

Community safety: results from the service provider survey in the Northern Territory

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Executive Summary

Purpose, method and sample

Community safety is one of the seven building blocks of the national Closing the Gap in the Northern Territory National Partnership Agreement. The overall objective of the Community Safety Service Provider Survey (CSSPS) was to contribute to an evidence base that seeks to inform efforts to reduce and prevent crime, and assist local efforts to improve safety.

The aim was to contribute to a better understanding of whether service providers in the Northern Territory (NT) believed community safety had changed as a result of measures introduced in recent years, and indicate what they believe makes a difference. It was part of a multi-pronged assessment of community safety, which also included in-depth research and survey of a sample of NT remote communities (the *Community Safety and Wellbeing Research Study* – CSWRS) and analysis of crime and justice data.

Ethics approval for the service provider survey was granted by two NT-based human research ethics committees. Service providers were invited to participate through a horizontal and vertical approach to service providers networks throughout the NT across a range of sectors, including health, police, education, child protection, social security, local government, and Government Business Managers (GBMs). Over 1,000 people were directly invited to participate in the online survey from 5th April to 20th May 2011.

A total of 699 service providers participated in the survey. Of these:

- 59.3 per cent were female (with more women in towns)
- 8.8 per cent self-identified as of Aboriginal or Torres Strait Islander background
- 56.9 per cent had lived in the NT for more than five years
- 86.3 per cent worked for government organisations
- 47 per cent were from the health sector followed by education (16.6%) and police (12.1%). The breakdown for remote communities was more evenly spread across health (22.3%), education (19.1%), coordination (15.2%), police (11.7%), housing/welfare (7%), justice/legal (1.2%) and other (23.4%).

Of the 699 participants, 57.5 per cent answered questions about a town (n=402), and 40.3 per cent answered for a remote community (n=282). Over a third of town respondents (40.3%) were in Darwin, followed by Alice Springs (22.4%), Nhulunbuy (11.9%), Katherine (11.7%), Palmerston (5.5%) and Tennant Creek (5.5%). Good coverage across remote communities in the NT was achieved, with at least one response from each community in over 80 per cent of the Northern Territory Emergency Response (NTER) communities¹.

Remote communities: key findings

Of most interest from the point of view of the NTER evaluation are the results about perceived changes in remote communities in the previous three years:

¹ A prescribed community is one that has been affected by the broad range of changes under the *Northern Territory National Emergency Response Act 2007*, including all geographic areas listed in the NTNER legislation.

- Community safety: the most common response was that the community had become a little more or a lot more safe (41.4%), 28.1 per cent said it was the same, and 17 per cent said it was little or a lot less safe.
- Social problems: the most common response for eight listed social problems was to say they were the same. Respondents were most likely to view family violence and other types of violence as having declined in some places (26.7% and 25.4% respectively) and ‘drinking too much grog in places other than homes’, and ‘gunja’ as having increased (20.8% and 22.3% respectively).
- Impact of 10 measures on community safety: remote participants were most likely to say night patrols had made safety a bit or a lot better (70.9%) followed by additional police (58.7%), Themis police station² (53.3%) and safe house (52.7%).
- Cross-agency cooperation: there were higher levels of satisfaction now than three years ago, though the most common response was to be neither satisfied nor dissatisfied (27.2%).

There were specific issues related to remote communities:

- Dogs were seen as a very big problem in many remote communities
- At least half of the remote participants indicated the following are very big or big problems: vandalism; dogs; drugs (‘gunja’³); ‘drinking too much grog in places other than home’; ‘children not being looked after’, ‘children not going to school’ and ‘children being out at night’.
- Communities/neighbourhoods were generally viewed as less safe when alcohol is involved, more is money around, and events such as football carnivals are held, but in remote communities mention was often made of ‘sorry business’, gangs/fighting, family feuding and drugs.
- Community health, police, and 24-hour emergency health care were reported to exist in nearly all remote communities, but many other services were less common than in towns. Where a service was said not to exist, the most frequently identified need is for ‘a children’s refuge/safe house’, followed by ‘a men’s group’, ‘Aboriginal community police’, ‘a family and domestic violence service’, and ‘a sobering up shelter/detox centre’.

The majority of service providers in remote communities (81.2%) in the survey think more needs to be done to make their community/neighbourhood safer. With the most important things to be done, respondents most frequently referred to more police and youth activities, alcohol initiatives, and children going to school. More generally, in remote communities, participants advocated:

- more or improved services (including after-hours)

² ‘Themis police stations’ are in the 18 remote communities where Operation Themis has been implemented as one of the NTER measures and which increased the police presence in these communities (FaHCSIA 2011).

³ The terms ‘gunja’ to denote cannabis, and ‘grog’ for alcohol, were used in the survey of service providers and in the CSWRS survey as these terms were found to be the most commonly recognised terms during the piloting phases.

- better coordination
- empowering and engaging local community people
- practical measures such as street lighting

When key items in the service provider survey were compared with the CSWRS survey, Indigenous residents and service providers in remote communities had the following similar results:

- ‘children being out at night’ as one of the most prevalent problems
- less violence and fighting than three years ago in some places
- the positive impact of Themis police stations, night patrols, additional police and safe houses
- shared priorities including more policing, night patrols and activities for young people.

Indigenous remote community residents were more likely than service providers to perceive people as safe and nasty phone messages/chat rooms as a problem.

Key findings: remote and town

Comparing town results with those for remote communities showed remote community participants were more positive on a range of measures:

- more said their community had become safer in the past three years and the problems were the same or better
- they feel as safe or safer, even in the situation where participants felt least safe, walking alone at night
- more believe men, women, girls and old people are safe
- fewer saw a range of social problems as a big or very big problem in the community
- there were more positive than negative comments about service coordination
- a slightly higher proportion enjoy their work and would recommend working in the community

In relation to what could be done, in towns, addressing alcohol-related problems is a dominant theme. Emphasis was placed by town service providers on a range of alcohol-related initiatives as well as working together and improving services and accountability. More specific measures included:

- increasing policing and enforcement of law and justice measures
- funding organisations with a good track record

- focusing on young people

Conclusion

The results from the survey indicate that, in many remote communities, service providers believed that some things had improved in the previous three years. Many felt safer than they did three years before, and certain problems, such as ‘family violence’, ‘violence other than family violence’ and ‘drinking too much grog in homes’ were perceived to have decreased in some communities. Night patrols, additional policing and safe houses were viewed as having improved safety by at least half of the respondents in remote communities.

Alcohol-related violence or fighting may have declined in many remote communities but many service providers indicated that ‘drinking too much grog in places other than home’ was still a big problem and had increased. Some of this drinking is likely to be outside communities, in or near towns. ‘Gunja’ was also perceived to have increased over the previous three years by many service providers. Other problems considered big or very big by a majority of remote respondents were ‘dogs’, ‘children not going to school’ and ‘children being out at night’.

Town service providers were more likely to view their community as less safe than it was three years ago. In their comments, town respondents frequently referred to the increased numbers of itinerants in the town and although all social problems were perceived as unchanged or having increased, problems relating to drinking and violence, along with ‘children being out at night’ and ‘children not going to school’, emerged as the main problems currently found in towns.

Service providers in both towns and remote communities said ‘girls’ followed by ‘women’ were the most unsafe social groups in the local neighbourhood or community. It is not known, though, whether this was because they were considered to be most at risk of serious and less frequent violent victimisation, such as sexual assault, and/or whether they were viewed as more at risk of more prevalent but less serious forms of intimidation and coercion.

Service providers were concerned about children on a number of measures, however based on the proportion of respondents who indicated it was a problem, ‘children being out at night’ and ‘children not going to school’ were the most common problems in towns and remote communities. Disruptive youth was also frequently referred to in responses to open questions (for example gang related violence and youth roaming the streets). Accordingly, a consistent theme in the service provider responses was the need for, or better implementation of youth services and activities, although it is not clear what age group they had in mind.

There were perceived gaps in services in certain neighbourhoods and remote communities. However, it was not necessarily just a need for a greater number or distribution of services. Many service provider responses referred to how services are delivered and coordinated. These were seen as the key areas for improvement. A frequent complaint in remote communities and to some extent in towns was the absence of after-hour services and at least one third of respondents were not satisfied with the way services worked together.

Overall, the survey results underline the need for local leadership and engagement in remote communities to plan and implement strategies that tackle alcohol consumption during periods of risk, dogs, cannabis, and young adults’ anti-social behaviour. Increasing the safety of women and children continues to be a priority for service providers, along with encouraging

children to go to school and to not stay out at night. Additional priorities were improving after-hours service delivery, interagency cooperation and work conditions.

In towns, there was more concern about community safety than in remote communities. The majority of participants believed they had become less safe in the previous three years, and many social problems were viewed as becoming worse. Given the frequency with which the issue of visitors to towns was raised, it would be worthwhile to undertake further research on the safety of Indigenous visitors and residents in towns.

Section 1 Background, purpose and method

This report presents the findings from the Community Safety Service Provider Survey (CSSPS), which was conducted from April to May 2011. The survey examined the views of service providers working in towns and remote communities in the Northern Territory (NT), in the areas of community safety, service provision, and changes within these communities over the previous 12 months and three years. The research was designed to inform the Northern Territory Emergency Response (NTER) evaluation and the report should be read in conjunction with the results from the *Community Safety and Wellbeing Research Study* (CSWRS) (Shaw and d'Abbs 2011).

1.1 Background

A key objective of the NTER was to address violence, particularly child abuse, and improve community safety in Indigenous communities. Under the Closing the Gap in the Northern Territory National Partnership Agreement this objective remains. There are a range of measures introduced under the NTER that are likely to have had an impact on community safety since 2007, such as:

- increased police numbers in remote communities
- safe houses
- more night patrols
- widespread alcohol restrictions
- mobile child protection teams
- youth activities.

These measures increase the likelihood that violent crime and abuse will be detected and prevented, and victims protected. Other measures related to access to justice, and family and community support are likely to have a beneficial impact on community safety but over the longer term. Therefore the direct link to crime reduction is less likely to be noticeable in the short-term.

The monitoring of the NTER includes a range of indicators under the safe communities building block. Police data showed that for NTER communities there was an increase, from 2007, in confirmed police incidents of assault and child neglect, domestic violence, and drug, alcohol and substance abuse related incidents (FaHCSIA 2010). There has also been a rise in the number of incidents where the police have dealt with mentally ill people and those who have attempted suicide or self-harm. These increases may be partly attributable to an increased police presence, with more matters being brought to their attention. More recently, there are signs of stabilisation with declines in 2009-10 in recorded alcohol-related incidents, substance abuse related incidents, assault incidents and child welfare incidents in NTER communities (FaHCSIA 2011).

A survey of most Themis communities, where the additional police were stationed, found almost half of the participants believed community problems associated with alcohol and community violence had improved since the police were posted to their community (Pilkington 2009). However, not all communities were positive about the police in their communities nor did some participants believe problems had improved.

Importantly, increased detection and reporting of certain crimes does not necessarily translate into people feeling more safe or into changes in their attitudes to violence, their perceptions of what are problems and how they can best be addressed. To complement the preliminary analysis of police and other data, two surveys were conducted to investigate community and service-provider perceptions of community safety, along with a number of related topics.

The separate research project, *the Community Safety and Wellbeing Research Study* (CSWRS) involves surveys and qualitative research in a sample of NTER communities (Shaw and d'Abbs 2011). Local residents in 16 remote communities were surveyed from March to June 2011 by four consultancy teams. The community safety service provider survey complements this in-depth community based research, as it is NT-wide and involves a cross-section of service providers in a range of sectors and in a range of locations, including towns and remote communities.

1.2 Context

Interpersonal violence

A review of crime and survey data shows that interpersonal violence is a major issue in the NT:

- The NT compared to the rest of Australia has high rates of recorded violent crime and alcohol-related crime, and high adult and youth offender rates with increasing numbers charged with public order offences (ABS 2010a, ABS 2010b).
- Compared with the rest of Australia, Northern Territorians aged 15 years and over had the highest self-reported assault victimisation rate, the greatest proportion of people feeling unsafe and were less likely to say they had no problems in their local neighbourhood (ABS 2010c, ABS 2010d).

Much of this crime and social disorder in the NT involves Indigenous people, who numbered 53,662 persons according to the last census and comprise 28 per cent of the total NT population with the majority living in what is classified as very remote areas (ABS 2006). In 2009, Indigenous people accounted for 65 per cent of recorded assault victims and almost half of recorded sexual assault victims (ABS 2010a). More than half of female Indigenous victims (61%) were recorded as being assaulted by a partner or ex-partner. Three quarters of offenders in the NT, in 2008-09, were Indigenous people, with the overwhelming majority being men (ABS 2010b).

As such, it is hardly surprising that across the NT, Indigenous women are more likely than men to feel unsafe. Indigenous men however may be experiencing higher levels of violence than what is recorded by police, possibly because much of it is less serious and/or under-reported. It also seems that Indigenous people self-report similar levels of victimisation of physical attack or threat as those experienced by the national Indigenous population (ABS 2010e). Compared to the general population aged 15 years and over in the NT, survey results

indicate Indigenous people years and over in the NT feel less safe and experience more victimisation than non-Indigenous people (ABS 2010d, 2010e).

Indigenous teenagers and young adults in the NT are more likely than their non-Indigenous counterparts to be involved in crime and violence, as victims of crime and as offenders at a younger age:

- In the NT and Australia, according to the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), the age group with the highest percentage of self-reported physical attacks or threats was the 15 to 24 age group (ABS 2010e).
- The peak age category for apprehended Indigenous offenders in the NT is 15 to 19 years (ABS 2010b).
- In 2008, 44 per cent of Indigenous adults in outer regional areas (Darwin) and 34 per cent in remote/very remote areas (all areas except Darwin) reported that youth were a problem in their local neighbourhood or communities (ABS 2010e).

In addition, Indigenous children in the NT are at greater risk of being involved in the child protection system than non-Indigenous children. Police data and statistics used in recent inquiries (Wild and Anderson 2007, NTG 2010) would indicate much of the contact relates to child neglect.

All the data indicate that family violence and alcohol-related violence involving Indigenous people are the most significant safety concerns for Indigenous people in the NT. According to the most recent NATSISS, in 2008, Indigenous people in the NT did feel safer and believed there were fewer neighbourhood problems in remote/very remote locations compared with the outer regional area (Darwin) (ABS 2010e). The only problems which were more common in remote/very remote locations were family violence, assault and levels of neighbourhood conflict. Approximately equal proportions in non-remote and remote areas saw alcohol, illegal drugs and sexual assault as a problem.

Trends

Over the past two decades in the NT it seems there has been an increase in the risk that Indigenous people will be a victim of physical attack or threat, and more people experience victimisation and arrest in 2008 than they did in 1994 and 2002 (ABS 2010e, ABS 2011f).

When 2002 and 2008 NATSISS surveys are compared, it seems more Indigenous people in the outer regional area (Darwin) were concerned in 2008 about a range of social problems in their local neighbourhood than in 2002. However, in remote/very remote areas (all of the NT outside of Darwin), the only problem which more people were concerned about in 2008 compared with 2002 was sexual assault but it was still viewed as less of a problem than a host of other issues (ABS 2010e, ABS 2010f).

The most common form of violence recorded as an offence – assault – has climbed steadily over the past decade in the NT as has, in more recent times, the number of offenders charged with public order offences (ABS 2010a). In the main urban centres and in areas outside of these urban areas (called the ‘NT Balance’) recorded assault has increased over a six year period, but at varying rates (NT DOJ 2011).

In the NT Balance there has been a steady rise over six years in the number of recorded assaults and the proportion that is domestic violence has increased, while the proportion involving alcohol declined (Putt and Iolovska 2011). This latter trend correlates well with trends and patterns in wholesale alcohol supply for the NT Balance area (NT DOJ 2011a).

In the NTER communities, over a four year period, there was a significant increase in crime-related incidents, and most offence categories (Putt and Iolovska 2011). There were also large increases in the number of incidents related to domestic violence, alcohol, drugs, and volatile substances, and contact with people at risk. However, in 2009-10, there was a slowing of these increases and with some indicators, such as alcohol-related incidents and violent crime incidents there was a small drop in the number of incidents compared with the previous year (Putt and Iolovska 2011). In 2010-11, there was a decline in recorded alcohol-related incidents, substance abuse related incidents, assault incidents and child welfare incidents (FAHCSIA 2011).

In the NTER communities, much of the increase in confirmed incidents recorded by police occurred in Themis communities, with the presence of police making it more likely that there would be the recording of activities and intervention (Putt and Iolovska 2011). Increased policing has had flow on effects to other services – over a quarter of child protection matters are reported by police (Wild and Anderson 2007) – and the increased contact of police in the NTER communities with the mentally ill and children with welfare concerns means further referrals to other services. More directly, the criminal justice system has more offenders and matters to deal with, with increases in cases before bush courts and in applications for restraining orders.

Across the NTER communities there are no doubt considerable differences in recorded crime levels and perceptions of community problems and safety. In the review of remote policing (Allens Consulting 2010), communities were classified as low, medium or high on a rudimentary index of need depending primarily on rates of recorded crime. Further evidence of differences within and between communities, as already noted, were found in the survey of Themis communities as some communities were less positive about the police presence and that some participants were still very concerned about a range of community problems (Pilkington 2009).

Multiple interventions

When considering what might have affected perceptions of safety and recorded crime trends, it is important to recognise the cumulative and location specific effects of multiple interventions. The complex and evolving arrangements of the NTER were directed at governance, land and income management as well as providing funds to boost service capacity and coordination in the health, education and community welfare sectors. In addition to this, there were significant NT government initiatives that focused on violence and anti-social behaviour. For example, the NT police's *Violent Crime Reduction Strategy*, launched in 2004 and the subsequent domestic violence legislation in 2007, was already having a discernible impact on recorded violent crime. Evaluations of other initiatives such as the alcohol management plans in Tennant Creek, Alice Springs and Katherine show they too have contributed to changes in recorded levels of public disorder, assault related injuries and interpersonal violence.

Background for the survey

Based on these data, we were expecting a survey of NT residents to show that many people did feel unsafe and that they were concerned about a range of social problems, including alcohol-related violence. We also expected people in urban centres to feel less safe than those in remote communities. However, because the NTER initiatives were progressively implemented in various locations over the past three years, and other programs and reforms had also occurred, we did not know whether people would believe their own safety or the safety of others had changed, whether they would have seen changes in a range of social problems and if they did see change, what they would attribute it to. It was expected, however, that many of the issues raised in the survey would relate to Indigenous people, especially in non-urban areas where the majority of residents are Indigenous people.

1.3 Purpose

The research project involved an online survey of service providers in the NT. The aim was to gather service provider perceptions regarding current local community problems, community safety, and service delivery, and of changes in these over the past few years (see Appendix 1 for the questionnaire). Service providers from a range of government and non-government organisations were encouraged to participate in the survey.

Community safety directly affects the survey participants through their work and as local residents. The research sought to contribute to a better understanding of whether people feel less or more safe as a result of measures introduced in recent years, and indicate what participants believe makes a difference.

The survey results contribute to the evidence base that underpins the evaluation of the NTER/Closing the Gap initiatives. A range of indicators were required to assess the collective impact of a wide range of initiatives, many of which had the potential to contribute to improved community safety. Within the context of policy development and funding reviews over the next few years, it is vital to have impact indicators that include both quantitative and qualitative measures derived from administrative data and the views of those who have experienced changes on the ground.

A secondary objective of the community safety service provider survey was to undertake a large-scale test of the survey instrument and the methodology, to see how well it works as a cost-effective 'tool' to gauge perceptions of community safety and service delivery. The methodology has the potential to be adapted and employed in future efforts to assess the efficacy of policy and program initiatives in local and regional settings.

1.4 Methodology

The survey of service providers sought to address the following key research questions:

- what are service providers' current perceptions of safety and social problems?
- do service providers believe community problems and safety have changed in their local area since 2007?
- what do service providers believe has made a difference to community safety since 2007?

- do service providers believe there has been a change in how services are delivered and coordinated since 2007?
- are there significant differences by location and sector in these perceptions?

The questionnaire was based on an earlier version of a community safety questionnaire developed by the Australian Institute of Criminology (AIC) (see Willis 2010). The earlier questionnaire was piloted by the AIC amongst service providers in a range of locations across Australia in 2009. A modified version of the AIC questionnaire was used in the initial consultations and pre-testing of the instrument amongst a small number of service providers in the NT.

In order to have a cross-section of service providers, both government and non-government, and a good spread across remote and urban locations, it was envisaged that participants from each key sector of health, police, education, community services and justice would need to be approached and encouraged to participate. We also hoped to over-sample service providers in remote communities. Consultations with key stakeholders indicated that a realistic target was about 300 participants from across the NT.

1.5 Developmental phase

One-day forums with service providers were held in Darwin, Alice Springs and Katherine in mid-November 2010, with the aim of explaining the research and to seek feedback on its purpose, method, and instrument. Forum attendees provided invaluable advice on the survey's purpose, the contents of the questionnaire and possible ways to promote the project and encourage participation amongst colleagues. A subset of 20 forum participants, representing a cross-section of sectors and locations was followed up in December and January and asked to further test the revised questionnaire. Two modes of delivery were used – direct email with the questionnaire attached and online access. After more modifications to the questionnaire and in response to comments from an ethics committee, further piloting of the online survey was conducted in early March 2011.

Ethics approval

The research project went through two ethics approval processes and received approval from the Central Australian Human Research Ethics Committee, and the Menzies School of Health Human Research Ethics Committee. The research section of the NT Department of Education and Training also reviewed and approved the research project in April 2011.

Stakeholder support

From October 2010 and with the involvement of the NT government's Office of Indigenous Policy, agreement to support the survey was sought from key NT government agencies, such as police, justice, health, education and community services, via the Community Safety Working Group (CSWG). A letter of support for the research project was received in January 2011 from the chair of the CSWG.

Based primarily on their experience of conducting research in the Themis communities and their links to the non-government sector, the North Australian Aboriginal Justice Association (NAAJA) was contracted to assist with engaging the non-government sector and encouraging participation amongst key networks in this sector.

1.6 Survey roll-out

The survey went 'live' on 5th April 2011. Key people in NT government organisations were sent a web-link and password and asked to forward them, along with attachments that explained the research, to staff in the field. NAAJA also sent out links and the password to non-government organisations. We also contacted the forum participants, GBMs, Centrelink managers, and Shire CEOs and asked them to forward the link and information to staff or local service providers.

The survey was closed and a review of responses was undertaken at the end of April. It was found that 295 people had participated: 75 per cent from government organisations and 58 per cent were in remote communities. There were relatively low response rates from several sectors, including health and education. In terms of locations, there were a lower number of responses than expected from Darwin and Palmerston, and there were no responses from 23 remote communities, many of which are very small.

The survey was re-opened with a new link and password, and extra effort made to boost responses in identified 'gap' areas. For example, schools were contacted throughout the NT and encouraged to participate. In the final week of the survey, permission was given for Department of Health staff to participate, and information about the survey was sent out internally via the intranet.

The survey closed on 19th May 2011.

1.7 Sample characteristics

It is estimated that at least 1,000 people were directly invited to participate in the survey. After the data was cleaned it was found that the survey was completed by 699 participants, a response rate higher than what was originally expected. However, it should be noted the number of people who skipped questions increased as they went through the questionnaire.

Based on workforce characteristics of the NT from the last census (see Appendix 2), the sample is a good cross-section of professional groupings. Key characteristics of the sample include:

- 59.3 per cent were female (with more women in towns)
- 8.8 per cent self-identified as of Aboriginal or Torres Strait Islander background
- 56.9 per cent had lived in the NT for more than five years
- 86.3 per cent worked for government organisations
- 47 per cent were from the health sector followed by education (16.6%) and police (12.1%).

All the questions' responses were divided into those who were answering for towns and those that were answering for a remote community. In terms of sectors, towns had a large proportion of health people (59.7%). The breakdown for remote communities was more evenly spread across health (22.3%), education (19.1%), coordination (15.2%), police (11.7%), housing/welfare (7.0%), justice/legal (1.2%) and other (23.4%). The 'other'

category covered a wide range of services – youth, child protection, interpreter services and quite a few GBMs.

Out of the 699 responses, 402 said they answered questions about a town, 282 remote communities, 10 town camps, and five were ‘other’. With towns, Darwin had the highest proportion of respondents, making up 40.3 per cent of the total town responses. Following Darwin were Alice Springs, Nhulunbuy and Katherine with 22.4 per cent, 11.9 per cent and 11.7 per cent of town respondents, respectively (see Table 1). Palmerston and Tennant Creek each had 5.5 per cent of the town sample.

With remote communities, there was good coverage of the NT with at least one response for each community from over 80 per cent of the 73 NTER remote communities. For respondents who answered that they were from a ‘remote community’ or ‘town camp’ there was 21 places with five or more respondents. The five communities with the highest proportions of respondents were Galiwinku (with 5.3% of remote community respondents), Yuendumu (4.6%), Ali Curung (3.9%), Lajamanu (3.9%) and Ramingining (3.9%).

More detail on the demographic details of the sample is provided in Appendix 3.

Table 1: Location for responses

Town	Proportions of town participants
Darwin	40.3%
Alice Springs	22.4%
Nhulunbuy	11.9%
Katherine	11.7%
Palmerston	5.5%
Tennant Creek	5.5%
Remote communities with the highest number of participants	Proportions of remote participants
Galiwinku	5.3%
Yuendumu	4.6%
Ali Curung	3.9%
Lajamanu	3.9%
Ramingining	3.9%

1.8 Report structure

Due to an interest in the impact of the NTER measures on remote communities and to enable comparisons with the CSWRS survey (which was only conducted in remote communities). Section 2 presents the key results for the remote communities from the service provider survey. Throughout the rest of the report, the focus is on responses for town and remote community participants, and the results are presented primarily as percentages in graphs. To illustrate themes that emerged in responses to open-text questions, a selection of responses are provided in relevant sections.

Section 1 of this report provides an overview of the purpose and method used in the survey. The results are presented in four sections:

Section 2: Remote communities: key findings

Section 3: Current situation: town and remote

Section 4: Changes in community safety: town and remote

Section 5: The impact of various programs and policies on community safety: town and remote

Section 6: What more could be done: town and remote

Basic analysis was undertaken to see how responses to key items differed by sample characteristics, such as sector and sex. The majority of these tables are in Appendix 4, but several figures relating to sectoral differences are included in the main body of the report. There is also a brief overview of findings for the non-government sector in remote communities in Section 2 of the report, with more detail on the non-government service provider results in Appendix 4.

In Section 7 of the report the results for key items from the CSSPS are compared to the CSWRS survey results and where relevant, with national survey results for the NT (from the 2008 NATSISS and the 2009-09 crime victimisation survey).

The report ends with a conclusion (Section 8) that summarises the main themes and the implications of the findings for policy and practice.

Section 2 Remote communities: key findings

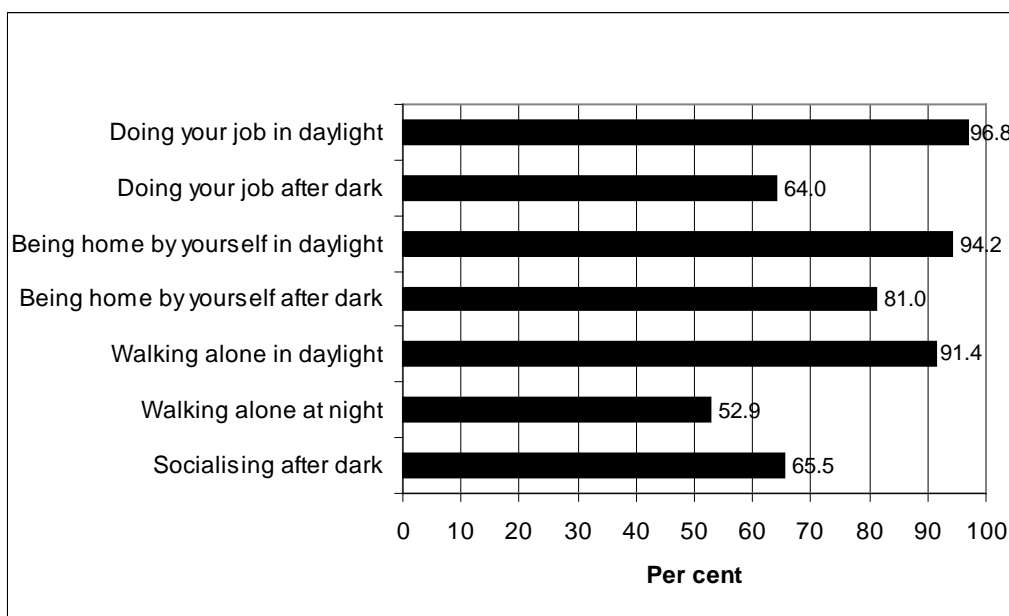
For the evaluation of the NTER measures, the main interest is in their impact on the 73 NTER remote communities. This chapter concentrates on presenting the results for the remote communities. The order that the results are presented follows the sequence in the questionnaire, which had questions about current perceptions of personal and community safety, social problems and service delivery, followed by perceptions of changes and the impact of individual measures on safety.

2.1 What are the current perceptions of safety, social problems, and service delivery?

Personal safety

The majority of service providers in remote communities felt safe walking alone, at home alone, and doing their job during the day (see Figure 1). They felt less safe after dark doing their job, socialising and walking alone, though more people still felt safe than unsafe. In the situation where respondents felt most unsafe, 'walking alone at night', 25.7 per cent of those in remote communities felt unsafe.

Figure 1: Proportion that feel 'safe'/'a bit safe' in different situations (%): remote

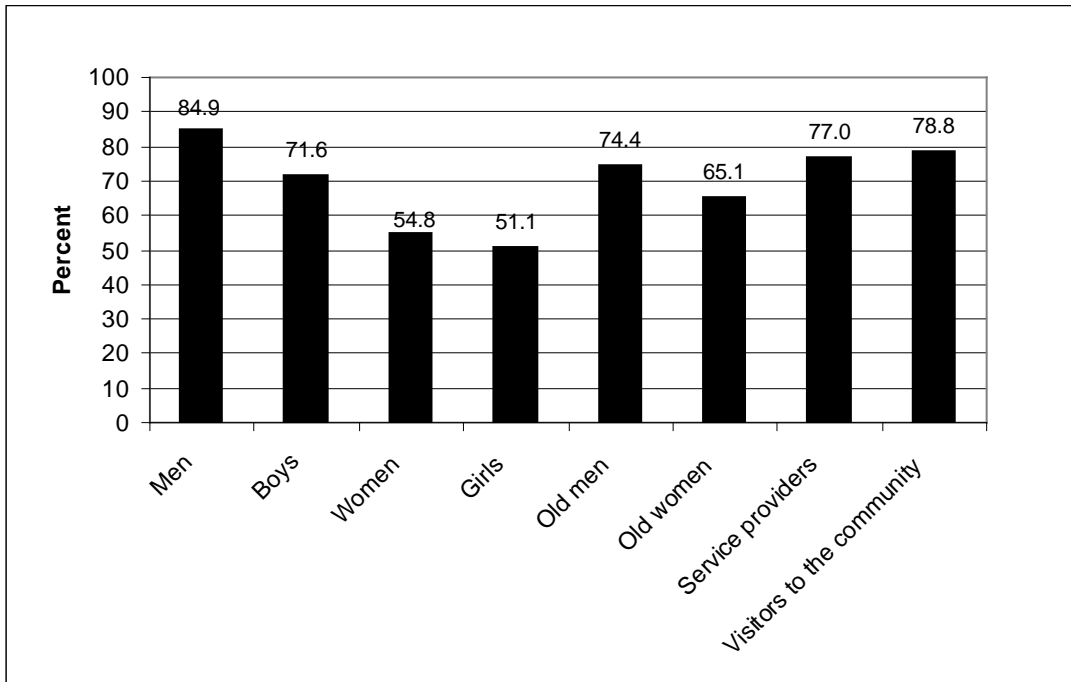


Remote community range of n = 278-280
Source: CSSPS FaHCSIA datafile

Safety of social groups

Men were considered to be the safest social group, with 36.2 per cent of remote respondents considering them to be 'safe all the time' and an additional 48.7 per cent considering them to be 'safe some of the time' (combined total of 84.9%, see Figure 2). After men, visitors to the community and service providers were viewed as the next safest groups. Girls, closely followed by women, were viewed as the least safe groups (proportion of remote respondents viewing them as 'safe all the time' was 15.5% for girls, and 17.2% for women).

Figure 2: Perceptions of safety for different groups of people, percentage ‘safe all of the time’/’safe some of the time’ (%): remote



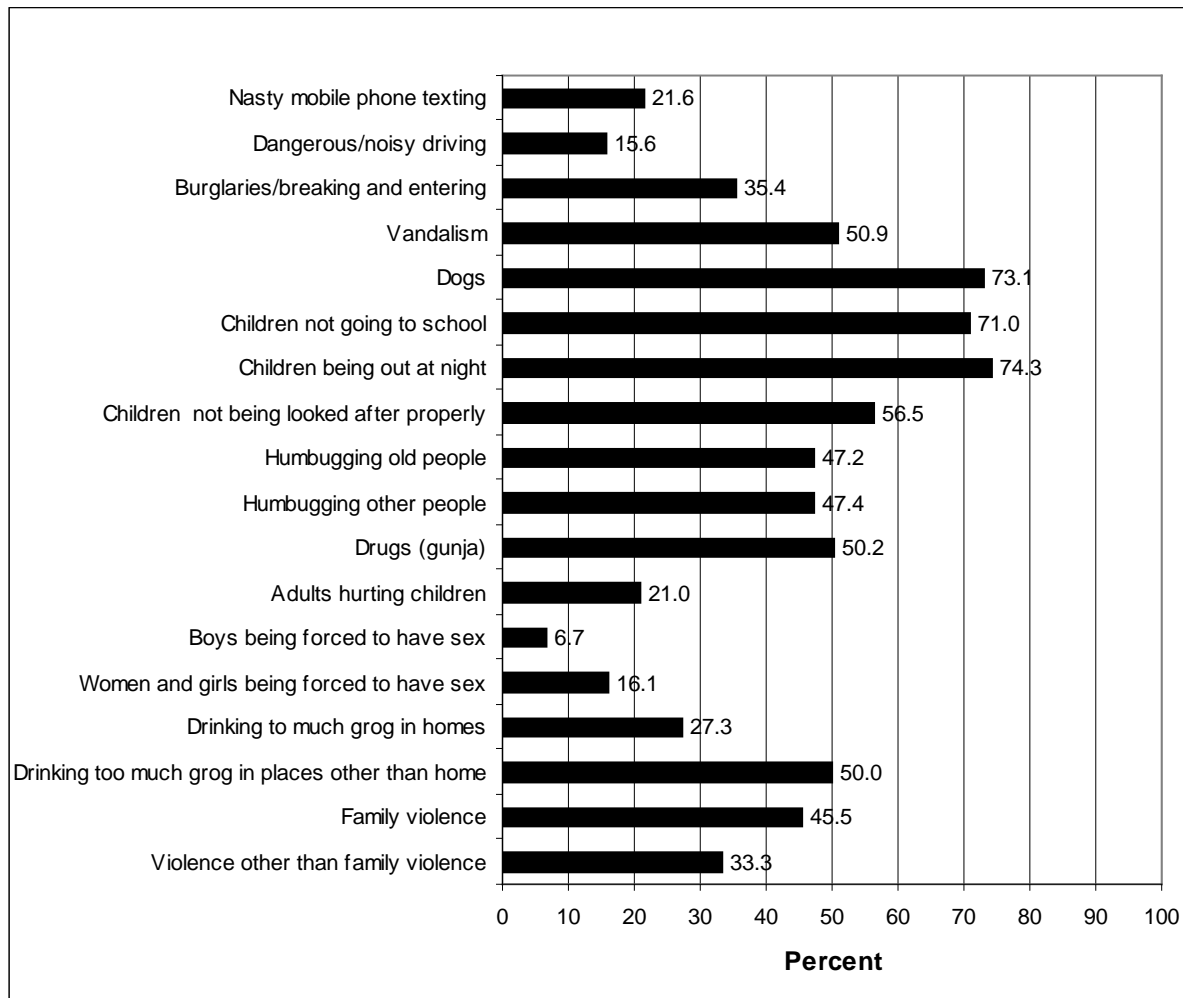
Remote community range of n = 273-279
 Source: CSSPS FaHCSIA datafile

Social problems

Based on service provider responses to a list of 18 social problems, ‘children being out at night’, ‘children not going to school’ and ‘dogs’ ranked as the biggest social problems in remote communities (with the proportion of respondents viewing them as a very big problem being 45.1%, 37.9% and 45.1%, respectively).

At least 50 per cent of remote community respondents said ‘vandalism’, ‘dogs’, ‘children not being looked after properly’, ‘children not going to school’ and ‘children being out at night’, drugs (‘gunja’) and ‘drinking too much grog in places other than home’ were big or very big problems (Figure 3). There was a large proportion of ‘don’t know’ responses from service providers for the two sexual assault items (women and girls, and boys being forced to have sex).

Figure 3: Perceptions of social problems in the community/neighbourhood, ‘big’ or ‘very big’ problems (%): remote



Remote community range of n = 264-270
 Source: CSSPS FaHCSIA datafile

Events/times when less safe

The most common time or event when service providers considered the community or neighbourhood to be less safe was anytime alcohol was involved (mentioned in 40.5% of remote community responses to an open question on this topic). Service providers widely reported that the events or times making places less safe involved a combination of payday/weeks, times of royalty payments, and events bringing in visitors because of events such as football matches. Other common times mentioned were times surrounding funerals and sorry business, when there were gangs/fighting taking place, family feuding, and drugs (Table 2).

