Acknowledgements

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The authors wish to acknowledge the traditional owners of the land on which our cities are built, and pay respect to all elders, both past and present. In talking about Aboriginal and Torres Strait Islander peoples’ presence and movement in urban spaces, we also recognise that, wherever they live, Aboriginal and Torres Strait Islander people maintain deep and ongoing relationships to country. We use the term ‘Indigenous’ when referring to both Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander peoples are two distinct and diverse cultural groups.

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Cover Image

Potential by Sid Domic, Outreach and Engagement Program Co-ordinator, the Aboriginal and Torres Strait Islander Studies Unit, The University of Queensland, as commissioned for UQ Poche Centre for Indigenous Health. Potential represents the potential in all of us. The plant doesn’t reach its full potential until it flowers: a symbol of its expression and growth. In the image, the U shapes represent the UQ community (staff, students, Indigenous community, our partners, everyone). From the UQ community comes their individual growth, directed towards the centre circle, which represents a focal point of all this knowledge and energy. This creates the flower, which is symbolic of our potential as a community working together. Potential is also a reflection of a DNA cross-section, which makes us what we are.

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In recent years, the United Nations has steadily become more focussed on indigenous peoples and their migration trajectories. Globally, we are seeing rising numbers of indigenous people migrating to cities – either voluntarily or forced by factors beyond their control, such as militarisation, loss of land, climate change or poverty. The UN estimates that there are more than 370 million indigenous peoples across 70 countries, yet the migration flux means that the number of these peoples living in urban areas is more difficult to estimate (UN-Habitat, 2010).

In many parts of the world, most of the national indigenous population now live in urban centres. This is the case for Australia, New Zealand, Canada, the United States, Bolivia, Brazil, Chile, Venezuela, Norway and Kenya, and is generally seen to be reflective of the broader trend towards global urbanisation. However, for the world’s indigenous peoples, the push-pull factors of urban migration are often specific to their indigeneity and to the social disadvantage that rural indigenous communities experience (UN-Habitat, 2010).

Further still, indigenous peoples that migrate to urban areas face particular and additional challenges, despite the positive opportunities that urban areas may present. These include: limited access to services, discrimination, generational language loss and cultural identity deterioration, as well as poor health and low socioeconomic outcomes (UN-Habitat, 2010). Despite this, indigenous people can and do thrive in cities, which can be spaces for social transition and social change (Newhouse & Peterson, 2003; Howard Wagner, 2014). Across a number of indicators, indigenous peoples living in cities are better off compared to their rural counterparts. The paradox of urbanisation for these groups, though, is that they are more likely to be disadvantaged relative to the non-indigenous urban population (UN-Habitat, 2010).

Accordingly, it is crucial that due attention is paid to the complexities of the rural-urban drift, and its impact of the quality of life for urban-living indigenous peoples (Langeveldt and Smallacombe, 2010).

Urbanisation has been a historical reality for a number of indigenous groups, including Aboriginal and Torres Strait Islander people in Australia. Yet the perception remains that large proportions of world’s indigenous peoples live in rural and remote areas. Both the UN and global indigenous organisations have raised concerns over the danger of conflating indigenous identity with rural connections, as it risks ignoring the reality of large urban indigenous populations. The stereotype also carries with it certain notions about the validity of urban indigenous identities.

For urban indigenous peoples, this misconception of discord between cities and indigenous communities often has negative policy implications of service misdirection. It also plays out in the challenge of ‘indigenous invisibility’. Here, governments often struggle to recognise indigenous urban communities due to the “abstract and non-geographically clustered nature of the community” (Langeveldt & Smallacombe, 2010). Yet arguably this also stems from the persistent assumption about ‘real’ indigenous peoples living only in rural regions. This has significant ramifications for funding allocation and service mainstreaming. It is critical, then, that researchers and policymakers move to deepen their understanding of urban indigenous populations.
Global trends in indigenous urban populations

In Australia, the Indigenous population has traditionally been compared with other postcolonial ‘New World’ nations such as Canada, New Zealand and the United States. More recent reports have considered developing regions such as Latin America, India, Asia and Africa, due in part to their growing rates of urbanisation.

Despite the heterogeneity of global indigenous populations, it remains useful to have a reference point of trends, characteristics and markers that allow us to contextualise the urban Aboriginal and Torres Strait Islander population in Australia. Broadly, we can group these trends as social determinants of health, including socioeconomic factors, housing and education. Health and wellbeing itself is an essential part of quality of life for indigenous peoples in urban centres. A summary of these trends follows below. These are sourced from a 2010 UN-Habit report on urban indigenous peoples and migration.

