

## Setting the Context

### Introduction

- 2.1 The demographic and socioeconomic profile of Indigenous people is markedly different from that of the wider Australian community. Within the Indigenous population there are also identifiable differences between the profile of those who live in urban and non urban areas.
- 2.2 Even within the group of urban dwelling Indigenous people there are vast differences. The group includes those living in the inner suburbs of capital cities, living in small towns where there are very few Indigenous people and those living in the town camps that adjoin a number of rural centres. They also have different needs and varying degrees of understanding and acceptance of the broader community in which they live. As the Committee was told:
- the problem again is to not assume a “blanket classification” of peoples within either their “Aboriginality” or their “Urban-ness”.<sup>1</sup>
- 2.3 This chapter begins with a demographic and socioeconomic profile of Indigenous people as a stark backdrop to the discussion in the following chapters. It should be borne in mind that the indicators below of low health status, low education status and low housing status are not separate phenomena but all part of a large complex of disadvantage.<sup>2</sup> The chapter concludes by indicating the range of service providers attempting to redress this disadvantage.

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1 Broome Aboriginal Media Association, *Submissions*, p. S415.

2 Aboriginal and Torres Strait Islander Commission (ATSIC), *Annual Report 1999-2000*, p. 25.

## Demographic and Socio-Economic Status

### Demographics

- 2.4 As of the census in 1996, some 386,000, or 2.0% of the total population were Indigenous.<sup>3</sup> The Indigenous population growth rate between 1991 and 1996 was 2.3%, almost twice that of the total population at 1.2%.<sup>4</sup>
- 2.5 The age structure of the Indigenous population is very young, predominantly the result of high fertility and high mortality.<sup>5</sup> In 1996, the median age was 20 years, compared with 33 years for the total Australian population.<sup>6</sup> In 1996, 40% of the Indigenous population was under 15 years, compared to 21% of the total population. Further, 2.6% of Indigenous Australians were over 65 years, compared to 12% of the total Australian population. The age structure of the Indigenous population is relatively constant across urban and rural areas.<sup>7</sup>

Estimated resident Indigenous population, 30 June 1996

	Indigenous population	Proportion of Indigenous population	Proportion of total State population
	'000	%	%
New South Wales	109.9	28.5	1.8
Victoria	22.6	5.9	0.5
Queensland	104.8	27.2	3.1
South Australia	22.1	5.7	1.5
Western Australia	56.2	14.6	3.2
Tasmania	15.3	4.0	3.2
Northern Territory	51.9	13.4	28.5
Australian Capital Territory	3.1	0.8	1.0
<b>Australia</b>	<b>386.0</b>	<b>100.0</b>	<b>2.1</b>

Source ABS, 3230.0, p. 3.

3 The Estimated Resident Population. Australian Bureau of Statistics (ABS), *Population Distribution, Indigenous Australians*, 4705.0, 1996, p.6.

4 ABS, *Main Features, Experimental Estimates of the Aboriginal and Torres Strait Islander Population, 30 June 1991–30 June 1996*, 3230.0, 1998, [www.abs.gov.au](http://www.abs.gov.au) (August 2001). Indigenous growth rate figure needs to be treated with caution as people are now more likely to self identify as being Indigenous.

5 ABS, 3230.0; ABS, *Population: Indigenous population*, [www.abs.gov.au](http://www.abs.gov.au) (August 2001).

6 ABS, 4705.0, p. 6.

7 ABS, 3230.0.

Percentage of population by location, 1996 Census

Geographic area	Indigenous Population	Total Australian Population
	%	%
Major urban (>100,000 people)	30.3	62.7
Other urban (1,000 – 99,999 people)	42.3	23.3
Rural locality (<200-999 people)	27.4	14.0
Total	100.0	100.0

Source 1996 Census of Population and Housing, ATSI, Submissions, p.S807.