Table 2: Themes in open-ended responses to question about times/events when the community/neighbourhood less safe: remote

Theme	Remote (n=237)	
	Number of responses*	%
Alcohol	96	40.5
Sport	18	7.6
Pay day	32	13.5
Outsiders	29	12.2
Royalties	16	6.8
Particular festival/event	3	1.3
School holidays	6	2.5
Seasonal	13	5.5
Gangs/fighting	20	8.4
Death/sorry business	20	8.4
Break-ins	6	2.5
Drugs	20	8.4
Dogs	8	3.4
Family feuding	25	10.5

Source: CSSPS FaHCSIA datafile

*Note that respondents may have more than one category applied to their response

Incidents that heighten perceptions of people being unsafe

Fighting and/or violence (including domestic/family violence, murder and sexual assault) was the most commonly mentioned topic (in 48.4% of remote responses) to the open question about things that have happened to make them feel that the community or neighbourhood is unsafe for some people. The second most common theme was alcohol and drinking/drunkenness (came up in 30.1% of remote community responses). Dogs and drugs (including gunja and volatile substance misuse) were also common themes throughout remote responses to this question (Table 3).

Table 3: Why some people are perceived as unsafe: remote

	Remote (n=246)	
	Number of responses*	%
Fighting/violence	119	48.4
Domestic/family violence	47	19.1
Murder	5	2.0
Sexual assault/rape	19	7.7
Alcohol/drunkenness	74	30.1
Break-in/theft	23	9.3
Harassment/humbugging	6	2.4
Antisocial behaviour	1	0.4
Drugs	37	15.0
Volatile substances	15	6.1
Youth/gang	20	8.1
Dogs	64	26.0
Car damage/theft	6	2.4
Road safety	3	1.2
Mental health/suicide	7	2.8
Uncategorised	36	14.6

Source: CSSPS FaHCSIA datafile

*Note that respondents may have more than one category applied to their response

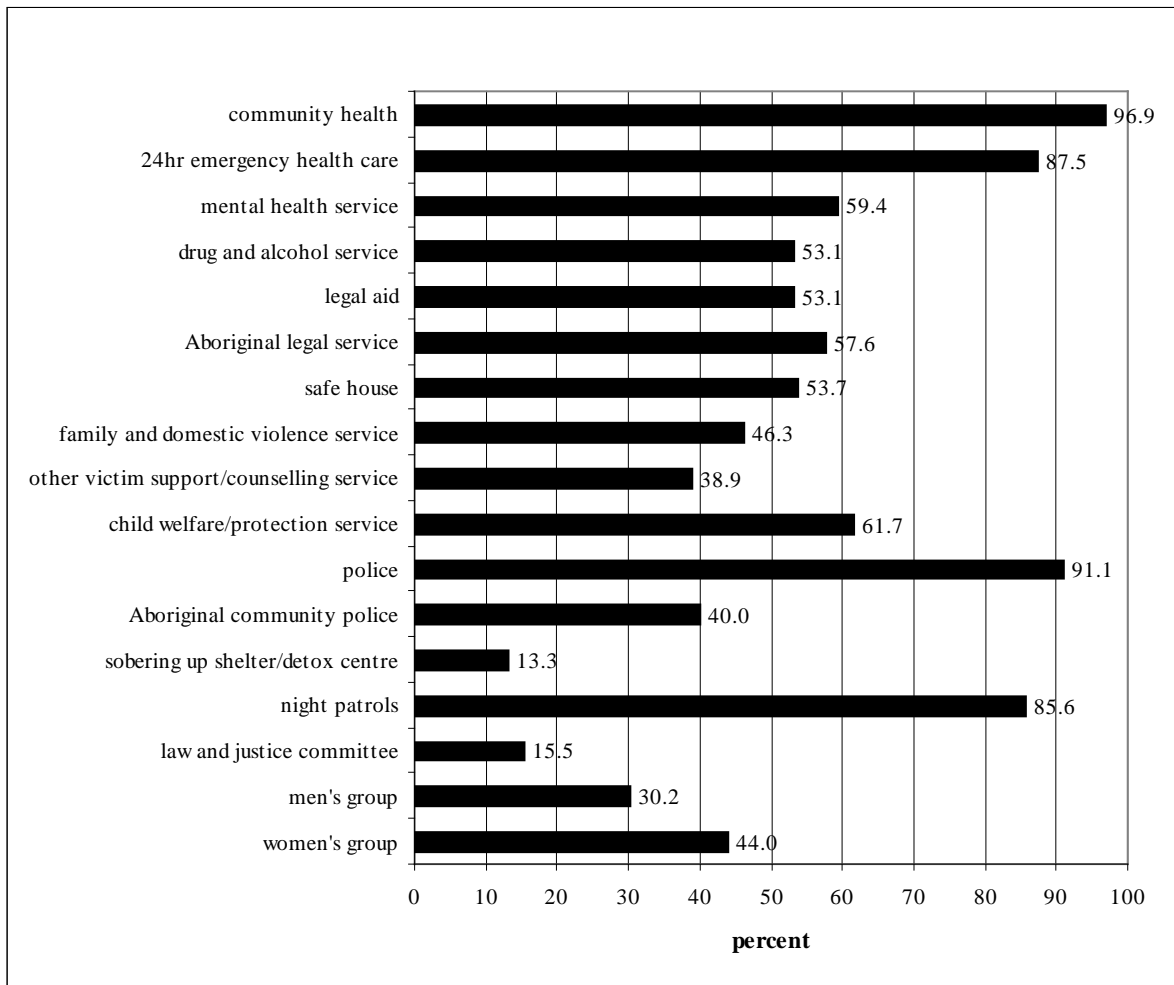
Availability of and need for services

The most common services that are available in remote communities, according to service providers, are 'community health', 'police', '24-hour emergency health care' and 'night patrols'. At least 85 per cent of participants indicated that each of these four services were available in their local area or through visiting services (Figure 4).

For the 13 other services asked about in the survey, responses indicated they were less likely to exist in remote communities. Less than half of remote community participants said the following services were available – 'family and domestic violence service' (46.3%), 'women's group' (44.0%), 'Aboriginal community police' (40.0%), 'other victim

support/counselling service' (38.9%), 'men's group' (30.2%), 'law and justice committee' (15.5%), and 'sobering up shelter/detox centre' (13.3%).

Figure 4: Whether services are available in the community/neighbourhood (%): remote

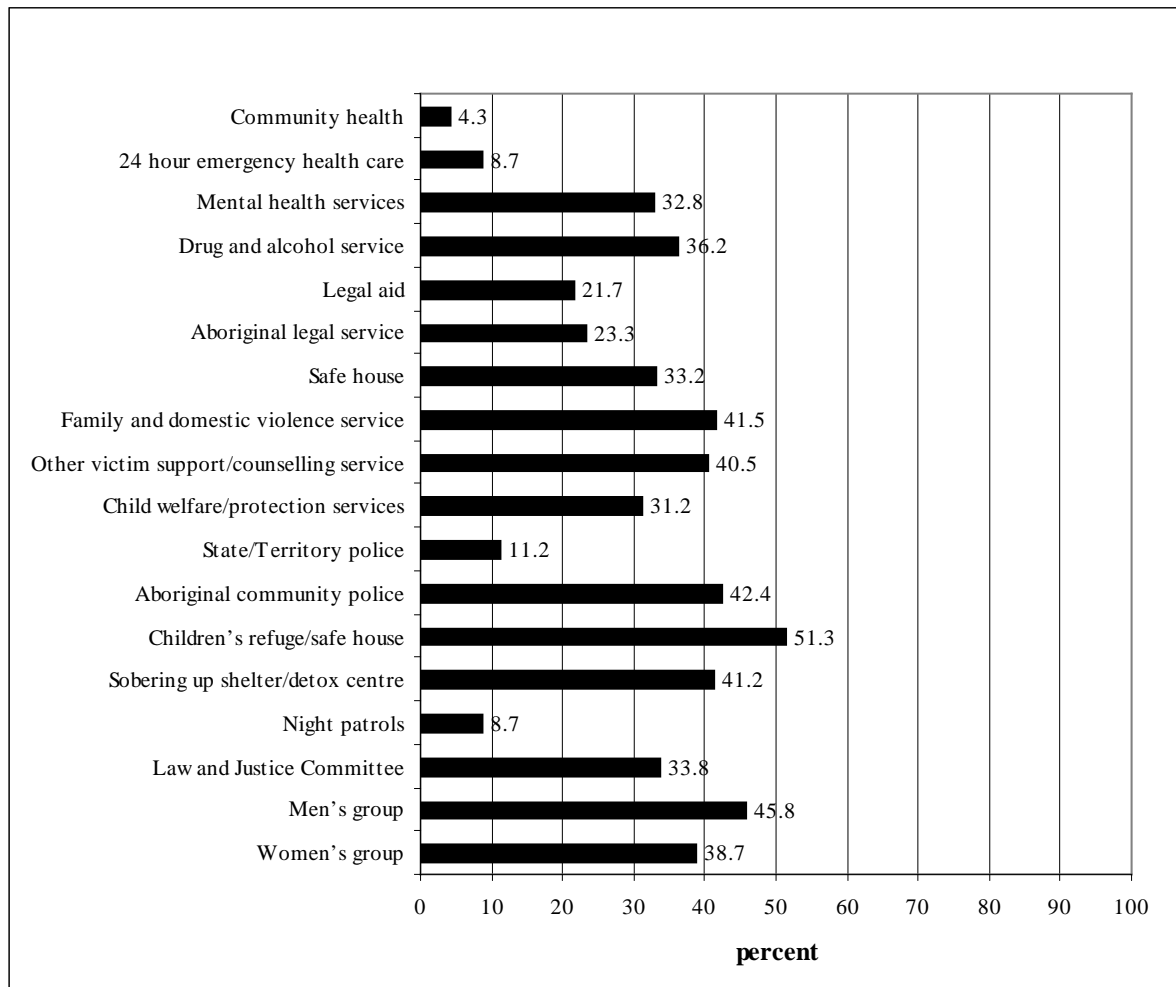


Remote community range of n = 251-257
 Source: CSSPS FaHCSIA datafile

A further question asked participants whether there is a need for a service that is currently not available in the community/neighbourhood. The same list of 17 services/initiatives was provided and participants were asked to indicate whether they existed, and if they did not, whether they were needed.

Remote respondents indicated that the most commonly needed service (that doesn't currently exist) was a 'children's refuge/safe house' (51.3%) followed by a 'men's group' (45.8%), 'Aboriginal community police' (42.4%), 'family and domestic violence service' (41.5%), and a 'sobering up/detox centre' (41.2%) (Figure 5).

Figure 5: Proportion of respondents that indicated the service does not exist and is needed (%): remote



Remote community range of n = 229-236
Source: CSSPS FaHCSIA datafile

Although other services, not provided in the list, were mentioned as being needed such as mental health and youth services, many participants preferred to stress the need to improve existing services (especially their accessibility after hours), the coordination of services, and workforce problems such as understaffing, housing, and need for security.

Coordination of services

Overall, there were more positive than negative comments from remote community service providers when asked how services work together in their community. However, quite a few stressed that only some of the time or only some organisations work well together. Negative comments were made about visiting services or the lack of engagement with the local community, and several stressed how much coordination is personality driven.

In response to a question about how well cross-agency cooperation works in relation to community safety objectives, remote community participants were most likely to be neither satisfied nor dissatisfied with the contribution that cooperation made to community safety (27.2%, see Table 4). Similar proportions of remote respondents were satisfied (25.6%) and

dissatisfied (26.8%) with the cross-agency cooperation contributing to community safety. Agencies and services were seen to work together more often when it involved assisting individuals at risk or unsafe, compared with working together to provide activities or programs that improve community safety.

Table 4: Satisfaction with cross-agency cooperation that contributed to community safety (%): remote

	Remote	
	number	%
Very satisfied	24	9.8
Satisfied	63	25.6
Neither satisfied nor dissatisfied	67	27.2
Dissatisfied	66	26.8
Very dissatisfied	15	6.1
Don't know	11	4.5
Total	246	100.0

Source: CSSPS FAHCSIA datafile

The majority of remote participants enjoyed working in the community or neighbourhood always/most of the time (77.1%, Table 5). An even higher proportion would recommend working in the community/neighbourhood to others (81.5% remote community respondents). Slightly more remote respondents thought community safety was not affecting staff retention than those who thought it was (49.0% compared with 39.9%).

Table 5: Level of enjoyment with working in the community/neighbourhood (%): remote

	Remote	
	number	%
Always/most of the time	189	77.1
Some of the time	51	20.8
Never/rarely	4	1.6
Don't know	1	0.4
Total	245	100

Source: CSSPS FaHCSIA datafile

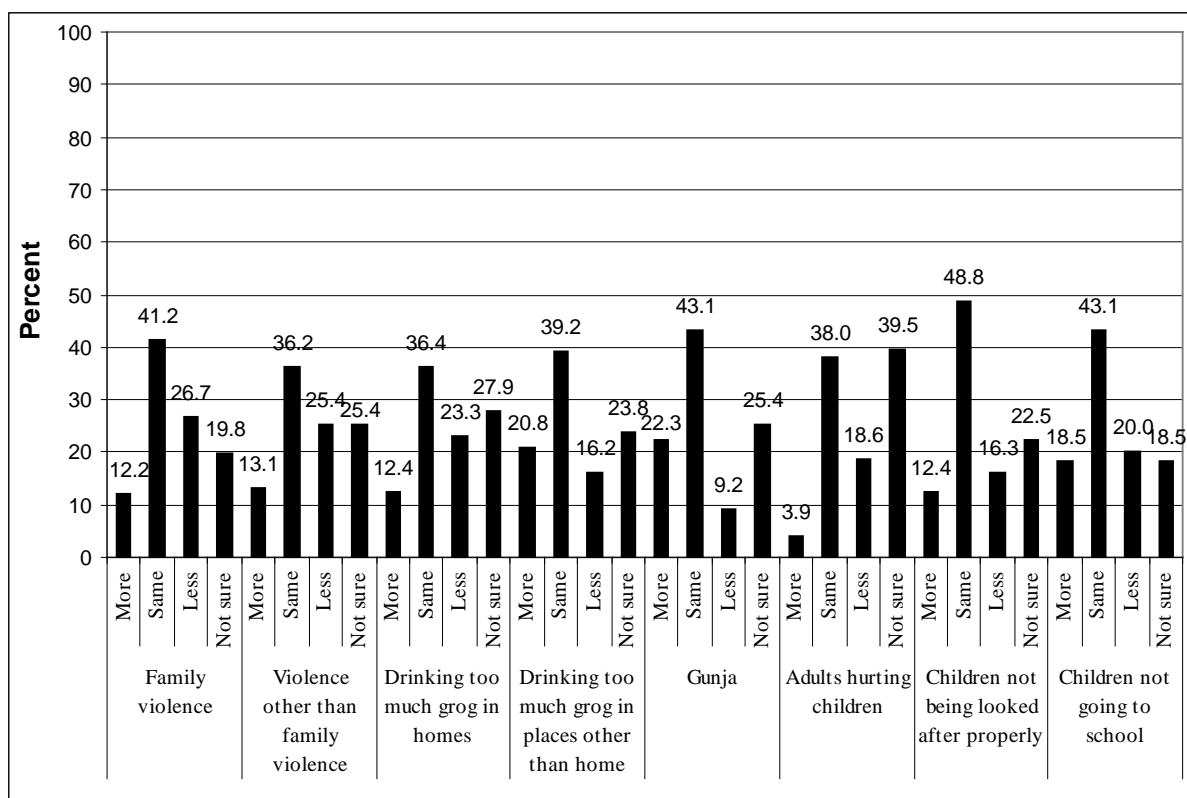
2.2 What are the perceived changes to community safety, social problems and service delivery?

Changes in community safety and social problems in the previous three years

Just under half of the remote community service providers considered the community to be safer now compared with three years ago (41.4%). Almost one fifth (17.0%) considered the community to be the less safe and 28.1 per cent considered it to be the same (not more safe or less safe).

The most common response to a list of eight social problems was that there had been no change, but more remote respondents indicated there was less of the problem now compared with those who said there was more for all problems except ‘gunja’ and ‘drinking too much grog in places other than home’ (Figure 6). Nearly a quarter (22.3%) said ‘gunja’ had increased, while only 9.2 per cent said there was less. Over a fifth (20.8%) considered ‘drinking too much grog in places other than home’ to have increased and 16.2% said there was less. At least a quarter of remote community participants said there was less ‘family violence’ (26.7%) and ‘violence other than family violence’ (25.4%).

Figure 6: Perceived changes in community/neighbourhood problems in the past three years (%), remote

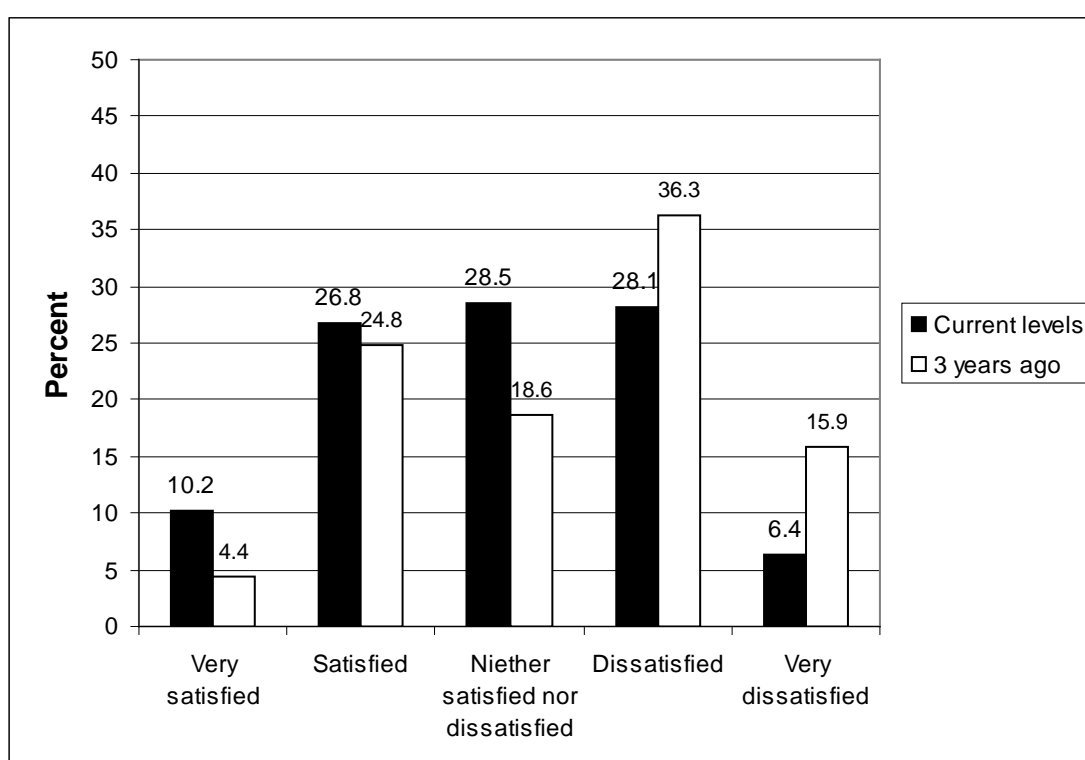


Remote community range of n = 129-131
Source: CSSPS FaHCSIA datafile

Changes in cross-agency cooperation and staff retention

When remote service providers were asked about their satisfaction with cross-agency cooperation three years ago, they were most likely to say they didn't know (43.5%). For those who did know, more remote community participants were dissatisfied than satisfied three years ago (52.2% were either 'dissatisfied' or 'very dissatisfied' compared with 29.2% who were 'satisfied or 'very satisfied') (see Figure 7). More remote respondents are satisfied with the current levels of cross-agency cooperation compared with three years ago (excluding those who don't know, 37.0% are 'satisfied' or 'very satisfied' with current levels compared with 29.2% three years ago). This would imply an improvement in inter-agency cooperation, no doubt partly because of an increased provision and presence of services.

Figure 7: Satisfaction with the level of cross-agency cooperation that contributes to community safety (%), current satisfaction and satisfaction three years ago*, remote



Remote community three years ago n = 113 and current = 235

Note: *Excludes don't know

Source: CSSPS FaHCSIA datafile

Respondents were asked whether staff retention is better now compared with three years ago. There were a large proportion of don't know responses to this question (39.3%). For those who did know, the majority of remote respondents (45.4%) said staff retention is not different to three years ago, while 30.0 per cent said it was not better, and 2.6 per cent said it was better.

2.3 What is seen as making a difference to community safety?

Some programs and initiatives were only implemented in a selection of remote communities. There were also a considerable number of remote community service providers who did not know how initiatives/programs had affected community safety. The distribution of responses

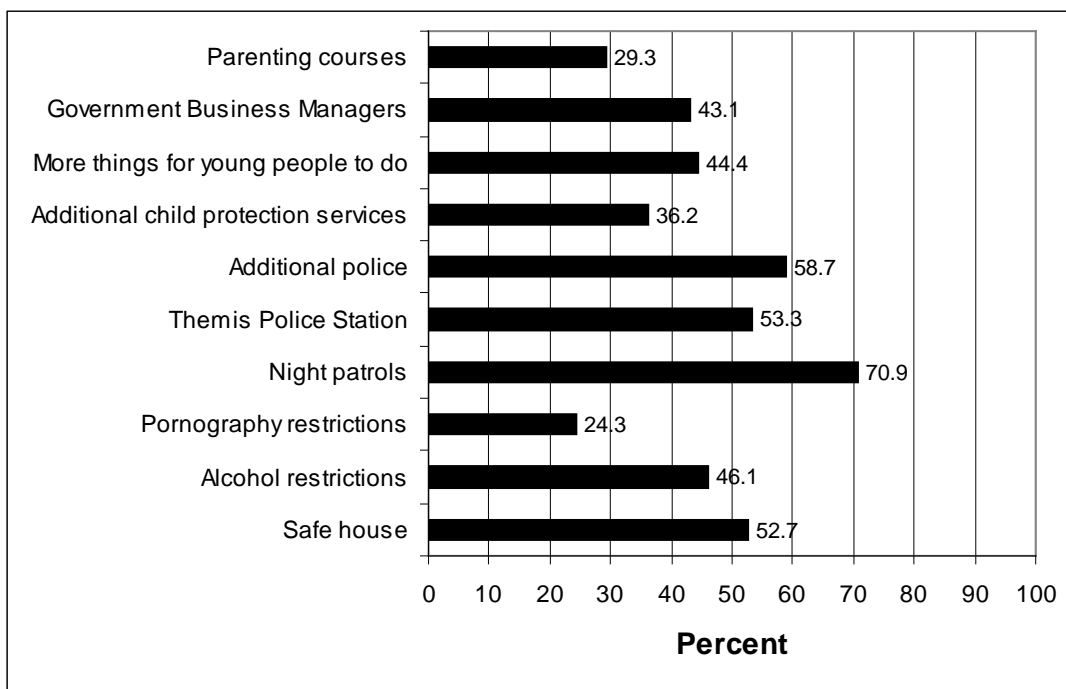
would suggest many service providers are not sure what has been implemented or how the various initiatives may have affected their local area.

Impact of programs/initiatives

Participants were asked to indicate the impact of a range of programs or initiatives on community safety. Out of ten listed programs/initiatives, remote community service providers considered ‘night patrols’ to have made the most positive impact on community safety (70.9% of respondents considered night patrols to have made things a bit better or a lot better) (see Figure 8). ‘Night patrols’ were followed by ‘additional police’, ‘Themis police stations’ and ‘safe houses’ (58.7%, 53.3% and 52.7% of remote respondents, respectively).

Most of the remaining programs and policies in remote communities (‘alcohol restrictions’, ‘GBMs’, ‘more things for young people to do’ and ‘additional child protection services’) had between 30 and 50 per cent of people considering them to have made things better, while parenting courses and pornography restrictions had the smallest proportions (29.3% and 24.3%, respectively).

Figure 8: Whether programs/policies have made a positive impact on safety* (%): remote



Remote community range of n = 101 to 226

Note:

*Includes proportion who think policy/program made things ‘a lot better’ and ‘a bit better’. Those who answered ‘Not in this community’ have been removed from the analysis.

Source: CSSPS FaHCSIA datafile

When asked in an open question about the most effective service or program that had increased community safety, most comments indicated that policing, closely followed by night patrols, was the most effective. Recreation/youth activities, alcohol restrictions, safe houses and the church were also mentioned by several remote community respondents.

2.4 What do service providers say should happen?

In remote communities, social problems or issues that frequently recurred in responses were kids, dogs, lighting/roads, alcohol, gambling, and family fighting. There is variation across community settings and across problems, with some respondents indicating the situation was worse and others better. Several respondents said the community was safe because it was a strong community and/or because of its small size.

Almost all service providers agreed more should be done to make the neighbourhood or community safer (81.2% of remote community respondents).

When asked about the three most important things that could be done to make the community or neighbourhood safer, the topic that came up most frequently in remote communities was the need to increase policing (including increasing numbers, having more police presence and employing more Aboriginal police officers). Other common themes for remote communities were:

- increasing youth activities and facilities such as youth centres
- the need for a grog program/stricter grog rules
- getting more kids to go to school
- more effective and proactive night patrol services
- addressing dog issues
- providing a safety/night shelter (including having specific shelters for men, women and children)
- improving law and justice measures
- parenting programs/courses.

Another key message that came through in remote community responses was to increase community involvement in appropriate decision making and to build community capacity and leadership. Suggestions to facilitate this included engaging community leaders and establishing working groups such as community safety action groups, men's and women's groups and having clan leaders developing the safety agenda.

2.5 What were the views of service providers from the non-government sector?

Service providers employed in the non-government sector were actively encouraged, with the assistance of NAAJA, to participate in the survey. A total of 282 participants answered for a remote community, and of these, 30 said they worked for a non-government organisation. The service providers from non-government organisation were more likely than those from government organisations to feel safe in the local community but were more likely to identify a range of social problems as a big problem (for example, alcohol, family violence, humbugging).

Similar views were held by the government and non-government sector about which services were needed where they did not currently exist in a local community. Non-government service providers were also more likely to be dissatisfied with the level of cross-agency cooperation that contributes to community/neighbourhood safety.

2.6 Summary

This section has presented the main results for remote community service providers. In relation to the current situation, their answers indicated:

- The majority felt safe in all situations nominated in the survey.
- Men were viewed as the safest group and girls, closely followed by women, the least safe social group
- Major problems in remote communities were issues relating to children, alcohol-related problems, and aggressive dogs.
- Anytime alcohol was involved is the most common factor to making events and times less safe. Fighting and/or violence was what often makes the service providers feel unsafe.
- Community health, police, emergency 24-hour health care, and night patrols were identified as the most common services.
- Where a service was said not to exist, a ‘children’s refuge/safe house’ was the most commonly needed service
- To be neither satisfied nor dissatisfied was the most common response to the question about satisfaction with cross-agency cooperation. It was viewed as occurring more often when assisting individuals at risk or unsafe.
- Most enjoy working in the community and would recommend the experience to others. Views were nearly equally divided on whether community safety was affecting staff retention.

In terms of changes in the previous three years, the results showed that:

- Many felt safer than they did three years before, and certain problems, such as family violence and other types of violence, were perceived to have fallen in some communities.
- Many service providers indicated that drinking too much grog in places other than home was still a big problem and had increased. Some of this drinking is likely to be outside communities, in or nearby towns.
- What were seen to have had the most impact on community safety are night patrols, followed by additional police, Themis stations, safe houses and alcohol restrictions.

Almost all service providers agreed more should be done to make the neighbourhood or community safer in remote communities.

Section 3

Current situation: town and remote

This section examines service providers' perceptions of how the community in which they work is currently faring in the areas of safety and service delivery.

Service providers were asked how safe they felt in a number of situations in the community, how safe they consider different groups to be in the community, which problems they perceived to be big or small in the community and events or factors that make the community less safe. Service providers were also asked what services the community had, what services they felt the community needed, and the efficacy of current service delivery.

3.1 Feelings of personal safety

Participants were asked to rate how safe they felt in a number of different situations in their community. A total of 696 respondents answered the question. Overall, service providers in remote communities felt safer than their town counterparts (see Figure 9).

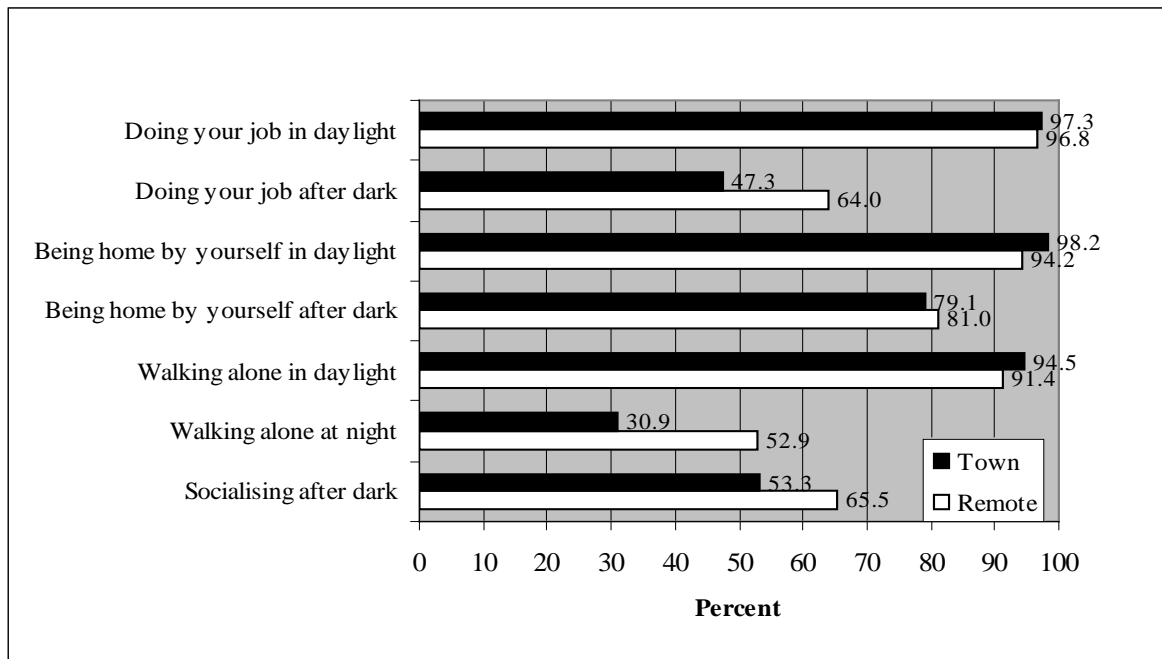
The proportion of town and remote respondents that felt safe doing their jobs in daylight was the same (87.5% for both). Similar proportions also said they felt safe at home by themselves in daylight (86.6% of town respondents and 87.4% of remote community respondents).

After dark, the proportion of respondents that felt safe decreased for all situations in both towns and remote communities. Remote community respondents felt safer than those in towns (38.1% of respondents in remote communities felt safe doing their job after dark compared with 23.7% of those in towns). Almost one quarter of town respondents felt a bit unsafe doing their job after dark (24.7%) and 20.9 per cent felt unsafe. Despite feeling less safe than they did during daylight, the majority of town and remote community respondents felt safe being at home by themselves after dark (57.4% in towns and 62.4% in remote communities).

For both towns and remote communities, the majority of respondents felt safe walking alone in daylight (74.9% and 80.6%, respectively). In contrast, walking alone at night had the highest proportion of people feeling unsafe of all categories, though the trend of respondents feeling safer in remote communities than in towns continued. In towns, 44 per cent of people felt unsafe walking alone at night compared with 25.7 per cent of those in remote communities (in remote communities, 27.5% of people felt safe walking at night compared with only 11.8% of those working in towns).

The majority of respondents felt 'safe' or 'a bit safe' while socialising after dark. In towns, 26.6 per cent felt 'safe' and 26.6 per cent felt 'a bit safe', while in remote communities 41.4 per cent felt 'safe' and 24.1 per cent felt 'a bit safe'.

Figure 9: Proportion that feel ‘safe’/‘a bit safe’ in different situations (%): town and remote



Town range of n = 393-400, Remote community range of n = 278-280
 Source: CSSPS FaHCSIA datafile

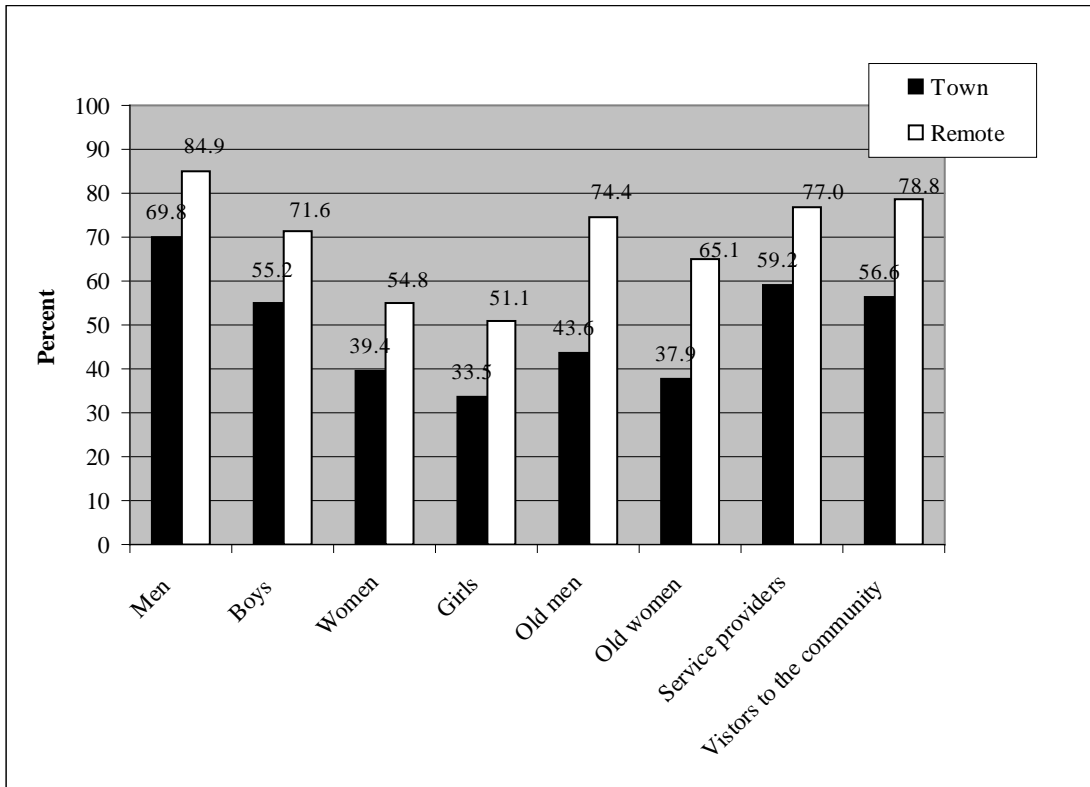
3.2 Perceptions of safety of different social groups

Survey participants were asked about their perceptions of safety for various types of people in the town or community where they worked. For men and boys in both towns and remote communities, the most common perception was that they were ‘safe some of the time’. In contrast, most respondents considered women and girls to be ‘unsafe some of the time’. For old men and old women the results differed by location. Town respondents most commonly viewed both old men and old women as being ‘unsafe some of the time’. In remote communities, the most common answer category was for ‘safe some of the time’.

Overall, men were considered to be the safest people in towns and remote communities (21.1% of town respondents and 36.2% of remote respondents considered men to be ‘safe all the time’). Following men, visitors to the community and service providers were viewed as being the safest people. In towns, 43.7 per cent of visitors were considered to be ‘safe some of the time’ compared with 45.4 per cent of visitors in remote communities. Service providers were also most likely to be considered ‘safe some of the time’, though this perception was slightly higher for those in towns (43.3%) compared to remote communities (41.4%). However, in remote communities, service providers were more likely to be viewed as ‘safe all the time’ than those in towns (35.6% compared with 15.9%).

For both towns and remote communities, women and girls had less people thinking they were ‘safe all of the time’ or ‘some of the time’ and higher proportions of respondents that considered them to be ‘unsafe all of the time’ than men or boys (see Figure 10).

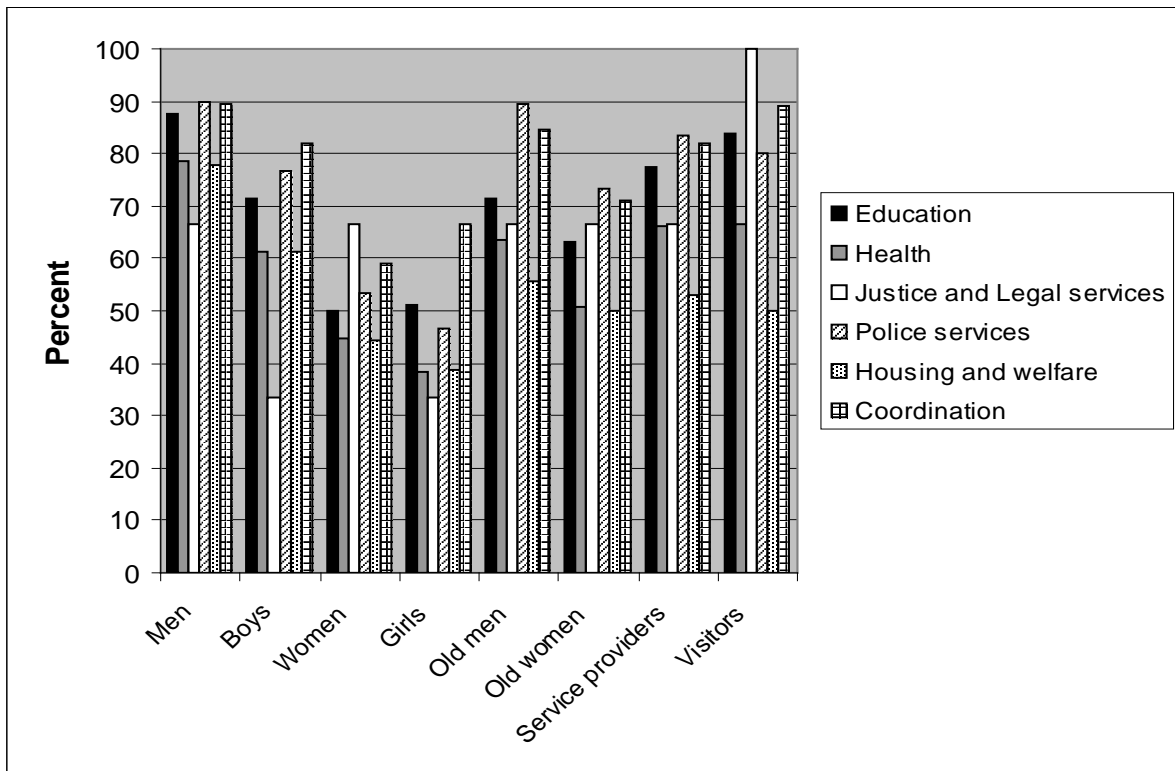
Figure 10: Perceptions of safety for different groups of people, percentage ‘safe all the time’/‘safe some of the time’ (%): town and remote



Town range of n = 387-398, Remote community range of n = 273-279
 Source: CSSPS FaHCSIA datafile

Differences in views on community safety were often apparent across occupational sectors. When remote respondents were asked what their perception of safety was for different social groups in the community, it can be seen (in Figure 11) that the Education, Coordination and Police Services sectors are often more positive about the safety for most groups when compared with other sectors. The Justice and Legal, and Health sectors were generally the least positive (alternating with each other on having the least positive perception of who was ‘safe all of the time’/‘safe some of the time’).

