

Australia's **WELFARE** *1999*

SERVICES & ASSISTANCE



The fourth biennial welfare report
of the Australian Institute
of Health and Welfare

Australian Institute of Health and Welfare
Canberra

AIHW Cat. No. AUS 16

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ISBN 1 74024 012 X
ISSN 1321-1455

The Australian Institute of Health and Welfare's World Wide Web site can be found at:
<http://www.aihw.gov.au>

Suggested citation

Australian Institute of Health and Welfare 1999. Australia's welfare 1999: services and assistance. Canberra: AIHW.

Recent related publications

Australian Institute of Health and Welfare 1998. Australia's health 1998: the sixth biennial health report of the Australian Institute of Health and Welfare. Canberra: AIHW.

Australian Institute of Health and Welfare 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Professor Janice Reid
Director
Dr Richard Madden

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'To improve the health and wellbeing of Australians, we inform community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.'

Cover art by Heli Makinen, National Art School, Darlinghurst, NSW

Cover design by Kate Barry

Published by the Australian Institute of Health and Welfare

Printed by National Capital Printing

The Hon. Dr Michael Wooldridge MP
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

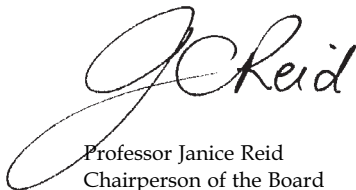
Dear Minister

On behalf of the Board of the Australian Institute of Health and Welfare I am pleased to present to you *Australia's Welfare 1999*, as required under Subsection 31(1A) of the *Australian Institute of Health and Welfare Act 1987*.

This is the fourth biennial welfare report to be produced by the Institute, covering separate chapters on: welfare services expenditure, children's and family services, child protection, housing assistance, crisis accommodation and support services, aged care services and disability services. *Australia's Welfare 1999* also features a special chapter on the interactions between changing work patterns and demand for and supply of welfare services. Both formal and informal care services are explored, as well as changes in the nature of the welfare labour force.

I commend this report to you as a significant contribution to national information on welfare needs and services and to the development and evaluation of welfare policies and programs in Australia.

Yours sincerely



Professor Janice Reid
Chairperson of the Board

18 October 1999

For health and welfare
statistics and information

6A Traeger Court
Fern Hill Park
Bruce ACT
GPO Box 570
Canberra ACT 2601

> Phone 02 6244 1000
Fax 02 6244 1299
<http://www.aihw.gov.au>

Contributors

Editorial team

Ching Choi	Justin Griffin	Joanne Maples
Diane Gibson	Richard Madden	Helen Moyle
John Goss	Ros Madden	David Wilson

Authors

Chapter 1:	Introduction Ching Choi
Chapter 2:	Welfare services expenditure Maneerat Pinyopusarerk, Richard Webb
Chapter 3:	Changing work patterns and the community services workforce Peter Saunders
Chapter 4:	Children's and family services Helen Moyle, Priscilla Dowling, Susan Kelly
Chapter 5:	Housing assistance David Wilson, Simon Fischer, Ian Lester
Chapter 6:	Aged care Diane Gibson, Bella Holmes, Zhibin Liu
Chapter 7:	Disability services Ros Madden, Joanne Maples, Phil Anderson
Chapter 8:	Children in need of protection Helen Johnstone, Anne Broadbent, Susan Kelly
Chapter 9:	Services for homeless people Rosemary Karmel, Geri Bryant-Badham

Referees

All the members of the editorial team and the authors wish to thank the following organisations and individuals who provided comments on various chapters in *Australia's Welfare 1999: Services and Assistance*. This edition has once again benefited from the critical and constructive comments provided by many staff of these organisations and by the individuals whose specific involvement was sought. Their assistance is gratefully acknowledged as a valuable contribution to this edition.

Australian Bureau of Statistics
Department of Family and Community Services (Commonwealth)
Department of Health and Aged Care (Commonwealth)
Australian Federation of Homelessness Organisations

Linda Apelt	Sandy Hudd	John Taplin
Stephen Duckett	Michael Horn	John Walsh
Michael Fine	David MacKenzie	
David Graham	Peter McDonald	
Sandra Hacker	Trevor Parmenter	
Anna Howe	Sid Sax	

Other contributors

Christine Benham

Minh Bui

Kirsty Douglas

Nicola Fortune

Louise Golley

John Harding

Kerrily Jeffrey

Rosangela Merlo

Susan Pitt

Alannah Smith

Xingyan Wen

Tanya Wordsworth

The contribution made by members of the Institute's Communication and Public Affairs Unit is also gratefully acknowledged.

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Preface

I am delighted to introduce the 1999 edition of *Australia's Welfare*. The Institute's Act requires us to produce, for tabling in Parliament, a comprehensive report on the provision of community services in Australia. We endeavour to provide a readable, interesting and thorough account of a range of services of vital importance for millions of Australians, and which together account for almost 2% of Gross Domestic Product. Total monetary expenditure was estimated at \$10.9 billion in 1997-98.

Australia's Welfare 1999 is the fourth in a biennial series which began in 1993. It has become the most authoritative reference on community services in Australia. It covers the need for services, their use, cost and the outcomes of service provision.

People with an interest in welfare services expenditure, services provided to children and families, older people, people with a disability, homeless people, or those in need of housing assistance will find this edition an interesting digest of available information. As well, the relationship between work and community services provision is examined in a chapter by Professor Peter Saunders of the Social Policy Research Centre at the University of New South Wales.

I hope readers will find these new data helpful. *Australia's Welfare*, and its companion *Australia's Health*, are the cornerstones of information on current welfare and health issues in Australia. The Institute produces these reports every two years, as part of its mission to inform community discussion and policy debate on welfare and health issues by providing factual and objective information.

The 1999 edition is the outcome of a lot of hard work by many people both within the Institute and outside. Not least, it uses data collected by many other organisations about the services they provide or fund and their service recipients; data often collected from, or on behalf of, Australians who need help or who help others. My thanks go to all of them.

Richard Madden
Director

Symbols

N	number
m	million
b	billion
\$	Australian dollars, unless another country is specified
%	per cent
nec	not elsewhere classified
'000	thousands
n.p.	when used in a table, means not published by the data source
n.a.	when used in a table, means not available
..	when used in a table, means not applicable
—	when used in a table, means nil or rounded to zero (including null cells)
*	when used in front of a numerical value in a table, means the value is subject to sampling variability too high for most practical purposes and/or the relative standard error of the value is 25% to 50%.
**	when used in front of a numerical value in a table, means the value is subject to sampling variability too high for most practical purposes and/or the relative standard error is more than 50%.



1 Introduction

This report is the fourth in the Australian Institute of Health and Welfare's series of biennial reports on Australia's system of welfare services and assistance. It builds on the previous three reports and, like them, contains chapters dealing with aged care, disability services, children and family services, services for children in need of protection, housing assistance, services for homeless people, and expenditure on welfare services.

For the first time, the chapter on services for homeless people provides, for clients of and services provided under the Supported Accommodation Assistance Program, data that are adjusted for non-response and non-consent. Adjustments have been made to the 1996-97 and 1997-98 data to enable comparisons between these two years.

The chapter on welfare services expenditure provides estimates of expenditure by the government sector and non-government community organisations; it also provides estimates of the contribution of volunteers. Limited information on cash benefits is included in each chapter so that the description of non-cash services and assistance can be placed in a wider context.

The special chapter for this fourth report documents changes in the pattern of work and the community services workforce in the past 20 years. It describes the unique features of this workforce, the determinants and consequences of changes in it and future prospects.

1.1 Changes in community services since 1997

There have been some important developments affecting community services since *Australia's Welfare 1997* was released in November 1997.

The population has continued to become older—the number of older people is increasing and the number of children aged less than 5 years is beginning to fall. The trend towards de-institutionalisation continues (for example, in aged care and disability services), with a consequential increase in the level of informal care and the type and level of home-based and community-based services.

In 1997-98 significant changes were made to the aged care system. Among these changes were the amalgamation of nursing homes and hostels, the introduction of means-tested contributions for residential care and a capital charge, and the establishment of the Aged Care Standards and Accreditation Agency. The Home and Community Care program for older people and for younger people with a disability has received more funding. Chapter 6 discusses the effects of these changes.

In child care, operational subsidies to most operators of community-based long day care centres were withdrawn in July 1997, and new means-tested funding arrangements

for outside school hours care were introduced in 1998. Chapter 4 discusses these changes.

In relation to child protection, changes to some State and Territory legislation and departmental practices have meant that 'child protection' cases are now better differentiated from general 'child concern' cases.

Three major Commonwealth–State agreements were renegotiated in 1998–1999. First, a new Commonwealth/State Disability Agreement has been extended to June 2002, with the Commonwealth and the States and Territories acting to resolve the problem of unmet demand for disability services. Second was the agreement to extend the Supported Accommodation Assistance Program from December 1999 to June 2005, with additional emphasis on preventive measures. Third, the Commonwealth–State Housing Agreement, which governs the funding of housing assistance to people in need, was renegotiated. The new Agreement, to run from 1999 to 2003, will give further flexibility to the States and Territories in catering for the particular housing needs of the populations in their jurisdictions.

All three agreements are in the form of two-tier agreements—a multilateral agreement that sets out principles and objectives and a bilateral agreement between each of the States and Territories and the Commonwealth on financial and other matters specific to the State or Territory in question. Performance measures and the data requirements that underpin them are incorporated in the agreements.

1.2 Directions in family and community services

In his keynote address to the National Congress of the Australian Council of Social Services in November 1998, shortly after the federal election, the Prime Minister, in arguing for taxation reform, emphasised that a broad revenue base was necessary for a continuation of the existing level of community services provision (Howard 1998). He also emphasised early intervention in addition to the provision of a safety net, and the building of strong partnerships between individuals, the community, government and business to strengthen the family and the community.

The Commonwealth Government has established a new department—the Department of Family and Community Services—to bring together into a single agency programs dealing with financial assistance and service delivery and funding. All family-related functions (except aged care) are brought together in the Department, to facilitate better coordination of family-related policies.

In its 1999 Strategic Plan, the Department identifies three main outcomes—stronger families, stronger communities, and economic and social participation. Three key strategies have been developed to guide the Department's work—prevention through capacity building and early intervention; promoting independence, choice and self-reliance; and maintaining a strong and sustainable social safety net (FaCS 1999). Supporting and strengthening relationships are critical to the building of stronger families, and the development of partnerships between the community, business and government is an important step in community capacity building and economic and social participation.

In June 1999 the Prime Minister announced the Government's intention to develop a National Families Strategy. This Strategy will bring together within a national framework the various existing programs across the three levels of government and will focus on the different life stages of families and their needs during those stages. The central elements of the National Families Strategy are marriage and relationships, early childhood, parenting, work and family, and rural and remote communities (Howard 1999).

There have also been important changes at the State and Territory level. Preventive measures, in addition to crisis management, have received further attention. In all States and Territories, 'child protection' cases are carefully assessed so that suitable support services – in addition to the more intrusive investigative measures that may be required – are provided to the families involved. Case management is increasingly used since this allows for follow-up and management of the longer term causes of problems as well as the resolution of immediate crises. A 'whole-of-government' approach is often taken, so that existing links between service programs are exploited and new links are created.

In New South Wales, for example, a new whole-of-government initiative, Families First, is gradually being implemented (NSW Cabinet Office 1999). The aim is to improve links between early intervention services and community development programs in order to support the parents and carers of children up to 8 years of age. Coordinated by the Cabinet Office, the initiative involves the Departments of Community Services, Ageing and Disability, Education and Training, Health, and Housing. It is area based and involves the drawing together of various services, including those provided by volunteers, to provide an integrated service network.

In Victoria all family, child and youth programs were subject to a major redevelopment program that commenced in 1997. Existing and new services were grouped into six service groups – support services for families, early intervention services for families, intensive support services for children and families, intensive support services for young people, homeless services, and family violence services. New arrangements for the purchase of these services from service providers were adopted. Important features of the redevelopment program are clear specification of outcomes to be achieved, strengthening preventive services, grouping of services to streamline administration, area-based service delivery for better integration, introduction of generic service standards, and contestable purchasing arrangements (Victoria DHS 1998, 1999).

In Western Australia the Department of Family and Children's Services implemented in 1997–98 a new operating structure based on a funder–purchaser–provider model and output-based management. Broad outcome, output and performance indicators are specified and reported on for each group of services. A new procurement strategy was established, with a focus on organisations' accountability in providing services (WA DFCS 1998).

These changes in emphasis, at both the Commonwealth and the State and Territory levels, are expected to influence the direction of welfare services and assistance in the immediate and longer term.

1.3 Taxation reform

In 1999 Commonwealth legislation was passed for taxation reform. The reform is extensive and the new tax system that is to be introduced from 1 July 2000 will have far-reaching implications for all sectors of society.

The new system will simplify the current tax arrangements and will abolish a number of Commonwealth and State and Territory taxes. It will include a Goods and Services Tax (GST) and will contain measures to compensate low-income individuals and families for an expected increase in the cost of living following the GST's introduction.

The lowering of the marginal individual income tax rates is designed to improve work incentives and partially overcome poverty traps caused by the interaction of the income tax system with the means tests on government benefits and services.

The reform will also restructure Commonwealth-State financial arrangements since taxes collected under the GST will be treated as State and Territory revenue.

Exemptions from the GST will be granted to various health, community and charitable services. Exempted community services categories are aged care residential facilities, child care supplied by a registered provider, home-based aged care, disability services, and other community services funded under Commonwealth or State or Territory legislation, or under an agreement between the Commonwealth and the States and Territories. These exemptions are not related to whether the service provider is a charitable non-profit organisation or a for-profit private company. It is the nature of the service that defines whether a service is GST exempt.

In addition, all non-commercial activities of charitable organisations are GST exempt, even if such activities do not come within the ambit of the services just listed. An activity is considered non-commercial if the goods produced and services provided are sold for less than 50% of their commercial value.

The new tax system's effects on welfare services will be reported in the next issue of *Australia's Welfare*, in 2001.

1.4 Recent developments in community services information

There has been much activity in data development since *Australia's Welfare 1997* was released.

The National Community Services Information Agreement

The National Community Services Information Agreement, signed in early 1997 by relevant Commonwealth and State and Territory government agencies, the Australian Bureau of Statistics and the Australian Institute of Health and Welfare, provides the structures and processes needed to support national development and coordination of community services information activities. The Agreement was described in *Australia's Welfare 1997* (AIHW 1997).

Under the Agreement, the National Community Services Information Management Group (NCSIMG) and four data working groups—the National Community Services

Data Committee, and three groups covering child protection, children's services and aged care—were established to promote the development, collection and use of nationally consistent statistics. The AIHW expert group in disability services reports regularly to the NCSIMG.

In 1998, the NCSIMG developed a National Community Services Information Development Plan, which was endorsed by the Standing Committee of Community Service and Income Security Administrators (SCCSISA) as the guide for national data development in the medium term. Preparation of the Plan involved a review of current policy considerations, information requirements, the availability of national statistics and current developmental efforts, and identification of neglected areas that should be a priority for data development (SCCSISA 1999).

The NCSIMG was granted funding from the SCCSISA for three of the high-priority areas identified in the Plan—a project to develop principles and standards for improving Indigenous identification in community services data, a scoping study of family support services information requirements, and the development of a minimum data set for juvenile justice and welfare. Work plans for these projects have been drawn up and work will begin in 2000.

The *National Community Services Data Dictionary*

The publication in June 1998 of version 1 of the *National Community Services Data Dictionary* (SCCSISA & AIHW 1998) represented an important step towards providing a tool for the integration of community services data. Version 1 consists mainly of socio-demographic data items generally used in community services, plus some cross-program items. Further development of the dictionary is considered essential to the establishment of a national data infrastructure and the NCSIMG decided that the next version of the dictionary should be expanded.

As well as expanding the existing socio-demographic and cross-program data items, version 2 will introduce important program-specific data items that should be of value to other community services programs. Development of version 2 is now well advanced, in preparation for the scheduled publication date of 2000. All jurisdictions have stated their intention to use the dictionary in their data collections.

The Household, Income and Labour Dynamic in Australia (HILDA) survey

As part of its long-term research strategy, the Commonwealth Government announced in the 1999 Budget the funding of a large-scale panel survey focusing on the links between labour market dynamics, income and family structure, as well as retirement. The HILDA Survey aims to collect longitudinal data on how people respond to various government incentives. A pilot test of the Survey is planned for 2000.

The Australian Bureau of Statistics review of national household surveys

In an attempt to reconcile the growing demand for household survey data with its own resources, the Australian Bureau of Statistics (ABS) reviewed its household survey program and, after extensive consultation, has released a paper on its future plans (ABS 1999). Government agencies are being consulted about the options identified.

The ABS household surveys are important sources of information on community services; the survey results are used for policy development by all relevant Commonwealth and State and Territory government agencies and are used throughout this report. The Survey of Disability, Ageing and Carers, the Time Use Survey, the Child Care Survey, the Housing Survey, the Income and Housing Cost Survey, and the Household Expenditure Survey regularly provide important information for assessing the need for and use of services. Irregular surveys such as the Family Survey, the Rental Tenants and Investors Survey, and the Community Housing Infrastructure and Needs Survey also provide vital information.

Two important new proposals put forward by the ABS as a part of this review are to conduct a regular general social survey to collect broad information across all areas of social concern and to develop a multi-purpose survey vehicle to collect relatively straightforward data on topics such as families, voluntary work, education and training, housing, and assets and wealth.

Another important improvement will be a strong focus on Indigenous Australians through additional samples in regular surveys and a specific multi-topic survey.

The outcome of the ABS review will have long-term consequences for the availability of survey data in the community services field.

1.5 The Review of Commonwealth–State Service Provision

The Review of Commonwealth–State Service Provision was established in July 1993 by heads of the Commonwealth, State and Territory governments. One of the Review's objectives is to publish each year national performance indicators that are comparable across jurisdictions, thus enabling comparisons of the effectiveness and efficiency of government-funded service provision.

The areas covered by the Review are community services and housing assistance, education, health, justice, and emergency management (SCRCSSP 1999). The need to publish performance indicators has lent urgency to efforts to improve the quality of data on community services in many respects, particularly in terms of the ability to compare across States and Territories. The Productivity Commission, which serves as Secretariat to the Review, is working closely with the NCSIMG and its data-development groups to improve both the relevance of the performance indicators chosen and the data that support the indicators.

References

- Australian Bureau of Statistics (ABS) 1999. Review of the ABS household survey program. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Department of Family and Community Services (FaCS) 1999. Strategic plan. Canberra: FaCS.
- Howard, the Hon. J 1998. Prime Minister's keynote speech to the ACOSS National Congress, Adelaide, 5 November.
- Howard, the Hon. J 1999. Toward a family strategy – the launch of the response to the Standing Committee on Legal and Constitutional Affairs' report 'To have and to hold', Canberra, 23 June.
- NSW Cabinet Office 1999. Families First: a support network for families raising children. Sydney: Office of Children and Young People.
- Standing Committee of Community Services and Income Administrators (SCCSISA) & Australian Institute of Health and Welfare (AIHW) 1998. National community services data dictionary. Version 1.0. Cat. no. HWI 13. Canberra: AIHW.
- Standing Committee of Community Services and Income Administrators (SCCSISA) 1999. The national community services information development plan. Canberra: AIHW.
- Steering Committee for the Review of Commonwealth-State Service Provision (SCRCSSP) 1999. Report on government service provision 1999. 2 vols. Melbourne: Productivity Commission.
- Victoria Department of Human Services 1998. The redevelopment of Victoria's youth and family services: strategic directions. Melbourne: Department of Human Services.
- Victoria Department of Human Services 1999. The redevelopment of Victoria's youth and family services: purchasing specifications. Melbourne: Department of Human Services.
- Western Australia 1998. Annual report 1997-98. Perth: Department of Family and Children's Services.

2 Expenditure on welfare services

2.1 Introduction

This chapter presents expenditure data on four welfare services categories:

- family and child welfare services;
- welfare services for the aged;
- welfare services for people with a disability;
- other welfare services – for example, supported accommodation assistance, prisoners' aid, and assistance to migrants.

Expenditures not included in this chapter are cash payments such as income support and housing assistance, and expenditure on nursing homes and domiciliary nursing care.¹ The former represents cash benefits, not services; the latter is predominantly health related. Information on long-term housing assistance can be found in Chapter 5 and on nursing homes and domiciliary nursing care in Chapter 6.

Regular national accounts on expenditure deal only with formal services; they do not include voluntary work and unpaid work for family and friends, such as caring for family members or friends with a disability. This chapter goes beyond the scope of the national accounts framework, however, by providing estimates of the contribution of households either working voluntarily for organisations or helping others independently.

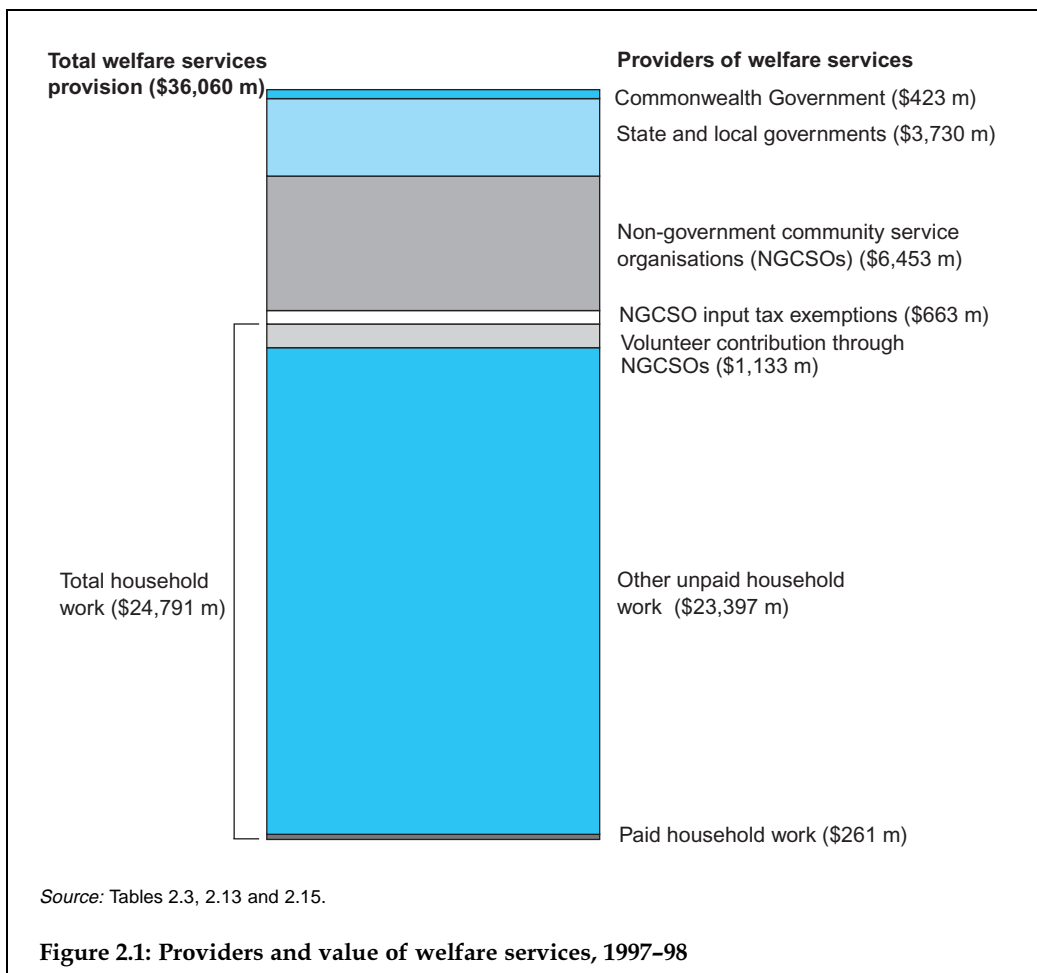
2.2 Total expenditure

Resources devoted to welfare services in 1997–98

In 1997–98 an estimated \$36.1 billion in total resources (monetary and non-monetary) was devoted to welfare services by governments, non-government community service organisations and households (Figure 2.1). Total monetary expenditure on these services was \$10.9 billion, or 30.2% of the estimated total resources allocated to welfare services.

Non-government community service organisations (NGCSOs) delivered \$6.5 billion worth of welfare services in 1997–98; this represents 59% of the total monetary expenditure on welfare services. The funding sources for these services were governments (47.7%), clients (33.3%) and the organisations' own income from fundraising, donations and other sources (19.0%) (Table 2.4, Figure 2.4).

1 In 1997–98 the Commonwealth Government spent \$2,363 million on nursing homes and domiciliary nursing care benefits.



Donations to NGCSOs are partly funded by the Commonwealth Government by allowing the donations to be tax deductible. Total revenue forgone by the Commonwealth Government from this concession was estimated to be \$85 million in 1997-98 (Table 2.13). NGCSOs also receive input tax concessions, such as exemptions from fringe benefits tax and sales tax. The value of these concessions was estimated at \$663 million in 1997-98.

In addition, substantial amounts of unpaid work are performed by volunteers working through community service organisations. The value of this work in 1997-98 was estimated at \$1,133 million. In total, the value (monetary and non-monetary) of production of these organisations was about \$8.3 billion, consisting of \$6.5 billion (monetary), \$0.7 billion (input tax exemptions) and \$1.1 billion (work of volunteers).

The household sector dominates as a provider of welfare services, either independently or by undertaking voluntary work through community service organisations. The total contribution of the household sector was estimated at \$24.8 billion, or 68.7% of the total resources devoted to welfare services, in 1997-98. The majority of their input (98.9%)

was unpaid – work done at home caring for other people, including those who are sick or have a disability, caring for other people’s children, caring for one’s own sick children, and voluntary work through community service organisations. The \$261 million, or 1.1%, of household work that was paid work was for child care services in the informal sector (Table 2.4).

Total monetary expenditure

The provision and funding of monetary expenditure on welfare services is shared by both the government and non-government sectors. The government sector consists of the Commonwealth Government, State and Territory governments, and local governments. The non-government sector consists of the household sector and the non-government community service organisations, which operate as either ‘for-profit’ or ‘not-for-profit’. The household sector is both a provider and a purchaser of services. Householders purchase child care services from other households and partly pay for welfare services provided by governments and NGCSOs.

Table 2.1: Total welfare services expenditure and expenditure per person, current and constant 1996–97 prices^(a) and annual growth rates, 1988–89 to 1997–98

Year	Total expenditure (\$m)		Expenditure per person (\$)	
	Current prices	Constant prices	Current prices	Constant prices
	Amount			
1988–89	4,726	6,052	283	363
1989–90	5,229	6,239	309	368
1990–91	5,721	6,487	333	378
1991–92	6,298	6,787	362	390
1992–93	7,281	7,656	414	435
1993–94	7,864	8,225	443	463
1994–95	8,504	8,849	474	493
1995–96	9,083	9,259	499	509
1996–97	9,955	9,955	540	540
1997–98	10,867	10,707	588	580
	Growth rate (per cent)			
1988–89 to 1989–90	10.6	3.1	9.0	1.6
1989–90 to 1990–91	9.4	4.0	7.9	2.5
1990–91 to 1991–92	10.1	4.6	8.7	3.3
1991–92 to 1992–93	15.6	12.8	14.3	11.6
1992–93 to 1993–94	8.0	7.4	6.9	6.4
1993–94 to 1994–95	8.1	7.6	7.0	6.4
1994–95 to 1995–96	6.8	4.6	5.4	3.3
1995–96 to 1996–97	9.6	7.5	8.2	6.2
1996–97 to 1997–98	9.2	7.5	8.9	7.3
Average annual growth rate	9.7	6.5	8.5	5.3

(a) The government final consumption expenditure (GFCE) implicit price deflator was applied to both government and non-government sector current price expenditure.

Source: Welfare services expenditure—AIHW database; mean resident population 1988–89—ABS 1994; 1989–90 to 1990–91—ABS 1996; 1991–92 to 1995–96—ABS 1998a; 1996–97 to 1997–98—calculated from ABS 1998b, 1999a; GFCE implicit price deflator—ABS 1999b.

In 1997–98 total monetary expenditure on welfare services amounted to \$10.9 billion, more than double the level in 1988–89 (\$4.7 billion), or an increase of 9.7% a year in current prices. The growth rate in real terms—that is, after inflation is accounted for—averaged 6.5% a year over the period (Table 2.1).

The increase in expenditure on welfare services can be disaggregated into three components: the increase due to inflation, the increase due to population growth, and the increase in real expenditure per person. The increase in real expenditure per person was the largest component, contributing 65.8% of the growth in welfare services expenditure between 1988–89 and 1997–98. Inflation accounted for 23.4% of the overall rise in expenditure, and population growth the remaining 10.8%.

Monetary expenditure per person on welfare services

Monetary expenditure on welfare services rose from \$283 per person in 1988–89 to \$588 per person in 1997–98; a total increase of 107.8%, or an average growth of 8.5% a year in current prices. Per person expenditure in constant 1996–97 prices increased from \$363 to \$580 over the period, an average increase of 5.3% a year (Table 2.1).

Annual growth in expenditure per person in real terms ranged from 1.6% in 1989–90 to 11.6% in 1992–93. The economic recession of 1990 and 1991 contributed to the high growth in welfare services expenditure per person in that period. Changes in government policy relating to child care and aged care services also contributed.

Monetary expenditure on welfare services and gross domestic product

In current prices, monetary expenditure on welfare services as a proportion of gross domestic product (GDP) rose from 1.4% in 1988–89 to 1.9% in 1997–98 (Table 2.2). This reflected the higher growth of welfare services expenditure (6.5% per year) as

Table 2.2: Welfare services expenditure and GDP, current and constant 1996–97 prices, 1988–89 to 1997–98 (\$m)

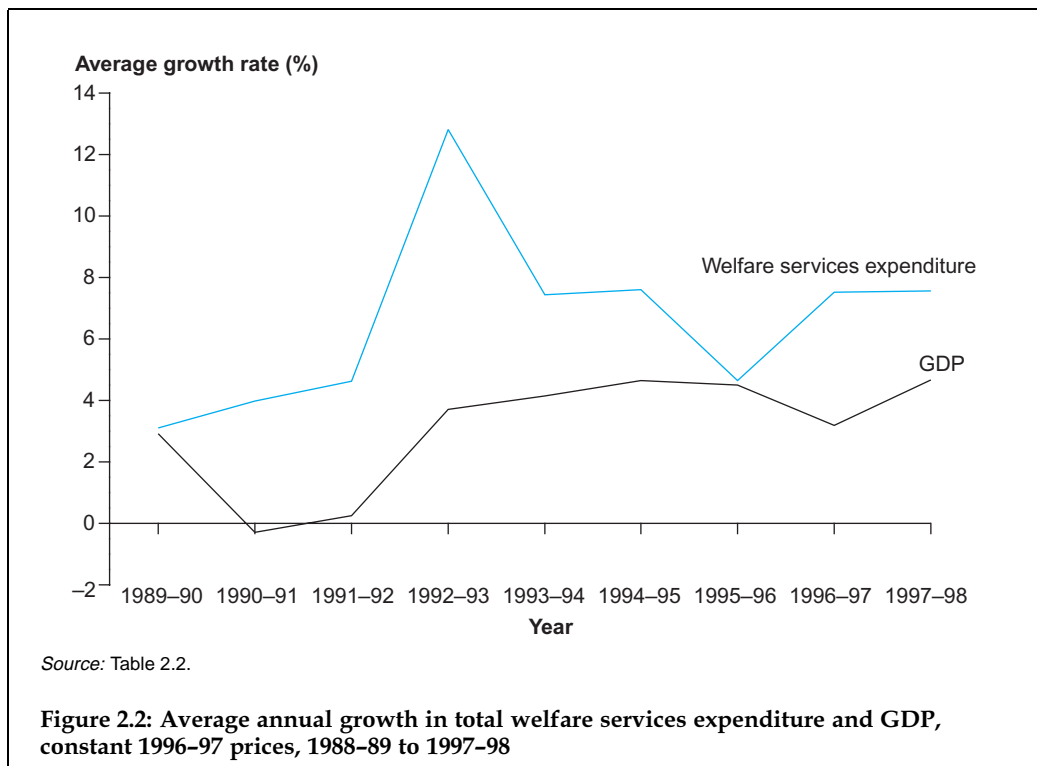
Year	Welfare services expenditure		Gross domestic product ^(a)		Welfare services expenditure as % of GDP	
	Current prices	Constant prices	Current prices	Constant prices	Current prices	Constant prices
1988–89	4,726	6,052	339,907	424,774	1.39	1.42
1989–90	5,229	6,239	383,497	437,092	1.36	1.43
1990–91	5,721	6,487	396,238	435,778	1.44	1.49
1991–92	6,298	6,787	405,933	436,845	1.55	1.55
1992–93	7,281	7,656	426,985	453,061	1.71	1.69
1993–94	7,864	8,225	449,452	471,834	1.75	1.74
1994–95	8,504	8,849	474,646	493,682	1.79	1.79
1995–96	9,083	9,259	508,806	515,866	1.79	1.79
1996–97	9,955	9,955	532,204	532,204	1.87	1.87
1997–98	10,867	10,707	565,071	556,978	1.92	1.92

(a) GDP(I)—the income-based estimate of GDP was used.

Source: Welfare services expenditure—AIHW database; GDP—ABS 1999d.

compared with GDP (3.1% per year). The increase in welfare services expenditure varied across areas of expenditure (Table 2.8).

Following the onset of economic recession in 1990, GDP fell by 0.3% in real terms during 1990–91, but rose slightly by 0.2% the following year (Figure 2.2). The recession increased the demand for welfare services, which in turn affected welfare services expenditure in 1991–92 and 1992–93. Between 1992–93 and 1997–98, real welfare services expenditure growth was above 7% for all years except 1995–96. After the drop in 1990–91, real GDP increased by 3.7% in 1992–93, and then was above 4%, on average, for the rest of the period (Figure 2.2).



Total monetary expenditure on welfare services by source of funds

Between 1988–89 and 1997–98, governments financed an average of 63% of monetary expenditure on welfare services (Table 2.3, Figure 2.3). The remaining 37% was funded by the household and NGCSO sectors.

The Commonwealth Government’s share of funding increased from 24.2% in 1988–89 to 34.0% in 1994–95. Its share then declined each year, reaching 31.0% in 1997–98. The proportion of funding by State and Territory governments moved in the opposite direction, declining steadily from 35.9% in 1988–89 to 28.6% in 1995–96, then rising to 30.5% in 1996–97 and 31.3% in 1997–98. (Section 2.4 provides further analysis of expenditure by the Commonwealth Government and State and Territory governments.) The contribution of local governments was small, fluctuating from 0.3% in 1991–92 and

Table 2.3: Monetary expenditure on welfare services (in current prices), by source of funds, 1988–89 to 1997–98

Year	Government sector				Non-government sector			Total expenditure
	Commonwealth	State/Territory	Local	Total	NGCSOs	Households	Total	
Amount (\$m)								
1988–89	1,144	1,698	36	2,878	683	1,165	1,848	4,726
1989–90	1,348	1,819	34	3,201	733	1,294	2,027	5,229
1990–91	1,522	1,995	51	3,568	777	1,376	2,153	5,721
1991–92	1,839	2,199	19	4,056	825	1,417	2,242	6,298
1992–93	2,113	2,347	22	4,483	934	1,864	2,798	7,281
1993–94	2,494	2,360	46	4,900	990	1,974	2,964	7,864
1994–95	2,892	2,464	99	5,455	995	2,055	3,050	8,504
1995–96	3,074	2,602	157	5,833	1,043	2,207	3,250	9,083
1996–97	3,264	3,040	121	6,424	1,146	2,385	3,531	9,955
1997–98	3,365	3,398	219	6,982	1,229	2,657	3,886	10,867
Percentage								
1988–89	24.2	35.9	0.8	60.9	14.4	24.7	39.1	100
1989–90	25.8	34.8	0.7	61.2	14.0	24.8	38.8	100
1990–91	26.6	34.9	0.9	62.4	13.6	24.1	37.6	100
1991–92	29.2	34.9	0.3	64.4	13.1	22.5	35.6	100
1992–93	29.0	32.2	0.3	61.6	12.8	25.6	38.4	100
1993–94	31.7	30.0	0.6	62.3	12.6	25.1	37.7	100
1994–95	34.0	29.0	1.2	64.1	11.7	24.2	35.9	100
1995–96	33.8	28.6	1.7	64.2	11.5	24.3	35.8	100
1996–97	32.8	30.5	1.2	64.5	11.5	24.0	35.5	100
1997–98	31.0	31.3	2.0	64.2	11.3	24.5	35.8	100
10-year average	30.5	31.7	1.1	63.3	12.4	24.4	36.7	100

Source: Commonwealth outlays—DCSH 1989, 1990; DHHCS 1991, 1992; DHHLGCS 1993; DSH 1995a, 1995b; DHFS 1996, 1997, 1998; DHRD 1994, 1995; Department of Immigration and Ethnic Affairs unpublished data; Department of Veterans' Affairs unpublished data. State recurrent outlays—Commonwealth Grants Commission unpublished data. State capital outlays and local government outlays—ABS unpublished data. Deflators—ABS 1999b. NGCSOs—1992–93 estimated by AIHW from Industry Commission 1994; 1993–94 estimated by AIHW from Industry Commission 1995. Child care service clients' contribution—estimated by AIHW from ABS 1997. Government funding—ABS unpublished data; DHFS and DHAC various years; 1994–95 to 1997–98 estimated by AIHW.

1992–93 to a peak of 2.0% in 1997–98. Within the non-government sector, the NGCSOs' contribution declined from 14.4% in 1988–89 to 11.3% in 1997–98. Households' contribution—mainly in the form of payment for services—was relatively stable, starting at 24.7% and finishing slightly lower at 24.5% in 1997–98.

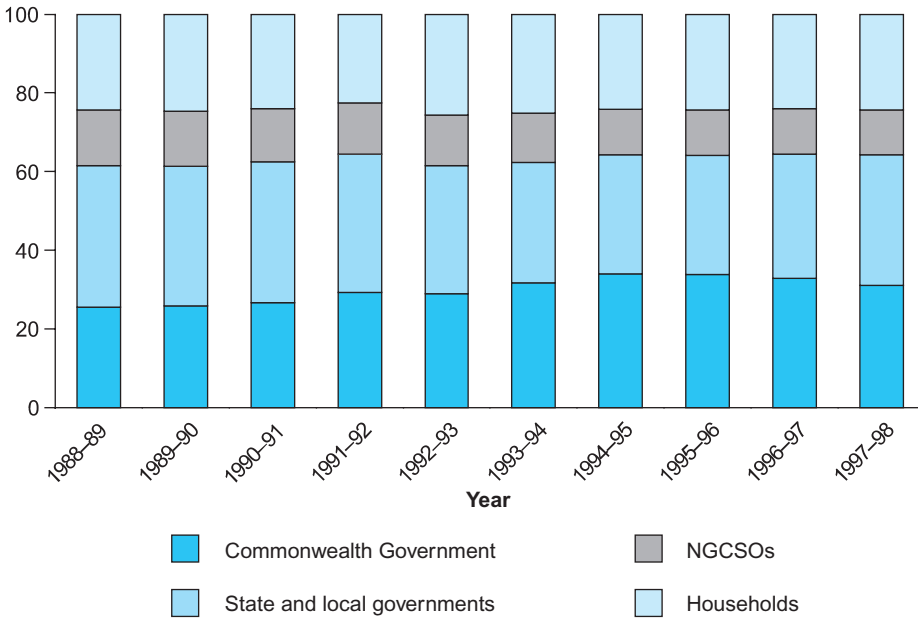
Funding and provision of welfare services

In 1997–98 the government sector funded \$7.0 billion of expenditure on welfare services: 56.0% was for services provided by the government sector itself; the remainder was transferred to non-government community service organisations (Table 2.4, Figure 2.4).

NGCSOs have always been the major providers of welfare services, delivering on average 58% of total welfare services expenditure between 1994–95 and 1997–98²

2 Comparable data for estimates of household contributions go back only to 1994–95.

Percentage



Source: Table 2.3.

Figure 2.3: Proportion of welfare services expenditure, by source of funds, 1988-89 to 1997-98

Table 2.4: Funding and provision of welfare services, by service provider 1997-98 (\$m)

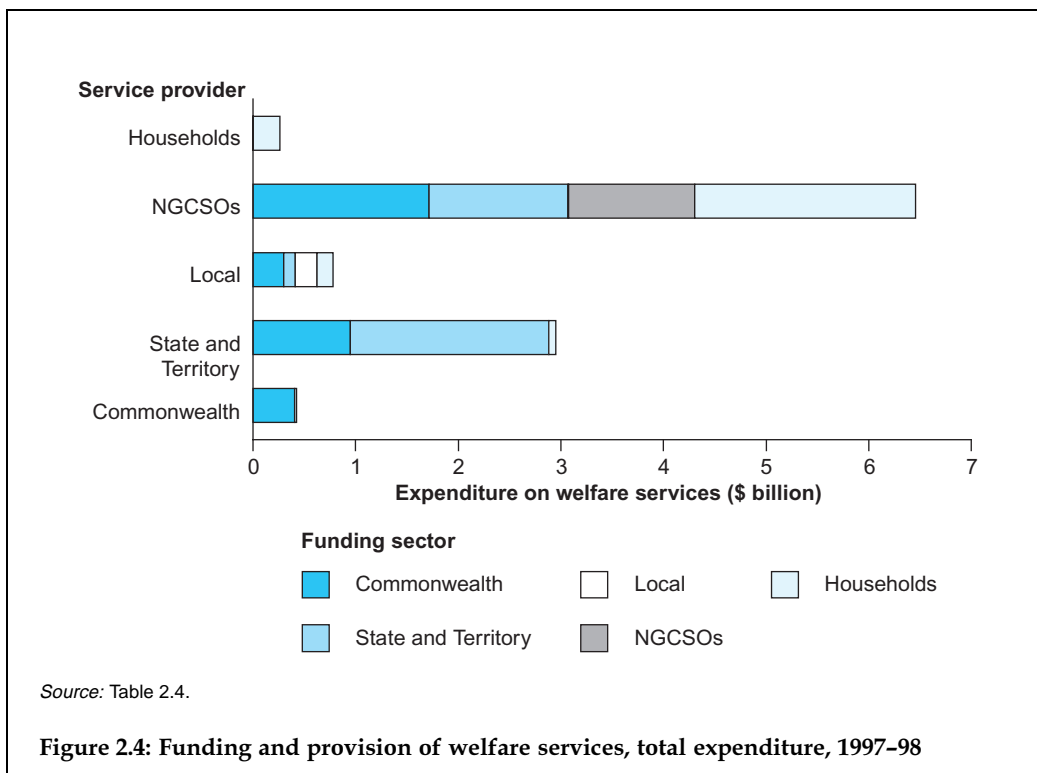
Service provider	Source of funds					Total	Proportion of service provision (%)
	Commonwealth Government	State and Territory governments	Local governments	NGCSOs ^(a)	Households ^(b)		
Commonwealth Government	406	..	..	..	17	423	3.9
State and Territory governments	945	1,933	..	..	73	2,951	27.2
Local governments	300	109	214	..	156	779	7.2
Total government	1,650	2,043	214	..	246	4,154	38.2
NGCSOs	1,714	1,355	5	1,229 ^(c)	2,150	6,453	59.4
Household sector	..	..	..	..	261	261	2.4
Total for all sectors	3,365	3,398	219	1,229	2,657	10,867	100.0
Proportion of funding (%)	31.0	31.3	2.0	11.3	24.5	100.0	

(a) Profit from sale of assets included but not the value of the assets sold.

(b) Funding by the household sector is through fees charged for services, e.g. child care fees, home and community care services.

(c) Capital expenditure funded by NGCSO's own source of funds not known, so not included.

Source: As for Table 2.3.



(Table 2.5). Forty per cent of total welfare services expenditure was provided by government agencies and the remaining 3% was paid informal child care delivered by the household sector.

The Commonwealth Government is a major funder of welfare services, funding 33% of total welfare services expenditure in 1997-98. The Commonwealth funding proportion increases slightly if the \$85 million tax deduction on donations is included. State and Territory governments were significant players in both roles, funding 30% of total welfare services expenditure and providing 28% of the total value of welfare services over the period.

2.3 Expenditure by governments

Expenditure on welfare services in relation to other areas

In 1997-98 outlays by all levels of government in Australia for all purposes totalled \$194.6 billion (Table 2.6). Government outlays for social security income support were \$45.4 billion, for health \$31.9 billion, for education \$25.3 billion, and for defence \$9.8 billion; outlays for welfare services were \$7.0 billion. Social security benefits accounted for 23.3% of total government outlays in 1997-98, followed by health (16.4%), education (13.0%), defence (5.0%) and welfare services (3.6%).

Table 2.5: Funding and provision of welfare services, by sector 1994–95 to 1997–98 (per cent)

	Government sector				Non-government sector		
	Common-wealth	State/ Territory	Local	Total	NGCSOs	House-holds	Total
Funding							
1994–95	34.0	29.0	1.2	64.2	11.7	24.2	35.9
1995–96	33.8	28.6	1.7	64.2	11.5	24.3	35.8
1996–97	34.0	29.0	1.2	64.2	11.7	24.2	35.9
1997–98	31.0	31.3	2.0	64.2	11.3	24.5	35.8
4-year average	33.2	29.5	1.5	64.2	11.5	24.3	35.8
Provision							
1994–95	4.9	28.7	7.4	41.1	56.1	2.8	58.9
1995–96	3.6	27.3	7.8	38.8	58.7	2.5	61.2
1996–97	4.9	28.7	7.4	41.1	56.1	2.8	58.9
1997–98	3.9	27.2	7.2	38.2	59.4	2.4	61.8
4-year average	4.4	28.0	7.5	39.8	57.6	2.6	60.2

Source: As for Table 2.3.

Government outlays on welfare services (in current prices) rose from \$2.9 billion in 1988–89 to \$7.0 billion in 1997–98. Welfare services outlays as a proportion of total government outlays increased from 2.3% to 3.6% over the period (Table 2.6, Figure 2.5).

Between 1988–89 and 1997–98, total government sector outlays (in current prices) grew at an average annual rate of 5.1%. Welfare services had the highest growth rate—10.3% per year.

2.4 Recurrent government expenditure on welfare services by four welfare services categories

From 1992–93 to 1997–98³, just over one-third (34.6%) of recurrent expenditure on welfare services by the Commonwealth and the States and Territories was directed to family and child welfare services and 30.2% was directed to services for people with a disability. Welfare services for the aged received 27.7% and other welfare services 7.5% (calculated from Table 2.7).

Recurrent expenditure by the Commonwealth Government

In 1997–98 recurrent expenditure on welfare services by the Commonwealth Government was allocated as follows: 37.8% to aged care services, 33.2% to family and child welfare services, 23.5% to disability services and 5.6% to other welfare services

3 Detailed information on concessions for pensioners provided by the Commonwealth Grants Commission was available only for 1992–93 to 1997–98. As a result, disaggregation of the aged and disabled welfare services category into two categories—aged care services and welfare services for people with a disability—is possible only from 1992–93.