2.6 The Indigenous population is becoming increasingly urbanised: in 1971, 44% of Indigenous people lived in urban areas, but by 1996 this had risen to 72.6%.<sup>8</sup> This can be accounted for by natural growth, migration from rural areas, changes in classification of some smaller urban centres and higher representation of mixed origin families.<sup>9</sup>

## Health

2.7 Indigenous Australians continue to have worse health than the rest of the Australian population. The health disadvantage of Indigenous people is marked. It begins early in life and continues throughout their life cycle. In contrast with other indicators, location seems to make no significant difference to the health status of Indigenous people.<sup>10</sup>

2.8 Based on the 1996 census, the life expectancy for Indigenous Australians born in 1997-1999, is 56 years for males and 63 years for females. This compares to the expectancy for total Australian males and females of 76 years and 82 years respectively.<sup>11</sup>

2.9 Age specific death rates were higher for the Indigenous population than for the total population in every age group. The death rate for young Indigenous males was 2.6 times higher than for other young males in 1995-97, while Indigenous females were 2.2 times as likely to die young as

8 IESIP SRP National Coordination and Evaluation Team, *What Works: Explorations in Improving Outcomes for Indigenous Students*, 2000, p. 381.

9 ABS, *Population: Special Article – Aboriginal and Torres Strait Islander Australians: A Statistical Profile from the 1996 Census*, (Year Book Australia, 1999), [www.abs.gov.au](http://www.abs.gov.au) (August 2001).

10 Based on data from Western Australia and New South Wales. See Queensland Government, *Submissions*, p. S1296.

11 ABS, *Deaths*, Section 6, Deaths of Aboriginal and Torres Strait Islander People, 3302.0, 1999, p. 73.

other females.<sup>12</sup> Death rates for Indigenous males and females were higher than those for non-Indigenous people for every age-group in 1999.<sup>13</sup>

- 2.10 In 1999 Indigenous women, on average, had more babies and had them at a younger age than non Indigenous women. The median age of Indigenous mothers was 24.4 years compared to 29.7 years for all women. Total fertility rates for Indigenous women were highest in the Northern Territory and Western Australia.<sup>14</sup> However, Indigenous babies are more than twice as likely to be stillborn or die within the first 28 days after birth than those with non Indigenous mothers.<sup>15</sup> On a more positive note, the infant mortality rate has been cut from up to 20 times the non Aboriginal rate to four times the national average today.<sup>16</sup>

## Education

- 2.11 Indigenous Australians have a lower rate of participation in the education system and attainment of educational qualifications.
- 2.12 In 1996, 74% of Indigenous 15 year olds were in full-time education, compared to 92% of all 15 year olds. At the age of 19, the difference was even greater, with only 12% of Indigenous Australians in full-time education, compared to 36% of all Australians.<sup>17</sup> However, since the 1970s, the proportion of Indigenous students completing high school has quadrupled.<sup>18</sup> Furthermore, at 25 years or older, Indigenous people in 1996 had similar participation rates in post-secondary education to the total population (6% and 5% respectively).<sup>19</sup> This reflects that Aboriginal enrolments in higher education have increased by 60% in the 1990s.<sup>20</sup> Nearly 9% of the Indigenous population had acquired a vocational qualification or undergraduate or associate diploma compared to 20% of the total population.<sup>21</sup>

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12 Australian Indigenous Health InfoNet, *Frequently asked questions*, [www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au) (August 2001).

13 ABS, *Occasional Paper: Mortality of Aboriginal and Torres Strait Islander Australians*, 3315.0, 1997, 2000, p. ix.

14 ABS, *Births*, Chapter 7, Aboriginal and Torres Strait Islander Births, 3301.0, 1999, p. 76.

15 ABS, *Australian Social Trends 2000, Population – Population Characteristics: Social Conditions of Aboriginal and Torres Strait Islander People*, [www.abs.gov.au](http://www.abs.gov.au) (August 2001).

16 Hon John Howard MP, *Australia and Reconciliation Today*, MRC News, Summer 2001, p. 8. Infants are classed as babies up to 12 months old.