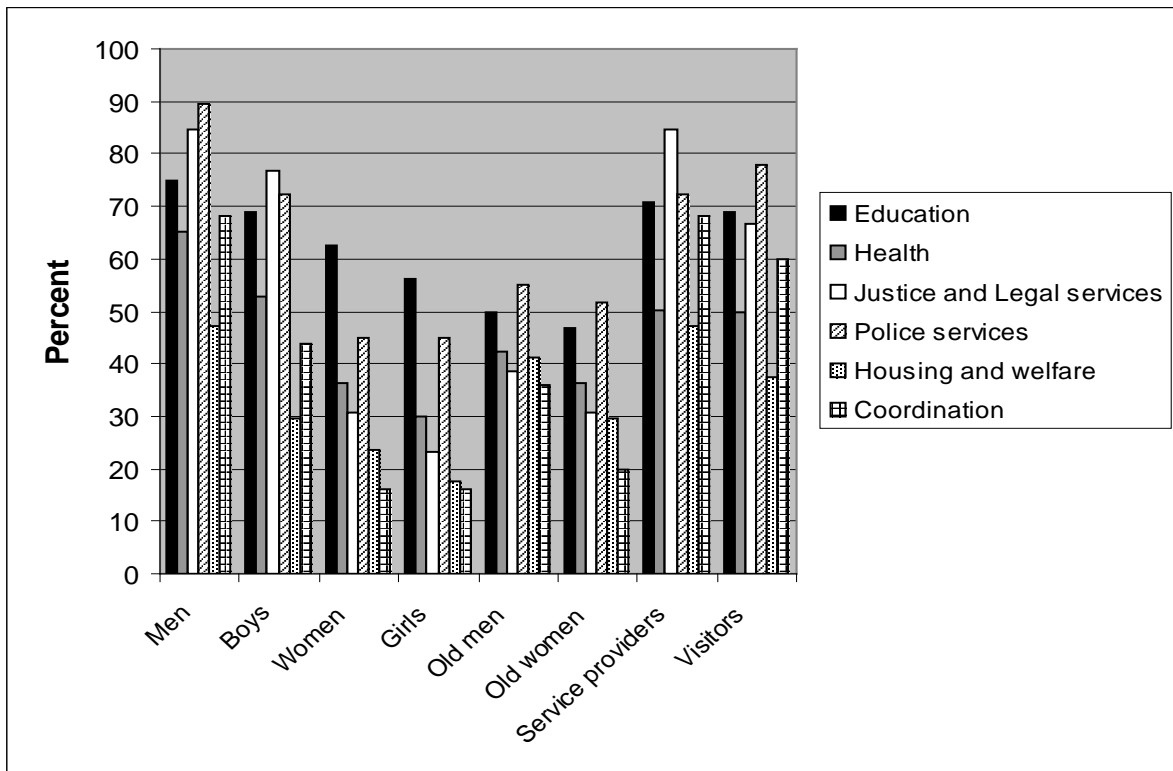
Figure 11: Perceptions of who is 'safe all the time'/'safe some of the time' by sector (%): remote*



Remote community range of n = 190-194
 Note: *Excludes 'other' category
 Source: CSSPS FaHCSIA datafile

Different trends were seen for town respondents (see Figure 12). The Health, Coordination and Housing and Welfare sectors tended to be least positive, but this was not always the case. The Police Services and Justice and Legal Services sectors were often the most positive (except when asked about women, girls and old women). The Education sector was fairly consistent in that it is relatively positive about all social groups.

Figure 12: Perceptions of who is 'safe all the time'/'safe some of the time' by sector (%): town



Town range of n = 280-289

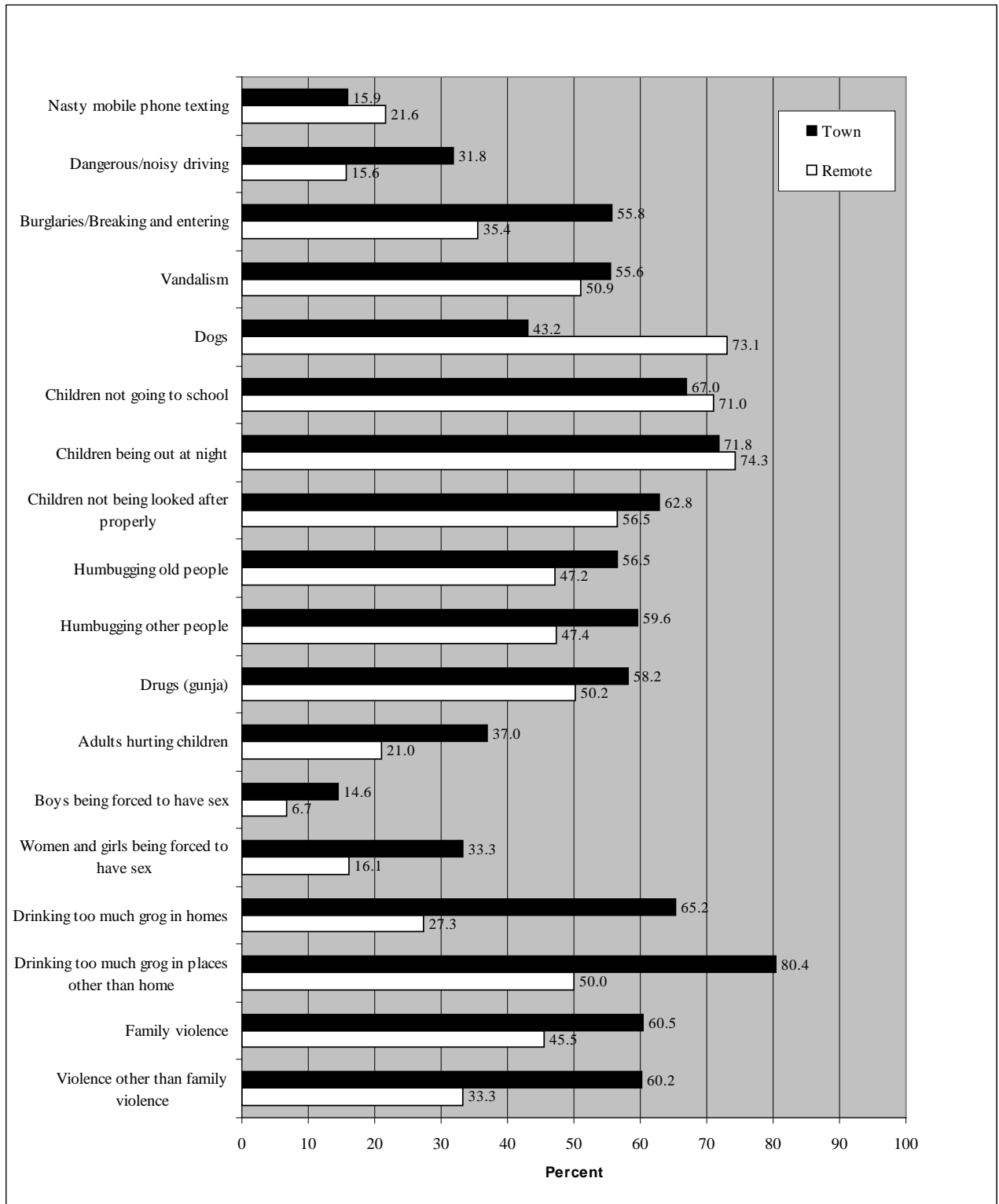
Note: * Excludes 'other' category

Source: CSSPS FaHCSIA datafile

3.3 Perceptions of community or neighbourhood social problems

In the questionnaire a list of 18 social problems was provided and participants were asked to indicate whether they saw them as a 'very big', 'big', 'small' or 'not a problem'. Figure 13 shows, for each problem, the proportion of responses that were considered a 'very big'/'big problem' by town and remote community participants.

Figure 13: Perceptions of social problems in the community or neighbourhood, ‘big’/‘very big’ problems (%): town and remote



Town range of n = 374 to 382, Remote community range of n = 264-270

Note: several categories of problems (e.g. ‘boys being forced to have sex’, ‘women and girls being forced to have sex’) had a large number of ‘don’t know’ responses

Source: CSSPS FaHCSIA datafile

There were two problems where both town and remote community respondents had most people answering that it was a ‘very big problem (happens all the time)’. They were ‘children being out at night’ (38.4% and 45.1% for town and remote community respondents, respectively) and ‘children not going to school’ (35.6% and 37.9% for town and remote community respondents, respectively). In remote communities, ‘dogs’ also had the highest proportion of people answering that it was a ‘very big problem’ (45.1% remote community respondents).

Town respondents were more likely to consider humbugging and drinking as a problem than remote community respondents. In towns, ‘humbugging old people’ and ‘humbugging other people’ was considered a ‘very big problem (happens all the time)’ by 25.4 per cent and 26.2 per cent of people, respectively. ‘Drinking too much grog in homes’ was mostly viewed as a ‘big problem’ (37.4% of people in towns) and ‘drinking too much grog in places other than home’ was mostly viewed as a ‘very big problem’ (42.3% of people in towns). The only violence category where a majority of people considered it ‘big problem’ or ‘very big problem’ was ‘violence other than family violence’ where 44 per cent of town people thought it was a ‘big problem’.

In both towns and remote communities, ‘don’t know’ was the highest response category for ‘women and girls being forced to have sex’, ‘boys being forced to have sex’ and ‘nasty mobile phone texting’.

Problems that were specified under the open ‘other’ category differed by town and remote areas. A total of 42 town respondents specified a problem under the ‘other’ category. The most commonly referred to issue was inappropriate/anti-social behaviour in public places (a total of 8 town respondents mentioned this as an issue in their town). Responses included ‘unprovoked verbal abuse’, ‘spitting, littering, and swearing’, ‘urinating/defecating in public places’ and ‘yelling’.

In comparison, 51 remote community respondents provided an answer in the ‘other’ category. The most common ‘other’ problem listed by remote respondents was substance abuse (seven responses). ‘Petrol sniffing’ and ‘gunja’ were examples provided. Following substance abuse were ‘mobile phone coverage’, ‘gambling’ and ‘mobile phone texting’ issues (each with four responses, or 10% of remote responses in the ‘other’ category).

3.4 Things that have happened to make some people unsafe

In an open question, respondents were asked whether there were things that have happened to make them say that some people were unsafe in the community or neighbourhood. There were 591 responses to this question. The majority of responses listed more than one ‘thing’ that happens/has happened to make people unsafe and, where applicable, respondents have had more than one category applied to their answer.

In both towns and communities, the most common response to this question related to ‘fighting/violence’ (57% of town respondents and 48% of remote community respondents mentioned some form of fighting or violence as making people unsafe in the community or town) (see Table 6). Examples of the various forms of fighting/violence can be seen in the following quotes:

“Regular incidents of domestic violence where men are drunk and verbally and physically abuse their female partners. Also children are involved and witnessing this

and living in chaotic violent homes where there is a lot of drinking fighting and moving around. This would happen in about 3-4 homes in the street behind where I live and happen on a weekly basis. There are also weekly occasions of people drinking and fighting in the two local parks. Violence usually involves men verbally and physically abusing women and children watching.” (*town respondent*)

“Rape and murder have recently raised their ugly heads. Fighting amongst ethnic youth groups.” (*town respondent*)

“Fighting, domestic violence, threats made against service providers. Large amounts of alcohol in community sometimes. Lack of police or community control” (*remote respondent*)

“Constant high levels of fighting between groups of people in the community that cascades in the school” (*remote respondent*)

The ‘fighting/violence’ category was further broken down into sub-categories of ‘domestic/family violence’, ‘murder’ and ‘sexual assault/rape’. ‘Domestic/family violence’ was an issue that was more likely to be talked about in remote community responses (19% of remote respondents compared with six per cent of town respondents). This contrasts with ‘murder’ and ‘sexual assault/rape’, which were more common in towns than remote communities. Murder and rape were often referred to as specific, isolated events that had occurred, rather than something that is happening frequently. The following quotes are examples of what respondents said about these sub-categories of violence:

“Domestic violence - especially against women. Sexual/physical abuse and neglect-children. Mainly in small factions of the community.” (*remote respondent*)

“Domestic violence, no safe houses for male/females. No supervision of children after dark. Alcohol/drugs getting into the community.” (*remote respondent*)

After ‘fighting/violence’, ‘alcohol/drunkenness’ was the next most common factor that led respondents to say some people were unsafe in their neighbourhood. In total just over 30 per cent of responses listed alcohol or some variation such as ‘too much drinking’, ‘intoxicated persons’ as an issue (similar proportions of people in towns and remote communities mentioned alcohol). It was very common for alcohol to be mentioned in combination with other factors such as ‘fighting/violence’ and ‘youth/gangs’. Examples of this include:

“There is an amount of alcohol-related violence, hence I wouldn't walk alone at night and certainly a lot of domestic violence. The elderly as vulnerable especially in relation to food security and home invasion by drunk relatives.” (*remote respondent*)

“Drunken locals; drunken itinerants - including those begging near bus stops and work place entries; Break ins - properties and cars in home neighbourhood (Stuart Park) and near work (CBD); hoons doing burnouts on suburban streets with no thought of pedestrians.” (*town respondent*)

“Alcohol fuelled domestic violence continues to be a problem, particularly against women. Community members have reported that girls as young as eight years display sexualised behaviours.” (*remote respondent*)

“Poorly managed drinking permit system. Significant drug and alcohol trafficking within the region including the community. No dog control. People are continuously being bitten.” (*remote respondent*)

‘Break-in/theft’ was another frequently mentioned issue in response to this question, though it was more common in towns than in remote communities. Around 15 per cent of town respondents and nine per cent of remote respondents mentioned break-in or theft as an issue. This category comprises crimes such as property break-ins (most common), bag/purse snatching, theft from public places and more.

Throughout the responses a theme became apparent that related to unruly behaviour from youths. Often, but not always, this was in relation to gangs. Town respondents were slightly more likely than remote respondents to bring up this topic (12% compared to 8%, respectively). Responses in this category variously noted children and/or gangs wandering/roaming streets (unsupervised by parents), youth vandalism, classroom violence, unsafe driving by young people and youth hanging out and behaving inappropriately in groups at places such as shopping centres and bus interchanges. Examples of responses that mentioned a youth or gang related issue include the following:

“There have been numerous break-ins and vandalisms in our community. Youth have been running wild and unchecked, children have been living with older kids, there seems to be a sense of helplessness on the part of community members to control their own children.” (*remote respondent*)

“Constant break-ins and youth vandalism after dark, lack of supervision by carers at night of children participating in under age sexual activities, vandalism and violence. There is a large increase of alcohol consumption within the community increasing violence and dangerous drivers, tired and unhappy children then attending school. Old people being harassed and bullied from younger, drunk, humbug family members. The police are under resourced and are never available due to little numbers and large regions to service.” (*remote respondent*)

“Yes, I have witnessed violence, angry intoxicated persons, youth in cars doing doughnuts up and down the street, gangs of youth wandering around late at night unsupervised.” (*town respondent*)

“Disengaged youth, low socioeconomic suburb so a fair degree of social dysfunction.” (*town respondent*)

As might be expected, remote community respondents were far more likely to mention ‘dogs’ as being a problem than town respondents (26% remote compared with less than 1% of town respondents). ‘Dogs’ were often brought up as the only factor causing remote community residents to be unsafe. Some examples highlighting the dog problem include:

“Dogs - hazard particularly to service providers, can be aggressive, opportunistic & territorial. Neglect of the very young and very old residents in community.” (*remote respondent*)

“Cheeky dogs are the major problem.” (*remote respondent*)

Other problems that were specific to remote communities were those relating to 'drugs'. Drug use was raised in 15 per cent of remote responses (compared with only 4% of town responses), and was often associated with other problems such as domestic abuse, community violence and drug running:

“People coming back from the club at [community] or having illegal alcohol and then becoming violent with each other and women. Smoking dope also makes many of the smokers aggressive and then they attack family members.” (*remote respondent*)

“There is a fair bit of marijuana and alcohol that comes into the community and those people who use it do so in their family homes amongst other family members who do not like the behaviour it can produce. These people don't want marijuana or alcohol consumed in their houses but feel powerless to do anything about it...” (*remote respondent*)

The 'drugs' category was further broken down into a 'volatile substance misuse' category, which was also a particular issue for remote communities. It was raised by service providers in remote areas in 6.1 per cent of responses, whereas it was not mentioned at all by town respondents:

“When sniffing rears its head a lot of violence and break-ins occur” (*remote respondent*)

“When there is weed in town, and sometimes when people come in from other communities and 'make trouble' for the locals. Some sniffing starting - things mixed with Opal fuel.” (*remote respondent*)

In towns, issues that were considerably more predominate than in remote communities were 'harassment/humbugging' and 'antisocial behaviour'. 'Harassment or humbugging' (referred to by 10% of town respondents but only 2% of remote respondents) was usually talked about in relation to someone being harassed for money, cigarettes or alcohol, often by intoxicated people, or groups of people. For example:

“Aged people being harassed for money or smokes outside of shopping centres.” (*town respondent*)

“Drunk and disorderly locals harassing people for money. Domestic violence in the streets.” (*town respondent*)

'Antisocial behaviour' was mentioned by seven per cent of town respondents (compared to less than 1% of remote respondents). Some examples of responses where antisocial behaviour was mentioned include:

“Anti-social behaviours from younger people.” (*town respondent*)

“Large amount of alcohol/drug related crime and anti social behaviour. Disgusting amount of rubbish left around by drunks also can make community parks feel unsafe.” (*town respondent*)

“Attacks on drunken people in the park by other drunken people. Anti social street behaviour such as defecating and urinating on the foot paths and gardens. Verbal rows and altercations outside the shops. Largish population of long grassers who are

usually pretty well behaved and polite but always humbugging for money and smokes.” (town respondent)

Table 6: Why some people are perceived as unsafe

	Town	Remote
Fighting/violence	199 (57.7%)	119 (48.4%)
Domestic/family violence	19 (5.5%)	47 (19.1%)
Murder	18 (5.2%)	5 (2.0%)
Sexual assault/rape	28 (8.1%)	19 (7.7%)
Alcohol/drunkenness	109 (31.6%)	74 (30.1%)
Break-in/theft	53 (15.4%)	23 (9.3%)
Harassment/humbugging	36 (10.4%)	6 (2.4%)
Antisocial behaviour	25 (7.2%)	1 (0.4%)
Drugs	12 (3.5%)	37 (15.0%)
Volatile substances	0 (0)	15 (6.1%)
Youth/gang	43 (12.4%)	20(8.1%)
Dogs	3 (0.9%)	64 (26.0%)
Car damage/theft	17 (4.9%)	6 (2.4%)
Road safety	8 (2.3%)	3 (1.2%)
Mental health/suicide	6 (1.7%)	7 (2.8%)
Uncategorised	53 (15.4%)	36 (14.6%)

Town n = 345, Remote community n = 246
Source: CSSPS FaHCSIA datafile

3.5 Times or events that make the community or neighbourhood less safe

There were 574 responses to the open ended question about whether there are times or events that make the community or neighbourhood less safe than it is usually. Responses were categorised and, where applicable, respondents have had more than one category applied to their answer.

The most commonly referred to ‘time or event that makes the community or neighbourhood less safe’ was anytime when alcohol was involved (mentioned in 35% of town responses and 40% of remote responses). Pay days or weeks (including pension and/or welfare payments and CDEP payment times) or times when royalties were paid were stated by a large

proportion of respondents as times when the community was less safe than usual. A total of 56 responses in towns and 48 responses in communities brought up this reason. Respondents often stated that this was the case due to the increased availability of money to buy alcohol.

Another commonly mentioned time when respondents felt the town or community was less safe than usual was times when there were a large number of visitors to the town or community. Times or events where there was an influx of visitors included football matches, the arrival of defence personnel (e.g. Royal Australian Air Force, Navy, American Marines), a particular festival or event (e.g. Garma), funerals, and seasonal flow. Reasons mentioned as to why this was an unsafe time include exacerbation of overcrowding issues, increased drinking and vandalism.

The intersection of money, events and substance abuse and the way they may lead to less safe situations is highlighted in these following comments:

“Events where drinking alcohol is an integral part (e.g. big footy/rugby games on TV) and increase the "boisterousness" of people as alcohol reduces their inhibitions...this has been shown to increase levels of domestic violence and other forms of assaults.”
(*town respondent*)

“Nights when the club has been open. Influx of drugs and/or alcohol in the community. During funerals there is often family conflict resulting in assaults. When royalty payments are made. When the crossing has first opened at the end of the wet when many residents often return to the community intoxicated. This also happens on the Friday and weekends of pay week.” (*remote respondent*)

“Significant amounts of money entering the town as a result of royalty payments or welfare payments is linked to increases in alcohol consumption and therefore the instances of violent behaviour. This is also true when members of nearby communities such as [remote community] receive royalty payments and head into [town] to spend the money.” (*town respondent*)

“Usually when there are events which are fuelled by alcohol and emotion. E.g. football More money in the community e.g. royalties means more drinking (alcohol and kava). People play cards, playing for days leaving children and young people unsupervised. The end of the dry season and build up brings a lot of issues to the surface and drinking and erratic behaviours abound, leading up to Christmas and into the holiday period. When there is excessive drinking old grievances get an airing.”
(*remote respondent*)

Responses did differ between service providers answering about towns and remote communities. As Table 7 shows, times surrounding a death or ‘sorry business’ were brought-up more often by remote area respondents than town respondents as being a time when the community was less safe than usual. A community was felt to be less safe at this time because of more ‘outsiders’ in the community and related issues (e.g. drinking and overcrowding) and related family feuding, ‘pay-back’ and tension that can follow a funeral. For example, comments included:

“During funerals there are many people from other communities that enter yours and so you don’t know everyone. You therefore have to lock everything and as well be aware.” (*remote respondent*)

“Larger gatherings involving people from other communities such as funerals. These lead to unrest and outside bad influence on the younger people in the community.”
(*remote respondent*)

“Sometimes sorry business depending on the way that a particular person dies - family payback.” (*remote respondent*)

Table 7: Times or events that make the community or neighbourhood less safe

Themes in responses	Town	Remote
Alcohol	118 (35.0%)	96 (40.5%)
Sport	50 (14.8%)	18 (7.6%)
Pay day	42 (12.5%)	32 (13.5%)
Outsiders	42 (12.5%)	29 (12.2%)
Royalties	14 (4.2%)	16 (6.8%)
Particular festival/event	19 (5.6%)	3 (1.3%)
School holidays	17 (5.0%)	6 (2.5%)
Seasonal	13 (3.9%)	13 (5.5%)
Gangs/fighting	9 (2.7%)	20 (8.4%)
Death/sorry business	5 (1.5%)	20 (8.4%)
Break-ins	5 (1.5%)	6 (2.5%)
Drugs	2 (0.6%)	20 (8.4%)
Dogs	0	8 (3.4%)
Family feuding	0	25 (10.5%)

Town n = 337, Remote community n = 237

Source: CSSPS FaHCSIA datafile

*Note that respondents may have more than one category applied to their response

Aggressive ‘dogs’, particularly after dark, were brought up as an issue in remote community responses. ‘Gangs/fighting’ and ‘family feuding’ were also mentioned more often in remote community than town responses (family feuding in particular was an issue specific to remote communities where it was mentioned in more than 10% of responses yet not at all in town responses). ‘Family feuding’ was often brought up in combination with other events such as a ‘death/sorry business’. Drugs were another issue more likely to be raised by remote community participants. Remote responses illustrating these remote-specific issues include:

“People are unable to walk the community without having protection from dogs such as sticks at anytime day or night.” (*remote respondent*)

“At night when youth gangs gather in the bottom to fight each other.” (*remote respondent*)

“When alcohol or drugs are brought into the community. When families visit from other communities bring alcohol or drugs into the community or behave in unsafe ways that the community would not usually behave in. For example several instances of petrol sniffing have occurred when family from other communities have visited for sorry business. The night patrol has recently recruited new staff who are considered strong and are listened to by community. This has created more order and a greater sense of community safety.” (*remote respondent*)

In towns, particular festivals and events were brought-up more often as an unsafe time than they were in remote communities (5.6% compared with 1.3% of responses). Examples of specific events that were mentioned include Garma day ceremonies, town show days, race days and New Years Eve.

Both towns and communities talked about seasonal variations as affecting safety in the community. In responses from remote communities where the dry season was mentioned as an unsafe time, the reason given was usually that alcohol was more readily available in the dry. In contrast, poor road conditions, lack of resources in the community and inability to leave the community were provided as reasons why the wet season is an unsafe time in some remote communities. In towns, the dry season was considered less safe by some due to more itinerants and ‘long grassers’ sleeping on the streets and more ‘youth activity’. Some town respondents considered the wet season as more unsafe due to more outsiders being unable to return to their community and so stay in the town. For example, the following comments were made:

“Fortnightly wet barge (alcohol distribution) where it is known women and children have fled to outstations away from drinking. This is unavoidable when outstations are inaccessible during the wet season.” (*remote respondent*)

“Wet season where a large number of people congregate in town, many itinerants and homeless unable to return to their community, makes it feel less safe. Do wonder if during these times there is an increase in domestic violence where people are removed from their own communities and the influence and availability of alcohol.” (*town respondent*)

“The dry season usually, as itinerants are more likely to sleep on the streets in better weather. Having said that even during the current wet season, there has been a marked increase in itinerant numbers.” (*town respondent*)

3.6 Service delivery: availability and need

A question in the survey asked whether any of 17 services were available in the community or neighbourhood, as a residential or visiting service. Figure 14 presents the results for town and remote community responses. The most common services in towns were ‘community health’ (93.3%), ‘police’ (95.6%), ‘24-hour emergency health care’ (89.6%), ‘drug and alcohol service’ (89.3%), ‘child welfare/protection service’ (89.3%), ‘legal aid’ (89%), ‘night patrols’ (87.8%), ‘Aboriginal legal service’ (87.1%) and ‘mental health service’ (86.2%). Less commonly available services were ‘law and justice committee’, ‘men’s group’ and

'women's group'. To those respondents who indicated these services were available, an almost equivalent proportion indicated they did not know whether they existed.

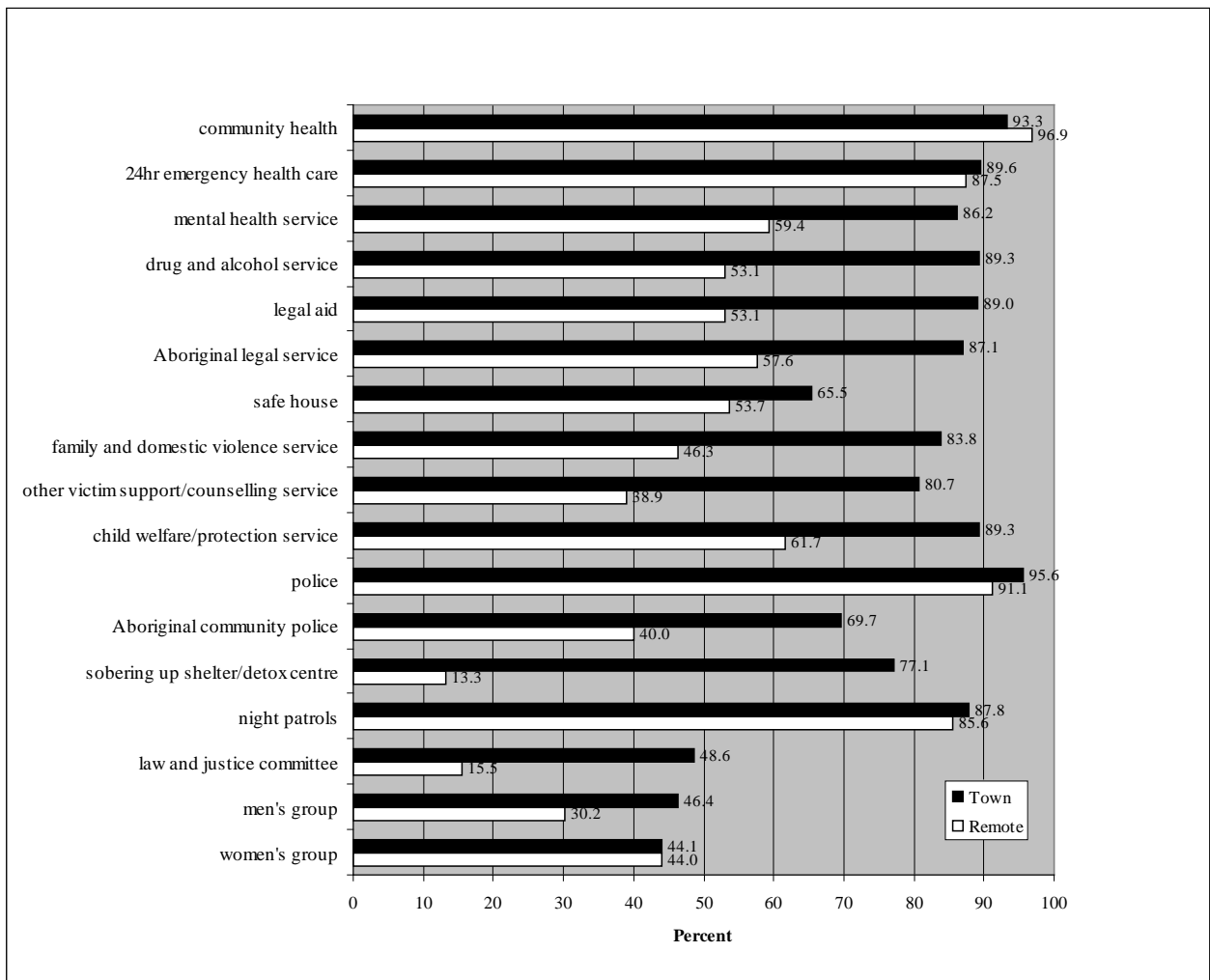
The most common services in remote communities were 'community health' (96.9%), 'police' (91.1%), '24-hour emergency health care' (87.5%) and 'night patrols' (85.6%). More than a half of the participants in remote communities indicated that the following services were available: 'mental health service' (59.4%), 'Aboriginal legal service' (57.6%), 'safe house' (53.7%), 'drug and alcohol service' (53.1%), and 'legal aid' (53.1%). The service least likely to be nominated as available was sobering up 'shelter/detox centre' (13.3%) followed by 'law and justice committee' (15.5%), 'men's group' (30.2%), 'other victim support/counselling service' (38.9%), 'Aboriginal community police' (40%), 'women's group' (44%), and 'family and domestic violence service' (46.3%).

Similar to towns, the highest proportions of 'don't knows' were for 'law and justice committee' (31.5%), 'men's group' (26.3%) and to a lesser extent 'women's group', (20.2%) - although the proportion who didn't know was much smaller than found in towns.

Services that seemed to be available at equivalent levels in both towns and remote communities were 'community health', '24-hour emergency health care', 'police', 'night patrols' and 'women's groups'. However, it is more likely that certain kinds of services are only available as visiting or outreach services in remote communities.

The most noticeable difference between towns and remote communities was, as expected, the lower levels of service availability for most services (except the four most common services mentioned above) in remote communities. The most marked differences between towns and remote communities (over 30%) for service availability included 'sobering up shelter/detox centre', a 'victim support/counselling service', 'law and justice committee', 'family and domestic violence service', 'drug and alcohol service', and 'legal aid'.

Figure 14: Whether services are available in the community or neighbourhood (%): town and remote



Town range of n = 358-364, Remote community range of n = 251-257
 Source: CSSPS FaHCSIA datafile

In addition to indicating which services were available in the community, participants were given the opportunity to include comments on 'other' services. There were a total of 35 responses, which were not always directly related to the question. They fell into three main categories: criticisms of a particular service, an identified need for or gap in a service, and a description of a service not in the provided list.

There were 23 responses for remote communities, and these included:

- criticisms of child welfare out of hours service
- a night patrol not working
- police taking too long to get to the community
- men having more services than women.

In terms of gaps in services, it was indicated that there was a need for a drug and alcohol service, that the mental health visits were sporadic, visiting services were ad hoc, and the lack of an Aboriginal community police aide. One example of a comment which indicated services were present but not working well was:

“Some services are here but people cannot access them, i.e. cannot contact clinic staff at night with ill children, never see night patrol and they do nothing.” (*remote respondent*)

It was noted that some services were available by phone or in a nearby regional centre. Other services listed as available by respondents were a strong religious community, community sports groups, a social and emotional program in schools, and a gambling program.

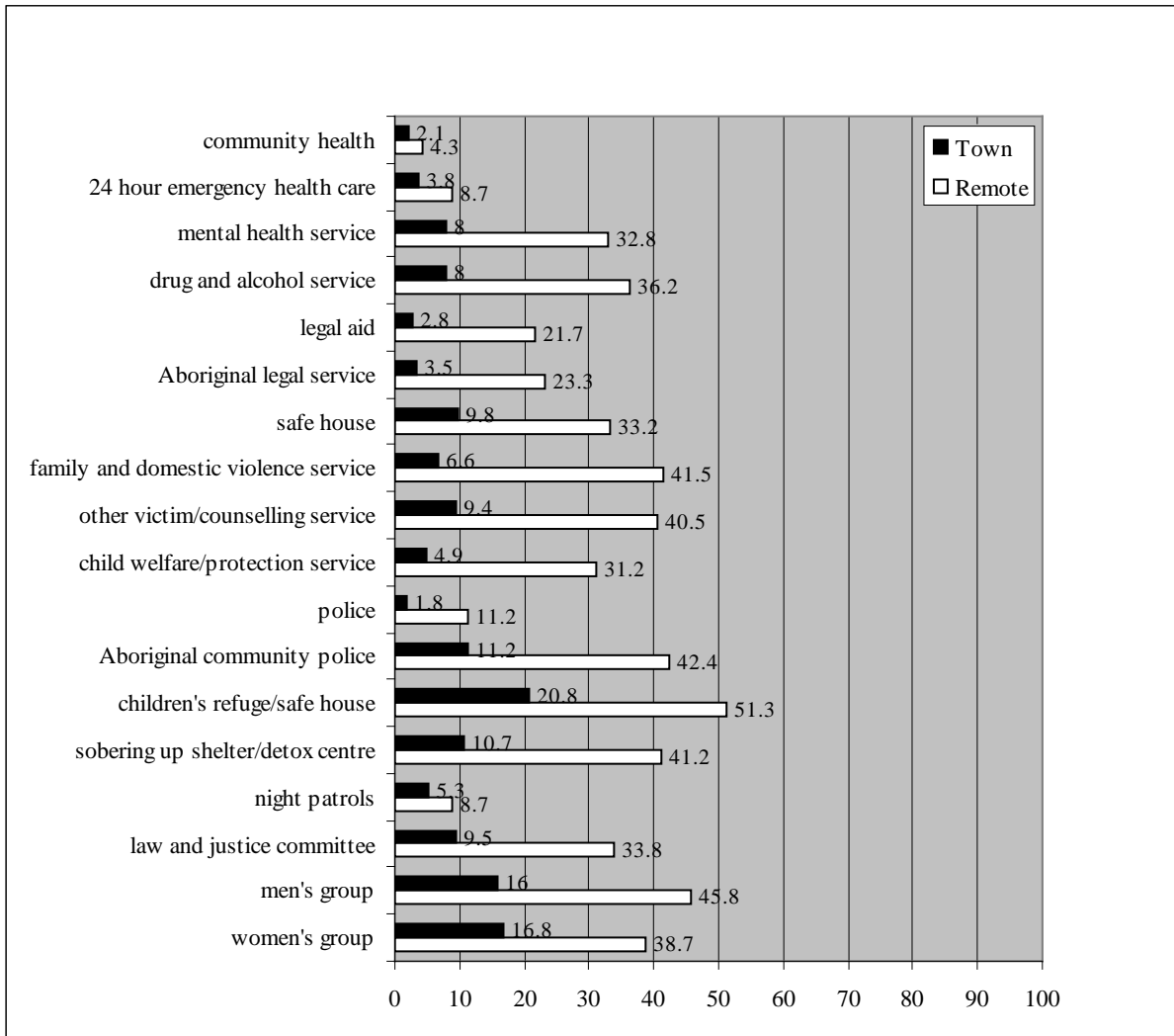
There were only 12 responses for towns under the ‘other’ category. A few additional services were indicated as being available, for example a suicide prevention program and an Inter Agency Tasking Coordination Group. There were several comments about the lack of services after-hours and on weekends. Another comment was that towns have everything but services are often full and there are long waiting lists, for example:

“The community centre looks after everything, that is directing people to medical centres and dealing with drug and alcohol issues, DV etc. Understaffed, not enough counsellors to work with people. Big waiting list. Also get people who 'walk in' highly distressed and agitated, have to deal with them immediately. Need more services and staff in our area, especially for our young Indigenous people.” (*town respondent*)

A further question asked participants whether there is a need for a service that is currently not available in the community/neighbourhood. The same list of 17 services/initiatives was provided and participants were asked to indicate whether they existed, and if they did not, whether they were needed.