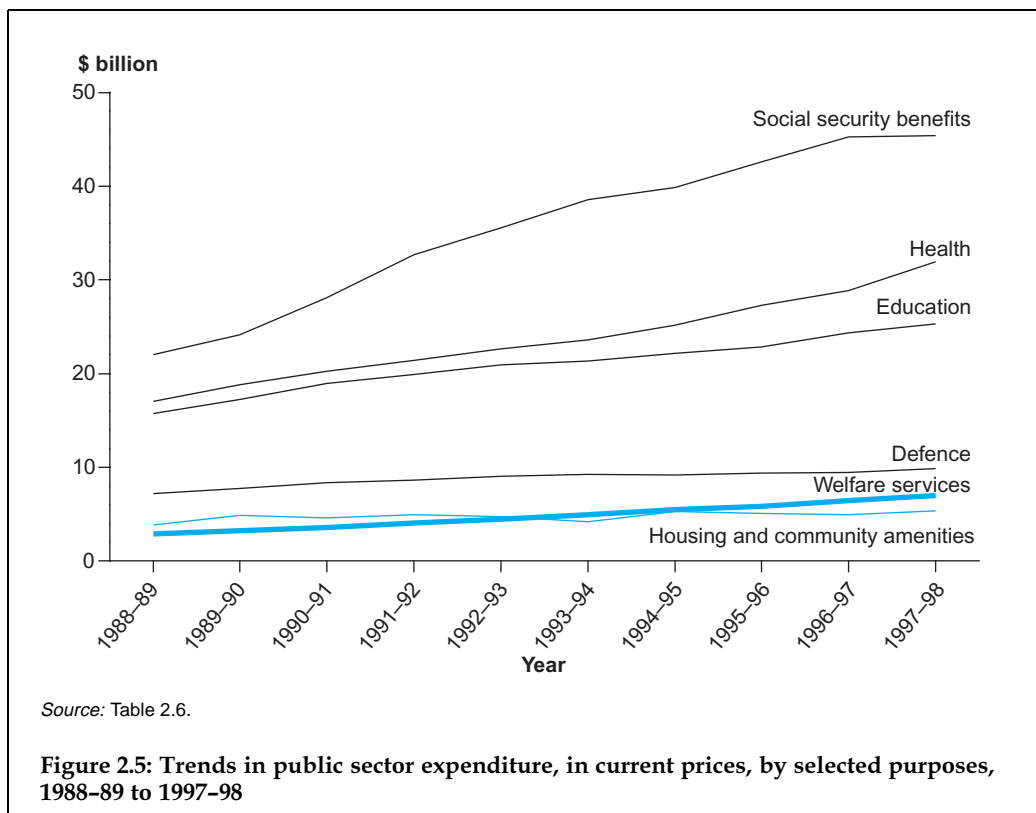
Table 2.6: Total government expenditure^(a) (in current prices), by purpose, 1988–89 to 1997–98 (\$m)

Area of expenditure	1988–89	1989–90	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Social security and welfare										
Social security benefits										
Amount	22,016	24,126	28,106	32,660	35,519	38,561	39,831	42,566	45,233	45,376
Proportion of total (%)	17.7	17.1	18.96	20.6	21.9	23.1	22.7	23.0	23.8	23.3
Welfare services										
Amount	2,878	3,201	3,568	4,056	4,483	4,900	5,455	5,833	6,424	6,982
Proportion of total (%)	2.3	2.3	2.4	2.6	2.8	2.9	3.1	3.1	3.4	3.6
Other social security and welfare										
Amount	982	1,063	1,210	1,453	1,332	1,423	1,504	1,564	1,712	2,137
Proportion of total (%)	0.8	0.8	0.8	0.9	0.8	0.9	0.9	0.8	0.9	1.1
Health										
Amount	17,050	18,838	20,240	21,375	22,647	23,615	25,140	27,270	28,833	31,898
Proportion of total (%)	13.7	13.3	13.4	13.5	13.9	14.2	14.4	14.7	15.1	16.4
Education										
Amount	15,761	17,226	18,950	19,888	20,956	21,338	22,149	22,833	24,334	25,289
Proportion of total (%)	12.7	12.2	12.6	12.6	12.9	12.8	12.6	12.3	12.8	13.0
Defence										
Amount	7,189	7,734	8,326	8,607	9,010	9,237	9,147	9,394	9,454	9,827
Proportion of total (%)	5.8	5.5	5.5	5.4	5.5	5.5	5.2	5.1	5.0	5.0
Housing and community amenities										
Amount	3,835	4,876	4,591	4,898	4,753	4,146	5,306	5,078	4,926	5,349
Proportion of total (%)	3.1	3.4	3.0	3.1	2.9	2.5	3.0	2.7	2.6	2.7
Other purposes^(b)										
Amount	54,659	64,380	65,777	65,271	63,772	63,452	66,645	70,886	69,510	67,776
Proportion of total (%)	43.9	45.4	43.7	41.3	39.3	38.1	38.1	38.2	36.5	34.8
Total	124,370	141,444	150,768	158,208	162,472	166,671	175,176	185,424	190,427	194,634

(a) 'Expenditure' is used in this publication instead of the more technical 'outlays' used by the ABS. It has the same meaning.

(b) ABS number for 'Other purposes' adjusted to allow for difference between AIHW estimate of welfare services expenditure and ABS estimate. 'Other purposes' includes general public services; public order and safety; recreation and culture; fuel and energy; agriculture, forestry, fishing and hunting; mining, manufacturing, construction, etc.; transport and communication; other economic affairs; public debt transactions; general purpose inter-government transactions; natural disaster relief; purposes not elsewhere classified.

Source: Welfare services expenditure—AIHW database; other expenditure—ABS unpublished data.



(calculated from Table 2.7). Eighty-eight per cent of Commonwealth expenditure was transfers to other governments and organisations.

In the case of welfare services for the aged, of each \$1 of Commonwealth government transfers during the period, NGCSOs received 52 cents, State and Territory governments 35 cents, and local governments 13 cents.

In the case of services for people with a disability, of every \$1 of Commonwealth government transfers, State and Territory governments received 62 cents, NGCSOs 37 cents, and local governments less than 1 cent.

In the case of family and child welfare services, of every \$1 of Commonwealth transfers, NGCSOs received 72 cents, local governments 19 cents, and State and Territory governments the remaining 9 cents.

In the case of other welfare services, of every \$1 of Commonwealth government transfers, 59 cents went to State and Territory governments, 40 cents to NGCSOs and the remaining 1 cent went to local governments.

Between 1992-93 and 1997-98, growth in Commonwealth government recurrent expenditure (in constant prices) was highest for welfare services for the aged, at 14.2%. This was followed by family and child welfare services, at 10.4%; welfare services for people with a disability, at 5.3%; and other welfare services, at 2.8% (Table 2.8, Figures 2.6 to 2.8).

Table 2.7: Commonwealth and State and Territory recurrent expenditure on welfare services, current prices, 1992-93 to 1997-98 (\$'000)

Area of expenditure	Recipients of Commonwealth transfer payments				Total Commonwealth outlays	State expenditure net of Commonwealth transfers	Total Commonwealth and State and Territory outlays
	Commonwealth direct outlays	State and Territory governments	Local governments	NGCSOs ^(a) and households			
Family and child welfare services							
1992-93	24,456	77,466	152,753	356,879	611,554	772,125	1,383,679
1993-94	35,873	86,256	166,627	470,117	758,873	814,357	1,573,230
1994-95	46,255	80,406	177,280	648,621	952,562	835,897	1,788,459
1995-96	60,842	91,913	182,079	753,600	1,088,434	931,975	2,020,409
1996-97	62,975	86,392	178,504	833,556	1,161,427	997,339	2,158,766
1997-98	95,665	78,680	150,153	764,672	1,089,170	1,069,500	2,158,670
Welfare services for the aged							
1992-93	68,421	156,954	87,623	273,627	586,625	413,988	1,000,613
1993-94	131,041	309,003	97,369	263,253	800,666	354,179	1,154,846
1994-95	129,676	297,262	97,196	387,213	911,347	482,886	1,394,233
1995-96	33,656	317,684	103,887	461,604	916,831	546,369	1,463,200
1996-97	46,921	330,333	121,513	524,968	1,023,734	721,180	1,744,914
1997-98	90,354	348,204	142,243	657,390	1,238,192	887,691	2,125,883
Welfare services for people with a disability							
1992-93	241,007	162,056	4,546	140,346	547,956	814,041	1,361,997
1993-94	153,434	298,749	3,722	140,346	596,251	919,425	1,515,675
1994-95	166,415	339,303	2,825	189,638	698,181	883,553	1,581,734
1995-96	150,780	368,328	3,113	206,858	729,079	886,067	1,615,146
1996-97	143,390	364,567	1,796	218,286	728,039	1,009,381	1,737,421
1997-98	135,300	392,824	1,982	239,651	769,757	1,090,753	1,860,510
Other welfare services							
1992-93	72,515	42,771	1,044	30,297	146,628	207,345	353,972
1993-94	64,518	45,713	1,111	44,126	155,468	211,333	366,801
1994-95	67,408	38,429	881	55,003	161,721	227,012	388,733
1995-96	65,975	82,799	1,244	52,402	202,420	191,373	393,793
1996-97	69,276	75,495	1,356	38,414	184,541	235,748	420,289
1997-98	84,723	74,311	783	22,719	182,536	288,448	470,984
Total welfare services							
1992-93	406,400	439,247	245,966	801,149	1,892,762	2,207,499	4,100,261
1993-94	384,865	739,721	268,829	917,842	2,311,258	2,299,294	4,610,552
1994-95	409,754	755,400	278,182	1,280,475	2,723,811	2,429,348	5,153,159
1995-96	311,253	860,724	290,323	1,474,464	2,936,764	2,555,784	5,492,548
1996-97	322,562	856,787	303,169	1,615,224	3,097,742	2,963,648	6,061,390
1997-98	406,043	894,020	295,161	1,684,432	3,279,656	3,336,392	6,616,047

(a) 'NGCSOs' includes for-profit and not-for-profit organisations.

Source: As for Table 2.3.

Table 2.8: Commonwealth and State and Territory recurrent expenditure on welfare services, constant 1996-97 prices, 1992-93 to 1997-98 (\$'000)

Area of expenditure	Recipients of Commonwealth transfer payments				Total Commonwealth outlays	State expenditure net of Commonwealth transfers	Total Commonwealth and State and Territory outlays
	Commonwealth direct outlays	State and Territory governments	Local governments	NGCSOs ^(a) and households			
Family and child welfare services							
1992-93	26,138	82,794	163,260	381,427	653,620	825,237	1,478,858
1993-94	37,721	90,698	175,209	494,329	797,957	856,298	1,654,255
1994-95	48,108	83,626	184,379	674,596	990,709	869,371	1,860,080
1995-96	61,949	93,584	185,390	767,302	1,108,224	948,920	2,057,144
1996-97	62,975	86,392	178,504	833,556	1,161,427	997,339	2,158,766
1997-98	94,140	77,426	147,758	752,479	1,071,803	1,052,446	2,124,249
Average annual growth (%) ^(b)	29.2	-1.3	-2.0	14.6	10.4	5.0	7.5
Welfare services for the aged							
1992-93	73,128	167,750	93,650	292,449	626,977	442,465	1,069,442
1993-94	137,790	324,918	102,384	276,811	841,902	372,420	1,214,323
1994-95	134,869	309,166	101,088	402,719	947,843	502,224	1,450,067
1995-96	34,268	323,460	105,776	469,997	933,501	556,303	1,489,804
1996-97	46,921	330,333	121,513	524,968	1,023,734	721,180	1,744,914
1997-98	88,914	342,652	139,975	646,908	1,218,449	873,537	2,091,986
Average annual growth (%) ^(b)	4.0	15.4	8.4	17.2	14.2	14.6	14.4
Welfare services for people with a disability							
1992-93	257,586	173,203	4,859	150,000	585,648	870,036	1,455,684
1993-94	161,336	314,135	3,914	147,574	626,959	966,777	1,593,736
1994-95	173,079	352,891	2,938	197,232	726,141	918,936	1,645,077
1995-96	153,522	375,025	3,170	210,619	742,335	902,178	1,644,512
1996-97	143,390	364,567	1,796	218,286	728,039	1,009,381	1,737,421
1997-98	133,143	386,560	1,950	235,830	757,483	1,073,360	1,830,843
Average annual growth (%) ^(b)	-12.4	17.4	-16.7	9.5	5.3	4.3	4.7
Other welfare services							
1992-93	77,503	45,713	1,116	32,381	156,714	221,607	378,321
1993-94	67,841	48,067	1,168	46,399	163,475	222,218	385,692
1994-95	70,107	39,968	916	57,206	168,197	236,103	404,301
1995-96	67,175	84,305	1,267	53,355	206,101	194,852	400,953
1996-97	69,276	75,495	1,356	38,414	184,541	235,748	420,289
1997-98	83,372	73,126	771	22,357	179,626	283,849	463,474
Average annual growth (%) ^(b)	1.5	9.9	-7.1	-7.1	2.8	5.1	4.1

(continued)

Table 2.8 (continued): Commonwealth and State and Territory recurrent expenditure on welfare services, constant 1996–97 prices, 1992–93 to 1997–98 (\$'000)

Area of expenditure	Recipients of Commonwealth transfer payments				Total Commonwealth outlays	State expenditure net of Commonwealth transfers	Total Commonwealth and State and Territory outlays
	Commonwealth direct outlays	State and Territory governments	Local governments	NGCSOs ^(a) and households			
Total welfare services							
1992–93	434,355	469,461	262,885	856,257	2,022,959	2,359,345	4,382,304
1993–94	404,687	777,818	282,674	965,113	2,430,292	2,417,713	4,848,005
1994–95	426,163	785,651	289,322	1,331,753	2,832,890	2,526,635	5,359,525
1995–96	316,913	876,374	295,602	1,501,272	2,990,160	2,602,253	5,592,413
1996–97	322,562	856,787	303,169	1,615,224	3,097,742	2,963,648	6,061,390
1997–98	399,568	879,764	290,455	1,657,573	3,227,361	3,283,192	6,510,552
Average annual growth (%) ^(b)	-1.7	13.4	2.0	14.1	9.8	6.8	8.2

(a) 'NGCSOs' includes for-profit and not-for-profit organisations.

(b) Five-year average annual growth rates are calculated using exponential growth.

Source: As for Table 2.3.

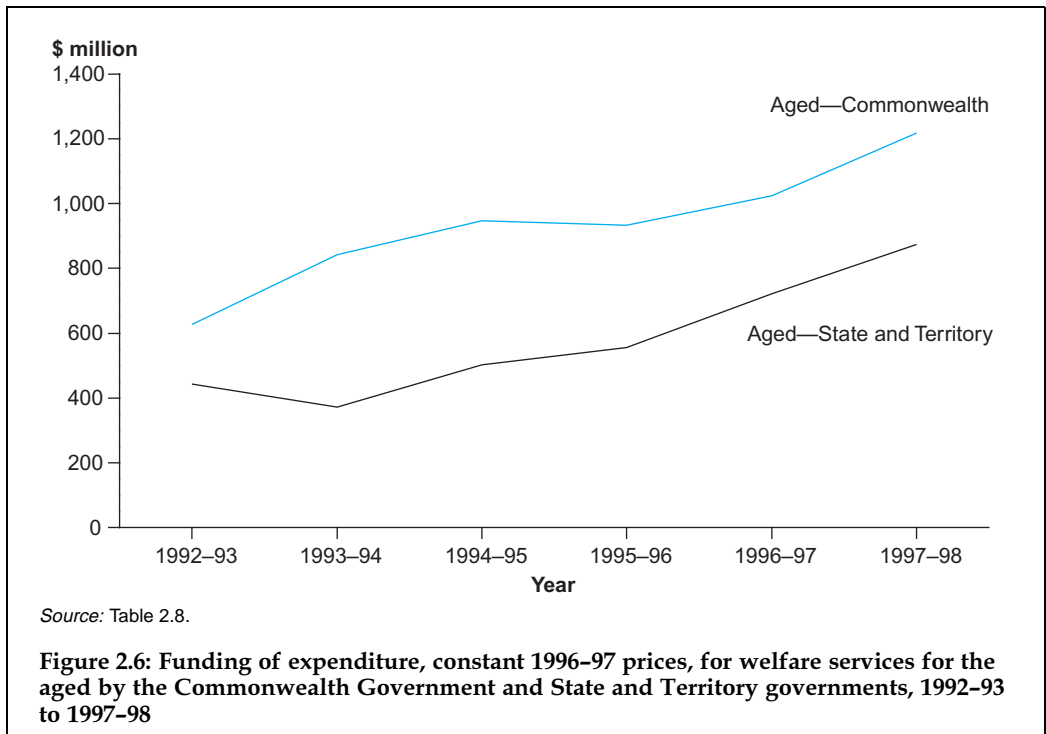
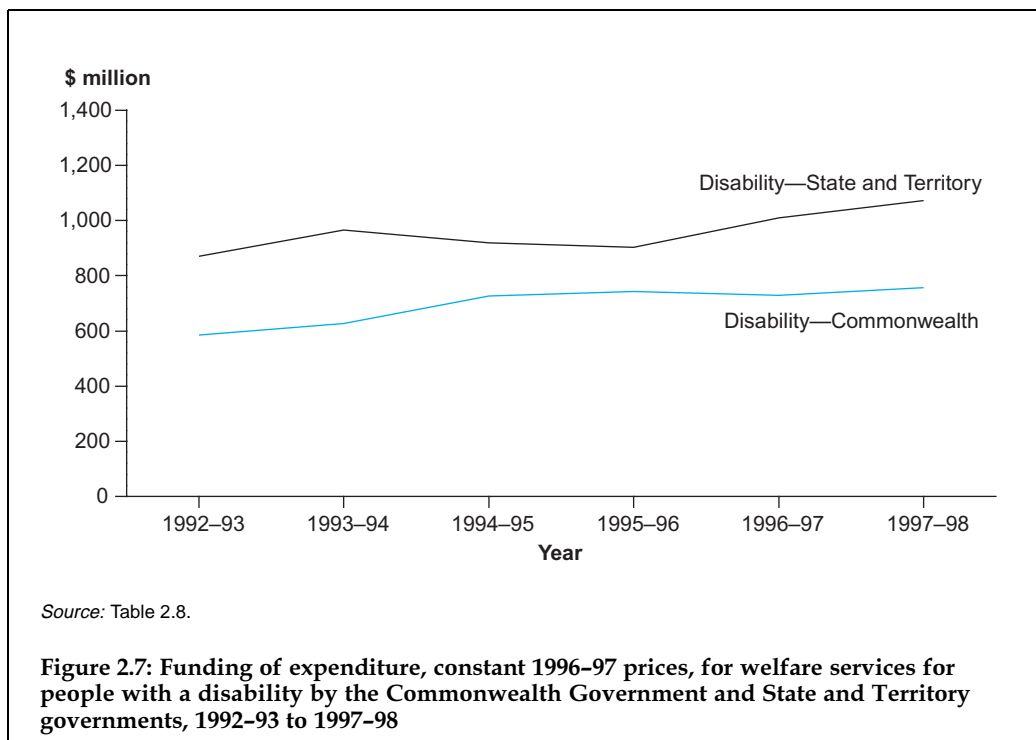


Figure 2.6: Funding of expenditure, constant 1996–97 prices, for welfare services for the aged by the Commonwealth Government and State and Territory governments, 1992–93 to 1997–98

In 1997–98 Commonwealth government recurrent expenditure on welfare services for the aged grew by 19.0% (in constant prices). This high growth rate was mainly a result of an increase in subsidies for hostels and the estimated welfare component of



residential care⁴ and flexible care packages (\$83.8 million) and an increase in funding for community aged care packages (\$32 million).

For family and child welfare services, funding by the Commonwealth Government between 1992-93 and 1996-97 increased by 15.5% a year on average, but then fell by 7.7% in 1997-98. The fall was the result of a decrease in Childcare Assistance paid out (\$79 million in constant prices), a decrease in operational subsidies for long day care centres (\$49.7 million in constant prices) and a decrease in the Childcare Rebate (\$5.7 million in constant prices). The decrease in the Childcare Rebate was the result of a change in eligibility requirements: from 1 April 1997 the rebate was reduced from 30% to 20% for a one-child family whose annual income was in excess of \$70,000 (plus \$3,000 for each dependent child).

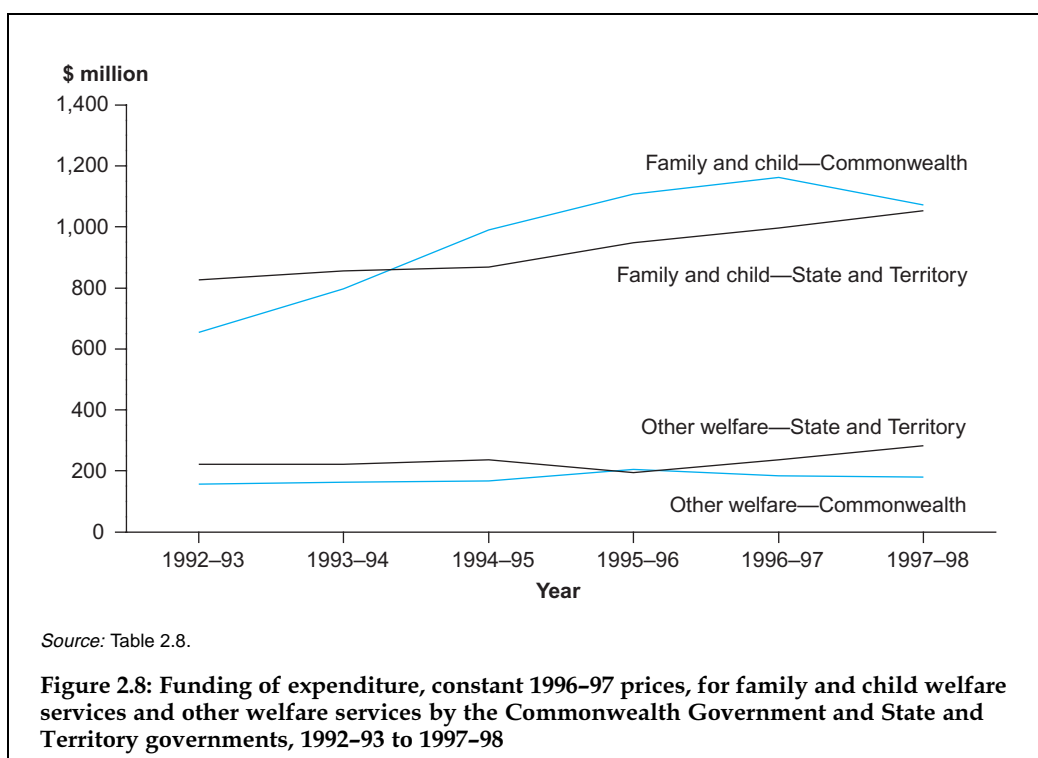
For welfare services for people with a disability, the average annual growth rate of Commonwealth funding between 1992-93 and 1997-98 was 5.3%.

The data can be analysed in two main periods: 1992-93 to 1995-96 and 1995-96 to 1997-98. From 1992-93 to 1995-96, as the Commonwealth/State Disability Agreement (CSDA) was implemented, the growth rate of funding by the Commonwealth Government was 8.2% per year (in constant 1996-97 prices) and that of the State and Territory governments 1.2% per year. Under the CSDA, which most States and Territories signed in 1991, responsibilities for services for people with a disability were

4 From 1 October 1997 hostel subsidies and nursing home subsidies were combined into one category: 'residential care'. The Department of Health and Aged Care estimated the proportion of the health component (nursing home) of total residential care, which made it possible to estimate hostel subsidies for the remainder of 1997-98.

rearranged. The Commonwealth assumed responsibility for employment services, and the States and Territories assumed responsibility for accommodation services; responsibility for the remaining disability services was shared between the Commonwealth and the States. This arrangement led to a substantial increase in Commonwealth government funding, although it took until 1993–94 before the full effect of this rearrangement became evident in the numbers, because some States, such as New South Wales, did not fully participate in the Agreement until 1993–94. Between 1995–96 and 1997–98 the growth rate of Commonwealth funding was 1.0% and that of State and Territory government funding was 9.1%. Commonwealth funding grew because of increases in CSDA and HACC (Home and Community Care) funding.

For other welfare services, there was a 2.7% fall in Commonwealth expenditure (in constant prices) between 1996–97 and 1997–98. This was partly the result of a fall in expenditure on the Supported Accommodation Assistance Program, from \$127.6 million in 1996–97 to \$125.2 million in 1997–98 (DHFS 1998:148).



Recurrent expenditure by State and Territory Governments

Distribution of welfare services expenditure

Between 1992–93 to 1997–98, the bulk (63.5%) of State and Territory government recurrent expenditure on welfare services went to welfare services for the aged and people with a disability. This was followed by expenditure on family and child welfare services (27.9%); other welfare services accounted for the remaining 8.6% (Table 2.9, Figure 2.9).

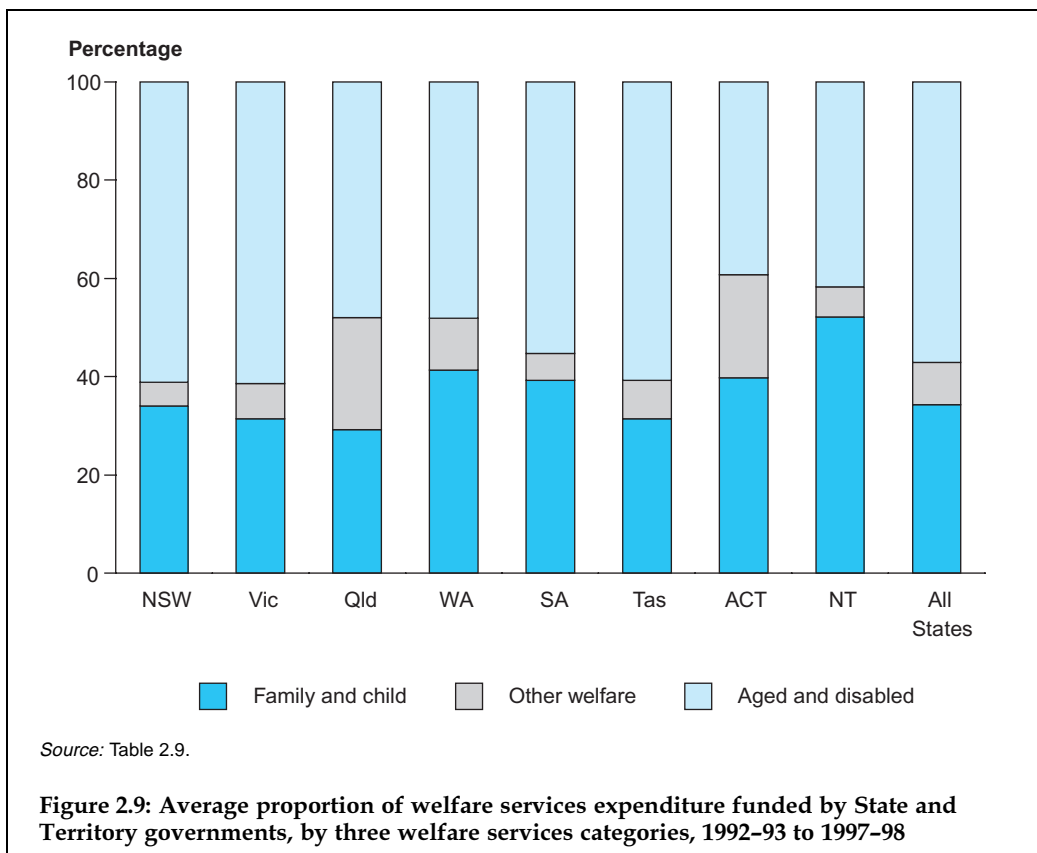
Table 2.9: State and Territory recurrent expenditure on welfare services, including Commonwealth transfers, current prices, 1992–93 to 1997–98 (\$'000)

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Family and child welfare services									
1992–93	246,416	228,289	69,891	108,121	110,883	25,836	12,739	14,980	817,154
1993–94	275,539	241,970	78,049	112,833	97,798	25,725	11,762	18,294	861,968
1994–95	288,863	209,402	87,121	118,167	96,900	27,497	29,866	18,711	876,528
1995–96	317,807	268,686	87,659	131,782	117,099	29,648	22,289	20,524	995,493
1996–97	330,958	290,317	108,742	144,297	102,148	30,736	25,024	23,691	1,055,912
1997–98	349,214	317,088	105,094	151,101	124,177	29,322	25,938	25,231	1,127,165
Aged and disabled welfare services									
1992–93	527,577	555,784	165,348	140,658	124,355	63,147	24,213	14,387	1,615,469
1993–94	624,506	623,476	194,507	186,651	210,414	73,209	28,638	19,615	1,961,016
1994–95	695,609	613,790	251,519	193,583	207,831	70,798	24,040	19,510	2,076,680
1995–96	758,199	590,897	300,663	205,445	223,522	67,794	29,420	21,038	2,196,978
1996–97	866,315	756,777	306,486	208,844	243,213	77,467	27,696	28,224	2,515,022
1997–98	1,048,150	818,519	319,555	237,219	263,979	83,389	28,242	22,414	2,821,468
Other welfare services									
1992–93	57,454	78,189	54,672	27,848	21,839	7,257	12,684	5,704	265,648
1993–94	62,404	85,412	45,475	26,397	28,710	7,662	14,715	2,772	273,549
1994–95	60,676	68,920	65,626	37,513	21,930	7,883	11,010	4,866	278,423
1995–96	52,696	71,592	78,900	32,943	11,584	10,001	11,934	3,628	273,279
1996–97	68,360	69,354	82,921	45,852	14,893	13,435	13,704	3,304	311,824
1997–98	78,616	70,118	116,601	53,131	17,274	9,302	12,661	4,614	362,317
Total welfare services									
1992–93	831,447	862,262	289,911	276,627	257,077	96,240	49,636	35,071	2,698,271
1993–94	962,449	950,858	318,031	325,881	336,922	106,596	55,115	40,681	3,096,533
1994–95	1,045,148	892,112	404,266	349,263	326,661	106,178	64,916	43,087	3,231,631
1995–96	1,128,702	931,175	467,222	370,170	352,205	107,443	63,643	45,190	3,465,750
1996–97	1,265,633	1,116,448	498,149	398,993	360,254	121,638	66,424	55,219	3,882,758
1997–98	1,475,980	1,205,725	541,250	441,451	405,430	122,013	66,841	52,259	4,310,950

Source: Commonwealth Grants Commission unpublished data.

The distribution of State and Territory government expenditure across the three welfare services categories⁵ varied significantly between jurisdictions. The Northern Territory had the highest proportion of expenditure on family and child welfare services in the six years from 1992–93 to 1997–98, at 44.6%, reflecting the younger age structure of the population (Table 2.10). Queensland had the smallest proportion of total welfare services expenditure in the family and child welfare services area (21.7%). New South Wales had the highest proportion of expenditure on aged care and disability services (66.9%) and the Australian Capital Territory had the lowest proportion (44.7%). The Australian Capital Territory had the highest proportion of expenditure on other welfare services, averaging 21.3% during the period compared with the national average of 8.6%.

5 A State breakdown of the aged and disabled welfare services category is not given as the figures are not reliable at individual State and Territory level.



In per person terms, the Northern Territory Government's recurrent expenditure on welfare services has been higher than that of other States and the Australian Capital Territory since 1992-93. In 1997-98, the Northern Territory spent \$224 per person (in current prices) from its own funds, which was well above the national average of \$179 (Table 2.10). When Commonwealth transfers are included, the Northern Territory's expenditure on welfare was \$277 per person; it was followed by South Australia (\$273), Victoria (\$260) and Tasmania (\$258) (Table 2.11). Queensland had the lowest spending of all jurisdictions throughout the period 1992-93 to 1997-98. The Queensland Government's spending in 1997-98 was \$110 per person in net terms and \$158 when Commonwealth transfers were included; this compares with the national average figures of \$179 and \$231. The variation in government expenditure per person on welfare services could be attributable to differences in population age and sex structures, the distribution of Aboriginal and Torres Strait Islander populations, total population size, the historical role of NGCSO involvement, the boundaries around what are classified as 'welfare services', and State and Territory government policies relating to the provision and funding of welfare services.

There was variation from State to State in the rate of growth between 1992-93 and 1997-98 in expenditure per person on welfare services (in constant prices). Average annual growth in expenditure, including Commonwealth transfers, ranged from

Table 2.10: Per person recurrent expenditure on welfare services from State and Territory governments' own funds, current and constant 1996-97 prices, 1992-93 to 1997-98 (\$)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National average
Current prices									
1992-93	113	160	64	146	157	161	137	178	126
1993-94	107	172	61	160	179	169	149	194	129
1994-95	126	154	84	168	166	167	176	197	135
1995-96	131	158	92	168	179	165	170	204	140
1996-97	150	198	103	181	179	184	177	247	161
1997-98	181	209	110	200	205	188	176	224	179
Average annual growth (%)	9.9	5.5	11.2	6.5	5.5	3.1	5.1	4.7	7.4
Constant prices									
1992-93	119	165	69	156	168	170	149	191	132
1993-94	113	178	64	167	184	176	159	204	135
1994-95	131	161	87	175	171	173	186	205	141
1995-96	134	161	94	170	181	168	175	207	143
1996-97	150	198	103	181	179	184	177	247	161
1997-98	177	205	108	198	202	186	174	221	176
Average annual growth (%)	8.2	4.4	9.5	4.9	3.8	1.8	3.2	3.0	5.9

Source: Expenditure—Table 2.9; mean resident population—Table 2.1; GFCE implicit price deflator—Table 2.1.

Table 2.11: Per person recurrent expenditure on welfare services by State and Territory governments, including Commonwealth transfers, current and constant 1996-97 prices, 1992-93 to 1997-98 (\$)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	National average
Current prices									
1992-93	139	193	94	166	176	204	167	207	153
1993-94	159	212	101	193	230	226	184	236	174
1994-95	172	198	125	203	223	224	214	246	180
1995-96	183	205	141	212	239	227	208	251	190
1996-97	203	244	148	224	244	257	215	299	211
1997-98	234	260	158	243	273	258	217	277	231
Average annual growth (%)	11.0	6.2	10.8	8.0	9.2	4.8	5.4	6.0	8.6
Constant prices									
1992-93	146	200	101	177	189	216	182	221	162
1993-94	168	220	106	201	236	236	196	248	182
1994-95	178	207	130	211	229	233	226	256	187
1995-96	187	210	144	215	242	231	213	256	194
1996-97	203	244	148	224	244	257	215	299	211
1997-98	228	256	155	241	270	256	216	273	227
Average annual growth (%)	9.4	5.0	9.1	6.4	7.4	3.4	3.5	4.3	7.1

Source: Expenditure—Table 2.9; mean resident population—Table 2.1; GFCE implicit price deflator—Table 2.1.

3.4% for Tasmania to 9.4% for New South Wales. This compares with the national average of 7.1%. The jurisdictions with above-average growth rates were New South Wales, Queensland and South Australia (Table 2.11).

When Commonwealth government transfers are removed, expenditure in all States and Territories grew at a much lower rate, averaging 5.9% and ranging from 1.8% for Tasmania to 9.5% for Queensland. New South Wales and Queensland had above-average growth rates (Table 2.10).

2.5 The contribution of community service organisations

As mentioned earlier, non-government community service organisations operate as either for-profit or not-for-profit.⁶ Between 1992–93 and 1997–98 NGCSO recurrent expenditure was estimated to have increased at an average annual rate of 8.9%, from \$3,928 million to \$6,013 million (Table 2.12). The sources of funding of NGCSOs' recurrent expenditure are government contributions, NGCSOs' own income sources, and client fees. In the six years from 1992–93 to 1997–98, 47.3% of their expenditure was funded by governments, 22.2% from the NGCSOs' own income sources, and 30.6% from client fees.

The proportion of government funding of NGCSOs fluctuated: it was 47.0% in 1992–93 and 48.1% in 1997–98. The proportion of NGCSOs' funding from their own income declined fairly consistently, from 23.8% in 1992–93 to 20.4% in 1997–98. The proportion

Table 2.12: Sources of recurrent income,^(a) all government-funded NGCSOs, 1992–93 to 1997–98

Income source	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
	Amount (\$m)					
Government funding ^(b)	1,846	2,074	1,973	2,305	2,493	2,895
NGCSO funding ^(c)	934	990	995	1,043	1,146	1,229
Client fees ^(d)	1,148	1,266	1,151	1,524	1,667	1,889
Total	3,928	4,330	4,321	4,872	5,368	6,013
	Percentage					
Government funding ^(b)	47.0	47.9	45.7	47.3	47.5	48.1
NGCSO funding ^(c)	23.8	22.9	23.0	21.4	21.4	20.4
Client fees ^(d)	29.2	29.3	31.3	31.3	31.1	31.5

(a) The terms 'recurrent income' and 'recurrent expenditure' are used interchangeably since the recurrent expenditure of these organisations is almost the same as their recurrent income (Industry Commission 1995:C16).

(b) Includes Commonwealth government grants to providers of child care services.

(c) Includes revenue from fundraising and revenue from business undertakings such as opportunity shops and disability workshops.

(d) Includes estimates of client fees for not-for-profit government-funded organisations from the Industry Commission study. Data on overseas aid organisations are excluded.

Source: 1992–93—estimated by AIHW from Industry Commission 1994; 1993–94—estimated by AIHW from Industry Commission 1995; child care service clients' contribution—estimated by AIHW from ABS 1997; government funding—ABS unpublished data, and DHFS and DHAC various years; 1994–95 to 1997–98—estimated by AIHW.

6 The 1995–96 ABS Community Services Industry Survey showed that 76.3% of non-government organisations were not-for-profit (ABS 1998c).

of funding from client fees increased in the first three years, from 29.2% in 1992–93 to 31.3% in 1994–95, after which it was stable, at around 31%.

Over half of client fees were charges for child care services. About one-quarter were for aged care hostel services and the remainder were fees for other services. Residents of aged care hostels finance their fees from their retirement income, which consists mainly of age pensions and superannuation.

The data in Table 2.12 do not provide a complete picture of the non-government sector's contribution to welfare services because detailed time-series data on the contribution of NGCSOs not funded by governments are not available. Furthermore, capital expenditure by these NGCSOs (for example, expenditure on building new hostels) is not included. The estimates of NGCSOs' own income and client fees in Table 2.12, therefore, are conservative. Some information on this area is available from the Community Services Survey (ABS 1998c).

2.6 Tax expenditures in the community services sector

Tax expenditures are measures such as tax exemptions, deductions, rebates and reductions. The tax deductibility of donations to non-government community service organisations is an example of a tax expenditure in the community services sector. Tax expenditures are measured in terms of the amount of tax revenue forgone by government as a result of concessional taxation treatment.

For NGCSOs, tax expenditures are an important and valuable form of assistance, accounting for about 7% of total expenditure. However, this is likely to be an underestimate of the actual proportion as many tax expenditures in this area go uncosted as a result of lack of data and conceptual difficulties associated with choosing a suitable tax benchmark. The data that are available came from the Commonwealth Treasury's *Tax Expenditures Statement 1997–98* (Treasury 1999) and the Industry Commission's report *Charitable Organisations in Australia* (Industry Commission 1995).

In this section an accrual accounting approach is followed in that tax expenditures are recorded against the year in which use of the provision was made. This will generally differ from the year of impact on revenue because of lags in collection.

Treasury identified nine Commonwealth tax expenditure items applying to community services. They follow with their dates of implementation:

- deductibility of donations to charitable institutions (pre-1985);
- no taxation on the income of charitable institutions (pre-1985);
- deductibility of expenses incurred in entertaining members of the public who are sick, disabled, poor or otherwise disadvantaged (1985);
- fringe benefits tax (FBT) exemption for the provision of recreational or child care facilities on an employer's premises (1986);
- FBT exemption for employer contributions to guarantee places for employees' children in certain child care centres (1986);

- FBT exemption for benefits provided to employees by public benevolent institutions (excluding public hospitals) (1986);
- FBT exemption for accommodation, fuel and meals for live-in employees caring for the elderly or disadvantaged (1986);
- FBT exemption for employer-provided property and facilities for immediate relief of employees and their families in times of emergency (1986);
- wholesale sales tax exemption on goods for use by public benevolent institutions.

Of these tax expenditure items, Treasury reported that it could cost only the FBT exemption for benefits provided to employees by public benevolent institutions (Table 2.13).

The Institute estimated the cost to government of tax deductions on donations to NGCSOs. The 1994–95 figure (\$73 million) was estimated first; figures for other years were obtained by applying annual growth rates of NGCSOs' fundraising income (see AIHW 1997, Section 2.6, for a description of the method).

The costs of government input tax exemptions (besides FBT) in 1993–94 were obtained from the Industry Commission's study and then estimated for subsequent years by applying growth rates of NGCSOs' total expenditure.

Estimated total revenue forgone from tax expenditures in the community services sector increased from \$486 million in 1993–94 to \$748 million in 1997–98, an average growth rate of 11.4% a year. The revenue forgone from government input tax exemptions made up the bulk of revenue forgone from all tax expenditures in the sector, averaging 86.7% of the total over the five-year period.

With the introduction of the new tax system from 1 July 2000, NGCSOs will be limited to an FBT exemption of \$17,000 per employee.

Table 2.13: Estimates of tax expenditures^(a) granted to NGCSOs, 1993–94 to 1997–98^(b) (\$m)

	1993–94	1994–95	1995–96	1996–97	1997–98
Tax expenditures					
Tax deductibility for donations	76	73	69	88	85
<i>Commonwealth input tax exemptions</i>					
Fringe benefits tax	70	75	150 ^(c)	180	190
Wholesale sales tax	120	120	135	149	167
<i>State and Territory input tax exemptions</i>					
Payroll tax	80	80	90	99	111
Land tax	40	40	45	50	56
Stamp duty and bank taxes	100	100	113	124	139
<i>Total government input tax exemptions</i>	410	415	533	602	663
Total tax expenditures	486	487	602	690	748
Total welfare services expenditure	7,864	8,504	9,083	9,955	10,867
Tax expenditure as proportion of total expenditure (%)	6.2	5.7	6.6	6.9	6.9

(a) Tax expenditures are recorded against the year in which the liability was incurred, not the year the expenditure is paid.

(b) 1994–95 to 1997–98 figures are AIHW estimates, except for the FBT exemption, which was provided by Treasury.

(c) The large increase in the FBT exemption between 1994–95 and 1995–96 was due in part to Treasury receiving more detailed information through discussions with the NGCSO sector.

Source: Industry Commission 1995; Treasury 1999; AIHW welfare services expenditure database.

2.7 The contribution of the household sector

The household sector has a vital role in providing welfare services for family, friends and neighbours and for the wider community through community service organisations. This work reduces the demand for services provided by governments and non-government community service organisations. The household sector therefore brings to the community large social gains that are not included in the national accounts.

The Institute estimated expenditure on welfare services by the household sector using the 1997 Time Use Survey conducted by the Australian Bureau of Statistics. The Survey provides information on how Australians use their time in various activities. The classifications relevant to welfare services are Classification 5 (Child care), Subclassification 625 (Purchasing child care services), and Classification 7 (Voluntary work and care activities).

From Classification 5, only child care for other children and for one's own sick children are included as welfare services in this analysis. Classification 7 included time spent working for sports, arts, education/youth, religious and emergency services organisations. These were not counted as welfare services. It was assumed that work for health, welfare and some of 'community—other' organisations was mainly for a welfare services purpose.⁷

In 1997 households spent 1,727 million hours providing welfare services; of these, 1,144 million hours (66.2%) was time spent helping other adults, friends and neighbours, 503 million hours (29.1%) was time spent on child care-related activities, and 80.3 million hours (4.6%) was time spent on voluntary work through community service organisations (Table 2.14).

Women spent more time than their male counterparts caring for or providing services for others. Of the 1,727 million hours spent by households on welfare services in 1997, 62.2% was services or care provided by women. However, there were significant differences in the share of time for men and women by type of service. Men contributed 21.5% and women 33.8% of the time spent providing child care-related activities. Women were also responsible for the bulk of voluntary work delivered through community service organisations. The ABS Survey shows that women devoted around 54.2 million hours, or 67.5% of the 80.3 million hours total time provided in this area, while male household members provided the other 32.5% of the total time.

Both men and women devoted the majority of their time in the welfare services area caring for other adults. The proportion for men was 74.5%; for women it was 61.2%. Child care-related activities constituted the second most time consuming area of welfare assistance for both men and women carers, with women spending proportionately more of their time (33.8%) than men (21.5%). For welfare services provided to the community through community service organisations, women devoted 5.0% of their welfare services time to this activity, while men devoted 4.0%.

⁷ The variables used to obtain time spent on 'own sick children' are 'withe' (health status) = 3, 5, 6 and 7. The variables used to obtain time spent on 'caring for others' children' are 'withc' (household status) = 2 and 3. For Classification 7 (the 'voluntary work and care' classification), the variable used was 'purpmn' (purpose of activity).

Table 2.14: Estimates of time spent providing welfare services, household sector, 1997

		Child care– related	Voluntary work and care		Total
			Services for adults	Voluntary work	
'000 hours per year					
Aged 15–64 years	Males	123,396	423,111	7,829	554,335
	Females	320,671	544,155	41,319	906,145
	Persons	444,066	967,266	49,148	1,460,480
Aged 65+ years	Males	16,673	63,555	18,288	98,516
	Females	42,161	113,464	12,835	168,461
	Persons	58,834	177,019	31,123	266,976
All	Males	140,068	486,666	26,117	652,851
	Females	362,832	657,619	54,154	1,074,606
	Persons	502,900	1,144,285	80,271	1,727,456
Percentage					
Aged 15–64 years	Males	22.3	76.3	1.4	100
	Females	25.4	60.1	4.6	100
	Persons	30.4	66.2	3.4	100
Aged 65+ years	Males	16.9	64.5	18.6	100
	Females	25.0	67.4	7.6	100
	Persons	22.0	66.3	11.7	100
All	Males	21.5	74.5	4.0	100
	Females	33.8	61.2	5.0	100
	Persons	29.1	66.2	4.6	100

Source: ABS 1999c and AIHW analysis of Time Use Survey Unit Record File.

Household members of working age (15 to 64 years) accounted for the bulk (84.5%) of the 1,727 million hours of welfare services provided by households in 1997. Older household members (aged 65 years and over) provided the remaining 15.5%, or 267 million hours.

These proportions varied somewhat according to service type, ranging from 61.2% for household members aged 15 to 64 years providing voluntary work through community service organisations to 88.3% for child care-related activities. For household members aged 65 years and over, the proportions varied from a low of 11.7% for child care-related services to a high of 38.8% for voluntary work through community service organisations. Almost the same proportion of time was spent caring for other adults by household members of working age (66.2%), compared to older household members (66.3%). However, household members aged 65 years and over devoted more of their time to voluntary work through community service organisations (11.7%), compared to those of working age (3.4%).

Imputed value of household work

The Institute estimated the imputed value of time households spent in providing welfare services in 1997 using the ABS Time Use Survey data and figures of hourly wage rates for adult carers and aides.

Wage estimations were based on May 1998 ABS wage data. The ordinary-time wage rate for adult male carers and aides (full-time non-managerial employees) was \$585.60 per week, based on an average of 38.6 hours per week. This gave an hourly wage rate of \$15.17. The wage rate for female carers and aides was \$502.20 per week for a 36.9-hour week, or \$13.61 per hour.

Using these wage rates, the value of unpaid welfare services provided by households during 1997 was estimated at \$24.5 billion (Table 2.15). This valuation uses the alternative provider cost method, and as such is an estimate of the cost that would be incurred by governments and non-government community service organisations if they were to provide these services themselves, instead of households. However, it is a conservative estimate since the valuation does not include overheads related to employing workers (superannuation, annual leave, sick leave, and so on), nor does it include the cost of providing office and work space for employees.

The imputed value of household welfare assistance (\$24.5 billion) is more than double the \$10.9 billion total monetary expenditure on welfare services in 1997–98. Sixty-seven per cent of the household contribution (\$16.3 billion) could be attributed to the imputed value of care provided to other adult family members, friends or neighbours. A further \$7.1 billion (29%) was the estimated value of households providing child care-related activities. The remaining \$1.1 billion was the imputed value of voluntary welfare assistance provided through community service organisations. The total value attributable to men in 1997 was \$9.9 billion, or 40.4% of the total cost, while for women it was \$14.6 billion, or 59.6% of the total.

Table 2.15: Estimates of the value of time devoted to welfare services by the household sector, by type of service (\$m)

Service type	Men	Women	Persons
Child care related	2,125	4,938	7,063
Voluntary work			
Welfare services for adults	7,383	8,950	16,333
Voluntary work	396	737	1,133
Total	9,904	14,625	24,530

Source: Time—ABS 1999c; wage—ABS 1998d.

2.8 International comparison of government expenditure on welfare services

This section compares government welfare services expenditure of Australia with that of other members of the Organisation for Economic Co-operation and Development (OECD) between 1980 and 1995 (see Box A2.1, page 333, for an explanation of the OECD financial year). Of the 29 OECD member countries, Hungary and Poland are excluded from this comparison because they did not report data on welfare services expenditure for any years covered by the OECD collection. Greece's reported expenditure on welfare services was so low that it did not register as a proportion of GDP. As a result, data for Greece appear only in Table 2.17.