Socioeconomic Factors

Urban indigenous populations face continuing, or in some cases, worsening inequality comparative to the non-indigenous urban population. While urban populations typically enjoy a better quality of life than remote indigenous groups, legal and political structures often do not correspond to the needs of indigenous people, and they frequently experience disadvantage and discrimination in terms of employment and training. There are trends of both segregation and isolation in urban indigenous communities: In some nations, indigenous enclaves exist in urban centres; in others, indigenous communities are less geographically distinguishable, and identifying their needs is challenged by ‘indigenous invisibility’.

Housing

Given the social and financial disadvantage that indigenous peoples commonly face, the population living in urban areas are often disadvantaged in terms of affordability and habitability. Their housing experiences are characterised by poor standards, overcrowding, and lack of access to housing services and networks. Where there is the safety net of public housing, indigenous peoples are generally overrepresented. Indigenous groups are often priced out of the urban housing market: They become long-term renters, are more likely to experience housing stress, and are more likely to live in segregated enclaves or on the outskirts. Living on the urban fringe impacts their mobility, access to services and housing quality, and safety and security, whilst perpetuating cycles of poverty.

Education

While governments and indigenous organisations view education as critical for indigenous peoples’ full enjoyment of human rights, large numbers of children and young people face barriers to education at both a legal level (nationality, birth registration, discrimination) and a cultural level (language bias, ethnocentric curriculums, forced assimilation, colonial methodologies). Alarmingly, urban indigenous adults are more likely to be illiterate than non-indigenous urbanites. Lower levels of education among indigenous people typically manifests in low labour force participation rates due to the importance of education to success in urban life.

Health

Globally, urban indigenous populations generally encounter poor access to health services, especially to the delivery of culturally-appropriate healthcare. While urban indigenous people enjoy better health status than their rural and remote counterparts, there remains a significant disparity between indigenous and
non-indigenous urban populations. Typically this disparity is greatest in non-communicable chronic diseases. Of concern to the UN is the indigenous experience of urbanisation as an experience of loss. Many indigenous groups experience the loss of relationship to communities of origin, resulting in a break in the transmission of culture, language and history. While strong cultural resilience and resurgence has been noted among various urban indigenous populations, stress and other mental health issues are comparatively more common in indigenous urban populations.

Urban Indigenous populations in Australia: an overview

Australia is one of the most urbanised countries in the world, with well over two-thirds of the population living in major cities. The number of Aboriginal and Torres Strait Islander people living in urban areas, too, continues to increase. Census data indicates that slightly more than half of all Aboriginal and Torres Strait Islander people now live in major cities and inner regional areas (ABS, 2011). Nationally, the urban Indigenous population is growing faster.

Figure 1: Indigenous population projections 2013-2031
Source: Biddle, 2013.
(2.6% per year) than the numbers in remote areas (1% per year), and far outpaces the overall urban population growth of 1.7%.

Historically, the migration of Indigenous Australians to cities and large towns has been for employment, and to escape from the control of the missions and reserves (Howard-Wagner, 2013). Similar mobility patterns can be seen today, with young Aboriginal and Torres Strait Islander people aged 20-39 years more likely to move to urban areas for employment opportunities (ABS, 2010). However, Indigenous urbanisation in Australia is quite complex. While there is evidence of movement to urban centres, remote-dwelling Aboriginal and Torres Strait Islander people are more likely to relocate to adjacent remote or rural areas than major cities (ABS, 2006; Biddle, 2009).

Additionally, net outward migration from remote and regional areas is often countered by the number of Indigenous Australians moving in the opposite direction. Today, many remote-living Indigenous people who travel to more urban localities do not remain there permanently. Alongside observations of permanent migration, analysis of Indigenous urbanisation also shows age-specific net flows out of cities and large regional towns to localities of increasing remoteness (Biddle, 2009; Memmott et al, 2004; Taylor and Bell, 2004). Hence the global model of indigenous urbanisation suggested by the UN does not necessarily mesh with the Australian experience.