In towns, based on the responses to the question about service availability, there are more services so it is not surprising that very few town based participants said a service did not exist. According to town participants, the most commonly needed service (that does not currently exist) was a ‘children’s refuge/safe house’ (20.8%), followed by a ‘women’s group’ (16.8%), a ‘men’s group’ (16%), ‘Aboriginal community police’ (11.2%), and a ‘safe house’ (9.8%) (see Figure 15).

Figure 15: Proportion of respondents that indicated the service does not exist and is needed (%): by town and remote



Town range of n = 282-290, Remote community range of n = 229-236
 Source: CSSPS FaHCSIA datafile

In remote communities, fewer services were reported to exist. The services that the most remote participants indicated did not exist and was needed were a ‘children’s refuge/safe house’ (51.3%), a ‘men’s group’ (45.8%), ‘Aboriginal community police’ (42.4%), a ‘family and domestic violence service’ (41.5%) and ‘sobering up shelter/detox centre’ (41.2%).

Participants were also given the opportunity to indicate whether there were ‘other’ services that were needed and not covered in the list provided. For remote respondents, there were 43 responses in the ‘other’ category. Of these 17 named a particular service that was needed, including financial, mental health, gambling, men’s shelter, police station, more female night patrol officers, after hours activities for kids, family counselling, behaviour management, children’s refuge, cleaning and looking after elderly people, and trained interpreters in communities.

Further, a number of comments related to inadequately delivered or run programs and even more referred to how service delivery was insufficient because, for example, it only ran part-time or involved visiting services. The following quote captures many comments made in response to this and other questions about the lack of after-hour services in remote communities and to a lesser extent, towns:

“Desperately need AFTER HOURS availability for safe house, police, mental health, DV counselling.” (*town respondent*)

In towns, there were 44 responses in the ‘other’ category. The majority named a specific service that was needed ranging from a boot camp and a jail to a family planning clinic and an acute detox service for young people. Several responses referred to accommodation, including overnight facilities, facilities for town campers, emergency or short-term housing, a homeless shelter, and a shelter for women and men. Another cluster stressed the need for after hour or 24-hour mental health services and a few mentioned youth services. Several participants stressed the need to improve and/or coordinate existing services, and others raised concerns about understaffing, staff housing, and the need for security personnel or extended policing for services late at night.

3.7 Service delivery: coordination and cooperation

An open-ended question asked respondents ‘how do services work together in the community/neighbourhood?’. A total of 423 participants provided comments, although most of them did not describe how services worked together. Rather, they focused on how well services worked together.

For towns, there were 221 responses and the overwhelming majority responded with one sentence. There were three main types of responses – those that were positive/mostly positive (n=82), those that thought organisations or sectors worked well together sometimes/some organisations or sectors (33) and those that were negative/mostly negative (71). A further 24 respondents said they did not know. The remaining responses did not answer the question with enough information or were not specific enough to be categorised (8).

For the town respondents with negative comments, answers were often brief (such as ‘poorly’ and ‘not very well’), but sometimes reasons were given for what in their view inhibited coordination. Reasons often related to fragmented workplaces, with services working in isolation of others (e.g. ‘silos’ were mentioned a number of times). ‘High staff turnover’ and overworked staff, competition among services (e.g. for funding) and privacy concerns were brought-up as reasons that hindered services from working well together. Examples of the types of negative comments include the following:

“Fragmented, with each team guarding its bit of turf and playing by its own.” (*town respondent*)

“Appears quite fragmented and divided, would like to see a more structured and conducive community support service delivery without so much overlap.” (*town respondent*)

“Poorly - with lack of inter-agency communication.” (*town respondent*)

“Not very well, lots of silos.” (*town respondent*)

For town respondents who were positive about the way services work together, answers were once again often brief (e.g. ‘pretty good’ and ‘well’), though some people expanded their answer to comment on why it was working well. These comments tended to include ‘regular meetings’, ‘good interaction’ and ‘good liaison’. Occasionally where there was a positive response, people indicated that there were still problems, for example with after-hours services. Some respondents also said that although they worked well together overall, there was still room for improvement (e.g. better communication). Positive responses included:

“Think youth services, where I work, work well together with regular meetings and supporting each other's service.” (*town respondent*)

“Services work together well. With recent new police officer in charge there is better liaison between the hospital and the police.” (*town respondent*)

“OK but limited by our after hours restrictions.” (*town respondent*)

With the middle of the road responses (the ‘sometimes’ responses), it was mentioned by respondents that some organisations or sectors work well together or that for some issues coordination and communication is good, but it was implied or stated that more could be done. Quite a few of the responses referred to meetings, such as liaison or interagency meetings but there was mixed views on whether they achieved much. Another issue that came up several times was that a lot of services are not aware of one another. Primarily the comments seemed to refer to government services though a few responses did mention the non-government sector and several, private companies. The following illustrate the range of ‘sometimes’ responses:

“As best they can when dealing with high staff turn over and burn out.” (*town respondent*)

“Sometimes well and sometimes ad-hoc and sometimes not all.” (*town respondent*)

“Some work well other are fragmented and are competing for funds and/or are not happy to work together.” (*town respondent*)

For remote service providers, the total number of responses was 202, and of these four said they ‘didn’t know’. The majority of comments were ‘positive/mostly positive’ (n=88) with 65 ‘negative/mostly negative’ and 38 in the ‘sometimes/some organisations or sectors’ category. Positive responses often referred to good communication (e.g. regular meetings and interagency meetings), sharing of resources and community engagement. For example:

“Good, information sharing and partnerships are strong.” (*remote respondent*)

“All service providers communicate and work towards the same goal of improving conditions, health and well being of the community.” (*remote respondent*)

Negative comments by remote respondents were similar to those made by town respondents such as services working independently of one another (e.g. ‘fragmented’ and ‘in silos’, ‘no communication’) and high staff turnover. Negative comments from remote respondents also often talked about a lack of coordination of visiting services and lack of services in general, and the lack of involvement of or engagement with the local community. Several comments stressed how much of the coordination is politically driven, with key people (for example a particular police officer or GBM) having potentially a positive or negative effect.

“Most (services) work independently of each other - no mechanism for sharing intelligence or support.” (*remote respondent*)

“Not that well, there is poor connection to wider community.” (*remote respondent*)

“This community is political and although local organisations advise they work together, there is significant disconnect as all have their own agenda's/interests, rather the ensuring coordinated provision of services to improve the lives of Indigenous people in this community.” (*remote respondent*)

The ‘sometimes’ comments made by remote respondents were again similar to town respondents’. Many responses mentioned more meetings, more communication, that staff turnover is too high and some services and agencies are working well but not others. For example:

“Some work well together and others tend to remain aloof and separate (even when providing similar services).” (*remote respondent*)

“Improving but still needs work, a problem due to turnover of staff, police change every three months.” (*remote respondent*)

“Some work well together but others don't.” (*remote respondent*)

In a fixed choice question, participants were asked about their satisfaction with the level of cross-agency cooperation that contributes to community or neighbourhood safety in the local area. Table 8 presents the results for towns and remote communities. Overall, nearly one-third of participants (30.9%) were ‘neither satisfied nor dissatisfied’, with similar proportions ‘satisfied/very satisfied’ (31.1%) and ‘dissatisfied’/‘very dissatisfied’ (30.3%). Town based service providers were more likely than their remote counterparts to not know or to be neutral, i.e. not satisfied nor dissatisfied.

Table 8: Satisfaction with cross-agency cooperation that contributed to community safety (%): town and remote

	Town		Remote	
	number	%	number	%
Very satisfied	13	3.8	24	9.8
Satisfied	82	24.1	63	25.6
Neither satisfied nor dissatisfied	116	34.1	67	27.2
Dissatisfied	73	21.5	66	26.8
Very dissatisfied	23	6.8	15	6.1
Don't know	33	9.7	11	4.5
Total	340	100.0	246	100.0

Source: CSSPS FaHCSIA datafile

Another question asked ‘do agencies/services work well together to assist individuals who are at risk or unsafe’. Over half of the participants who answered this question (55.2%) indicated services or agencies do work well together to assist individuals who are at risk or unsafe some of the time. Over twice as many said that it was ‘always’/‘most of the time’ (22.4%) compared with those who said ‘never/rarely’ (10%).

When town based participants are compared with remote community participants, the former were more likely to answer ‘some of the time’ or ‘don’t know’ (see Table 9). More remote community participants answered ‘always/most of the time’ (29.6%) than ‘never/rarely’ (10.7%), with nearly twice as many remote community participants indicating it was ‘always/most of the time’ compared with town participants (17.4%).

Table 9: Whether agencies/services work well together to assist individuals are at risk or unsafe (%): town and remote

	Town		Remote	
	number	%	number	%
Always/most of the time	58	17.4	72	29.6
Some of the time	191	57.2	127	52.3
Never/rarely	32	9.6	26	10.7
Don't know	53	15.9	18	7.4
Total	334	100.0	243	100.0

Source: CSSPS FaHCSIA datafile

A slightly different question asked whether agencies/services work well together to provide activities or programs that improve community safety. Similar to the response distribution of responses to the question above, over half of participants (55.5%) indicated that agencies/services work well together ‘some of the time’ to provide activities or programs that improve community safety. However, compared with responses to the question above about at risk individuals, participants were more likely to be negative (20% answered ‘never/rarely’) than positive (10.3% ‘always/most’) about working together to provide community safety activities and programs.

Town based participants were more likely to indicate they did not know (20.1%) compared with remote community participants (5.9%) and as a result, the latter had higher proportions who answered the other three categories (see Table 10).

Table 10: Whether agencies/services work well together to provide activities or programs that improve community safety (%): town and remote

	Town		Remote	
	number	%	number	%
Always/most of the time	29	8.8	31	13.0
Some of the time	176	53.5	138	57.7
Never/rarely	58	17.6	56	23.4
Don't know	66	20.1	14	5.9
Total	329	100.0	239	100.0

Source: CSSPS FaHCSIA datafile

3.8 Job satisfaction and staff retention

Participants were asked whether they enjoy working in the community or neighbourhood. The majority of participants said they enjoyed working in the community or neighbourhood ‘always or most of the time’, with a slightly higher proportion of remote service providers (77.1%) than their town counterparts (70.2%) (see Table 11).

Table 11: Level of enjoyment with working in the community or neighbourhood (%): town and remote

	Town		Remote	
	number	%	number	%
Always/most of the time	236	70.2	189	77.1
Some of the time	91	27.1	51	20.8
Never/rarely	8	2.4	4	1.6
Don't know	1	0.3	1	0.4
Total	336	100.0	245	99.9

Source: CSSPS FaHCSIA datafile

A question also asked whether the participant would recommend working in the community or neighbourhood to others. Overall, the overwhelming majority of participants (78.8%) would recommend working in the community or neighbourhood to others. Table 12 shows the responses for town participants and remote community participants, with the latter more

positive (81.5% compared with 76.1%) while slightly more town participants indicating ‘no’ or ‘don’t know’.

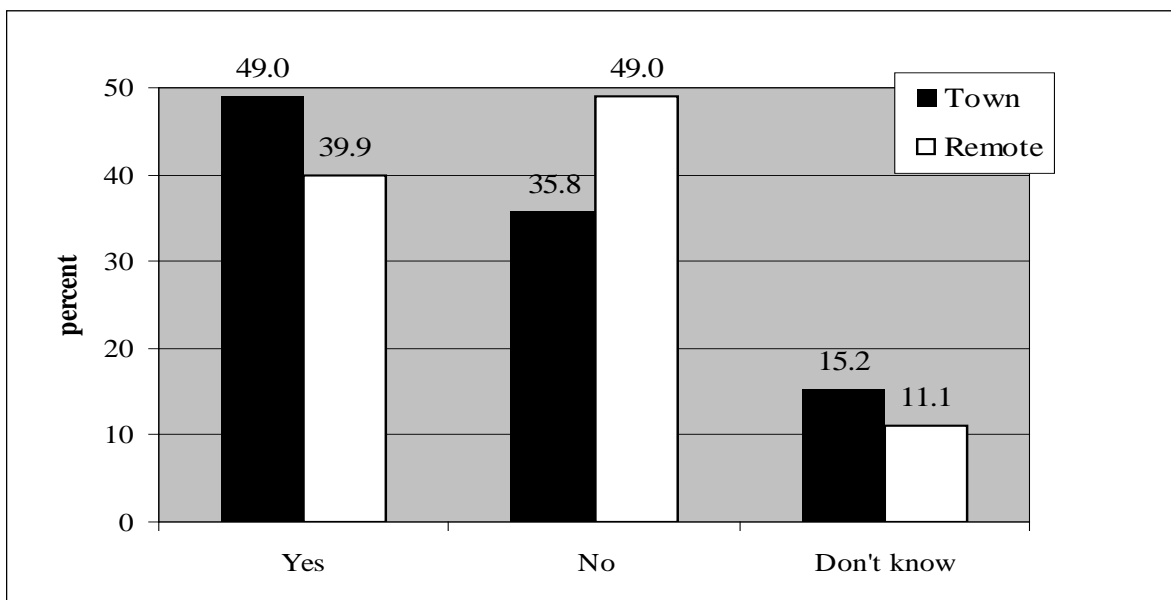
Table 12: Whether the participant would recommend working in the community/neighbourhood to others (%): town and remote

	Town		Remote	
	number	%	number	%
Yes	255	76.1	198	81.5
No	42	12.5	24	9.9
Don't know	38	11.3	21	8.6
Total	335	99.9	243	100.0

Source: CSSPS FaHCSIA datafile

A question asked whether community safety was affecting staff retention in the community or neighbourhood. Slightly more respondents indicated that community safety was affecting staff retention in the community or neighbourhood (44.9%) than those who said it was not (41.5%). A further 13.6 per cent indicated they ‘don’t know’. As Figure 16 shows, town based participants were more likely to say they did not know (15.2%) than remote community participants (11.1%) and were more likely to say it was affecting staff retention (49% compared with 39.9%).

Figure 16: Whether community safety is affecting staff retention in the community or neighbourhood (%): town and remote



Town n = 335, Remote community n = 243
Source: CSSPS FaHCSIA datafile

3.9 Summary

This section explored service providers' perceptions of how the community or neighbourhood in which they work is currently faring in the areas of safety and service delivery.

Service providers were asked how safe they felt in a number of situations in the community, how safe they consider different social groups to be in the community, which problems they perceive to be big or small in the community and events or factors that make the community less safe. They were also asked about service availability, what services they felt the community needed, and the efficacy of current service delivery.

The following key findings on the current situation were evident:

- Across a variety of different situations, respondents in remote communities felt approximately as safe or safer than respondents in towns.
- Service providers in both towns and remote communities most commonly considered 'men' to be the safest people, followed by 'visitors to the community' and 'service providers'.
- In contrast, 'girls', closely followed by 'women' were considered to be the least safe people in both remote communities and towns.
- Overall, the biggest problem identified by service providers was 'children being out at night', followed by 'children not going to school' (both were slightly more of a problem in remote communities than towns).
- For respondents in remote communities, 'dogs' were also a comparably big problem whereas respondents in towns perceived 'drinking too much grog in places other than home' as the biggest problem.
- The most common time or event when service providers considered the community or neighbourhood to be less safe was anytime alcohol was involved, followed by sporting events, pay days or weeks, when royalties were paid out and when visitors were in the community. The most common thing that happens to make people say the community was unsafe was 'fighting/violence' followed by alcohol/drunkenness'.
- Service providers in remote communities were also likely to mention 'sorry business' and 'death' as an unsafe time, whereas service providers in towns more commonly brought up particular festivals and events.
- Overall, towns had more services available, with 'sobering up shelter/detox centre', 'victim support/counselling service' and 'family and domestic violence service' having the most marked difference in availability between the towns and remote communities.
- However, services most commonly indicated as being needed by service providers in remote communities included a 'children's refuge/safe house', a 'men's group' and 'Aboriginal community police'.

- Over half of respondents indicated that agencies and services work well together to assist individuals at risk or unsafe only 'some of the time'. A similar proportion indicated that agencies and services work well together to deliver programs to improve community safety 'some of the time'.
- A large majority of service providers indicated that they enjoyed their job and would recommend working in that community or neighbourhood to other people, with providers in remote communities having slightly more positive responses.
- Differences in views regarding community safety are apparent across work sectors, with the Police and Education sectors being the most consistently positive across perceptions of safety for a range of social groups.

Section 4 **Changes in community safety: town and remote**

The survey asked about changes to community safety and social problems in the community or neighbourhood over the past year and over the past three years. More participants felt they could answer the questions about the one year changes (n=478) than those who felt they were able to answer the question about changes over three years (n=354).

4.1 Changes in the previous 12 months

In both towns and remote communities, the majority of service providers indicated they knew the place well enough to know whether it has changed in the last 12 months. A total of 299 service providers (78.3%) said they knew the community or neighbourhood well enough for towns and 179 (66.1%) said they could answer for remote communities.

Perceptions of community safety

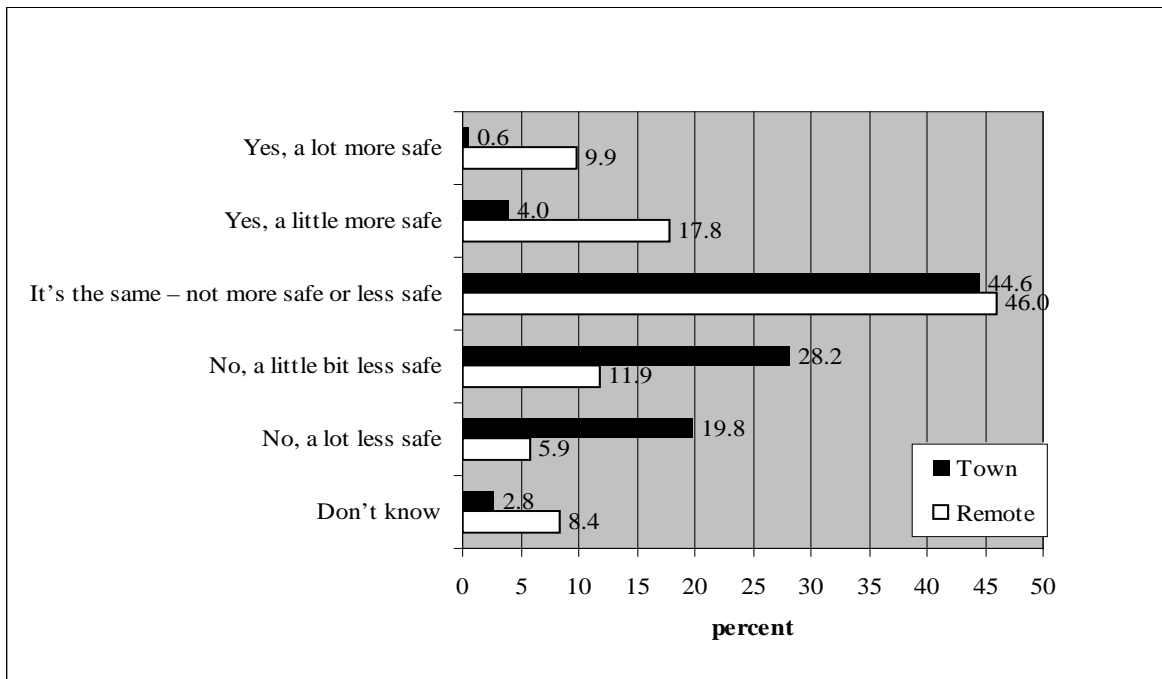
Participants were asked whether the community or neighbourhood had become safer in the last 12 months. As Figure 17 shows, the majority of respondents felt that safety in the community or neighbourhood had remained the same over the past years (46% of remote respondents and 44.6% of town respondents).

A higher proportion of town respondents, nearly half (48%), felt the town/neighbourhood had become less safe. In contrast, of the service providers who responded about remote communities, less than a fifth (17.8%) felt the community had become less safe.

Accordingly, remote community respondents were more likely to consider the neighbourhood to have become safer in the past 12 months than their town counterparts.

Of the service providers who answered about a remote community, 17.8 per cent felt that the community had become 'a little more safe' and a further 9.9 per cent felt that the community had become 'a lot more safe'. Of the service providers who answered about a town, only four per cent felt that the community had become 'a little more safe' and less than one per cent felt it had become 'a lot more safe'.

Figure 17: Whether the community or neighbourhood has become safer in the last 12 months (%): town and remote



Town n = 323, Remote community n = 202
 Source: CSSPS FaHCSIA datafile

Perceptions of community or neighbourhood social problems

Participants were asked whether, in the last 12 months, there was more, the same, or less of eight social problems (a subset of the 18 problems asked about in an earlier question about current social problems). Figure 18 presents the results for town and remote community respondents.

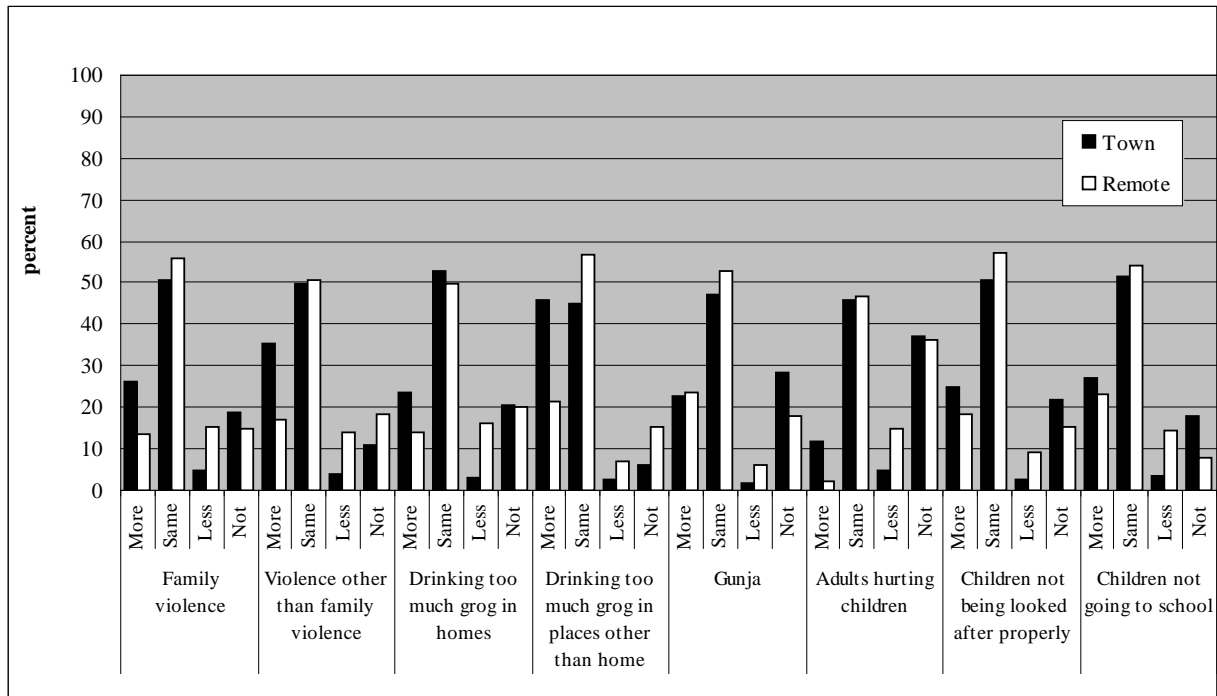
For most problems asked about, the majority of service providers in towns and remote communities saw no change and perceived the different issues to have remained mostly the same as they were 12 months previously. The one exception to this was the issue of ‘drinking too much grog in places other than the home’, which in towns, was considered to have become more of an issue over the past 12 months (by 45.9% of town respondents). This was not the case for remote communities, where only 21.2% of respondents thought they had noticed more of this. There were no issues, for either remote or town respondents, where a majority of respondents had noticed a decrease.

For all problems except ‘gunja’, a higher proportion of town respondents had noticed an increase in the issue. For ‘gunja’, slightly more remote participants had noticed an increase than town respondents. After ‘drinking too much grog in places other than home’, town respondents viewed ‘violence other than family violence’ followed by ‘family violence’ as the issues that had increased the most (35% and 26% of town respondents, respectively).

In remote communities ‘gunja’ followed by ‘children not going to school’ were the problems with the highest proportions of people saying they had increased (23% for both), although more people still considered them to have remained the same over the past year (53% and 54%, respectively). In towns and remote communities, ‘adults hurting children’ had the

highest proportion of people who were ‘not sure’ (37% of town respondents and 36% of remote respondents).

Figure 18: Perceived changes in community or neighbourhood problems in the past 12 months (%): town and remote



Town range of n = 318-321, Remote community range of n = 195-200
Source: CSSPS FaHCSIA datafile

4.2 Changes in the previous three years

Participants were asked whether they knew the community or neighbourhood well enough to know if it had changed in the last three years. Just over half (54.9%) of respondents answered that they knew the community or neighbourhood well enough. The other half of the respondents (45.1%) either did not know if they could answer or answered that they did not know the community or neighbourhood well enough to know if it had changed in the previous three years. A total of 244 town respondents (64.6% of all town participants) and 110 remote respondents (40.6% of all remote community participants) said they knew it well enough.

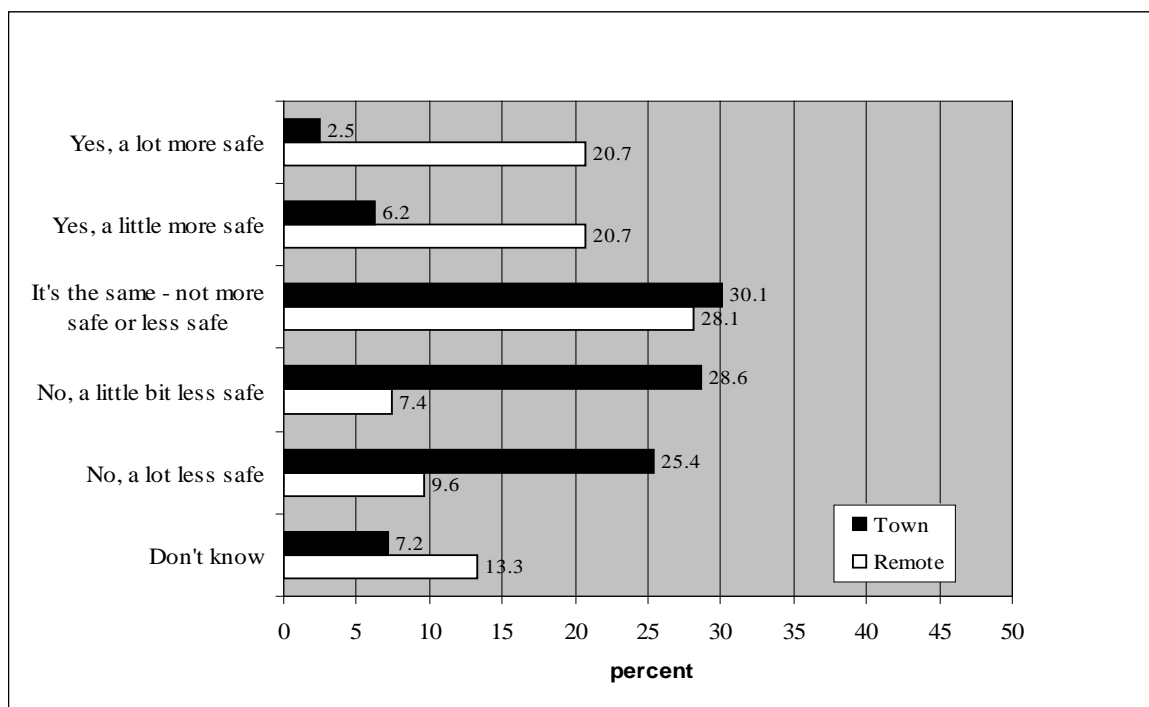
Higher staff turnover in remote settings probably accounts for the lower proportion of remote community service providers who did not feel they knew the community well enough to know whether it had changed in the last three years (compared with those who knew it well enough over the past 12 months).

Perceptions of community safety

In response to the question whether, overall, the community or neighbourhood has become safer in the last three years, there were marked differences between town and remote community answers (see Figure 19).

Of the town respondents, 8.7 per cent felt that the neighbourhood had become more safe (either a lot more or a little more) and a total of 54 per cent felt the neighbourhood had become less safe (either a little bit or a lot less safe). In comparison to towns, more respondents answering about a remote community felt safety had improved at 41.4 per cent (20.7% felt ‘a little more safe’ and 20.7% felt ‘a lot more safe’).

Figure 19: Whether the community or neighbourhood has become safer in the last three years (%): town and remote



Town n = 276, Remote community n = 135
Source: CSSPS FaHCSIA datafile

Perceptions of community or neighbourhood social problems

The survey asked whether there was more, the same or less of eight specific social problems now compared with three years ago. The same eight social problem items were used as those that were listed for the 12 month change. Figure 20 presents the responses for towns and remote communities.

For most social problems asked about, the majority of service providers in towns and remote communities saw no change and perceived the different issues to have remained mostly the same as they were three years ago (Figures 21 and 22). The exceptions to this are the problems of ‘violence other than family violence’ and ‘drinking too much grog in places other than home’, which for the majority of town service providers, were considered to have become more of an issue over the past three years (by 45.4% and 52.8% of town respondents). There were no issues, for either remote or town respondents, where a majority of respondents had noticed a decrease.

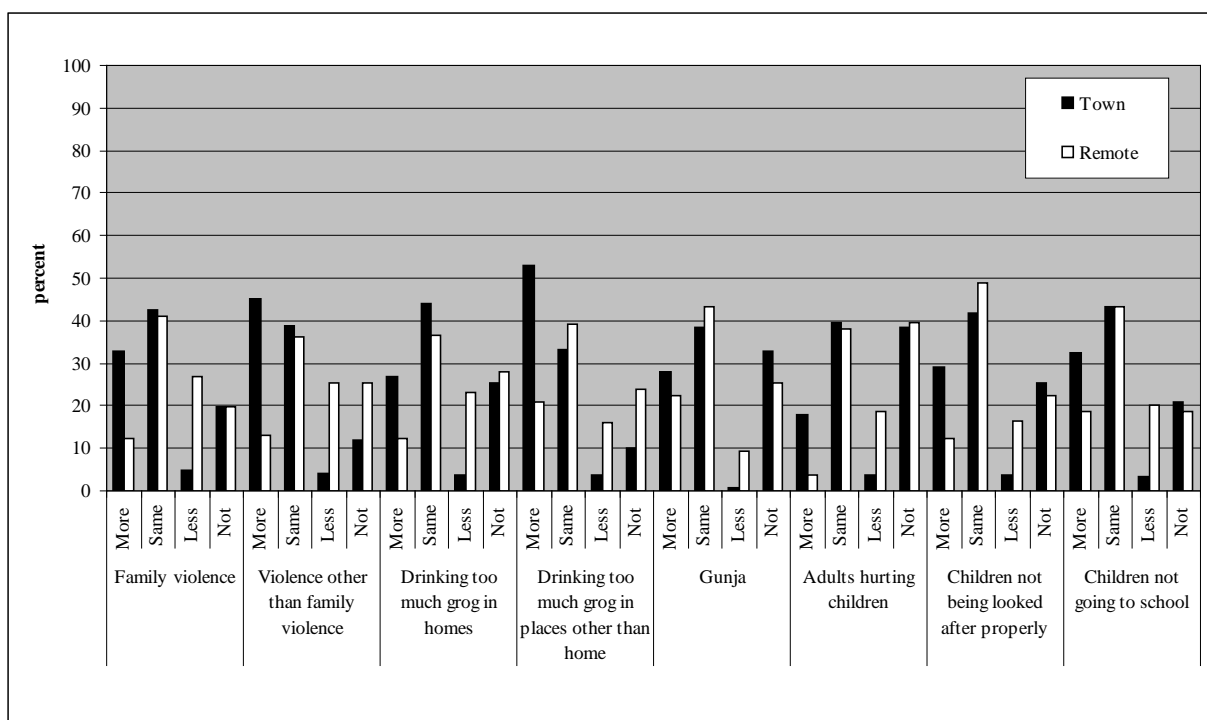
For all social problems, more town respondents than remote community respondents had noticed more of the problem over the past three years. The problems with the highest proportion of town respondents noticing an increase were ‘drinking too much grog in places

other than home' (52.8%), 'violence other than family violence' (45.4%), 'family violence' (32.8%) and 'kids not going to school' (32.5%).

In remote communities, more people had noticed less of all problems, except 'drinking too much grog in places other than home' and 'gunja'. For 'drinking too much grog in places other than home' 20.8 per cent of remote respondents had noticed more of the problem compared with 16.2 per cent who had noticed less. For 'gunja' 22.3 per cent had noticed an increase and only 9.2 per cent had noticed less, however, a large proportion was not sure (25.4%).

'Adults hurting children' again had the highest proportion of respondents saying they were 'not sure' (38.6% of town respondents and 39.5% of remote respondents). For all three of the problems referring to children, more town than remote respondents had noticed more of the issue. This is particularly noticeable for 'children not being looked after properly' which 29.1 per cent of town respondents considered to have increased over the past three years, compared with 12.4 per cent of remote respondents.

Figure 20: Perceived changes in community or neighbourhood problems in the last three years (%): town and remote



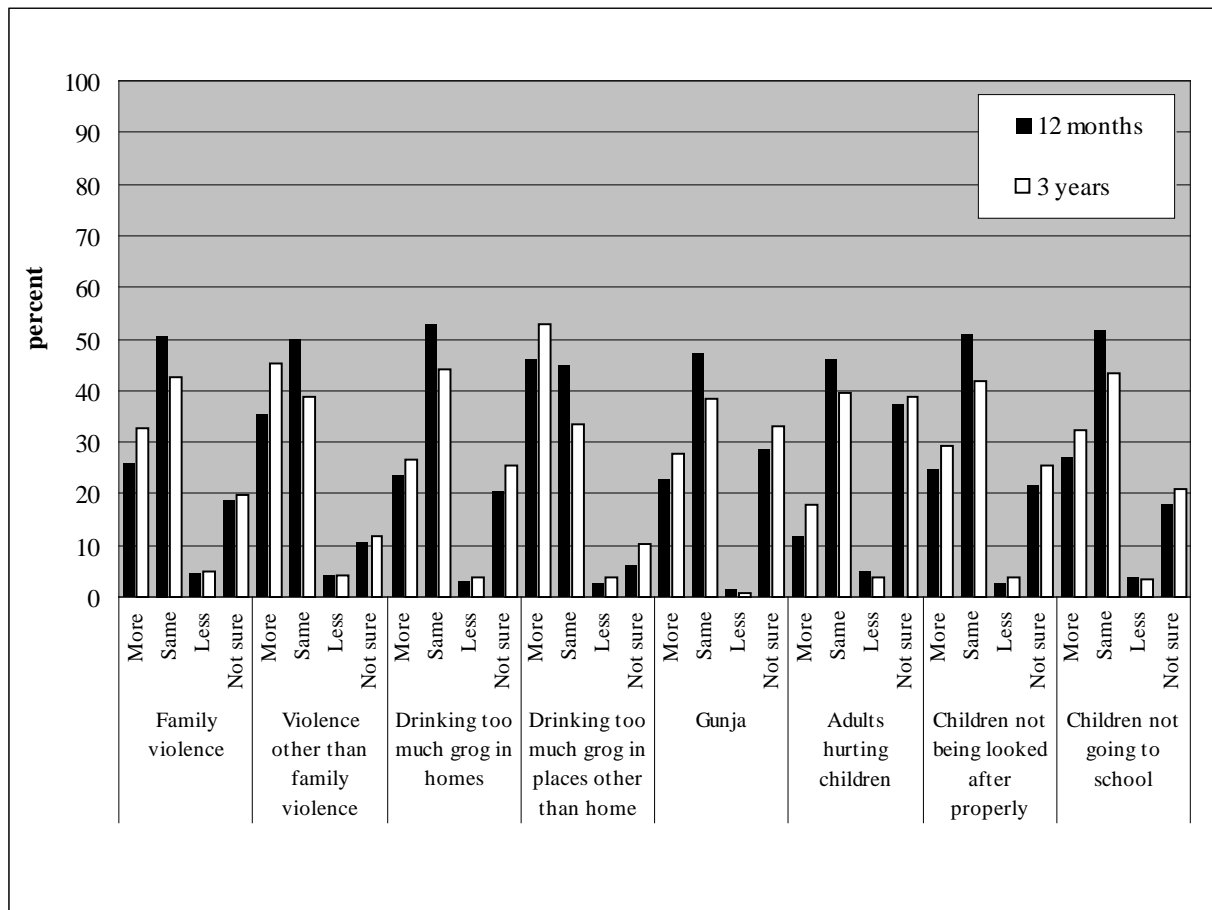
Town range of n = 265-270, Remote community range of n = 129-131
Source: CSSPS FaHCSIA datafile

Figures 21 and 22 show perceptions of change in community problems over 12 months and three year periods for towns and remote communities. For the majority of problems in both towns and communities, most people perceived the problem to have remained the same over the previous 12 months and three years. There were several instances where this varied. Most people in towns viewed 'drinking too much grog in places other than home' to have increased for both the 12 month and three year periods (slightly more so over the past three years). Town respondents also viewed 'violence other than family violence' to have

increased over the last three years, but not over the last 12 months. In remote communities, slightly more people reported that they were not sure whether ‘adults hurting children’ had increased over the last three years than thought it remained the same.