Table 2.16: Government expenditure on welfare services as a proportion of GDP, OECD member countries, 1980–1995 (per cent)

Country	OECD financial year ^(a)				Rank of countries in 1995
	1980	1985	1990	1995	
Australia	n.a.	n.a.	0.9	1.1	=9
Austria	0.8	0.8	0.9	1.1	=9
Belgium	0.3	0.3	0.5	0.3	=21
Canada	1.1	1.2	1.1	1.1	=9
Czech Republic	n.a.	n.a.	0.4	0.8	=14
Denmark	4.6	4.7	4.7	5.6	1
Finland	1.8	2.3	2.8	3.3	4
France	0.9	1.0	1.1	1.3	7
Germany ^(b)	0.9	0.9	0.9	1.4	6
Iceland	n.a.	n.a.	n.a.	3.1	5
Ireland	0.6	0.7	0.7	0.8	=14
Italy	0.3	0.3	0.3	0.3	=21
Japan	0.4	0.4	0.4	0.5	=17
Korea	n.a.	n.a.	0.2	0.3	=21
Luxembourg	0.4	0.5	0.8	0.9	13
Mexico	n.a.	0.1	0.2	0.2	=24
Netherlands	1.1	0.9	1.1	1.1	=9
New Zealand ^(c)	0.2	0.2	0.2	0.2	=24
Norway	2.0	2.2	4.6	5.4	2
Portugal	0.1	0.2	0.3	0.5	=17
Spain	0.1	0.2	0.4	0.4	20
Sweden	4.1	4.3	4.7	5.3	3
Switzerland	0.2	0.2	0.5	0.5	=17
Turkey	0.3	0.1	0.1	0.1	26
United Kingdom	1.1	0.9	1.1	1.2	8
United States of America ^(d)	0.8	0.7	0.5	0.7	16
All countries' average	1.1	1.1	1.2	1.4	

(a) See definition of 'OECD financial year' in Box A2.1.

(b) Data for 1980, 1985 and 1990 relate to West Germany only; 1995 data refer to the unified Germany.

(c) Data for 1980 and 1985 are for the financial year commencing 1 April; data for 1990 and 1995 are for the financial year commencing 1 July.

(d) Data relate to the preceding US financial year, except for 1980 data, which refer to the US 1980 financial year (1 October 1980 to 30 September 1981).

Source: Australia—AIHW welfare services expenditure database; other countries—OECD unpublished data.

The data used here were obtained from the OECD's social expenditure database. (For a description of this database, see Box 2.3, page 44, in *Australia's Welfare 1997*.) The 1999 issue of the database covers the period 1980 to 1996, but 1996 data were not provided for most countries, so 1995 has been taken here as the final year of the analysis. The data in Tables 2.16 and 2.17 relate only to government-funded expenditure on welfare services; expenditure funded by non-government organisations is not included.

The welfare services expenditures of different countries are compared in terms of their proportion of GDP and in terms of expenditure per person. Expenditure per person removes the influence of population differences between countries. In order to compare

expenditure per person it was necessary to convert all expenditures to a common currency unit. In this case, expenditure is expressed in Australian dollars (A\$) using GDP purchasing power parities. It should be borne in mind that such a conversion does not remove the effects of inflation; rather, it adjusts each country's expenditure in such a way as to have the Australian rate of inflation apply in each year.

The OECD has a set of standardised definitions for its areas of social expenditure and all member countries are required to apply these definitions when providing data updates. Although this should ensure that the social expenditures of different countries

Table 2.17: Per person government expenditure on welfare services, OECD member countries, 1980–1995 (A\$)

Country	OECD financial year ^(a)				Rank of countries in 1995
	1980	1985	1990	1995	
Australia	n.a.	n.a.	208	321	9
Austria	72	120	200	298	11
Belgium	25	37	107	79	=21
Canada	117	199	295	309	10
Czech Republic	n.a.	n.a.	42	126	18
Denmark	414	714	1,067	1,626	2
Finland	149	320	628	792	5
France	90	152	273	341	8
Germany ^(b)	68	110	188	392	6
Greece	n.a.	1	2	n.a.	n.a.
Iceland	n.a.	n.a.	n.a.	917	4
Ireland	33	57	102	174	15
Italy	26	42	72	79	=21
Japan	34	53	93	157	17
Korea	n.a.	n.a.	21	47	24
Luxembourg	46	81	247	381	7
Mexico	n.a.	3	14	18	25
Netherlands	102	129	249	291	12
New Zealand ^(c)	28	54	68	82	20
Norway	186	351	1,125	1,662	1
Portugal	7	14	45	89	19
Spain	8	14	59	75	23
Sweden	393	667	1,118	1,342	3
Switzerland	20	36	136	162	16
Turkey	7	3	4	7	26
United Kingdom	90	129	239	283	13
United States of America ^(d)	105	127	160	250	14
All countries' average	96	148	260	396	

(a) See definition of 'OECD financial year' in Box A2.1.

(b) Data for 1980, 1985 and 1990 relate to West Germany only; 1995 data refer to the unified Germany.

(c) Data for 1980 and 1985 are for the financial year commencing 1 April; data for 1990 and 1995 are for the financial year commencing 1 July.

(d) Data relate to the preceding US financial year, except for 1980 data, which refer to the US 1980 financial year, (1 October 1980 to 30 September 1981).

Source: Australia—AIHW welfare services expenditure database; other countries—OECD unpublished data.

are comparable to a large extent, ultimately it is the member countries that interpret the OECD's requirements for each area of expenditure. As a result, caution is necessary when comparing the data presented here, as there is likely to be significant inconsistency, between countries and over time, in the allocation of expenditure to government welfare services.

The Nordic countries—Denmark, Finland, Norway and Sweden—have consistently been the highest spenders on welfare services. This is partly because they classify as welfare services some activities that in most other countries would be coded as 'health'. In particular, most aged care services are classified as 'welfare services' in the Nordic countries.

Throughout the period 1980 to 1995 Denmark spent the most on welfare services in terms of expenditure as a proportion of GDP. In 1995 it devoted 5.6% of its GDP to welfare services, Norway followed with 5.4%, then came Sweden with 5.3% (Table 2.16). Australia was ranked ninth in the group, albeit below the average of 1.4%. Data for Australia are available only from 1987 onwards, as this was the first year State and Territory government expenditures were included in the collection. Turkey spent the smallest amount on welfare services, devoting 0.1% of GDP to this area in 1985, 1990 and 1995. Other OECD countries that were consistently low spenders were Mexico and New Zealand. During the early 1980s Portugal and Spain were relatively low spenders.

In terms of expenditure per person, the trends were almost identical. Of all member countries, Denmark spent the most on welfare services in 1980 and 1985. Its per person government outlays were \$A414 and \$A714 respectively (Table 2.17). Norway, which had been the third-highest spender in 1980 and 1985, moved to being the highest spender in 1990 and 1995. Its expenditure grew rapidly between 1980 and 1995, from \$A186 to \$A1,662, an average growth rate of 15.7% a year. After Norway came Denmark, Sweden and Iceland as the highest welfare spenders in 1995, all well above the OECD average of \$A396 for that year. Australian government outlays on welfare services, in terms of expenditure per person, were again below the average in 1990 and 1995. Greece and Turkey had the lowest levels of per person expenditure on welfare services.

2.9 Summary

Between 1988–89 and 1997–98 Australian expenditure on welfare services as a proportion of GDP increased steadily, from 1.4% in 1988–89 to 1.9% in 1997–98.

Welfare services are provided by governments, non-government community service organisations and households. NGCSOs are the major providers of welfare services, delivering 59% of monetary expenditure on welfare services in 1997–98. In the government sector, the Commonwealth Government is predominantly a funder of welfare services, while local governments are mainly providers of services. State and Territory governments are important as both funders and providers.

In 1997–98, 64% (\$7.0 billion) of total monetary welfare services expenditure was funded by the government sector, 11% (\$1.2 billion) by non-government community service organisations and 25% (\$2.7 billion) by households. Of the total government

sector funding in 1997–98, 48% was provided by the Commonwealth, 49% by State and Territory governments, and 3% by local governments.

Governments provided an estimated \$750 million in tax expenditure benefits to NGCSOs in 1997–98. Of this, \$85 million was government revenue forgone through tax deductions for donations to these organisations.

In the six years to 1997–98 about 35% of the combined Commonwealth and State and Territory government recurrent expenditure was allocated to family and child welfare services and 28% to welfare services for the aged. Welfare services for people with a disability accounted for around 30%, and other welfare services received the remaining 7%.

In 1997–98 the Northern Territory Government spent more per person (\$224) from its own funds compared with other States and the Australian Capital Territory, while Queensland spent the least (\$110). The national average spent by State governments out of their own funds was \$179 per person.

Between 1988–89 and 1997–98, expenditure on welfare services in current prices more than doubled, increasing from \$4.7 billion to \$10.9 billion. The average annual growth rate in real terms was 5.3%, or a total increase of 77%. During the same period, real GDP growth averaged 3.1% per year.

Per person expenditure on welfare services increased over the same period, from \$283 to \$588 per head in current prices. This was an average increase of 5.3% per year in real terms.

The recurrent expenditure of non-government community service organisations increased from \$3.9 billion in 1992–93 to \$6.0 billion in 1997–98. Of the \$6.0 billion NGCSO recurrent expenditure in 1997–98, 20% was from NGCSOs' own funds, 32% from client fees and 48% from government grants.

In 1997, households provided around 1,727 million hours of welfare services which, when costed, gave an imputed value of \$24.5 billion.

References

- Australian Bureau of Statistics (ABS) 1994. Australian demographic statistics, December quarter 1993. Cat. no. 3101.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1996. Australian demographic statistics, September quarter 1995. Cat. no. 3101.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1997. Child care, Australia, March 1996. Cat. no. 4402.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1998a. Australian demographic statistics, September quarter 1997. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998b. Australian demographic statistics, March quarter 1998. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998c. Community services, Australia, 1995–96. Cat. no. 8696.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998d. Employee earnings and hours, Australia. Cat. no. 6306.0. Canberra: ABS.

- Australian Bureau of Statistics (ABS) 1999a. Australian demographic statistics, September quarter 1998. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999b. Australian national accounts: quarterly State details, December quarter 1998. Data report. Cat. no. 5206.0.40.001. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999c. How Australians use their time, 1997. Cat. no. 4153.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999d. National income, expenditure and product, December quarter 1998. Cat. no. 5206.0. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Department of Community Services and Health (DCSH) 1989. Explanatory notes 1989-90: Community Services and Health Portfolio. Budget related paper 8.4A. Canberra: AGPS.
- Department of Community Services and Health (DCSH) 1990. Explanatory notes 1990-91: Community Services and Health Portfolio. Budget related paper 6.4A. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1996. Annual report 1995-96. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1997. Annual report 1996-97. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1998. Annual report 1997-98. Canberra: AGPS.
- Department of Health, Housing and Community Services (DHHCS) 1991. Program performance statements, 1991-92. Budget related paper 8.4A. Canberra: AGPS.
- Department of Health, Housing and Community Services (DHHCS) 1992. Program performance statements, 1992-93. Budget related paper 9.8A. Canberra: AGPS.
- Department of Health, Housing, Local Government and Community Services (DHHLGCS) 1993. Annual report 1992-93. Canberra: AGPS.
- Department of Housing and Regional Development (DHRD) 1994. Annual report 1993-94. Canberra: AGPS.
- Department of Housing and Regional Development (DHRD) 1995. Annual report 1994-95. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1995a. Annual report 1994-95. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1995b. Statistical overview 1993-94. Canberra: AGPS.
- Department of the Treasury (Treasury) 1999. Tax expenditures statement, 1997-98. Canberra: AGPS.
- Industry Commission 1994. Charitable organisations in Australia: an inquiry into community social welfare organisations. Draft report. Melbourne: AGPS.
- Industry Commission 1995. Charitable organisations in Australia. Report no. 45. Melbourne: AGPS.



3 Changing work patterns and the community services workforce

3.1 Introduction

The previous chapter (Chapter 2, page 8) discusses alternative measures of the size of the welfare services sector, focusing on the amount of resources government and non-government agencies and households use in the provision of services. This chapter complements that analysis by focusing on measures of the overall amount of work that goes into the provision of welfare services and assistance in the community services sector. The types of assistance, the nature of the work done, how it has changed and how it relates to and differs from broader changes in the nature of work, economy and society are all discussed.

In this regard it is important to recognise the many different forms of work in modern societies. One of the most important distinctions concerns whether work is paid or unpaid: paid work is represented by employment in the labour market; unpaid work includes domestic labour performed informally or organised through a voluntary agency. Another distinction concerns where work is performed: in a profit-making or non-profit enterprise or within the home. A third distinction relates to whether the work is full time or part time and whether tenure is permanent, temporary or casual. All of these forms of work exist in the community services sector—this is one of the sectors main distinguishing features.

Between 1966 and 1998 the number of Australians in paid employment increased by over 77%, from 4.82 million to 8.54 million (ABS 1987, 1998a). This growth was slightly below the rate of population growth for the period, so that the employment rate fell marginally, from 59.0% to 57.7%. At the same time, employment rates for men and women have moved closer, the decline for men (particularly older men) being accompanied by an increase in the female employment rate across all age groups except the very young and the very old (and concentrated in the 25–54 age range).

The increased participation of women, particularly married women, in the labour market has been described as ‘one of the most significant dimensions of social change in recent years’ (Probert 1997:6). It is influencing the nature of family life and has implications for the institution of the family itself (Wolcott & Glezer 1995:3). Changes in the community services workforce are both a consequence of and have facilitated these changes.

Many of the patterns and effects described in this chapter have also occurred in other countries. This reflects the impact of international forces that are common to all nations, although different national factors, institutional structures and policy choices are also important. Welfare service workers are predominantly women, and changes in the

economic and social role and status of women are of particular significance. As a recent report prepared for the Organisation for Economic Cooperation and Development (OECD) has noted:

Women's employment is intertwined with the provision of caring services in complex ways. Both childcare and elderly care sectors are affected by the loss of informal family care givers as women enter the workforce. At the same time, the demand for waged carers, jobs primarily held by women, increases ... women's changing employment patterns within the broader labour market are at the heart of the incentives and capacities re-shaping caring services. (Christopherson 1997:12)

This chapter uses Australian data to explore these trends and identifies some of the issues to which they are giving rise.

It begins by describing some of the changes that have been occurring in the Australian labour market, and in working patterns generally, in the last two decades. It then describes the community services workforce and compares the characteristics of that workforce with those of the Australian workforce as a whole. Following that is an analysis of the implications of these and other developments for the demand for community services and the supply of labour to the community services sector. Finally, the implications of these changes for the future prospects for the community services sector are summarised.

3.2 Changing patterns of work

The general context

Many studies of changing work patterns focus solely on what is happening with paid work or employment. This is in part because of paid employment's contribution to total work activity; it is also because the functioning and impact of the labour market are central to the performance of the economy as a whole. Although work encompasses more than just employment, the importance of the labour market as an economic and social institution makes it central to a broader analysis of how work patterns are changing.

Changes in the economy are giving rise to new forms of work that do not fit easily into the conventional labour market framework. Technological and other advances mean that it is no longer essential for paid work to be done in a specially established workplace. Many people are now able to work from home using the Internet and other computer-assisted modes of communication. The number of self-employed people has been growing rapidly (Eardley & Bradbury 1997), as has the number of generally low-skilled, often female out-workers employed at home (ABS 1995a).

These changes are being accompanied by changing preferences relating to paid work, in a context where the dual-earner family is the norm and work and family responsibilities must be balanced. Part-time work has increased relative to full-time work: the ratio of full-time to part-time employment declined from over 9:1 in 1966 to below 3:1 in 1998. The number of people in casual employment has grown in both absolute and relative terms, and there is now less constancy of hours and employment in the labour force generally.

Distinctions between the worlds of paid work and unpaid domestic activity are becoming increasingly blurred. At the same time, under the banner of the 'active

society' policy approach, increased emphasis is being given to the need for all individuals to engage more actively with the labour market and so promote wider economic participation and avoid social exclusion. The nature of work is changing to encompass a greater variety of settings and a more complex set of relationships.

For some time, these changes have been a feature of the community services workforce. This means that it is essential to adopt a broad definition of 'work' when discussing past and current patterns. Many of the changes in community services have been responses to changes in individual values, attitudes to gender roles in society, and notions of the role of government. The increased labour force participation of mothers, for instance, has increased the demand for child care services and people involved in providing such services. The ageing of the population, particularly increased longevity, has put pressure on those providing community care services for older people. The move from institutional to community-based care has also had significant and lasting effects on the overall pattern of caring work done in Australian society.

All this gives rise to questions about the government's role in the provision and financing of community services. Studies of the historical development of Australian welfare services have emphasised the role of non-government agencies, philanthropic activity and volunteers in service provision (AIHW 1993). In combination with a tradition that has also encouraged contributions in the form of voluntary work, the provision of physical infrastructure such as nursing homes, and the imposition of user charges, the Australian welfare services system has evolved as an inter-woven tapestry of government and non-government (for-profit and non-profit) agencies supported by a variety of unpaid individual involvement in both provision and funding.

In addition to assistance and support for target groups in the population, the delivery of community services involves a substantial input of labour since community services are relatively labour intensive. The switch in employment from manufacturing to service industries has been central to 'post-industrial' development. Unlike manufacturing, a key feature of service industries is that production and consumption occur simultaneously: the output tends to disappear at the point of delivery, leaving no lasting physical manifestation. This led some of the classical economists to argue that services, being largely invisible, were not part of productive output. The fallacy in the logic of this position has, however, been exposed and measures of economic output now include the value added by and employment in all forms of marketed activity.

Between 1966 and 1996 the proportion of people employed in industries producing goods declined from 46% to 28%, while the proportion of people employed in service industries increased from 54% to 72% (ABS 1997:94). The re-orientation of the labour market towards the service sector has favoured the employment of women, who make up the bulk of people employed in services and the tertiary sector (Snooks 1994).

Community services have been part of this general trend. The community services labour force now represents a significant and growing component of the total labour force. At the same time, the expanded provision of welfare services has increased the ability of service users to engage in the labour market or other forms of work-related activity.

The provision of child care services (as discussed in Chapter 4, page 88) has allowed mothers with young children to remain employed or to re-enter the labour market earlier than otherwise; the provision of care and social support for older people and people with a disability has helped the latter group to move into employment and

allowed many of those who would otherwise have to meet the demand for care to join the labour market. These examples illustrate how the community services workforce plays a dual role, reflecting and responding to changing work patterns in society as a whole.

In Australia, the public sector has traditionally played an important part in the provision and financing of community services. There are many reasons for this, although the underlying rationale for public sector involvement has often rested on equity considerations (to meet the needs of particular groups) or because other forms of market failure provide a justification for government subsidy designed to encourage private consumption. But there is nothing immutable about the extent of government intervention; the degree of public sector involvement in the provision and financing of welfare services varies considerably among industrial countries (Chapter 2; OECD 1997a).

Differences in the degree of government involvement will be offset by variations in private provision and financing of services that meet specific needs. Thus, many of the services provided by government and financed by taxes through the state budget in countries such as Sweden must be purchased from private service suppliers out of household consumption spending in the United States (Esping-Andersen 1997; Table 2.5).

Economic, social and demographic changes and the fiscal consequences of increased government involvement are raising questions about the role of government in service provision in all countries. There is an increasing tendency to separate purchaser functions from provider functions and to expand the choices of consumers and to encourage efficiency among providers. At the same time users are expected to make a greater contribution to the cost of the services, either at the point of consumption (through the introduction of user charges) or by introducing social insurance contributions or quarantined taxes tied to specific services.

Changes of this kind are having a direct effect on the nature, organisation and cost of community services. Indirectly, their effect is also being felt in the various forms of care provided as informal assistance that either complements or replaces formal services. As market competition is introduced into the operation of formal services, its effects will filter through to the informal sector, which faces similar pressures. Whether the informal sector can withstand a series of pressures to increase choice and improve efficiency, which contrast with the values of civic responsibility and the common good on which the sector is based, will have an important bearing on future developments.

Structural adjustment and the labour market

As the speed with which the Australian economy has responded to changes in the global economy has accelerated, so too has the pace of change in the labour market increased. These labour market changes reflect changes in economic and social conditions, attitudes, and patterns of behaviour. Many of them reflect a complex pattern of interdependent influences. Some of the factors behind the changes in the community services workforce are discussed here.

Ever since the industrial revolution heralded the move from agriculture to manufacturing, structural labour market change has been propelled by changes in technology

and how these affect productivity and cost (Jones 1990). More recently, the emergence of 'post-industrial society' has seen a further move from manufacturing to the service and tertiary sectors. Within the service sector there has been rapid growth of knowledge-based and person-based services (Reich 1993; Sheehan 1998).

It has been argued that, although the future economic prosperity of nations will depend increasingly on the fate of knowledge-based service sector jobs, the future prospects for in-person service jobs also seem bright (Reich 1993). This is partly because most in-person services cannot be traded across nations, so that they are less vulnerable to international competition than routine production service jobs. Although some in-person service jobs will be made redundant as a result of technical progress, population ageing will create a strong additional demand for people providing in-person services that meet the needs of the old and ailing (Reich 1993:218).

Whether the focus is solely on the employment of paid service providers in the formal labour market or also on unpaid work done in informal service settings, the service sector (of which community services are an important part) will assume growing importance in future patterns of work activity.

Labour market trends since 1980

Developments in the Australian labour market since 1980 reflect many of the broad structural factors just described, as well as factors that are more specifically national in their origins and effects. According to the former Department of Employment, Education and Training, among the primary labour market developments are the increased 'feminisation' of the labour force, the growth in part-time employment, a cohort-driven change in the age profile of the labour force associated with the ageing of the 'baby boom' generation, an increase in average work experience, the growth in self-employment, reduced labour force participation among migrant males from non-English-speaking countries, and an increased labour force participation by people with a disability (DEET 1995:28-36). These changes are consistent with those identified by the Australian Bureau Statistics in its labour force projections (ABS 1994d, 1995a).

Longer-term changes in the Australian labour market are also analysed in a collection of essays prepared for the former Economic Planning Advisory Commission (EPAC) (Norris & Wooden 1996). The period since 1970 is described as 'a time of significant change in both the structure and operation of labour markets in Australia' (Norris & Wooden 1996:1). Among the changes on the supply side are the increased proportion of married women in the labour force, increased educational participation among young people (combined with a change from full-time to part-time employment among working youth), a higher level of educational attainment among the workforce, and a higher incidence of long hours of work among people working full time.

On the demand side, the document identifies growth in the services sector and the move towards part-time and casual employment as the main trends. These changes have been accompanied by an increased imbalance in the labour market; attested to by the rise in unemployment, in particular in long-term unemployment (unemployed for 52 or more weeks). There has also been an increase in the level of under-employment, evidenced by the proportion of part-time workers stating that they would prefer to work more hours if they could.

Finally, there is evidence of increased earnings inequality, particularly for men. The ratio of the highest to the lowest decile of full-time, non-managerial adult male earnings rose from 1.86:1.00 to 2.57:1.00 (or by 38%) between 1975 and 1994 (Norris & Wooden 1996:Table 3; Borland & Norris 1996:Chart 9). These changes have resulted in the Australian labour market becoming increasingly segmented by gender, as well as in terms of full-time and part-time employment. This increased segmentation has made it more difficult for the unemployed to fill the new jobs being created, making the experience of unemployment longer lasting.

The theme of an increasingly segmented labour market is confirmed by evidence pointing to an increased geographical concentration of employment (Gregory & Hunter 1995). Sheehan (1988) has also identified the trend toward segmentation, arguing that the labour market can be described as separated into core and periphery components on the basis of age and hours of work. Between 1978 and 1995 net employment growth was concentrated on 'non-standard' jobs involving less than 30 hours or more than 45 hours worked each week. In the same period, the workforce became more dominated by people aged 25–54 years, and there was a decline in the earnings of younger and older workers relative to the earnings of those in the 35–44 age group (Sheehan 1998:Figure 6).

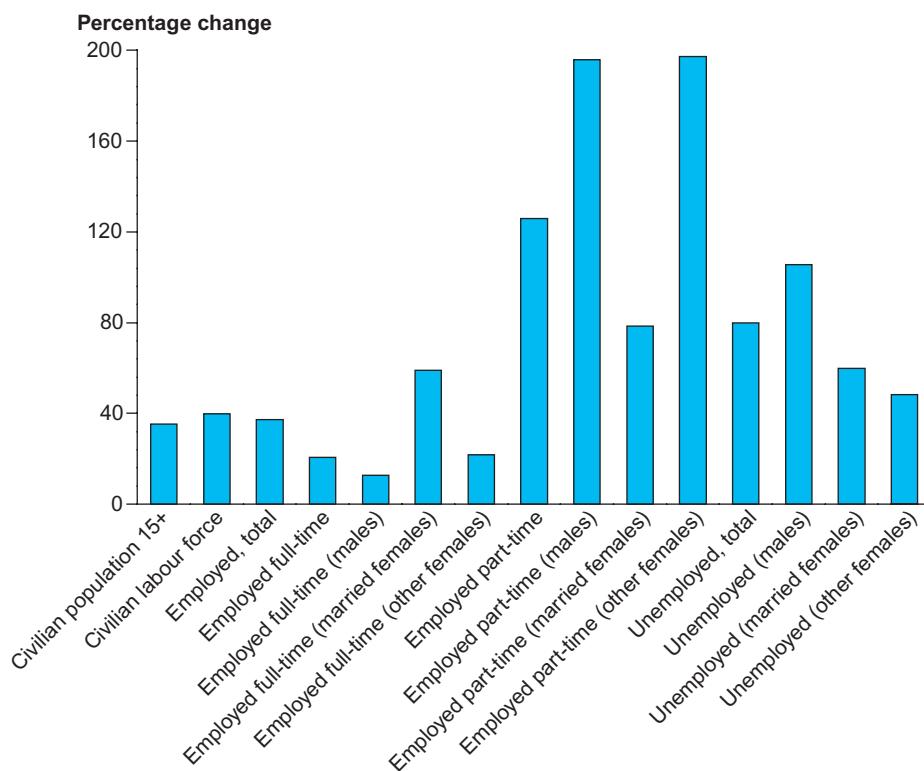
The trend towards an increasingly 'middle-aged' (aged 25–54 years) labour force reflects both the later labour force entry of younger workers, who are now more likely to extend their education, and the increased labour force withdrawal of older workers, particularly older men. The decline in employment rates among men aged 55–64 has been occurring in most OECD countries for much of the last three decades (Scherer 1997:Table 1.3). In Australia, employment rates for men aged 55–59 and 60–64 have declined since 1966, from 90% to 67% and from 79% to 43%, respectively. Another study of early retirement in Australia points out that although the aggregate statistics do not show a decline in labour force participation rates in the last 20 years, there is evidence of a decline in full-time work among men aged 55–64; this now appears to be levelling out (Ingles 1998).

The trend to early retirement has been subject to close examination as part of the OECD's latest review of the Australian economy, where it is argued that while most early retirement started off being involuntary, its continuation has been facilitated by social security policies (OECD 1999). The OECD sees reversing the trend towards early retirement as part of a broader strategy to reduce the budgetary consequences of population ageing.

Specific labour market developments

Growth has been the main feature of the Australian labour market since 1980. Between June 1980 and June 1998 the labour force grew by almost 40%, somewhat faster than the 35% growth in the civilian population aged 15–64 (ABS 1984, 1996b). This led to a rise from 61% to 63% in the overall participation rate, that is, in the proportion of the working-age population who are in the paid labour force. Figure 3.1 summarises the composition of labour force growth since 1980.

Although some of the growth rates shown in Figure 3.1 start from a low base, the overall trend is clear. Among employed people, growth has been most rapid for part-time employment, particularly for men and unmarried women. Full-time employment



Source: ABS 1987, 1998a.

Figure 3.1: Growth in selected labour force aggregates, June 1980 to June 1998

increased during the period by just over 20% – equivalent to an annual average growth rate of close to 1% a year – although growth in full-time employment for men was lower than this. For women, growth in full-time employment was strong, albeit starting from a low base. The rapid growth in part-time employment for males also began from a low base.

The feminisation of employment is illustrated by the decline in the ratio of employed men to employed women, from 1.74:1.00 in 1980 to 1.30:1.00 in 1998. The other change of note is the substantial growth in unemployment during the period, particularly among males.

The impact of these changes can be demonstrated if we imagine randomly selecting one individual from the entire labour force and look at the probability of that person having certain characteristics. In June 1980 such an individual would have had a 63% chance of being male, a 79% chance of working full time, and an 8% chance of working part time or looking for part-time work. By June 1998 these probabilities had changed to a 57% chance of being male, a 68% chance of working full time, and a 26% chance of working part time or looking for part-time work. The traditional image of a workforce dominated by males working full time had already become weaker by 1980, when only

57% of all labour force participants were in this category; by 1998 that percentage had fallen to less than half (47%) of the labour force.

The changes described so far have been accompanied by a number of other, sometimes overlapping, developments. Table 3.1 shows how the age structure of the labour force has changed since 1980. Males' withdrawal from the labour force has been greatest for those aged less than 20 (a consequence of increased participation in education); this is followed by males in the 55–59 and 60–64 age groups, although participation among males of all ages has fallen markedly. Female labour force participation has increased across all age groups except the youngest and the oldest; the increases being greatest among those in the 25–34 and 45–54 age groups. By 1998 the previous tendency for women's labour force participation to decline between the ages of 25 and 34 (typically because of child rearing) had virtually disappeared.

Table 3.1: Labour force participation (per cent) by sex and age group, change from 1980 to 1998

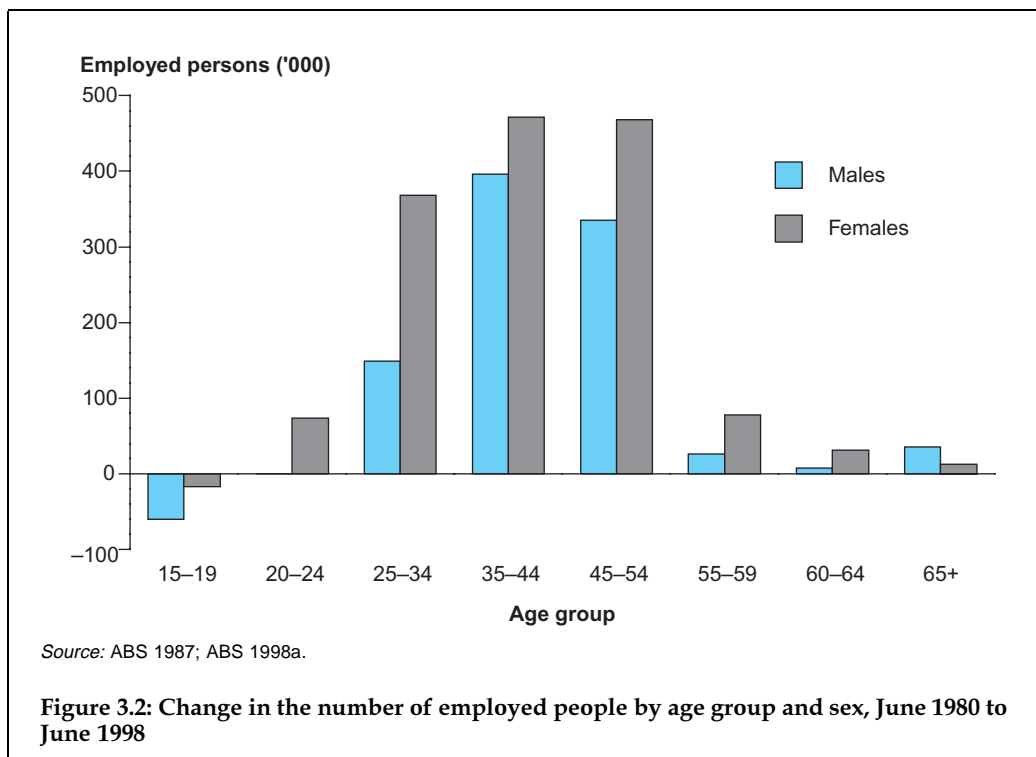
	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65+	Total
Males									
June 1980	64.4	91.1	95.8	95.5	91.6	81.3	53.4	10.8	78.1
June 1998	55.8	86.7	92.2	92.3	87.2	75.0	45.9	10.0	72.8
Change, 1980 to 1998	-8.6	-4.4	-3.6	-3.2	-4.4	-6.3	-7.5	-0.8	-5.3
Females									
June 1980	50.4	56.4	47.3	57.3	46.5	26.2	12.9	3.8	42.3
June 1998	65.3	68.5	66.7	70.8	69.5	42.0	19.8	4.2	55.8
Change, 1980 to 1998	14.9	12.1	19.4	13.5	23.0	15.8	6.9	0.4	13.5
Persons									
June 1980	62.6	81.1	74.3	77.3	70.2	54.7	43.8	6.4	61.2
June 1998	55.7	82.4	80.9	81.4	78.4	59.6	33.2	6.1	63.3
Change, 1980 to 1998	-6.9	1.3	6.6	4.1	8.2	4.9	0.4	-0.3	2.1

Source: ABS 1987, 1998a.

The concentration of both male and female labour force participation in the 35–54 age range has affected the age structure of employment (Figure 3.2). The changes also reflect the ageing of the 'baby boom' cohort, born in the late-1940s and 1950s. The rapid increase in labour force participation and employment among women of child-rearing age is the result of a combination of factors, among them increased availability of part-time work, the development of a more 'family friendly' workplace environment, and the increased availability, of and access to, child care (AIHW 1997b; DEET 1995). More women in this age range want to engage in paid work and have been able to find work that suits their circumstances.

Significant changes have taken place in the hours worked by both men and women (Figure 3.3). Although a substantial proportion of the workforce (28%) still works the 'standard working week' of between 35 and 40 hours, employment growth in the last two decades has been heavily concentrated among people working less than 35 or more than 49 hours a week.

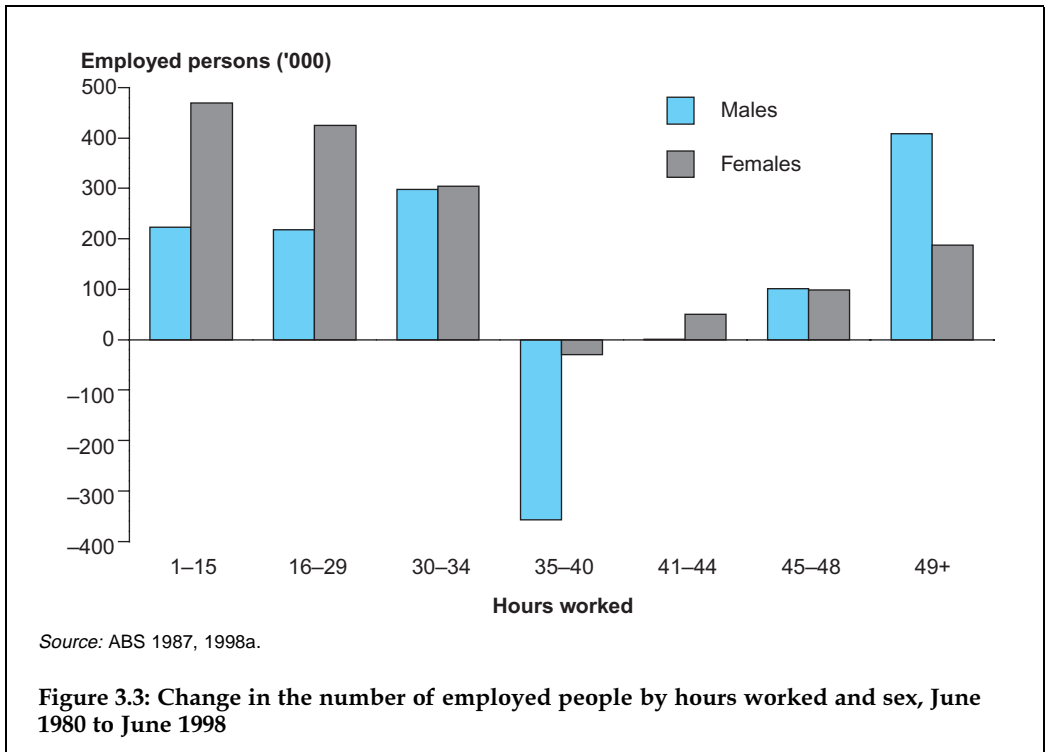
There has also been a growing mismatch between labour supply and demand, as demonstrated by the increase in unemployment. Figure 3.4 shows changes in the unemployment rate and in the rate of long-term unemployment. The unemployment rate follows a cyclical pattern, tending to rise rapidly in the early years of a recession



and falling gradually as the economy improves. The rate of long-term unemployment also tends to decline gradually during upswings and to increase very sharply as each recession starts, so that over time the proportion of unemployed people who have been unemployed for 52 or more weeks follows a cyclical pattern around a rising long-term trend (Norris & Wooden 1996:Table 9).

Another important labour market trend to emerge since the 1970s has been the increasing inequality of earnings (Gregory 1993). Because earnings constitute the main source of income for the majority of families—contributing around 70% to average family income (Saunders 1996a)—growing earnings disparities have important consequences for changes in the income distribution as a whole. There is clear evidence of a growing earnings disparity in Australia, particularly among employees aged 25–54 years and among males generally. The trend began in the mid-1970s and continued into the mid-1990s (Borland 1998; Borland & Kennedy 1998). A similar trend has been observed in a number of other OECD countries (OECD 1993).

The pattern of change in earnings inequality differed markedly between public and private sector employees during the 1980s (Neville & Saunders 1998). Rising inequality among male private sector workers co-existed with declining inequality among both males and females in the public sector (Borland & Kennedy 1998). The increase in earnings inequality among full-time employees has been concentrated in a number of industry sectors, primarily manufacturing, construction, transport and storage, wholesale and retail trade, and finance, property and business. The contribution from within the community services sector is, however, not far behind that of manufacturing (Borland & Kennedy 1998:Table 9).



It has been argued that the combination of higher levels of unemployment and growing earnings inequality has produced greater insecurity in the workforce. Survey data show that the proportion of Australian workers who felt they were 'very secure' or 'fairly secure' in their job declined from 73% in 1989-90 to 56% in 1996-97 (Kelley et al. 1998). In contrast, data on job duration and mobility offer little support for the proposition that job tenure has been falling, for either men or women (Wooden 1998). Compared with two decades ago, many more women are now employed in long-term jobs.

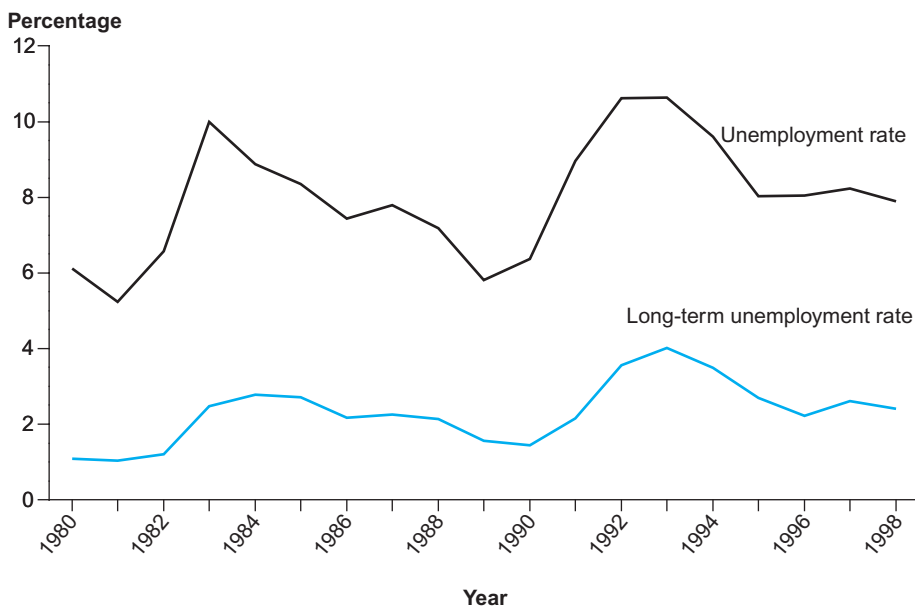
Nevertheless, although there is evidence of increased employment duration, workers' perceptions of how secure they are will be affected by what is likely to happen to them if they lose their current job. The increased level of unemployment and the increased duration of unemployment, combined with increased earnings inequality and a higher incidence of low pay (Eardley 1998) may exert a powerful influence on perceptions of insecurity among the workforce (OECD 1997b).

Changes for specific groups

Discussion here focuses on three groups—married women, women with dependent children, and people with a disability—whose labour market involvement has been most affected, directly and indirectly, by the expansion in community services.

Married women

Figures reported in *Australia's Welfare 1997* trace the labour force participation rates of married women back to the 1930s, when the participation rate among married women of all ages was less than 6% (AIHW 1997b:Table 3.1). Between 1933 and 1996 partici-



Source: ABS Cat. no. 6203.0, various issues, 1980–98.

Figure 3.4: Trends in unemployment and long-term unemployment rates, June 1980 to June 1998

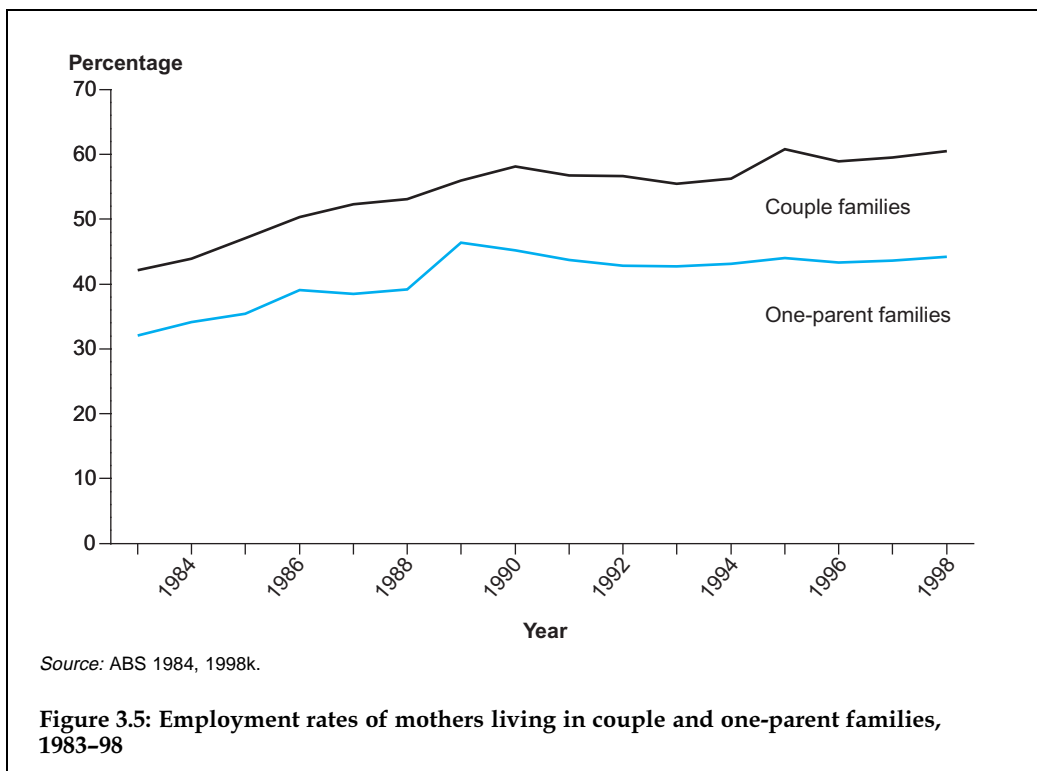
participation increased significantly for all age groups and particularly for women aged 20–54 years, for whom the rate in 1996 varied between 63% and 73% among 5-year age groups.

Most of these changes have continued in the last few years, although there has been a slight decline in the participation rate for married women aged 35–44 and those aged 60–64 (ABS 1998a). Even so, by the end of 1998 the overall participation rate for married women was 62% – still well below the participation rate for men (84%) but approaching the figure of 69% for women who are not married (ABS 1998a).

Women with dependent children

Just as marriage has become less strongly associated with women’s non-participation in the labour force, so too has the presence of children, particularly young children. Employment rates for mothers in both couple families and one-parent families increased between 1983 and 1994 but have stabilised since then (Figure 3.5). Increases in the rates of employment have been particularly large among women with children aged less than 5 years (Figure 3.6); by 1998 almost half of all married women with a child under 5 were in paid work, around one-third of them working full time.

Figures 3.5 and 3.6 also show an upward trend in employment rates for female sole parents, although with this group the full-time employment trend is not as marked as it is for married women. In contrast, the part-time employment rate for female sole parents with dependent children of all ages has risen strongly.

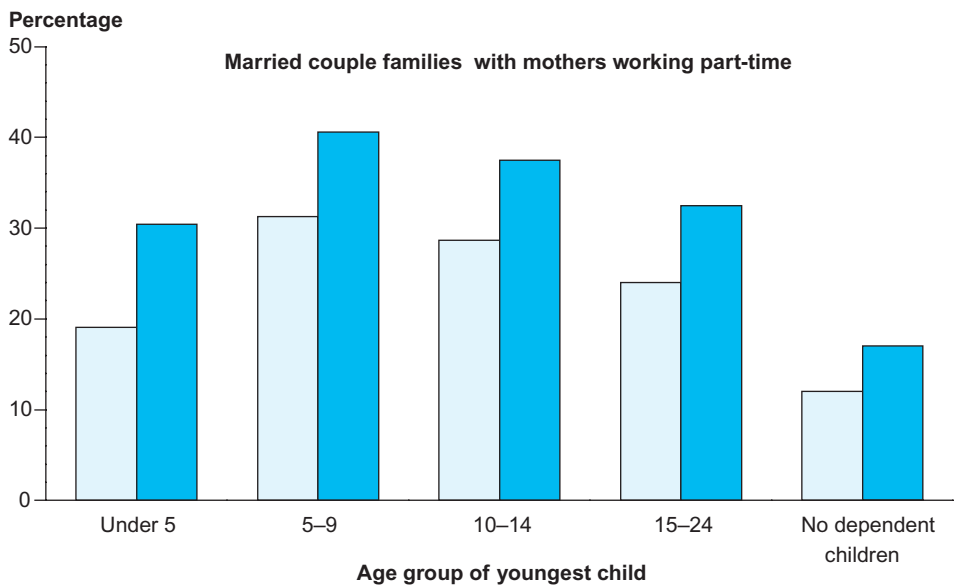
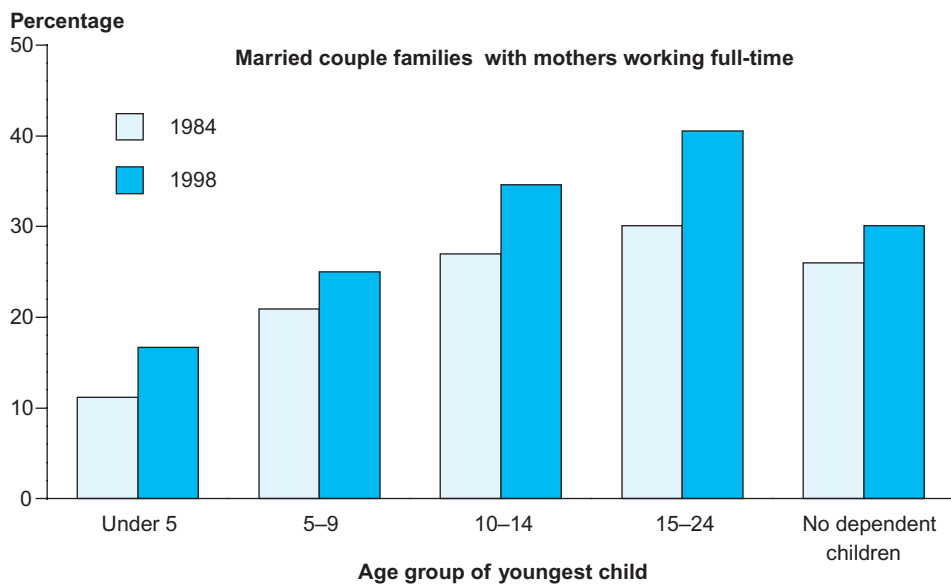


People with a disability

In *Australia's Welfare 1997* it was noted that an increase in labour force participation by people reporting a disability may be a consequence of greater efforts on the part of people with a disability to join the labour force or it may be that more people in the labour force are experiencing difficulty, and so are reporting themselves as in the disability category (AIHW 1997b:338). Because of this, labour force data for people with a disability should be interpreted with particular care.

Figure 3.7 shows, for males, the trends in these two labour force indicators—participation and employment—between 1988 and 1998, for people reporting a disability and people reporting no disability. Within the disability group there are obvious differences depending upon the severity of core activity restriction (see Table 7.24, page 262).

