Sept 2009 data not available)	
Number and rate of hospital separations for (Indigenous) people where the primary diagnosis is an injury resulting from assault or interpersonal/ domestic violence for the specified reporting period and for people who are residents of the community / region.	NT Health email 3 Sep 2009. Format: Excel. (numbers only) Information not provided by SA Health.	Chap 9
Policing incidents number and type including assault, property, public order and offences against the person, alcohol and substance abuse and violence related crime	Information not provided. (SA Office of Crime Statistics and Research advised by email 2 Sept 2009 that data not available)	
Offences by number and type including assault, property, public order and offences against the person, alcohol and substance abuse and violence related crime	SA Police (via SA Office of Crime Statistics and Research) email 2 Sept 2009. Format: excel.	Chap 9
Alcohol related crime statistics	SA Police (via SA Office of Crime Statistics and Research) email 2 Sept 2009. Format: excel. (2008 data only)	Chap 9
Alcohol related hospital or clinic admissions	NT Health email 3 Sep 2009. Format: Excel. Information not provided by SA Health. No clinic information provided by Nganampa Health.	Chap 9
Number of Domestic violence applications, orders and breaches by community	SA Police (via SA Office of Crime Statistics and Research) email 2 Sept 2009. Format: excel.	Chap 9
Number of incidents of juvenile crime by type, age and gender (including reports of crime)	SA Police (via SA Office of Crime Statistics and Research) email 2 Sept 2009. Format: excel.	#
Juveniles in detention by last known address and birthplace	Information not provided. (SA Office of Crime Statistics and Research advised email 2 Sept 2009 data was not available)	
Juvenile conditional liberty caseload according to office	Information not provided.	
Conditional liberty order commencements by office	SA Dept of Correctional Services (via SA Office of Crime Statistics & Research) email 2 Sept 2009: MS-WORD	#

Juvenile diversion clients	Information not provided. (SA Office of Crime Statistics and Research advised by email 2 Sept 2009 to contact SA Dept of Families and Communities)	
Persons in adult correctional centres by last known address and birthplace	SA Dept of Correctional Services (via SA Office of Crime Statistics & Research) by email 2 September 2009 Format: MS-WORD doc	#
Rates of re-offending by type within 12 months of the first offence, irrespective of conviction.	SA Police (via SA Office of Crime Statistics & Research) by email 2 Sept2009. Format: Excel	#
Number of complaints relating to alleged child sexual abuse perpetrated against indigenous children /non indigenous children, including neglect	Information not provided. (SA Office of Crime Stats & Research advised email 2 Sept 2009 to contact Dept of Families and Communities)	
Governance and Leadership		
Number and type of agreed regional/ community plans	Information not provided.	
Number of community plans by type implemented on schedule	Information not provided	
Numbers who have completed or are participating in governance, mentoring or leadership training courses and skills development (formal and informal)	Information not provided	
Number of administrators and or investigations into registered organisations by type and date	Information not provided	

APPENDIX 3 NPYWC ATTITUDINAL SURVEY RESULTS

Attitudinal Survey

NPYWC with Langford
FAHCSIA Baseline Surveys

Why this Survey?

FAHCSIA want to improve services and need to know the level now to see if they are getting better or worse
NPY Women's Council is a partner with Langford
NPYWC told Langford there was little documented information on how Anangu men and women feel about many of the issues relevant to the Baseline Survey
Numbers alone do not make a whole picture – needed 'qualitative' information – people's stories

Most people happy to be asked; wanted to tell their story

Survey Question Areas

- Jobs
- Homes and Household information
- School
- Kids
- Food and Kids
- Feeling Safe
- General

JOBS

- Summary
 - Love to work
 - Proud to work
 - work is not just something you have to do – people see it as an important part of life and way of contributing to their community
 - Education and work
 - Money and work

JOBS

- Common answers to questions one by one
 - Finishing Year 12 and University
 - School AW, clinic health worker, art centre admin, store
 - Hard things about keeping a job
 - sickness; balancing work and home life; fighting; humbug
 - Travel and work – av. 55% will not travel
 - Good things
 - No 1 reason "makes me happy", money second
 - People without jobs
 - English read and write; not enough jobs; lazy
 - Work people like
 - Craft and art centre the most popular job
 - Hours of work – how long every day
 - ½ and ½ think 7-8 or 4-6 hours