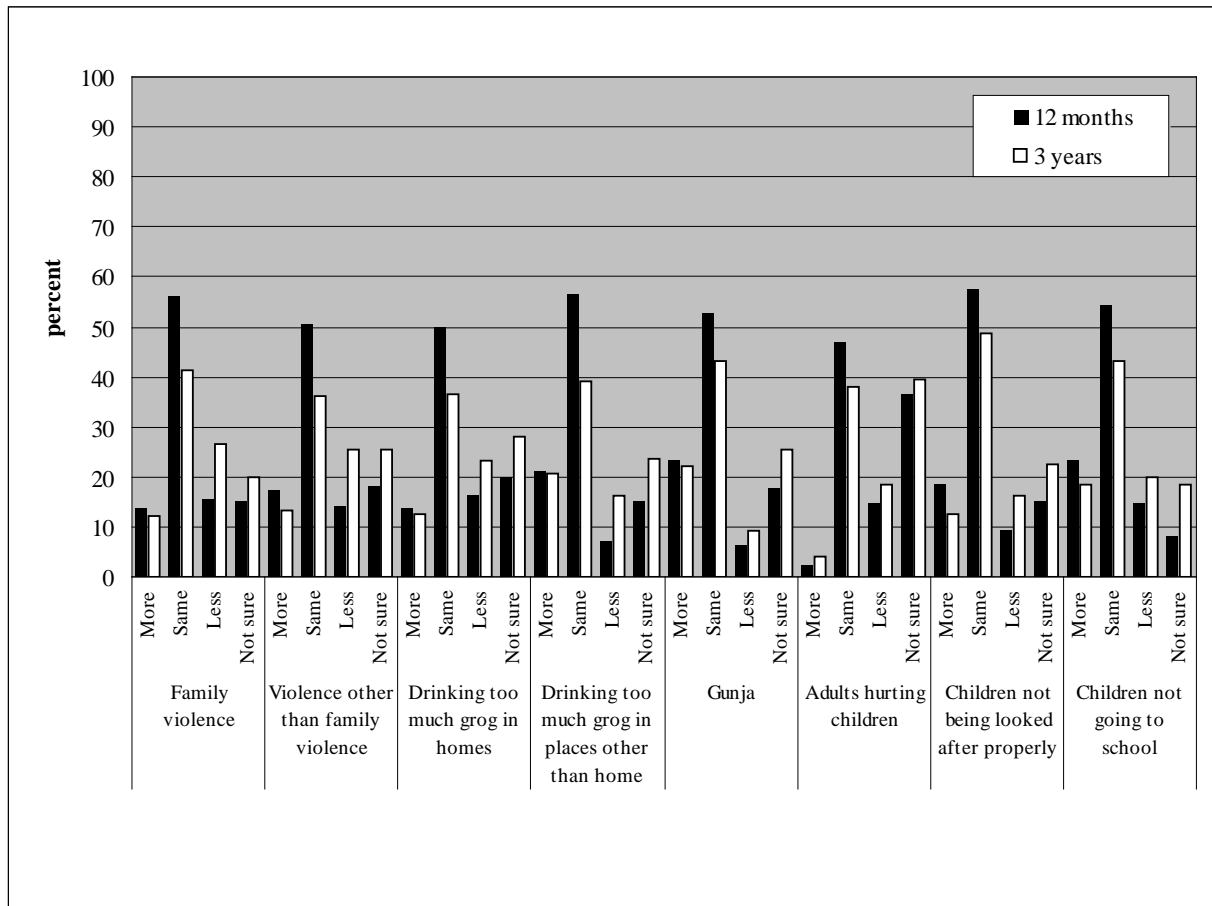
In towns, people were more likely to perceive the problem to have increased than decreased for all problems. This was most obvious for ‘drinking too much grog in places other than home’ (45.9% and 52.8% of people over the 12 months and three year periods, respectively, thought there had been more drinking compared to 2.8% and 3.8% who thought there had been less). In remote communities, there was more variation amongst the different problems as to whether people thought they had improved or not. For example, people viewed the problems of ‘adults hurting children’ and ‘drinking too much grog in homes’ to have decreased across both time periods. In contrast, people were more likely to view the problems of ‘gunja’ and ‘drinking too much grog in places other than home’ to have increased across both time periods.

Figure 21: Perceptions of changes in community or neighbourhood problems over 12 months and in the last three years (%): towns



12 months range of n = 318-321, 3 years range of n = 265-270
 Source: CSSPS FaHCSIA datafile

Figure 22: Perceptions of changes in community or neighbourhood problems over 12 months and in the last three years (%): remote



12 months range of n = 199-200, 3 years range of n = 129-131
Source: CSSPS FaHCSIA datafile

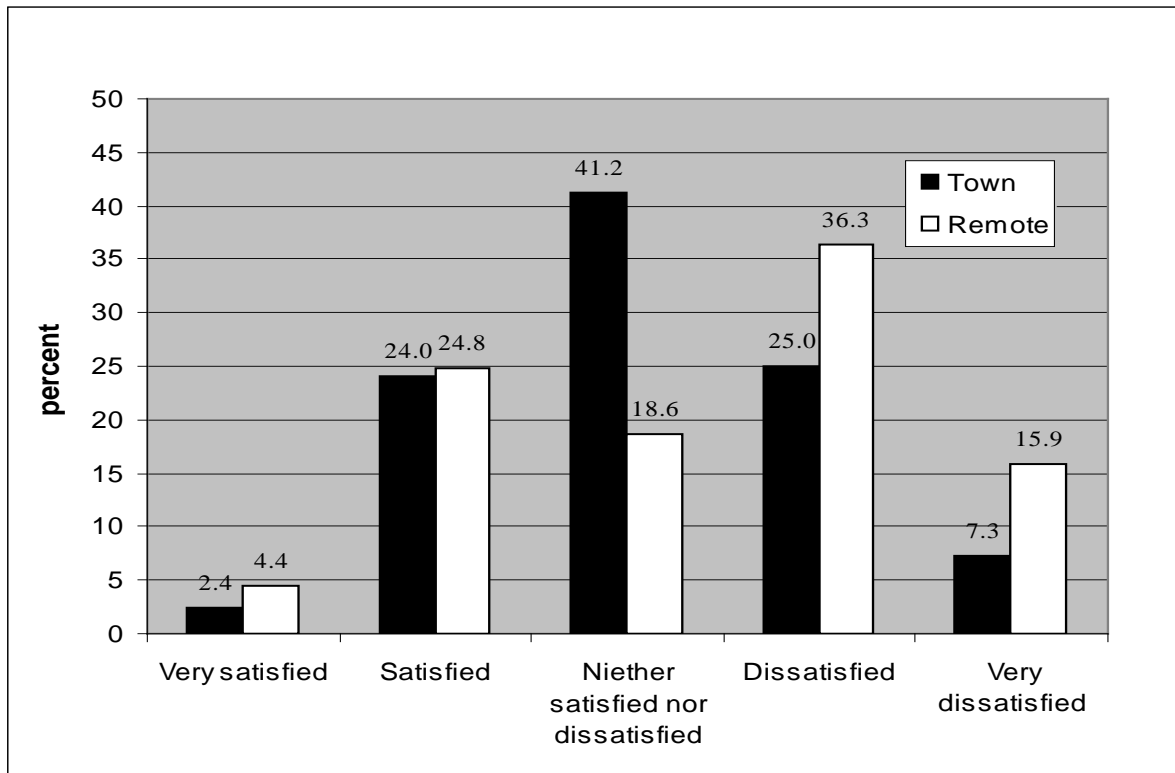
Service delivery: coordination and cooperation

Participants were asked to indicate how satisfied they were, three years ago, with the level of cross-agency cooperation that contributed to community or neighbourhood safety in their local area. Participants were asked to answer this question only if they knew the community well enough to say whether it had changed over the last three years. Those answering ‘don’t know’ were excluded from the analysis, as it was not apparent whether they indicated this because they didn’t know the community well enough or because they felt they couldn’t answer this question. Excluding those answering ‘don’t know’ and those who skipped the question, the total number of town responses was 204, and for remote communities it was 113.

There was, amongst town participants, a fairly even spread across the categories similar to responses to the question regarding current cross-agency cooperation. The majority (41.2%) were ‘neither satisfied nor dissatisfied’, 26.5 per cent were ‘very satisfied’ or ‘satisfied’ and 32.4 per cent were ‘dissatisfied’ or ‘very dissatisfied’. With participants in remote communities, it was noticeable that a much larger proportion, over half, were ‘dissatisfied’ or ‘very dissatisfied’ three years ago (52.2%).

Levels of dissatisfaction starkly contrast with town service providers three years previously and compared with current levels of satisfaction amongst remote community participants (Figure 23). This would imply that cooperation has improved in remote communities, partly perhaps because of the increased presence and provision of services in remote communities.

Figure 23: Satisfaction with cross-agency cooperation that contributes to community safety three years ago (%): town and remote



Town n=204, Remote community n=113
 Note: excludes 'don't know' from analysis (town n=106 , remote n=87)
 Source: CSSPS FaHCSIA datafile

Staff retention

When asked whether staff retention is better now compared with three years ago, the most common response was to say there was no difference. Nearly one third (29.5%) of participants indicated staff retention was not different to three years ago, while 23.2 per cent said it was no better and 14.5 per cent said it was better.

When those that skipped or answered 'don't know' are excluded a relatively small of participants answered this question – 227 for towns and 130 for remote communities. As Table 13 shows, no difference was the most common category for both town and remote participants, but remote participants were more likely to agree staff retention was better and less likely to say that it was not better.

Table 13: Whether staff retention is better now compared with three years ago (%): town and remote

	Town		Remote	
	number	%	number	%
Yes	46	20.2	32	24.6
No difference	95	41.9	59	45.4
No	86	37.9	39	30.0
Total	227	100.0	130	100.0

Note: excludes 'don't knows'

Source: CSSPS FaHCSIA datafile

4.3 Summary

This section of the report explored service providers' perceptions of changes in safety in their community or neighbourhood over two time periods: the previous 12 months and the previous three years. Service delivery and staff retention, and whether it has changed over the previous three years, were also examined

Specifically, the survey asked about changes in community safety (over the two time periods) and changes in a range of social problems in the community or neighbourhood (including violence, drinking, gunja use, and children not being looked after properly). More participants were able to answer the questions about changes in safety over the past 12 months (n=478) than those who felt they were able to answer about changes over three years (n=354).

Several key findings emerged:

- In both towns and remote communities, the majority of service providers considered safety in their community or neighbourhood to have remained the same over the last 12 months.
- Service providers answering about towns were much more likely than remote respondents to indicate that the community or neighbourhood was less safe now than it was 12 months ago.
- For most social problems, the majority of service providers saw no change in their intensity over the past 12 months. The exception was 'drinking too much grog in places other than home', which most town respondents viewed as having increased.
- Service providers answering about towns were more likely than remote respondents to indicate that social problems had become worse over the previous 12 months, particularly across the areas of drinking, violence, children not being looked after and children not going to school.

- A majority of town respondents indicated the community or neighbourhood had become less safe than three years ago, whereas a majority of remote respondents indicated the community was more safe than three years ago.
- Similar to service providers' perceptions of changes in safety over the 12 month period, over the three year period most social problems were perceived to have remained the same. 'Drinking too much grog in places other than home' was once again viewed by a majority of town respondents as having increased, as was 'violence other than family violence' over the previous three years.
- Across all social problems, a larger proportion of service providers answering about towns indicated the problem had increased, than remote respondents. Town respondents were also more likely to say a problem had increased than decreased, especially across the areas of drinking and violence.
- More remote respondents indicated that there was less of the problem now compared with those who said there was more for all problems that were asked about except 'gunja' and 'drinking too much grog in places other than home'.

Section 5

The impact of various programs and policies on community safety: town and remote

This section examines service providers' views on the impact of various programs and policies on community safety. Specifically, views on the impact of programs or policies which were specific to the implementation of the NTER are explored, including:

- safe houses
- alcohol restrictions
- pornography restrictions
- night patrols
- Themis police stations
- additional police
- additional child protection services
- more things for young people to do
- Government Business Managers
- parenting courses

Respondents were also given the opportunity to mention an 'other' program that wasn't listed, and state how it had impacted on community safety. In an open question, respondents were asked which service or program they consider to have been most effective in improving community safety.

5.1 Impact of specified programs and policies on community safety

Participants were asked to indicate the impact of a range of programs or initiatives on community safety. The ten programs and policies listed above were included and respondents were asked to indicate whether the initiative had made things 'a lot better', 'a bit better', 'made no difference', 'a bit worse' or 'a lot worse'. Respondents were also able to select 'not in this community' and 'don't know'.

It is important to note that some initiatives were not implemented in towns or only in select remote communities (e.g. Themis stations). Therefore, a large proportion of respondents answered that the initiative was 'not in this community' (these responses were excluded from the analysis shown in Figure 24, but are included in Table 14 and the percentages reported in the text of this chapter). Responses to this question also had a high proportion of 'don't know' responses (sometimes as high as 50%, and often more than one third of respondents in both towns and remote communities did not know how the initiatives or programs had affected community safety). Town respondents were more likely to say 'don't know' than remote respondents for all initiatives, except 'alcohol restrictions'.

Not in this community

In remote communities, the initiatives with the highest proportions of people saying they were 'not in this community' were 'safe houses' and 'parenting courses' (35.8% and 30.1% of respondents, respectively). Much lower proportions said alcohol restrictions' (1.6%), 'pornography restrictions' (3.1%), 'night patrols' (5.7%) and 'GBMs' (4.7%) were not in the community. For the remaining initiatives, between one-fifth and one-quarter of remote community respondents indicated they were not in the community: 'Themis police station' (24.7%), 'additional police' (26.5%), 'additional child protection services' (19.8%) and 'more things for young people to do' (23.8%). This distribution reflects the roll-out of different initiatives. For example, the most recent NTER monitoring report for January to June 2011 indicated that safe places were fully operational in 22 remote communities and two urban communities, and that night patrols were being funded in 72 of the 73 NTER communities, urban Aboriginal living areas in Alice Springs, Tennant Creek and Katherine and other communities affected by the NTER (FaHCSIA 2011).

In towns, fewer people tended to report programs and policies as 'not in this community' than in remote communities. The initiatives with the highest proportions of people saying they didn't exist were 'GBMs' (14.2%), 'more things for young people to do' (14.4%), 'Themis police stations' (15.3%) and 'safe houses' (14%). The remaining initiatives all had less than 10% of respondents answering that they were 'not in this community'.

Don't know

Programs and policies with large proportions answering 'don't know' differed among town and remote community respondents. In remote communities 'pornography restrictions', 'additional child protection services' and 'parenting courses' all had relatively high proportions of people answering that they 'don't know' how it has affected community safety (36.7%, 29.8% and 30.9% respectively). In towns, respondents were more likely to say they 'don't know' than remote respondents for all measures and there were more measures where high proportions of respondents said they 'don't know': 'Themis police stations' (51.9%), 'parenting courses' (50.3%), 'GBMs' (46.0%) 'pornography restrictions' (44.8%), 'safe houses' (36.1%), 'additional child protection services' (38.8%), 'more things for young people to do' (29.6%) and 'additional police' (29.3%).

Measures that have made a positive impact on community safety

In remote communities, at least 20 per cent of respondents considered 'Themis police stations', 'additional police', 'alcohol restrictions' and 'night patrols' to have made community safety 'a lot better' (21.6%, 21.4%, 21.3% and 21% of remote respondents, respectively). When 'a lot better' and 'a bit better' were combined, the initiative considered by the largest proportion of people to have made a positive impact on community safety was 'night patrols' (66.8% of respondents). Following 'night patrols', 'alcohol restrictions', 'additional police' and 'Themis police stations' had the biggest positive impact (by 45.3%, 43.2% and 40.1% of remote respondents, respectively).

For all programs and policies, a smaller proportion of town respondents answered that the initiative had made a positive impact on community safety in their neighbourhood. However, the initiatives with the highest proportions of town respondents reporting that they had made a positive impact on community safety were similar to those reported by remote respondents. 'Night patrols' had the highest proportion of town respondents saying it had made

community safety 'a lot better' (9%). This was followed by 'alcohol restrictions' and 'additional police' (7.1% and 5.8%, respectively, reporting that the initiatives had made things 'a lot better'). When 'a lot better' and 'a bit better' were combined, 'night patrol' was still the program with the highest proportion of town respondents reporting a positive impact (47%). Following 'night patrols', 'additional police', 'alcohol restrictions', 'more things for young people to do' and 'safe houses' had the highest proportions of people viewing them as having made a positive impact on community safety (38.1%, 25.9%, 25.8% and 24.8%, respectively).

Figure 16 shows the proportions of respondent that answered either 'a little bit better' or 'a lot better' for each measure, with those who answered 'not in this community' removed from the analysis. The trends were similar to before 'not in this community' were removed. 'Night patrols' and 'additional police' were the two programs in both towns and remote communities had the largest proportion of service providers viewing them positively. 'Pornography restrictions' followed by 'parenting courses' had the smallest proportions of respondents saying they had made a positive impact on community safety.

Made no difference to community safety

In both towns and remote communities, several initiatives had relatively high proportions of people saying that a program or policy had 'made no difference' to community safety. In remote communities, 'alcohol restrictions' and 'pornography restrictions' had the highest proportions of respondents saying they had 'made no difference' (33.7% and 34.4% respectively). 'GBMs', 'additional child protection services' and 'more things for young people to do' also had large proportions saying they had 'made no difference' (27.5%, 20.2% and 21.2% respectively).

In towns the same two measures, as remote communities, had the highest proportions of people saying that a program or policy had 'made no difference': 'alcohol restrictions' (38.6%) and 'pornography restrictions' (34.9%). Following these, were 'additional child protection services', 'night patrols', 'GBMs', 'parenting courses' and 'more things for young people to do' (31.4%, 29.0%, 28.6%, 28.5% and 27.7% respectively).

Measures that have made a negative impact on community safety

Proportions of service providers in towns and remote communities that reported programs and policies as making things 'a bit worse' or 'a lot worse' were relatively small compared to those who thought it had 'made no difference' or made things better. Of all initiatives, those with the highest proportions saying it had impacted negatively were the same for town and remote community respondents: 'alcohol restrictions' (18.5% of town respondents and 8.5% of remote respondents), 'GBMs' (3.8% of town respondents and 5% of remote respondents) and 'more things for young people to do' (2.5% of town respondents and 4.6% of remote respondents).

Table 14: Perceived impact of different measures on community/neighbourhood safety (%): town and remote

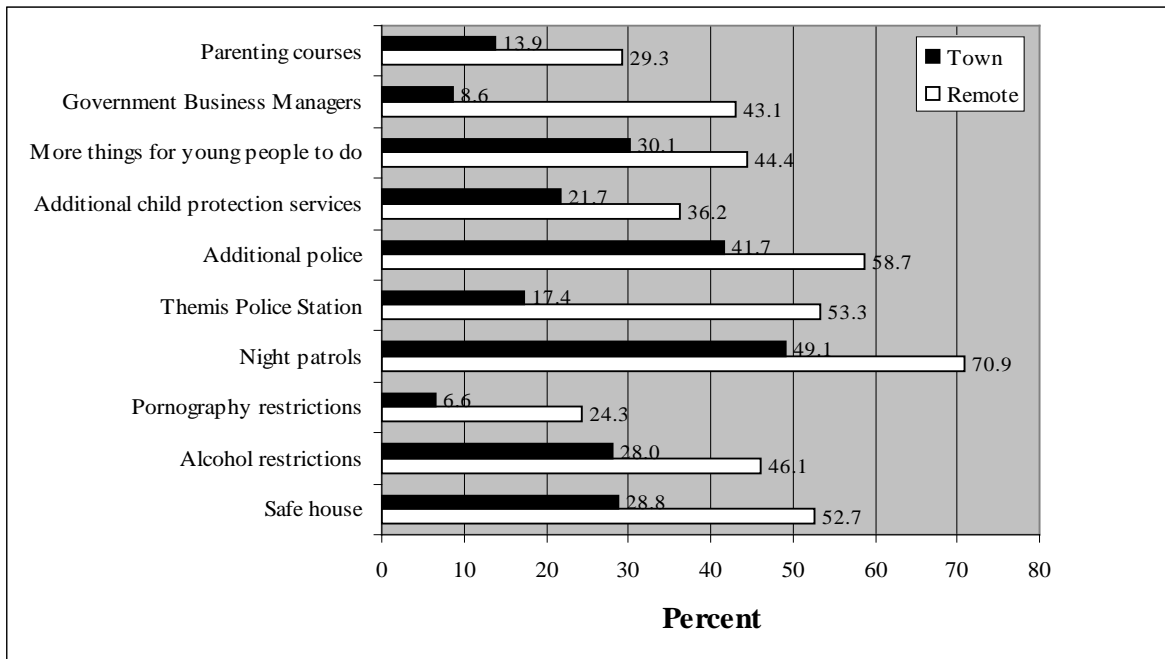
	Town		Remote	
	number	%	number	%
Safe house				
A lot better	17	4.7	26	10.1
A bit better	73	20.1	61	23.7
Made no difference	88	24.2	39	15.2
A bit worse	1	0.3	1	0.4
A lot worse	2	0.6	1	0.4
Not in this community	51	14.0	92	35.8
Don't know	131	36.1	37	14.4
Alcohol restrictions				
A lot better	26	7.1	55	21.3
A bit better	69	18.8	62	24
Made no difference	142	38.6	87	33.7
A bit worse	22	6.0	9	3.5
A lot worse	46	12.5	13	5.0
Not in this community	29	7.9	4	1.6
Don't know	34	9.2	28	10.9
Pornography restrictions				
A lot better	2	0.5	28	10.8
A bit better	19	5.2	33	12.7
Made no difference	127	34.9	89	34.4
A bit worse	3	0.8	1	0.4
A lot worse	5	1.4	5	1.9
Not in this community	45	12.4	8	3.1
Don't know	163	44.8	95	36.7

	Town		Remote	
	number	%	number	%
Night patrols				
A lot better	33	9.0	55	21.0
A bit better	139	38.0	120	45.8
Made no difference	106	29.0	41	15.6
A bit worse	3	0.8	1	0.4
A lot worse	3	0.8	3	1.1
Not in this community	16	4.4	15	5.7
Don't know	66	18.0	27	10.3
Themis police station				
A lot better	12	3.3	56	21.6
A bit better	41	11.4	48	18.5
Made no difference	61	16.9	31	12.0
A bit worse	2	0.6	0	0
A lot worse	2	0.6	3	1.2
Not in this community	55	15.3	64	24.7
Don't know	187	51.9	57	22.0
Additional police				
A lot better	21	5.8	55	21.4
A bit better	118	32.3	56	21.8
Made no difference	84	23.0	33	12.8
A bit worse	2	0.5	1	0.4
A lot worse	1	0.3	2	0.8
Not in this community	32	8.8	68	26.5
Don't know	107	29.3	42	16.3
Additional child protection services				
A lot better	17	4.7	19	7.4
A bit better	55	15.2	56	21.7
Made no difference	114	31.4	52	20.2

A bit worse	5	1.4	1	0.4
A lot worse	0	0	2	0.8
Not in this community	31	8.5	51	19.8
Don't know	141	38.8	77	29.8
More things for young people to do				
A lot better	19	5.3	26	10.0
A bit better	74	20.5	62	23.8
Made no difference	100	27.7	55	21.2
A bit worse	7	1.9	6	2.3
A lot worse	2	0.6	6	2.3
Not in this community	52	14.4	62	23.8
Don't know	107	29.6	43	16.5
Government Business Managers				
A lot better	4	1.1	38	14.7
A bit better	23	6.3	68	26.4
Made no difference	105	28.6	71	27.5
A bit worse	7	1.9	8	3.1
A lot worse	7	1.9	5	1.9
Not in this community	52	14.2	12	4.7
Don't know	169	46.0	56	21.7
Parenting courses				
A lot better	5	1.4	14	5.4
A bit better	41	11.3	39	15.1
Made no difference	103	28.5	46	17.8
A bit worse	0	0	1	0.4
A lot worse	0	0	1	0.4
Not in this community	31	8.6	78	30.1
Don't know	182	50.3	80	30.9

Town range of n = 360-368, Remote community range of n = 257-262
Source: CSSPS FaHCSIA datafile

Figure 24: Whether programs/policies have made a positive impact on safety* (%): town and remote



Town range of n = 305-350, Remote community range of n =165-254

*Note: Includes proportion who think policy/program made things ‘a lot better’ and ‘a bit better’. Those who answered ‘Not in this community’ have been removed from the analysis.

Source: CSSPS FaHCSIA datafile

Participants were given the opportunity when asked about the effect of measures on community safety, to add in ‘other’ measures to an open text box. Comments tended not to mention another service and its impact, but rather provided thoughts or comments on existing services. Town respondents provided 30 comments and remote respondents gave 37 responses.

For both service providers in towns and remote communities, many of the comments centred on a lack of effective implementation of existing services. Thirteen (43.3%) town responses and nine (24.3%) remote responses related to this theme. In particular, there was concern about the adverse impact of alcohol measures, including people drinking elsewhere and alcohol restrictions from other places impacting on the community or neighbourhood. For example:

“I would question of the effectiveness of the night patrols - appear to act as a taxi service for friends and not much else!” (*town respondent*)

“Alcohol restrictions have not made an impact on the actual problem and that is the people who drink, there has been no progression in regards to addressing the problem drinkers and their behaviour. The Police working together with the pub has only made the problem drinkers go somewhere else not solve their personal problems with alcohol.” (*remote respondent*)

“Alcohol restrictions in other communities affects this community.” (*town respondent*)

A common theme amongst town and remote community respondents is a concern regarding community safety and a lack of services in the area such as police, safe houses and child protection services. Examples of comments relating to this concern include:

“Themis police left a year ago. NT police are struggling to maintain strength (4 officers).” (*remote respondent*)

“NT Govt continuing to fudge the figures on police numbers - stop quoting how many have been employed and start telling the truth on actual numbers of police now.” (*town respondent*)

“Only have crisis accommodation for women and limited at that.” (*town respondent*)

Themes which were specific to respondents in remote communities included the positive impact that community involvement can have, and the negative impact that results from community control being withdrawn:

“There was already alcohol restrictions in this community but it was previously handled better, more community ownership and accountability with old council, stronger leaders there is less things for kids to do outside of school.” (*remote respondent*)

“Community are taking more pride in maintaining governance and participating in community activity.” (*remote respondent*)

A further theme which was common to remote service providers was the need for youth services:

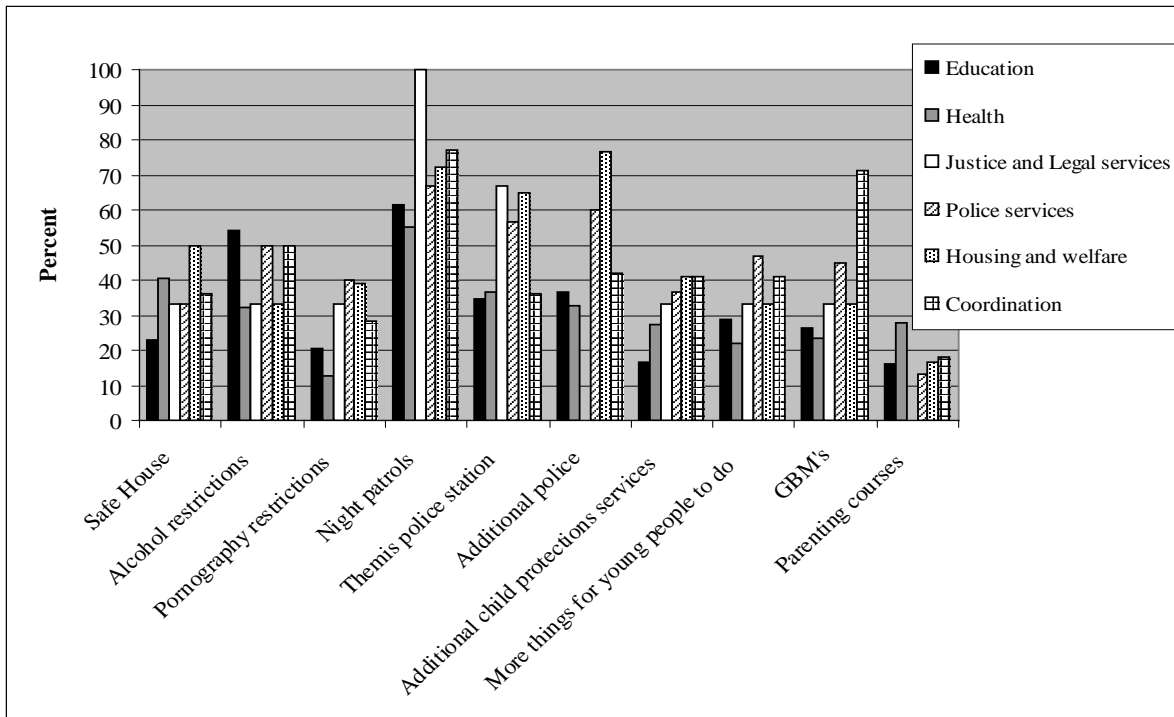
“There is no safe house at [named community]. There has been no increase in things for young people to do. No drop in centre for young people.” (*remote respondent*)

“We currently don't have a youth officer or any sports and recreation officer employed so it makes it hard to see progress in this area.” (*remote respondent*)

Programs and policies' impact on community safety, by sector

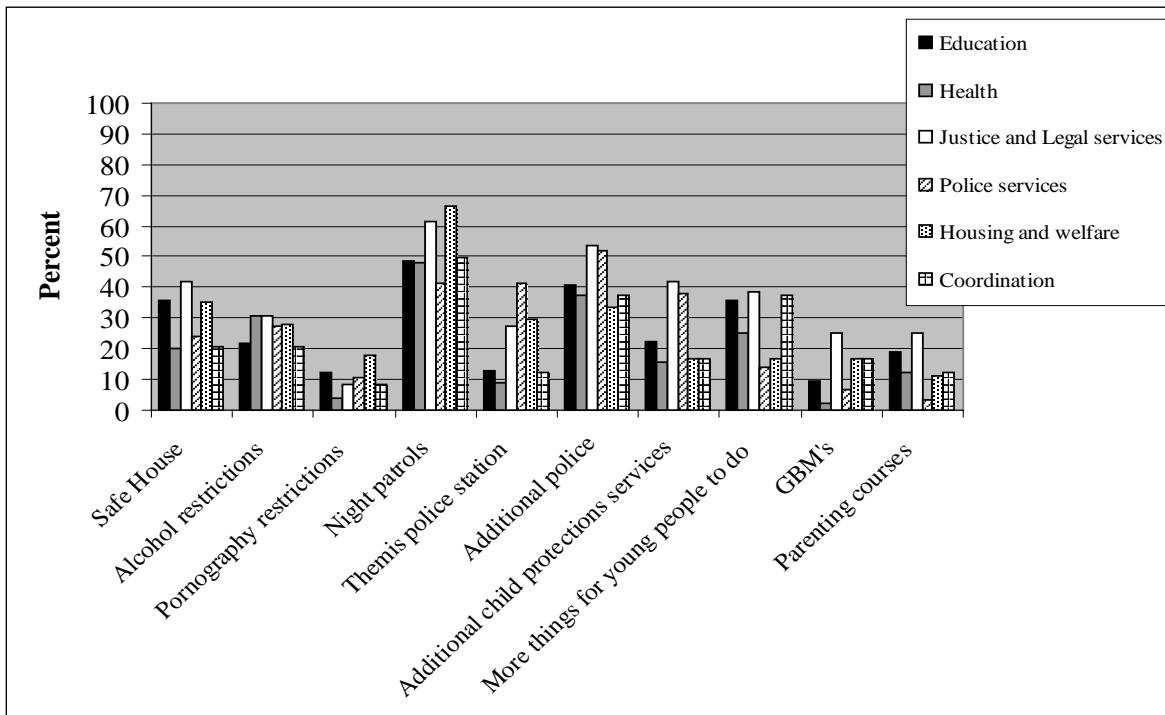
There were different views amongst employment sectors for which measures have affected safety (see Figure 25 and Figure 26 below). In remote areas, night patrols were viewed most positively by all sectors except for the housing and welfare sectors, who viewed additional police as having had slightly more of a positive impact. In towns, night patrols were also seen as having the most positive impact by all sectors except police services, who saw additional police as having a greater impact.

Figure 25: How have the following measures affected safety? ‘A lot better’/’a bit better’ by sector (%), remote



Remote community range of n = 151-156
Source: CSSPS FaHCSIA datafile

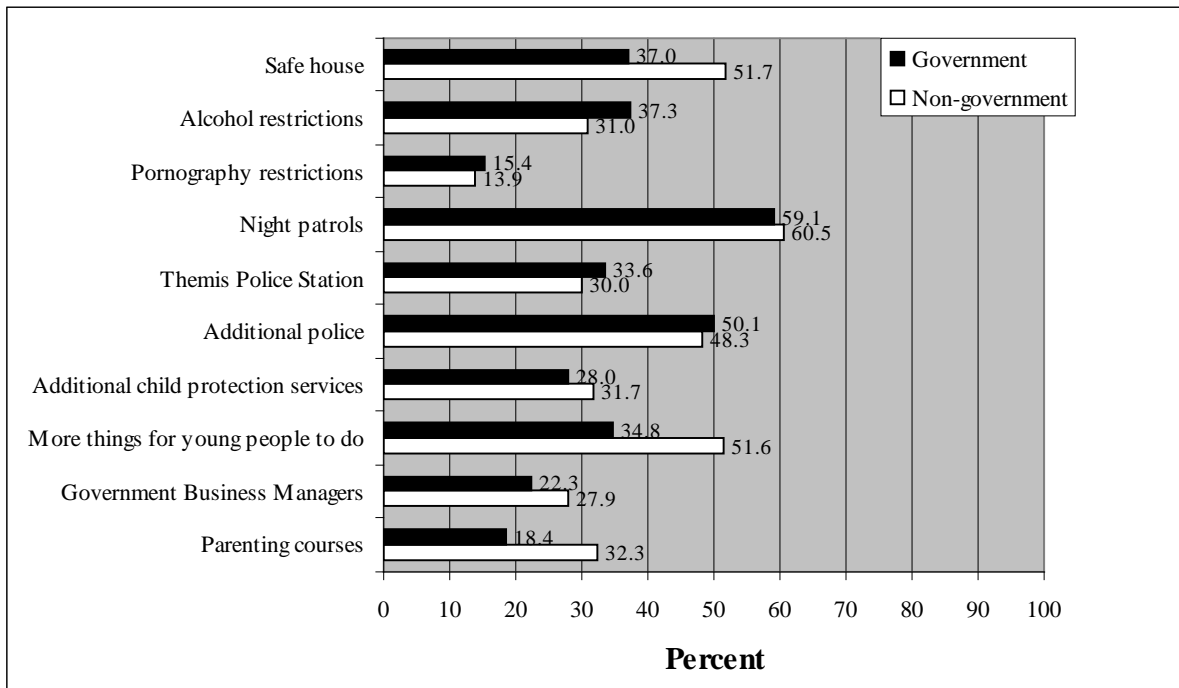
Figure 26: How have the following measures affected safety? ‘A lot better’/’a bit better’ by sector (%): town



Town range of n = 280-286
Source: CSSPS FaHCSIA datafile

The results were also examined for the government and non-government service providers. Figure 27 shows the results for the range of initiatives by the two sectors. A greater proportion of non-government service providers than government service providers believed a 'safe house', 'more things for young people to do' and 'parenting courses' had made safety 'a lot' or 'a bit' better. Similar percentages of both groups believed night patrols and additional police had the most impact (59.1% and 60.5% respectively for night patrols, and 50.1% and 48.3% respectively for additional police).

Figure 27: How have the following measures affected safety? 'A lot better'/'a bit better' by sector (%): government and non-government service providers



Government service providers n range = 365-469, non-government service providers n range = 58-76
 Note: 'not in this community' excluded
 Source: Source: CSSPS FaHCSIA datafile

5.2 Particular programs

In the service provider survey an open text question asks participants whether they think there is a program or service that has been most effective in increasing community or neighbourhood safety. Participants were asked to describe the service and what made it effective. Unfortunately, the question was not answered in much detail with participants rarely indicating what had made a service effective. Also, some people seemed to answer in terms of what they thought should happen, rather than what has been most effective.

Towns

For towns, there were 184 responses, and based on themes apparent in the responses, the most frequently mentioned were policing (50 responses), alcohol restrictions (22), youth services (14) and 45 said none or don't know (with several saying they had not been around long enough to comment). More than one theme was often brought up in responses.

Comments relating to policing often referred to increased numbers of police, greater police presence and better patrolling of trouble spots as having helped to improve safety. Examples of comments made in relation to policing include:

“An increased police presence has improved my feeling of security in the (*specific town mentioned*) community.” (*town respondent*)

“Policing has increased somewhat, which has cooled the violence in the streets a bit.” (*town respondent*)

Town service providers who commented on alcohol restrictions were usually positive, stating that the visibility of drunks on the street had reduced and so had alcohol-related violence. Some respondents said that although alcohol restrictions have made a difference, problems still exist or that more needs to be done. Some examples of comments relating to alcohol include:

“Alcohol permit system has had a big impact on alcohol-related violence and presentations to hospital.” (*town respondent*)

Stopping the local shop selling alcohol has reduced the visible signs of people getting drunk and fighting around the shop and in the local parks. (*town respondent*)

Alcohol restrictions and Income Management have had a positive effect reducing public drunkenness and increasing expenditure on family essentials. This is a very obvious change, easily witnessed. (*town respondent*)

“Alcohol restrictions made a difference but still a problem with HEAVILY intoxicated people coming from licensed premises.” (*town respondent*)

Comments relating to youth services tended to refer to programs and services that are now available for youth:

“The Shack drop in centre for youth. Another one of these, or more funding/assistance for this type of programs would be very beneficial.” (*town respondent*)

“Youth Hub in town. Appears to be more youth services.” (*town respondent*)

In addition, there were the following services/initiatives mentioned in comments in a positive way:

- Specific programs mentioned include: Families as First Teachers, Larakia HEAL project, BRADAG (Barkly Region Alcohol and Drug Agency), Nurse Family Partnership Program
- Neighbourhood Watch
- Criminal justice system: mandatory reporting of violence
- Interagency Tasking and Coordination Group, with the specific example of Binjari given. Also another general response about improved coordination and focused responses

- Women's group and women's refuge
- Respect, getting to know neighbours
- Centrelink payments being quarantined, Basics card.
- Night curfew (specific place mentioned), staggered lock down for clubs and pubs
- Housing, schooling and parenting , impounding of stray dogs

Some town respondents also referred to what more they thought should be done which related to the criminal justice system. Individual comments included recommendations for mandatory sentencing, 'three strikes and you're in jail', consistent jail sentences and stronger NT laws . Mental health services were also brought up as a service that were currently neglected. One respondent reported that youth services had been fantastic but that they needed to be available when most young people were at risk (weekends and at night).