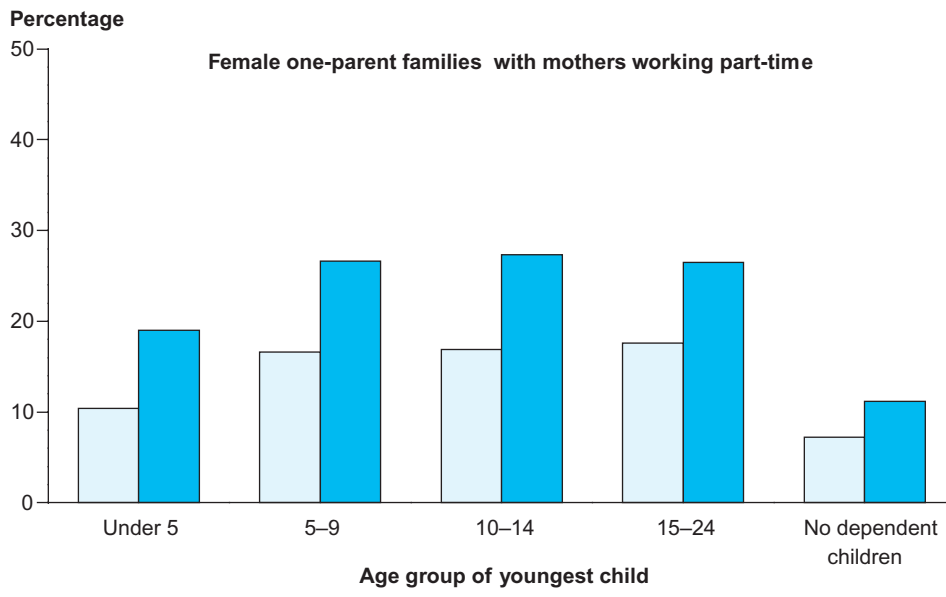
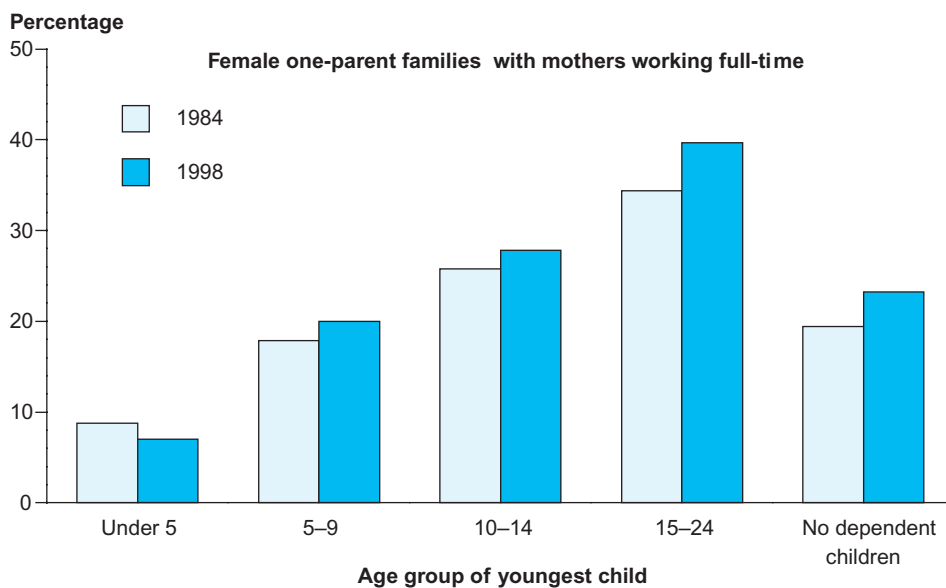
Among males, the participation rate for people with a disability was consistently around 30 percentage points lower than that for the rest of the population. Over time, there has been little movement in the participation rate of either group; although the participation rate for males with a disability is now only just over 60% compared with the rate of almost 90% for males with no disability. Employment rates for males also declined for the period as a whole, again by a slightly greater amount for those experiencing core activity restrictions. The fall between 1988 and 1993 was, however reversed for both groups as the labour market generally improved in the 1990s. As a consequence, the unemployment rate for both groups has also fallen since 1993 although by 1998 the rate among males with a disability (14%) was well above that for males with no disability (8%) (ABS 1999a:Table 20).



Source: ABS 1984, 1998k.

Figure 3.6: Employment rates of mothers by age group of youngest child and family type, 1984 and 1998

For females, the trends are a little more encouraging. The participation rate among females with a disability rose from 41% to 46% between 1988 and 1998. This is below the corresponding increase (from 63% to 71%) for females with no disability, but it does

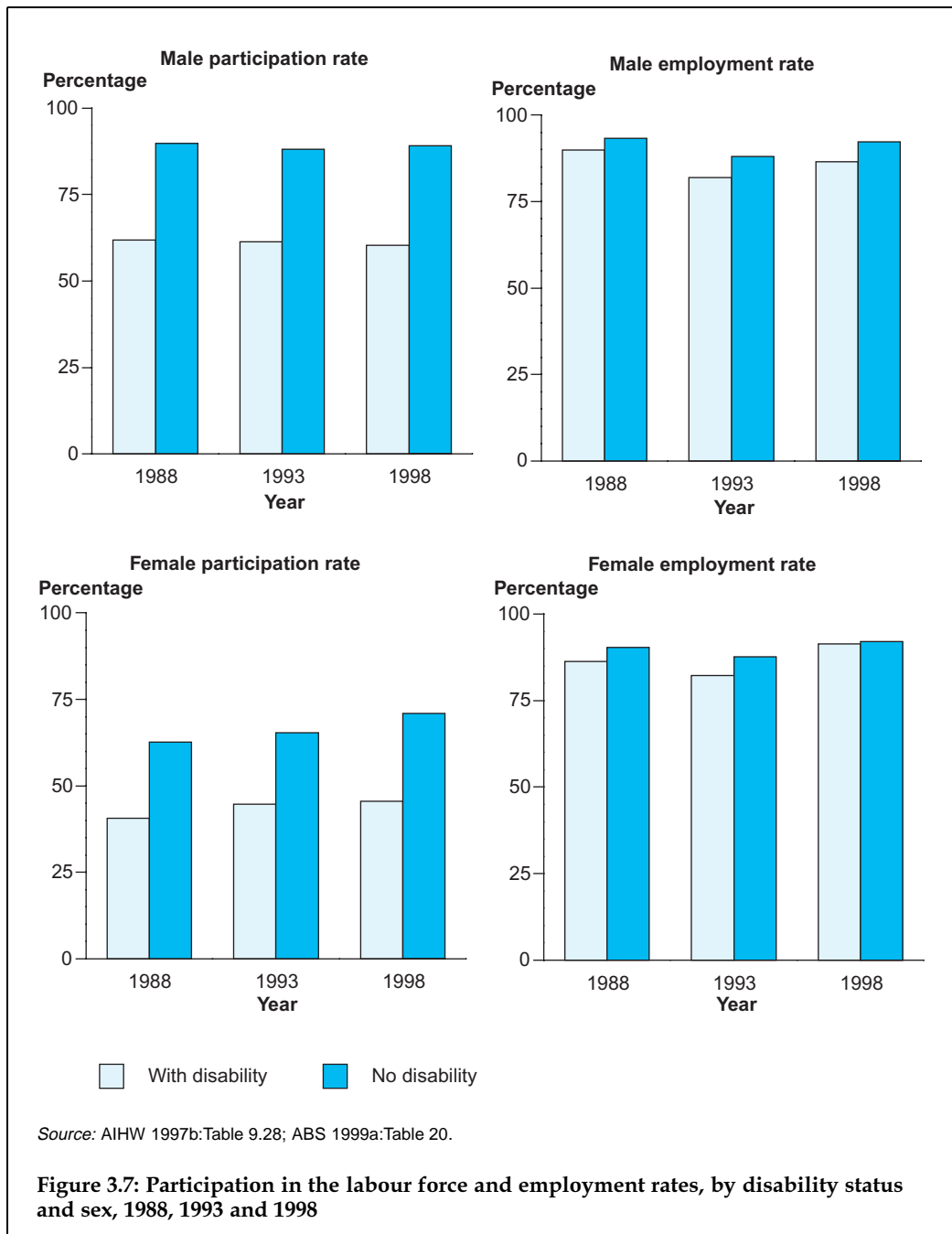


Source: ABS 1984, 1998k.

Figure 3.6 (continued): Employment rates of mothers by age group of youngest child and family type, 1984 and 1998

show that increasing proportions of women with a disability have been able to gain access to the labour market. In terms of employment, the trends are even stronger: the employment rate for females with a disability rose from 86% in 1981 to over 91% by

1998, at a time when employment rates for females with no disability rose by less than two percentage points. Thus, there was a narrowing of the unemployment rates for the two groups of women during the period, and by 1998 unemployment among females with a disability (9%) was only slightly above that for other women (8%).



Summary

The employment trends for married women, women with dependent children, and people with a disability are of particular interest because they reflect the impact of services provided by a community services labour force that has also been growing. In the case of the first two groups, the availability and affordability of child care (along with access to maternity leave and greater flexibility in workplace practices) will have influenced labour force decisions, directly in the case of women with children and indirectly for married women keen to establish a labour market presence before having children.

In the case of people with a disability, the relationship between service availability and labour force participation is much more complex; this is a consequence of the greater diversity of their needs and the fact that formal services are used by only a portion of the population of people with a disability.

Other factors—such as physical access to buildings, attitudes in the workplace, and legislation to remove discrimination—also influence how fully people with a disability can participate in the labour market. Since many such people are in receipt of a social security pension, the eligibility conditions attaching to these pensions, and in particular how the pensions are structured so as to encourage labour market involvement, are also important (see Chapter 7, page 214).

Figure 3.7 shows that, in the last two decades the labour force position of people with a disability has improved (particularly among women), both absolutely and relative to that for people without a disability. The provision of community services also affects labour force participation by relieving the pressure on informal carers and making it easier for them to enter, re-enter or stay in, the labour market. Such effects are likely to be accompanied by a reduction in the number of people in receipt of social security payments and thus a decline in the amount of social security outlays.

These indirect effects are an important part of the overall assessment of the labour market impact of the provision of community services. There may, however also be effects operating in the opposite direction. To the extent that increased labour force participation is a response to factors other than service availability—such as changing social values and attitudinal changes vis-a-vis the roles of certain social groups—there will be fewer people outside the world of paid work and available to perform caring roles within the home. If the supply of community services is predicated on the assumption of a ready supply of (unpaid) carers, this may not eventuate in practice and may, in extreme situations, undermine the effectiveness of formal services.

Increases in the labour force participation of the groups identified—married women, women with dependent children and people with a disability—may therefore in some ways be a ‘double-edged sword’ from a community services perspective: on one hand, they point to community services’ success in meeting needs and providing greater autonomy to disadvantaged people and to members of their families; on the other hand, when increased autonomy takes the form of greater engagement with the labour market, the supply of unpaid volunteer labour on which many services rely will be diminished, possibly reducing the effectiveness of the services themselves.

Unpaid work

People who do unpaid work form an integral part of the community services workforce. Before the establishment of formal services, caring and support were provided within the family. This represented part of a large household sector whose

transactions did not appear in official statistics and whose economic and social contributions were largely invisible (Waring 1988).

With the appearance and growth of formal services, the 'iceberg of care' has gradually emerged: more of it is now visible, but a large portion still remains hidden, unrecognised and unrecorded.

Data describing the extent of unpaid work are less readily available than data for the labour market, and documenting trends over time is even more difficult. Two sources of data are used here to describe part of what is a very complex pattern of unpaid work: the first of these deals with voluntary work for community organisations; the second is derived from data collected on time use within households.

Voluntary work

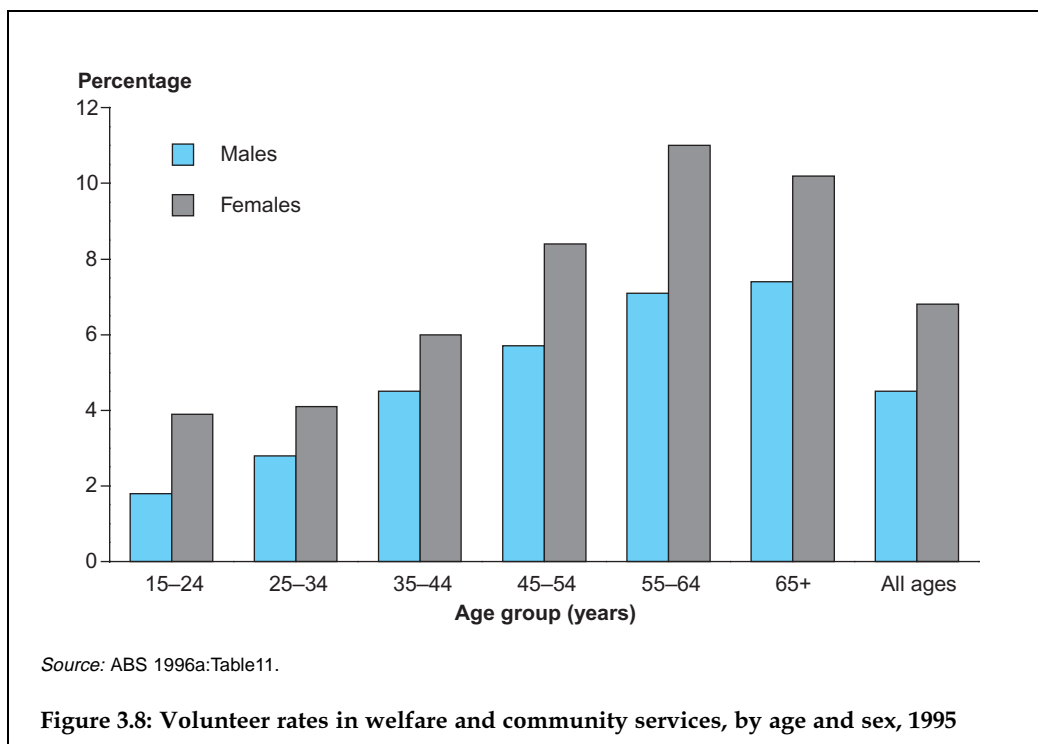
Reliable national data on the contribution of voluntary work to the welfare and community services sector in Australia have become available only relatively recently, with the publication of the results of a survey conducted by the Australian Bureau of Statistics in June 1995 (ABS 1996a). Before the release of the ABS results, the Industry Commission (1995) had placed broad parameters on the total size of all community social welfare organisations as part of its inquiry into charitable organisations. The Commission estimated that each year such organisations benefited from around 95 million hours of volunteer work, which corresponds to about 56,500 people working a 35-hour week for 48 weeks.

The ABS survey of voluntary work defined the welfare/community services field as consisting of 'organisations and institutions helping to provide human and social services to the general community and specific target groups' (ABS 1996a:30). Although this differs somewhat from the scope of other official statistics discussed elsewhere in this chapter, the survey estimates provide a reasonable guide to what is happening in the welfare/community services area as a whole. It was estimated that 105.7 million hours of voluntary work were provided in the welfare/community services field in the 12 months to June 1995, more work than in any of the other 11 fields of activity identified in the survey (ABS 1996a:Table 9).

The estimate of 105.7 million hours' voluntary work is equivalent to around 63,000 people working a 38-hour week for 220 work days. This 105.7 million hours was 43% of total paid hours worked in the community services sector in 1994-95 (AIHW 1997b:42).

Further analysis of data from the ABS survey of voluntary work reveals that over half (53%) of the total hours worked in 1994-95 were worked by people who were not in the (paid) labour force; a further 7% were worked by the unemployed (AIHW 1997b:Table 2.15). The former figure is confirmed by a breakdown of volunteer work by age and sex which shows that the volunteer rate increases with age, reaches its maximum among people aged 65 and over, and is higher at all ages among women than among men. If hours of voluntary work are valued at the average wages paid to people employed in community services, the total imputed value of voluntary hours in 1995-96 was around \$1,500 million, or 48% of the amount spent on the wages and salaries of people employed in community services (AIHW 1997b:42).

Overall, the female volunteer rate in community services is more than half as high again as the male rate (Figure 3.8). Lack of data makes it impossible to know how voluntary work has changed over time, although it would be very interesting to establish the extent to which women's increased participation in paid work is associated with a decline in their involvement in voluntary work. If there were evidence of such an offset, it would suggest that (aside from any increase in male volunteering) community service organisations may face the prospect of a shortage of volunteers.



Time use within households

The various tasks that are performed as part of daily life in a modern society can be separated into non-economic personal activities (such as eating, drinking and sleeping) and economic, or productive, activities. The latter can be split into productive non-market activities and productive market-oriented activities (Goldschmidt-Clermont & Pagnossin-Aligisakis 1995). The boundaries between these three forms of activity have formed the basis on which economic statistics have been collected and reported in the national income and labour force statistics.

Generally if a productive activity is a service rather than the production of a good and does not involve a formal market transaction, it is regarded as non-monetised consumption and is not included as part of national income. Activities such as unpaid domestic work, do-it-yourself improvements to household premises or equipment, food preparation within the home, and knitting and sewing come within this category. It is difficult to assign a value to most of these activities because they are not exchanged in a

market and thus have no recorded market value. Nevertheless, their exclusion from national income has led to criticism of the notion of 'value' that underlies the national accounts (Waring 1988; UNDP 1995).

The availability of new and better data has allowed researchers to highlight the importance of unpaid work within the home or 'domestic economy' (Gershuny 1978, 1986; Ironmonger 1996; Waring 1988). Although the existence of unpaid domestic work has long been recognised – but generally inadequately dealt with by economists – its full extent and significance have emerged only recently as new data on time use have become available (ABS 1994b, 1998d). The ABS valued unpaid work in 1992 at \$228 billion, equivalent to 58% of gross domestic product (ABS 1994c).

Estimates of the extent of participation in various forms of non-monetary activity are derived from survey data recording the average time spent each day on such activities. A methodology for conducting these time use surveys has been developed internationally and the ABS has conducted two such surveys (ABS 1994b, 1998d). The ABS time use surveys collect information using a diary in which participants record their activities over two days. Information is collected on the main activity being engaged in at each specific of time and on all activities engaged in, the latter recognising that a person can be involved in more than one activity at one time.

The stark differences in the working time profiles of men and women reflect the greater amount of time women devoted to unpaid domestic work. Women's increased involvement in the labour force has not led to as significant a change in the relative contributions of men and women to domestic work (Bittman & Pixley 1997); gender divisions are being broken down in the world of paid work, but gender inequality remains a central feature of domestic work.

Research also reveals little change in the structure of paid and unpaid work among men and women (Baxter et al. 1990). Furthermore, the trade-offs between paid work, unpaid work and leisure differ for men and women. Men tend to vary their paid work and leisure on a one-to-one basis; women tend to vary their unpaid work in response to changes in paid work, but by a smaller amount (Bittman 1998). The consequences of women's increased involvement in paid work have thus been an increase in the total hours women work, a decline in the amount of unpaid work they do, a decline in their leisure time, and the amount of their unpaid domestic work moving closer to the (lower) amount of unpaid work traditionally done by men.

Two of the nine main activities identified in the latest ABS survey of time use (1998d) relate directly to work carried out in community services: time spent caring for children and time spent engaged in voluntary work and care. The former encompasses all activities done for children aged less than 15 years – the physical and emotional care of children, teaching, reprimanding and playing with children, minding children, visiting child care centres or schools, and so on. Voluntary work or care encompasses time spent providing physical and emotional care for adults, doing favours for family, friends, neighbours and others, and participating in the work of non-government organisations. These activities, although often performed within the household for the benefit of family members, can be regarded as direct substitutes for services provided by formal community services.

It is important to recognise, however, that estimates of the average amount of time spent on child care and voluntary work and care are quite small when averaged across

the whole population (Yan et al. 1998), which makes it difficult to discern the direction (or even the existence) of trends over time. The fact that the ABS has conducted only two time use surveys (in 1992 and 1997) exacerbates the problem. Estimates must be treated with caution and interpreted with care.

Table 3.2 shows the estimated time devoted to the child care and voluntary work and care between 1992 and 1997. (The estimates in Chapter 2 of time spent on welfare services are different from the numbers in Table 3.2 because the Chapter 2 estimates use a more restricted definition which excludes child care for one's own children if not sick, and do not include voluntary work for non-welfare organisations such as sporting clubs.)

Table 3.2: Participation and average time spent working in child care and voluntary work and care activities, 1992 and 1997

	1992			1997		
	Males	Females	Persons	Males	Females	Persons
Participation rate	Percentage					
Child care	18.7	32.3	25.5	19.0	30.5	24.8
Voluntary work and care	19.4	25.2	22.4	16.2	23.4	19.8
Average time spent per participant	Minutes per day					
Child care	74	152	124	86	147	124
Voluntary work and care	101	80	89	117	104	109
Average time spent per person						
Child care	14	49	32	16	45	31
Voluntary work and care	20	20	20	19	24	22

Notes

1. Figures refer to the main activity only, and have been adjusted to remove any differences in the survey questions and data classifications between the two surveys.
2. Participation rates are the number of participants expressed as a percentage of the relevant population.

Source: ABS 1998d: Tables 1, 2 and 3.

About one-quarter of the population participated in child care activity on the particular day surveyed in both years, and about one-fifth participated in voluntary work and care. For the latter, there was a slight drop in participation between 1992 and 1997, particularly for males. Among those who participated in child care, this activity accounted for an average of just over two hours each day overall, with a clear, though narrowing, gap between males and females; among female participants, child care accounted for around two-and-a-half hours a day on average.

In contrast, the average time spent on voluntary work and care is higher for males than females, these differences offsetting the gender differences in participation itself. There is a clear upward trend in the average time spent on voluntary work and care among those who participated, with the population average in 1997 some 22% above the 1992 figure.

Averaged across the entire population, the amount of time spent on both community services activities is much lower than time spent per participant—because of the high proportion of non-participants—and there is little difference between the estimates for

1992 and 1997. These small daily population-wide averages are, however, more significant when expressed on an annual basis and grossed up to represent the entire population.

When the 1997 estimates are grossed up, they are equivalent to 2.65 billion hours of child care a year and a further 1.88 billion hours of voluntary work and care. The combined total of 4.53 billion hours of community activity corresponds to 2.70 million full-time jobs (35 hours a week, 48 weeks a year). If the scope of the two activities is restricted to include unpaid voluntary work the combined average time spent is six minutes per person per day (ABS 1998d:Table 1). This translates into 513.0 million hours a year, which corresponds to around 305,300 full-time jobs in 1997, and there is a clear upward trend since 1992.

3.3 The community services workforce

This section describes the size and characteristics of the community services workforce and makes comparisons with the Australian workforce as a whole. Community services consists of child care services and community care services, the latter consisting of accommodation for the aged (hostels), other residential services and non-residential services, as defined in Australian and New Zealand Standard Industrial Classification (ABS 1993). Nursing homes are included as a separate category where the data permit.

A comparative approach offers a better understanding of how the development of work in community services reflects what has been happening in the economy and society more generally; it also serves to direct attention to the part community services have played in facilitating other changes in labour force behaviour and patterns of work.

The emphasis in what follows is on describing how the patterns and conditions of community services employment differ from those for the employed labour force generally. The characteristics of individual workers and of sections of the workforce—age, sex, education, skills, experience, earnings—are related to each other through a series of complex structural supply and demand relationships. There will be many reasons, for example, why average earnings are higher in one industry than in another, including differences in hours worked, in levels of general and specific training, in occupational structure, and in the skill requirements of different occupations.

The recent ABS survey of community services activity provides for the first time a comprehensive national picture of several dimensions of activity in over 8,000 community services organisations (ABS 1998c). Data were collected on expenditure, income, types of activity, and the number of people working. The survey adopted a slightly expanded version of the *National Classifications of Community Services* (AIHW 1997a) to identify the community services sector, which was deemed to include organisations such as employment placement services, community health centres, interest groups, and relevant parts of government administration in addition to conventional community service organisations such as child care services, community care services and nursing homes (ABS 1998c:40; see also ABS 1998b; AIHW 1997a). (The inclusion of nursing homes as part of community services represents a broadening in scope relative to that used in Chapter 2, page 8.)

It was estimated that at the end of June 1996 over 321,000 people were employed in community services activity, and a further 239,000 people were working as volunteers

at some time during of that month (Table 3.3). The former figure compares with a total of 6.88 million wage and salary earners across Australia in May 1996 (ABS 1998e:Table 6), implying that around 4.7% of all employees were working in community services activity. The number of community services volunteers represents about 9% of the 2.64 million people who undertook some form of volunteer activity during the 12 months to June 1995 (ABS 1996a:1). Table 3.3 also shows that most of those employed in community services activity (over 182,000, or 57%) worked for non-profit organisations.

Further breakdown of the figures reveals that nursing homes account for almost 40% of all employees in non-government community service organisations; they are followed by organisations providing non-residential care such as fundraising, adoption, meals on wheels and welfare counselling (Table 3.4). Just over 36,000 employees were involved in child care services, around 99,000 worked in nursing homes and around 114,000 worked in community care services. The other important characteristics of non-government community service employees are that they are mainly involved in direct

Table 3.3: Employees and volunteers working in community services activity by sector, June 1996

	Non-government organisations		Government		
	For-profit	Not-for-profit	Commonwealth and State	Local	Total
Employees					
Direct service provision	56,445	115,400	35,844	16,214	233,903
Other	14,020	67,112	13,523	2,500	97,156
<i>Total</i>	<i>70,465</i>	<i>182,512</i>	<i>49,367</i>	<i>18,715</i>	<i>321,059</i>
Total (%)	21.9	56.8	15.4	5.8	100.0
Volunteers	3,926	213,446	n.a.	22,018	239,390

n.a. not available.

Source: ABS 1998c:Tables 1.2 and 1.8.

Table 3.4: Employees in non-government community service organisations, June 1996

	Community care services						Total
	Child care services	Nursing homes	Accommodation for the aged	Other residential care	Other non-residential care	Total community care	
All employees (N)	36,135	98,897	33,421	16,846	63,654	113,921	248,953
All employees (%)	14.5	39.7	13.4	6.8	25.6	45.8	100.0
Employees working:	Percentage of employees of each community service NGO type						
in direct service provision	84.5	73.1	58.9	65.8	56.5	58.6	68.1
for a not-for-profit organisation	55.2	50.8	95.1	(100.0)	(100.0)	98.6	73.3
who are female	94.1	89.7	81.9	71.9	70.1	73.9	83.1
part-time	57.2	77.8	70.2	55.6	60.7	62.7	67.9

Source: ABS 1998b:Tables 2.1, 2.4, 2.7, 2.10 and 2.13.

service provision, generally work for non-profit organisations, are predominantly female, and are most likely to be working part time.

State- and Territory-based comparisons of employees and volunteers in community services activity show that the percentage working in for-profit organisations is greatest in the more populous States; in the smaller States and the Territories a greater proportion work for non-profit organisations, and in some instances also for government organisations (Table 3.5). The ratio of volunteers to employees shows considerable variability across jurisdictions, particularly the smaller ones.

Table 3.5: Employees and volunteers in community services activity by State and Territory, June 1996

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
	Number								
Employees									
For-profit organisations	27,355	20,949	12,570	5,396	3,160	595	352	88	71,465
Not-for-profit organisations	64,365	39,265	31,868	15,598	19,173	6,966	3,871	1,406	182,512
Government organisations	23,523	20,121	8,916	5,102	5,725	2,181	2,176	337	68,081
<i>Total employees</i>	<i>115,243</i>	<i>80,334</i>	<i>53,355</i>	<i>26,097</i>	<i>28,058</i>	<i>9,742</i>	<i>6,399</i>	<i>1,831</i>	<i>321,059</i>
Volunteers	78,635	63,086	39,482	24,716	24,614	4,715	2,853	1,288	239,389
	Percentage								
Employees									
For-profit organisations	23.7	26.1	23.6	20.7	11.3	6.1	5.5	4.8	21.9
Not-for-profit organisations	55.9	48.9	59.7	59.8	68.3	71.5	60.5	76.8	56.8
Government organisations	20.4	25.0	16.7	19.6	20.4	22.4	34.0	18.4	21.2
<i>Total employees</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Volunteers	68.2	78.5	74.0	94.7	87.7	48.4	44.6	70.3	74.6

Note: Volunteers are for the month of June.

Source: ABS 1995–96 Survey of Community Services, unpublished data.

The current size of community services activity reflects a period of growth higher than that experienced in many other sectors of the economy.

Table 3.6 shows that between 1985–86 and 1998–99, when employment in all industries increased by 1.79 million, employment in health and community services grew by 246,000, leading to an employment share of 9.5% by the end of the period.¹ In 1998–99 employment in the community services subsector was 206,000, according to ABS labour force data. Table 3.6 shows that the shift from production to service industries, described earlier, continues. Between 1985–86 and 1998–99 the level of employment in production industries was static, at just under 2.3 million, while service industries generated a net increase in employment of almost 1.8 million and now account for close to three-quarters of all employed people.

Published figures on growth in the number of wage and salary earners by industry reveal an overall pattern similar to that shown in Table 3.6, with above-average growth

1 Although the ABS has extended back to before 1993 some of the more aggregate ANZSIC series (for example, ABS 1994a), it has not been possible to do this at the level of disaggregation corresponding to the community services sector, as defined here, because of changes in the classification of activities within the sector.

Table 3.6: Employed people by industry, change from 1985–86 to 1998–99

	1985–86		1998–99		Change, 1985–86 to 1998–99	
	('000)	%	('000)	%	('000)	%
Production industries						
Construction	477.3	7.0	634.1	7.3	156.8	0.3
Agriculture, forestry and fishing	427.9	6.2	424.7	4.9	-3.2	-1.3
Manufacturing	1,128.8	16.5	1,082.7	12.5	-46.1	-4.0
Mining	105.8	1.5	79.9	0.9	-25.9	-0.6
Electricity, gas and water	144.1	2.1	64.8	0.8	79.3	-1.3
<i>All production industries</i>	<i>2,283.9</i>	<i>33.3</i>	<i>2,286.2</i>	<i>26.5</i>	<i>2.3</i>	<i>6.8</i>
Service industries						
Property and business services	451.7	6.6	943.4	10.9	491.7	4.3
Accommodation, cafes and restaurants	228.3	3.3	411.6	4.8	183.3	1.5
Culture and recreational services	126.7	1.9	208.7	2.4	82.0	0.5
Personal and other services	221.4	3.2	338.7	3.9	117.3	0.7
Health and community services	571.2	8.3	817.7	9.5	246.5	1.2
Retail trade	947.8	13.8	1,298.2	15.0	350.4	1.2
Education	452.3	6.6	603.5	7.0	151.2	0.4
Wholesale trade	425.9	6.2	506.0	5.9	80.1	-0.3
Government administration and defence	330.3	4.8	345.9	4.0	15.6	-0.8
Finance and insurance	294.4	4.3	319.2	3.7	24.8	-0.6
Transport and storage	363.9	5.3	408.4	4.7	44.5	-0.6
Communication services	151.7	2.2	151.3	1.8	-0.4	-0.4
<i>All service industries</i>	<i>4,565.6</i>	<i>66.7</i>	<i>6,352.6</i>	<i>73.5</i>	<i>1,787.0</i>	<i>6.8</i>
Total	6,849.5	100.0	8,638.8	100.0	1,789.3	0.0

Note: Figures are averages for August, November, February and May.

Source: ABS 1984, 1994e, 1999b.

in health and community services in both the public and the private sectors (ABS 1998f:117). Health and community services accounted for 11% of all employees in August 1998 (ABS 1998a).

Table 3.7 summarises employment growth between 1995 and 1998.² Although only a relatively short period, it is characterised by steady growth in output and employment in the economy generally, so that the comparisons are not distorted by short-term cyclical movements. Total employment rose by more than 337,000, or about 4%. Over half (55%) of these additional jobs were part time and 52% of them were for females. The two main longer-term labour market trends identified earlier are thus still evident.

Employment growth in both child care services and community care services—at about 6% and 36% respectively—was above the average for all industries (Table 3.7). In absolute terms, employment in these two services increased by more than 41,000 between 1995 and 1998, which amount corresponds to 12% of total employment growth. In summary, although community services still account for a relatively small proportion

2 Revisions of the industry classification that were introduced in August 1994 prevent a systematic and consistent examination of longer-term employment trends. Before August 1994 ABS industry statistics were based on the 1983 ASIC classification.

Table 3.7: Number of employees in community services and all industries, by sex and full-time or part-time status, change from 1995 to 1998

	Full time		Part time		Total		
	Males	Females	Males	Females	Males	Females	Persons
Child care services							
1995	1,583	30,670	1,339	20,212	2,922	50,882	53,804
1998	2,535	31,490	1,089	21,861	3,623	53,350	56,973
Change, 1995 to 1998	952	820	-250	1,649	701	2,468	3,169
Change, 1995 to 1998 (%)	60.1	2.7	-18.7	8.2	24.0	4.9	5.9
Community care services							
1995	22,889	39,385	8,162	35,492	31,050	74,876	105,926
1998	27,790	49,947	10,406	56,089	38,196	106,036	144,232
Change, 1995 to 1998	4,901	10,562	2,244	20,597	7,146	31,160	38,306
Change, 1995 to 1998 (%)	21.4	26.8	27.5	58.0	23.0	41.6	36.2
Total community services							
1995	24,472	70,054	9,500	55,704	33,972	125,758	159,730
1998	30,325	81,436	11,494	77,949	41,819	159,386	20,205
Change, 1995 to 1998	5,853	11,382	1,994	22,245	7,847	33,628	41,475
Change, 1995 to 1998 (%)	23.9	16.2	21.0	39.9	23.1	26.7	26.0
Hospitals and nursing homes							
1995	64,140	165,243	8,638	126,461	72,777	291,704	364,482
1998	69,755	167,248	8,445	132,599	78,199	299,847	378,046
Change, 1995 to 1998	5,615	2,005	-193	6,138	5,422	8,143	13,564
Change, 1995 to 1998 (%)	8.8	1.2	-2.2	4.9	7.4	2.8	3.7
All industries							
1995	4,166,522	2,031,979	512,832	1,505,760	4,679,384	3,537,739	8,217,123
1998	4,256,298	2,093,572	586,529	1,618,285	4,842,827	3,711,857	8,554,683
Change, 1995 to 1998	89,746	61,593	73,697	112,525	163,443	174,118	337,560
Change, 1995 to 1998 (%)	2.2	3.0	14.4	7.5	3.5	4.9	4.1

Note: Figures are averages for February, May, August and November.

Source: ABS monthly Labour Force Survey microfiche Series C.

of the Australian workforce, that proportion is growing rapidly and expansion of the community services workforce continues to provide a growing number of employment opportunities for females and for people willing to work part time.

The community services workforce compared with the total workforce

The following comparison of the community services workforce with the total workforce in Australia is restricted by what data are available; for this reason not all of the comparisons are completely consistent. It is not always possible, for example, to present separate data for people working in nursing homes, so some of the comparisons refer only to people working in child care services and community care services. Furthermore, some of the table cells are based on a very small number of observations, which means that the estimates are subject to considerable sampling and non-sampling errors. In an attempt to minimise the short-term variability of estimates derived from small numbers, the estimates have been averaged over four successive observations, generally the four-monthly observations, or quarters, of 1998.

Beginning with the broad characteristics of the community services workforce, Table 3.8 shows that employment in child care services had increased to 56,800 by 1998; a further 144,000 people were employed in community care services. By 1998, health and community services employment represented 10% of total employment, although the rate for females (17%) was much higher than the rate for males (4%). Overall, 15% of people employed part time were employed in health and community services; the full-time figure was 8%. Almost one-fifth (18%) of all females employed part time were working in health and community services.

Table 3.8: People employed in community services and all industries, by sex and full-time or part-time status, 1998 ('000)

	Males			Females			Persons		
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total
Child care	2.5	1.1	3.6	31.3	21.8	53.1	33.9	22.9	56.8
Community care	27.8	10.3	38.1	49.9	55.9	105.8	77.7	66.3	144.0
Health and community	157.2	27.6	184.8	332.6	294.2	626.8	489.7	321.8	811.6
All industries	4,256.3	586.3	4,842.8	2,093.6	1,618.3	3,711.9	6,349.9	2,204.8	8,554.7

Note: Figures are averages for February, May, August and November.

Source: ABS 1998a; ABS 1998 Survey of the Labour Force, unpublished data.

Table 3.8 confirms the two main features of the survey of community services activity: that the community services workforce is predominantly female and mainly works part time. Both these characteristics are divergent from the characteristics of the labour force as a whole, even though recent trends have favoured female over male employment and part-time over full-time work.

The feminisation of the workforce is much stronger in child care services than in community care services, which has a female employment profile similar to that of health and community services as a whole. The picture is broadly similar, though somewhat less striking, when it comes to the incidence of part-time work. Community service industries and the sector as a whole have around 40% of their workforce engaged in part-time work (around 46% in community care services); this compares with around 25% for the workforce as a whole.

These two trends are not independent. One reason for the high incidence of part-time work in community services is the high proportion of female employees, many of whom prefer to work part time. But that is not the whole story. As Table 3.8 implies, the incidence of employment that is both female and part-time is almost twice as high in community services industries (36%) as in the labour force as a whole (19%). In terms of employment structure therefore, it is both the incidence of part-time work and the high proportion of female workers that distinguish the community services workforce from other sections of the workforce.

The health and community services workforce has few younger workers (aged less than 20 years) and correspondingly more workers aged 35 and over than the workforce as a whole (Table 3.9) partly because gaining qualifications in the health professions often involves lengthy training. People working in child care services tend on average to be younger than other community service workers; people working in community care services tend to be older. Christopherson (1997) reports similar findings for several other OECD countries. Thus, in Australia over half of all child care workers are aged

Table 3.9: People aged 15 years and over employed in community services and all industries, by age group, 1998 (per cent)

Age group	Health and			
	Child care	Community care	community services	All industries
15–19	6.9	1.9	2.0	6.9
20–24	18.0	8.1	8.6	11.4
25–34	27.0	22.4	23.3	25.1
35–44	25.6	26.3	29.3	25.5
45–54	18.3	28.6	26.4	21.3
55 and over	4.6	12.4	10.5	9.8
Total	100.0	100.0	100.0	100.0

Note: Figures are averages for February, May, August and November.

Source: ABS 1998a; ABS 1998 Survey of the Labour Force, unpublished data.

less than 35 years, while almost two-thirds of community care workers are over 35. Employment of workers aged 55 years and over in community care services is particularly high; three times that in child care services and about 25% above that for the workforce as a whole.

One possible consequence of the increased demand for community services associated with the projected ageing of the Australian population (ABS 1998g; Clare & Tulpule 1994) will be a growing demand for middle-aged and older people working in community services. This could make an important contribution towards offsetting the previously noted decline in labour force participation among older workers (particularly older men), so easing the budgetary impact of the ageing of the population.

Table 3.10 shows how hours worked vary between community services and other industries. What is most striking is the high incidence of people working 40 or more hours a week. For all industries, 48% of the workforce reported working 40 or more hours a week in 1998, with 20% working 50 hours or more a week. A reduction in hours worked by people already working long hours thus has the potential to generate a considerable increase in the numbers employed.

The data in Table 3.10 confirm the extent of part-time work in community services, as discussed, and provide evidence that considerable numbers of people are working long hours. Just over one-third of child care workers and one-quarter of community care workers were working an average of 40 or more hours a week during 1998, the percentage in both cases—though not the absolute numbers—being greater for men than for women.

The occupational profiles of both the child care and community care services workforces are quite different from the occupational profile workforce as a whole (Table 3.11). In both cases, there is a preponderance of medium-level occupations, although there is also a high percentage of professionals working in community care services. This latter finding is consistent with the estimates in Table 3.12, which show that over one-fifth of the community care workforce has a bachelor's degree or higher qualification which is significantly above the proportion for the entire workforce. In contrast, the child care services workforce has a high percentage of workers with associate or undergraduate diplomas. Both sections of the community services industry have an above-average percentage of their workforce with some form of post-school qualification. Overall, Table 3.12 shows that the community services workforce is highly qualified relative to the total workforce.

Table 3.10: People employed in community services and all industries, by sex and hours worked per week, 1998

	0-15	16-29	30-39	40-49	50-59	60+	Total hours
	('000)						
Child care							
Males	1.1	0.1	0.6	1.0	0.4	0.6	3.6
Females	10.3	10.5	14.8	11.2	5.3	1.2	53.2
Persons	11.3	10.6	15.4	12.1	5.7	1.8	56.8
Community care							
Males	5.4	5.5	14.3	9.8	2.1	2.4	38.2
Females	25.9	28.1	31.7	16.5	3.1	2.5	105.9
Persons	31.2	33.6	46.0	26.3	5.3	4.9	144.0
All industries							
Males	528.0	352.9	995.5	1,614.0	667.9	680.2	4,838.6
Females	905.0	722.6	951.4	798.8	194.5	142.2	3,714.5
Persons	1,433.0	1,075.5	1,946.9	2,412.8	862.3	822.5	8,553.1
	Percentage						
Child care							
Males	30.6	2.8	16.7	27.8	11.1	16.7	100.0
Females	19.4	19.7	27.8	21.1	10.0	2.3	100.0
Persons	19.9	18.7	27.1	21.3	10.0	3.2	100.0
Community care							
Males	14.1	14.4	37.4	25.7	5.5	6.3	100.0
Females	24.5	26.5	29.9	15.6	2.9	2.4	100.0
Persons	21.7	23.3	31.9	18.3	3.7	3.4	100.0
All industries							
Males	10.9	7.3	20.6	33.4	13.8	14.1	100.0
Females	24.4	19.5	25.6	21.5	5.2	3.8	100.0
Persons	16.8	12.6	22.8	28.2	10.1	9.6	100.0

Note: Figures are averages for February, May, August and November.

Source: ABS 1998a; ABS 1998 Survey of the Labour Force, unpublished data.

Table 3.11: People aged 15-64 years employed in community services and all industries, by occupation in current job, May 1998

	Child care		Community care		All industries	
	('000)	%	('000)	%	('000)	%
Managers and administrators	* 4.1	7.4	5.3	3.6	590.8	7.0
Professionals	* 3.8	6.8	39.6	26.8	1,489.2	17.7
Associate professionals	* 3.5	6.2	11.1	7.5	873.7	10.4
Trades persons and related workers	* 2.1	3.7	* 3.2	2.2	1,159.4	13.8
Advanced clerical sales and service workers	* 6.4	1.2	* 3.8	2.6	378.8	4.5
Intermediate production and service workers	40.2	72.0	58.7	39.8	1,461.7	17.4
Intermediate production and transport workers	* 0.0	0.0	* 1.0	0.6	745.9	8.9
Elementary clerical, sales and service workers	* 0.4	0.7	6.5	4.4	871.9	10.3
Labourers and related workers	* 1.1	2.0	18.5	12.5	853.0	10.1
All employed persons	55.8	100.0	147.8	100.0	8,424.5	100.0

Note: Estimates marked with an asterisk have a relative standard error in excess of 25% and should be treated with caution.

Source: ABS 1998h; ABS 1998 Survey of Transition from Education to Work, unpublished data.

Table 3.12: People aged 15–64 years employed in community services and all industries, by educational attainment and sex, May 1998

Qualification	Child care			Community care			All industries		
	M	F	P	M	F	P	M	F	P
	('000)								
Bachelor or higher degree, or postgraduate diploma	1.6	3.4	4.9	9.1	22.2	31.3	792.2	725.3	1,517.6
Associate or undergraduate diploma	* 0.3	14.7	15.1	5.4	18.6	23.9	367.2	420.9	788.1
Skilled vocational qualification	* 0.3	5.2	5.5	* 3.4	5.1	8.5	1,027.3	123.0	1,150.3
Basic vocational qualification	* 0.4	* 4.5	4.9	* 3.0	16.7	19.7	295.5	458.7	754.2
<i>Total with a post-school qualification</i>	<i>2.6</i>	<i>27.8</i>	<i>30.4</i>	<i>20.8</i>	<i>62.6</i>	<i>83.4</i>	<i>2,482.3</i>	<i>1,728.0</i>	<i>4,210.3</i>
Without a post-school qualification ^(a)	1.5	23.3	24.8	14.6	48.3	62.9	2,182.0	1,835.6	4,017.7
Total^(b)	4.1	51.7	55.8	35.8	112.0	147.8	4,746.0	3,678.0	8,424.0
	Percentage								
Bachelor or higher degree, or postgraduate diploma	38.3	6.5	8.9	25.4	19.8	21.2	16.7	19.7	18.0
Associate or undergraduate diploma	8.5	28.5	27.0	15.0	16.6	16.2	7.7	11.4	9.4
Skilled vocational qualification	7.0	10.0	9.8	9.4	4.5	5.7	21.6	3.3	13.7
Basic vocational qualification	9.9	8.7	8.8	8.4	14.9	13.4	6.2	12.5	9.0
<i>Total with a post-school qualification</i>	<i>63.6</i>	<i>53.8</i>	<i>54.5</i>	<i>58.2</i>	<i>55.9</i>	<i>56.4</i>	<i>52.3</i>	<i>47.0</i>	<i>50.0</i>
Without a post-school qualification ^(a)	36.5	45.1	44.5	40.8	43.2	42.6	46.0	49.9	47.7
Total^(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Figures include people who never attended school.

(b) Figures include people still at school.

Note: Estimates marked with an asterisk have a relative standard error in excess of 25% and should be treated with caution.

Source: ABS 1998h; ABS 1998 Survey of Transition from Education to Work, unpublished data.

Table 3.13 gives data on wage and salary earners and includes nursing homes as a separate category. The data point to the private sector's role in the provision of community services, particularly for nursing homes and child care services. Nearly four-fifths of Australian wage and salary earners work for private sector employers. Of these, about one-fifth work for employers with between 20 and 99 employees. The remaining private sector employees are split fairly evenly between those working for employers with fewer than 20 employees and those working for employers with 100 or more employees.

In contrast, almost three-quarters of private sector child care employees work for employers with fewer than 20 employees; fewer private sector community care service employees work in small workplaces and more work in medium-sized ones. For nursing homes there are very few private sector employers with fewer than 20 employees; over half of all nursing home employees work for employers with more than 100 staff which is well above the figure for all industries.

Thus the 'typical' child care worker is relatively young and works in a small establishment, while the 'typical' community care service employee and nursing home employee is older and more commonly found working in larger establishments.

The factors discussed so far—hours worked, age, occupation, and level of education—are all likely to affect the earnings of people employed in the provision of community services (and in other industries). When considering earnings it is important to bear in

Table 3.13: Wage and salary earners employed in community services and all industries, by sector and, for the private sector, number of employees, 1997–98

	Child care	Community care	Nursing homes	All industries
	('000)			
Public sector				
Commonwealth Government	* 0.2	1.0	—	265.0
State/Territory Government	* 0.1	33.6	4.5	1,061.1
Local Government	* 0.1	* 0.1	* 0.1	140.4
<i>Total public sector</i>	<i>* 0.4</i>	<i>34.7</i>	<i>4.6</i>	<i>1,466.5</i>
Private sector				
Fewer than 20 employees	37.9	24.8	1.4	2,067.4
20–99 employees	* 7.5	45.3	45.7	1,200.2
100 or more employees	* 5.8	41.7	51.0	2,182.3
<i>Total private sector</i>	<i>51.3</i>	<i>111.8</i>	<i>98.1</i>	<i>5,449.9</i>
Total employees	51.7	146.5	102.8	6,916.4
Percentage				
Private sector				
Fewer than 20 employees	73.9	22.2	1.4	37.9
20–99 employees	14.6	40.5	46.6	22.0
100 or more employees	11.3	37.3	52.0	40.0
<i>Total private sector</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Notes

1. Figures are averages for November 1997 and February, May and August 1998.
2. Estimates marked with an asterisk are based on figures with a relative standard error in excess of 25% and should be treated with caution.

Source: ABS 1998e; ABS 1998 Survey of Wage and Salary Earners, unpublished data.

mind that the hourly earnings of an employee depend on a number of characteristics that are related to labour market success, some of which are innate and not observable. In addition, weekly earnings vary with hours worked, so that there can be no presumption that when earnings differ this is unwarranted or reflects inequity or discrimination.

The impact of part-time employment on earnings is evident in the differences between full-time earnings and total earnings shown in Table 3.14. Focusing just on full-time adult ordinary-time earnings—the most comparable of the estimates shown—the table shows that the variation in earnings for males across all three community service industries is far smaller than that for females. Average male earnings in community services are 10% to 14% below male earnings generally. For females, the picture is quite different. Here, the variation across the three community services industries is substantial, with females working in child care services earning 26% below the average for all females but females in nursing homes earning almost 10% above the average for all industries. Of even greater significance is the fact that, with the exception of nursing homes, average male earnings in community services are well above female earnings—just as they are in other industries.