JOBS

- Differences between communities
 - Hard things about keeping a job
 - The no1 reason varied – sickness, bored, kids
 - People without jobs
 - The no1 reason varied
 - Work people like
 - the jobs listed varied greatly depending on what jobs were available in that community

HOMES

- Summary
 - 76% live in an overcrowded house
 - 44% want to live in another or bigger house
 - Have to share things with family
 - Hard to keep a house clean
 - Anangu should be doing basic R&M

HOMES

- Common answers to questions one by one
 - Hard to keep things like food, swags, blankets
 - 47% often 47% sometimes
 - Taken by family, always asking - can't say no
 - Hard to keep your house clean
 - 90% thinks it is hard; main reasons:
 - Overcrowding and visitors "visitors come and make a mess and don't clean up, leave it and go"
 - Too many kids and dogs making a mess
 - Repair and Maintenance
 - Locks, doors, windows should be fixed by Anangu workers
 - "Anangu are ninti but don't have tools"

HOMES

- Differences between communities
 - Overcrowding
 - Ernabella slightly less percentage overcrowding
 - Most of the non-overcrowded households were Homelands
 - Amata most people who want to move out to a new house
 - People taking things
 - Amata and Fregon more people stealing not asking
 - Clean House
 - Mimili and Ernabella thought their houses were clean more often; others thought only sometimes
 - Indulkana more women doing cleaning on their own – other communities shared men/women

SCHOOL

- Summary
 - 100% kids should go to school every day
 - Boarding School is good for kids
 - but people worry
 - Worried about kids running around at night
 - too tired for school

SCHOOL

- Common answers to questions one by one
 - Going to school every day
 - 100% agreed kids should go to school every day
 - Boarding School
 - 84% thought boarding school was good for kids
 - "to become a strong leader you might have to go away and study for a while"
 - Missing School
 - About 50% said their kids sometimes miss school
 - Tired from being up at night
 - Travelling from funerals or football or Mintable
 - 20% did not make their kids go if they didn't want to
 - Homework from School
 - Almost everyone said never

SCHOOL

- Differences between communities
 - Missing out on School
 - Bullying was seen as a big problem in Ernabella a major reason kids don't go to school

KIDS

Summary

- Parents – particularly mothers are responsible for kids
- Grandparents and Aunties also help
 - there are a lot of people looking after other people's kids – drugs and drunks
- *"Often it is the young people themselves deciding the 'right number' when to get married. Often we (as older people) don't think of the number but look at the young person and see when they are ready to get married"*

KIDS

- Common answers to questions one by one
 - Reading Books
 - Most people said never
 - Sleeping and Bed Time
 - All night – 12 hours was the most popular length of time
 - A lot of people did not know
 - But most think that kids are staying up too late running around or TV
 - Some think "Kids go to bed when they get tired"
 - Discipline
 - Talking to kids the most popular
 - Kids getting sick
 - House clean; kids clean and good food
 - Getting Married
 - 19-21 most popular age range

KIDS

- Differences between communities
 - Sleeping and Bed Time
 - Time varied between communities Mimili sunset; Amata 7-8pm; Ernabella 9-9:30pm
 - Responsibility
 - Other family (grandparents, aunty) take more of a role in Mimili, Pipalyatjara and Kalka – the smaller communities
 - Getting Married
 - 16-18 more acceptable in Amata; 24+ in Fregon

FOOD

Summary

- The majority of people said they spent most of their money on food at the community store
- Running out of food
 - Most people ran out of food regularly (weekly)
 - *"When you get your pay, you go to the store and you spend it all in one day on the food you need and then it's gone and you have nothing else for the rest of the week"*
 - Often money for kids food spent on drugs and alcohol

FOOD

- Common answers to questions one by one
 - Food kids like
 - Chips, cool drink and lollies
 - Food good for kids
 - 64% Vegetables - potato/pumpkin
 - 51% Fruit – banana and orange
 - 31% Cereal or Porridge
 - Cup of tea with milk and sugar
 - 62% never ok
 - 31% sometimes or often ok = no who let their kids drink tea
 - Common alternatives Milo, Cordial, Milk or Water

FOOD

- Differences between communities
 - Do parents feed kids good food
 - Some communities thought most of time, some only sometimes
 - Food good for kids
 - Number of people who mentioned bush food varied –
 - Mimili, Pipalyatjara, Kalka high;
 - Amata and Indulkana low