Remote communities

There were a total of 167 responses for remote communities. Of these, 24 said there was no program that has been the most effective in increasing community or neighbourhood safety. The following measures or services were mentioned by participants (who could refer to more than one service or agency in their response): police (53 responses), night patrols (45) sport and recreation/youth activities (12), alcohol restrictions (11), safe houses (6) and church (4).

Nearly half of the respondents who listed police indicated it was because of a Themis or new police station. Other participants referred to good work or approach of the police or of individual police. A smaller sub-set nominated both night or community patrols and police. The positive attributes ascribed to night patrols included them operating at night, keeping kids at home, being run by community members and being proactive. Two examples of more detailed responses include:

“Night patrol is very good. They are proactive in their job. The police that have left recently were also very good. They connected well with community. The elders are also very good with community safety and are THE KEY to safety here. Mt Theo detox program is also good (it is for youth), as is the children's program they run. Football is also an excellent community run program that provides activity and aids in community general well being. The church is also a key to reduction of violence here as they preach and encourage non violence and provide counselling and emotional support. This community also has a very good conflict process which they use to deal with fights within the community. This resolves many issues in the town before they become something the police may have to deal with.” (*remote respondent*)

“Think that the POLICE have done a great job. Hearing the women say that they want them to stay and how much safer they feel. I think that alcohol restrictions should stay ... also pornography restrictions. Night patrol has helped but children still roam at night and won't go to bed til their parents do... which means they are too tired for school the next day. Young children become vulnerable to sexual molestation. Parents are often playing cards. The art centre if it gets going and an online facility for people to sell their art will be a great thing. I think that more parent education is needed in hygiene, nutrition, sleep and behaviour control. I think that more activities for young

people and parent groups will make a difference. I think that [NAME] has done a great job as Govt Business Manager. I know of other communities where this is not the case and the funding could have been better utilised in other ways. I think that the youth sport and rec position is very important and that support should be provided. I think that Education for Youth over 15 needs to be provided outside the school for those youth who don't make it in Darwin. The school is working to capacity with 3-14 year olds. Funding has been secured by the GBM for creche and this will be a great thing too. If housing can be acquired too and an experienced older woman with quals and experience - she could provide parent education/working with clinic and school. Clinic is also doing a great job.” (*remote respondent*)

Remote respondents who mentioned alcohol usually talked about the restrictions and alcohol management plans in a positive light, though some mentioned other problems that have stemmed from the restrictions. Examples of responses mentioning alcohol include:

“Certainly not stupid government intervention signs. Controlling alcohol seems to have a positive effect, although people will move into Darwin to drink, so it causes other problems as children are being left in community without parents.” (*remote respondent*)

“Take away alcohol permits.” (*remote respondent*)

“Alcohol Management Plan - developed in collaboration with Police, Licensed Premises, Senior Traditional Owners, Health , School, Night Patrol and Community Elders.” (*remote respondent*)

Several remote participants referred to vet visits, GBMs, the church, safe houses and crèches. There was also a number who referred to specific programs, for example the Mt Theo program. A cluster of responses mentioned the role or attitude of community people, for example elders. Youth services and sport and recreation activities (for example, specific gymnasiums) were also frequently mentioned in a positive way as providing youth with something to do. Several respondents noted what they saw as the negative effect of various reforms, such as the introduction of Shires, which they viewed as reducing community engagement and involvement in community safety issues.

5.3 Summary

This section explored service providers’ views on what they believe was the impact on community safety of a number of programs or policies which were specific to the implementation of the NTER. Respondents were also asked in an open-text question what service or program they consider to have been the most effective in improving community safety in their community or neighbourhood.

Key findings to emerge include:

- For all 10 NTER programs and services asked about, remote community respondents were more positive than town respondents about their impact on community safety.
- However, between one-fifth and one-quarter of remote respondents indicated that initiatives such as ‘Themis police station’, ‘additional police’, ‘additional child

protection services' and 'more things for young people to do' did not exist in their community.

- According to both town and remote community respondents, the service that has made the biggest impact on community safety is 'night patrols'. This was followed by 'additional police'.
- When broken down by employment sector, views remained the same: night patrols and additional police were viewed as having the most positive impact by all sectors.
- When given the opportunity to specify an 'other' program or policy (not listed) that had affected safety, both town and remote responses focussed around a lack of effective implementation of existing services.
- Further themes (from open-text responses) centred around a lack of safety services (such as a safe house and child protection services), a lack of community involvement and a need for more youth services.
- In another open-text question that asked about which programs and services participants thought were the most effective in increasing community safety, the most frequently mentioned programs were in the areas of policing (specifically, more police), alcohol restrictions and youth services.
- A large proportion of respondents also indicated that there was no program which was the most effective in improving community safety, or that they did not know.
- Open-text responses reaffirmed what had been said earlier, that there is often a lack of community engagement and a lack of some services.

Section 6

What more could be done; town and remote

This section examined ways in which the service providers believed the community in which they worked could be made safer. Respondents were asked what they thought were the three most important things that could be done to make the community in which they worked safer. In another open-ended question, respondents were given the opportunity to provide additional comments on safety in the community. Many of the responses from service providers working in both towns and remote communities reiterated earlier themes in the survey.

Also explored in this section are the results from an open question that asked whether participants had any additional comments on service delivery. There was a mix of comments that referred to the current situation, changes and what should or could be done to make things better.

6.1 Three most important things to be done

Respondents were asked whether they thought more needed to be done to make the community or neighbourhood safer. Of those who answered (350 respondents for towns and 250 for remote communities), nearly everyone agreed that more should be done to make the neighbourhood or community safer. Slightly more people in towns (85.7%) thought that more should be done to make the community or neighbourhood safer than those in remote communities (81.2%).

When asked what were the three most important things that could be done to make the community or neighbourhood safer, 277 participants responded about a town and 204 responded about a remote community. There were a diverse range of views, which were aligned under 33 categories⁴ (see Table 15). Overall, the topic that came up most frequently was the need to add grog program/stricter grog rules (mentioned in 11.6% of responses). Other important issues that were mentioned relatively frequently were ‘more police (including Aboriginal police)’ (brought up in 7.4% of responses), ‘justice/law’ related issues (raised in 6% of responses), ‘more youth activities’ (6.2%), and ‘kids going to school’ (6%). Some practical suggestions came out of the responses including having more street lighting (2.6%), more or updated housing (2.3%), and having safer or improved roads (0.8%).

⁴ These categories were used to analyse the open-text responses to the same question in the Community Safety and Wellbeing Research Study survey. To enable a comparison of results, the same categories were used in the service provider survey.

Table 15: Three most important things that could be done to make the community or neighbourhood safer

Category	Town		Remote		Total	
	Number	%	Number	%	Number	%
Add grog program/stricter grog rules	128	16.0	35	5.7	164	11.6
Cultural awareness/diversity/racism	14	1.7	6	1.0	20	1.4
Child protection	16	2.0	13	2.1	29	2.1
Domestic violence programs/stop domestic violence	10	1.2	13	2.1	23	1.6
Dogs	4	0.5	31	5.1	35	2.5
Homelessness/itinerants	43	5.4	1	0.2	44	3.1
Improve clinic hours/ increase health services	16	2.0	15	2.5	31	2.2
Improved transport	9	1.1	5	0.8	14	1.0
Indigenous job opportunities	15	1.9	20	3.3	35	2.5
Justice/law	55	6.9	29	4.8	84	6.0
Keeping culture strong	6	0.7	8	1.3	14	1.0
Kids going to school	51	6.4	34	5.6	85	6.0
Leaders/leadership	8	1.0	25	4.1	33	2.3
Men's shelter/men's business	2	0.2	15	2.5	17	1.2
Mental health services	10	1.2	11	1.8	21	1.5
More community support	9	1.1	17	2.8	26	1.8
More night patrols/more power to night patrols	30	3.7	32	5.3	62	4.4
More or updated housing	20	2.5	13	2.1	33	2.3
More police (including Aboriginal police)	56	7.0	49	8.0	105	7.4
More street lighting	22	2.7	15	2.5	37	2.6
More youth activities	49	6.1	38	6.2	87	6.2
More responsibility in parenting/more support e.g.	32	4.0	25	4.1	57	4.0

playgroup						
Night shelter/sobering up shelter	20	2.5	31	5.1	51	3.6
Police more active	48	6.0	22	3.6	70	5.0
Reduce drugs/increase drug programs	18	2.2	22	3.6	40	2.8
Relaxing grog rules	8	1.0	4	0.7	11	0.8
Safety (general)	10	1.2	14	2.3	24	1.7
Safer/improved roads	5	0.6	6	1.0	11	0.8
Talking to resolve problems/working together	18	2.2	12	2.0	30	2.1
Welfare/personal responsibility	9	1.1	8	1.3	17	1.2
Youth centre	5	0.6	3	0.5	8	0.6
Youth control	29	3.6	12	2.0	41	2.9
Uncategorised	27	3.4	25	4.1	52	3.7
TOTAL Responses	802	100.0	609	100.0	1,411	100.0

Town n = 277, Remote community n = 204

Source: CSSPS FaHCSIA datafile

Note: As respondents were asked to nominate three things, the total number of responses exceeds the number of people who answered the question

Town

In towns, the most frequently referred to issue was alcohol (mentioned by 16% of town service providers). Views on how alcohol should be addressed to help improve community safety in towns varied greatly. Respondents indicated that more grog programs or stricter grog rules should be implemented in order to reduce community violence. Common suggestions to address alcohol issues included reducing supply of alcohol, restricting alcohol sales, restricting trading hours, reducing the number of alcohol outlets, introducing alcohol permits, more rehabilitation programs, making places dry and enforcing alcohol restrictions and laws. Below are some examples of what town respondents had to say:

“Increase alcohol restrictions - look at point of entry not only point of sale.” (*town respondent*)

“Allow alcohol back into the communities so they aren't coming to town running amok.” (*town respondent*)

“more needs to be done about alcohol consumption in public places.” (*town respondent*)

“Increase access to alcohol detox.” (*town respondent*)

“Ban alcohol purchase and consumption, dry town.” (*town respondent*)

Following alcohol, ‘more police’, ‘justice/law’, ‘kids going to school’ and ‘more youth activities’ were the most commonly brought up themes that could be addressed to make the community safer (brought up in 7%, 6.9%, 6.4% and 6.1% of responses, respectively). Responses in the ‘more police’ theme suggested having more police and increasing police presence (having police on call 24 hours a day). The most common suggestion under the ‘justice/law’ theme was tougher sentencing of offenders. Other suggestions included more cameras on main streets, addressing antisocial behaviour and longer sentencing, especially for repeat offenders.

Under the theme of ‘kids going to school’, the most common response was to get more kids going to school every day. Several responses suggested tougher enforcement was needed to increase school attendance. An alternative view was to offer more incentives to families who send their children to school on a regular basis. Other responses suggested having lessons instructed in the local language, more targeted education on the effects of alcohol, substance misuse, gambling and sex education.

For respondents who suggested ‘more youth activities’, most did not expand on the type of activity. Of those that did, suggestions included a YMCA, sport and recreation services and community centres that are open later.

A further theme, more specifically associated with town respondents, was homelessness/itinerants. While many of the responses under this theme suggested removing itinerants and returning them back to their communities, others suggested providing homeless shelters, implementing more strategies to support people coming in from communities and facilitating people to return to their community.

Remote

In remote communities, common themes to emerge in responses were similar to those in towns: ‘alcohol’ (5.7%), ‘more police’ (8%), ‘justice/law’ (4.8%), ‘kids going to school’ (5.6%) and ‘more youth activities’ (6.2%). While alcohol was not as big of an issue in remote communities as it was in towns (5.7% compared with 16%), other themes emerged that were more common in remote communities: ‘dogs’ (5.1%), ‘more night patrols/power to night patrols’ (5.1%) and a ‘night shelter/sobering up shelter’ (5.1%).

Suggestions from remote respondents to address alcohol issues included enforcing restrictions, tougher restrictions, reducing alcohol sales and education on alcohol. Some examples of remote community responses include:

“Alcohol sales from [specific hotel named] should be reduced further as should all sales of alcohol in the NT, as this is one of the major causes of violence here.” (*remote respondent*)

“Enforce the no alcohol ban.” (*remote respondent*)

“Alcohol education.” (*remote respondent*)

Among remote respondents whose responses were grouped under the ‘more police’ theme, suggestions included more Aboriginal police, more permanent police and more police presence. Under the ‘justice/law’ theme, involving the community more in dealing with

punishments and using traditional payback methods to resolve issues such as those involving family disputes, were commonly suggested by remote respondents.

“Letting community members effect "traditional payback" to bring balance and closure into the community.” (*remote respondent*)

“More community involvement in enforcing laws.” (*remote respondent*)

“Bush courts in the community.” (*remote respondent*)

Remote community responses that were grouped under the ‘kids going to school theme’ were diverse. Common suggestions included getting kids to go to school more, harsher penalties for parents and children who do not attend, and more enforcement of school attendance. Other suggestions included introducing education on specific issues, such as violence, and also setting up boarding facilities for students. In terms of suggestions for increasing youth activities, service providers mentioned integrated youth services, training and education for youth, sports and art activities, and having a youth centre or meeting place with flexible operating hours for access at night.

To address the issue of ‘dogs’ in remote communities, respondents commonly suggested euthanasia, culling or having better dog control. For the ‘more night patrols/power to night patrols’ category, remote respondents suggested having 24-hour a day night patrols and providing night patrols with more equipment and power (for example searching powers and the authorisation to confiscate alcohol and drugs). Another theme relatively common among remote responses was a ‘night shelter/sobering up shelter’. A night shelter specifically for women or children was the most common suggestion. A sobering up shelter for men was also frequently mentioned.

There was also an alternate, albeit much less common view, that alcohol restrictions should be relaxed in order to increase community safety. Responses included that wet canteens should be reintroduced, that people should be able to drink in their homes, and NTER alcohol measures be reviewed.

A key message that came through in remote community responses (raised in over 40 responses) was to increase community involvement in appropriate decision making and to build community capacity and leadership. Suggestions to facilitate this included engaging community leaders and establishing working groups such as community safety action groups, men’s and women’s groups and having clan leaders developing the safety agenda. Responses included:

“Community leaders pushing a safety agenda and being effectively engaged by government rather than government pushing community into their ways.” (*remote respondent*)

“Return control of community to the community.” (*remote respondent*)

6.2 More to be done in service delivery

An open-ended question asked participants whether they had any additional comments on service delivery. There was a mix of comments, referring often to the current situation, changes and what should or could be done.

Town

For towns, a lot of people skipped this question and of those who did answer (99 respondents), many said they did not have any additional comments (34 respondents). Also, many comments were very specific or unique and not able to be categorised to a theme. Those that did comment were mostly brief, and several indicated they had already covered their concerns in earlier questions. Themes that came out in earlier open-ended questions were also apparent here, including workforce issues such as work overload and high turnover (six respondents), the need for better coordination and communication among service providers (24), the need for more services (13), mostly youth, but also mental health, after hours services, and accommodation for service providers. A better awareness of other services and understanding their roles was also mentioned as something that could improve service delivery (3). Below are some examples of the comments from town respondents, including some that focus on what should be done:

“Better communication is needed. More transparency for services to be provided to the community. Greater accountability is required to funded bodies to make sure funds are being used correctly.” (*town respondent*)

“All service providers need a damn good shake up, be collaborative, be more inclusive, trust one another by complimenting services. Entrust traditional aboriginal leadership mechanisms, values and beliefs in this modern day world.” (*town respondent*)

“We do have a lot of services though workloads are high and staff are short, therefore it is hard to deliver the best possible service all of the time.” (*town respondent*)

“There is no cover after-hours and on weekends of any agencies, other than emergency medical care.” (*town respondent*)

“It seems agencies have their own agenda, I am not aware of discussions between local government, NGOs and Govt agencies.” (*town respondent*)

Remote

The total number of responses for remote communities was 108, although 24 of these said ‘no’ or ‘don’t know’. The three most common themes evident in the town responses also seemed to apply to remote communities: coordination or communication (30), workforce issues (nine), and service needs (12). An additional theme was ‘local community’ engagement or taking responsibility, which 14 participants mentioned. Included in this theme were a number of negative comments about the Shire and government intervention more generally having an adverse effect on community engagement in issues. Several comments were brief, with two participants indicating they were exhausted. Many said that more coordination or better communication was required and that too many agencies worked as ‘silos’ (for reasons including competition for funding and high staff turnover). There was a mix of negative and positive comments about GBMs. There were also negative comments about a particular service or agency not doing its job, the lack of services or the need for a particular service. A lack of awareness of services and understanding of roles amongst different organisations was also mentioned.

Several remote respondents commented on how well services were doing in difficult circumstances or that they were improving. Under workforce issues, participants mentioned poor or inadequate housing for staff and visitors, overwork, high turnover, the absence of 'handovers' and of recruiting suitable staff, and poor skills. The range of comments is illustrated below:

“Unless service providers work together toward a common goal and understand how best to fit in with each other we will make little difference.” (*remote respondent*)

“When the intervention is over and the GBM is gone the community will have no one to get things done. The GBM is the only one to get action from the shire manager or the clinic manager - they don't like him because they can't hide now and have to actually do their jobs. Night patrol is not working, they are referred to as 'diesel burners' and shire manager does not even know who the patrol staff are!” (*remote respondent*)

“It has improved over the last 3 years, but there is still room for improvement. The quality of co-operation and care for safety, usually comes down to the personality of the people at the time, rather than the responsibility of the agency. For example, sometimes we have had police who have gone out of their way to be visible in the community, involved in activities and socialise within the community. This has had a major positive impact on the relationship and trust that the community has with them. Then we have had police who have been the opposite. It really depends on the personality of the people who are here at the time. Maybe more care could be taken at an agency level to screen who comes out here, rather than just sending out any random person.” (*remote respondent*)

“Yes, large organisations are getting the funding to run programs in communities and don't have the time or care enough to even come and spend time with their community offices. They get the funds and don't really care about the outcome as long as the paperwork looks good. I belong to one such organisation and know people who don't even like indigenous people are on the payroll. Some have never even visited the communities. Everyone seems to row their own money boat. Programs will never work if the people running them don't have a long term goal and heart to see improvement.” (*remote respondent*)

“Service delivery is hampered by not having enough suitable accommodation to house qualified staff. Often peoples husbands and wives are hired by default for important jobs just because they are here and have accommodation and because there is no one else to fill the position and no accommodation for them anyway. People generally do not like living in demountables or converted shipping containers so do not stay for long unless they manage to secure a nice home.” (*remote respondent*)

“Service delivery remains uncoordinated because of high staff turnover, low capacity in some organisations (e.g. women's safe place), complexity of the issues, and workload on some agencies (e.g. police).” (*remote respondent*)

6.3 Additional comments about community safety

Towards the end of the survey, the respondents are asked whether there was anything else they would like to say about safety in the community or neighbourhood.

Town

There were 160 responses for towns. Some town people are clearly very upset about the situation, mainly in Darwin and Alice Springs, and several refer to increased numbers of itinerants from communities. Some respondents emphasized their long term residence and stress that the situation had deteriorated over time, with several mentioning the perceived failure of government, the justice system or the Intervention as playing a role. Alcohol is frequently brought up, with quite a few people indicating they feel reasonably safe, but that there are family groups of Aboriginal people who are regularly involved in fighting when intoxicated. Others place their experience into perspective by referring to elsewhere they had lived and how where they currently are, is safe in comparison. Several respondents mentioned that perceptions are influenced by the media and the focus on law and order.

Another cluster stressed the need for community commitment or for safety to be seen not just about Aboriginal people. Several highlighted the need to work together or recommend more specific measures, for example directing funds to existing organisations with a good track record. There is a sense in a cluster of responses that they felt much has been said and spent, but that organisations that receive funding are not held accountable enough.

There were a number of extreme statements either in the vein of government failure, white man's racism or in terms of 'locking perpetrators up and throwing away the key' and that no-one is safe. More considered responses often referred to the lack of safety for particular groups at particular times and in particular places.

There were recurring themes about what should be done about community safety found in earlier responses to questions. For example, young people, self-determination, more severe penalties, and accountability in various guises. There were also positive comments for various measures such as street lighting, while others referred to the need for committees, research and data, and community involvement.

The following comments illustrate the range of responses:

“Let people be able to drink in home communities with greater supervision. This will stop a lot of problems in major town centres. Less mixing and associated problems between language groups. It will free up town camps and will decrease the number of itinerants in town centres. Parents need to be made more responsible for children's actions. Accountability for organisations who aren't fulfilling their duties that they are funded for in regards to programs.” (*town respondent*)

“Alcohol policy is having an impact on towns. People have the right to move into town and there needs to be infrastructure to support this. Housing and short term accommodation. Making buses free has increased the mobility of drinkers and made buses violent and unsafe. Charge 50 cents per concession card holder and this will change dramatically.” (*town respondent*)

“The increase in home robberies, particularly at night especially when people at home needs to be addressed. More research and educational programs on sexual attacks and police to take these seriously when Aboriginal people involved. When it is Aboriginal on Aboriginal it seems it is never given priority and/or properly investigated. Court cases always seem to take too long between the time the offence is made and conviction and punishment. Customary law needs to be put back on the table and be given some credence in certain cases.” *(town respondent)*

“As a non-indigenous, long term member of the community, I feel safer in [community name] both at night and in the day than anywhere else I've ever lived.” *(town respondent)*

“There is a significant issue around community perceptions based upon indigenous / non-indigenous groups in the community. The use of public spaces by indigenous people is often misinterpreted by non-indigenous people who perceive sitting in green spaces / open areas as linked with drinking and violence. By the same token there are definite examples of people misusing public spaces by leaving litter and mess, which feeds public perceptions about indigenous drinking/ASB/misbehaviour in these spaces. Alcohol supply/demand measures will play a significant part in future improvements to safety in [named town] and the surrounds. Unfortunately there are some loud groups within the community who find supply restrictions offensive and see them as an unnecessary constraint on their personal liberty. Education around the relationship between alcohol and offending / safety will be vital.” *(town respondent)*

“The exposure we have had to domestic violence since arriving in the Territory has been huge, everywhere else we have lived the fighting and screaming would not be tolerated, and all that happens is you become de-sensitised to it, accept it as normal, and now unfortunately do not check whether the body sprawled over the footpath is OK and breathing.” *(town respondent)*

“We can only say that we want these things but as a community we have to work together to make it happen you can't just have one or two saying we want things to happen and follow through you need everyone to start working together along with authorities and organisations with strategies to make our community a safe place to live.” *(town respondent)*

“After all is said and done, there is more said than done!” *(town respondent)*

“That you are making this an issue when we should be concentrating on how great and generous people are in indigenous communities. If white staff want to whinge about their safety they should not be there.” *(town respondent)*

“It saddens me to see this town becoming less safe place to live and work in and whilst there are a multitude of factors in play here there are no simple solutions available. I sympathise with the police and ambulance officers in this town – they have a thankless task. I believe that there needs to be more resources directed towards improving community safety including workplace safety particularly in health and community services. I don't believe that resources should be allocated to groups and organisations who simply indicate that they have an idea about how to fix a problem but rather resources should be directed to groups and organisations who already have successful programs in place which are working but need ongoing support to continue

to provide a good service. I don't think that the current situation can't be improved but I do think that there needs to be constructive consultation with the community (both indigenous and non indigenous) as well as all the various agencies involved to come up with the best solutions." (*town respondent*)

Remote

For remote communities, there were 146 responses to the question of whether the respondent wanted to make additional comments about community safety, although 13 of these were 'no'. When answering this question, respondents tended to bring up local problems that needed addressing and some had suggestions for what could make things better. In terms of local problems, the following themes were evident: kids (18), dogs (9), and lighting/roads (6). Other problems that were mentioned included alcohol, gambling, and family fighting, with some participants saying problems had become worse in recent years. Some respondents said the community they worked in had become safer. Quite a few advocated more services, better coordination and empowering or engaging local community people. Five participants said their community was safe because it was a strong community and several said that their community was safe because of its small size. However, a few who were in small remote communities argued that better service delivery was needed. The comments below illustrate the range of responses:

"Generally, it is a pretty safe place. Especially when compared to other communities. However, we have a number of people with mental illnesses who have very limited support. One of these men is violent and threatens women. He is not receiving the support he needs, which in turn, puts other people in danger. The other main problem is young people who are bored and out 'prowling' at night. We used to have a sport and rec officer who was brilliant. Then the position became a youth worker, which was less community involved. There needs to be organised activities to stimulate and engage young people so they are not tempted into anti social behaviour through boredom." (*remote respondent*)

"[Community name] is a nice community but could be better if there is more tightening of laws pertaining to alcohol, drugs and dog restraining. In particular, dogs should be restricted to owners/tenants yards and the number of dogs per household must be severely limited. Dogs that are unhealthy/very vicious must be humanely destroyed by qualified vets (assisted by community dog wardens)." (*remote respondent*)

"I am currently working at another community now (at [community name] and have been here for 2 weeks. I see a different community here. They have strong leadership from elders in the community, the kids seemed to be cared for better and not roaming the streets late at night (after 11 pm) and there are nutrition programs in place at school. School attendance and participation is not a problem as it is encouraged by parents. I think that each community needs to be individually assessed to address issues at hand. Government intervention is still needed, just not a blanket approach as each community has uniquely different problems and issues." (*remote respondent*)

"The elders here say that children are a lot more unruly now compared to a few years ago. This means safety and destruction will deteriorate. Supporting Warlpiri culture here such as the use of 'skin' names by all at the school (including teachers not being called by their first names) - this strengthens respect of others, addresses promiscuity,

addresses the "big questions" about life i.e. "who am I", it also delineates and provides checks and balances. The skin system underpins morals and laws in this culture. Supporting this through the education system will reduce crime. The police can't be everywhere, only social mores can help when the police aren't there. Effective programs on how to keep your house clean should be mandatory when getting a house. This would mean children would enjoy being at home. People need to have a future to look forward to so jobs are key. Employing people who are able to have Aboriginals work with them are essential, instead of people who can't cope with Aboriginal people." (*remote respondent*)

"I just want to say again what I said at the start, I think the not local visitors and workers feel more unsafe then the local people, but the local people feel unsafe when they are threatened by 'balanda', or when they don't understand how to solve problems themselves." (*remote respondent*)

"Our community had strong mob of old men and women who were stronger and made us strong in all aspect." (*remote respondent*)

"[community name] is generally a safe place with most problems caused by disengaged bored young males. Sniffing greatly worsens this problem. We have a police station that is rarely manned as our police officer is based in [community name]. An increased police presence is wanted by community, both locals and agencies. Night patrol is doing the best they can to keep control of kids, but if parents are not part of the conversation and take responsibility it is hard for night patrol to parent for them." (*remote respondent*)

"I feel very safe in my community but have learned to use cultural rules (appropriate. clothing, behaviour, talking) to not offend others. I see many kids putting themselves in danger as they seek attention, are bored or just careless with themselves. Self worth comes with being looked after well from birth. That is not always happening. The dogs can be a problem, mainly at night time at certain houses. It will improve with regular Vets visits and growing trust to the person, operating on the animals." (*remote respondent*)

"It has come a long way since prior to the NTER rollout and all for the positive. Community members are very proud of the work that they have done over the past 5 years." (*remote respondent*)

"The chaos and confusion caused by the transfer of the CGC to the Shire with consequent loss of work for, particularly men, coming on top of the confusion and demoralisation of the intervention has demoralised everyone and made them more prone to violence." (*remote respondent*)

"You can have all the programs etc in the world but you need community participation, belief and action. It doesn't happen in [community name] as I believe the community has the wrong attitude." (*remote respondent*)

6.4 Summary

This section examined service providers views on how they believe the community in which they work could be made safer. Respondents were asked what they thought were the three most important things that could be done to make the community safer. They were also given the opportunity to provide additional comments on safety in the community. Also explored, were the results from an open question that asked whether participants had any additional comments on service delivery. There was a mix of comments that referred to the current situation, changes and what should or could be done.

Key points were:

- In both towns and remote communities, the majority of respondents felt that more could be done to make the community safer.
- In towns, service providers suggested that the most important thing that could be done to address community safety was to tackle the alcohol problem, for example through providing a grog program, having stricter grog rules and enforcing alcohol restrictions. This was followed by the need to increase policing (including Aboriginal police), better justice/law measures getting more kids going to school, and more youth activities. An additional issue more common in towns was homelessness/itinerants.
- In remote communities important themes to emerge were similar to those in towns, though in a different order of significance: the need to increase policing, followed by more youth activities, alcohol (having stricter grog rules and better enforcement), and getting more kids going to school. Additional themes more common in remote communities were more effective and proactive night patrols, addressing dog issues, and more night shelters.
- A key message that came through in remote community responses to the question about the three most important things was to increase community involvement in appropriate decision making and to build community capacity and leadership.
- Practical suggestions to improve safety included having more street lighting, more or updated housing and having safer/improved roads.
- Remote community respondents were more likely to suggest increasing community capacity, measures to control dogs, more night patrols/power to night patrols and a night shelter/sobering up shelter.
- When asked for additional comments on service delivery, the three most common themes raised by both town and remote community respondents related to coordination and communication, workplace issues (e.g. high staff turnover, work overload) and gaps in service delivery.
- An additional theme in remote communities was local community engagement. To address this, respondents suggested having more locally trained employees and more local responsibility.
- When given the opportunity to provide additional comments on community safety, participants in towns expressed concern about the continued deterioration of safety in

towns, particularly with the impact of alcohol and an increase in itinerants from communities.

- There was more of a mixed response from remote service providers. Kids, dogs and improving lighting and roads came up a number of times, with some emphasising the continued worsening of some problems due to a number of factors. Other remote respondents feel that the community has become safer.

Section 7

Comparison with other survey results

Results presented in this section come from the Community Safety Service Provider Survey (CSSPS), the *Community Safety and Wellbeing Research Study* (CSWRS), and where relevant, the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the NT results for the 2008-09 national Crime Victimization Survey (CVS)⁵. The aim is to see what they show and to see whether there are questions or themes that arise from apparent similarities and differences for key items. Comparable questions across the surveys relate to the following areas:

- feelings of safety
- perceptions of safety of different social groups (CSSPS and CSWRS only)
- perceptions of social problems in the community/neighbourhood
- changes in the past three years (CSSPS and CSWRS only)
 - whether community/neighbourhood has become safer
 - social problems
 - the impact of key policies/programs on community safety

It is not possible to directly compare results across the surveys for methodological reasons. The wording of questions, categories of responses, sampling, timing and mode of delivery do vary, so any comparison is indicative and should be interpreted with caution.

The main interest is how perceptions of Indigenous people in a sample of remote communities (CSWRS) compare with service provider perceptions of safety and social problems in a wide range of remote communities in the NT (CSSPS). The section focuses on presenting the results for key items from these two surveys.

Although both the CSWRS and NATSISS are surveys of Indigenous people, NATSISS only has results for the two geographical areas of ‘outer regional’ (which is Darwin) and ‘remote/very remote’ (which is the rest of the NT, including other towns). The most comparable population to the CSSPS town sample is the CVS, which was of the general population but had an urban bias (ABS 2010d).

7.1 Feelings of safety

As Table 16 shows, the situation where participants in both the service provider survey and the CSWRS survey felt most unsafe was after dark. Nearly one quarter of local Indigenous

⁵ The 2008-09 crime victimisation survey results rather than more recent 2009-10 survey results as the timing more closely correspond the timing of the 2008 NATSISS

people in the CSWRS survey said they felt ‘not safe’ ‘walking around at night time’ in the community while 14.6 per cent said they felt ‘a little bit not safe’ (see Table 16). The proportion that felt ‘safe/a bit safe’ in such a situation was 55.8 per cent. In the 2008 NATSISS, in NT remote/very remote areas, 61 per cent felt safe or very safe walking alone in local area after dark.

In the service provider survey 52.9 per cent of the remote community respondents felt ‘safe’ or ‘a bit safe’ walking alone at night. In contrast, 30.9 per cent of the town respondents felt ‘safe’ or ‘a bit safe’ in the same situation. In the CVS 2008-09, the NT results indicated that 22.5 per cent of participants felt safe walking alone in the local area after dark.

Table 16: Feelings of safety (%): CSSPS town and remote and CSWRS results

CSSPS	CSPSS Town service providers	CSSPS Remote service providers	CSWRS	CSWRS survey – 16 remote communities, Indigenous residents*
Being home by yourself in daylight			At home in day time	
Safe	86.6	87.4	Safe	88.4
A bit safe	11.6	6.8	A bit safe	6.6
	(98.2)	(94.2)		(94.8)
A bit unsafe	1.0	3.2	A little bit not safe	1.4
Unsafe	0.3	0.4	Not safe	1.4
Don't know	0.5	2.2	Don't know	1.0
Being home by yourself after dark			At home at night time	
Safe	57.4	62.4	Safe	72.8
A bit safe	21.7	18.6	A bit safe	14.4
	(79.1)	(81.0)		(87.2)
A bit unsafe	15.6	11.5	A little bit not safe	6.6
Unsafe	4.8	4.7	Not safe	4.1
Don't know	0.5	2.9	Don't know	0.8
Walking alone in daylight			Feelings of safety walking around in daytime	

Safe	74.9	80.6	Safe	82.7
A bit safe	19.6	10.8	A bit safe	9.4
A bit unsafe	3.8	4.7	A little bit not safe	2.8
Unsafe	1.8	3.2	Not safe	2.3
Don't know	0	0.7	Don't know	1.4
Walking alone at night			Feelings of safety walking around at night time	
Safe	11.8	27.5	Safe	36.2
A bit safe	19.1	25.4	A bit safe	19.6
	(30.9)	(52.9)		(55.8)
A bit unsafe	24.4	17.9	A little bit not safe	14.6
Unsafe	44.0	25.7	Not safe	24.9
Don't know	0.8	3.6	Don't know	3.1

CSSPS Town range of n = 393-400, Remote community range of n = 278-280, CSWRS n = 1343

Note: *CSWRS percentages don't always add to 100 as 'no response' are included in the denominator

Source: CSSPS FaHCSIA datafile and CSWRS results

7.2 Safety of different social groups

The CSWRS survey asked a similar question to that in the CSSPS that asked respondents about the safety of different social groups in the community, except that instead of 'boys' and 'girls' categories, the CSWRS had 'young fellas', 'young women', and 'little kids' (see Table 17). The CSSPS also included additional categories of 'service providers' and 'visitors'. A higher proportion of CSWRS participants perceived all social groups to be safer than did CSSPS remote participants. Participants in both surveys agreed that 'men' were the safest group and that 'girls' (in the CSSPS) and 'young women' (in the CSWRS) were the least safe group.

Table 17: Perceptions of safety of different social groups, safe all/some of the time (%): CSSPS town and remote and CSWRS results

	CSSPS town	CSSPS remote	CSWRS*
Men			
Safe all the time	21.1	36.2	63.1
Safe some of the time	48.7	48.7	24.1
Unsafe some of the time	27.6	11.8	6.3
Unsafe all of the time	1.3	0	1.9
Don't know	1.3	3.2	2.7
Boys			Young fellas
Safe all the time	10.6	21.6	44.3
Safe some of the time	44.6	50.0	33.9
Unsafe some of the time	40.8	24.5	13.3
Unsafe all of the time	3.0	1.1	4.0
Don't know	1.0	2.9	2.6
Women			
Safe all the time	8.0	17.2	55.8
Safe some of the time	31.4	37.6	27.5
Unsafe some of the time	53.4	39.8	9.8
Unsafe all of the time	6.0	3.6	2.6
Don't know	1.0	1.8	2.5
Girls			Young women
Safe all the time	5.6	15.5	41.1
Safe some of the time	27.9	35.6	33.1
Unsafe some of the time	56.9	41.4	16.2
Unsafe all of the time	8.4	5.8	5.0
Don't know	1.3	1.8	2.6
Old men			
Safe all the time	12.6	32.9	68.4

Safe some of the time	31.0	41.5	16.2
Unsafe some of the time	48.6	21.7	7.7
Unsafe all of the time	5.8	0.7	3.1
Don't know	2.0	3.2	2.8
Old women			
Safe all the time	11.1	29.1	67.6
Safe some of the time	26.8	36.0	16.5
Unsafe some of the time	52.8	30.2	8.1
Unsafe all of the time	7.3	1.8	3.4
Don't know	2.0	2.9	2.5
Service providers			
Safe all the time	15.9	35.6	
Safe some of the time	43.3	41.4	
Unsafe some of the time	36.5	19.4	
Unsafe all of the time	2.3	0.7	
Don't know	2.0	2.9	
Visitors			
Safe all the time	12.9	33.3	
Safe some of the time	43.7	45.4	
Unsafe some of the time	40.1	17.9	
Unsafe all of the time	1.6	0.7	
Don't know	1.8	2.6	
			Little kids
Safe all the time			50.0
Safe some of the time			30.9
Unsafe some of the time			10.6
Unsafe all of the time			5.2
Don't know			1.5

CSSPS Town range n = 387-398, CSSPS Remote community range n = 273-279, CSWRS n = 1343

Note: *CSWRS percentages don't always add to 100 as 'no response' are included in the denominator

Source: CSSPS FaHCSIA datafile and CSWRS results

Rankings as to who are the safest members of the community differed somewhat amongst the surveys, with old people being seen by CSWRS participants as more safe than younger people and little kids (Table 18). This implies that being old is seen as more of a protective factor for women by local residents in remote communities than it is by service providers.

Table 18: Rankings of perceived safety of different social groups, ‘safe all of the time’ or ‘some of the time’ (%): CSSPS remote and CSWRS

	CSSPS remote		CSWRS	
1	Men	84.9	Men	87.2
2	Old men	74.4	Old men	84.6
3	Boys	71.6	Old women	84.1
4	Old women	65.1	Women	83.3
5	Women	54.8	Little kids	80.5
6	Girls	51.1	Young fellas	72.0
7			Young women	74.2

CSSPS Remote community range of n = 273-279, CSWRS n = 1343
Source: CSSPS FaHCSIA datafile and CSWRS results

7.3 Social problems

With regard to existing social problems, it is not possible to compare directly the results from the CSSPS to that of the CSWRS survey because of the different problems that were the subject of questioning. While some problems were the same, a different scale was used to ask about the severity of the problem. With the two national surveys (NATSISS and CVS) there were some items that approximated those used in the two NT community safety surveys, but participants were only asked to indicate whether they occur or not in their local area. As a result the social problems in each survey were ranked in terms of the proportion of respondents who indicated they were a ‘big’/‘very big’ problem or said they were a problem.