Average earnings for both managerial and non-managerial male workers in health and community services industries as a whole are above the corresponding figures for all non-agricultural industries (Table 3.15). This largely reflects, however the high relative earnings in the health sector; average earnings are below the industry-wide average in

Table 3.14: Average weekly earnings of employees working in community services and all industries, 1998 (\$ per week)

	Child care	Community care	Nursing homes	All industries
Males				
Full-time adult ordinary-time earnings	694.6	680.3	672.6	778.9
Full-time adult total earnings	694.7	689.2	676.1	835.8
Total earnings	379.7	420.9	472.6	718.7
Females				
Full-time adult ordinary-time earnings	479.2	617.6	707.4	646.3
Full-time adult total earnings	479.5	623.2	709.5	664.9
Total earnings	338.6	407.3	446.6	472.0
Persons				
Full-time adult ordinary-time earnings	490.0	638.9	700.1	731.6
Full-time adult total earnings	490.3	645.6	702.5	772.7
Total earnings	340.4	411.5	449.4	600.0

Note: Figures are averages of quarterly figures for February, May, August and November.

Source: ABS 1998; ABS 1998 Survey of Average Weekly Earnings, unpublished data.

Table 3.15: Average weekly total earnings of employees working in community services and all non-agricultural industries, by sex and full-time or part-time status, May 1998 (\$ per week)

	Child care	Community care	Nursing homes	Health and community services	All non-agricultural industries
Male full-time employees					
Managerial, adults	659.6	840.0	714.4	1,149.5	1,034.8
Non-managerial, adults	n.a.	652.6	541.7	832.6	792.2
<i>Total, adults</i>	<i>648.1</i>	<i>691.9</i>	<i>578.6</i>	<i>903.1</i>	<i>843.3</i>
Total, adults and juniors	648.1	691.9	578.6	901.3	825.2
Male part-time employees					
Total, adults and juniors	144.7	282.8	272.8	435.4	262.0
All male employees	393.3	557.1	423.1	758.4	729.8
Female full-time employees					
Managerial, adults	625.7	740.5	834.4	855.1	820.5
Non-managerial, adults	449.1	601.7	597.2	674.2	659.0
<i>Total, adults</i>	<i>472.2</i>	<i>613.7</i>	<i>638.5</i>	<i>691.4</i>	<i>679.4</i>
Total, adults and juniors	469.3	612.2	638.5	682.1	666.8
Female part-time employees					
Total, adults and juniors	238.0	301.5	344.7	367.7	285.6
All female employees	370.0	412.3	401.6	500.3	484.0

n.a. not available

Source: ABS 1998j; ABS 1998 Survey of Employee Earnings and Hours, unpublished data.

all three community services sectors. In contrast, average part-time earnings in community services (with the exception of child care) are higher than the average earnings of part-time workers generally.

Again the picture is different for females. Although average full-time earnings for females in the health sector again seem relatively high, this is also the case for full-time earnings in nursing homes. In both child care services and community care services

average female earnings, while generally below those of males in these services, are closer to the average for all females than is the case for male community service workers. Again, with the notable exception of child care, average female part-time earnings are above the industry-wide average. In combination with the high rate of part-time work in community services (Table 3.8), this causes average earnings for all female community services workers to move towards the overall average.

The relatively low overall level of earnings in community services can also be shown by comparing the distribution of earnings in community services with that for other industries (Table 3.16). The median level of earnings in all industries (\$724.20) would place a male working in community services in almost the 70th percentile of earnings in that industry or in the top decile of male earnings in nursing homes. Overall, the distribution of earnings among full-time non-managerial male employees in nursing homes shows a remarkable degree of equality compared with that for males generally, primarily because very few males working in nursing homes receive high earnings.

Table 3.16: Distribution of weekly total earnings of full-time adult non-managerial employees working in community services industries, total education, health and community services industries and all industries, May 1998 (\$ per week)

	Child care	Community care	Nursing homes	Education, health and community services	All industries
Males					
10th percentile	n.a.	443.6	436.1	504.0	475.4
20th percentile	n.a.	499.0	450.5	597.5	539.6
30th percentile	n.a.	547.6	473.4	670.3	598.0
40th percentile	n.a.	555.8	489.0	767.4	657.5
50th percentile	n.a.	614.8	501.1	845.8	724.2
60th percentile	n.a.	656.5	545.7	893.8	802.6
70th percentile	n.a.	725.2	576.8	932.2	887.6
80th percentile	n.a.	836.0	579.8	1,011.1	991.8
90th percentile	n.a.	953.5	696.3	1,136.1	1,181.0
Mean	n.a.	652.6	541.7	854.0	792.2
Ratio of 90th to 10th percentile	n.a.	2.15	1.60	2.25	2.48
Females					
10th percentile	367.6	434.3	418.6	463.5	441.1
20th percentile	387.5	467.8	461.0	519.1	487.1
30th percentile	408.4	471.7	480.4	575.2	529.3
40th percentile	413.3	521.9	526.4	625.0	569.6
50th percentile	427.1	563.5	559.7	704.9	613.9
60th percentile	447.1	611.3	574.2	787.8	671.8
70th percentile	463.6	664.0	610.4	863.2	740.4
80th percentile	505.8	734.7	695.1	898.4	830.8
90th percentile	560.7	882.0	923.1	961.9	921.1
Mean	449.1	601.7	597.2	719.8	659.0
Ratio of 90th to 10th percentile	1.53	2.03	2.21	2.08	2.09

n.a. not available

Source: ABS 1998; ABS 1998 Survey of Employee Earnings and Hours 1998, unpublished data.

Yet again for females the picture is different, and more complex. The degree of earnings inequality appears to be higher among female nursing home employees than among female employees generally but is broadly similar in community care services and in human services as a whole. Among female child care employees, however, earnings are not only relatively low; their distribution is also very compressed, as indicated by the low 90th to 10th percentile earnings ratio of 1.53:1.00. In fact, it is not until one reaches the 60th percentile of the distribution of female earnings in child care services that one exceeds the level of the 10th earnings percentile for all female non-managerial employees. Overall, the earnings of females working in child care—like the earnings of male nursing home workers—are low on average and have a compressed structure, possibly reflecting the large number of relatively young child care workers (Table 3.9).

3.4 Factors affecting the demand for community services

Need, income and price

Community services are designed to meet the needs of a range of people in the community that have special requirements and/or are disadvantaged in various ways, so one of the primary determinants of the future demand for services is growth in the need for services. As analysis previously undertaken by the Institute has demonstrated however, need and demand are complex, multi-dimensional concepts that have different effects and are measured and administered in different ways (Madden et al. 1996; AIHW 1997c). And, as writers such as Bradshaw (1972) have emphasised, in order for need to affect demand and so be reflected in service provision, the need has to be felt, then expressed and recognised before it can have an impact on those responsible for the funding and delivery of services.

At any time, it is probable that need and demand will be overlapping but not identical (AIHW 1997c:306). Some part of need will go unmet, because the level or structure of service provision is inadequate, because the services that are available are inappropriate, because people are not aware that the services exist, or because people are not eligible to use the services. In addition, not all potential need will be expressed as demand—whether met or unmet—because the need may be suppressed (for fear of imposing on others, for example) or otherwise not expressed (because of a wish to remain independent or because the need is not recognised as requiring external support).

There are also various rationing devices that restrict demand to the available supply of services—at least in the short-term. These supply constraints are likely to be particularly binding in community services, which receive considerable financial support from government, as direct grants or subsidies and/or in the form of tax concessions to providers. Governments have operated under severe fiscal constraints for some time and have imposed spending constraints on themselves to avoid having to raise taxes. As a consequence, the amount of resources provided through the public sector to community service organisations has often been inadequate to meet total demand. Rationing of the available resources has been common, albeit guided by changes in the level and composition of demand and need. This kind of quantity rationing of available

services, as evidenced by waiting lists for services has often been seen as preferable to raising prices in order to equalise demand and supply.

Since the main forms of community service activity considered here—child care services, community care services and nursing homes—are designed to meet the needs of specific socio-demographic groups in the community, the demand for services is directly related to the size of these groups. Changing demographic structure, as evidenced by the number of very old and very young people, is thus one of the most important forces affecting the demand for community services. In addition, as noted, the demand for formal community services depends on the availability of care in the informal sector—primarily unpaid care provided within the home—and this in turn is influenced by the extent of family members' and other carers' labour market involvement.

Demand is also affected by a range of economic variables, two of the most important being income and (relative) price. Income can exert an influence on the demand for community services through two separate channels. First, the individual income of people who need services will affect the demand for the services. More is demanded as the ability to pay increases, and this can lead to the demand for community services increasing proportionally faster than income itself. Second, as the economy as a whole grows and national income rises, the nation's willingness to meet the specific needs of its citizens is likely to increase (as will the ability to do so from an expanding national income). Some of the increased demand that flows from increased affluence may be met through the private sector and this can ease the pressure on publicly funded services in some areas, but the end result will be an increase in overall demand.

In the case of the second variable, price, although many community services are still provided free or at minimal cost, there is an increasing tendency to introduce user charges—prices charged to the consumer at the point of use. Conventional economic reasoning suggests that when there is excess demand for a commodity or service the price mechanism can be used to constrain that commodity or service for those who place greatest value on it. Raising prices will reduce demand by excluding people whose subjective valuation of the item is lowest or who are able to obtain a cheaper alternative elsewhere. The result is that society's resources will be allocated through the 'invisible hand' of market competition, so as to maximise the wellbeing of society as a whole—defined as the sum of the wellbeing of all individuals in the society.

This description of how prices adjust to bring demand into line with supply exposes the limited relevance of the theory of competitive markets to problems associated with the rationing of community services. Willingness to pay depends not only on the price of the item but also on the income of the consumer. With community services, the very factors that give rise to a person's need for services also often limit their ability to generate an income through participating in paid work. Reliance on price rationing would thus have the effect of denying services to many of those people who most need them.

It is for reasons such as these that the price mechanism is often used only sparingly to influence the level of demand for community services. In aged care, for example 'user pays' has been seen as a way of generating a modest amount of additional revenue for providers whilst exerting some degree of control over total demand—which could increase dramatically if the price was were at zero—and at the same time raising the status of service users from that of recipients of 'charity' to that of 'consumers' (Fine & Chalmers 1998).

Similarly, the price mechanism has an effect on demand in the child care sector, where average weekly fees have risen since 1996 (AIHW 1997b:Table 4.14; see also Chapter 4, page 88). This along with other factors has changed the relationship between demand and supply, to the point where the statistics now show that there is an oversupply in the sector as a whole (Chapter 4). This has occurred in a context where Commonwealth expenditure on children's services has been falling in real terms since 1996–97 (Figure 4.3). In child care therefore, recent experience suggests that the price mechanism impacts on demand and that this is becoming an increasing reality for many service users.

Demographic change

The starting point for an analysis of how demographic change will affect the demand for community services is the projected change in demographic size and structure. The Australian Bureau of Statistics has recently released projections of population growth and age structure to the year 2051 (ABS 1998g). Although the population projections are valuable as the basis for exploring the implications of demographic change, the overall impact of demographic change is also influenced by a number of other economic, social and psychological factors that are dependent on the age structure of the population (Disney 1996; Saunders 1996b).

The impact of projected changes in population age structure on the demand for community services also depends on changes in family structure and household living arrangements (AIHW 1997b:55–95). These changes influence the demand for services by affecting the role that informal care plays in the overall 'tapestry of care'. Equally important, although difficult to predict with any confidence, are changes in the population of people with an ongoing disabling condition who will require care (formal and informal) to assist them with tasks of daily living or to facilitate their participation in the workforce, or both. Finally, changes in labour force participation will have a major impact on the future demand for community services, just as they have in the past.

Projecting the consequences of past demographic trends and future immigration rates for population size and structure is a task undertaken regularly by the ABS; its latest projections are summarised in Table P.3, page 389. These projections are based on the 'Series K' assumptions, which combine low fertility, high overseas migration and medium internal migration (ABS 1998g:21). Total population is projected to rise by just over 22% between 1997 and 2021 – equivalent to a growth rate around 1% a year – and then to slow down considerably between 2021 and 2051, when the rate of total population growth is projected to halve to around 10% (equivalent to less than 0.5% a year).

The projected ageing of the population is apparent in the rapidly rising numbers from around age 50 in the 1997 to 2021 period and from around age 65 and over in the 2021 to 2051 period – a reflection of the ageing of the 'baby boom' generation born in the latter half of the 1940s and the 1950s. For the period as a whole the absolute number of children aged 14 and under is projected to fall, reflecting the low assumed fertility rate, although the rate of decline is slightly less in the latter half of the projection period.

The most striking feature of the demographic projections is the very large increase in the size of the population aged 80 and over. The number of males in this age group is projected to rise from 174,100 in 1997 to 851,300 by 2051; the corresponding rise for

females is from 329,600 to 1,295,200. Thus it is expected that by the middle of next century, there will be well over 2 million Australians over the age of 80. This is almost four times larger than the current figure.

In contrast, the number of children under the age of 5 is projected to fall slightly, from 1,292,300 in 1997 to 1,163,500 in 2051, or from 7.0% to 4.7% of the total population. In terms of numbers alone, therefore, the ABS population projections suggest that the demand for child care and other services for children will probably decline slightly, while the demand for community care and other services for older people will rise considerably.

How changes in population structure translate into the demand for community services is moderated by a number of important variables. For example, one of the main features of the projections presented in *Australia's Welfare 1997* was a significant change in household living arrangements, even over the relatively short projection period (AIHW 1997b). Growth was projected to be greatest among single-person households and group households (that is, unrelated people living together), followed by households consisting of couples without offspring (AIHW 1997b:Table 3.21).

The projected increase in the number of single-person households—many of which consist of an older person—is a reflection of the ageing of the population, while the growth in the number of couples without offspring in part reflects the growing number of children who have left, or are about to leave, the parental home to establish their own families and/or households. Even so, the projected demographic trends have a number of important implications for the structure of community services provision, including the role played by formal and informal support systems. The projections also raise important questions about the role of public support for families, and they highlight the need to place 'the mutuality of public, community and family support ... at the core of public policy on welfare services, not on the periphery' (AIHW 1997b:90).

It is one thing to recognise that new trends will probably call for new approaches to policy design and development, but it is quite another to be precise about what exactly will be needed. Translating projected changes in population structure and living arrangements into anticipated demand on community services is not easy. At times, the results can appear quite perverse. For example, the decline in the projected number of young children could in the short term give rise to an increase in the demand for formal child care. If mothers have only one child under 5 years, they tend to have higher rates of labour force participation than mothers with more than one young child (AIHW 1997b:88; see also Chapter 4, page 88).

A second reason for the difficulty of extrapolating directly from demographic trends to changes in the demand for community services relates to a central theme of this chapter—the effect of changes in patterns of paid and unpaid work. Predicting future labour market developments is a hazardous activity, as is acknowledged in the Department of Employment Education and Training study of the size and structure of the Australian workforce in 2005 (DEET 1995). The study developed three alternative scenarios, pointing out that they 'should not be viewed as predictions or forecasts' but rather as an indication of

what may happen to the economy, industrial structure and labour market over the longer term on the basis of particular assumptions ... specified in the light of historical experience ... (so that) ... there is always the possibility that they will not be realised. (DEET 1995:v-vi)

The DEET report provides a useful and comprehensive analysis that sheds light on some aspects of this discussion. One of the main findings, for example, is that the strong growth in female labour force participation observed in past years will continue to underpin economic growth (DEET 1995:Table 2.1).

ABS labour force projections through to the year 2011 share many similarities with the DEET projections (ABS 1994d, 1995a). They imply a decline in male labour force participation, from 74% in 1993 to 69% in 2011, and a rise in female participation during the same period, from 52% to 57%, with the proportion of females in the labour force rising from 42% to 46%.

One dimension of these projections that has important implications for the future demand for both child care services and community care services is the trend in the female labour force participation rate. While both ABS and DEET project a continued rise in female participation, there will come a time when a ceiling is reached in the number of women wishing to join the labour force (but not necessarily a ceiling on their preferred hours of work). There will always be some mothers who want to remain at home when their children are young, although the percentage of women never having children is rising (AIHW 1997b:Table 3.20). The fact that female labour force participation in several OECD countries is above that currently prevailing in Australia (Scherer 1997:Table 1.25) also suggests that there is scope for further increases in this country. Despite this, future developments in female labour force participation require careful examination because of their significance for future patterns of demand for community services such as child care.

The DEET study did not attempt to project the change in female labour force participation for women with young children who are most likely to require child care. However, as noted in the 'Final Report' of the Child Care Task Force (EPAC 1996b), changes in married women's labour force participation are likely to have a more important impact on the demand for child care services than the underlying demographic trends themselves. Although this further complicates the picture, it also suggests that demographic trends are not everything and that there are other ways in which, in principle at least, it may be possible to influence future demand for child care and other community services.

Another matter not dealt in the DEET study is the implications of a further increase in female labour market participation for women's ability to continue to provide unpaid informal care within the home. This also depends on projected changes in the age structure and labour force participation of the female population.

According to Table P.3, although the size of the female population aged 20–69 years is projected to increase from 5,859,900 in 1997 to 7,612,000 by 2051, or by 29.9%, this increase is smaller than the more than fourfold projected increase in the population aged 80 years and over, many of whom will need some form of support or care, or both. The number of people aged 80 years and over relative to the number of females aged 20–69 years – who represent the majority of those caring for the aged or people with a disability (ABS 1998g:60) – will increase substantially, from 0.086 (around one in 12) in 1997 to 0.282 (close to one in four) by 2051. Furthermore, the DEET labour force projections suggest that many 20–69 year old women will be engaged in formal paid work in the future, and this will restrict their ability to provide informal care, at least without placing them under severe time pressure.

Projections of the population of people with a profound or severe handicap have been obtained by applying estimates of the age- and sex-specific rates of handicap—derived from the 1993 Survey of Disability, Ageing and Carers (ABS 1996b)—to (Series A) ABS population projections (Madden et al. 1996; AIHW 1997b, 1997c). The latest projections suggest that the number of people experiencing a profound or severe handicap will increase from 780,200 in 1996 to 907,200 by 2003, an overall increase of 16.3%, or just under 2.2% a year (AIHW 1997b:Table 4.3). Between 1996 and 2003 the total population is expected to grow from 18,310,700 (ABS 1998g:Table 5.1) to 19,661,500, or by 7.8% which is less than half the projected increase in the size of the population of people with a disability. The prevalence of disability is thus set to continue to increase as a consequence of projected changes in demographic structure.

3.5 Factors affecting the supply of community services

Relative costs

Although it seems likely that a good deal of the increased need for services resulting from population growth will place pressure on the demand for community services, this is not inevitable. Also influential are what happens with the cost of providing services and the extent to which increased service costs are translated into higher prices charged to users. To the extent that higher costs do not feed into higher prices, the burden is left on those who fund the services: in many instances, government.

Why should costs in community services be expected to rise at a faster rate than costs generally? The main reason underlying the tendency to rising service costs lies in the ways in which the nature of services generally, and community services in particular, restricts the potential to increase productivity. Two structural features give rise to this:

- the unstandardised nature of service output; and
- the fact that there is frequently an intimate connection between the quality of labour used in supplying services and the quality of the end product itself (Baumol 1967; Baumol & Oates 1975:241–2).

These features of personal or community services do not mean that productivity gains are impossible to achieve, although they do suggest that achieving them will be difficult. They are features that will tend to put upward pressure on relative costs in the service sector and for this reason have been described as giving rise to a ‘cost disease’ affecting the personal services (Baumol & Oates 1975).

The role of the child care worker illustrates the argument: their work serves as an input used in the ‘production’ of child care but is also directly connected to the quality of the care provided. Another example is in the performing arts: where there is limited scope to raise the ‘productivity’ of a live performance of a Mozart concerto by playing it in half the time or with fewer musicians, just as few patrons would wish to see a Shakespeare play performed at twice the normal speed, even if this resulted in lower ticket prices!

Together, these two features of community services limit the potential to raise productivity to the levels achievable in the ‘progressive’ sector of the economy, where the

repetitive nature of the production process, and the scope for economies of scale provide a basis for capital accumulation and other innovations that produce a steady rise in productivity or output per worker (Baumol 1967; Baumol & Oates 1975; Esping-Andersen 1990). The significance of this separation of the economy into progressive and non-progressive sectors can be quite dramatic if it is assumed that wages in the two sectors move broadly together (Baumol 1967). If wages growth in the progressive sector is determined by productivity growth in that sector, unit costs will be stabilised. In contrast, the non-progressive sector will experience a 'cost disease' as wages growth exceeds productivity growth, causing unit costs to rise.

Although the model outlined here is a simplification of reality, its emphasis on how the structural characteristics of community services industries limit the scope for productivity improvements in those industries helps to explain the growing share of service sector output in total output, as well as the rising proportion of the labour force employed in the service sector. These problems are exacerbated in the case of services that are provided free or at prices heavily subsidised by government. In the absence of a market (and hence a price) valuation for public services, the national accounts treat the value of output as equal to total input costs, which implies that there is limited scope to raise measured productivity.

Against this, although labour is the dominant input to the production of community services, it is not the only input. Data from the ABS community services survey indicate that labour costs absorb between 52.0% and 73.6% of total expenses in community services (ABS 1998c), so that there is some scope to raise productivity by raising efficiency in the use of other (non-labour) inputs.

In the case of services funded by government, the 'unbalanced growth model' described above also helps explain why, other things being equal, there may be pressure for public expenditure to grow faster than private expenditure. If government decides it is unwilling to meet these higher costs in the budget, it has two options: it can impose a fiscal constraint on services, which will in time become increasingly unable to cover their costs from their budget allocation; or it can try to reduce the growth of wages (and other costs) in community services.

One final aspect of this discussion concerns the role of the domestic economy in service provision. Some have argued that there will be an expansion of self-servicing as the price of services provided in the market sector rises and as material goods that are complementary to self-servicing (for example, microwave ovens) become cheaper (Gershuny 1978). The incentive to self-serve within the household will increase with the level of wages (and so costs) in the service sector. Increasing time pressures resulting from more labour market work and a continued gender-based division of labour in the home add to these incentives. Against this, there is evidence that increasing affluence is leading to growth in the 'outsourcing' of some domestic tasks that are seen as time consuming for households having to confront increasing demands on their time (Bittman et al. 1998).

The role of government in the provision and funding of community services will be crucial in determining how these various forces come into play and produce economic and social impacts. Governments face many difficult choices in deciding which needs should be given priority and how the available resources should be rationed. Households and the informal sector already play a vital role in service provision, and the

incentives governments create will influence how individuals choose to allocate their time and resources to both informal and formal care. These considerations must form an integral part of any workable and sustainable response to future demand pressures.

Direct labour supply effects

Among direct labour supply effects are the contribution of labour supply in the community services industries sector to overall labour supply and the influence of community service provision on the supply of labour in other sectors of the economy. Discussion of both effects must take account of the formal and informal sectors of the community services workforce and how they interact. There are potentially important supply links between the two sectors, reflecting the fact that the supply of labour to the formal sector is inversely related to labour supply in the informal sector, at least in the absence of an increase in the total time devoted to work in both sectors combined.

It is conventional to distinguish between two separate dimensions of the labour supply decision. The first concerns the decision whether to engage in the labour market at all ('the participation decision'); the second focuses on how much time workers choose to supply to the labour market (the 'hours worked' decision). Both decisions are influenced by a range of factors, among them the monetary reward for engaging in paid work compared with the value gained from alternative uses of time, the nature of any barriers to work, the direct costs of working, and the perceived net benefit of varying hours worked at the margin. These economic determinants will be moderated by personal characteristics such as family circumstances, age and experience (which will affect the potential market wage), and a range of social and psychological considerations such as attitudes to undertaking paid work and individuals' longer-term motivations and goals.

Labour supply decisions are also influenced by caring commitments within the household. For some, these commitments may prevent any regular involvement in the labour market; for others, they may mean that part-time work within a flexible workplace environment may be the only viable option. Some progress has been made in the last two decades in creating a 'family friendly' working environment – mainly for female workers but increasingly for males – although more needs to be done.

Public policies can have enduring effects on individual labour supply decisions and there has been a sustained effort to identify these effects and quantify their impact. This effort has focused largely on how tax and social security provisions affect take home pay and the incentive to work at the margin; limited attention is being given to how other policies, including those connected with community services, affect labour supply decisions. The provision of adequate and accessible services that support people in paid work can have a powerful and pervasive influence on labour supply decisions, particularly the participation decision.

Services such as child care often replace caring tasks previously performed within the home, but the availability and cost of these services become crucial when primary carers are deciding whether or not to enter (or re-enter) the labour force. Similarly, formal services that meet the needs of frail older people and those with a severe disability can free people who would otherwise have to provide care within the home and allow them to participate in the labour market. The analysis of past labour market

trends presented earlier highlights a number of developments that are consistent with the idea that services have had these effects.

The supply of labour to the community services sector depends both on factors that are specific to that sector and on how community services affect the labour supply decisions of workers generally. The availability and cost of child care services, for example, is likely to be equally important for people working in the child care sector as it is for other members of the workforce. Demographic change is one of the primary factors that has the potential to influence trends on the supply side of the community services labour market. There is an irony in the fact that community services' past success in facilitating the increased labour force participation of many married women may have led to a reduction in availability of the informal unpaid labour on which many community services have traditionally relied.

Is there evidence to support the claim that the growth in the provision of community services has in fact been a cause of the past increases in labour supply? On the face of it, there would appear to be a strong case in support of such a proposition—and there is evidence to support it in some countries—see Kobayashi (1997) for some evidence for Japan. Much of the evidence is, however, circumstantial and cannot yet support a definitive verdict. In part, this is a consequence of the complexities associated with the labour supply decision and the gaps in our knowledge about the relative importance of the many factors that influence it. It is also a consequence of the difficulty of unravelling cause and effect in the underlying relationships.

In relation to the increased labour force participation of married women and sole parents with children, as described earlier, there is widespread agreement that this development is strongly linked to the growing number of child care places available. The 1996 report by the Child Care Task Force for example, began by observing,

Paid child care arrangements have become an essential component of much family life in Australia. Increasingly, women have sought to combine their employment in the paid workforce with bringing-up of children. The current child care system has developed rapidly to provide support for parents who have pursued this choice. (EPAC 1996b:ix)

There is no suggestion in the Task Force's report that the growth in child care places has led to increased employment for mothers. The report acknowledges that the expansion of the child care sector is also in part a response to the pressures exerted by women wishing to play a greater role in the labour market. As Meyer et al. have emphasised,

Increases in female labour force participation are both a cause and effect of improvements in workplace practices and provision of community services such as child care (1996:14).

Empirical studies that have tried to establish the strength of these relationships have been unable to agree on which of the channels of cause and effect are strongest. A paper presented to a seminar organised by the EPAC Child Care Task Force argued that, since increased child care provision predates women's increased labour force participation, causation runs primarily from service provision to participation, rather than in the reverse direction (Corbett 1994). It is, however, dangerous to draw conclusions about causal relationships on the basis of the apparent timing of lead-lag relationships.

But there is more to this subject than the availability of child care. The labour supply decision is also influenced by the quality of the care available and by the affordability of that care. Recent small-scale studies by Tasker and Simeon (1998) and Vromen and

Paddon (1998) suggest that removal of some of the operational subsidies to child care centres has lowered the affordability of child care, to the point where some mothers have had to remove their children from care. Price matters – at least at the margin – for some people. But even this kind of evidence does not necessarily mean that labour force participation will decline. Other responses, such as increased reliance on informal care or a change in hours worked to accommodate changes in care provision, are also possible.

If, as seems likely, labour force decisions respond asymmetrically to changed incentive structures, a reversal of the policies that caused the initial increase in labour force participation will not necessarily cause participation to decline to previous levels. Women's increased participation in the paid labour force has had profound effects on the economic and social status of women as well as on the structure of family finances and workplace arrangements. The greater availability of high-quality and affordable child care services has been crucial in this development, and the increased labour supply that has resulted has been of enormous economic benefit. Females with a disability have also benefited from the general trend towards females increasing engagement with the labour market.

Indirect supply effects: the role of incentives

In Australian policy discussion much attention has been given to the role of public programs on incentives to work – particularly in relation to the 'poverty traps' resulting from high effective marginal tax rates (Saunders 1995; Whiteford 1998) – but there are few reliable estimates of what impact such programs have on actual work decisions. Policy may produce a change in the incentive to engage in paid work, but the behaviour of those affected may nonetheless remain unchanged.

There are several reasons why a change in the incentive to work may not translate into a change in actual work behaviour. There may be no jobs available or there may be no more hours of work on offer, in which case supply is constrained by demand. Labour supply may not be sensitive to changes in monetary incentives, particularly small changes in the net reward from working. People may take a longer term view, placing a premium on job tenure, or they may have to maintain their wage income to service debts or acquire new assets. The time horizon that affects most people's labour supply decisions is likely to mean that there will be only small responses to incremental changes in monetary incentives.

Even in circumstances where people do take short-term and possibly small-scale, monetary factors into account, offsetting effects can cancel each other out. A reduction in the net wage received from employment at the margin may induce a decline in hours worked, but this may be offset by the fact that the lower overall wage induces more work to maintain a given standard of living. The offsetting of substitution and income effects may lead to no overall net effect. Finally, there is the possibility that people who are in work may be unaware of the changed incentive structure – or indeed, of the existing one – and so their behaviour will not be responsive to new – or existing – incentive structures.

These effects become further complicated when labour supply decisions are made on a household basis: interdependence between the labour supply decisions made by the

partners in a relationship, for example, will complicate the impact of changed incentives in ways that may be extremely difficult to identify. In addition, if the choice to participate in the paid labour market is in part dependent on caring activity within the household, the incentives to engage in either activity must take account of the fact that these activities represent alternative uses of time.

A change in community services pricing policy—for example, the extension of user charges for child care or community care services—will lower the net monetary reward for people engaged in paid work who have care responsibilities, at the same time increasing the pressure to work longer in order to afford the higher service charges. Where the provision of community services is a major factor influencing the initial decision to undertake paid work, increased user charges form part of the net cost of work, in the same way as other work related costs do. An increase in the hourly charge for child care, for example, will lower the marginal return from working an extra hour, producing the (substitution effect) incentive to do less paid work, whilst also lowering total income and so leading to the possible need to do more paid work. As in the case of an increase in income tax, the net impact on hours worked is indeterminate, although this does not mean that the impact is non-existent.

Another way of approaching this conundrum is to consider it not from the perspective of the decision to engage in paid work in the market sector, but rather in terms of the decision to engage in unpaid work in the household sector. An increase in the price charged for the community services that enable carers to do paid work lowers the opportunity cost of unpaid domestic work. This in turn makes unpaid work relatively more attractive than paid work—in exactly the same way as a rise in income tax or a reduction in wages—and may cause some women to leave the labour force and others to delay entering it.

Although it is not possible to predict the size and nature of these influences with any certainty, it is important to recognise that they exist. Just as the increased provision of community services has in the past facilitated the labour force participation of many women, increases in the cost of the services that enable them to do so have the potential to reverse this trend. Changes in the structure of charges for services must reflect these realities if unanticipated and undesirable effects on the labour supply are to be avoided.

3.6 Overview and future prospects

The expanding role of the community services workforce has been a very important feature of broader developments in the Australian economy and Australian society. Commonwealth and State and Territory governments' crucial involvement in the community services sector continues and their reactions to unfolding events will have an important bearing on what happens in the long term.

Growth in the community services sector and in the community services workforce reflects both the nature of economic development and the structural characteristics of services in general. The combined impact of post industrial economic development and the consequential changes to the characteristics of services has resulted in growth in the size—in terms of output and hours of work—of the service sector relative to other sectors of the economy. Accompanying these changes—and intimately connected to

them in many ways, as both cause and effect—have been important changes in gender roles and in values and attitudes more generally.

One of the most important developments in the last three decades has been the increased participation of women in the labour force. This development is a response to two particular factors: an increased wish on the part of women to participate in what has been predominantly the preserve of men, so as to gain greater financial independence; and an opening up of labour market opportunities to women. At least for women aged 25–55 years, participation in the labour market is now the preferred option for everyone, irrespective of their personal characteristics. The world of paid work now plays a central role in allowing individuals to establish their social status and identity as well as generate an income that provides the opportunity to benefit from the increased material prosperity associated with economic growth.

But labour force activity represents only part of the total amount of work activity involved in providing welfare services and assistance for people in need. A large amount of personal effort is devoted to providing care and assistance on an unpaid—and often unrecognised and unvalued—basis, within the home, between non-residing family members, or through voluntary agencies. This unpaid and informal work is integral to the overall community services effort; it underpins the contribution of the employed sector.

The expansion of employment in community services has had a dual impact on the labour market and its evolution. First, it has provided employment opportunities for an increasing number of Australians and at the same time, by expanding the number of part-time jobs available, it has greatly facilitated the labour market engagement of groups whose responsibilities often prevent them from taking on a full-time job. The growth in community services has thus been part of a broader development that has seen a greatly increased diversity of labour market openings, which has met the needs of a new generation of employees. Second, the increased provision of formal services associated with the growth in employment has freed many people of caring responsibilities they would otherwise have had to bear, thus making labour market participation a realistic prospect for them.

Through these two processes, community services employment has played a pivotal role in shaping the development of the labour force more generally.

Although the statistics on the extent and patterns of unpaid work provide an incomplete picture of this sector of the workforce, the available data do suggest that the overall amount of unpaid informal work is substantial: voluntary work alone may well account for close to 40% of the employed community services workforce. Data on time use shows that there is also a considerable input to caring that takes place within the home, particularly in the form of caring for children. These forms of unpaid work also reveal patterns that are broadly similar to those for employment, particularly in that most of the work is provided by women.

Even for the employed sector of the workforce, the available data are somewhat limited and there is room for improvement. The main difficulty here is the need for labour force data that separate community services from health, rather than providing combined series for what are two increasingly distinct labour forces.

The data that are available show that even within community services there is considerable variation in the characteristics of employees. Common to the sector as a whole is

the high incidence of female and part-time employment, although even here there are differences between people employed in child care services and people employed in community care services. The other characteristics reviewed—the age profile of employees, the size of employment, educational qualifications, and earnings—all reveal considerable variation between the child care, community care and nursing home sectors. This makes it difficult to generalise about the characteristics of the community services workforce as a whole.

The discussion of the demand and supply sides of community services highlights several factors that will have an important impact on future workforce developments. Demographic factors will have potent effects on need and hence on the demand for community services, although there will also be several moderating variables. On the supply side what is crucial is how governments respond to pressures for increasing relative costs associated with the limited potential for improving productivity and what effect user charges will have on incentive structures and thus on labour market behaviour.

Of particular importance will be the consequences for continued growth in the supply of informal care as increasing numbers of people choose to join the formal labour market. A number of policy questions must be resolved if an appropriate and sustainable balance between developments in the two sectors is to be achieved. Many of these revolve around broader policy matters associated with the roles of government and the market in the provision of welfare more generally.

This question is of particular significance in relation to community services, where service provision encompasses a variety of roles for government and non-government agencies, as well as market and non-market interventions and actions. In this situation, changes in the role of government are likely to produce pervasive and complex effects that need very careful consideration from a perspective that recognises the intricacy and interconnectedness of the current structure of the community services sector.

References

- Australian Bureau of Statistics (ABS) 1984. Labour force status and other characteristics of families, Australia. Cat. no. 6224.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1987. The labour force, Australia: historical summary, 1966 to 1984. Cat. no. 6204.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1992. The labour force, Australia: historical summary 1978–1989. Cat. no. 6204.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1993. Australian and New Zealand Standard Industrial Classification (ANZSIC). Cat. no. 1292.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1994a. Information paper. Labour force survey. Introduction of ANZSIC for industry data. Cat. no. 6259.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1994b. How Australians use their time. Cat. no. 4153.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1994c. Unpaid work and the Australian economy, 1992. Occasional paper. Cat. no. 5240.0. Canberra: ABS.

- Australian Bureau of Statistics (ABS) 1994d. Labour force projections, Australia, 1995–2011. Cat. no. 6260.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1994e. Labour statistics Australia, 1983. Cat. no. 6101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1995a. Australian social trends, 1995. Cat. no. 4102.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1995b. The labour force, Australia, August 1995. Cat. no. 6203.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1996a. Voluntary work, Australia, June 1995. Cat. no. 4441.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1996b. Disability, ageing and carers, Australia: disability and disabling conditions, 1993. Cat. no. 4433.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. Australian social trends, 1997. Cat. no. 4102.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1998a. The labour force, Australia, August 1998. Cat. no. 6203.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998b. GPC of residential aged care facilities. Unpublished report. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998c. Community services, Australia, 1995–96. Cat. no. 8696.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998d. How Australians use their time, 1997. Cat. no. 4153.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998e. Wage and salary earners, Australia. December. Cat. no. 6248.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998f. Australian social trends, 1998. Cat. no. 4102.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998g. Population projections 1997 to 2051. Cat. no. 3222.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998h. Transition from education to work. Cat. no. 6227.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998i. Average weekly earnings, States and Australia. Cat. no. 6302.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998j. Employee earnings and hours, Australia. Cat. no. 6306.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998k. Labour force status and other characteristics of families, Australia. Cat. no. 6224.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999a. Disability, ageing and carers. Summary of findings, Australia 1998. Cat. no. 4430.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999b. The labour force, Australia. Cat. no. 6203.0. Canberra: ABS.

- Australian Institute of Health and Welfare (AIHW) 1993. *Australia's welfare 1993: services and assistance*. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1997a. *National classifications of community services, Version 1.0*. Cat. no. HWI 17. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997b. *Australia's welfare 1997: services and assistance*. Cat. no. AUS 8. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997c. *Demand for disability support services in Australia: size, cost and growth*. Cat. no. DIS 8. Canberra: AIHW.
- Baumol W 1967. The macroeconomics of unbalanced growth: the anatomy of urban crisis. *American Economic Review* 57:415–26.
- Baumol WJ & Oates WE 1975. *The theory of environmental policy: externalities, public outlays, and the quality of life*. New Jersey: Prentice-Hall Inc.
- Baxter J, Gibson D & Lynch-Blosse M 1990. *Double take: the links between paid and unpaid work*. Canberra: AGPS.
- Bittman M 1998. *The land of the lost long weekend? Trends in free time among working age Australians, 1974–1992*. Social Policy Research Centre discussion paper no. 83. Sydney: University of New South Wales.
- Bittman M, Meagher G & Matheson G 1998. *The changing boundary between home and market: Australian trends in outsourcing domestic labour*. Social Policy Research Centre discussion paper no. 86. Sydney: University of New South Wales.
- Bittman M & Pixley J 1997. *The double life of the family: myth, hope and experience*. Sydney: Allen & Unwin.
- Borland J 1998. *Earnings inequality in Australia: changes, causes and consequences*. Centre for Economic Policy Research discussion paper no. 390. Canberra: Australian National University.
- Borland J & Kennedy S 1998. *Earnings inequality in Australia in the 1980s and 1990s*. Centre for Economic Policy Research discussion paper no. 389. Canberra: Australian National University.
- Borland J & Norris K 1996. *Equity*. In: Norris K & Wooden M (Eds). *The changing Australian labour market*. Economic Planning Advisory Commission paper no. 11. Canberra: AGPS, 87–106.
- Bradshaw J 1972. *The concept of social need*. *New Society*. March: 640–3.
- Christopherson S 1997. *Childcare and elderly care: what occupational opportunities for women?* In: *OECD Labour market and social policy*. Occasional paper no. 27. Paris: OECD.
- Clare R & Tulpule A 1994. *Australia's ageing society*. Background paper no. 37. Canberra: Office of the Economic Planning Advisory Council.
- Corbett J 1994. *Child care as a factor in understanding women's labour market participation*. In: *Child care: a challenging decade*. Proceedings from a joint EPAC/OWS seminar, 22 July. Economic Planning Advisory Commission paper no. 1. Canberra: AGPS:69–81.

- Department of Employment, Education and Training (DEET) 1995. Australia's workforce 2005: jobs in the future. Canberra: AGPS.
- Disney R 1996. Can we afford to grow older? A perspective on the economics of aging. London: The MIT Press.
- Eardley T 1998. Low pay and poverty: the challenge for social policy. In: Saunders P & Eardley T (Eds). Welfare issues and policy challenges at the end of the millennium. Social Policy Research Centre reports and proceedings no. 140. Sydney: University of New South Wales, 71-96.
- Eardley T & Bradbury B 1997. Self-employment and social security. Social Policy Research Centre reports and proceedings no. 133. Sydney: University of New South Wales.
- Economic Planning Advisory Commission (EPAC) 1996a. Future child care provision in Australia. Child Care Task Force Interim report. Canberra: AGPS.
- Economic Planning Advisory Commission (EPAC) 1996b. Future child care provision in Australia. Task Force final report. Canberra: AGPS.
- Esping-Andersen G 1990. The three worlds of welfare capitalism. Cambridge, UK: Polity Press.
- Esping-Andersen G 1997. Welfare states at the end of the century: the impact of labour market, family and demographic change. In: OECD. Family market and community: equity and efficiency in social policy. Social Policy Studies no. 21. Paris: OECD:63-80.
- Fine M & Chalmers J 1998. The application of user pays principles to government programs for older Australians: the case of aged care'. In: NSW Committee on Ageing. Who pays? The impact of user pays and economic policy on older people. Sydney: NSW Committee on Ageing.
- Gershuny J 1978. After industrial society: the emerging self-servicing economy. London: Macmillan.
- Gershuny J 1986. Time use, technology and the future of work. Journal of the Market Research Society. 28(4):335-54.
- Goldschmidt-Clermont L & Pagnossin-Aligisakis E 1995. Measures of unrecorded economic activities in fourteen countries. Occasional papers no. 20. New York: Human Development Report Office.
- Gregory RG 1993. Aspects of Australian and US living standards: the disappointing decades 1970-1990. Economic Record 69(204):61-76.
- Gregory RG & Hunter B 1995. The macroeconomy and the growth of ghettos and urban poverty in Australia. Centre for Economic Policy Research discussion paper no. 325. Canberra: Australian National University.
- Industry Commission 1995. Charitable organisations in Australia. Report no. 45. Canberra: AGPS.
- Ingles D 1998. Older workers, disability and early retirement in Australia. Background paper prepared for conference on income support, labour markets and behaviour: research agenda. November. Canberra: Department of Family and Community Services.

- Ironmonger D 1996. Counting output, capital input and caring labour: estimating gross household product. *Feminist Economics* 2:37–64.
- Jones B 1990. *Sleepers, wake! Technology and the future of work*. New. Melbourne: Oxford University Press.
- Kelley J, Evans MDR & Dawkins P 1998. Job security in the 1990s: how much is job security worth to employees? *Australian Social Monitor* 1(September):1–10.
- Kobayashi R 1997. Developing health and long-term care for a more aged society. In: OECD. *Family market and community: equity and efficiency in social policy*. Social Policy Studies no. 21. Paris: OECD:189–209.
- Madden R, Wen X, Black K, Malam K & Mallise S 1996. *The demand for disability support services in Australia: a study to inform the Commonwealth/State Disability Agreement evaluation*. Canberra: AGPS.
- Meyer P, Moyle H & Golley L 1996. *Work and family. The Australian experience*. Welfare Division working paper no. 13. Canberra: AIHW.
- Neville, JW & Saunders P 1998. Globalisation and the return to education in Australia. *Economic Record* 74(226):279–85.
- Norris K & Wooden M (Eds) 1996. An overview. In: Norris K & Wooden M (Eds). *The changing Australian labour market*. Economic Planning Advisory Commission paper no. 11. Canberra: AGPS:1–14.
- Organisation for Economic Cooperation and Development (OECD) 1993. Earnings inequality: changes in the 1980s. In: *OECD Employment Outlook*, June 1993. Paris: OECD.
- Organisation for Economic Cooperation and Development (OECD) 1997a. *Family market and community: equity and efficiency in social policy*. Social Policy Studies no. 21. Paris: OECD.
- Organisation for Economic Cooperation and Development (OECD) 1997b. Is job insecurity on the increase in OECD countries? In: *OECD Employment Outlook*, July 1997. Paris: OECD.
- Organisation for Economic Cooperation and Development (OECD) 1999. *OECD economic surveys, 1998–1999, Australia*. Paris: OECD.
- Probert B. 1997. The social shaping of work: struggles over new boundaries. In: Saunders P & Eardley T (Eds). *States, markets, communities: remapping the boundaries*. Proceedings of the National Social Policy Conference. Social Policy Research Centre reports and proceedings no. 136. Sydney: University of New South Wales:5–27.
- Reich RB 1993. *The work of nations: preparing ourselves for 21st-century capitalism*. London: Simon & Schuster.
- Saunders P 1995. Improving work incentives in a means tested system: the 1994 Australian social security reforms. *Fiscal Studies* 16(2):45–70.
- Saunders P 1996a. Unpacking inequality: wage incomes, disposable incomes and living standards. In: *The Industry Commission conference on equity, efficiency and welfare*. conference proceedings. Canberra: AGPS:225–55.

- Saunders P 1996b. Dawning of a new age? The extent, causes and consequences of ageing in Australia. Social Policy Research Centre discussion paper no. 75. Sydney: University of New South Wales.
- Scherer P 1997. Socio-economic change and social policy. In: OECD. Family market and community: equity and efficiency in social policy. Social Policy Studies no. 21. Paris: OECD, 13-61.
- Sheehan P 1998. The changing nature of work: some implications. Australian Bulletin of Labour 24(4):317-32.
- Snooks GD 1994. Portrait of the family within the total economy: a study in long run dynamics, Australia 1788-1990. Melbourne: Cambridge University Press.
- Tasker G & Simeon D 1998. Is child care affordable? Pressures on families and their use of formal long day child care. Melbourne: Brotherhood of St Laurence.
- United Nations Development Programme (UNDP) 1995. Human development report, 1995. New York: Oxford University Press.
- Vromen A & Paddon M 1998. Care in crisis: the effects of funding changes on local government sponsored child care. Public Sector Research Centre paper no. 54. Sydney: University of New South Wales.
- Waring M 1988. Counting for nothing: what men value and what women are worth. Sydney: Allen & Unwin.
- Whiteford P 1998. The Australian system of social protection: what (overseas) economists should know. Background paper prepared for the Conference on income support, labour markets and behaviour: a research agenda. Canberra: Department of Family and Community Services.
- Wolcott I & Glezer H 1995. Work and family life: achieving integration. Melbourne: Australian Institute of Family Studies.
- Wooden M 1998. Is job stability really declining? Australian Bulletin of Labour 24(3):186-93.
- Yan H, Hynes T & Pinyopusarerk M 1998. Estimating value of household production and the labour contribution of volunteers in the provision of welfare services. Paper presented to the International Conference on Time Use, 22-25 April 1998. Lüneberg: University of Lüneberg, Germany.

4 Children's and family services

4.1 Introduction

This chapter begins with a short section on the characteristics of children and families in Australia, followed by a brief discussion of financial assistance available to families with children through the social security and tax systems. The main section of the chapter focuses on children's services, that is, child care services for children under school age and of primary school age, and preschool services. The chapter concludes with a short section on the current data development activities in the family support services area, which was discussed in some detail in *Australia's Welfare 1997*. Information on children who come into contact with State and Territory community services departments for protective reasons and the services provided for these children is contained in Chapter 8.

Financial assistance—government cash benefits, including family payments—is provided solely by the Commonwealth Government, while children's services and family support services are funded and/or provided by all three tiers of government—Commonwealth, State and Territory governments, and local governments. The Commonwealth Government has recognised the links between financial assistance to families and services for families by bringing its family assistance programs together into the one department, the Department of Family and Community Services (FaCS), in order to 'encourage a much more focussed whole of government perspective to family support' (Howard 1998). In June 1999 the Prime Minister announced the development of a new National Families Strategy. This new Strategy will focus on providing support to families through different stages of the life cycle, 'from marriage, to parenting, to dealing with children when they come to leave home' (Howard 1999). As at October 1999, this Strategy is in the process of being developed.

4.2 Families and children in Australia

At 30 June 1998 there were around 4.7 million children aged 0–17 years in the Australian population (Table 4.1). This comprised 25% of the total estimated resident population of 18.8 million (ABS 1998a:20–1). At 30 June 1990 the population of children aged 0–17 years was slightly lower, 4.6 million, although it comprised 27% of the total estimated resident population of 17.1 million at that time (ABS 1992:25–6). At 30 June 1998 the distribution of the children across States and Territories was roughly in proportion to the distribution of the total population, except in the Northern Territory, where children aged 0–17 years represented 31% of the total population.