SAFETY

Summary

- Marijuana is seen as a greater problem than alcohol
- Night time not safe for kids
- Perceptions of safety and attitudes to violence and assault vary but most agree that kids see adults fighting

SAFETY

- Common answers to questions one by one
 - Is it more safe for men/women/no difference
 - Most people said it made no difference men or women
 - *"not really a sex thing, sometimes it is not safe for anyone when you have drunk people who think they can do whatever they want"*
 - Safer in the day or night
 - 70% said safer in the daytime; 25% said no difference
 - Safe for kids at night
 - Most people think it is not safe for kids
 - Kids seeing adults fighting
 - 90% think kids see adults fighting; frequency varied

SAFETY

- Common answers to questions one by one
 - Men hitting Men
 - 30% thought OK; jealousy, drugs and alcohol, yelling abuse, not sharing money, kids
 - Men hitting Women
 - Majority said it was not OK (76/82) – only 3 in Amata, 2 in Fregon & 1 in Ernabella said it was OK
 - Most said it was not OK but it did happen
 - Women hitting Women
 - 20% thought OK; jealousy, not looking after kids, drugs and alcohol, not sharing money, yelling abuse

SAFETY

- Common answers to questions one by one
 - Alcohol
 - Majority of people said sometimes alcohol in the community; it causes fighting – people looking for fights
 - Marijuana
 - Marijuana problem worse than alcohol and increasing – people said it is often in the community and the worst problems were fighting when it runs out and depression
 - *"Marijuana is really bad. A lot of young people go to Mintabie all the time. They get sick in the head and there is a lot of fighting between husband and wife"*
 - *"Big trouble when people get really silly is when grog and gunja together"*

SAFETY

- Differences between communities
 - Do you think your community is safe?
 - Answers varied greatly. Mimili and Ernabella, Pip, Kalka – majority safe; Amata 50/50 safe often/sometimes; Indulkana majority only sometimes
 - Is it more safe for men/women/no difference
 - Indulkana had more people saying safer for men – but majority still level
 - Police visits
 - majority thought police only came when there was trouble – but Amata, Ernabella and Indulkana thought more often

GENERAL

- Good Things and Assets
 - Most people loved their community and wanted to stay there
 - *"I grew up here with my family, it is home to me"*
 - *"I think it is a better place for me"*
 - *"this is my place, I was born here, grew up here. It's beautiful country"*
 - *"I want to move back here after Wiltja (boarding school). Lovely place, good people and families"*
 - Some were worried about the future
 - *"It's hard to think of good things with these big problems we have"*

APPENDIX 4 COMMUNITY INDICATORS, PUKATJA (with comparative data for APY lands)

Indicator		Pukatja	APY lands	Notes
Indigenous Population Adjusted 2006	No.	306	1991	2006 Indigenous usual resident count adjusted by ABS 2006 ERP adjustment factor (6%) for APY lands
Non-Indigenous population adjusted 2006	No.	37	350	As above
Average annual growth, 2001-2006	%	-4.7	-2.6%	ABS 2006 Census
Median age	years	24	23	ABS 2006 Census
Dependency ratio	%	94	78	ABS 2006 Census, ratio Modified to use ages <15 & >50
Unemployment rate (adjusted for CDEP)	%	63	75	ABS 2006 Census CDEP participants changed from employed to unemployed category
LF participation rate (incl CDEP)	%	44	47	ABS 2006 Census
Not in labour force	%	45	49	ABS 2006 Census
School readiness of 5 yr olds	%	nil	n.a.	School estimate (if not ready held back for 6 months)
School attendance rate	%	80	69	Assessment by school of attendance 80% of time, 2009 (APY data is 2008 DECS data)
APY lands school retention rate		n.a.	47	Post compulsory school retention, SA Education
APY lands Year 7 Numeracy benchmark	%	n.a.	17	SA Education, 2007
APY lands Year 7 Reading benchmark	%	n.a.	18	SA Education, 2007
Child immunization	%	100	100	Nganampa HC estimate 2009
Hospital separations: preventable injuries/disease(0-5 yr)	No.	128	407	Alice Springs Hospital, 2007/08
Hospital separations: Environmental diseases (respiratory, skin etc)	No.	88	Not provided	Alice Springs Hospital, 2007/08
Average Household occupancy	No.	6.2	8	ABS 2006 Census
Apprehensions for assault 2008	No.	72	248	SA Office of Crime Statistics and Research

APPENDIX 5 SELECTED REFERENCES

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