Table 19 shows that service providers in the CSSPS (both in towns and remote communities) and local Indigenous residents in remote communities (in the CSWRS) considered ‘children being out at night’ to be one of the biggest problems. Local residents in remote communities

clearly saw ‘nasty phone messages’ and ‘chat rooms’ as a big problem unlike service providers, many of whom indicated they did not know whether it was a problem. The service providers in towns and remote communities saw ‘children not going to a school’ as a major problem but this was regarded as less of a problem by local Indigenous people.

Alcohol is considered to be more of a problem in towns (especially ‘drinking in places other than home’), while ‘gunja’ was identified as a problem over and above alcohol, by local Indigenous residents and to a lesser extent by service providers in remote communities.

It is difficult to interpret the results in relation to violence, because of the different terms used across the surveys and the imprecise nature of the term ‘family violence’. However, the CSWRS results indicate that local Indigenous residents in remote communities see ‘fighting between families’ as more of a problem than ‘men hurting women’. With service providers, town participants saw ‘family violence’ as more of a problem than service providers in remote communities.

Two problems were identified as major problems in remote communities – ‘dogs’ (by service providers), and ‘young people not listening to older people’ (by CSWRS respondents) – which were not asked about in other surveys. It is important to note that the questions about sexual assault (which were not asked in the CSWRS) had a high response rate of ‘don’t know’ amongst service providers.

Although the NT results for NATSISS indicated that the top three problems were ‘alcohol’, ‘dangerous driving’ and ‘youth’ (in both the outer regional area and in the remote/very remote areas) these particular issues did not rank so highly in the recent community safety surveys. However, related to whether youth were seen as a social problem, there were evident concerns for children being out at night amongst local Indigenous people and service providers, and the highest ranking social problem in the CSWRS survey was ‘young people not listening to older people’.

Table 19: Rankings of social problems, ‘big’/‘very big’ problem: CSSPS town and remote and CSWRS results

Ranking	CSSPS town	CSSPS remote	CSWRS
1 (most responses)	drinking too much grog in places other than home	children being out at night	young people not listening to older people
2	children being out at night	dogs	kids being out at night
3	children not going to school	children not going to school	smoking too much gunja
4	drinking too much grog in homes	children not being looked after properly	nasty phone messages and chat rooms
5	children not being looked after properly	vandalism	other types of family fighting
6	family violence	gunja	men hurting women
7	violence other than family violence	drinking too much grog in places other than home	drinking too much

8	humbugging other people	humbugging other people	humbugging old people
9	gunja	humbugging old people	kids not going to school
10	humbugging old people	family violence	dangerous driving
11	burglaries	burglaries	sorcery
12	vandalism	violence other than family violence	kids not being looked after properly
13	dogs	drinking too much grog in homes	adults hurting younger people = <i>with</i>
14	adults hurting kids	nasty mobile texting	Payback = <i>with</i>
15	women and girls being forced to have sex	adults hurting kids	young people hurting older people
16	dangerous driving	women and girls being forced to have sex	sniffing
17	nasty mobile texting	dangerous driving	
18	boys being forced to have sex	boys being forced to have sex	

CSSPS Town range of n = 374-382, Remote community range of n = 264-270, CSWRS n = 1343
Sources: CSSPS FaHCSIA datafile and CSWRS results

7.4 Changes in the previous three years: feelings of safety

The CSSPS and CSWRS both asked respondents about changes in safety in the previous three years. Once again, the response categories were somewhat different (namely, the CSWRS question did not have an option for ‘the same’). Table 20 presents the responses to the CSSPS (town and remote) along with the responses from the CSWRS. Overall, more CSSPS remote and CSWRS participants agreed that the community has become safer than being the same or less safe– CSSPS remote 20.7 per cent ‘a lot more’, 20.7 per cent ‘a little more’ (compared with 28.1% said it was the same) while CSWRS were 41.0 per cent ‘strongly agree’ and 31.4 per cent ‘agree a bit’ (but there was no category for the same).

Table 20: Whether a community/neighbourhood has become safer in the past three years/than three years ago (%): CSSPS town and remote and CSWRS

CSSPS categories	CSSPS town (n=276)	CSSPS remote (n=135)	CSWRS categories	CSWRS results* (n=1343)
Whether community /neighbourhood has become safer in the past 3 years			The community is safer than 3 years ago	
Yes, a lot more safe	2.5	20.7	Strongly agree	41.0
Yes, a little more safe	6.2	20.7	Agree a bit	31.6
It's the same - not more safe or less safe	30.1	28.1		
No, a little bit less safe	28.6	7.4	Disagree	14.7
No, a lot less safe	25.4	9.6	Strongly disagree	7.2
Don't know	7.2	13.3	Don't know	4.7

Sources: CSSPS FaHCSIA datafile and CSWRS results

Note: *CSWRS percentages don't always add to 100 as 'no response' are included in the denominator

7.5 Changes in the previous three years: key social problems

To see how service provider perceptions of change compare with local Indigenous residents in remote communities, Table 21 presents the results for key social problem items asked about in the CSSPS and CSWRS. There are differences in the two surveys in social problem categories and response options, so it is only possible to consider general patterns.

For CSSPS remote participants, at least a quarter of participants said there was less – ‘family violence’ (26.7%) and ‘violence other than family violence’ (25.4%), while ‘the same’/‘no change’ was the most common category for ‘drinking too much grog in homes’ and ‘drinking too much grog in places other than home’ and ‘kids not being looked after properly’. Nearly a quarter (22.3%) said ‘gunja’ use had increased while only 9.2 per cent said there was less use.

For CSWRS participants, the most common responses indicated that people ‘agreed a bit’ that ‘less people are making trouble’ (36.3%), ‘there is less family fighting than 3 years ago’ (35.3%), and ‘people are drinking less than 3 years ago’ (33.4%). The biggest change was for ‘more kids being looked after properly than 3 years ago’ with 43.7 per cent strongly agreeing that this was the case. The problem that was seen as increasing was ‘gunja’, where 24.3 per cent strongly disagreed with the statement that it was being smoked less.

Table 21: Perceived changes in social problems over the last three years (%): CSSPS town and remote and CSWRS results

	CSSPS			CSWRS*
Family violence	Town (%)	Remote (%)	Less people are making trouble	%
More	32.8	12.2	Strongly disagree	12.0
Same	42.5	41.2	Disagree	19.1
Less	4.9	26.7	Agree a bit	36.3
Not sure	19.8	19.8	Strongly agree	25.0
			Don't know	6.9
Violence other than family violence			There is less family fighting than 3 years ago	
More	45.4	13.1	Strongly disagree	13.1
Same	38.7	36.2	Disagree	21.4
Less	4.1	25.4	Agree a bit	35.3
Not sure	11.9	25.4	Strongly agree	23.3
			Don't know	6.1
Drinking too much grog in homes				
More	26.8	12.4		
Same	44.2	36.4		
Less	3.8	23.3		
Not sure	25.3	27.9		
Drinking too much grog in places other than home			People are drinking less than 3 years ago	
More	52.8	20.8	Strongly disagree	10.4
Same	33.3	39.2	Disagree	20.9
Less	3.7	16.2	Agree a bit	33.4
Not sure	10.1	23.8	Strongly agree	23.8
			Don't know	5.6
Gunja			People are smoking less	

			gunja than 3 years ago	
More	27.8	22.3	Strongly disagree	24.3
Same	38.5	43.1	Disagree	20.4
Less	0.7	9.2	Agree a bit	20.0
Not sure	33.0	25.4	Strongly agree	18.8
			Don't know	14.4
Kids not being looked after properly			More kids are being looked after properly than 3 years ago	
More	29.1	12.4	Strongly disagree	5.3
Same	41.8	48.8	Disagree	13.8
Less	3.7	16.3	Agree a bit	31.9
Not sure	25.4	22.5	Strongly agree	43.3
			Don't know	5.1

CSSPS Town range of n = 265-270, Remote community range of n = 129-131, CSWRS n = 1343

Note: *CSWRS percentages don't always add to 100 as 'no response' are included in the denominator

Sources: CSSPS FaHCSIA datafile and CSWRS results

7.6 Impact of measures

Table 22 shows the results from questions that asked about the impact of measures on community safety. Results are shown for CSSPS remote community and town participants, as well as those from the CSWRS. The questions asked were worded slightly differently, the response options (both scale and wording) were not the same, and only seven measures were sufficiently similar to be compared. With these caveats in mind, and having excluded those that answered 'not in this community', the results suggest that CSSPS remote and CSWRS participants were most positive about the impact on community safety of 'night patrols', 'Themis police stations', 'additional police', and 'safe houses'. CSSPS town respondents were more likely than those in remote communities to answer that they didn't know.

Table 22: Perceived impact of different measures on community/neighbourhood safety (%): CSSPS town and remote and CSWRS

CSSPS categories*	CSSPS town	CSSPS remote	CSWRS categories**	CSWRS results***
Safe house			Safe house	
A lot better	4.7	10.1	Big difference	41.3
A bit better	20.1	23.7	Little bit of difference	28.6
Made no difference	24.2	15.2	No difference	12.0
A bit worse	0.3	0.4	Made it worse	1.5
A lot worse	0.6	0.4		
Not in this community	14.0	35.8	Not answered****	
Don't know	36.1	14.4	Don't know	10.7
Alcohol restrictions			New grog rules	
A lot better	7.1	21.3	Big difference	23.5
A bit better	18.8	24.0	Little bit of difference	24.1
Made no difference	38.6	33.7	No difference	19.0
A bit worse	6.0	3.5	Made it worse	5.8
A lot worse	12.5	5.0		
Not in this community	7.9	1.6	Not answered	14.6
Don't know	9.2	10.9	Don't know	13.0
Pornography restrictions			New rules for sexy pictures	
A lot better	0.5	10.8	Big difference	8.0
A bit better	5.2	12.7	Little bit of difference	7.7
Made no difference	34.9	34.4	No difference	18.0
A bit worse	0.8	0.4	Made it worse	11.1
A lot worse	1.4	1.9		
Not in this community	12.4	3.1	Not answered	6.8
Don't know	44.8	36.7	Don't know	47.6
Night patrols			Better night patrols	
A lot better	9.0	21.0	Big difference	43.3
A bit better	38.0	45.8	Little bit of difference	31.5

Made no difference	29.0	15.6	No difference	16.8
A bit worse	0.8	0.4	Made it worse	3.4
A lot worse	0.8	1.1		
Not in this community	4.4	5.7	Not answered	1.4
Don't know	18.0	10.3	Don't know	3.6
Themis police station			New police station	
A lot better	3.3	21.6	Big difference	48.6
A bit better	11.4	18.5	Little bit of difference	31.4
Made no difference	16.9	12	No difference	13.1
A bit worse	0.6	0	Made it worse	2.9
A lot worse	0.6	1.2		
Not in this community	15.3	24.7	Not answered****	1.1
Don't know	51.9	22.0	Don't know	2.9
Additional police			Additional police	
A lot better	5.8	21.4	Big difference	32.3
A bit better	32.3	21.8	Little bit of difference	25.7
Made no difference	23.0	12.8	No difference	25.4
A bit worse	0.5	0.4	Made it worse	5.9
A lot worse	0.3	0.8		
Not in this community	8.8	26.5	Not answered****	
Don't know	29.3	16.3	Don't know	8.9
More things for young people to do			More things for young people to do	
A lot better	5.3	10.0	Big difference	39.6
A bit better	20.5	23.8	Little bit of difference	25.8
Made no difference	27.7	21.2	No difference	24.1
A bit worse	1.9	2.3	Made it worse	2.7
A lot worse	0.6	2.3		
Not in this community	14.4	23.8	Not answered	1.1
Don't know	29.6	16.5	Don't know	6.4

CSSPS Town range of n = 360-368, Remote community range of n = 257-262, CSWRS n = 1343

Notes:

* CSSPS FaHCSIA Question asks "Have the following affected safety in this community/neighbourhood?". CSSPS FaHCSIA Survey also included questions about child protection services, GBMs and parenting courses.

** CSWRS Survey asks "Do you think these things made a difference to safety in your community?"

*** CSWRS percentages don't always add to 100 as 'no response' are included in the denominator

**** 'Not answered' category did not apply to the safe house, new police station, and additional police, as the responses are only from the communities where these initiatives were introduced.

Sources: CSSPS FaHCSIA datafile and CSWRS results

7.7 Three most important things

When asked about the three most important things that were needed to make the community or neighbourhood safer, there was some overlap between respondents in the CSWRS and the remote respondents in the CSSPS. Having more police was among the top three most common responses in both surveys. Other common themes that emerged in both surveys were increasing night patrols and more activities for young people to do. Increasing job opportunities and improving roads were also themes that came up in both surveys, although they were more common in the CSWRS than they were in the CSSPS. Addressing the issue of aggressive dogs was more of an issue for respondents in the CSSPS than CSWRS.

7.8 Summary

This section has examined perceptions of safety and social problems amongst service providers in NT in 2011 and amongst Indigenous people in 16 remote communities in 2011. Where relevant, the NT results for two national surveys of the Indigenous population in 2008 and of the general population in the NT in 2008-09 were mentioned. The key conclusions were that:

- People seem to feel less safe in towns in the NT than they do in remote communities.
- Everyone is more likely to feel unsafe at night time, though it seems a smaller proportion feel unsafe at night in remote communities.

When the service providers' responses for remote communities were compared with responses from the survey of Indigenous people in 16 communities, it was found that:

- A larger proportion of CSWRS participants perceived all categories of social groups to be safer than that found in the CSSPS.
- In both surveys, men were seen as the safest group and young women/girls the least safe groups. However, old women were more likely to be seen as safe all of the time by CSWRS participants (67.6%) than by service providers working in remote communities (32.9%).
- Alcohol is considered to be more of a problem in towns (especially 'drinking in places other than home'), while 'gunja' was identified as a problem over and above alcohol, by local Indigenous residents in the CSWRS and to a lesser extent by service providers in remote communities.
- 'Children being out at night' was one of the most common problems in both surveys. Many Indigenous community residents saw 'nasty phone messages' and 'chat rooms' as a problem. Many service providers did not know whether it was a problem.

- A greater proportion of both service providers in remote communities and local Indigenous people in the CSWRS communities agreed that the community has become safer compared with those that said it was the same or less safe.
- Service providers in remote communities and the CSWRS participants indicated that night patrols and additional police had a big impact on community, as did safe houses and Themis police stations where they were introduced.

Section 8

Conclusion

Violence, especially alcohol-related violence, has been a major social problem in the NT for many years. Indigenous people in the NT are involved in much of the crime and social disorder, as victims and offenders. There have been multiple initiatives and strategies over the past three years that seek to improve community and personal safety, including a raft of NTER measures that focused primarily on remote communities.

Over three years ago Territorians, mainly in towns, were more likely to report being a victim of physical or threatened violence, feeling unsafe and problems occurring in their local neighbourhood than people in other states and territories. In a separate survey, Indigenous people in the NT also reported relatively high levels of assault victimisation, arrest and feeling unsafe, although this was more pronounced in Darwin than in the rest of the NT.

In the past three years police data indicate that recorded assaults have increased in both urban centres and the rest of the NT, but the proportion of alcohol-related assaults has declined in remote areas. More specifically, in the NTER communities, recorded crime related incidents rose but more recently, stabilised and for some categories of incidents, even declined. But how should we interpret trends in police statistics? What may have made a difference, why and how, and are people feeling safer as a result of the multiple initiatives and reforms of the past few years?

The survey of service providers in the NT was part of multi-pronged research program to investigate these questions. It was considered important to ask service providers across the NT because their work is affected by community safety and in turn, the way they deliver services affects community safety. The aim was to have a cross-sectoral sample that included service providers in remote communities and towns across the NT. Including service providers in towns was viewed as necessary as NT survey data indicated residents felt less safe in their local neighbourhood compared with residents of remote and very remote areas. The perceptions of town service providers also provided a point of comparison with the responses of remote community service providers.

Having a good coverage of remote communities meant that the service providers' perspectives represented a collective view of community safety in remote communities across the NT and the findings could be examined to see how these were similar or different to findings from the survey of Indigenous people in a sample of remote communities.

Given that police and ABS population survey data suggest the level and nature of crime and other social problems are different in towns and remote communities, and that the NTER measures were mainly directed at remote communities, the survey responses were analysed firstly for remote communities and then on the basis of town versus remote community results. Although it was not explicitly stated in the questionnaire, most respondents in their open-text answers seemed to focus on social problems associated with Aboriginal people, either as visitors to towns or as residents in local communities. Some participants clearly saw this focus as part of the problem, but it is not surprising when government inquiries, policy statements and media coverage in the past few years have almost exclusively referred to alcohol-related violence and social disorder involving Indigenous people and/or safety and well-being of Indigenous people in the NT.

The results from the survey indicate that in many remote communities, service providers believe that some things have improved in the previous three years. Many felt safer than they did three years before, and certain problems, such as family violence and other types of violence, were perceived to have fallen in some communities. The majority of local Indigenous people, in the separate study of remote community residents, also agreed that they felt a bit safer or safer than three years ago. The biggest improvements they identified were less family fighting, less people making trouble and less drinking.

Alcohol-related violence or fighting may have declined in many remote communities but both service providers and local Indigenous people indicated that drinking too much grog in places other than home was still a big problem and had increased. Some of this drinking is likely to be outside communities, in or near towns. Town service providers in their comments frequently referred to the increased numbers of itinerants in the town and although all social problems were perceived as unchanged or having increased, drinking and family violence, along with children out at night and children not at school, emerged as the main problems currently found in towns.

Police data indicate Indigenous women are the social group most at risk of assault, often perpetrated by partners/ex-partners. Family violence was seen by service providers as currently more of a social problem in towns than in remote communities, and in the latter, responses indicated it may have declined in some communities. However, service providers in both towns and remote communities said girls followed by women were the most unsafe social groups in the local neighbourhood/community. It is not known, though, whether this was because they were considered to be most at risk of serious and less frequent violent victimisation, such as sexual assault, and/or whether they were viewed as more at risk of more prevalent but less serious forms of intimidation and coercion. The sizeable proportion of 'don't know' responses to questions about sexual assault against women, girls and boys, and to other problems such as phone texting and drinking in homes, underlined the 'visibility' of certain types of behaviour and activity. In contrast, local Indigenous people were more prepared to say they knew about certain problems, for example nasty phone texting and chat rooms.

Based on the proportion of respondents who indicated it was a problem, 'kids being out at night' was the most common problem in towns and remote communities. Service providers were concerned about children on a number of measures, for example not going to school, while many Indigenous people in remote communities think children are better off and better looked after than before and ongoing concerns centred on children not listening to adults and being out at night..

Young people and young adults are most at risk of being involved in offending and being a victim of physical or threatened attack, according to ABS survey and police data. A consistent theme in the service provider responses was the need for youth services and activities, although it is not clear what age group they had in mind. In a number of remote communities and towns, it also seems gang-related violence and disruptive youth was still a problem. It did not seem youth activities that had already been funded had been implemented in many places and/or did not have much impact, as the most frequent response was no difference in towns and 'a bit better' in remote communities where they were thought to exist.

In remote communities what seems to have had the most impact on community safety are night patrols, Themis police stations, additional policing and safe houses, based on the

perceptions of service providers and local Indigenous people in a sample of communities. This is not surprising given the direct relevance of these measures to efforts to reduce crime and alcohol-related violence and the limited roll-out of many programs. Other measures may have a salutary effect on individual well-being and social capital, but not in an immediate or obvious way on community safety.

The majority of service providers in towns and remote communities enjoyed their work and would recommend it to others, and community safety was thought to have had, in general, a limited effect on staff retention. This is less likely to be the case in places which service providers viewed as less safe and with multiple social problems. Based on survey responses, it seems staff turnover is higher in remote communities, although job satisfaction seemed higher in these settings than in towns. Workforce issues did come up in many service provider comments, such as understaffing and housing.

In towns, there is more concern about community safety than in remote communities. The majority of participants believed they had become less safe in the past three years, and many social problems were viewed as becoming worse. Given the frequency with which the issue of remote community visitors to towns was raised, it would be worthwhile to undertake further research on the safety of Indigenous visitors and residents in towns. Further analysis is also required to see how perceived problems, the impact of measures and of what is needed to address community safety varies by individual towns.

There were clearly gaps in services in certain places and in remote communities, a common need was for a children's refuge/safe house, a men's group, Aboriginal community police, a sobering up shelter/detox centre, and family and domestic violence service.

The responses to the suite of questions about service delivery and community safety, suggest that it is not always more services that are required. This is certainly the case in towns, and to a lesser extent in remote communities. Instead, many service provider responses referred to how services are delivered and coordinated. These were seen as the key areas for improvement. A frequent complaint in remote communities and to some extent in towns was the absence of after-hour services and at least one third of respondents were not satisfied with the way services worked together. Coordination and cooperation was seen to work better when dealing with at risk or unsafe individuals in comparison to how well it seemed to work to instigate or run crime prevention programs and initiatives. Increased accountability was viewed by many as important for the local delivery and management of services and organisations at a local level. The importance of community involvement and engagement was a recurring theme in comments, with some participants seeing it as diminished in recent years, especially as a result of the new local government arrangements.

The majority of service providers (84%) think more needs to be done to make their community/neighbourhood safer. In remote communities, participants advocated more or improved services (including after hours), better coordination and empowering/engaging local community people, as well as practical measures such as street lighting.

Their feedback underlines the need for more local leadership and engagement in remote communities to plan and implement strategies that tackle alcohol consumption during periods of risk, dogs, cannabis, kids out late at night, and young adults' anti-social behaviour. Increasing the safety of women and children continues to be a priority for respondents, along with improving after-hours service delivery, interagency cooperation and work conditions.

The survey of service providers in the NT represents a large-scale test of the instrument and methodology. It worked well as a cost-effective approach to assess community safety and the impact of relevant programs, and can be adapted and employed in future large scale and more local efforts to monitor safety and to evaluate strategies and initiatives. This is not to say that such a survey should be done instead of direct consultation with local residents in communities and neighbourhoods. It should be regarded as an additional method that can broaden the coverage of the feedback process.

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Appendix 1

Questionnaire

Community safety in Indigenous communities: Service Provider Survey

People can feel safe or unsafe in their homes, at work, and being outside in a community. The experience of seeing or hearing about various personal and household crimes such as assault, domestic violence, burglaries and property damage influence perceptions of safety. Certain places and times of the day can also be seen as less safe, with people often being influenced by signs of social disorder and the physical appearance of buildings and open spaces.

In this survey, we are seeking the views of service providers across a range of sectors and locations: police, justice, health, community services, education, GBMs and more. The results from the online survey will inform social policy development over the next 6 months. The research findings will also assist organisations, local groups and communities think about what they would like to do about community safety. The research is being funded by the Australian government and supported by the Northern Territory government.

Participation in this survey is voluntary. Your answers will be completely confidential.

The survey should take about 15 minutes to complete.

If you have any problems with the online questionnaire please call (02) 6121-4767 or email NTERMonitoring@fahcsia.gov.au.

Note: If you have any concerns or complaints regarding the ethical conduct of this online survey, you should contact either of the following Ethics' Committees:

-Secretariat Support at the Central Australian Human Research Ethics Committee at the Centre For Remote Health on (08) 8951-4746 or email cahrec@flinders.edu.au

-The Ethics Administrator of the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8922-7922 or email ethics@menzies.edu.au

Service providers' perceptions of community safety

In this survey we would like you to answer questions about crime and safety in a particular community.

Please answer these questions about the place you have worked with the most over the last 12 months.

If you provide outreach services to smaller communities and are based in a regional centre or town, answer the questions about the community or neighbourhood you have worked in the most over the last 12 months.

This information will be used to help us understand and analyse survey results, but individual communities will not be identified in any published report.

1. Is the place you will be answering questions about a town or prescribed community?

(if prescribed community go to Q2, otherwise skip to Q3)

Town (e.g. Darwin, Nhulunbuy)

Remote community

Town camp

Other (please specify _____)

2. Which of the following communities is the community you have worked with the most over the last 12 months?

(Skip to Q4 if community selected. If not, continue to Q3)

<input type="checkbox"/> Acacia Larrakia	<input type="checkbox"/> Imangara (Murray Downs)	<input type="checkbox"/> Owatilla (Canteen Creek)
<input type="checkbox"/> Adelaide River	<input type="checkbox"/> Imanpa	<input type="checkbox"/> Palumpa (Nganmarriyanga)
<input type="checkbox"/> Ali Curung	<input type="checkbox"/> Jabiru	<input type="checkbox"/> Papunya
<input type="checkbox"/> Alice Springs	<input type="checkbox"/> Jilkminggan	<input type="checkbox"/> Peppimenarti
<input type="checkbox"/> Alice Springs Town Camps	<input type="checkbox"/> Kalkarindji (Kalkaringi)	<input type="checkbox"/> Pigeon Hole
<input type="checkbox"/> Alpururulam	<input type="checkbox"/> Kaltukatjara (Docker River)	<input type="checkbox"/> Pine Creek

<input type="checkbox"/> Amanbidji	<input type="checkbox"/> Katherine	<input type="checkbox"/> Pirlangimpi (Pularumpi)
<input type="checkbox"/> Amoonguna	<input type="checkbox"/> Katherine Town Camps	<input type="checkbox"/> Pmara Jutunta (Ti Tree 6 Mile)
<input type="checkbox"/> Ampilatwatja	<input type="checkbox"/> Kintore (Walungurru)	<input type="checkbox"/> Ramingining
<input type="checkbox"/> Angurugu	<input type="checkbox"/> Kybrook Farm	<input type="checkbox"/> Rittarangu (Urapunga)
<input type="checkbox"/> Apatula (Finke)	<input type="checkbox"/> Lajamanu	<input type="checkbox"/> Robinson River
<input type="checkbox"/> Areyonga	<input type="checkbox"/> Laramba	<input type="checkbox"/> Santa Teresa
<input type="checkbox"/> Atitjere (Harts Range)	<input type="checkbox"/> Maningrida	<input type="checkbox"/> Tara (Neutral Junction)
<input type="checkbox"/> Barunga	<input type="checkbox"/> Manyallaluk	<input type="checkbox"/> Tennant Creek
<input type="checkbox"/> Belyuen	<input type="checkbox"/> Mataranka	<input type="checkbox"/> Tennant Creek Town Camps
<input type="checkbox"/> Beswick (Wugularr)	<input type="checkbox"/> Milikapiti	<input type="checkbox"/> Titjikala
<input type="checkbox"/> Binjari	<input type="checkbox"/> Milingimbi	<input type="checkbox"/> Umbakumba
<input type="checkbox"/> Boroloola	<input type="checkbox"/> Milyakburra	<input type="checkbox"/> Wadeye (Port Keats)
<input type="checkbox"/> Bulla	<input type="checkbox"/> Minjilang (Mamaruni)	<input type="checkbox"/> Wallace Rockhole
<input type="checkbox"/> Bulman (Gulin Gulin)	<input type="checkbox"/> Minyerri	<input type="checkbox"/> Warruwi
<input type="checkbox"/> Daguragu	<input type="checkbox"/> Mt Liebig (Watiyawana)	<input type="checkbox"/> Weemol
<input type="checkbox"/> Darwin	<input type="checkbox"/> Mutitjulu	<input type="checkbox"/> Willowra
<input type="checkbox"/> Darwin Town Camps	<input type="checkbox"/> Nauiyu (Daly River)	<input type="checkbox"/> Wilora
<input type="checkbox"/> Elliott	<input type="checkbox"/> Nguiu	<input type="checkbox"/> Wutunugurra (Epenarra)
<input type="checkbox"/> Engawala	<input type="checkbox"/> Ngukurr	<input type="checkbox"/> Yarralin
<input type="checkbox"/> Galiwinku	<input type="checkbox"/> Ntaria (Hermannsburg)	<input type="checkbox"/> Yirrkala
<input type="checkbox"/> Gapuwiyak	<input type="checkbox"/> Nturiya (Ti Tree)	<input type="checkbox"/> Yuelamu (Mt Allan)
<input type="checkbox"/> Gunbalanya (Oenpelli)	<input type="checkbox"/> Numbulwar	<input type="checkbox"/> Yuendumu
<input type="checkbox"/> Gunyangara	<input type="checkbox"/> Nyirripi	<input type="checkbox"/> Don't know/Can't say
<input type="checkbox"/> Haasts Bluff		

3. Please give the name (or postcode or suburb) of the community or town you have worked with the most over the last 12 months:

Name of community/town: _____

OR

Postcode: _____

OR

Suburb: _____

How safe is this community/neighbourhood?

This part of the survey is about whether you feel the community/neighbourhood is a safe place and how safe you it is for other people.

4. Do you think this community/neighbourhood is a safe place?

Always/most of the time

Some of the time

Never/rarely

Don't know

5. How safe or unsafe do you feel in the following situations in this community/neighbourhood?

	Safe	A bit safe	A bit unsafe	Unsafe	Don't know
--	------	------------	--------------	--------	------------

Doing your job in daylight					
Doing your job after dark					
Being home by yourself in daylight					
Being home by yourself after dark					
Walking alone in daylight					
Walking alone at night					
Socialising after dark					

6. How safe do you think it is in this community/neighbourhood for the following types of people?

Type of person	Safe all the time	Safe some of the time	Unsafe some of the time	Unsafe all the time	Don't know
Men					
Boys					
Women					
Girls					
Old men					
Old women					
Service providers					
Visitors to the community/neighbourhood					

7. Are there things that have happened to make you say that some people are unsafe in this community/neighbourhood? Please say what

8. Are there times, or events, that make the community/neighbourhood less safe than it is usually?

Please say what

Social problems

This part of the survey is about the kinds of that may make people less safe.

9. How much of a problem do you think the following things are in your selected community/neighbourhood?

	Not a problem (doesn't happen here)	Small problem (happens a bit of the time)	Big problem (happens a lot of the time)	Very big problem (happens all the time)	Don't know
Family violence					
Other types of violence					
Drinking too much grog in homes					

Drinking too much grog in other places					
Women and girls being forced to have sex					
Boys being forced to have sex					
Adults hurting children					
Drugs (gunja)					
Humbugging old people					
Humbugging other people					
Children not being looked after properly					
Children being out at night					
Children not going to school					
Dogs					
Vandalism					
Burglaries/breaking and entering					
'Spinning'/'donuts'/'burnouts' or other dangerous/noisy driving					
Nasty mobile phone texting					
Other – please specify					

Changes in safety

10. Do you know this community/neighbourhood well enough to know if it has changed in the last 12 months?

(If you answer 'no', go to Question 13. If 'yes' or 'don't know' go to Question 11.)

- Yes
- No
- Don't know

11. Overall, do you think this community/neighbourhood has become safer in the last 12 months?

- Yes, a lot more safe
- Yes, a little more safe
- It's the same – not more safe or less safe
- No, a little bit less safe
- No, a lot less safe
- Don't know

12. In the last 12 months, in your community/neighbourhood have you noticed more, the same or less of:

	More	Same	Less	Not sure
Family violence				
Other types of violence				
Drinking too much grog in homes				
Drinking too much grog in other places				

Gunja				
Adults hurting children				
Children not being looked after properly				
Children not going to school				

13. Do you know this community/neighbourhood well enough to know if it has changed in the last 3 years?

(If you answered 'no', go to Question 16. If 'yes' or 'don't know' go to 14).

Yes

No

Don't know

14. Overall, do you think this community/neighbourhood has become safer in the last 3 years?

Yes, a lot more safe

Yes, a little more safe

It's the same – not more safe or less safe

No, a little bit less safe

No, a lot less safe

Don't know

15. In the last 3 years, in your community/neighbourhood have you noticed more, the same or less of:

	More	Same	Less	Not sure
Family violence				
Other types of violence				
Drinking too much grog in homes				
Drinking too much grog in other places				
Gunja				
Adults hurting children				
Children not being looked after properly				
Children not going to school				

16. How do you think the following have affected safety in this community/neighbourhood?

	Made things a lot better	Made things a bit better	Made no difference	Made things a bit worse	Made things a lot worse	Not in this community	Don't know
Safe house							
Alcohol restrictions							
Pornography restrictions							
Night patrols							
Themis police station							
Additional police							
Additional child Protection Services							
More things for young people to do							

Government Business Managers (GBMs)							
Parenting courses							
Other – please specify what and the rating							

Services available in the community/neighbourhood

17. Are the following services available in the community/neighbourhood (either resident in the community/neighbourhood, or available to the community/neighbourhood through visiting or outreach services)?

	Yes (service is available)	No (service is not available)	Don't know
Community health			
24 hour emergency health care			
Mental health services			
Drug and alcohol service			
Legal aid			
Aboriginal legal service			
Safe house			
Family and domestic violence service			
Other victim support/ counselling service			

Child welfare/protection services			
State/Territory police			
Aboriginal community police			
Sobering up shelter/detox centre			
Night patrols			
Law and Justice Committee			
Men's group			
Women's group			
Other (please specify service and its availability)			

18. Is there a program or service that you think has been the most effective in increasing community/neighbourhood safety? Please describe the service and what made it effective.

19. Is there a need for a service that is currently not available to the community/neighbourhood?

	Service already exists	Service does not exist and is needed	Service does not exist and is not needed	Don't know
Community health				
24 hour emergency health care				
Mental health services				

Drug and alcohol service				
Legal aid				
Aboriginal legal service				
Safe house				
Family and domestic violence service				
Other victim support / counselling service				
Child welfare/protection services				
State/territory police				
Aboriginal community police				
Sobering up shelter / detox centre				
Night patrols				
Law and Justice Committee				
Men's group				
Women's group				
Other (_____)				

Making things better

20.....Do you think that more needs to be done to make this community/neighbourhood safer?

(If 'no' go to Question 23. If 'yes' or 'don't know' go to Question 22).

Yes

No

Don't know

21. If yes, what are the 3 most important things that could be done to make this community/neighbourhood safer?

1.

2.

3.

22. Is there anything else you want to say about safety in this community/neighbourhood?

Service delivery

23. How do services work together in your community/neighbourhood?

24. How satisfied are you with the level of cross-agency cooperation that contributes to community/neighbourhood safety in your local area?

Very dissatisfied

Dissatisfied

Neither Satisfied nor dissatisfied

Satisfied

Very satisfied

Don't know

25. If you were asked this last question three years ago how would you have answered it?
(only answer if you know this community well enough to know whether it has changed over the last 3 years)

Very satisfied

Satisfied

Neither Satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

Don't know

26. In this community/neighbourhood, do agencies/services work well together to assist individuals who are at risk or unsafe?

Always/most of the time

Some of the time

Never/rarely

Don't know

27. In this community/neighbourhood, do agencies/services work well together to provide activities or programs that improve community safety?

Always/most of the time

Some of the time

Never/rarely

Don't know

28. Do you have any additional comments on service delivery in this community/neighbourhood?

Work satisfaction

29. Do you enjoy working in this community/neighbourhood?

Always / most of the time

Some of the time

Never/rarely

Don't know

30. Would you recommend working in this community/neighbourhood to others?

Yes

No

Don't know

31. Do you think community safety is affecting staff retention in this community/neighbourhood?

Yes

No

Don't know

32. Do you think staff retention in your sector is better now compared with 3 years ago? (only answer if you know this community/neighbourhood well enough to know whether it has changed over the last 3 years)

Yes

No difference

No

Don't know

Demographics

33. What is your sex?

Female

Male

34. Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

35. How long have you worked in roles where you provide services in the Northern Territory?

Less than 12 months

1-3 years

More than 3 years

Don't know/Don't want to say

36. What type of service/s do you provide to the community/neighbourhood?

Education (e.g. teacher, adult learning, preschool)

Health services (e.g. emergency services, mental health)

Justice and legal services (e.g. legal aid, juvenile justice)

- Police services
- Housing and welfare (e.g. income support, youth recreation activities)
- Coordination
- Other, please specify _____

37. How is the service delivered?

- Located in the community/town
- Outreach to the community
- Both
- Not applicable

38. Do you work for a government organisation or a non-government organisation?

Government organisation

Non-Government organisation

Don't know

Thank you for your time and for answering these questions. Your answers will help us understand more about crime and safety.
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Appendix 2

Northern Territory workforce characteristics (ABS 2006 census)

The tables in this appendix show the population workforce characteristics for the NT. The workforce areas are those from the ABS 2006 Census by 'Industry' which are comparable to the industries represented within the CSSPS). Workforce characteristics are shown for 'towns' (Darwin, Nhulunbuy, Alice Springs, Katherine, Palmerston and Tennant Creek) in Table A1. Table A2 shows these characteristics for 'remote communities', which to align with the remote community CSSPS categories, is derived through calculating the workforce characteristics for statistical state divisions minus 'towns'.