Although the total number of children aged 0–17 years increased in every year from 1990 to 1998, the number of children aged 0–4 years began to fall from 1996 onwards, reflecting declining fertility rates. Between 1995 and 1998 the number of children aged

Table 4.1: Estimated number of children aged 0–17 years, by age, 30 June 1990–98 ('000)

Age (years)	1990	1991	1992	1993	1994	1995	1996	1997	1998
0–4	1,258.2	1,271.7	1,284.7	1,292.5	1,298.0	1,299.5	1,297.0	1,292.3	1,283.6
5–12	1,996.7	2,017.1	2,034.9	2,048.0	2,057.1	2,073.9	2,090.4	2,098.5	2,110.0
13–17	1,308.3	1,284.0	1,266.2	1,253.5	1,257.7	1,269.4	1,289.4	1,307.0	1,322.7
Total population	17,065.1	17,284.0	17,494.7	17,667.1	17,854.7	18,071.8	18,310.7	18,524.2	18,751.0
As percentage of total population									
0–4	7.4	7.4	7.3	7.3	7.3	7.2	7.1	7.0	6.8
5–12	11.7	11.7	11.6	11.6	11.5	11.5	11.4	11.3	11.3
13–17	7.7	7.4	7.2	7.1	7.0	7.0	7.0	7.1	7.1

Source: ABS 1992, 1997a, 1998a.

0–4 years fell by 15,900, or 1.2%. Fertility rates have continued to fall steadily since 1992. The total fertility rate (TFR) was 1.878 in 1992 (ABS 1997b), which is well 'below the level at which the replacement of the population is guaranteed' (AIHW 1997:70). The TFR fell to 1.778 in 1995 and then to 1.735 in 1998 (ABS 1998b).

In April 1997 there were an estimated 2.4 million families with children aged 0–17 years in Australia (ABS 1998c:9). Of these families, 1.9 million (or 79%) were couple families and the remaining 0.5 million (or 21%) were one-parent families. Of the estimated 4.6 million children at April 1997, the majority (3.77 million or 82%) lived in couple families; only a minority lived in one-parent families (0.85 million or 18%).

4.3 Family payments and tax expenditures

Assistance for families with dependent children is provided through both the family payments system and the tax system.

As at July 1999, a complex system of income support payments, income supplement payments and tax expenditures is provided to assist families with the costs of raising children. Family Allowance (which may include Guardian's Allowance, Large Family Supplement, Multiple Birth Allowance and Rent Assistance), Family Tax Payment, Maternity Allowance, Maternity Immunisation Allowance, Double Orphan Pension, and Parenting Payment are paid through Centrelink. Family Tax Assistance, the 'with child' spouse rebate and the sole parent rebate are paid through the Australian Taxation Office (see Box 4.1). It is important to note that any one family can receive one or more of these payments. For instance, a couple family with one income earner and a child under 5 years may be eligible for Family Allowance, Family Tax Assistance Parts A and B, the Parenting Payment and the 'with child' spouse rebate.

At 30 June 1998, there were almost 1.8 million families (or around 75% of all families) claiming Family Allowance for nearly 3.5 million children (Table 4.2). Just over half of the families receiving Family Allowance (51%) were receiving more than the minimum amount of the payment. Outlays on Family Allowance in 1997–98 were \$6.36 billion (Table 4.3).

Around 480,000 families (or 20% of all families) were receiving the Family Tax Payment Part A at 30 June 1998 and around 365,000 families were receiving Part B (Table 4.2);

Box 4.1: Family payments and tax expenditures

Family Allowance is paid to low- and middle-income families with 'dependent children' (that is, dependent children under 16 years of age and dependent secondary students under 18 not receiving Commonwealth assistance in their own right). Family Allowance is paid for each dependent child in the family. The payment is non-taxable but is means-tested on family income and assets. A higher rate of Family Allowance is paid for low-income families, while the minimum rate is paid for all other families with income levels below the means-tested income threshold (for instance, \$66,403 for families with one dependent child). Family Allowance may also include **Guardian Allowance**, which is a non-taxable income-tested payment for sole parents receiving more than the minimum rate of Family Allowance; **Multiple Birth Allowance**; **Large Family Supplement**; and **Rent Assistance** (see Chapter 5).

The **Double Orphan Pension** is paid for children under 16 years of age in the care and control of a guardian and for full-time dependent students aged between 16 and 21 years. A child is considered to be a 'double orphan' where both parents are dead; or one parent is dead and the other is unable to care for the child (for instance, because the parent is in prison); or, in certain circumstances, where the child is a refugee.

The **Family Tax Initiative** provides additional assistance to families with 'dependent children' through the tax system (Family Tax Assistance) or through cash payments (Family Tax Payment) for low-income families.

- Family Tax Assistance has two parts, A and B, both of which are subject to an income test. Family Tax Assistance Part A provides an increase in the taxpayer's tax-free threshold (for a sole parent or one parent in a couple family) for each dependent child in the family, where family income is below a set income level. Family Tax Assistance Part B is available in addition to Part A, but only for families (including one-parent families) where there is one main income earner and one dependent child under 5 years of age. Part B provides an additional increase in the taxpayer's tax-free threshold per family (not per child, as with Part A). To receive Family Tax Assistance Part B, the main income earner must satisfy an income test and, in couple families, the other parent must satisfy a separate income test.
- Family Tax Payment Parts A and B are equivalent to Family Tax Assistance Parts A and B but are paid through the income security system to families whose incomes are too low for them to benefit from assistance provided through the tax system. The payment is made to families with taxable incomes low enough for the family to qualify for more than the minimum rate of Family Allowance.

The **Parenting Payment** (which replaced the Sole Parent Pension and the Parenting Allowance in March 1998) provides a source of income for a sole parent or one parent in a couple family where the parent receives no income or a low income and is caring for one or more children under 16 years of age. Sole parents caring for a child aged 16 or older with a disability for whom they are receiving a Carer's Allowance are also eligible for the pay-

(continued)

Box 4.1 (continued): Family payments and tax expenditures

ment. The Parenting Payment for a parent in a couple family has two parts – the basic payment and the additional payment. The basic Parenting Payment is neither taxable nor assets-tested, but is income-tested on the income of the parent receiving the payment. The additional Parenting Payment is taxable, assets-tested and income-tested on the incomes of both parents. Where family income is low or the parent's partner receives a Centrelink income support payment, the parent receives the maximum rate of the Parenting Payment. A sole parent receives the single rate of the Parenting Payment, which is taxable, assets-tested and income-tested on the sole parent's income.

The **Maternity Allowance** is a lump-sum payment for each newborn or adopted child in the family. The payment is income-tested and assets-tested under the same eligibility criteria as Family Allowance. The **Maternity Immunisation Allowance** is a lump-sum payment made when a child (born on or after 1 January 1998) turns 18 months and has had the full immunisation appropriate for that age or has a valid exemption from immunisation.

A taxpayer with a dependent spouse and a dependent child under 16 years (or a dependent full-time student under 25) can claim the **dependent spouse rebate (with children)**. This tax rebate is income-tested against the income of the dependent spouse. The rebate itself is also reduced by any amount of Parenting Payment received by the spouse, except in cases where a taxpayer receives a Centrelink income support payment.

A taxpayer who has the sole care of a dependent child under 16 (or a dependent full-time student under 25) can claim the **sole parent rebate**.

Source: CCH 1998; FaCS 1998a; DSS 1998.

Table 4.2: Number of recipients of family assistance, 30 June 1998

Family assistance	Families	Children
Family Allowance	1,775,663	3,418,865
Greater than the minimum	909,223	1,799,427
Minimum	866,440	1,619,438
Family Tax Payment		
Part A	479,315	919,910
Part B	364,244	797,251
	Parents	
Parenting Payment—single	372,286	..
Male	25,546	..
Female	346,740	..
Parenting Payment—partnered		
Basic rate	409,181	..
Additional rate	236,550	..
Maternity Allowance ^(a)	218,124	..

(a) Maternity Allowance data are for 1997–98.

Source: FaCS 1998a; DSS 1998.

Table 4.3: Commonwealth expenditure on family assistance, 1997–98 (\$ million)

Family assistance payments	Outlays	Administration costs	Revenue forgone
Family Allowance	6,363.7	108.2	..
Family Tax Payment	558.7	17.6	..
Parenting Payment	5,231.7	181.0	..
Maternity Allowance	183.6	13.9	..
Tax expenditures			
Family Tax Assistance	..	..	223.0
Dependent spouse rebate with children	..	..	n.a.
Sole parent rebate	..	..	224.0

Source: DSS 1998; Treasury 1999a.

most of the families receiving Part B were also receiving Part A (FaCS 1998a:45). In 1997–98 outlays on the Family Tax Payment Parts A and B were \$558.7 million and revenue forgone from Family Tax Assistance Parts A and B was \$223 million (Table 4.3).

In addition to these family payments and tax expenditures, many of which are targeted at families where a parent has no or little earned income and is caring for a dependent child, the Commonwealth Government provides two payments mainly to assist parents with the cost of child care used while they are working, studying, training or looking for work (see Section 4.4). Both these payments (Childcare Assistance and the Childcare Rebate) are income-tested on family income. Childcare Assistance is paid through Centrelink to service providers on behalf of parents; the Childcare Rebate is paid to parents through the Health Insurance Commission. Information on the numbers of families receiving Childcare Assistance and the Childcare Rebate and expenditure on these two payments is contained in Section 4.4.

As part of the Commonwealth's new Tax Reform Package, from July 2000 the Government has simplified the complex system of assistance provided to families with children. At the same time, assistance will be increased¹ (particularly for families with one income earner and a child under 5 years) and work incentives will be improved by reducing the rate at which payments are withdrawn as income increases. Under the proposed new system of family assistance, the number of payments will be reduced to three.

- Family Allowance, Family Tax Payment Part A and Family Tax Assistance Part A will be merged into the 'Family Tax Benefit Part A', to assist families with the costs of raising children.
- Basic Parenting Payment, Guardian Allowance, Family Tax Payment Part B and Family Tax Assistance Part B, the dependent spouse rebate (with children) and the sole parent rebate will be merged into 'Family Tax Benefit Part B' to assist one-income families.
- Childcare Assistance and the Childcare Rebate will be merged into the 'Child Care Benefit', which will assist families with child care costs.

1 This includes compensation for the new Goods and Services Tax.

Family assistance will be administered by the new Family Assistance Office, which will be established in all existing Centrelink, the Australian Taxation Office and Medicare offices (ATO 1999a). Families will thus be able to deal with one office only, rather than with several, as at present. The 'primary carer' (generally the mother) will be able to choose whether to receive Family Tax Benefit assistance through payments, through a reduction in their own or their partner's fortnightly tax withholding payments or as a lump-sum tax payment at the end of the financial year (Treasury et al. 1999:10-13; Treasury 1999b:2). Arrangements for payment of the Child Care Benefit are outlined in Box 4.3.

4.4 Child care and preschool services

Introduction

The Commonwealth Government and State and Territory governments fund formal child care services, which provide care and developmental activities for children, generally between the ages of 0 and 12 years, whose parents need care for work-related and/or personal reasons, or for family support reasons (see Box 4.2). The Commonwealth's primary objective in funding child care services is to assist parents who require care for work-related reasons; that is, because both parents are (or the sole parent is) working, looking for work, studying or training (Hansard 1997:6481-2, cited in SCARC 1998:54).² Formal child care services are mainly provided by local government, non-government organisations and private-for-profit bodies. Informal child care is provided by relatives and friends and other individuals such as paid babysitters and nannies.

Preschool services are mainly funded by State and Territory governments and provide educational and developmental programs for children in the year or two before they begin full-time school (see Box 4.2). Traditional sessional preschools are generally operated by non-government organisations or are located within the school system. There is, however, an increasing trend towards the provision of preschool services within a long day care centre setting.

Major changes to Commonwealth funding of child care services have come into effect in the past two years (see *Australia's Welfare 1997*). These include:

- the withdrawal of the operational subsidy for community-based long day care centres from 1 July 1997;
- implementation of a National Planning System for all new long day care places from 27 April 1998;
- limiting of the payment of Childcare Assistance to 20 hours of care per week for non-work-related care, which came into effect on 27 April 1998;
- new funding arrangements for outside school hours care services, whereby Childcare Assistance for school-age children using long day care centres and family day care

2 Families needing 'work-related care' also include families where 'one parent is working and the other, because of a disability, is unable to have work-related commitments or care for their child or children' (SCARC 1998:54).

Box 4.2: Formal children's services – types and definitions

Long day care centres are facilities (purpose-built or modified to provide child care) in which staff provide care and developmental activities primarily for children under school age. These centres are generally open for at least 8 hours a day, 5 days a week, 48 weeks of the year.

Preschools or kindergartens offer educational and developmental programs for children in the year or two before they begin full-time school. Traditional preschools offer sessional programs during school terms only. Sessional programming generally involves a distinct group of children meeting for around three or four sessions per week, each session usually lasting about half the normal school day (2.5 to 3 hours). Preschool programs can also be provided in a long day care centre by a qualified early childhood teacher.

Family day care schemes are networks of individuals who provide care and developmental activities in their own homes for children aged 0–12 years. Family day care providers are recruited and supported by a central coordination unit, which administers the scheme.

Outside school hours care services offer care and developmental activities for primary school-aged children out of school hours. The main types of services provided are before school care, after school care, vacation care and care on 'pupil-free' days.

Occasional care services generally provide care and developmental activities for children under school age for short periods of time, to assist parents who need care for personal reasons such as attending adult education classes or medical appointments, going shopping, or simply for respite.

Multifunctional centres are located in rural areas and provide a number of different child care services for children aged 0–12 years from a single building. This range of services generally includes long day care, outside school hours care and mobile services.

Multifunctional Aboriginal children's services (MACS) are culturally specific children's services, which are provided to meet the particular needs of Aboriginal communities. They operate as long day care centres and provide other services such as playgroups, enrichment and nutrition programs, and services for mothers.

Mobile services provide child care, playgroups, older children's activities, toy and book library services, and parental support and advice for families living in rural and remote areas.

Source: AIHW 1997.

services, the outside school hours rate of Childcare Assistance, operational funding for outside school hours care services, and block grant funding for vacation care services were incorporated into a new income-tested Childcare Assistance for families with school-age children. These new funding arrangements came into effect on 27 April 1998, except in Tasmania, where service providers could choose to begin the new arrangements up to 29 May 1998.

An inquiry into the impact of the various Commonwealth child care policy changes on families, children and service providers was referred to the Senate Community Affairs References Committee in November 1997. The Committee was originally to report by 30 June 1998 but, for a number of reasons, one being the October 1998 federal election, it did not report until the end of the year. One of the issues identified by the Committee in its attempt to evaluate the effect of the child care policy changes was the lack of any data that were sufficiently recent to reflect these changes (SCARC 1998:139). The same problem has been experienced in compiling this chapter of *Australia's Welfare 1999*.

The following discussion of children's services therefore uses the somewhat limited data available (see discussion below) to examine the need for services, the provision and delivery of services, expenditure, the use of services and service outcomes (in terms of accessibility, affordability and quality) in the context of these policy changes.

Data sources and data development

The lack of national data in the children's services area has been well documented (Moyle et al. 1996; AIHW 1997). One of the recommendations of the Senate inquiry into child care funding is that 'a more coordinated approach to data collection' be adopted (SCARC 1998:vii). The Children's Services Data Working Group was set up as a subgroup of the National Community Services Information Management Group in April 1998 for this very purpose. The data group is composed of representatives of the relevant Commonwealth and State and Territory departments, the Institute and the Australian Bureau of Statistics (ABS). This group is currently working towards developing a minimum data set for children's services (child care and preschools) that would provide nationally consistent data. In conjunction with the Commonwealth Department of Family and Community Services (FaCS), the Institute has prepared a report examining data definitions and classifications in various children's services and other data collections to inform the development of a children's services national minimum data set (AIHW 1999).

Children's services data collections are many and varied. Two data collections, covering most of the child care service providers receiving funding through the Commonwealth's Childcare Program (CP), are administered by FaCS—the Child Care System and the Census of Child Care Services. The Child Care System is an administrative data collection containing information about agencies that receive payments from FaCS to provide CP-funded child care services.³ The Census of Child Care Services collects data from these agencies on the services provided, the children and parents using the services, and the workers involved in providing the services. Prior to 1998 the Census was conducted annually, although from 1993 onwards only a selection of the various types of services funded under the Program were covered in any given year. A special census of occasional care services funded under the neighbourhood model was conducted in May 1996 (Moyle et al. 1996). No census was conducted in 1998, but a complete census of all service types was undertaken in May 1999.

3 This includes all agencies receiving funding through the CP, including Childcare Assistance. An 'agency' is the organisation, body or enterprise that provides the service, except in the case of family day care, where the 'agency' is the family day care coordination unit (see Box 4.2).

The Health Insurance Commission obtains some information, through its administrative data collection, on families claiming the Childcare Rebate and the services they use.

States and Territories generally collect information about child care and preschool services that they provide, fund and/or licence. South Australia, however, conducts an annual census of all service providers in its jurisdiction.

The ABS collects information from parents on children using child care and preschool services throughout Australia. This information is obtained through the ABS triennial Child Care Survey, which is a supplement to the monthly labour force survey. The latest ABS Child Care Survey was conducted in June 1999.

As noted, in compiling this section on children's services, it has been difficult to obtain data that are sufficiently recent to reflect the important policy changes that have occurred in the past two years. While one of the main sources of data for this chapter – the CP administrative data – is available up to June 1998, the latest CP census data are for August 1997 for most service types and for August 1996 for the remainder. The latest ABS Child Care Survey data are for 1996 and these were presented in *Australia's Welfare 1997*. A complete picture of the impact of the various policy changes will not be available until the results of the 1999 CP Child Care Census and the 1999 ABS Child Care Survey are released in 2000.

Need for children's services

At 30 June 1998 in Australia there were an estimated 1.3 million children aged 0–4 years and another 2.1 million children aged 5–12 years (Table 4.1), representing the potential population for child care services. The potential population for preschool services (the population of children in the year prior to full-time school) was around 262,600.⁴

One of the main reasons why parents need child care is to participate in the labour force; that is, to undertake or look for paid employment.⁵ At June 1998, among families with a child under 5, almost half (49%) of the 821,100 couple families had both parents in the labour force and around a third (35%) of the 176,500 sole parents were in the labour force (ABS 1998d). A higher proportion of families had both parents (or the sole parent) in the labour force where the youngest child was 5 years of age or older. Where the youngest child was 5–9 years, for instance, both parents in 68% of couple families and 57% of sole parents were in the labour force.

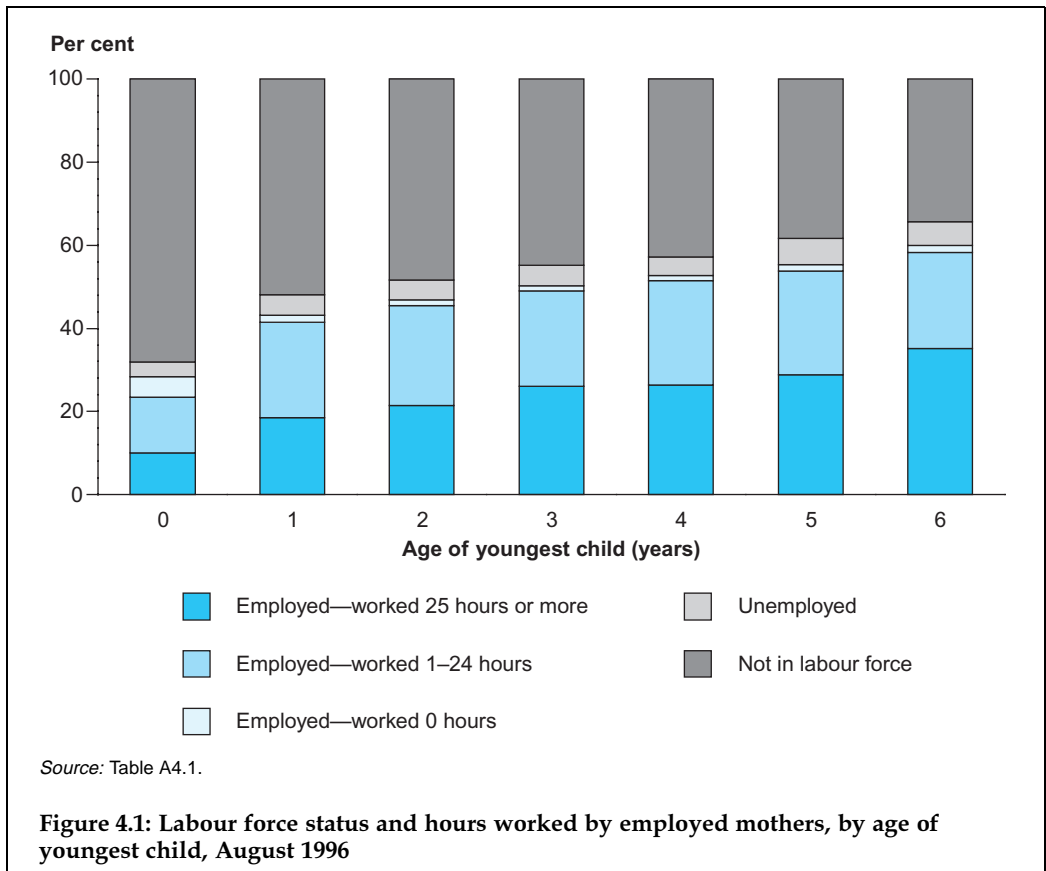
These findings reflect the increasing labour force participation of mothers according to the age of their youngest child. At June 1998, 48% of mothers with a child under 5 years were in the labour force, compared with 66% of mothers whose youngest child was 5–9 years and 73% of mothers whose youngest child was aged 10–14 years (ABS 1998d). Mothers in couple families were more likely to be in the labour force than female sole parents, regardless of the age of their youngest child. Among families with a child

4 This estimate is calculated using the estimated resident population at 30 June 1998 (ABS 1998a) classified according to the relevant preschool and school starting ages in the various jurisdictions (Table A4.4).

5 Parents may also need child care to participate in education and training; no national data are available on the total number of parents participating in education and training.

under 5, for instance, 51% of mothers in couple families were in the labour force compared with 35% of female sole parents.

The increase in mothers' labour force participation by age of youngest child is evident also when examining labour force participation by single year of age of youngest child. According to the 1996 ABS Census of Population and Housing, among mothers whose youngest child was under school age or in the first years of primary school, 32% with a child under 1 year were in the labour force compared with 52% whose youngest child was 2 years of age and 66% whose youngest child was 6 years of age (Figure 4.1, Table A4.1).



It is important to note that the potential need for child care is not equivalent to the demand for formal child care. The demand for formal child care is affected by a number of factors, including the cost of care and parental preferences for formal as against informal care (AIHW 1997:100).

The Senate Committee *Report on Child Care Funding* concluded that the decrease that has occurred since 1996 in the total number of children aged 0–4 years should be taken into account when examining the demand for child care (SCARC 1998:71). It is important to note, however, that even if the total number of children aged 0–4 years continues to fall

this will not necessarily result in a fall in the demand for child care. As pointed out in Chapter 3, changes in mothers' labour force participation 'are likely to have a more important impact on the demand for child care services than the underlying demographic trends themselves'.

Provision and delivery of child care services

The Commonwealth Childcare Program

The Commonwealth Childcare Program (CP), which is administered by the Department of Family and Community Services, provides funding for the majority of child care services in Australia. The Commonwealth Government provides most of the funding for the CP; State and Territory governments also contribute some funding to the Program under joint arrangements with the Commonwealth (AIHW 1997:101). Funding for neighbourhood model occasional care services is administered by the Commonwealth, States and Territories (Moyle et al. 1996:73).

Apart from long day care centres operated by private-for-profit bodies, only services run on a non-profit basis are eligible for Commonwealth funding. Under the Commonwealth Childcare Program, the different service types are funded as follows.

- Long day care centres are approved for the Commonwealth's Childcare Assistance payment, a subsidy that reduces the cost of care for low- and middle-income families. Community-based centres in rural and remote areas may also be eligible for the Commonwealth Disadvantaged Areas Subsidy.⁶ There is also a small amount of capital funding available for new centre-based places in some jurisdictions under the joint National Child Care Strategies (AIHW 1997:101).
- Family day care schemes receive an operational subsidy from the Commonwealth and are also approved for Childcare Assistance. The Commonwealth provides equipment, establishment and set-up grants for new family day care places.
- Outside school hours care services are approved for the school-age rate of Childcare Assistance. New outside school hours care services receive establishment funding for the first two years of operation. Equipment and set-up grants for new outside school hours care places are also provided by the Commonwealth. Following changes to outside school hours care funding arrangements, the Commonwealth is currently providing capital funding for restructures and upgrades and funding for financial and management advice. The Commonwealth also provides an ongoing Disadvantaged Areas Subsidy for eligible services operating in rural, remote and some urban fringe areas.
- Occasional care centres receive operational funding from the Commonwealth only, or from the Commonwealth and the State or Territory, and are approved for Childcare Assistance. Neighbourhood model occasional care services are funded jointly by the Commonwealth and the States and Territories through block grant arrangements.

6 'Community-based' centres operate on a non-profit basis, incorporate parents on their management committees and, prior to 1 July 1997, received an operational subsidy from the Commonwealth.

- Multifunctional services and multifunctional Aboriginal children's services receive operational funding from the Commonwealth and are approved for Childcare Assistance.

The Childcare Program also provides funding which covers all service types.

- A number of programs and services for children with additional needs are funded under the CP. The Supplementary Services Program (SUPS), for instance, provides funding to integrate children with additional needs into CP-funded services and the Special Needs Subsidy Scheme (SNSS) assists children with high support needs who are in child care.
- Under the Jobs, Education and Training (JET) scheme, parents dependent on specific Centrelink payments and allowances (including sole parents, widowed parents, carers and low-income partnered parents) wanting to enter or re-enter the workforce are assisted to find child care.
- The Commonwealth Childcare Rebate assists parents who use formal children's services (child care and preschool) and/or informal care for work-related reasons with the costs of care.

Parents needing care for their children for work-related reasons are given first priority to CP-funded child care places under CP priority of access guidelines (AIHW 1995:137). These guidelines apply to long day care services, outside school hours care services and multifunctional services.

It is important to note that, while funding or financial assistance is provided in terms of service type, there is an increasing trend for agencies to provide more than one type of service. For instance, a child care centre may provide a long day care service, a preschool service, an occasional care service, and an after school care service for younger primary school children.

Although the Commonwealth has a major role in funding child care services, it does not directly provide services. At June 1998 the Commonwealth did not sponsor any of the agencies funded by the Childcare Program to provide the different types of child care services (Table 4.4).⁷ In general State and Territory governments sponsored only a small proportion of agencies funded to provide services, although in South Australia the State Government is the sole sponsor of family day care services. Australia-wide, non-profit organisations played a major role in sponsoring occasional care/other services (72%), outside school hours care services (65%), community-based long day care centres (53%), and to a lesser extent family day care schemes (38%). Local governments had a major role in sponsoring family day care (42%) and community-based long day care centres (35%).

⁷ A 'sponsor' is the individual, organisation, body or enterprise which is responsible for the agency providing the service. Where services receive government funding, the sponsor signs the funding agreement and is accountable for the funds. The sponsor and the agency may be the same entity.

Table 4.4: Agencies providing CP-funded child care services, by type of sponsorship, 30 June 1998 (per cent)

Type of sponsorship	Long day care centres		Family day care ^(b)	Outside school hours care ^(c)	Occasional/ other care ^(d)
	Community-based	Private ^(a)			
Local government	35.2	0.5	41.5	12.7	17.4
Non-profit	52.9	6.0	38.0	64.8	72.1
Religious/charitable	11.7	1.5	17.2	13.6	5.0
Privately owned	—	90.9	—	0.6 ^(e)	—
State/Territory government	0.2	1.1	3.3	8.3	5.5
Commonwealth Government	—	—	—	—	—
Total	100	100	100	100	100
Total number of agencies	1,118	3,052	360	3,958	659

(a) Private-for-profit and employer-sponsored and other non-profit long day care centres.

(b) Family day care coordination units.

(c) For outside school hours care services, the 'sponsor' is counted for each service type rather than each agency. Note that one agency may provide more than one service type (before school care, after school care, vacation care).

(d) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services (MACS) and other multifunctional services.

(e) At this time there were a small number of private-for-profit outside school hours care pilot programs (AIHW 1997).

Source: FaCS 1998b.

Other Commonwealth assistance

The Commonwealth Department of Immigration and Multicultural Affairs (DIMA) provides funding for child care to assist parents to participate in the Adult Migrant English Program (AMEP). Agencies contracted to deliver the AMEP must provide child care for parents with children under school age, if parents need child care in order to attend English classes. The child care may be provided on site or through mainstream services (DIMA, pers. comm.).

The Commonwealth Government provides indirect assistance through the taxation system. Employers are given a fringe benefits tax exemption for child care facilities located on their 'business premises' (see Box 4.3) and for contributions they make to reserve places for their employees' children in CP-funded long day care centres, family day care services and outside school hours care services. Goods used in long day care centres, family day care coordination units and outside school hours care services are exempt from wholesale sales tax, except in services sponsored by employers. From 1 July 2000, under the Goods and Services Tax, child care provided by registered service providers will be GST-free (the activities are not taxed and credit is allowed for tax paid on purchased goods).

State and Territory governments

As noted, State and Territory Governments sponsor a small proportion of child care services (Table 4.4). They also provide some funding for child care services. New South Wales and the Northern Territory provide an operational subsidy to long day care centres—New South Wales to most non-profit centres and the Northern Territory to all non-profit and private-for-profit centres. Many jurisdictions provide an operational subsidy to child care centres on TAFE college campuses. Most jurisdictions fund occasional care services and some fund vacation care services without any Common-

Box 4.3: Commonwealth child care initiatives 1997 to 1999

In September 1997 the then Minister for Family Services, the Hon. Judi Moylan, announced that children with a disability and their siblings would be exempt from the proviso to limit the payment of Childcare Assistance to 20 hours per week per child for non-work-related care.

The Commonwealth Child Care Advisory Council was established in March 1998, with part of its role being to undertake a review of child care charging practices and the Quality Improvement and Accreditation System.

In October 1998 the Federal Court ruled that Esso's child care centre, which was located in premises leased with two other companies, was exempt from fringe benefits tax. This was contrary to the Australian Taxation Office (ATO) ruling of December 1996 (TR96/27), that an employer had to have 'exclusive occupancy' of the 'business premises' in order to be exempt from fringe benefits tax (AIHW 1997:103). In February 1999 the ATO put out a formal notice of withdrawal of the TR96/27 ruling, with a statement that a new ruling would be prepared incorporating the October 1998 Federal Court decision (ATO pers. comm.). A draft tax ruling (TR99/D11) was put out for comment in August 1999, proposing that the 'business premises' requirement 'will be satisfied if the employer has a right of possession and control over the use of the premises, at least to the extent necessary to conduct the child care facility' (ATO 1999b).

Details of the new Child Care Benefit were announced in the 1999–2000 Federal Budget (note that the amounts are estimates only).

- *From 1 July 2000 Childcare Assistance and the Childcare Rebate will be merged into a new income-tested Child Care Benefit (CCB), payment of which will be administered by the new Family Assistance Office (FAO). Families using Commonwealth-approved child care services or registered informal carers will be eligible for the CCB.*
- *Families with incomes below \$28,200 will receive maximum assistance of around \$120 per week for 50 hours of care for one child not at school (\$2.40 per hour). Above the family income threshold of \$28,200, the CCB will taper down to a minimum rate of \$20.10 per week for 50 hours of care for one child not at school (\$0.40 per hour). The maximum CCB for a school child will be \$102 for 50 hours of care per week. The CCB for parents using informal care for work-related reasons will be \$20.10 per child for 50 hours of care per week (\$0.40 per hour).*
- *Families with more than one child in formal care will receive loaded rates of assistance, regardless of whether the children are in the same or in different types of formal child care services (for instance, a long day care centre and an outside school hours care service). Families who pay for less than 34 hours of care per child per week in a long day care centre will receive a 10% loaded rate of CCB.*
- *Families using services approved to receive CCB on their behalf can choose either to have their CCB paid directly to the service provider, or to receive CCB as a lump-sum payment at the end of the financial year from the FAO. Families using other child care services can claim CCB from the FAO either periodically in arrears or as a lump sum at the end of the financial year.*

Source: Moylan 1997; Smith 1997; DHFS 1998a; FaCS 1999a; ATO 1999a.

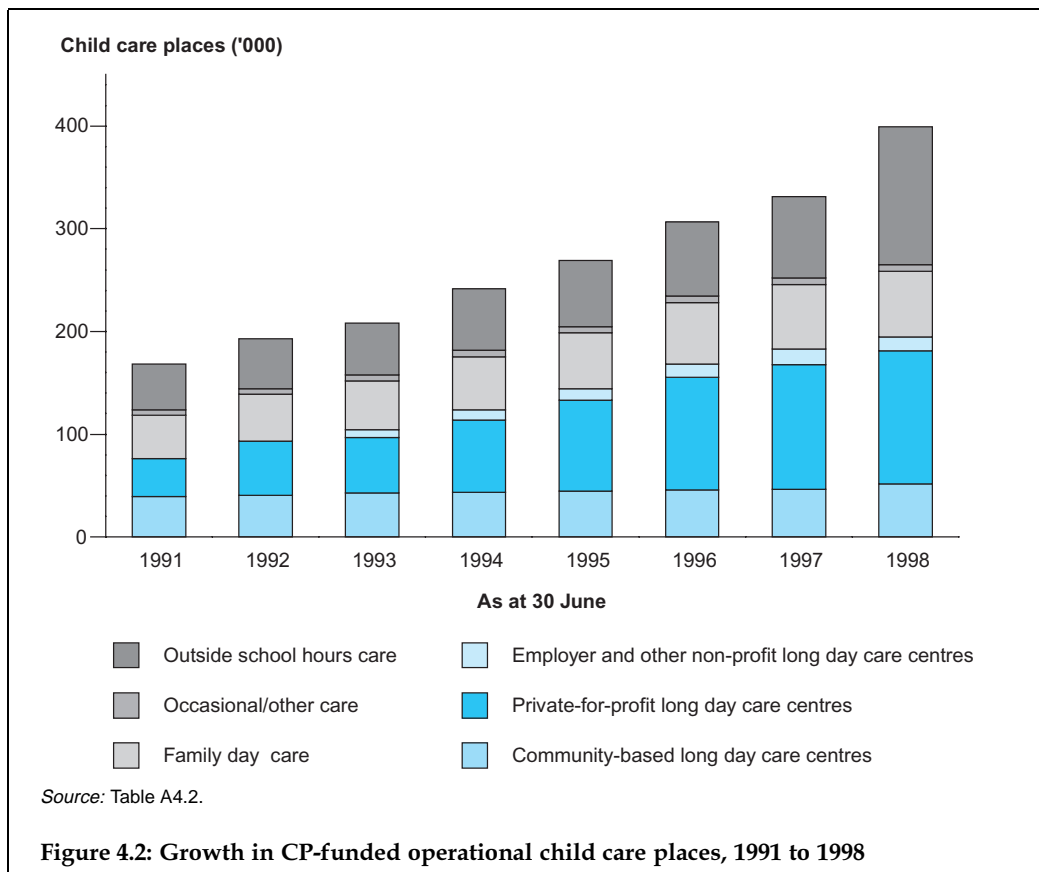
wealth involvement. Some of these jurisdictions also provide fee relief for parents using these services. State and Territory governments also fund special programs and services for children and parents with additional needs, such as services for Indigenous children or children with a disability.

The responsibility for licensing and regulating child care services and for implementing the national standards for centre-based long day care, family day care and outside school hours care rests with State and Territory governments.

Trends in the provision of CP-funded child care places

Between June 1991 and June 1998 the number of CP-funded operational child care places more than doubled, from 168,276 to 399,355 places (Figure 4.2, Table A4.2). In examining changes in the number of places over time, however, it is important to bear in mind two important changes in the database.

- Prior to 1998 vacation care places funded under block grant arrangements were not recorded in the CP administrative database. The large increase in outside school hours care places between June 1997 and June 1998 to a large extent reflects changes to the outside school hours care funding arrangements and subsequent changes to methods of recording such places.



- Between June 1996 and June 1998 around 5,600 places in community-managed centres that were formerly categorised as 'employer-sponsored and other non-profit' places⁸ were transferred to the 'community-based' category.

In relation to long day care centres, the enormous, relatively unplanned growth in the private-for-profit sector between 1991 and 1996 and the disparity in growth between this sector and the community-based sector has been well documented (AIHW 1997:105). From 1996 to 1998 the private-for-profit sector grew at a much slower rate than in previous years, with the number of places increasing by 18% over the period, compared with 55% over the preceding two years. Between June 1997 and June 1998 the number of places in private-for-profit centres grew by only 7%, or around 8,100, reflecting the implementation of the new planning system at 27 April 1998. The number of places in community-based centres grew by 15% between 1991 and 1996. However, if the places re-categorised as 'community-based' are excluded for reasons of comparability, the number of community-based places increased only marginally (by 1%) between 1996 and 1998, from 45,601 to 46,110 places. In contrast, the number of family day care places grew by 6% over the same period.

The considerable variations between the States and Territories in the distribution of CP-funded child care places by service type noted in June 1996 (AIHW 1997:107) were also apparent in June 1998 (Table 4.5). The majority of long day care centre places in the four largest States were in private-for-profit centres, but this was not the case in the other jurisdictions. The proportion of CP-funded long day care centre places which were in private-for-profit centres ranged from 29% in the Northern Territory to 82% in Queensland. As in 1996, in every State and Territory there were more long day care places in long day care centres than in family day care, but the ratio of long day care centre places to family day care places varied considerably, ranging from 1.3:1 in Tasmania to 4.7:1 in Queensland.

Table 4.5: Number of CP-funded places, by type of service and State and Territory, June 1998

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Long day care centres									
Community-based	17,572	12,997	8,095	4,012	5,004	1,747	1,299	984	51,710
Private-for-profit	40,043	26,808	45,118	10,612	4,408	577	1,587	518	129,671
Employer and other non-profit	4,439	3,881	1,784	701	716	304	1,043	305	13,173
Family day care	20,510	16,827	11,782	4,037	5,134	1,972	2,570	893	63,725
Outside school hours care	46,626	29,331	24,992	9,825	14,883	2,252	4,022	2,423	134,354
Occasional care	1,481	1,317	777	533	446	221	132	46	4,953
Multifunctional services	90	80	135	153	50	..	..	125	633
MACS	460	170	120	117	126	27	..	105	1,125
Total	131,221	91,411	92,803	29,990	30,767	7,100	10,653	5,399	399,344

Note: There were no CP-funded multifunctional children's services nor multifunctional Aboriginal children's services in the Australian Capital Territory and no CP-funded multifunctional children's services in Tasmania.

Source: FaCS 1998b.

8 Prior to 1997 places in community-managed long day care centres that did not receive an operational subsidy through the Childcare Program were included in the category 'employer-sponsored and other non-profit'.

Child care workers

As noted, the CP Census collects information about the child care workers in the various service types. These data are relatively consistent with the ABS data presented in Chapter 3. It should be noted, however, that the CP Census covers most child care workers (paid and unpaid), while the ABS data exclude both unpaid workers and family day care providers.

According to the CP Census, in August 1997 there were an estimated 42,986 workers in long day care centres; 15,755 workers in family day care services, most of whom (14,039 or 89%) were family day care providers; 8,085 workers in before/after school care services and 3,835 in vacation care services⁹ (Table 4.6). Another 3,885 persons were working in CP-funded occasional care/other services in August 1996. While the CP Census does not collect data on the sex of child care workers, ABS labour force data indicate that only a very small minority of child care workers are male (see Chapter 3).

Table 4.6: Employment status of child care workers in CP-funded services, by service type, 1996 or 1997 (per cent)

Type of service	Paid workers			All workers		
	Permanent/ contract	Casual	Total	Paid	Unpaid	Total
Long day care centres	73	27	100	93	7	42,986
Community-based	75	25	100	94	6	14,544
Private-for-profit	71	29	100	93	7	24,915
Employer and other non-profit	76	24	100	93	7	3,527
Family day care coordination unit staff	93	7	100	97	3	1,716
Family day care providers ^(a)	..	..	..	100	—	14,039
Before/after school care	38	62	100	94	6	8,085
Vacation care	29	71	100	92	8	3,835
Occasional/other care ^(b)	60	40	100	78	22	3,885

(a) Family day care providers are considered to be 'self-employed' (DHFS 1997a). Work status categorisation for family day care providers is 'regular' and 'relief', rather than 'permanent/contract' and 'casual'.

(b) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services and other multifunctional services.

Notes

1. The 1997 CP Census covered long day care centres, family day care services and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
2. Double-counting may occur for workers in before/after school care and vacation care services.
3. Number of missing cases: private long day care centres = 6, multifunctional services = 6. Total workers includes missing cases. Percentages are calculated minus missing cases.
4. Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

⁹ Many of the workers in before/after school care services would also work in vacation care services. The total number of child care workers is therefore not given to avoid double-counting.

In most service types, the majority of child care workers were paid workers; only a very small minority were unpaid workers, such as volunteers or parent helpers. All family day care providers were paid workers. In contrast, 22% of workers in occasional care/other services were unpaid. The proportion of paid workers employed on a casual basis varied among the service types. Around a quarter of paid workers in long day care centres were employed on a casual basis, compared with 7% in family day care coordination units. Only a very small proportion of family day care providers (0.3%) were 'relief' workers. In outside school hours care services, the proportion of paid workers employed on a casual basis was considerably higher than in long day care; 62% of paid workers in before/after school care services and 71% in vacation care services were casual employees.

The hours worked by child care workers in the census week varied markedly by service type, to some extent reflecting differences in operating hours (Table A4.3). Almost all workers (94%) in before/after school care services worked for less than 30 hours, with 77% working for less than 20 hours. In contrast, half or more of all workers in long day care services worked for 30 or more hours in the census week. Only a very small proportion of child care workers worked for 50 or more hours, except in family day care, where 33% of family day care providers worked for 50 or more hours.

Provision and delivery of preschool services

State and Territory governments fund preschool services for children in the year or two before they begin full-time school (Table A4.4). In Queensland and Western Australia, the first year of full-time school is Year 1, while the other States and Territories offer a full-time pre-Year 1 program. There have been some changes in provision of preschool services since the publication of *Australia's Welfare 1997*. For instance, in Western Australia all children in pre-Year 1 now attend for four full days per week. Western Australia is planning to move to a full-time pre-Year 1 and to change the school starting age to bring it into line with the other jurisdictions (apart from Queensland). Also in Western Australia, in 1998 the responsibility for providing all kindergarten places (the year prior to pre-Year 1) was handed over from the Department of Family and Children's Services to the Education Department.

Some State and Territory governments both fund and provide preschool services, while others fund other bodies, such as community groups and local governments, to provide preschool services. Where jurisdictions do provide preschool services, these services are often located within primary schools. State and Territory governments are responsible for ensuring the quality of preschool services, for instance, through licensing and regulation or through administrative mechanisms. Entitlement to preschool services varies considerably among the different jurisdictions. For instance, in South Australia all children are entitled to four terms of preschool before they enter full-time school, while New South Wales has no explicit policy regarding universal access to preschool.

Currently, Commonwealth funding for preschool services is limited to the supplementary funding provided for the preschool education of Aboriginal and Torres Strait Islander children through the Indigenous Education Strategic Initiatives Program and the recurrent funding provided to Queensland and Western Australia for children in pre-Year 1 (AIHW 1997:108).

No national data on the number of preschool places are available, because of the problems of comparability of data from the different jurisdictions. There are no nationally comparable data on staff working in preschools.

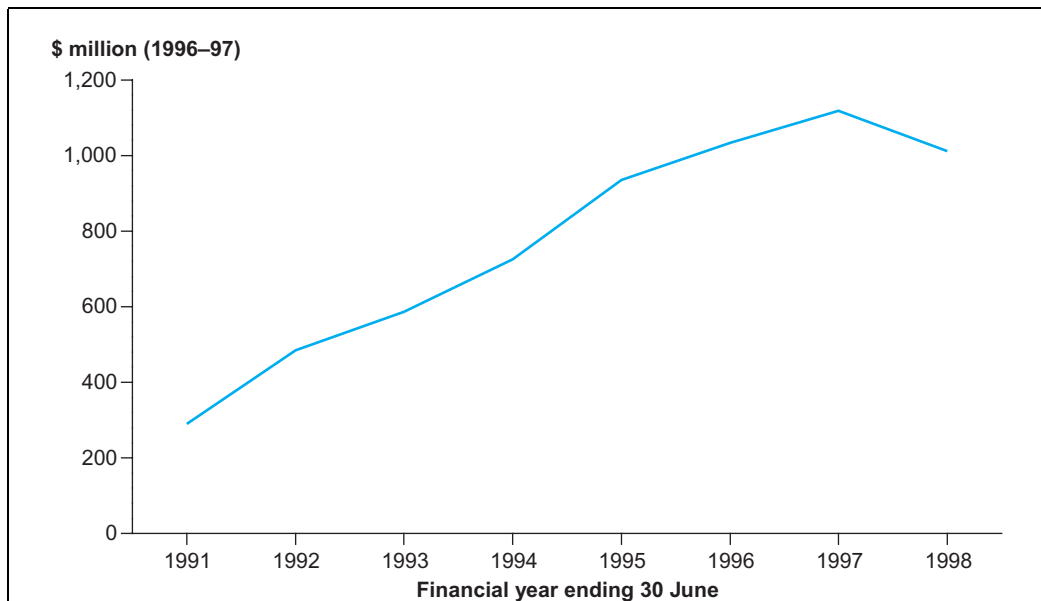
Linkages between preschool and child care services

The linkages between preschools and child care services described in *Australia's Welfare 1997* have continued to develop (AIHW 1997:109). In Victoria, for instance, by the end of 1997 long day care centres accounted for around 20% of the agencies funded to provide preschool services in that State (Naphthine 1997).

The CP Census shows that in 1997, 49% of CP-funded long day care centres ran an in-house preschool program and had a staff member with early childhood teaching qualifications or a three-year diploma or bachelor's degree in child care working in the centre in the census week (FaCS 1999b). This proportion varied considerably across jurisdictions, ranging from 63% in New South Wales to 10% in the Northern Territory. The high proportion of centres in New South Wales falling into this category is partly explained by the fact that under New South Wales licensing regulations centres with 30 or more places are required to employ a qualified preschool teacher (Moyle et al. 1996:102).

Government expenditure on child care and preschool services

Between 1990–91 and 1996–97 Commonwealth expenditure on children's services through the Childcare Program increased more than three-fold in real terms (1996–97 constant prices), from \$290.9 million to \$1,117.3 million (Figure 4.3, Table A4.5). The



Source: Table A4.5.

Figure 4.3: Commonwealth expenditure on children's services (in 1996–97 constant prices), 1990–91 to 1997–98

large growth in expenditure was mainly due to eligibility for Childcare Assistance being extended, from January 1991, to users of long day care centres other than community-based centres, and the subsequent expansion of the private-for-profit sector.

From 1996–97 to 1997–98, however, total Commonwealth expenditure on children’s services fell by 10% (in constant prices) (Figure 4.3, Table A4.5), mainly because of the fall in expenditure on operational subsidies and on Childcare Assistance. The fall in expenditure on operational subsidies was due to the withdrawal of these subsidies from community-based long day care centres from 1 July 1997 and to the new outside school hours care funding arrangements, which came into effect from 27 April 1998. The fall in expenditure on Childcare Assistance probably reflects ‘changed patterns of demand and changed eligibility conditions’ (SCARC 1999:38), for instance, parents eligible for Childcare Assistance may have reduced the hours in which their children are in care.

In 1997–98 total Commonwealth expenditure on children’s services was \$1,025.8 million (in current prices), of which \$763.4 million went to Childcare Assistance and the Childcare Rebate, measures which reduce the costs of care for parents (Table 4.7). Expenditure on operational subsidies to assist service providers with running costs accounted for \$94.5 million, most of which went to family day care services

Table 4.7: Commonwealth expenditure on children’s services in current prices, by type of expenditure, 1990–91 to 1997–98 (\$m)

Type of expenditure	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Childcare Assistance	143.1	289.5	384.0	497.4	592.1	657.0	710.5	640.3
Community-based long day care centres	64.8	99.4	113.4	127.6	131.8	129.3	135.1	119.1
Family day care	44.6	88.1	104.3	123.1	135.4	144.3	138.2	128.1
Private long day care centres ^(a)	28.2	94.3	158.0	235.7	310.9	369.4	422.6	369.3
Occasional care/outside school hours care	5.4	7.6	8.4	11.0	14.0	14.1	14.7	23.7
Operational subsidies	65.2	92.1	99.7	112.3	119.8	131.8	142.6	94.5
Capital ^(b)	5.7	10.1	5.6	4.2	4.2	10.8	13.3	13.9
Other children’s services ^(c)	30.9	45.0	50.1	54.8	61.9	57.9	57.4	76.5
Childcare Rebate	..	..	..	..	87.5	120.5	126.7	123.1
Childcare Assistance and Childcare Rebate administration ^(d)	..	..	..	5.8	13.4	14.0	41.3	50.9
Departmental running costs	11.8	14.0	16.3	17.3	20.2	21.6	25.5	26.7
Total expenditure on child care	256.6	450.6	555.7	691.9	899.2	1,013.6	1,117.3	1,025.8

(a) ‘Private’ long day care centres = private-for-profit centres and employer-sponsored and other non-profit centres.