The UN’s focus on the growth of urban indigenous populations is based on the contemporary phenomenon of mass rural-urban migration. In contrast, the peak period of urban migration of Australia’s Aboriginal and Torres Strait Islander population occurred in the 1960s and ‘70s, during the transitional period between assimilation and self-determination policies (Taylor & Bell, 2004; Morgan, 2009). Arguably the very first process of mass-urbanisation for Indigenous Australians was the establishment of missions and reserves in the 19th and early 20th centuries.

In many ways, the Indigenous Australian experience runs against global trends. For one, the re-occupation of Aboriginal homelands and outstations from the 1970s onwards marked a decentralisation – a return to country – divergent from generalised global trends. A history of colonial policies of segregation, followed by – but often alongside – policies of forced assimilation has meant a dispersion of the population towards cities and large country towns (Freemantle et al, 2007). The displacement has meant that Aboriginal and Torres Strait Islander people have been part of the urban landscape in Australia for longer than global trends would suggest.

Current observations of net population gains and losses by region do reveal a trend toward Indigenous urban migration. It is important to keep in mind, however, that the rise in urban Indigenous populations is also attributable to natural increase: the growth of a population group that has long existed in Australian cities.

‘Real’ Indigenous communities and Indigenous invisibility

Despite their increasing numbers, there has been limited attention given to identifying and meeting the needs, interests and aspirations of urban Indigenous people (Fredericks, 2008). Some have suggested that this lack of policy recognition is based on historical ideas about Aboriginal and Torres Strait Islander people not truly belonging to cities and large towns – and that those that live here are not ‘authentically’ Indigenous (Fredericks, 2008; Fredericks, Leitch, & Barty, 2008; Behrendt, 2005). As we observed elsewhere in the world, there is a common perception that the majority of Aboriginal and Torres Strait Islander people
in Australia live in remote locations. This stereotype is harmful in a number of ways. Firstly, it marginalises the large and vibrant Aboriginal and Torres Strait Islander populations that exist in urban areas, by privileging the Indigeneity of remote communities. It ignores a history of Indigenous Australians living and working – whether paid, unpaid or indentured – in urban areas since their formation, including traditional owners who were there before it. It also contains notions of ‘authentic’ Indigeneity, which questions the validity of the urban Indigenous identity. Behrendt (2005) illustrates this vis-à-vis comments about ‘real’ Indigenous communities existing only in rural or remote areas: ‘real’ Indigenous communities – or people – aren’t found in cities.

This has very clear implications for policy and funding allocation. Indigenous policy in Australia has seen an increasing focus on communities in remote and very remote areas (Eades et al, 2010). The prioritising of these communities in state and federal funding arrangements comes despite the fact that nearly three-quarters of the national Indigenous population reside outside of them (ABS, 2011). While there is no denying the need in remote communities, reducing Indigenous disadvantage and ‘closing the gap’ will not transpire without due attention to the large and growing urban Indigenous population (Eades, 2010).

Here, the higher allocation of funds to rural and remote Indigenous communities represents on one level a missed opportunity for Indigenous-specific services for the larger urban population. On another, it represents the challenge of ‘Indigenous invisibility’, where the geographic dispersal of a loose network of Aboriginal and Torres Strait Islander families and organisations can make it difficult for service providers and planners to identify urban communities (Scrimgeour & Scrimgeour, 2007). This ties in too with stereotypes about ‘real’ Indigenous identities and peoples not existing in Australian cities. Bronwyn Fredericks observes that for the general population, “Aboriginal people are from ‘communities’ but the communities never seem to be from the urbanised areas” (2008, p. 5).

‘Indigenous invisibility’ routinely compromises service delivery in Australia’s urban centres. On top of this, the challenge of recognising urban Indigenous communities seems to coincide with government preferences for mainstreaming. For Aboriginal and Torres Strait Islander people living in cities, the belief is that they should be serviced by mainstream health, education, employment and housing organisations, rather than targeted services or the community-controlled sector. This is despite the huge failure of mainstreaming as we see the redirection of Indigenous-specific funding away from urban health services (Behrendt, 2005). Ironically, Indigenous health services began in cities, as a response to ongoing mainstream denial of health care (Scrimgeour & Scrimgeour, 2008; McPhail Bell, 2015).

The mainstreaming ideal is also tightly bound up with colonial policies that viewed urbanisation, for Aboriginal and Torres Strait Islander people, as yielding to assimilation. With defiance and resilience, urban migration has not meant the erasure of Aboriginal and Torres Strait Islander communities and identities. Rather, strong and diverse Indigenous communities exist in Australian cities, with identities and pursuits that are bound up with the urban landscape.