17 ABS, *Population: Special Article*.

18 Hon John Howard MP, *Australia and Reconciliation Today*, p. 8.

19 ABS, *Australian Social Trends 2000*.

20 Hon John Howard MP, *Australia and Reconciliation Today*, p. 8.

21 ABS, *Australian Social Trends 2000*.

## Housing

- 2.13 Indigenous households have more residents on average than other households. Indigenous households had an average of 3.7 people, which is one more person than in all households. This can partly be attributed to the higher number of children resident in Indigenous family households.<sup>22</sup> Where the number of bedrooms were stated, 7.5% of bedrooms in Indigenous houses had more than two people sleeping to each bedroom compared to 1.0% of total households.<sup>23</sup> These are national figures and mask regional variations – houses occupied by Indigenous people in remote and rural areas are more likely to be more overcrowded than Indigenous occupied houses in urban areas.
- 2.14 Indigenous households are also more likely to be multi-family households. In 1996, 6.2% of Indigenous family households contained two or more families, compared to 1.2% of total Australian households. In addition, nearly half of three-family households were Indigenous households (at 45%).<sup>24</sup>
- 2.15 Despite Indigenous households having on average one more person than in all households, the median household income was \$540 per week, \$90 less than in all households.<sup>25</sup>
- 2.16 Nonetheless, at the national level, the proportion of Indigenous Australians who own their own home has increased from one in four in the 1970s to one in three today.<sup>26</sup>
- 2.17 Further details on Indigenous housing are described in chapter eight.

## Employment

- 2.18 In 1996, the unemployment rate for Indigenous Australians was 23%, which was more than double the 9% unemployment rate for all Australians. The Indigenous figure would be 40% if those employed on Community Development Employment Projects (CDEP) were included. Further, Indigenous people were less likely than the total population to work 35 hours or more each week.<sup>27</sup>

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22 ABS, *Population: Special Article*.

23 ABS, *Population: Special Article*.

24 ABS, *Population: Special Article*.

25 ABS, *Population: Special Article*.

26 Hon John Howard MP, *Australia and Reconciliation Today*, p. 8.

27 ATSIIC, *Submissions*, p. S645.

- 2.19 Indigenous people in urban areas have higher rates of labour force participation than those in rural areas and a larger share working 35 hours or more each week. In contrast, and in part reflecting greater access to CDEP employment in rural areas, unemployment rates were higher in urban areas.<sup>28</sup>

## Torres Strait Islanders

- 2.20 There are some 39,000 Torres Strait Islanders ('Islanders') of whom approximately 33,000 live on the Australian mainland, principally in urban centres on the Eastern seaboard.<sup>29</sup> References in other chapters of the report to Islanders are to those living on the mainland, on the basis that none of the communities in the Torres Strait region classify as 'urban'.
- 2.21 The data available on Islanders living on the mainland needs to be treated with some caution due to the small statistical sample. However, Australian Bureau of Statistics data from 1994 and 1996 indicates, in summary, that:
- Islanders on the mainland were more likely to have a current or long-term health condition than Islanders living in the Torres Strait. Both groups were less likely to have a current or long term health condition than the national Indigenous population;
  - compared to the national Indigenous average, Islanders appeared to have higher levels of formal education and be better qualified. This was particularly the case for Islanders on the mainland;
  - the individual median weekly income for Islanders on the mainland (\$229 in 1996) was more than that for Aboriginal people (\$188 in 1996), but both were less than that for all other Australians (\$292 in 1996); and
  - Islanders on the mainland were more likely to have contact with the police and legal system than are those in the Torres Strait. Both groups, however, had less contact with police, crime and the legal system than did the national Indigenous population.<sup>30</sup>
- 2.22 The Committee notes that the Office of Torres Strait Islander Affairs seeks recognition of the full diversity of mainland Torres Strait Islander issues in all policy and program fora with Islander representation on government

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28 ATSIIC, *Submissions*, p. S809.

29 ABS, 4705.0, pp. 65-67.

30 ABS & Centre for Aboriginal Economic Policy Research (CAEPR), *1994 National Aboriginal and Torres Strait Islander Survey: Torres Strait Islanders in Queensland*, 4179.3; and ABS, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, 4704.0.

decision making bodies.<sup>31</sup> The Committee supports the need for Torres Strait Islanders to have their unique culture recognised, particularly in those regions where they make up a large minority of the Indigenous population.

## Data Collection Problems

2.23 The data above comes from a number of different sources and, in some cases, extrapolates national figures from the data collected in only two or three states.<sup>32</sup> Accurate data on Indigenous demography, needs, expenditure and outcomes is necessary for making decisions on priorities, funding allocations and monitoring performance. There is, however, a lack of accurate data on which to base decisions. As the Committee was told:

available data in a number of areas is poor when it comes to identifying Aboriginal and Torres Strait Islander people within existing program and service data collections.<sup>33</sup>

and that:

The lack of good quality data on Indigenous health and health care has been an issue for many years, and continues to constrain effective policy development, planning and program evaluation.<sup>34</sup>

2.24 The problem is not only a lack of data, but a lack of comparable data between states and the lack of regional data.<sup>35</sup> This makes it difficult to estimate Indigenous needs (urban and non urban) and plan ways to deliver services more effectively.