(b) Includes capital loans and capital loans repayments after 1994.

(c) Includes services such as supplementary services, vacation care, and Jobs, Education and Training (JET) but excludes Family Services related expenditure.

(d) Data for 1997–98 include Centrelink Childcare Assistance administration expenditure. Data for 1996–97 include Childcare Assistance administration expenditure by the then DSS; DSS expenditure data for previous years are not available.

Source: DHHCS 1991, 1992; DHHLGCS 1993; DSHS 1994, 1995; DSS 1995, 1997; DHFS 1996, 1997b, 1998b; FaCS, unpublished data.

(\$55.8 million) and (up to 26 April 1998) to outside school hours care services (\$27 million). Capital grants and loans for new service providers and capital upgrades for existing service providers accounted for \$13.9 million. Of the remaining expenditure, \$76.5 million was spent on child care services—such as special services, supplementary services and financial assistance for service providers in the context of funding reforms—and \$77.6 million was administrative expenditure.

Trends in the composition of expenditure that were observed between 1990–91 and 1995–96 (AIHW 1997:111–12) continued to 1997–98. Between 1995–96 and 1997–98 the proportion of expenditure on operational subsidies and capital grants, loans and upgrades fell from 14% to 11%.

Similarly, trends observed between 1990–91 and 1995–96 (AIHW 1997:112) in the proportion of Childcare Assistance going to the various service types also continued in the following two years, except in the case of outside school hours care services. The proportion of Childcare Assistance going to private-for-profit and employer-sponsored and other non-profit long day care centres increased from 56% to 58% between 1995–96 and 1997–98. Over the same period the proportion going to community-based long day care centres fell from 20% to 19% and to family day care services from 22% to 20%. The proportion of Childcare Assistance expenditure on outside school hours care and occasional care services increased from 2% of expenditure in 1995–96 to 4% in 1997–98, reflecting the increase in expenditure on Childcare Assistance in outside school hours care services as a result of the new funding arrangements that came into effect from 27 April 1998.

Nationally comparable data on State and Territory expenditure on child care and preschool services are not available. Illustrative data reported in the *Report on Government Services 1999* demonstrate the need for nationally comparable data in this area (SCRCSSP 1999:891–2).

Use of children’s services

Between 1991 and 1994 the estimated number of children using CP-funded services grew by 51%, from 262,200 to 396,700 children (Table 4.8). No data on the total number of children using CP-funded services are available for 1995, 1996 and 1997, since the CP Census did not cover all funded services in these years.

Table 4.8: Children in CP-funded services, by type of service, 1991–97

Type of service	1991	1992	1993	1994	1995	1996	1997
Long day care centres	135,400	158,400	190,600	227,300	251,000	n.a.	294,700
Family day care	61,000	66,100	78,800	88,700	85,600	n.a.	85,000
Before/after school care	46,800	50,700	53,500	63,900	n.a.	96,400	99,500
Vacation care	..	..	..	..	n.a.	24,300	31,000
Occasional/other care ^(a)	19,000	26,500	20,900	16,800	n.a.	34,500	n.a.
Total children	262,200	301,700	343,800	396,700	n.a.	n.a.	n.a.

(a) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children’s services, other multifunctional services, mobiles and toy libraries and Aboriginal playgroups.

Notes

1. These data measure occurrences of care and include some double counting where children attend more than one service (for instance, before/after school and vacation care).
2. Data for 1991–1994 are estimates based on previous years’ CP census data. Data for 1995–1997 are from the CP census conducted in August of each year and are weighted for non-response. However, not all service types were surveyed in each of these years.

Source: AIHW 1993; AIHW 1995; FaCS Commonwealth Child Care Census 1995, 1996 and 1997.

According to the CP Census, between 1994 and 1997 the number of children in CP-funded long day care centres increased by 30%, from 227,300 to 294,700 children, while the number of children in family day care fell by 4%, from 88,700 to 85,000 children. Over the same period the number of children in before/after school care increased by 56%, from 63,900 to 99,500 children.

Data from the ABS 1996 Child Care Survey, reported in *Australia's Welfare 1997*, show that in March 1996 there was a total of 624,400 children using child care and preschool services in Australia, with 177,700 children using long day care centres and 200,600 using preschools (ABS 1997c; AIHW 1997:114).

In 1996 and 1997 the distribution of children in CP-funded services across the various service types in the States and Territories reflected to a great extent the provision of places. At August 1997, for instance, 51% of the children in long day care services (long day care centres and family day care) were in private-for-profit centres (Table A4.6).

The number of children using services was greater than the number of places, indicating that some children use these services part-time. While long day care centres, for instance, are required as a condition of CP funding to operate for at least 40 hours per week, at August 1997 only 24% of children in long day care centres were booked in for 40 or more hours of care in the census week (Table 4.9). Not all these children, however, were attending the service in the census week, since the number of children recorded as using CP-funded services also includes children who were absent—for example, because they were sick—but for whom a place was booked and paid for.

It is important to note that the hours that children are booked into care are not necessarily equivalent to the actual hours they spend in care. Generally, parents are required to book into a service for a given period—for instance, half a day or a day—and pay for that period, although the child may not attend for the entire period.¹⁰ 'Booked hours' of care are thus usually greater than 'actual hours' of attendance. In August 1997 the

Table 4.9: Children in CP-funded long day care centres: hours booked into centres during the census week, by service type, 1997 (per cent)

Long day care centres	Hours per week						Total children
	<10	10–<20	20–<30	30–<40	40–<50	50+	
Community-based	7	24	26	17	7	19	82,802
Private-for-profit	9	25	28	16	6	17	193,014
Employer and other non-profit	12	25	22	16	9	16	18,886
Total	8	25	27	16	7	17	294,702

Notes

1. Number of missing cases: community-based long day care centres = 4, private-for-profit long day care centres = 59. Total includes missing cases. Percentages are calculated minus missing cases.
2. Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1999b.

¹⁰ Childcare Assistance is paid on the basis of the hours that children are booked into care, rather than actual hours of attendance.

proportion of children booked into long day care centres for 40 or more hours (24%) was greater than the proportion of children actually attending long day care centres for 40 or more hours in the census week (14%).

A review of child care charging practices in long day care centres was recently undertaken by the Commonwealth's Child Care Advisory Council. The Council has informed the Minister for Family and Community Services that it does not recommend changes to funding and charging practices at present but that the matter should be re-examined when information from the Council's work on child care regulations is available¹¹ and the new Child Care Benefit has been introduced.

The age distribution of children using the different types of CP-funded services varied, some of the variation reflecting the purpose for which each service is provided (Table 4.10). Although long day care services are set up primarily to care for children under school age, a small proportion of children in long day care centres (for instance, 5% in private-for-profit centres) and a relatively large proportion of children in family day care services (22%) were 6 years of age or more and thus using these services for outside school hours care. Information collected on whether children in long day care services attended school indicates that 10% of children aged 5 years in long day care centres and 37% of children aged 5 years in family day care were at school.

Table 4.10: Ages of children in CP-funded child care services, by type of service, 1996 or 1997 (per cent)

Type of service	Age of children (years)						Total	Total number of children
	Under 1	1	2	3-4	5	6 and older		
Long day care centres								
Community-based	3	14	23	52	7	1	100	82,802
Private-for-profit	2	9	19	54	10	5	100	193,014
Employer and other non-profit	4	15	22	51	7	1	100	18,886
Family day care	5	15	18	31	8	22	100	84,971
Before/after school care	—	—	—	1	10	89	100	99,518
Vacation care	—	—	—	1	10	89	100	30,972
Occasional/other care ^(a)	4	15	29	49	3	1	100	29,323

(a) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services, and other multifunctional services.

Notes

1. The 1997 CP Census covered long day care centres, family day care services and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
2. Double-counting may occur for children in before/after school care and vacation care services.
3. Number of missing cases: community-based long day care centres = 3, private-for-profit long day care centres = 25, employer-sponsored and other non-profit long day care centres = 1, before/after school care = 95, vacation care = 46, neighbourhood model occasional care = 1. Total includes missing cases. Percentages are calculated minus missing cases.
4. Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

11 The Minister for Family and Community Services has asked the Council to examine and report on State and Territory child care regulations. This work should be completed by December 1999.

Among service types targeted at children under school age, only a very small proportion of children in care were 'babies' (under 1 year of age); for instance, only 4% of children in occasional care were under 1 year of age. In the case of long day care services, the proportion of 'young children' (under 2 years) was lower in private-for-profit centres (11%) than in other long day care service types (for instance, 20% in family day care services).

Consistent with the CP priority of access guidelines, the majority of children in CP-funded long day care services, outside school hours care services and multifunctional services were in care for work-related reasons; that is, both parents (or a sole parent) were in the labour force or studying/training for work (Table 4.11). The proportion was highest in before/after school care services (96%) and lowest in private-for-profit long day care centres (79%). It is interesting to note that the proportion of children in private-for-profit centres who were in work-related care increased substantially between 1995 and 1997, from 69% to 79%.¹²

The proportion of children in work-related care in the different service types varied across jurisdictions. The proportion was higher than average for most service types in the Australian Capital Territory and the Northern Territory. For instance, of children in

Table 4.11: Children in CP-funded child care services for work-related reasons, by type of service and State and Territory 1996 or 1997 (per cent)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Long day care centres									
Community-based	86	89	81	84	86	84	92	92	86
Private-for-profit	77	88	76	82	86	78	95	90	79
Employer and other non-profit	88	89	80	82	90	82	93	87	87
Family day care	94	91	96	89	78	84	99	97	91
Before/after school care	97	96	97	97	96	87	97	97	96
Vacation care	88	87	95	89	92	91	99	99	91
Occasional/ other care ^(a)	42	24	36	45	24	46	45	68	33

(a) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services, and other multifunctional services.

Notes

1. The 1997 CP Census covered long day care centres, family day care services and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
2. Double-counting may occur for children at before/after school care and vacation care services.
3. Number of missing cases: community-based long day care centres = 3, private-for-profit long day care centres = 25, employer-sponsored and other non-profit long day care centres = 1, before/after school care = 95, vacation care = 46, neighbourhood model occasional care = 1. Percentages are calculated minus missing cases.
5. The total number of children in each service type in each State and Territory can be found in Table A4.7.
6. Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

12 Since the 1995 CP Census data are unweighted, they cannot be compared with the data presented in Table 4.11. However, the weighted and unweighted data for 1997 produce the same results; that is, 79% of children in private-for-profit centres were in care for work-related reasons.

private-for-profit centres, 95% in the Australian Capital Territory and 90% in the Northern Territory were in care for work-related reasons compared with 79% Australia-wide. In South Australia the proportion of children in family day care who were in care for work-related reasons (78%) was substantially lower than the national average (91%).

In 1998, there were around 257,000 children enrolled in State- and Territory-funded preschool services Australia-wide (SCRCSSP 1999:921–51).¹³ In some jurisdictions (such as New South Wales and Western Australia) these enrolments include children who are two years younger than the age for beginning full-time school. Some of the children attending sessional preschools were also in long day care centres or family day care. According to the 1997 CP Census, staff in 16% (or 642) of the 4,018 long day care centres and 22% of family day care providers took children out to a local preschool during the census week (FaCS 1999b). The proportions varied considerably across jurisdictions, being lowest for both service types in New South Wales (less than 1% of centres and 9% of family day care providers) and highest in the Northern Territory (67% of centres and 38% of family day care providers).

No recent data are available on the use of informal child care as compared with formal child care services. Data from the 1996 ABS Child Care Survey on the characteristics of children and parents using preschool services and those of children and parents using informal care were presented in *Australia's Welfare 1997* (AIHW 1997:112–16). As noted previously, the latest ABS triennial Child Care Survey was conducted in June 1999 and the results will be released in 2000.

Outcomes

The aims and objectives of Commonwealth and State and Territory children's services programs are to provide services that are accessible, affordable and of high quality and that support parents in their child-rearing and other activities. The Commonwealth Government's primary objective is to provide child care for children whose parents need this care for 'work-related' reasons. As a condition of funding and/or licensing, the services provided must promote and enhance children's emotional, intellectual, social and physical development.

The long-term effects of child care on children have been the subject of considerable research and debate and are not discussed here in any detail. An overview of 40 years of research on this subject can be found in Ochilree (1994). In a preliminary report from a major US longitudinal survey, released in 1998, researchers concluded that 'the observed effects of child care were generally modest in size, but not insignificant' (NICHD 1998:21). Higher quality care, for instance, was found to be related to higher levels of language ability and of readiness for school.

This section thus focuses on service outcomes rather than client outcomes. Service outcomes are discussed in terms of accessibility, affordability and quality; the question of the impact of the recent Commonwealth policy changes in each of these areas is considered in the discussion that follows.

¹³ This number includes children in Victoria who were in State-funded preschool programs in long day care centres. There is also some double-counting of children enrolled in preschool in the Northern Territory.

Accessibility

Unmet demand for children's services

One important measure of the accessibility of child care and preschool services is the level of unmet demand for such services. *Australia's Welfare 1997* reported data from the 1996 ABS Child Care Survey on the number of children under 12 years of age for whom parents stated that they needed to use either some formal child care or additional formal child care, but the service was not available to them (AIHW 1997:118). In 1996 the main reasons given for lack of availability of care were that there was no care in the local area or that there were no vacant places in existing centres. For a minority (16%) of children, however, parents said that the care available was too expensive (ABS 1997c:8). Given concerns about the current level of the supply of child care and the affordability of care (see following discussion), it will be important to examine the 1999 ABS Child Care Survey data on this topic when they become available.

Accessibility of child care services for parents in the labour force

The then Department of Health and Family Services (DHFS) estimated that at June 1998 Australia-wide there were 113 CP-funded long day care places for every 100 children under school age needing care for 'work-related' reasons (DHFS 1998b:139), indicating an oversupply of child care places nationally. There were, however, major differences in supply by geographic area, with 86 places per 100 children in rural areas and 66 places per 100 in remote areas (DHFS 1998b:140).

The Department estimated that at June 1998, there were almost as many CP-funded before/after school care places as the number of school-age children needing care for work-related reasons (97.5 per 100). The number of CP-funded vacation care places per head of school-age children needing vacation care for work-related reasons was estimated to be considerably lower. In total, there were 73 outside school hours care places (before school, after school and vacation care) for every 100 school-age children estimated as needing work-related care (DHFS 1998b:139).

It is important to note, however, that although these estimates are referred to as 'met demand' or 'unmet demand' they are in fact estimates of 'need' rather than 'demand'. The Department's estimates of the number of children needing 'work-related' care take into account factors such as 'full-time and part-time labour force participation, the preference for formal/informal care and parents' preferences for different service types' (DHFS 1998b:140) but do not take into account the impact of 'cost' on parents' demand for care. The Department has noted that the impacts of affordability and the costs of child care are very complex and difficult to measure, particularly at finer geographic levels.

Data from the 1997 CP Census provide some indication of the relationship between the supply of and demand for places in long day care centres at that time. At August 1997, 86% of long day care centres had vacancies, with 51% of all centres having both full-time and part-time vacancies, 24% having only part-time vacancies and 11% having only full-time vacancies (Table 4.12). The proportion of long day care centres with vacancies varied considerably across jurisdictions. Over 90% of centres had vacancies in every jurisdiction except the Northern Territory (78%) and New South Wales (75%). No recent national data on vacancies are available.

Table 4.12: Percentage of long day care centres with vacant places, full-time and part-time, by State and Territory, 1997

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Vacancies	75	92	93	96	97	96	92	78	86
Full-time and part-time	33	57	65	69	72	57	51	41	51
Full-time only	12	12	10	9	11	2	8	10	11
Part-time only	30	22	17	18	13	37	34	28	24
No vacancies	25	8	7	4	3	4	8	23	14
Number of centres	1,565	874	867	356	186	54	77	39	4,018

Note: Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

The Department of Family and Community Services has noted that between 1995 and 1997, the relationship between the demand for long day care and the supply of places changed, resulting in falling utilisation rates in a number of long day care centres (FaCS 1999c:6). Average utilisation rates in long day care centres—‘measured by total child hours paid for as a percentage of total capacity’—fell from around 90% to around 80% over the period.

Accessibility of preschools

The proportion of the target population (the population of children in the year prior to full-time school) attending State- and Territory- funded preschools was 80% or over, except in New South Wales, where only 51% of the target population were enrolled in traditional sessional preschools (SCRCSSP 1999:921–51). As noted, since almost two-thirds of long day care centres in New South Wales have an in-house preschool program run by a qualified teacher, a substantial number of children of preschool age would access a preschool program in a long day care centre rather than in a sessional preschool.

Child care programs and services for parents and children with additional needs

As noted, special child care programs and services for parents and children with additional needs are funded by the Commonwealth through the Childcare Program, and by State and Territory governments. Parents and children with additional needs are also given priority of access to CP-funded child care services (AIHW 1995:137).

Some indication of the level of access to child care services of parents and children with additional needs can be obtained by comparing their representation in CP-funded services with their representation in the total population (AIHW 1995:143). It is important to note, however, that these data do not include all children with additional needs who are using children’s services, since they do not cover State/Territory-only funded services.

Children in one-parent families were more likely to use CP-funded long day care services and before/after school care services than children in couple families. While 16% of children aged 0–4 years and 19% of children aged 5–11 years were estimated as living in one-parent families in 1997 (ABS 1999a:22), the 1997 CP Census showed that 20% of children in long day care centres 27% in family day care, and 22% in before/after school care services were the children of sole parents (FaCS 1999b). These findings

are not surprising, given that sole parents generally have a greater need for child care than families where there is a co-resident parent available to care for children.

Children with a disability were less likely to use most CP-funded child care services than other children (Table 4.13). The ABS estimated that, in 1998, 4% of children under 5 years and 9% aged 5–14 years had a disability (ABS 1999b:14). In comparison, less than 3% of children in CP-funded services were reported as having a disability, except in multifunctional Aboriginal services, where almost 5% of children were reported as having a disability.¹⁴ Less than 1% of children in all CP-funded services had a parent with a disability. There are, however, no published population data available on the incidence of this group of children in the total population.

In the CP Census 'non-English-speaking background' was defined as 'culturally diverse background including those with a parent born overseas in a country where the first language is not English'. According to this definition, the proportion of children in CP-

Table 4.13: Children with additional needs using CP-funded services, by type of service, 1996 or 1997 (per cent)

Type of service	Type of additional need					Total children attending
	Child with disability	Parent with disability	Child at risk of abuse and neglect	Aboriginal or Torres Strait Islander	Non-English-speaking background	
Long day care centre	1.8	0.8	0.4	1.3	12.6	294,702
Family day care	2.9	0.4	0.4	1.0	7.3	84,971
Before/after school care	1.9	0.2	0.1	0.9	11.0	99,518
Vacation care	2.3	0.2	0.2	1.1	7.0	30,972
Occasional care centres	2.0	0.8	0.8	1.2	7.3	11,238
Neighbourhood model occasional care	2.2	0.5	0.4	2.1	6.2	15,350
Multifunctional children's services	2.5	0.1	0.4	7.1	1.4	1,020
MACS	4.8	0.8	1.5	78.0	1.5	1,715
Total	2.0	0.6	0.3	1.5	10.8	539,486

Notes

1. Some children may be included in more than one additional needs category.
2. Percentages do not add to 100% because children without additional needs are not included.
3. The 1997 CP Census covered long day care centres, family day care services, and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
4. Double counting may occur for children in before/after school care and vacation care services.
5. Number of missing cases: long day care = 30, before/after school care = 170, occasional care = 4, neighbourhood model occasional care = 2.
6. Estimates are derived from the CP census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

14 The ABS definition of 'disability' is not the same as the definition of 'disability' used in the CP Census. For a discussion of this see AIHW 1999.

funded services reported as coming from a non-English-speaking background ranged from under 2% in multifunctional services and multifunctional Aboriginal services to almost 13% in long day care centres (Table 4.13). There are significant concerns, however, about whether service providers are able to identify these children accurately (AIHW 1999). No population data are available to classify the national population according to the CP Census definition.

Indigenous children were less likely than other children to use CP-funded services, except for multifunctional Aboriginal children's services, which are specifically for Indigenous people and, to a much lesser extent, multifunctional services that operate in rural and remote areas (Table 4.13). It is estimated that Indigenous children comprised 4% of the total population of children aged 0–12 years at June 1997 (ABS 1997d). However, they accounted for 2% or less of children in CP-funded services, except in MACS and multifunctional services, where they accounted for 78% and 7% of children respectively. The accuracy of the identification of Indigenous children by service providers is also an issue (AIHW 1999).

Only a very small proportion (less than 2%) of children in CP-funded services were referred to these services because they were assessed as being at risk of abuse and neglect. No population data are available on the number of children who fall into this category (see Chapter 8).

Affordability

Factors affecting the affordability of child care

As noted by the Senate Inquiry into Child Care Funding, the 'affordability of child care for families depends on the fees charged ... and the capacity of families to pay' (SCARC 1998:86). The fees charged by service providers reflect their underlying cost structures; families' capacity to pay for child care depends on their income and associated eligibility for Commonwealth Government fee subsidies (Childcare Assistance and the Childcare Rebate), the number of children in care and the time children spend in care.

As a consequence of the funding changes that have occurred in the past two years, most community-based long day care centres and outside school hours care services no longer receive operational subsidies from the Childcare Program and are funded on an ongoing basis solely through Childcare Assistance subsidies to parents. While such reforms clearly have an impact on service providers' cost structures and affect the level of fees charged, it is important to note that there are a number of other factors that influence fee structures. As the then Department of Health and Family Services noted in its submission to the Senate Inquiry, factors such as movements in child care workers' award wages, changes to licensing regulations and increases in overheads, such as insurance, utilities and rates, also impact on the level of fees charged (DHFS 1998c:20).

Commonwealth Government fee subsidies

The purpose of Commonwealth Government fee subsidies (Childcare Assistance and the Childcare Rebate) is to make child care more affordable for families. Eligibility for Childcare Assistance is assessed by Centrelink, with eligible families paying reduced fees to approved child care service providers and the Department of Family and Community Services reimbursing providers. There are two rates of Childcare Assistance: a rate for children under school age and a slightly lower rate for children at

school.¹⁵ The Childcare Rebate is administered by the Health Insurance Commission and paid to parents through Medicare offices on receipt of claims for child care expenses.

At 1 July 1999 Childcare Assistance for one child not at school is provided at the maximum rate of 82.5% of a set 'ceiling fee' of \$117 for 50 hours of care a week, or \$2.34 an hour. For children at school, Childcare Assistance for one child is provided at the maximum rate of 82.5% of a set 'ceiling fee' of \$99.50 for 50 hours of care a week, or \$1.99 an hour. Higher rates apply where a family has more than one child in care. Families with one child in full-time long day care, for instance, who are eligible for maximum Childcare Assistance pay a minimum fee of \$20.50 (the ceiling fee less 82.48%) plus the 'gap fee' (the difference between the 'ceiling fee' and the fee charged by the service provider). Families eligible for partial Childcare Assistance pay the difference between fees charged and the level of assistance.¹⁶ Families whose child care fees are reduced by Childcare Assistance and who have children in work-related care may then claim the Childcare Rebate for the amount that they pay for child care.

Families eligible for the Childcare Rebate for one child in care pay the first \$20.50 of their weekly child care costs but can receive a rebate of 30% of the remainder, up to \$28.95 a week, where family income is \$70,000 or less. Where family income is above this level, families with one child in care are eligible for a rebate of 20% of child care costs, up to a maximum rebate of \$19.30. The equivalent rebates for two or more children in care are \$64.05 and \$42.70. The rebate is paid on the basis of the amount spent on child care regardless of the hours of care used.

According to the CP Census, at August 1997, 77% (or 239,000) of the 310,500 families with children in long day care were receiving Childcare Assistance, with 60% of families in receipt of the payment receiving the full rate (FaCS 1999c:11). A slightly lower proportion of families with children in community-based long day care centres received Childcare Assistance (73%) than families with children in other centres (78%) or in family day care (79%) (FaCS, unpublished data). In July 1999 it was reported that almost 94,000 families had applied for Childcare Assistance for outside school hours care (FaCS 1999c:11).

The number of families claiming the Childcare Rebate increased by 9% between 1995-96 and 1996-97, from 258,092 to 281,138 families, but then fell by 4% in 1997-98 to 270,353 families. The vast majority of families (94%, or 254,098) who claimed the Childcare Rebate in 1997-98 were claiming for the expenses incurred in using formal services only. A small minority claimed the Rebate for expenses incurred in using informal care only (7,020 or 3%) or for using both formal services and informal care (9,235 or 3%) (HIC pers. comm.).

15 The lower rate of Childcare Assistance applies for children at school who are cared for in outside school hours care services and in other types of services, such as long day care.

16 The income threshold for maximum Childcare Assistance is \$528 per week. Families are eligible for partial Childcare Assistance up to an annual income cut-off of \$66,403 for one child in care, \$77,857 for two children in care, and \$95,039 for three or more children in care. These parameters are the same for children not at school and children at school.

Details of the new Child Care Benefit (CCB), which will replace Childcare Assistance and the Childcare Rebate are contained in Box 4.3. As noted, it is estimated that the maximum rate of assistance for the new CCB will be \$120 a week, an increase of \$7.50 a week for low-income families paying the average fees for one child not at school using centre-based care. The new payment will be less complex to calculate than the previous payments, since it replaces the 'ceiling fee' and 'minimum fee' with a 'maximum' rate of payment. The CCB may, however, provide fewer benefits for parents using informal care, since it will be paid on the basis of the hours of care, not on the total cost of care (as with the Childcare Rebate).

Fees for child care services

The Senate Committee noted that many of the people and organisations that provided submissions to the inquiry reported concerns about a decline in the affordability of child care services because of fee increases without corresponding increases in government assistance (SCARC 1998:86).

At December 1998 average weekly fees were \$169 for community-based centres, \$162 for other long day care centres and \$134 for family day care services. A family eligible for maximum Childcare Assistance and Childcare Rebate who had one child not at school and using a 'private' long day care centre full-time would have received a fee subsidy of \$109.60 (\$95.50 for Childcare Assistance and \$14.10 for the Childcare Rebate) and paid \$52.40 in child care expenses. A similar family with one child using family day care full-time would have received \$101.20 in fee subsidies (\$95.50 for Childcare Assistance and \$5.70 for the Childcare Rebate) and paid \$32.80 in child care expenses.

Average weekly full-time fees varied considerably between the States and Territories. Within each jurisdiction, community-based centres charged the highest fees, except in the Australian Capital Territory, and family day care service providers the lowest.

The CP census shows that, in August 1997, average sessional fees for before school care were \$3.88 and for after school care \$5.90; an average session for before school care was around 1 hour 50 minutes and for after school care around 3 hours. Average weekly fees for vacation care services directly funded through the CP were \$69 per week, but this ranged from \$60 per week in New South Wales to \$99 per week in the Australian Capital Territory (FaCS 1999b). No recent data on outside school hours care fees are available.

Table 4.14: Average full-time weekly fees for CP-funded long day care services, by type of service and State and Territory, December 1998 (\$)

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Long day care centres									
Community	176	166	156	165	169	175	174	153	169
Private	167	159	155	157	164	171	179	150	162
Family day care	145	127	123	146	128	155	160	133	134

Notes

1. Community = community-based long day care centres; Private = private-for-profit and employer-sponsored and other non-profit long day care centres.
2. Data for family day care services are for 50 hours of care per week.

Source: FaCS 1998b.

Impact of Commonwealth Government fee subsidies

Australia's Welfare 1997 examined the extent to which Commonwealth fee subsidies assisted different family types at different income levels with the cost of child care at a point in time (April 1997) (AIHW 1997:125). The cost of child care to parents is the difference between the fee charged and Commonwealth assistance. More recent data on the topic are examined here.

Child care costs and the level of Commonwealth Government assistance for a number of different types of families with one child under 5 using long day care services for 40 hours a week at December 1998 are shown in Table A4.7. The progressive nature of government assistance to families is readily apparent: child care costs are reduced more for low-income families than for high-income families. Of families using 'private' long day care centres, for instance, child care fees for a sole parent on Parenting Payment who was studying were 45% of disposable income, but costs were reduced to 15% of disposable income after government assistance. In contrast, child care fees for a two-income couple on 2.5 AWE (Average Weekly Earnings) accounted for 12% of disposable income and costs were reduced to 10% after government assistance. Out-of-pocket expenses were slightly higher for parents using community-based centres, but considerably lower for parents using family day care, reflecting relative fees.

Affordability of preschool services

National data on preschool fees are not available on a comprehensive or comparable basis. The costs of preschool services offered in the different States and Territories vary considerably; costs may also vary within a jurisdiction depending on the way in which the service is delivered. In 1998, for instance, in Queensland the average fee for community-based preschools and kindergartens was \$1.75 per hour, while no fees were charged for government preschools (SCRCSSP 1999:930).

Many States and Territories provide fee relief for preschools and for child care services not approved for Childcare Assistance. The Victorian Department of Human Services, for instance, provides additional funding for preschool service providers (other than long day care centres) to reduce fees charged for children in low-income families (defined as families where parents are in receipt of a Commonwealth Health Card) (Naphthine 1997).

Quality

Child care quality assurance mechanisms

There are two mechanisms for assuring quality in the child care area. The first is 'child care standards', which are the 'quantifiable inputs' viewed as necessary to provide a good quality service, and the second is 'accreditation', which focuses on the way the service operates (Brennan 1998:201).

Child care standards—such as the physical environment, health and safety, staff-child ratios, staff qualifications and program activities—are generally incorporated in legislative regulations or funding guidelines. All States and Territories license and regulate centre-based long day care and occasional care services. As at July 1999 family day care schemes and/or providers are licensed and regulated in New South Wales, Queensland and Western Australia. In all other States and Territories, minimum standards of staff-child ratios and, in some instances, basic environmental conditions are set for

family day care services through statute, ordinance or exemption (SCSWA 1993:9). As at July 1999 the Australian Capital Territory is preparing to license family day care schemes; it is also the only jurisdiction that licenses and regulates outside school hours care. Since child care standards vary across the different jurisdictions, sets of national standards for long day care centres, family day care and outside school hours care have been developed by the Commonwealth and State and Territory governments and endorsed by the Community Services Ministers Conference. The extent to which these national standards have been implemented varies across jurisdictions.

As at July 1999 all long day care centres receiving Childcare Assistance on behalf of parents are required to take part in an accreditation process – the Quality Improvement and Accreditation System (QIAS) – which is administered by the National Childcare Accreditation Council (AIHW 1997:126–8). Between June 1997 and July 1999 the proportion of centres that were accredited increased from 68% to 87%, with the proportion of all centres accredited with three years between reviews increasing from 32% to 67% (Table 4.15). In each year, most of the centres that were not accredited were going through the process of accreditation; a small proportion of centres had not reached the standard required for accreditation and, with the help of trained support staff, were working through a plan of action approved by the Council to bring them up to standard. This proportion was around 7% in both June 1997 and July 1999.

Table 4.15: Accreditation status of CP-funded long day care centres, 26 June 1997 and 15 July 1999

Stage of progress	Number of centres	
	1997	1999
Accredited	2,799	3,584
Accredited with 1 year between reviews	1,158	572
Accredited with 2 years between reviews	327	235
Accredited with 3 years between reviews	1,314	2,777
Plan of action—not accredited	283	269
In self-study, in review, in moderation or awaiting council decision	1,052	289
Total	4,134	4,142

Source: National Child Care Accreditation Council unpublished data.

The Commonwealth’s Child Care Advisory Council has recently reviewed the Quality Improvement and Accreditation System (QIAS). Arising from this review, the Council has developed a series of draft recommendations for change to the QIAS process and proposed 40 draft new Principles of quality care. These draft recommendations and Principles will be the subject of consultations with the sector, which are expected to be conducted in late 1999.

During the past two years the Commonwealth Government has been working with the National Family Day Care Council of Australia to develop a system for ensuring the quality of family day care services. Consultations with the sector, State and Territory Governments and the community about the proposed system are due to take place in the second half of 1999, and it is expected that trialing of the new system will begin in the first half of 2000.

The Commonwealth has also been working with the National Out of School Hours Services Association (NOSHSA) to develop a system to ensure the quality of outside school hours care services. In the middle of 1998 NOSHSA received funding from the Commonwealth to undertake a study of the key indicators of quality in outside school hours care services. A quality assurance system is to be developed on the basis of findings from this study. This work is to go ahead in the second half of 1999 and there will be broad consultations on the proposed system in the first half of 2000.

Child care workers: qualifications, experience and in-service training

State and Territory child care licensing regulations and the national standards all contain specifications of 'recognised qualifications' for various staffing positions. These aspects of staffing have been found to be highly related to the quality of care provided (Ochiltree 1994).

Information on 'relevant qualifications' held by child care workers is collected in the CP Census for every service type (Table 4.16). While 'relevant qualifications' vary slightly by service type, they generally include qualifications in early childhood and primary

Table 4.16: Child care workers employed in CP-funded services: qualification status and in-service training, by service type, 1996 or 1997 (per cent)

Type of service	Workers with relevant qualifications					In-service training undertaken in last 12 months		
	Has qualifications	Studying for qualifications	Not qualified			Training undertaken	No training	Total number of workers
			3+ years' experience	None of these	Total			
Long day care centres								
Community-based	51	10	21	18	100	67	33	14,544
Private-for-profit	49	15	12	24	100	70	30	24,915
Employer and other non-profit	54	11	16	19	100	70	30	3,527
Family day care coordination unit staff	66	6	17	11	100	86	14	1,716
Family day care providers	20	6	41	33	100	77	23	14,039
Before/after school care	37	18	18	27	100	57	43	8,085
Vacation care	37	21	14	28	100	n.a.	n.a.	3,835
Occasional/other care ^(a)	40	10	18	32	100	58	42	3,885

(a) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services, and other multifunctional services.

Notes

1. The 1997 CP Census covered long day care centres, family day care services, and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
2. Double-counting may occur for workers in before/after school care and vacation care services.
3. Each worker has been counted once. However, a 'qualified' worker may also be studying for a qualification and/or have 3 or more years' experience. Similarly, a worker with no qualifications who is studying for a qualification may also have 3 or more years' experience.
4. Estimates are derived from the CP Census. Due to non-response by some centres, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

teaching, child care, nursing and 'other relevant' areas such as social work and business

management. In 1997 about half of workers in long day care centres, two-thirds of family day care coordination unit staff, one-fifth of family day care providers, a third of outside school hours care workers, and, in 1996, 40% of workers in occasional care/other services had at least one relevant qualification (Table 4.16). The proportion of workers not having a relevant qualification but currently studying for one ranged from 6% in family day care to 21% in vacation care. The proportion of workers who had no relevant qualifications and were not studying for any but had worked in the industry for more than three years was highest for family day care providers (41%) and lowest for workers in private-for-profit long day care centres (12%). More than half the workers in all service types had undertaken in-service training in the 12 months prior to the census, with family day care workers accounting for the highest proportion of workers undertaking training (86% of staff in coordination units and 77% of family day care providers).

A number of submissions to the Senate Inquiry expressed concerns that, as a consequence of funding changes, many long day care centres had used various strategies to reduce costs, such as cutting staff numbers (thus reducing staff-child ratios), employing less qualified and/or less experienced staff, and reducing in-service training (SCARC 1998:68-9). Until the 1999 CP Census data become available, however, it is not possible to examine the extent of any such staffing changes.

Quality assurance for preschool services

Mechanisms for ensuring the quality of preschool services vary considerably across the States and Territories, partly depending on the way these services are provided and delivered. In relation to standards, preschools are either licensed under the same or similar regulations as long day care centres or they are regulated through some other mechanism, such as sets of departmental administrative instructions. In some jurisdictions, quality assurance systems to assess the operation of preschool services have been developed and implemented (AIHW 1997:128).

4.5 Family support services

The lack of national information in the family support services area is well known. While a number of Commonwealth, State and Territory government departments have data collections relating to the services they fund and/or provide, there is as yet no national family support services data collection with consistent scope, coverage and data definitions. Such a collection is not possible to implement without an understanding of the basic structure and arrangements for the provision of family support services across Australia. No comprehensive audit has yet been undertaken of the services in the various jurisdictions. The family and children's services chapter of *Australia's Welfare 1997* contained a section describing various government-funded family support services, both Commonwealth and State and Territory, with some examples of each, but this was by no means a complete picture of the area (AIHW 1997:129-44). In the 1997 chapter, reference was made to the development of a new information system (FAMnet) for the Commonwealth's then Family Services Program (AIHW 1997:133); a discussion of recent data development activities of this Program is contained in Box 4.4.

Box 4.4 Family Relationships Services data collection via the Internet: a case study

The Family Relationships Services Program (formerly the Family Services Program) was located in the Commonwealth Attorney-General's Department until October 1998, when it was relocated to the Department of Family and Community Services.

Under the Program, more than 80 non-government organisations are funded to provide counselling, mediation, skills-development, relationship education and children's contact services from over 400 outlets across Australia (AIHW 1997:132). Data are provided to the Commonwealth by family relationships service providers as part of a contractual obligation.

Early in 1997 Program staff began to develop the Family Quality Strategy and Information System (FAMQIS) to assist with the Program's administration and management functions.

The development of a national minimum data set for family relationships services, including a data model and data dictionary, is an important FAMQIS initiative. An associated FAMQIS initiative is the development and implementation of FAMnet, an Internet-hosted, browser-based data system that supports the government and community sectors in client data collection, purchaser-provider arrangements and communication.

Consultants were contracted to develop FAMnet and there was extensive consultation with service providers during the development process. Pilot testing by service providers has identified the advantages of an Internet system over manual systems and distributed software for data collection, storage, retrieval and analysis for the Family Relationships Services Program. The FAMnet system came into full operation on 1 July 1999.

For more information contact <famnet@facs.gov.au>.

A recent National Crime Prevention report, *Pathways to Prevention*, contains a detailed examination of 46 early intervention services across Australia, several of which are categorised as family support services using the AIHW classification system. The report notes the difficulties involved in doing an audit of programs in the early intervention area: 'The field of family and children's services is not only diverse and fragmented, there are no data bases conveniently available to assist in the identification of relevant programs' (NCP 1999:199).

National data development in the family support services area was put forward as an important information development priority in the National Community Services Information Development Plan (SCCSISA 1999:18). As a consequence, SCCSISA has agreed to fund a scoping study of family support services. This scoping study will be an important step in progressing a national family support services data collection.

References

- Australian Bureau of Statistics (ABS) 1992. Estimated resident population by age and sex, Australian States and Territories, June 1987 to June 1992. Cat. no. 3201. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997a. Population by age and sex, Australian States and Territories, June 1992 to June 1997. Cat. no. 4442.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997b. Australian demographic statistics, December quarter 1997. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997c. Child care Australia, March 1996. Cat. no. 4402.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997d. Indigenous population by age and sex at 30 June 1997: unpublished estimates by single year based on census data for June 1996. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998a. Population by age and sex, Australian State and Territories, June 1997 to June 1998. Cat. no. 3201. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998b. Australian demographic statistics, December quarter 1998. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998c. Family characteristics, Australia, April 1997. Cat. no. 4442.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998d. Labour force status and other characteristics of families, Australia. Cat. no. 6224.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998e. National income, expenditure and product, December quarter. Cat. no. 5206.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998f. Average weekly earnings, States and Australia, November 1998. Cat. no. 6301.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999a. Children, Australia: a social report. Cat. no. 4119.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999b. Disability, ageing and carers: summary of findings. Cat. no. 4430.0. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1993. Australia's welfare 1993: services and assistance. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1995. Australia's welfare 1995: services and assistance. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999. Comparison of data items in selected children's services data collections. Canberra: AIHW.

- Australian Taxation Office (ATO) 1999a. Simplification of Family Assistance and establishment of the Family Assistance Office (FAO). Centrelink questions and answers (Q&As).
- Australian Taxation Office (ATO) 1999b. Tax ruling on FBT and child care. Media release. 25 August.
- Brennan D 1998. *The politics of Australian child care: philanthropy to feminism and beyond*. Rev. ed. Melbourne: Cambridge University Press.
- Commerce Clearing House (CCH) 1998. *Australian master tax guide*. Sydney: CCH.
- Department of Community Services and Health (DCSH) 1990. *Annual report 1989-90*. Canberra: AGPS.
- Department of Family and Community Services (FaCS) 1998a. *Customers. A statistical overview*. Canberra: FaCS.
- Department of Family and Community Services (FaCS) 1998b. *Child care system*, June 1998. Unpublished data.
- Department of Family and Community Services (FaCS) 1998c. *1996 Commonwealth Childcare Program Census of Child Care Services*. Unit record file.
- Department of Family and Community Services (FaCS) 1999a. *Child Care Benefit information package*. Commonwealth Child Care Program. Canberra: FaCS.
- Department of Family and Community Services (FaCS) 1999b. *1997 Commonwealth Childcare Program Census of Child Care Services*. Unit record file.
- Department of Family and Community Services (FaCS) 1999c. *Child care in Australia: an update of key statistics relating to the Commonwealth Childcare Program*. Canberra: FaCS.
- Department of Health and Family Services (DHFS) 1996. *Annual report 1995-96*. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1997a. *Children's services: statistical report*. June 1997.
- Department of Health and Family Services (DHFS) 1997b. *Annual report 1996-97*. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1998a. *Portfolio budget statements, 1998-99. Health and Family Services Portfolio. Budget related paper 1.8*. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1998b. *Annual report 1997-98*. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1998c. *Submission to Senate Community Affairs References Committee inquiry into child care funding*. April. Submission no. 894.
- Department of Health, Housing and Community Services (DHHCS) 1991. *Annual report 1990-91*. Canberra: AGPS.

- Department of Health, Housing and Community Services (DHHCS) 1992. Annual report 1991-92. Canberra: AGPS.
- Department of Health, Housing, Local Government and Community Services (DHHLGCS) 1993. Annual report 1992-93. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1994. Annual report 1993-94. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1995. Annual report 1994-95. Canberra: AGPS.
- Department of Social Security (DSS) 1995. Annual report 1994-95. Canberra: AGPS.
- Department of Social Security (DSS) 1997. Annual report 1996-97. Canberra: AGPS.
- Department of Social Security (DSS) 1998. Annual report 1997-98. Canberra: AGPS.
- Department of the Treasury (Treasury) 1999a. Tax expenditures statement 1997-98. Canberra: AGPS.
- Department of the Treasury (Treasury) 1999b. A new tax system. Community sector briefing kit. Facts sheet 103(i): How will the new tax system benefit families?
- Department of the Treasury (Treasury), Department of Health and Aged Care (DHAC) & Department of Family and Community Services (FaCS) 1999. A new tax system. Community sector briefing kit.
- Howard, the Hon. J, 1998. Keynote address to the Australian Council of Social Service (ACOSS) National Congress. Adelaide. 5 November.
- Howard, the Hon. J, 1999. 'Toward a family strategy' Launch of the response to the 'To have and to hold' report. 23 June. Canberra.
- Moylan, the Hon. J 1997. Child care – working families the first priority. Media release by Minister for Family Services. 22 September.
- Moyle H, Meyer P, Golley L & Evans A 1996. Children's services in Australia, 1996: services for children under school age. Children's Services Series no. 2. Canberra: AIHW.
- Napthine, the Hon. D 1997. Extra \$1.9m for Victoria's preschools – Denis Napthine. News release from the Office of the Minister for Youth and Community Services. December 19.
- National Crime Prevention (NCP) 1999. Pathways to prevention: developmental and early intervention approaches to crime in Australia. National Crime Prevention, Attorney-General's Department: Canberra.
- National Institute of Child Health and Human Development (NICHD) 1998. The NICHD study of early child care. Washington: US Department of Health and Human Services.
- Ochiltree G 1994. Effects of child care on young children: forty years of research. Early Childhood Study Paper no. 5. Melbourne: Australian Institute of Family Studies.

- Senate Community Affairs References Committee (SCARC) 1998. Report on child care funding, December. Canberra: Commonwealth of Australia.
- Smith, the Hon. W 1997. Commonwealth Child Care Advisory Council. Media release by the Minister for Family Services. 23 January.
- Standing Committee of Community Services and Income Security Administrators (SCCSISA) 1999. National Community Services Information Development Plan. AIHW Cat. no. AUS 14. Canberra: AIHW.
- Standing Committee of Social Welfare Administrators (SCSWA) Children's Services Sub-Committee 1993. Draft national standards for family day care—background paper, October.
- Steering Committee for the Review of Commonwealth/State Services Provision (SCRCSPP) 1999. Report on government services 1999. Vol. 2. Melbourne: Productivity Commission.

5 Assistance for housing

5.1 Introduction

Shelter is a basic human need, and there is a strong correlation between inadequate housing and poor health status, poverty and generally low living standards (AIHW 1997:153). Housing assistance is an important element of Commonwealth and State and Territory governments' social policy and welfare framework.

This chapter examines current information on housing assistance: household types, characteristics of the recipients of housing assistance, the nature of assistance, and government expenditure on it. The aim of housing assistance is to overcome the problems households face in obtaining or retaining suitable accommodation—whether due to cost, availability or adequacy—and to provide them with the flexibility to meet changing demand. In Australia housing assistance is made available through a diverse range of programs covering private, public and community sector housing. Assistance is provided for long-term, medium-term and transitory needs, and crisis accommodation. All States and Territories provide assistance across all tenure types, although because of differing specific or economic needs, there is great variation between jurisdictions in the composition and range of assistance. These differences are discussed in Section 5.3, page 137.

Changes to housing assistance in Australia in recent years have been characterised by growth in the extent of government assistance for households to rent in the private market and reforms to public, community and crisis housing assistance. Box 5.1 describes the main types of housing assistance.

Government policy and program changes are reflected in changing roles for the public, private and community sectors in the provision of housing assistance. At all levels of government, partnership arrangements with the private and community sectors are being more actively pursued, with the aim of providing greater choice. Joint-venture financing, head-leasing (see Box 5.5, page 150) and shared tenant and property management arrangements are becoming more common. Public and community housing policies have recently begun to focus more specifically on meeting the needs of people who cannot meet their own housing needs through home purchase or private rental. In public housing, for example, some States have implemented reforms to rent setting, tenure, eligibility and waiting list management practices to improve targeting and operational efficiency. These issues were highlighted by the Senate Community Affairs References Committee in the Report on Housing Assistance (SCARC 1997). Box 5.2 summarises this aspect of the report.

The nature of housing assistance in the future will be determined by the interaction of government assistance, non-government assistance and the private rental market in assisting people on low-incomes, particularly people with multiple disadvantages or complex social needs.

Box 5.1: Housing assistance-types and definitions

Private rental housing assistance

Private rental housing assistance is available to people on low-incomes who are renting accommodation in the private market. Such assistance is provided in two quite different forms.

- *Commonwealth Rent Assistance is supplementary financial assistance that may be payable to recipients of social security and Department of Veterans' Affairs payments who pay rents above specified threshold levels in the private rental market.*
- *Private Rental Assistance is a suite of housing assistance programs, provided by the States and Territories through the Commonwealth–State Housing Agreement, aimed at assisting low-income households experiencing difficulty in securing or maintaining private rental accommodation. Assistance is provided in the form of rental assistance (subsidies), bond assistance and other assistance (such as relocation expenses and advice and information).*

Public and community provided rental housing assistance

Public and community housing assistance takes several forms:

- *housing for specific low-income groups such as single people, Indigenous Australians or homeless;*
- *housing support for people with additional needs;*
- *purpose-built and modified dwellings for frail aged people and people with disabilities;*
- *a variety of arrangements, from emergency or crisis accommodation through medium-term or transitional accommodation to long-term housing.*

Public rental housing is an important form of housing assistance offered to people on low-incomes; eligibility is determined by multi-faceted criteria designed to identify those most in need. Government provides and administers publicly owned dwellings that are funded through the Commonwealth–State Housing Agreement and used to provide appropriate, affordable and accessible shelter for low to moderate income earners and their families who are unable to enter the private market and for those persons otherwise in need of housing.

Community housing is rental housing provided for low-income and special needs households, that is managed by non-profit community-based organisations such as local governments, churches and charity groups. It is available to people who are eligible for public housing and who may have special needs best catered for by a community-managed organisation.

Home purchase or home ownership assistance

Home purchase or home ownership assistance is provided for people who wish to buy their own home but need help with financing. Assistance can be in the form of deposit assistance, mortgage relief and easier access to the transfer of public housing stock.