**Urban communities and social determinants of health**

Generally, Aboriginal and Torres Strait Islander people living in urban areas are less disadvantaged than their remote-living counterparts. Research shows that those living in cities and regional towns typically have overall improved employment, education and health outcomes, and generally enjoy a higher
Housing and Families

Distribution

For non-Indigenous outsiders, recognition of an urban Indigenous community is often hampered by perceptions of invisibility. In many urban areas there are often no geographic boundaries that indicate a physical community, or that separate Indigenous Australians from non-Indigenous Australians (Eades, 2010). Historically, Indigenous social housing policies often actively discouraged the formation of enclaves or physical communities, with tenancies widely dispersed on a ‘salt and pepper’ basis (Morgan, 2008). Others may have worked to create segregation in cities, with blocs of a concentrated Indigenous population common in outer-suburban areas. In other places, such as Redfern, Indigenous Australians actively carved out places of community and resistance in the city.

While under the guise of assimilation, the reserve closures which drove Indigenous people to urban areas often inadvertently created segregation within Australian cities. Non-Indigenous Australians refused these new migrants access to community facilities, services and institutions. Discrimination made it difficult for Indigenous Australians to obtain work and find housing, and so rather than being assimilated into white society, many were forced to live in poverty on the outskirts (Heiss, 2016).

In major cities today that trend continues, with the Aboriginal and Torres Strait Islander population largely having shifted to the urban fringe. These high-density outer suburbs are typically of low socioeconomic status. While social and financial disadvantage are doubtlessly reasons that continue to push many Indigenous Australians to the urban outskirts, where housing is cheaper, other factors make these areas attractive. These include proximity to family, especially where there might be patterns of obligation and responsibility, as well as access to Indigenous community services.
and organisations. Evidence also shows that when Aboriginal and Torres Strait Islander people migrate to cities, they tend to move into these areas of concentrated Indigenous populations (Taylor, 2006).

**Household type**

Urban Indigenous Australians are more likely to own their own home compared to those in remote areas, where the rate of home ownership is only 18%, but are still worse off when compared to their non-Indigenous neighbours (ABS, 2011). The home ownership gap between remote communities and urban centres, however, is in part determined by the tenancies available in areas of community title land (ABS, 2010; AHRC, 2003). Compared to the general population, Aboriginal and Torres Strait Islander people are about half as likely to own their own home.

The housing boom and its effect on housing affordability has had a substantial impact on the capacity for home ownership for low-income long-term renters, particularly Indigenous Australians (Birdsall-Jones & Corunna, 2008). Furthermore, in suburban areas with higher Aboriginal and Torres Strait Islander populations, housing quality across private and public rentals is typically poorer than in more affluent, inner-ring locations. Birdsall-Jones and Corunna (2008) describe the housing patterns of urban Aboriginal and Torres Strait Islander people as characteristic of “long-term poverty, family and neighbourhood violence, and social housing accessibility and management practices”.

Aboriginal and Torres Strait Islander people living in urban areas do have better housing standards than those in remote and very remote areas (ABS, 2011). Structural problems and deficiencies in facilities are closely associated with overcrowding, both of which are identified as being more common in Indigenous Australian households (ABS, 2010). While there are less Indigenous households with structural damage (25%) in major cities than in remote areas (34%), there is still a significant gap in standards between all non-Indigenous households (18%). Similarly, very high levels of overcrowding exist in remote (20%) and very remote (39%) areas, while between 10 and 12% of Indigenous households in non-remote areas lived in overcrowded conditions. On numbers alone, however, there are more overcrowded Indigenous households in non-remote areas than in remote areas. Overcrowding can be explained by cultural reasons, with multigenerational and extended family households more common in Indigenous households. It may also be in part due to socioeconomic reasons that lead to shared-living arrangements (AIHW 2014). These reasons include low housing supply in certain areas, affordability, and exclusion from rental markets by racist real estate offices, as described in Brough et al 2006.

Composition of households differ again between remote and non-remote Indigenous households, and again between urban Indigenous and non-Indigenous households. Urban Indigenous households are typically smaller and more likely to contain just one family than those in more remote areas (ABS, 2010). However, as the data on overcrowding indicates, the average urban household size is still larger than non-Indigenous households (ABS, 2011). The Aboriginal and Torres Strait Islander population has a more youthful age structure than the

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**Indigenous households in major cities are 2.8 times more likely to be overcrowded than non-Indigenous households.**

*Source: AIHW 2008*
population as a whole, and this is maintained in major cities (see Figure 2 below).