2.25 There are now a number of initiatives to improve the quality and usefulness of the data collected in several sectors. The most significant of these is the Commonwealth Grants Commission inquiry into funding.<sup>36</sup> Nonetheless, the Committee sees a pressing need for comprehensive, accurate and comparable data collection and recommends so accordingly.

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31 ATSIIC, *Submissions*, p. S686.

32 Most national Indigenous health information is based on extrapolation of data collected from Western Australia, the Northern Territory and South Australia – although the data sources are improving.

33 FaCS, *Submissions*, p. S444.

34 Department of Health and Aged Care, *Submissions*, p. S1084. See also Australian Capital Territory Government, *Submissions*, p. S1166; National Aboriginal Community Controlled Health Organisation (NACCHO), *Transcripts*, p. 464.

35 Queensland Government, *Submissions*, p. S1239.

36 See Commonwealth Grants Commission (CGC), *Draft Report on the Indigenous Funding Inquiry*, Discussion Paper IFI 2000/2, pp. 34-39.

## Recommendation 1

- 2.26 The Commonwealth, in conjunction with state and territory service providers, give a higher priority to the collection of national data to enable comprehensive, objective and uniform evaluations of Indigenous need across portfolio areas.**

## Further Differences

- 2.27 The evidence above indicates that Aboriginal and Torres Strait Islanders by all socio economic indicators are worse off than other Australians, wherever they live, but generally more so in remote areas. However, the data does not reveal all the subtleties of the circumstances facing urban dwelling Indigenous people.
- 2.28 For example, Aboriginal communities in remote areas are relatively easy to identify spatially, socially and for the purposes of service delivery. It may be harder to identify more dispersed groups in urban areas, particularly when they are a small proportion of the total population. In fact there may not be a 'community' at all, but a loose network of geographically dispersed family and organisational affiliations not at all obvious to non Aboriginal observers. The needs of those without networks at all often go unnoticed and unmet. The disadvantages of cultural isolation can be just as acute as those of geographic isolation.
- 2.29 In remote areas, the direct service providers are more likely to know each other, making joint initiatives easier to initiate at the local level. Services in urban areas are more likely to be provided from numerous facilities. In urban areas with a dispersed Indigenous population, it may be more difficult for service providers and planners to know whether they are reaching the Indigenous people most in need of assistance or involving all sectors of the community in decision making. Indigenous people, when only a small proportion of a community, may have 'a very quiet voice' in local decision making forums.<sup>37</sup>
- 2.30 Urban dwelling Indigenous people may also suffer from having their Aboriginality denied and be assumed to be assimilated. The stereotypes of 'real' Aboriginals being those living 'out bush' or in 'traditional' settings may lead to a denial of the possibility of a dynamic, contemporary

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37 Queensland Government, *Submissions*, pp. S1295-96.

Indigenous culture in urban areas. As the Central Australian Aboriginal Congress told the Committee:

It galls to hear non-Aboriginal people in Alice Springs saying that they want to go to [an Aboriginal] community, when in fact they are living in one, a community that is ignored because they host a large non-Aboriginal population.<sup>38</sup>

- 2.31 Finally, in a perverse sense, the very extent of the needs of Indigenous people may make it easier to tackle them. In remote communities where there may be no access to mainstream services, no functioning market economy and the tyranny of distance is easily apparent, the disadvantage may be very stark. In urban areas, the social barriers faced by Indigenous people may be less apparent and, thus, generate less political pressure to be addressed.<sup>39</sup>

## Service Provision

- 2.32 In the late 1960s and 1970s there was a major reassessment of Aboriginal social policy and the way in which services were delivered to Aboriginals.<sup>40</sup> The Commonwealth Government became increasingly involved in what had been an area of state responsibility. At the same time there was a winding down of the Aboriginal welfare agencies in the states and territories which had responsibility for delivering all services to Indigenous people. Mainstream government agencies at the Commonwealth and state level entered the gap, taking primary responsibility for providing services to Aboriginals and Torres Strait Islanders, just as they did to other Australians.<sup>41</sup>
- 2.33 In the thirty or so years since then, mainstream agencies at all levels of government have been providing services to Indigenous people in urban and non urban areas. These services are supplemented by Indigenous specific services, delivered by a variety of agencies.
- 2.34 Indigenous people (both urban and rural) have access to a range of mainstream and Indigenous specific services provided by the Commonwealth, state, territory and local governments.