Table A1: Workforce characteristics by town

Towns	PROFESSION							
Town	Adult, Community & Other Education	Medical and Other Health Care Services	Preschool & School Education	Public Administration*	Public Order, Safety & Regulatory Services	Residential Care Services	Social Assistance Services	Tertiary Education
Alice Springs	84	499	847	1,315	381	110	437	248
Darwin	219	930	1,985	4,219	916	168	907	849
Nhulunbuy	9	58	128	131	21	3	40	17
Katherine	12	111	299	304	74	37	163	40
Palmerston	4	32	80	173	83	8	33	10
Tennant Creek	18	49	97	213	42	9	74	7
Indigenous Total	31	159	228	711	118	35	230	91
Total	346	1679	3436	6,355	1517	335	1654	1171
Northern Territory Total	475	2,278	5,237	11,699	2,219	514	3,273	1,534
% of Total NT**	73%	74%	66%	54%	68%	65%	51%	76%

* Public Administration is a Industry division which includes Public Administration, Central Government Administration, State Government Administration, Local Government Administration, Justice and Government Representation

**NT total includes migratory and offshore populations

Table A2: Workforce characteristics by remote

Remote (by State Statistical Division)	PROFESSION							
	Adult, Community & Other Education	Medical and Other Health Care Services	Preschool & School Education	Public Administration	Public Order, Safety & Regulatory Services	Residential Care Services	Social Assistance Services	Tertiary Education
Alligator	8	34	107	449	19	14	167	10
Barkly (excl. Tennant Creek)	2	8	22	160	3	1	55	1
Bathurst-Melville	11	31	60	281	6	3	83	0
Central NT (excl. Alice Springs)	12	87	170	778	30	35	198	3
East Arnhem (excl. Nhulunbuy)	14	46	161	901	22	5	262	13
Litchfield Shire	3	6	73	80	10	3	19	80
Lower Top End (excl. Katherine)	10	50	130	829	19	16	286	5
Palmerston East Arnhem	47	186	606	1,068	434	67	338	152
Indigenous Total	31	174	417	3,112	59	53	1,155	46
Total	107	448	1,329	4,546	543	144	1,408	264
Northern Territory	475	2,278	5,237	11,699	2,219	514	3,273	1,534
% of Total NT	23%	20%	25%	39%	24%	28%	43%	17%

Appendix 3

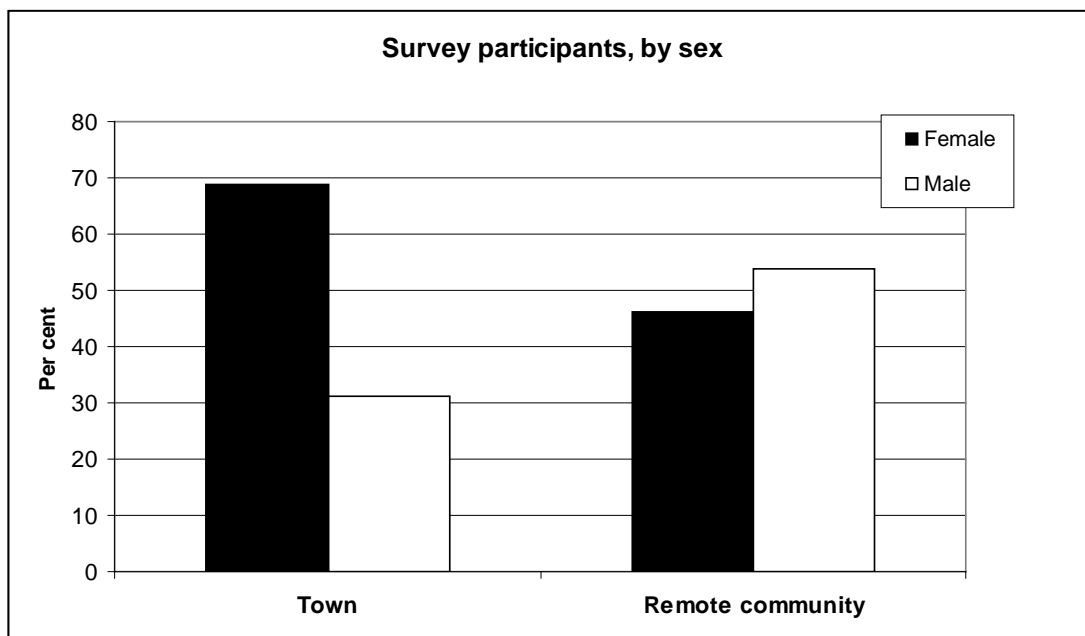
Sample characteristics-details

Q33. What is your sex?

Overall, more women completed the survey than men (59% compared with 41%), though this varied by location. Survey respondents living in remote communities were more likely to be male (54%) than female (46%). Accordingly, participants in towns were more likely to be female than male (70% female compared with 30% male).

What is your sex?						
	Is the place you will be answering questions about a town or				Response Percent	Response Count
	Town (e.g. Darwin, Nhulunbuy)	Remote community	Town camp	Other		
Female	233 (68.9)	111 (46.3)	3 (42.9)	2 (50.0)	59.3	349
Male	105 (31.1)	129 (53.8)	4 (57.1)	2 (50.0)	40.7	240
Total	338	240	7	4	100.0	589
<i>answered question</i>						589
<i>skipped question</i>						110

Source: CSSPS FaHCSIA datafile



Town range of n = 105-233, Remote community range of n = 11-129

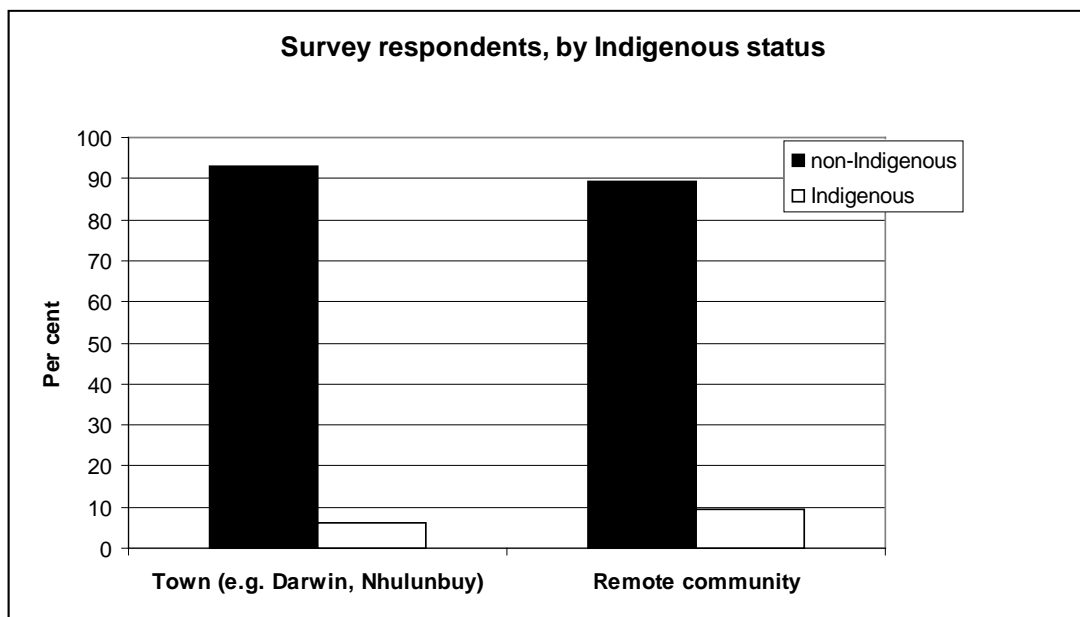
Source: CSSPS FaHCSIA datafile

Q34. Are you of Aboriginal and/or Torres Strait Islander origin?

The majority of survey respondents were non-Indigenous (91% non-Indigenous compared with 9% Aboriginal and/or Torres Strait Islander). A slightly higher proportion of Aboriginal and/or Torres Strait Islander people responded for remote communities than towns (11% compared with 7%).

Are you of Aboriginal or Torres Strait Islander origin?						
	Is the place you will be answering questions about a town or				Response Percent	Response Count
	Town (e.g. Darwin, Nhulunbuy)	Remote community	Town camp	Other		
No	309 (93.1)	213 (89.5)	6 (75.0)	3 (75.0)	91.2	531
Yes, Aboriginal	20 (6.0)	23 (9.7)	2 (25.0)	1 (25.0)	7.9	46
Yes, Torres Strait Islander	0 (0)	1 (0.4)	0	0	0.2	1
Yes, both Aboriginal and Torres Strait Islander	3 (0.9)	1 (0.4)	0	0	0.7	4
Total	332	238	8	4	100.0	582
<i>answered question</i>						582
<i>skipped question</i>						117

Source: CSSPS FaHCSIA datafile



Town n = 332, Remote community n = 238
Source: CSSPS FaHCSIA datafile

Q35. How long have you worked in roles where you provide services in the Northern Territory?

Overall, the majority of survey respondents have worked in roles providing services in the Northern Territory for more than five years (57%). This compares to 20.6 per cent, 15.5 per cent and 6.9 per cent in roles for 3-5 years, 1-2 years and less than 12 months, respectively.

A larger proportion of respondents have worked for less than 12 months in remote communities compared with towns (10.3% compared with 4.4%). Accordingly, a larger proportion of respondents have worked for more than five years in towns than remote communities (60% compared with 51%).

How long have you worked in roles where you provide services in the Northern Territory?						
	Is the place you will be answering questions about a town or				Response Percent	Response Count
	Town (e.g. Darwin, Nhulunbuy)	Remote community	Town camp	Other		
Less than 12 months	15 (4.4)	25 (10.3)	0	1 (25.0)	6.9	41
1-2 years	55 (16.3)	37 (15.3)	0	0	15.5	92
3-5 years	64 (18.9)	56 (23.1)	1 (12.5)	1 (25.0)	20.6	122
More than 5 years	204 (60.4)	124 (51.2)	7 (87.5)	2 (50.0)	56.9	337
Total	338	242	8	4	100.0	592
<i>answered question</i>						592
<i>skipped question</i>						107

Source: CSSPS FaHCSIA datafile



Town n = 338, Remote community n = 242
Source: CSSPS FaHCSIA datafile

Q36. What type of service/s do you/your organisation provide to the community/neighbourhood?

Survey participants were asked what service/s their organisation provides to the community and were able to choose one or more of: Education, Health services, Justice and legal services, Police services, Housing and welfare, Coordination, and Other.

The sector with the highest proportion of respondents was ‘Health services’ (with 47%). After ‘Health services’, the ‘Education’ sector and ‘Police services’ had the highest representation (with almost 17% and just over 12% of respondents, respectively).

When compared with towns, remote communities have relatively high proportions of respondents coming from the ‘Education’ and ‘Coordination’ sectors (19.1% and 15.2%, respectively for remote communities, compared with 9.2% and 7.2%, respectively for towns). Towns had more respondents coming from the Health sector than remote communities (almost 50% compared with around 22%).

A total of 58 town respondents chose to provide their answer to this question in the ‘other category’. For town respondents, the most common response related to the ‘Health services’ sector (for example ‘Registered Nurse, ‘Health Care Clinic’ and ‘Social worker’). Approximately 19 per cent (11 town respondents) belong to this category. Other relatively common answers were ‘Child protection’ (7 responses), ‘Administration’ (5 responses) and ‘Local government’ (5 responses).

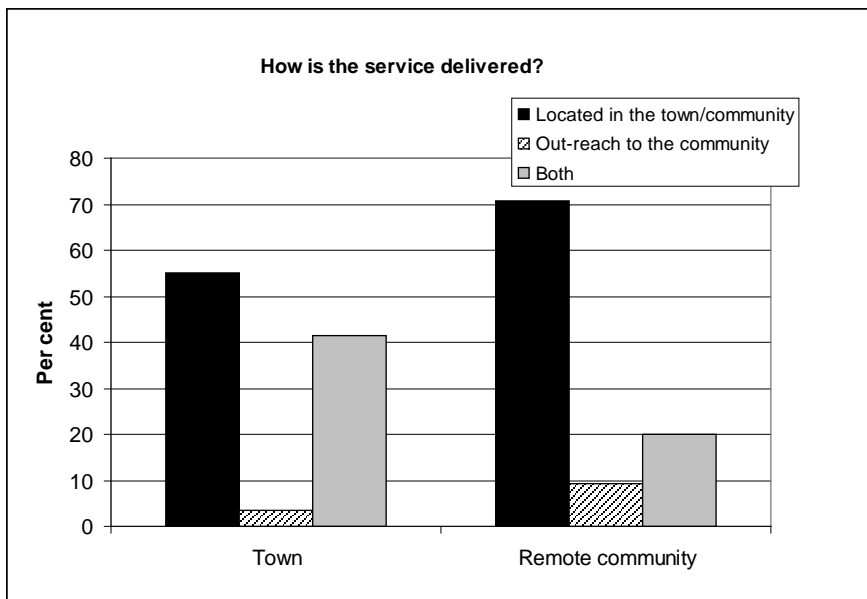
In remote communities there were 11 responses that listed ‘Government Business Manager’ (this is approximately 18% of remote responses for the ‘Other’ category). There were additional 10 responses (17%) that list some form of ‘local government’ service as the service they provide to the community.

Q37. How is the service delivered?

For respondents living in towns, 52.2 per cent of the services they provide are located in that town, 3.3 per cent are delivered via out-reach to the community and 39.1% are a combination (‘Both’). In remote communities, a higher proportion of services that respondents deliver are located in the town (68.6%), compared with 8.9 per cent delivered via out-reach, and 19.1 per cent by a combination of the two.

How is the service delivered?						
	Is the place you will be answering questions about a town or remote community?				Response Percent	Response Count
	Town	Remote community	Town camp	Other		
Located in the community/town	175 (52.2)	162 (68.6)	5 (62.5)	0 (0)	58.7	342
Out-reach to the community	11 (3.3)	21 (8.9)	2 (25.0)	1 (25.0)	6.0	35
Both	131 (39.1)	46 (19.5)	1 (12.5)	2 (50.0)	30.9	180
Not applicable	18 (5.4)	7 (3.0)	0 (0)	1 (25.0)	4.5	26
Total	335	236	8	4	100.0	583
answered question						583
skipped question						116

Source: CSSPS FaHCSIA datafile



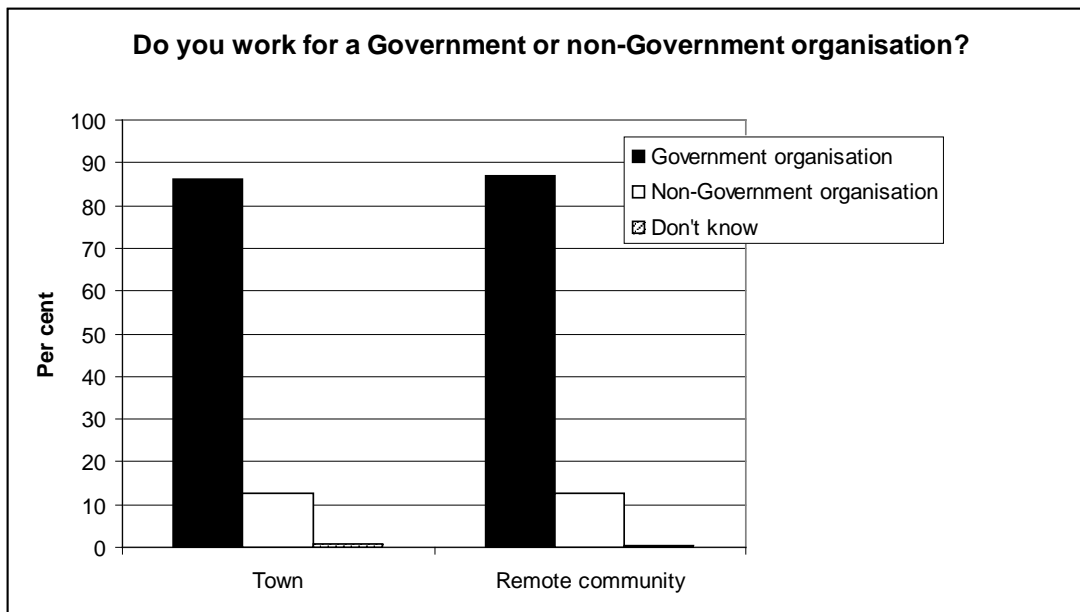
Town n = 335, Remote community n = 236
Source: CSSPS FaHCSIA datafile

Q38. Do you work for a Government organisation or a non-Government organisation?

Over 86 per cent of respondents worked for a government organisation compared with almost 13 per cent who worked for a non-government organisation. The proportions were similar across towns and remote communities.

Do you work for a Government organisation or a non-Government organisation						
	Is the place you will be answering questions about a town or				Response Per cent	Response Count
	Town (e.g. Darwin, Nhulunbuy)	Remote community	Town camp	Other		
Government organisation	291 (86.4)	204 (86.8)	5 (62.5)	4 (100.0)	86.3	504
Non-Government organisation	43 (12.8)	30 (12.8)	3 (37.5)	0	13.0	76
Don't know	3 (0.9)	1 (0.4)	0	0	0.7	4
Total	337	235	8	4	100.0	584
<i>answered question</i>						584
<i>skipped question</i>						115

Source: CSSPS FaHCSIA datafile



Town n = 337, Remote community n = 235
 Source: CSSPS FaHCSIA datafile

Location details

Of the 699 service providers who participated in the survey, 402 were from towns, 282 were from a remote community, 10 were from a town camp and 5 were other. This breakdown comes from question 1 of the survey that asks, “Is the place you will be answering questions about a town or remote community?”, and is the town/remote categorisation that we use through-out this report. Some issues surrounding the use of this breakdown exist.

A number of people selected “Remote” in question 1 and should have selected either “Town” or “Town Camp”. Similarly, several people select “Town” in question 1 that should have selected “Remote” or “Town Camp”. In total, we anticipate approximately 20 respondents selected the wrong category and as a result have been included in the incorrect category breakdown in this report.

Appendix 4

Supplementary tables: sample characteristics by key questions

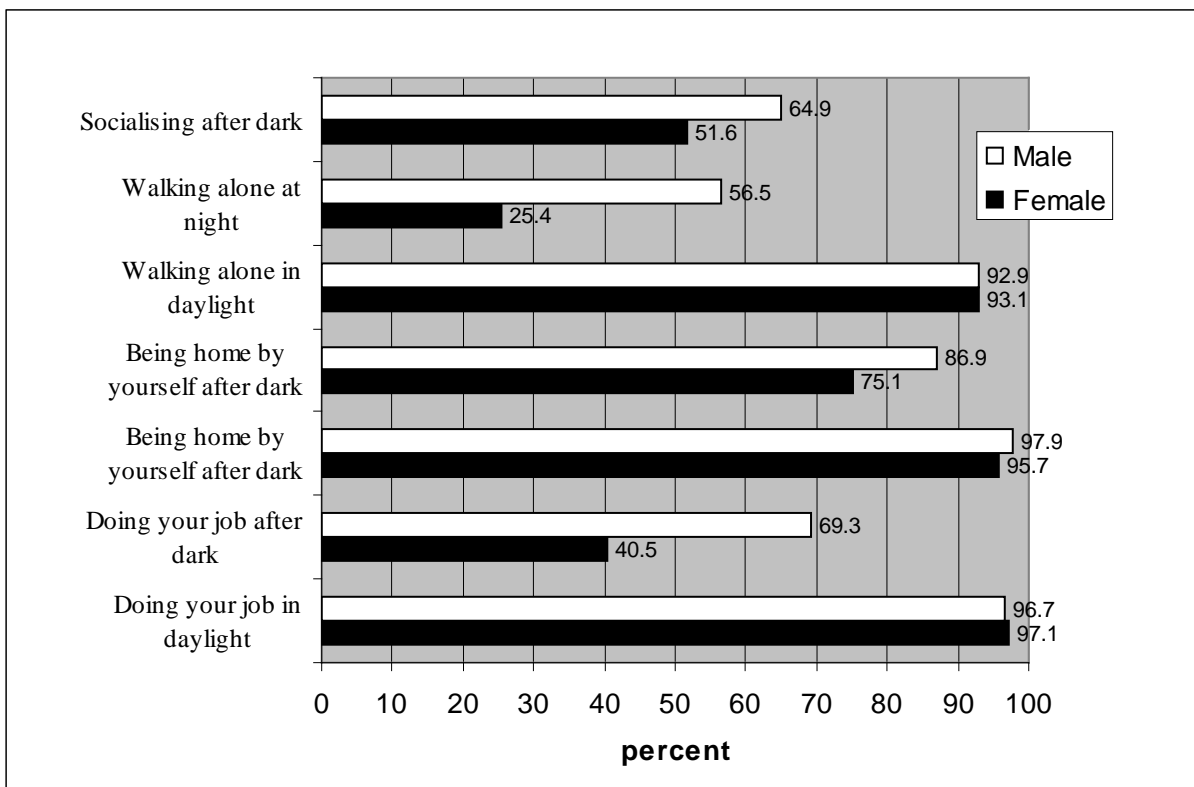
Analysis of key questions by sex and occupation sector was performed. Results from some questions are shown below.

By sex

Participants were asked to rate how safe they felt in a number of different situations in their community. Figure A3 below shows the proportion of people that felt ‘safe’ or ‘a bit safe’ by sex. Similar proportions of males and females felt safe in daylight situations and also ‘being home by yourself after dark’.

As might be expected, in situations after dark that involved being out side of the home, males felt safer than females. The difference was greatest for ‘walking alone at night’, where 56.5 per cent of male respondents felt ‘safe or ‘a bit safe’ compared with only 25.4 per cent of female respondents.

Figure A3. Proportion that feel ‘safe’/‘a bit safe’ in different situations, by sex



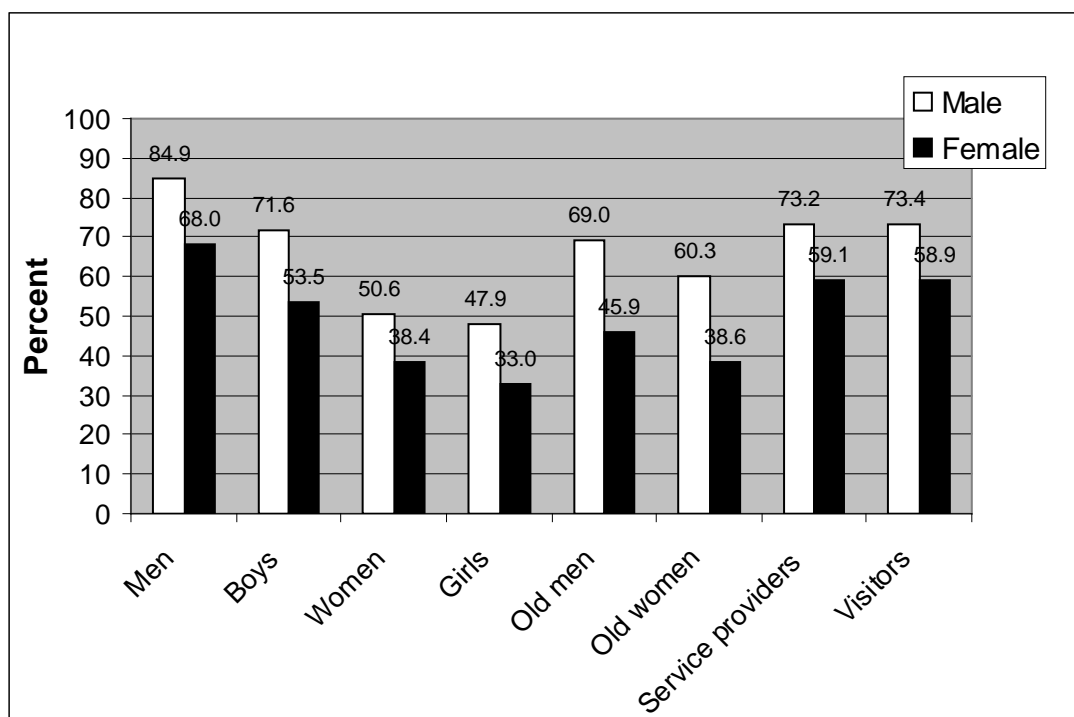
Female range of n=341-347, male range of n=236-240
Source: CSSPS FaHCSIA datafile

Survey participants were asked about their perceptions of safety for various types of people in the town or community where they worked. Figure A4 shows the perceptions of males and females for the different social groups. For all social groups, males perceived them to be safer

than females did. However, the trends in perceptions were the same for males and females (men and boys viewed as the most safe, and women and girls viewed as the least safe).

The biggest discrepancy between views for males and females was for the perception of safety for ‘old women’. ‘Old women’ had 60.3 per cent of males considering them to be ‘safe all the time’/ ‘safe some of the time’ compared with 38.6 per cent of females.

Figure A4: Perceptions of safety for different groups of people, percentage ‘safe all the time’/‘safe some of the time’, by sex



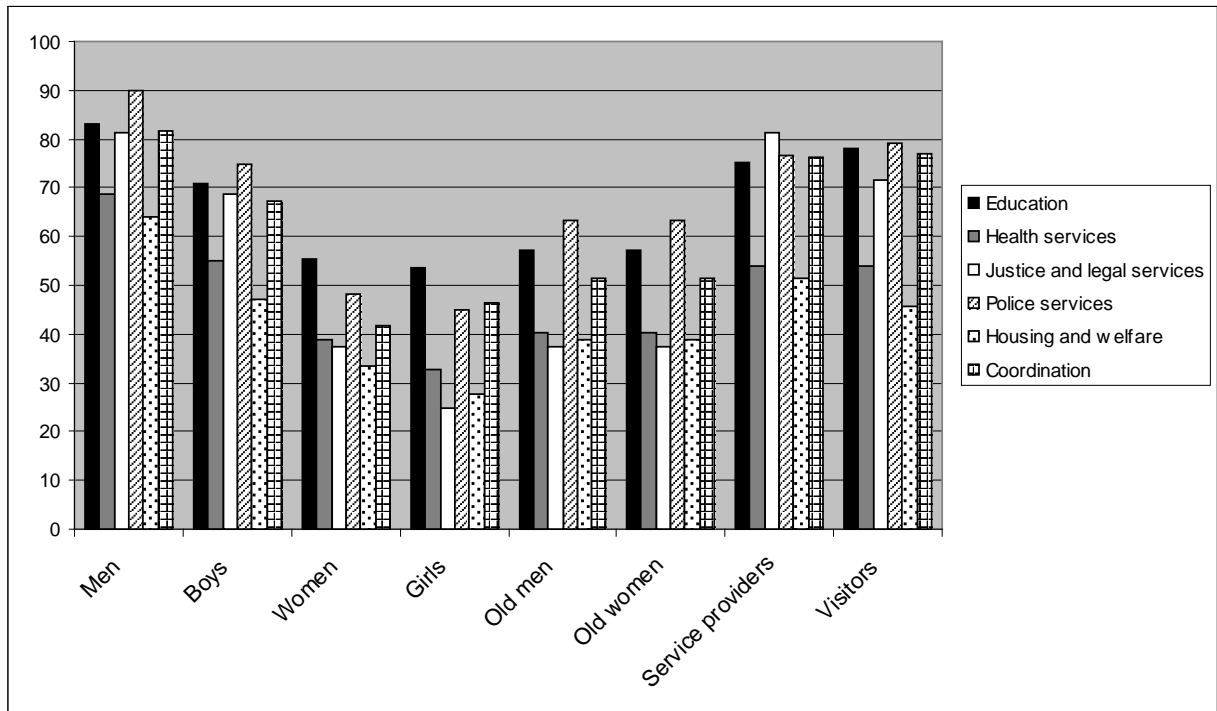
Female range of n=336-347, male range of n=233-239
 Source: CSSPS FaHCSIA datafile

By sector

When asked about safety for different social groups, the perceptions of different occupation sectors tended to follow similar trends (Figure A5). The safest social groups were perceived to be men, service providers, visitors and boys. The least safe social groups were perceived to be girls, women, old men and old women.

The ‘education’, ‘police services’ and ‘coordination’ sectors tended to have the most positive perceptions of safety for the different social groups. The sector that was the least positive for most (but not all) social groups was ‘housing and welfare’. Of all sectors, the ‘justice and legal’ sector had the most variability in perceptions of safety for the different social groups (for example, viewing men, boys, visitors and service providers relatively positively and having the least positive view for girls, old men and old women). This is possibly due to the small number of respondents from this sector.

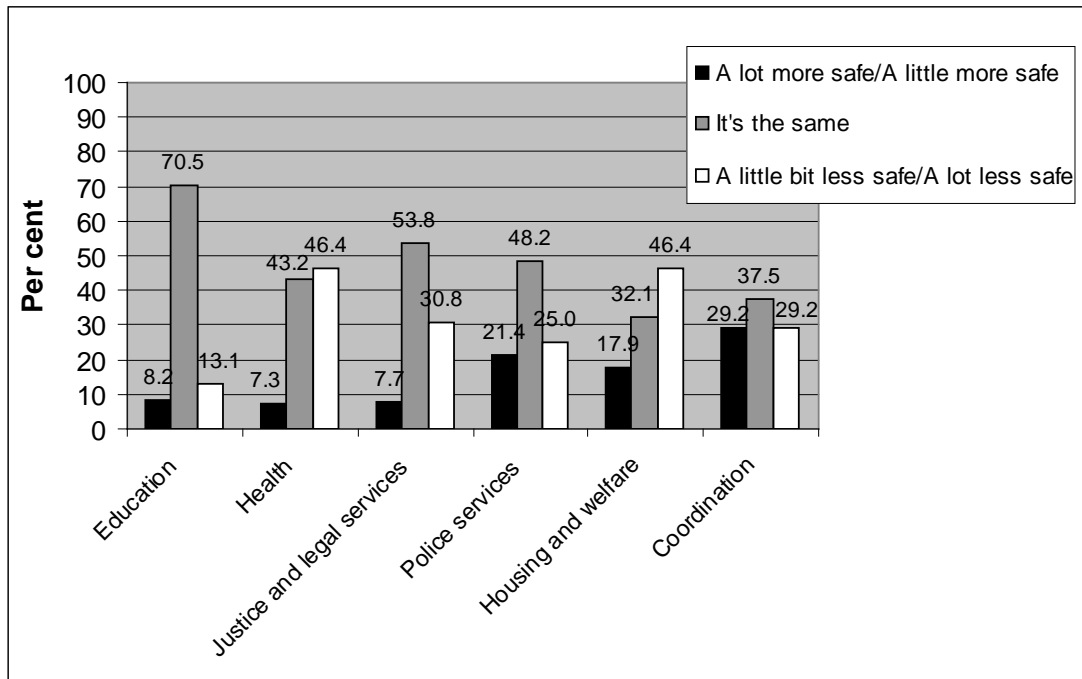
Figure A5: Perceptions of safety for different groups of people, percentage ‘safe all the time’/‘safe some of the time’, by sector



Education range of n = 81-82, health range n = 224-231, justice and legal services range of n = 14-16, police services range of n = 59-60, housing and welfare range of n = 35-36, coordination range of n = 66-67
 Source: CSSPS FaHCSIA datafile

When participants were asked whether they thought the neighbourhood had become safer in the last 12 months, no sector had a majority consider that it had (Figure A6). Most respondents from the ‘education’, ‘justice and legal services’, ‘police services’ and ‘coordination’ sectors considered safety to have remained the same over the last 12 months. The ‘health’ and ‘housing and welfare’ sectors considered the community or neighbourhood to have become less safe over the past 12 months.

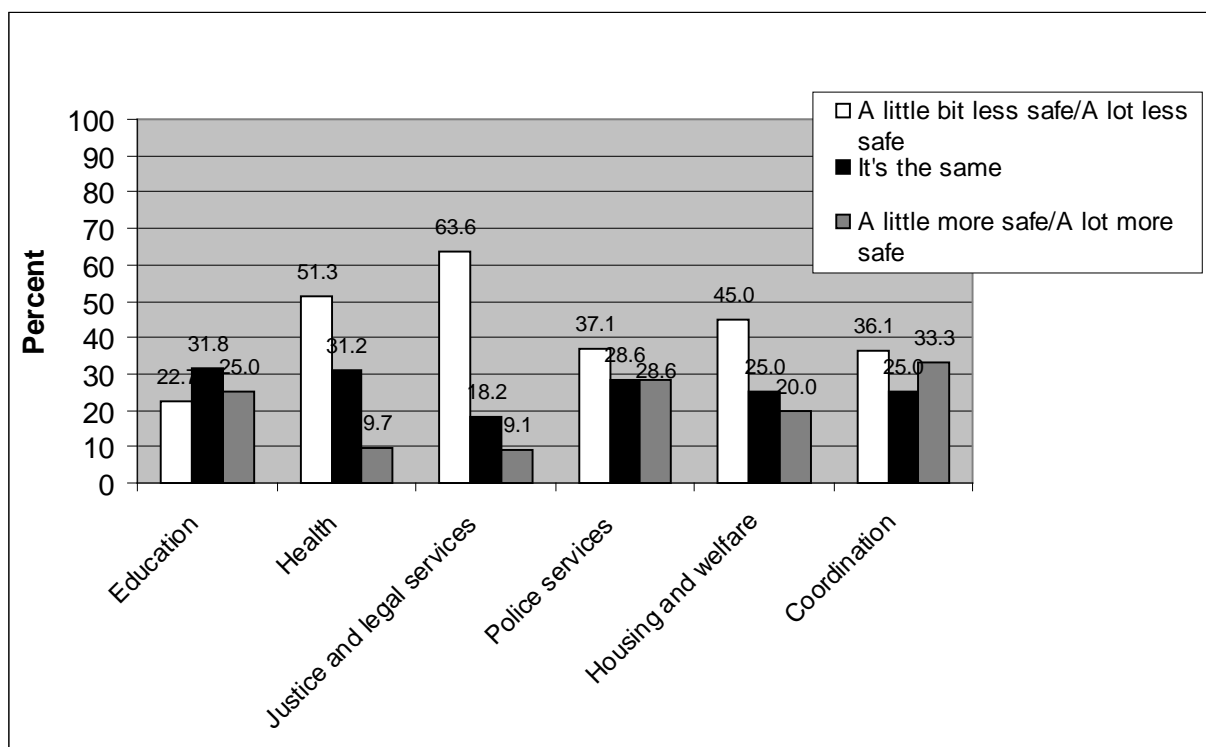
Figure A6: Whether the community or neighbourhood has become safer in the last 12 months (%), by sector



Education n = 61, health n = 192, justice and legal services n = 13, police services n = 56, housing and welfare n = 28, coordination n = 48
 Source: CSSPS FaHCSIA datafile

When participants were asked whether they thought the neighbourhood had become safer in the last three years, views varied from those on whether safety had improved over the last 12 months. Most respondents from the ‘health’, ‘justice and legal services’, ‘police services’, ‘housing and welfare’, and ‘coordination’ sectors considered safety to have improved over the last three years.

Figure A7: Whether the community or neighbourhood has become safer in the last three years (%), by sector



Education n = 44, health n = 154, justice and legal services n = 11, police services n = 35, housing and welfare n = 20, coordination n = 36
Source: CSSPS FaHCSIA datafile

Non-government sector

Of the 699 service providers who participated in the survey, 584 service providers answered the question about whether they worked for a government organisation or a non-government organisation. Of these, 86.3 per cent answered they worked for a government organisation, and 13 per cent said they worked for a non-government organisation. Of the non-government service providers there were 11 who self-identified as Aboriginal and/or Torres Strait Islander persons, and of the government service providers there were 38.

The first two tables present selected results for all the participants who indicated they worked for the government and non-government sectors without separating out the results by town and remote. The final section presents several tables for the remote community respondents.

All respondents

Table A3 shows that the non-government service providers were more likely to be dissatisfied with cross-agency cooperation in terms of its contributes to community/neighbourhood safety. For the selected social problems listed in Table A4 non-government service providers were more likely to see all the problems, except for dogs, as a problem in the community/neighbourhood than government service providers.

Table A3: Satisfaction with the level of cross-agency cooperation that contributes to community/neighbourhood safety, government and non-government service providers, total sample

	Government organisation		Non-government organisation	
	n	%	n	%
Very satisfied	32	6.4	5	6.6
Satisfied	128	25.5	18	23.7
Neither satisfied nor dissatisfied	153	30.5	20	26.3
Dissatisfied	113	22.5	28	36.8
Very dissatisfied	33	6.6	3	3.9
Don't know	42	8.4	2	2.6
Total	501	99.9	76	99.9

Total n=577

Source: CSSPS datafile

Table A4: Proportion who indicated selected social problems were a ‘big’ or ‘very big’ problem in the neighbourhood/community (%), government and non-government service providers, total sample

	Government organisation		Non-government organisation	
	Big problem	Very big problem	Big problem	Very big problem
Family violence	33.7	19.1	52.6	23.7
Other types of violence	37.0	11.9	48.6	17.6
Drinking too much grog in homes	27.5	21.9	36.0	28.0
Drinking too much grog in other places	33.1	33.5	43.4	35.5
Gunja	31.2	24.4	32.9	30.3
Children not being looked after properly	31.2	29.8	38.2	35.5
Children out at night	29.7	42.5	42.7	45.3
Children not going to school	31.5	36.5	30.3	50.0
Dogs	26.0	31.2	25.0	26.3

Government service providers range of n=494 to 502, non-government service providers range of n =74 to 76
Source: CSSPS datafile

Remote communities

Though the sample of non-government service providers was small for remote communities (n=30), they were in a wide range of occupations with at least two each from the following sectors: education , health, legal/justice, housing/welfare, coordination, and several employed in safe houses, stores, night patrols and culture and arts. The majority (26) indicated they worked in the community and were not an outreach visiting service. With government service providers, 10 per cent were a visiting outreach service and the rest said they worked in the remote community.

As Table A5 shows, a larger proportion of non-government service providers compared with government service providers were more likely to perceive the community as safe ‘always/most of the time’ than the government service providers. Table A6 presents the results for the level of satisfaction with the level of cross-agency cooperation that contributed to community safety. The non-government service providers were more likely to be dissatisfied with the level of cross-agency cooperation.

Table A5: Perceptions of community/neighbourhood safety, government and non-government service providers, remote

	Government organisation		Non-government organisation	
	n	%	n	%
Always/most of the time	97	47.8	17	56.7
Some of the time	95	46.8	11	36.7
Never/rarely	8	3.9	1	3.3
Don't know	3	1.5	1	3.3
Total	203	100.0	30	100.0

Total n=233
Source: CSSPS datafile

Table A6: Satisfaction with the level of cross-agency cooperation that contributes to community/neighbourhood safety, government and non-government service providers, remote

	Government organisation		Non-government organisation	
	n	%	n	%
Very satisfied	23	11.3	1	0.3
Satisfied	53	26.0	8	26.7
Neither satisfied nor dissatisfied	54	26.5	7	23.3
Dissatisfied	54	26.5	11	36.7
Very dissatisfied	11	5.4	2	3.9
Don't know	9	4.4	1	2.6
Total	204	99.9	30	99.9

Total n=234
Source: CSSPS datafile