Major cities, however, have lower Aboriginal and Torres Strait Islander fertility rates compared to other areas, particularly remote communities (ABS, 2010). Finally, one-parent Indigenous families are more likely to live in major cities, and are more common than non-Indigenous one-parent families (ABS, 2010; AIHW, 2008).

**Income and Employment**

Aboriginal and Torres Strait Islander households in major cities are relatively better off in terms of household income than those in regional and remote areas. For Indigenous Australians, income levels generally decline with increased remoteness (AHRC, 2008). However, a study by Biddle (2009) used a number of variables (type of employment, qualification, Year 12 completion, home ownership, bedrooms per resident, among others) to measure socioeconomic disparity, and found that on average, the urban Indigenous population in any one suburb or area ranked 45 percentile places below the non-Indigenous population in the same location. Even in low-socioeconomic suburbs that are already relatively disadvantaged within the local area, Indigenous residents are routinely worse off. This represents a significant gap between

![Figure 2: Indigenous and non-Indigenous age structure, 2011: major cities](source: ABS, 2013)
Indigenous and non-Indigenous Australians that cannot be “explained away” by remoteness.

The distribution of the urban Aboriginal and Torres Strait Islander population along the fringe or high population-density outer-suburban areas, which are typically low-income areas, perpetuates social disadvantage. The urban fringe is characteristically disadvantaged in terms of lack of social and physical infrastructure, ‘transport poverty’, social exclusion, and lower rates of labour force participation (Kent, 2005). Yet as Biddle’s research shows, even in these areas a socioeconomic disparity between Indigenous and non-Indigenous neighbours exists.

Indigenous youth unemployment is of particular concern in urban areas. Significantly, Aboriginal and Torres Strait Islander young people aged 15-24 years living in non-remote areas are more likely than those in remote areas to be unemployed (17% compared to 10%) (ABS, 2012). In contrast, there is no significant difference between remote and non-remote areas for unemployment rates of 25-64 years (ABS, 2012).

Briefly here we can speak to the structural disadvantage that underpins the policy failure. A 2002 report from the Australian Human Rights Commission’s highlighted the persistent problem in policies seeking statistical equality without recognising the deep-rooted structural causes of the low socio-economic status of Indigenous Australians. Legacies of colonisation, such as dispossession, disruption and dislocation, have resulted in vicious cycles of intergenerational grief, trauma and poverty that affect all socioeconomic indicators for this group.

Education

Attendance and attainment levels are improving nationally among school-age Aboriginal and Torres Strait Islander children and young people (AHRC, 2008), and those living in cities and regional towns are more likely to complete Year 12 than their rural- or remote-living peers. Despite this, in urban centres, young Indigenous Australians were more disadvantaged than young non-Indigenous Australians. In 2006, among 19-year-old Indigenous young people, 44% had completed Year 12 compared to 77% of non-Indigenous young people (AIHW, 2015). For urban and regional youth, barriers to attendance and retention include failure to engage with parents and the community, ongoing socioeconomic disadvantage, poor health, and institutions and curriculums that do not value Indigenous culture and history (Purdie & Buckley, 2010; Reid, 2008; Helme & Lamb, 2011).

Nationally, Aboriginal and Torres Strait Islander people are proportionately underrepresented at tertiary level (Behrendt, 2012). In 2009, the Indigenous participation rate in higher education constituted just 0.7% of the overall higher education student numbers (Pechenkina & Anderson, 2011). While a review of Indigenous access to high education was carried out in 2012, enrolments remain low. Further, on average, Indigenous tertiary students are half as likely to complete their course compared to their non-Indigenous peers (Department of Higher Education and Training, 2014). Barriers include financial pressure, racism, perceptions of cultural safety, low levels of academic readiness and aspirations, coupled with insufficient academic and pastoral support (Pechenkina & Anderson, 2011).