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38 Central Australian Aboriginal Congress, *Submissions*, p. S989.

39 Queensland Government, *Submissions*, p. S1295.

40 CAEPR, *Discussion Paper: Rethinking the fundamentals of social policy towards Indigenous Australians: block grants, mainstreaming and the multiplicity of agencies and programs*, No 46/1993, Australian National University, 1993, p. 1.

41 CAEPR, No 46/1993, p.1.

## Mainstream and Indigenous Specific Services

- 2.35 Mainstream services are generally those provided for all Australians, including urban dwelling Indigenous Australians, to access. Ideally, Indigenous and non Indigenous people should have equal access to these services. Mainstream services provided by the Commonwealth and States include Medicare and the Pharmaceutical Benefits Scheme, hospital services, community health, school education, training and public housing.
- 2.36 Mainstream agencies and the Aboriginal and Torres Strait Islander Commission (ATSIC) are also funded by the Commonwealth to provide supplementary Indigenous specific programs where mainstream services are inaccessible, inadequate or non existent – such as in remote areas. Indigenous specific programs at the Commonwealth level include the Indigenous Employment Plan and the Indigenous Education Strategic Initiatives Program. In the 2001-02 Budget, identifiable Commonwealth Indigenous specific expenditure totalled \$2, 391 million – see Appendix D for details.
- 2.37 The Commonwealth also funds non government direct providers of services such as the community controlled health services.
- 2.38 The Commonwealth's policy is that the bulk of Indigenous specific resources should be allocated to areas of greatest need, where there are limited or no mainstream services.<sup>42</sup> As a corollary, the needs of Indigenous people in urban areas are expected to be met by access to appropriate mainstream services on the basis that the service infrastructure is already available.<sup>43</sup> The Committee agrees with this direction.
- 2.39 In an urban context, therefore, it is especially important that publicly funded mainstream services are as accessible to Indigenous people as they are to other Australians.<sup>44</sup> As part of ensuring accessibility, governments need to fund services sufficiently to ensure that they adequately meet the needs of Indigenous people.

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42 Minister for Aboriginal and Torres Strait Islander Affairs, *Submissions*, p. S1403.

43 See, for example, Northern Territory Government, *Submissions*, p. S1365.

44 States and territories in many cases must be primarily responsible to ensure this.

## Australia's Federal Structure

- 2.40 Any consideration of the nature of existing services for urban Indigenous people needs to recognise that state and territory governments (and to a lesser extent local governments) are the major primary service providers for Indigenous and non Indigenous people. School education, public housing and hospitals and, indirectly, local government, for example are the responsibility of the states and territories. In that regard, the states and territories determine their own funding priorities and are accountable for their expenditure.
- 2.41 The Commonwealth has some funding control over the way the states and territories administer their own mainstream and Indigenous specific programs (through Special Purpose Grants), but has generally limited ability to directly ensure that services provided by the other tiers of government are available to all.
- 2.42 The Commonwealth is very active in:
- improving the accessibility of its own mainstream and Indigenous specific services;
  - promoting national objectives and frameworks for partnerships with the states and territories; and
  - entering partnerships with states, territories and Indigenous organisations to jointly deliver Indigenous specific services.<sup>45</sup>
- 2.43 The Committee recognises the constraints of Australia's federal structure which have caused some frustration for Committee members who have wanted to make recommendations concerning state or territory responsibilities, particularly in the area of education.

### Recommendation 2

- 2.44 **Commonwealth agreements with the states and territories include requirements for regular and comprehensive performance information from the states and territories about their delivery of jointly funded services to Indigenous people.**

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45 See CGC, *Draft Report of the Indigenous Funding Inquiry*, p. 52.

- 2.45 The principles of good partnership agreements in a generic sense, including accountability requirements, are described in chapter three in greater detail.