Educational attainment is positively associated with numerous measures of wellbeing and social outcomes, including economic participation, income, health determinants, social participation, and crime and justice (ABS, 2011; AHRC, 2008). In urban centres, education is arguably more essential to the labour market and what can be deemed success at urban life. However, the proportion of Indigenous Australians in employment is not significantly higher than in rural and remote areas (Australian Government, 2008).
Health and Wellbeing

There are vast disparities between the health of Aboriginal and Torres Strait Islanders and non-Indigenous Australians, including shorter life expectancy, high rates of infant mortality, and overall poorer health status. Under the National Indigenous Reform Agreement, the Australian Government has committed to closing the health and life expectancy gap between Indigenous and non-Indigenous Australians. This will require policies that address the diverse health needs of Indigenous Australians, wherever they live. It is well-established that Aboriginal and Torres Strait Islander people living remote areas experience the greatest health disadvantage. Yet non-remote dwelling Indigenous Australians contribute to 60% of the Indigenous health, due simply to their larger numbers (Vos, Barker, Stanley, & Lopez, 2003; Eades, 2010).

Compared to Indigenous Australians living in remote areas, urban Indigenous people are alarmingly overrepresented in mental health disorders, and constitute the majority of the gap in injuries, chronic respiratory disease, cardiovascular disease, diabetes and cancer, among others (Vos et al, 2009). There is also some limited evidence that Aboriginal and Torres Strait Islander people in urban areas experience different health problems from those in remote areas (Eades, 2010). For instance, Indigenous children in urban areas experience higher rates of asthma, dental decay and mental health issues, while children in remote areas have higher rates of infectious disease (Eades, 2010).

Perceptions of health and wellbeing offer a different perspective on the gap between remote and non-remote Indigenous people. The 2005 National Aboriginal and Torres Strait Islander Health Survey was the first Indigenous-specific survey by the ABS that measured the emotional and social health of Indigenous Australians. Here, Indigenous adults in remote areas were more likely than those in non-remote areas to report positive feelings all or most of the time (NATSIHS, 2005). Indigenous Australians aged 15 years and over in non-remote areas were more likely than those in remote areas to report positive feelings all or most of the time.
in remote areas to report fair or poor health (AHRC, 2008).

The centrality of strong connections to culture and country in Indigenous health and wellbeing also needs to be a consideration in population group comparisons. An emphasis on cultural identity means that securing healthy Indigenous communities is dependent not only on an individual’s connections to culture, but their connection to a strong community too (Australian Government, 2013). Non-Indigenous outsiders often naively assume that Indigenous cultures are somehow localised to remote discrete communities. Instead, many Aboriginal and Torres Strait Islander people living in urban centres report strong and vigorous linkages to culture. For instance, a 2008 study indicated that 68% of Indigenous Australians in major cities recognised an area as their traditional country (AHRC, 2008). While strong cultural identity is integral to Indigenous wellbeing, due to processes of colonisation, such as forced removal, many people do not have a particular traditional land or Indigenous nation to which they can readily refer (Fredericks, 2008).

Another aspect of urban Indigenous health is infrastructure and service delivery. Aboriginal and Torres Strait Islander people living in cities have better access to health services than those living in rural and remote areas, demonstrated by the availability of primary health care and proximity to hospitals and specialists. For this reason, Government priorities are typically related to improving access to mainstream health services in urban areas and encouraging their utilisation by Indigenous Australians (Behrendt, 2005; Mackey, Boxall, & Partel, 2014). In major cities and other urban areas, Indigenous health is not on the radar of many mainstream services, and these often lack cultural sensitivity and competency. This is compounded by a disproportionately low Indigenous health workforce (Ware, 2013). Health services for Indigenous people in urban and regional settings may be inaccessible due to physical and economic barriers. There can also be barriers to access if providers do not acknowledge and respect cultural factors, or work collaboratively with communities (Ware, 2013).

While the health needs of remote-living Aboriginal and Torres Strait Islander people are exacerbated by poor physical access to services, the higher funding allocation for Indigenous people living in rural and remote communities can in part be attributed to preference for mainstreaming in urban areas, and a preference for Indigenous-specific health care in rural and remote areas. In 2010-2011, per person health expenditure for Indigenous Australians living in major cities, with $6,616 spent per person in remote areas and $3,899 spent per person in major cities (AIHW, 2015). Meanwhile the per person health expenditure for non-Indigenous people was roughly similar across all regions.

Urban-dwelling Aboriginal and Torres Strait Islander people are often thought to have the same access to services as the non-Indigenous urban population. The implication is that the health outcomes should also be the same. However, with greater rates of chronic disease and injury, it is clear that the increasing rates of Indigenous urbanisation is not lessening the disadvantage they experience relative to the rest of the population. The fact that Aboriginal and Torres Strait Islander health care needs are not being adequately met is the sum of mainstream failure.

Community Indicators

Urban Indigenous populations are typically more diverse than those in rural and remote areas (Dudgeon & Ugle, 2010). In Australian cities, Aboriginal and Torres Strait Islander communities will consist of people who recognise the area as their traditional land and people who are multigenerational urbanites,
but whose families have come from elsewhere. Communities will also include people from rural and remote areas who have migrated – whether they have settled in the area, or are visiting for various reasons and various lengths of time (Fredericks, 2008). To the outsider, this lack of homogeneity – something that is more readily identified in remote discrete communities – coupled with the geographic dispersion of Indigenous populations, reinforces the idea of ‘Indigenous invisibility’ and ignores the strong family and kinship ties that characterise Indigenous communities in urban areas (Behrendt, 2009).

Urban Indigenous communities are characterised as having a strong sense of identity and pride in a culture that remains relevant to everyday life (ATSIA, 2001; AHRC, 2008). Urban Indigenous places have been sites for community action, and the roots of self-determination movements. It is worth talking briefly to an assets-based approach in describing urban Aboriginal and Torres Strait Islander communities, as Brough, Bond & Hunt (2004) do in Strong in the City. The profile of the urban population that is sketched above needs to stand in conjunction with accounts of “complex and rich social domains” that, too, characterise urban Indigenous communities (Brough, Bond & Hunt, 2004 cf. Cowlishaw 2003).

The dominant discourse on urban Indigenous people often fail to acknowledge the resilience and strength of people and communities. The Strong in the City report found high levels of bonding social capital, and identified strengths such as cultural identity, sense of community, knowledge and skills, political activism, extended family, organisational involvement, volunteerism, and community networks (Brough, Bond & Hunt, 2004; Fredericks, 2008).

The urban Indigenous population is growing, as are its health and wellbeing needs. However, it is not only the structural disadvantage [at play] that needs to be recognised alongside the particular socio-economic profile that emerges: It is also the vast reserves of social capital in these communities that often goes unacknowledged.

Australian cities were Indigenous places before the freeways and skyscrapers appeared. The fact that they are still Indigenous places is a more contentious position (Fredericks, 2008). Part of reclaiming an urban Indigenous identity has involved challenging dominant histories that erase the presence of Aboriginal and Torres Strait Islander people in urban locations. Often it continues to mean challenging the idea that ‘urban’ and ‘Indigenous’ are mutually exclusive. It still means grappling with Indigenous invisibility’, which has ramifications when it comes to our efforts in closing the gap that cuts through our cities.

**Conclusion**

With slightly more than half of all Indigenous Australians now living in major cities and inner regional areas, the population is decidedly urban. It is also increasing at rates that outpace Australia’s overall population growth. And while there are comparisons to be made globally, the urbanisation of Aboriginal and Torres Strait Islander populations – both historical and contemporary – is specific to the Australian context. The status of Indigenous Australians has been slow to improve here, in one of the world’s most developed countries. Even as the urban share of the Indigenous population grows, those in cities are still more disadvantaged than their non-Indigenous neighbours.

The unprecedented growth of Australia’s urban Aboriginal and Torres Strait Islander
communities should rightfully signal a proportionate response from government and stakeholders. However, certain ideas about Indigenous people in cities, coupled with a heightened focus on remote communities, means that urban needs are largely overlooked.

Debate around Indigenous service delivery often relies on a false dichotomy of remote/urban communities, where the argument is about who is most in need.

Of course, rural and remote Indigenous populations experience the greatest overall disadvantage, with outcomes in these communities characterised by poor physical access to essential services.

However, due to the sheer size of the urban Indigenous population, the greatest number of disadvantaged Indigenous Australians are located outside of remote communities. Alarmingly, 60% of the Indigenous health gap is attributed to the non-remote population.

If we fail to invest in these sizeable and fast-growing Indigenous communities, the gap will only widen.

Government priorities for closing the gap in Indigenous disadvantage should be about addressing the needs of Indigenous Australians, wherever they live.
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“We don’t leave our identities at a petrol station, bus stop, jetty or airport when we enter the city limits. When we live in a city or town, we don’t become any less or any more Indigenous. Some of us even belong to the Country where huge cityscapes and towns have been built”.

(Fredericks, 2008)