## Indigenous Community Organisations

- 2.46 Indigenous people in urban and non urban areas also receive services from an array of non government Indigenous organisations. These have arisen to meet local needs, often as a result of the inadequacies of mainstream service providers. They range from neighbourhood organisations that rely on volunteers and small, periodic government grants to national organisations with state and territory affiliates, formal partnerships with governments and multimillion dollar budgets.<sup>46</sup>
- 2.47 Mainstream agencies may develop programs in conjunction with these Indigenous organisations and use the organisations to deliver specialist or mainstream services to Indigenous people. The Committee has observed that mainstream agencies that involve Indigenous groups in needs assessments, program planning and service delivery seem better able to meet the needs of Indigenous people.
- 2.48 The argument has been put to the Committee that Aboriginals have a right to their own culture and to express their culture in every aspect of their life, including service delivery. The use of Indigenous organisations to deliver services is thus an extension of peoples' rights to exercise self determination and control their own affairs.<sup>47</sup> While accepting this point, Indigenous service providers must still be fully and publicly accountable to the communities they serve as well as to the governments from which they receive funding.
- 2.49 The Committee makes recommendations in following chapters to encourage effective Indigenous involvement in all aspects of service planning and delivery. This may mean a particular focus in the urban context on ensuring that mainstream services are developed in culturally appropriate ways that recognise differing regional needs, cultural variation and the legacy of the historically unmet needs of Indigenous people. Alternatively, it may require a recognition that certain services for Indigenous people may be best met through Indigenous specific organisations.

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46 An example of the former is the Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing; see *Submissions*, pp. S850-60. An example of the latter is NACCHO; see *Submissions* pp. S1551- 1574; *Transcripts*, pp. 462-502.

47 NACCHO, *Transcripts*, p. 475.

- 2.50 At the same time, the Committee notes that there are far more funds available through mainstream programs than there are likely to be through Indigenous specific equivalents. Accordingly, Indigenous people potentially will have more access to more services and grants by tapping into mainstream programs than they are likely to through Indigenous specific programs. Again, of course, these programs will have to be tailored to effectively deliver services to Indigenous customers.

## Time for New Thinking

- 2.51 The key test of any service – mainstream or Indigenous specific - is the extent to which it reasonably meets the needs of urban dwelling Indigenous Australians. The Committee's impressions are that, in some cases, the needs of Indigenous people have not been adequately met by existing services – as described in the following chapter.
- 2.52 However, this inquiry took place during a major public debate about the way in which welfare services are delivered to tackle the apparent entrenchment of economic and social disadvantage for some Australians (including Indigenous people). It has been prompted by the growing recognition that the current social support system may be failing many of those Australians it is designed to help most. The shift in thinking centres around mutual individual and community (not just government) obligations and partnerships.<sup>48</sup> Many of the themes of this debate are showing up in government social policy.<sup>49</sup>
- 2.53 There has been a parallel shift in thinking about the effects of entrenched welfare dependency on Indigenous people and the impact it has had on Aboriginal and Torres Strait Islander disadvantage. This debate has been initiated by Indigenous people who are calling for a reduction in socioeconomic disadvantage, economic development, independence from welfare and assistance in building stronger families and communities.<sup>50</sup> In

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48 See Reference Group on Welfare Reform, *Participation Support for a More Equitable Society: Final Report*, July 2000.

49 For example: the Stronger Families and Communities Strategy; the Australians Working Together Package.

50 See for example: Noel Pearson, *Our Right to Take Responsibility*, Discussion Paper; Joseph Elu, *Indigenous Economic Empowerment: Fact or Fiction*, Address to the Menzies Research Centre, 23 March 2001; Aden Ridgeway, 'Practical blueprint fails blacks', *The Australian*, 12 June 2001; 'G-G helps soothe divisions on rights', *The Age*, 13 June 2001.

response to these calls, government policies are correctly focussing on working in partnerships and through shared responsibilities with Aboriginals and Torres Strait Islanders and ATSIC. The goal is to strengthen families and communities to ensure their capacity to manage their own affairs and become more self reliant – a goal the Committee wholeheartedly endorses.<sup>51</sup>

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51 Commonwealth Government, *Our Path Together: Statement by the Honourable Philip Ruddock, MP, Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs*, 22 May 2001.