On 28 July 1999 the Commonwealth and the States and Territories signed a new four-year Commonwealth–State Housing Agreement (CSHA). The new Agreement is designed to provide strategic directions and funding certainty for the provision of housing assistance across Australia in the four years from 1 July 1999. It includes bilateral housing agreements between the Commonwealth and each State and Territory, allowing each jurisdiction more flexibility in delivering housing assistance according to its priorities and circumstances. Box 5.3 provides information about the new Agreement.

Box 5.2: The Senate Community Affairs References Committee’s Report on Housing Assistance

The Senate Community Affairs References Committee’s Report on Housing Assistance reviewed housing assistance provision, policy and problem areas. The report noted the following.

- *The 1996 Commonwealth–State Housing Agreement represents a considerable change from earlier Agreements, especially in relation to Commonwealth–State responsibilities in the provision of public rental housing. Changes affecting eligibility requirements, rent levels and tenure arrangements occurred as a result of the June 1997 Housing Ministers’ meeting. For example, some States have increased the level of rents paid by tenants in receipt of rebates to not less than 25% of their income and replaced tenants’ indefinite rights to residence with tenancy on limited-term leases.*
- *The trend to de-institutionalisation and the consequently greater number of people with special needs now being accommodated in public housing have increased pressure on the States and Territories. Special needs tend to increase accommodation costs. The Committee considered public and community housing to be the forms of tenure that best met the needs of the most disadvantaged in our community.*
- *The interaction between the income test for public housing rebates, social security payments and the tax system can result in high effective marginal tax rates for tenants in public housing. Part-time work can mean that people receiving social security benefits and a public housing rent rebate can lose those benefits as their income rises. This serves as a strong disincentive to work.*

Source: SCARC 1997.

5.2 Profile of housing tenure

Seventy-one per cent of Australian families are home owners (with or without mortgages) (Table 5.1).¹ Eighty per cent of ‘couple only’ and ‘couple with children’ households and 53% of sole parents are home owners or purchasers.

Approximately 1.8 million families rent their dwelling; this accounts for 26% of all tenures. Private renters are the major renter group. The public and community rental

1 Because of the lack of a standard way of measuring home ownership and differences in the way data are collected, official estimates of home ownership in 1996 ranged from 68% to 71% (see Mudd et al. 1999).

Box 5.3: The 1999–2003 Commonwealth–State Housing Agreement

The 1999–2003 Commonwealth–State Housing Agreement (CSHA) will provide more than \$4 billion for public, community, Indigenous and crisis housing, including \$269 million as compensation for the impact of taxation reform.

The new CSHA consists of a multilateral agreement accompanied by bilateral agreements between the Commonwealth and each State and Territory. The multilateral agreement specifies the guiding principles, funding arrangements and operating procedures. It also specifies an outcomes measurement framework based on bilateral information and a core set of nationally consistent indicators and data for benchmarking purposes. This includes the National Housing Data Agreement (NHDA) as a subsidiary agreement to the CSHA. Under the NHDA the Commonwealth and States and Territories will provide data according to specified national standards and will agree to provide funding for data management and other purposes.

The bilateral housing agreements allow for flexibility in the delivery of housing assistance according to each jurisdiction's needs and priorities.

The guiding principles underlying the Commonwealth–State Housing Agreement include:

- to assist people whose needs for appropriate housing cannot be met by the private market for the duration of that need;*
- to provide housing assistance to those most in need and without discrimination;*
- flexible housing assistance arrangements to reflect the diversity of situations within the various jurisdictions;*
- provision of assistance while maintaining high standards of public accountability and quality.*

The Commonwealth and the States and Territories agree that the bilateral agreements will be the main instruments for articulating housing assistance outcomes and objectives. The agreements will contain an integrated outcomes-measurement framework that identifies objectives and outcomes for the State to achieve during the life of the Agreement and details how the State will measure performance in achieving those objectives and outcomes.

Source: Commonwealth of Australia 1999.

sectors have relatively higher proportions of sole parents and single-person households than does the private rental sector.

Changes in demographics

Population growth and changes in household formation are important factors affecting the demand for housing and housing assistance. The 1971 Census results showed that there were 13.1 million people and 3.7 million households in Australia (AIHW 1995:350). By 1996 these figures had increased to 17.9 million people and 6.3 million households (ABS 1998b), representing an average annual population growth rate for the period of 1.3% and an annual household growth rate of 2.2% for the same period.

The average number of people per household fell from 3.3 in 1971 to 2.7 in 1996 (Table 5.2). The biggest factor in the trend to smaller households was an increase in one-

Table 5.1: Families in private dwellings, by family type and tenure type, 1996

Tenure type	Couple with		Sole parent	Singles only	Other	Total
	Couple only	(dependent) children				
Number of families ('000)						
Owner with and without mortgage	1,276.3	1,851.2	351.6	896.6	495.1	4,870.8
Private rental	228.8	305.0	190.4	348.9	313.4	1,386.5
Public rental housing	36.0	71.8	97.8	114.6	31.2	351.4
Community housing	3.4	8.1	8.1	12.4	3.8	35.8
Other	39.4	75.5	14.8	62.4	41.6	233.7
Total	1,583.9	2,311.6	662.7	1,434.9	885.1	6,878.2
Distribution of tenure within each family type (per cent)						
Owner with and without mortgage	80.6	80.1	53.1	62.5	55.9	70.8
Private rental	14.4	13.2	28.7	24.3	35.4	20.2
Public rental housing	2.3	3.1	14.8	8.0	3.5	5.1
Community housing	0.2	0.4	1.2	0.9	0.4	0.5
Other	2.5	3.3	2.2	4.3	4.7	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Distribution of family type within each tenure (per cent)						
Owner with and without mortgage	26.2	38.0	7.2	18.4	10.2	100.0
Private rental	16.5	22.0	13.7	25.2	22.6	100.0
Public rental housing	10.2	20.4	27.8	32.6	8.9	100.0
Community housing	9.5	22.6	22.6	34.6	10.6	100.0
Other	16.9	32.3	6.3	26.7	17.8	100.0
Total	23.0	33.6	9.6	20.9	12.9	100.0

Notes

1. The 'other' family type includes not applicable. The 'other' tenure type includes rent free.
2. There may be more than one family per household or dwelling. For household-based data see Table A5.1.

Source: AIHW analysis of ABS 1998b.

person, particularly older person, households. One-person households constituted 14% of all households in 1971 and 23% in 1996.

The number of single-person households where the person was aged less than 25 years fell from 105,500 in 1971 to less than 80,000 in the 1980s (AIHW 1995:47) and rose again to 107,800 in 1996 (ABS 1998b). In contrast, there has been a marked increase in the number of single-person households where the person was aged 65 years and over, primarily as a result of the ageing of the population and the tendency for wives to outlive their husbands (McDonald 1995). The number of such households rose from 311,000 in 1971 (AIHW 1995:47) to 551,300 in 1996 (Table 5.4).

Another notable change in the structure of Australian families in the past 25 years has been the increase in the proportion of sole-parent families, primarily as a result of the increased rate of marital breakdown and, to a lesser extent, the increase in the ex-nuptial birth rate (McDonald 1995:22). The number of sole-parent families with dependent children only more than doubled between 1971 and 1996, from 221,500 to 453,100 (ABS 1998b; AIHW 1995).

Household size has fallen but the number of bedrooms per private dwelling has increased slightly. Three-bedroom dwellings consistently made up around half of all

Table 5.2: Household size in occupied private dwellings, 1971 to 1996 (per cent)

Household size (number of people)	1971	1976	1981	1986	1991	1996
One	13.6	15.4	18.0	19.5	19.7	22.8
Two	26.5	28.2	29.2	30.0	31.1	32.4
Three	18.0	17.4	16.9	17.1	17.2	16.6
Four	18.7	19.4	19.1	18.6	18.5	16.7
Five	12.2	11.3	10.5	9.6	9.1	7.9
Six or more	11.1	8.3	6.4	5.2	4.3	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total households ('000)	3,670.6	4,119.0	4,668.9	5,187.4	5,586.2	6,281.8
Average number of people	3.3	3.1	3.0	2.9	2.8	2.7

Note: Excludes households in caravan parks and visitor households.

Source: AIHW 1995; ABS 1998a.

dwellings between 1971 and 1996. In the same period, however, the proportion of dwellings with two or fewer bedrooms fell from 36% to 28% and the proportion with four or more bedrooms rose from 13% to 22% (Table 5.3). The number of single-bedroom houses and bedsits remained steady, although this translates to a decreased proportion of total dwellings. On the other hand, the number of four-bedroom houses almost tripled and the number of houses with five or more bedrooms more than doubled.

Table 5.3: Dwelling size of occupied private dwellings, 1971 to 1996 (per cent of dwellings)

Dwelling size (number of bedrooms)	1971	1976	1981	1986	1991	1996
One ^(a)	9.7	6.8	7.2	5.9	5.6	5.6
Two	26.7	24.6	27.3	26.7	23.6	22.6
Three	50.3	51.9	51.5	52.1	51.0	49.7
Four	11.0	13.6	12.0	13.3	16.7	18.6
Five or more	2.3	3.0	2.1	2.1	3.0	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total dwellings ('000)	3,627.3	4,025.1	4,598.4	5,063.6	5,513.1	6,218.3
Average number of bedrooms	2.7	2.8	2.7	2.8	2.9	2.9

(a) Includes bedsits.

Note: Excludes caravans and other dwellings in caravan parks and dwellings whose number of bedrooms was not stated.

Source: AIHW 1995; AIHW analysis of ABS 1998b.

Distribution of housing amongst population groups

Several groups in the community in need of housing assistance may need additional support beyond the provision of a dwelling. Among these groups are the aged, people with a disability or who are ill, people in crisis, and the homeless. Similarly, some groups may require types of housing that differ from what is generally available; examples are rural Indigenous Australians and newly arrived migrants. These groups might need housing-specific services such as the following:

- the provision of modified housing;
- support services related to meeting housing needs;
- subsidies to help with additional housing-related costs;

- short-term emergency accommodation;
- culturally appropriate housing and tenure arrangements to reduce discrimination;
- community support.

Other assistance might involve the integration of housing and support services covering supported accommodation services to the dwelling, placement of people in dwellings that are near specialised health or community services, and specialised supported accommodation such as respite and palliative care.

People aged 65 years and over

Table 5.4 shows that 80% of all people over aged 65 and over living in private dwellings in 1996 were owners or purchasers of their homes. Of people over 65, 6.4% were in private rental and 5.3% were in public rental housing.

Table 5.4: People aged 65 years and over in private dwellings, by housing tenure and living arrangement, 1996 (per cent)

Housing tenure	Couple only 65+	Family 65+	Single person 65+	Other 65+	All persons 65 years and over		
					65–79	80+	Total
Owner without mortgage	82.7	73.2	66.8	54.4	75.7	71.4	74.9
Owner with mortgage	4.3	11.8	2.5	6.7	5.4	3.5	5.0
Private rental	4.3	7.1	9.3	9.0	6.3	7.0	6.4
Public rental housing	3.3	4.7	9.4	3.3	5.3	5.3	5.3
Other	2.4	1.2	5	2.5	2.5	5.1	3.0
Not stated	2.9	1.9	6.6	23.9	4.6	7.4	5.1
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total ('000s)	922.5	281.1	551.3	106.9	1,511.6	350.2	1,861.8

Note: Excludes missing data.

Source: AIHW 1999f.

People with disabilities

People with disabilities, who make up about 17% of the Australian population aged 15–64 years, are substantially over-represented in public housing, comprising 39% of all persons aged 15–64 years in this form of tenure. Table 5.5 shows the proportions of people aged 15–64 years, by level of disability, across various housing tenure types for 1998 (ABS 1999); it gives some indication of the potential need for modified or supported housing for groups within the disabled population.

People with a profound or severe core activity restriction—that is, people unable to perform, or always in need of help with, a core activity task (mobility, communication or self-care)—make up 10% of all public housing tenants aged 15 to 64. These people are likely to need support and modified housing including assistance to access homes and facilities, enlarged doorways, lowered bench tops, ramps and rails. People with a moderate core activity restriction, who need technical aids to assist with the activities of daily living make up 11% of public housing tenants, people with a mild restriction make up 10.5%. In addition to their need for modified housing, people with a disability

Table 5.5: People aged 15–64 years living in households, by disability status and tenure type, 1998

Tenure type	Profound/ severe core activity restriction ^(a)	Moderate core activity restriction ^(a)	Mild core activity restriction ^(a)	All with disability ^(b)	No disability	Total
	('000)					
Owner without mortgage	151.9	138.0	197.0	648.9	2,349.0	2,998.0
Owner with mortgage	137.7	121.4	172.8	627.4	3,960.7	4,588.0
Private rental	71.4	70.5	110.8	369.6	2,224.8	2,594.4
Public rental housing	45.0	48.7	46.3	170.7	270.2	441.0
Boarder	38.9	11.1	31.5	108.2	666.8	775.1
Living rent-free	34.2	12.8	21.6	98.2	762.0	860.3
Other	2.9 ^(c)	n.p.	4.6 ^(c)	10.2	43.1	53.3
Total	481.9	403.0	584.5	2,033.3	10,276.7	12,310.0
Lives in a non-private dwelling	8.8 ^(c)	10.6	5.4 ^(c)	33.4	111.6	145.0
Total	490.6	413.7	589.9	2,066.7	10,388.4	12,455.0
Distribution of disability status within each tenure (per cent)						
Owner without mortgage	5.1	4.6	6.6	21.6	78.4	100.0
Owner with mortgage	3.0	2.6	3.8	13.7	86.3	100.0
Private rental	2.8	2.7	4.3	14.3	85.7	100.0
Public rental housing	10.2	11.0	10.5	38.7	61.3	100.0
Boarder	5.0	1.4	4.1	14.0	86.0	100.0
Living rent-free	4.0	1.5	2.5	11.4	88.6	100.0
Other	5.4 ^(c)	n.p.	8.6 ^(c)	19.1	80.9	100.0
Total	3.9	3.3	4.7	16.5	83.5	100.0
Lives in a non-private dwelling	6.1 ^(c)	7.3	3.7 ^(c)	23.0	77.0	100.0
Total	3.9	3.3	4.7	16.6	83.4	100.0

(a) Core activities are communication, mobility and self care. For more information see Chapter 7.

(b) Includes people with employment or schooling restrictions and people without restrictions but still screened as disabled.

(c) Relative standard error in excess of 25%.

Source: ABS 1999:Table 19.

may find it more difficult to enter the private rental market for a variety of other reasons, such as low-income, unemployment and discrimination. See Table A5.2 and Chapter 7, page 214, for additional information.

Recently arrived migrants

Of migrants arriving between 1995 and 1996, the 1996 Census found that one-third own or are purchasing their own home and 58% rent privately. Forty per cent of families arriving in Australia between 1991 and 1996 own or are purchasing their own home and 51% are in private rental accommodation (Table 5.6). These figures suggest that, just as with the total population, there is a tendency for migrant households to purchase their own homes. In contrast, a somewhat smaller proportion of the migrant population occupy public or community housing than for all Australians, and the proportion in this tenure is higher among migrants arriving after 1991 compared with those arriving after 1995.

Table 5.6: Families in occupied private dwellings who recently arrived in Australia, by year of arrival in Australia and tenure type, 1996

Tenure type	Arrived between 1991 and 1996		Arrived between 1995 and 1996	
	('000)	Per cent	('000)	Per cent
Owner with and without mortgage	84.9	40.4	28.8	33.9
Private rental	107.9	51.3	49.2	58.0
Public rental housing	8.6	4.1	2.9	3.4
Community housing	1.0	0.5	0.3	0.4
Other/not stated	7.9	3.8	3.7	4.4
Total	210.3	100.0	84.9	100.0

Note: 'Other' includes rent-free, life tenancy, shared equity and other tenures.

Source: ABS 1998b.

Financial and non-financial housing problems

Australia currently lacks agreed methodologies and reliable data with which to assess the need for and effect of housing assistance (SCARC 1997). There is no official housing affordability measure applicable to all tenures, nor are there nationally agreed uniform occupancy standards. Similarly, there is no official poverty line. There are neither nationally acceptable estimates of poverty nor equivalence scales for adjusting income to account for the needs of households of different sizes and compositions. The lack of agreed measures leaves any examination of the need for and effect of housing assistance open to debate.

The ABS housing surveys provide the only detailed national data on the financial and non-financial housing status of all tenures (ABS 1996). The next such survey will not be concluded until December 1999. As a consequence, the most recent data are those presented in *Australia's Welfare 1997* (AIHW 1997), which provided a comprehensive analysis of housing problems based on the 1994 ABS housing survey. In summary, it found that about 28% of households reported some financial or non-financial problems

Table 5.7: Incidence of housing problems, by tenure type and type of problem, 1994 (per cent)

Tenure type	Affordability	Over-crowding	Inadequate amenities	Requires repairs	Poor access to services	Total with problems	Number ('000)
Owner without mortgage	5.9	2.7	3.1	4.1	4.1	16.2	2,793.9
Owner with mortgage	14.6	3.9	4.3	8.6	2.8	27.8	1,890.3
Private rental	28.8	16.5	5.1	19.0	2.8	48.4	1,271.4
Public rental housing	12.8	6.6	8.0	23.2	6.6	44.7	414.8
Other	5.0	6.5	8.7	13.4	6.2	31.6	307.6
Total	13.3	4.6	4.4	9.8	3.8	28.4	6,677.9

Notes

1. Affordability is measured using the equivalent National Housing Strategy (NHS) affordability ratio. For a description of other problem types, see AIHW (1997, Box 5.3).
2. Estimates are derived from the ABS 1994 housing survey. See AIHW (1997, Technical Appendix, especially Box TA5.2) for discussion of issues that affect interpretation. A total of 586,391 weighted cases were missing data for the equivalent NHS affordability measure.

Source: AIHW 1997:Table 5.23.

with their housing; just under half of them had affordability problems and about one-third required urgent and essential repairs. In 1994 there were large differences in the levels of housing problems across tenure types (Table 5.7). Levels of householders reporting problems ranged from 16% of owners without a mortgage to 48% of private renters.

More recent data on affordability are available from the ABS survey of housing occupancy and costs (ABS 1997). Landt (1999) has used these and previous data collections to examine the distribution of affordability. Table 5.8 uses a proportional affordability measure similar to that used for the 1997 AIHW analysis and shows that in 1995–96 almost one-quarter of all private renters were experiencing housing affordability problems. In contrast 11% of public housing renters have poor housing affordability.

Table 5.8: Households experiencing poor housing affordability^(a)

	1981–82	1985–86	1989–90	1993–94	1994–95	1995–96
	Per cent of tenure type					
Owner without mortgage	0.7	0.5	1.1	3.1	3.1	1.5
Owner with mortgage	6.9	8.2	10.4	11.7	10.4	10.7
Private rental	20.6	23.8	26.4	27.6	25.6	24.6
Public rental housing	4.3	9.7	10.3	15.6	11.1	10.7
Other	1.9	1.0	3.2	7.5	9.9	9.1
Total	6.9	7.9	8.7	11.1	10.4	9.6
	Number ('000)					
Owner without mortgage	11	8	24	75	72	36
Owner with mortgage	96	118	149	171	153	154
Private rental	170	210	225	295	282	295
Public rental housing	10	26	34	52	40	37
Other	5	3	12	18	23	24
Total	293	365	444	612	569	546

(a) Households are identified as experiencing poor housing affordability if household housing costs exceed 30% of household disposable income.

Source: Landt 1999:Table A2.

As noted above there is currently no single measure of affordability and alternative measures of affordability often produce different results. For example published data from the ABS survey of housing occupancy and costs (ABS 1997) shows that in 1995–96 about one-third of all private renters were paying more than 30% of their income in rent; this compares with 5.5% of all public renters (Table A5.3). In contrast the CSHA Public Rental Housing Data Collection (1995–96) showed no public housing tenants paying rent in excess of 30% of their assessable income (SCRCSSP 1997:245).

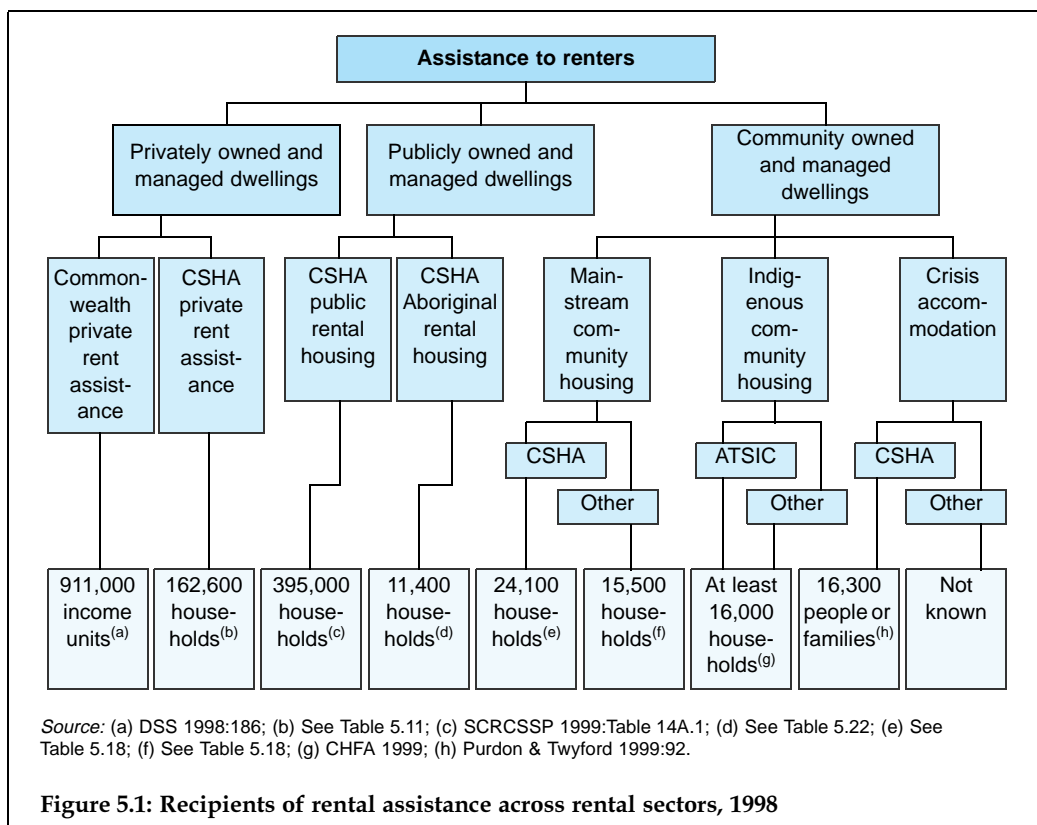
5.3 Housing services and assistance

Housing assistance is provided across all tenures; it ranges in type from a cash income supplement for privately renting recipients of income support to tax concessions for owners and purchasers. Government spending on housing assistance may be recurrent or capital in nature. Because of housing's strong links with other areas of social policy, some funding for housing assistance comes from health, community services and education programs. Housing assistance is also important in contributing to whole-of-government outcomes for families and communities through policies such as urban renewal (TDCHS 1998:99).

Rental assistance

Figure 5.1 shows the distribution of recipients of rental assistance across the private, public and community rental sectors. The different data sources used limit comparisons across sectors and emphasises the need to improve data in the future (see Section 5.5, page 158).

In March 1998 in the private rental market 911,000 income units² received Commonwealth Rent Assistance (DSS 1998:186). Although it is not possible to readily identify how many households this represents, results based on 1994 ABS housing survey data estimated that in 1994, from a total of between 925,000 and 961,000 income units, there were 626,000 households in private dwellings in receipt of Commonwealth Rent Assistance (Karmel 1998:191). Under the Commonwealth-State Housing Agreement private rental assistance was also provided to 162,600 households in 1997-98 (Table 5.11). Because of the overlapping nature of these two types of assistance and because the data cannot be adjusted to avoid double counting, the data cannot be added together to obtain a total number of households receiving some form of private rental assistance.



2 An income unit is defined as either a single person or a couple with or without dependants receiving assistance (DSS 1998:186).

In 1997–98 about 395,000 households³ occupied mainstream public housing (SCRSCCP 1999) paying either subsidised or full market rent. A further 11,400 households were occupying public housing specifically for Indigenous Australians provided through the CSHA Aboriginal Rental Housing Program (Table 5.22).

In the case of community housing in 1998 at least 39,600 households lived in mainstream community housing provided through CSHA and State and Territory community housing programs and other organisations not dependent on government funds (AIHW 1999b). During 1998, Indigenous Australian public and community organisations also provided community-managed housing for at least 16,000 households from various CSHA, Aboriginal and Torres Strait Islander Commission (ATSIC) and State and Territory housing programs (see Figure 5.1). In September 1998, 16,300 people or families were receiving crisis accommodation through the CSHA Crisis Accommodation Program (Purdon & Twyford 1999).

Commonwealth Rent Assistance

Assistance to private renters is mostly provided through Rent Assistance paid by the Department of Family and Community Services (formerly the Department of Social Security) and to a lesser extent the Department of Veterans' Affairs (DVA) and the Department of Education, Training and Youth Affairs (DETYA). Commonwealth Rent Assistance is a non-taxable income supplement paid to individuals and families in recognition of the housing costs they incur in the private rental market. All pensioners, allowees (recipients of allowances such as Newstart Allowance), beneficiaries and people receiving more than the minimum rate of Family Allowance may be eligible for this assistance. It is paid at the rate of 75 cents per \$1 of rent paid above the rent threshold, subject to maximum rates.

Commonwealth government expenditure on Rent Assistance was \$1,490 million in 1997–98 (Table A5.4) and at March 1998 there were 911,000 income units in receipt of Rent Assistance (DSS 1998:186). The average payment was \$29.73 a week. The range between the highest and lowest average payments by location was relatively narrow, from \$30.73 a week in Sydney to \$28.39 in non-metropolitan South Australia. The range was wider by income unit, from \$43.06 a week for couples with three or more children to \$19.94 a week for single sharers aged less than 25 years (DSS 1998:184–6).

Of those receiving Commonwealth Rent Assistance in 1998, 31% were pensioners, 33% received allowances and 36% were recipients of family payments (DSS 1998:186). Single people were the primary recipients (Table 5.9). Pensioners and allowees with

Table 5.9 Commonwealth Rent Assistance, by income unit, March 1998

Income unit	Proportion of recipients
Single person	55.7
Sole parent	20.9
Couple with dependants	15.3
Couple without dependants	8.0
Total	100.0

Source: DSS 1998:186.

3 Because of differences in the way census and administrative data are collected, this figure does not match the 351,000 public renter families shown in Table 5.1.

dependent children receive Commonwealth Rent Assistance as part of their family payments and are therefore included in the family payments group.

Assistance for people aged 60 years and over

In September 1998, 175,800 income units receiving Commonwealth Rent Assistance (19% of the total) were aged 60 years and over (FaCS 1999a). The Department of Veterans' Affairs reported that, in February 1999, 18,897 of its clients in receipt of DVA rent assistance (92% of the total) were aged 61 years and over (DVA 1999).

Assistance to people with disabilities or illness

In September 1998, 144,600 people (15% of the total) were receiving both a Disability Support Pension and Commonwealth Rent Assistance (FaCS 1999a). According to the DVA 5,581, of its clients (27% of the total) were receiving both the DVA Disability Pension and DVA rent assistance in February 1999 (DVA 1999).

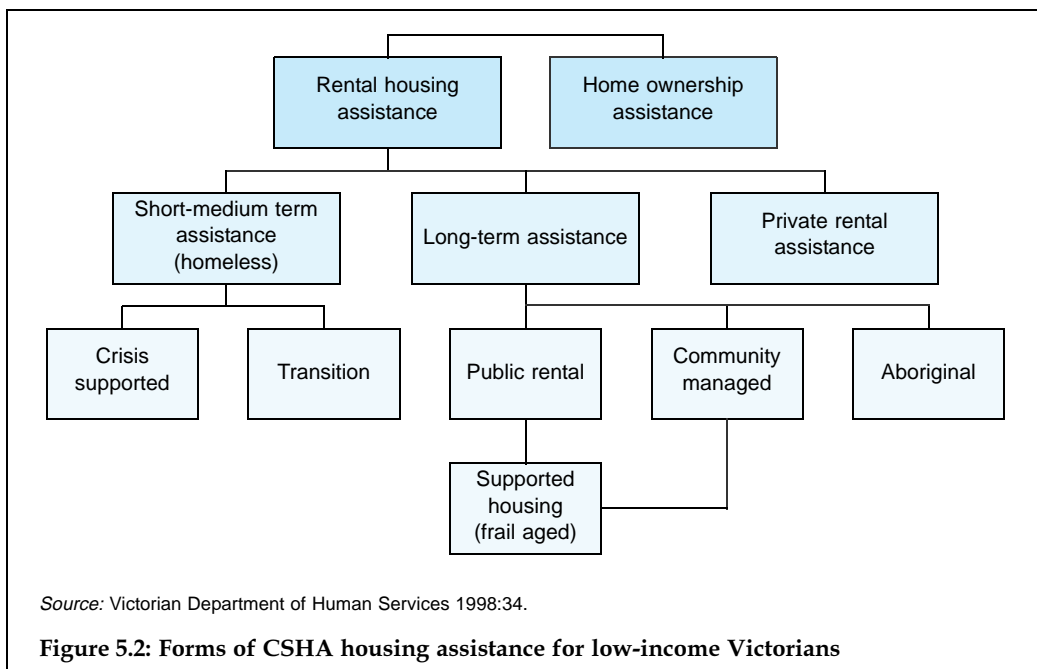
CSHA funding and administration

The Commonwealth-State Housing Agreement (CSHA) is the major national housing-specific government program. Its purpose is to provide for low-income households access to housing that is adequate, secure, appropriate and affordable. The CSHA assists renters and purchasers: cash benefits are provided to assist with rents and bonds for people renting privately and to assist with mortgage repayments and deposits for people purchasing homes; in-kind assistance is provided in the form of subsidised public rental housing, community housing, Aboriginal rental housing and low-deposit loans for home purchase. The six major program areas of the CSHA are public housing, community housing, crisis accommodation, Aboriginal rental housing, private rental assistance, and home ownership assistance.

The diversity of housing operations under the CSHA is illustrated by the range of services provided to low-income Victorians as shown in Figure 5.2. Similar forms of assistance are provided in the other States and the Territories but program boundaries and structures differ (see AIHW 1999e).

The CSHA was established in 1945 and has undergone many changes. The 1996 Agreement covered the period 30 June 1996 to 30 June 1999; under it, reforms were introduced that have seen a changing role for public and community housing. These changes are demonstrated by:

- public and community housing increasingly being provided with community and health service support and/or dwelling modification. In Victoria, for example, Supported Housing properties that enable the frail aged or people with a disability to live independently in the community grew from less than 240 in 1995-96 to 696 in June 1998 (VDHS 1998:34-5);
- the merging of public and community housing tenancy arrangements, such as shared waiting lists and dwelling stocks;
- greater flexibility in housing assistance program and funding arrangements:
 - between mainstream and targeted groups such as Indigenous Australians,
 - a breakdown of the distinction between crisis and emergency, transitional and medium and long-term tenure arrangements,
 - increased use of capital funds for non-capital use such as head-leasing or cash assistance to house homeless people;
- transfers of stock from public to community housing with a variety of property, asset and tenant management arrangements;



- joint-venture arrangements—between States and Territories housing authorities, churches and other not-for-profit organisations, and private developers—for building public and community housing.

In 1997–98 the Commonwealth and the State and Territory governments provided \$1,207 million for housing programs under the CSHA (Table 5.10; see also Table A5.4). Public and community housing accounted for the majority of CSHA funding. In 1997–98 the Commonwealth paid to the States and Territories \$91.0 million for the Aboriginal Rental Housing Program, \$39.7 million for the Crisis Accommodation Program, and \$64.0 million for the Community Housing Program (DSS 1999b:7). Base funding is provided as general funding to be used for any form of housing assistance.

Table 5.10: CSHA funding for housing assistance, Australia, 1996–97 and 1997–98 (\$m)

Funding arrangement	1996–97	1997–98
Base funding allocation	873.1	780.4
Less State fiscal contributions ^(a)	141.7	149.7
<i>Base funding grants^(b)</i>	<i>731.4</i>	<i>630.7</i>
Aboriginal Rental Housing Program	91.0	91.0
Crisis Accommodation Program	39.7	39.7
Community Housing Program	64.0	64.0
State matching grants	427.4	382.0
Total	1,353.4	1,207.4

(a) In 1996–97 and 1997–98, \$141.7 million and \$149.7 million respectively, were deducted from base funding by some jurisdictions that elected to use CSHA grants to offset their State fiscal contributions (SFC) to the Commonwealth Government's deficit reduction program that was agreed to at the 1996 Premiers Conference.

(b) Includes Public Housing, Home Purchase Assistance and Private Rental Assistance Programs.

Source: FaCS 1999b, 1999c; DSS 1998:181–3.

CSHA private rental market assistance

The Private Rental Assistance program is designed to enable people to access and maintain accommodation in the private rental market (AIHW 1999g). The following are among the types of assistance provided:

- provision of bond loans;
- assistance with rent payments, including cash assistance additional to Commonwealth Rent Assistance and advance rent payments;
- relocation expenses, other one-off grants such as housing establishment grants, and advice and information.

In 1996–97, the Commonwealth and the States and Territories provided \$81.1 million under the Private Rental Assistance Program (FaCS 1999b:14). The diversity of types of assistance, the way assistance is targeted across States and Territories, and the lack of consistent national data, make it difficult to gain a national perspective. For example, a single episode of assistance may involve a one-off rent payment subsidy to prevent eviction and homelessness or it may take the form of long-term assistance such as provision of a rental supplement over several months to resolve a housing affordability problem.

During 1997–98 at least 163,000 Australian households received assistance under the Program. About two-thirds of this assistance was in the form of bond loans (Table 5.11). Some States and Territories were unable to report on all types of assistance provided.

Table 5.11: CSHA Private Rental Assistance Program: number of households assisted, by type of assistance, by State and Territory, 1997–98

Type of assistance	NSW ^(a)	Vic	Qld ^(b)	WA	SA	Tas	ACT	NT ^(c)	Aust. ^(d)
Bond loans	29,298	16,795	16,920	13,842	19,665	4,454	n.a.	186	101,160
Rental grants/subsidies	27,629	n.a.	510	n.a.	10,281	988	366	342	40,116
Relocation expenses	3,476	n.a.	n.a.	n.a.	n.a.	353	n.a.	n.a.	3,829
Other one-off grants	4,582	12,000	n.a.	n.a.	11,810	1,962	n.a.	n.a.	30,354
Total households assisted	66,038	28,795	17,430	n.a.	41,756	8,072	n.a.	528	162,619

(a) Instances of assistance, rather than households assisted.

(b) Queensland provides relocation expenses or one-off grants as part of its Private Housing Assistance Scheme.

(c) Number of applications for each type of assistance, rather than instances of assistance.

(d) Australian total includes only States where total values were recorded.

Source: AIHW Commonwealth–State Housing Agreement Private Rent Assistance data collection 1997–98 unpublished data.

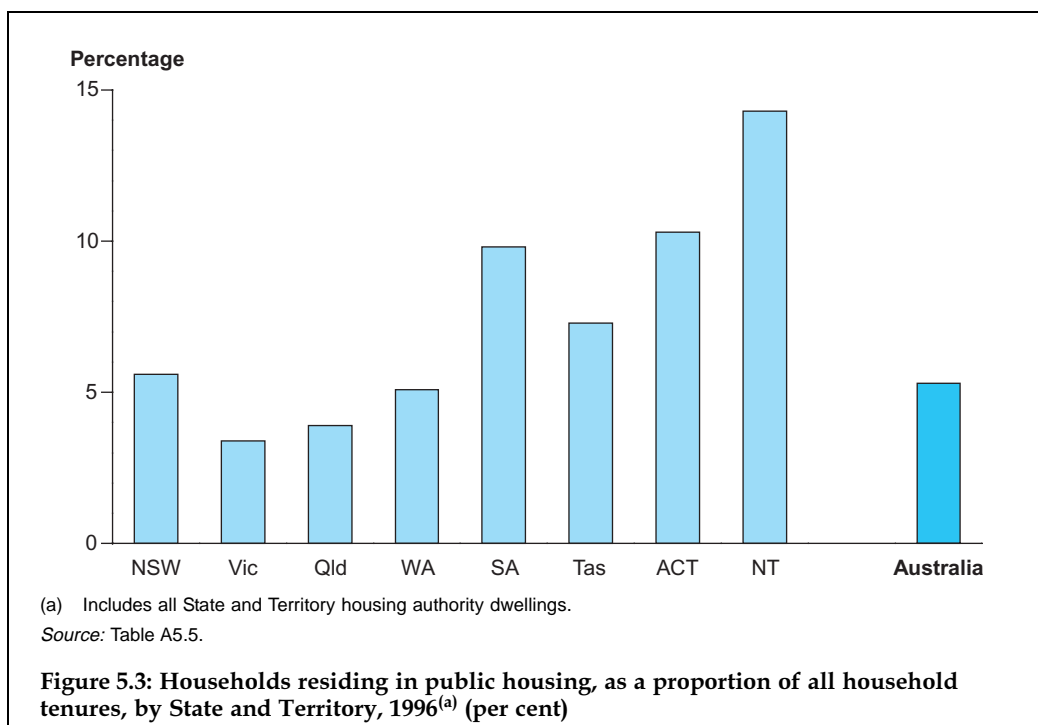
Public rental housing assistance⁴

Households become eligible for public rental housing assistance if they have incomes below a specified threshold. Eligibility requirements and administrative procedures vary between the States and Territories. In some jurisdictions, eligible households are ranked according to criteria such as whether the household is escaping domestic violence, whether occupants are living in overcrowded conditions or substandard

⁴ Public rental dwellings include only public rental properties covered by the Commonwealth–State Housing Agreement—excluded are the CSHA Aboriginal Rental Housing Program (ARHP), Community Housing Program (CHP) and Crisis Accommodation Program (CAP) (AIHW 1999h).

housing, whether the household contains people with disabilities who have special accommodation needs, or how long the household has been on the waiting list. Housing is allocated according to the established priorities as it becomes available through vacancies, new construction, purchase or lease. For Australia as a whole about 5% of all households live in public housing tenures; across the States and Territories the proportion ranges from 3% in Victoria to 14% in the Northern Territory (Figure 5.3).

In 1997–98, 394,507 households occupied 348,802 public rental housing dwellings (SCRCSSP 1999, Tables 14A.1, 14A.2). There were 360,765 public housing dwellings in total. Of the 12,388 vacant dwellings, 6,392 were untenable.⁵ Tables A5.6 and A5.7 provide more detailed data on the distribution of public rental housing.



Older people

At 30 June 1997 approximately 34% of the total of 351,514 public rental households included people aged 55 years or more (Table 5.12). Data for people aged 65 years or more are not available.

Assistance to people with disabilities or illness

Table 5.13 shows the distribution across States and Territories of public housing tenants with a disability or health condition that requires dwelling modification or support services. About one in five public housing tenants stated that they required dwelling modification or support services; between 3% and 5% of public housing tenants

⁵ 'Untenantable' refers to unoccupied dwellings where maintenance has either been deferred or not completed (AIHW 1999h).

required assistance to communicate with their landlord (a State or Territory housing authority) because of their disability or health condition.

Twenty per cent of public housing households that contained a person with a disability were dissatisfied with the service they received from the State or Territory housing authority; this compares with 14% of other public housing households (Table 5.14).

Table 5.12: Number of households with singles and couples aged 55 or more and occupying public rental housing by State and Territory, 30 June 1997 ('000)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust. ^(a)
Single male	11.3	5.1	2.5	5.6	4.0	0.8	0.7	n.a.	30.0
Single female	21.9	11.3	4.3	9.8	9.7	2.2	1.6	n.a.	60.9
Couple	10.0	4.0	2.8	4.5	5.1	0.6	0.4	n.a.	27.4
Total	43.3	20.3	9.5	20.0	18.8	3.7	2.7	n.a.	118.4

(a) Australian total includes only States where total values were recorded.

Note: Includes both rebated (households paying less than the market rent) and non-rebated households. Excludes group households and family households containing people aged 55 or more.

Source: SCRCSSP 1999:Table 14A.5.

Table 5.13: Public housing tenants: proportion with a disability or health condition requiring dwelling modifications, by State and Territory, 1998 (per cent)

Requirement	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Housing modifications	15	10	12	13	13	14	15	10
Home close to support services	11	11	8	12	10	11	10	8
Special help to communicate with housing authority	3	5	5	4	4	5	4	4
Total with one or more requirements	21	18	17	21	20	22	22	15

Source: Donovan Research 1998:Table 1.3.

Table 5.14: Relative satisfaction level of people with disabilities in public rental housing, 1998 (per cent)

Overall satisfaction level	Households that include a person or people with disabilities	Other households	All public housing households
Very satisfied	20	22	21
Satisfied	42	47	46
Dissatisfied	20	14	15
Other	18	17	18
Total	100	100	100

Source: Donovan Research 1998:Figure 2.3.4.

Proportion of income spent on rent

Rents for public housing are charged according to the household's assessable income until payments are equal to a market rent. Housing authorities have different definitions of 'assessable income', take different household members' incomes into account, have different rates of payment according to different income thresholds, and value market rents differently. Often these varying arrangements are summarised broadly so that it can be said that most households pay between 20% and 25% of their gross income in rent. In 1997-98, 98% of rebated public housing households paid 25% or less of their assessable income on rent; only 0.1% paid more than 30% (Table 5.15). The difference between the market rent and the rent charged is called the 'rent rebate'.

Table 5.15: Proportion of household income spent on rent: rebated public renter households, by State and Territory, 30 June 1998 (per cent)

Proportion of income	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
0–20%	86.8	18.5	27.0	29.7	37.3	0.0	1.8	76.0	48.0
0–25%	100.0	96.9	95.4	100.0	96.2	94.4	100.0	100.0	98.0
0–30%	100.0	100.0	99.4	100.0	100.0	100.0	100.0	100.0	99.9

Notes

1. Includes only rebated households with known income details.
2. The definition of 'assessable income' varies between jurisdictions.
3. All public housing tenants in Tasmania pay a minimum of 21.5% of assessable income on rent.

Source: SCRCSSP 1999:Table 14A.10.

Extent of overcrowding and under-use

One measure of the appropriateness of public housing assistance is the match of rental dwellings to household size. Using the proxy occupancy standard defined in Box 5.4, Table 5.16 shows that the Northern Territory had the highest proportion of households residing in appropriately sized dwellings at 30 June 1998; the Australian Capital Territory had the highest proportion of moderately overcrowded dwellings (13%); and South Australia had the highest proportion of under-used dwellings (17%). Highly overcrowded dwellings made up less than 3% of dwellings in all jurisdictions. Several factors such as the profile of public housing stock and the criteria used by authorities to match households to dwelling types differ between jurisdictions and thus affect how the data are interpreted.

Table 5.16: Proportion of overcrowded or under-used public housing dwellings, by State and Territory, 30 June 1998 (per cent)

Use	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Moderate overcrowding	7.3	7.5	6.8	5.2	1.4	4.6	12.7	6.5	6.3
High overcrowding	2.1	1.4	0.0	0.4	0.2	0.2	2.5	0.9	1.2
Under-use	7.2	7.2	7.2	13.5	16.7	9.8	13.0	5.1	9.4

Notes

1. The indicator is calculated for rebated tenants only where household composition details are known.
2. It should not be assumed that non-rebated tenants are all appropriately housed.
3. All single people aged 16 years and over are assumed to need a separate bedroom.

Source: SCRCSSP 1999:Table 14.A.14; see also Box 5.4.

Community housing

Community housing offers a range of housing choices that may not be available through the public or private housing markets. This is particularly relevant to households that may have special needs or require supported accommodation services with links to aged, disability and health services. Non-profit community and local government organisations provide community housing for people on low and moderate incomes.

The size of the community housing sector varies between jurisdictions reflecting the differing emphasis States and Territories place on community housing as an alternative to public housing and also on its role in de-institutionalisation (NCHF 1998:3). The size in 1996–97 varied from less than one-third of a per cent of households in the Australian Capital Territory to 4.6% in the Northern Territory (Table 5.17).

Box 5.4 Proxy occupancy standard for public rental housing

Table 5.17 uses the proxy occupancy standard shown here to identify the number of households that satisfy the following definitions:

- moderate overcrowding – where one additional bedroom is required to satisfy the proxy occupancy standard;
- high overcrowding – where two or more additional bedrooms are required to satisfy the proxy occupancy standard; or
- under-use – where there are two or more bedrooms additional to the number required to satisfy the proxy occupancy standard.

The proxy occupancy standard details the number of bedrooms required for various householder types, as follows:

- single adult only – one bedroom;
- single adult in group house – one bedroom (per adult);
- couple with no children – two bedrooms;
- sole parent or couple with one child – two bedrooms;
- sole parent or couple with two or three children – three bedrooms;
- sole parent or couple with four or more children – four bedrooms.

It should be noted that the standard was adopted for use in the context of reporting against CSHA public housing performance indicators; it is not a widely endorsed national standard.

Source: AIHW 1998b.

Table 5.17: Households residing in community housing, as a percentage of all households, by State and Territory, 1996 (per cent)

State /Territory	Percentage
New South Wales	0.4
Victoria	0.4
Queensland	0.6
Western Australia	0.5
South Australia	0.7
Tasmania	0.6
Australian Capital Territory	0.2
Northern Territory	4.6
Australia	0.5

Note: The higher proportion in the Northern Territory reflects the delivery of housing services through Indigenous community housing organisations.

Source: SCRCSSP 1999:Table 14A.39.

Another important aspect of community housing's role is its size relative to public housing. Figure 5.4 shows this: Victoria has the highest proportion of CSHA community housing (8%) while the Northern Territory has the lowest (1%).

In addition to different relative sizes of the sector across Australia, a variety of management structures operate and a variety of funding and ownership arrangements apply (AIHW 1999c:8–10). The two main management models are housing cooperatives and housing associations. Housing provision may be funded from a single source such

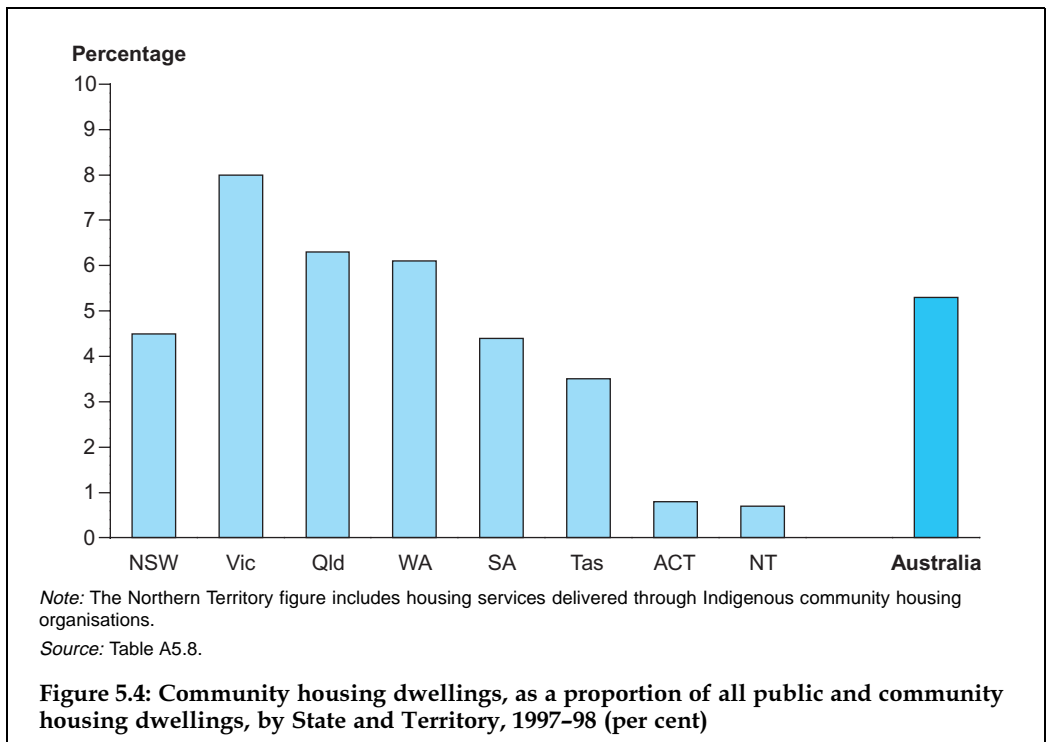
as a government housing authority or church organisation or it may involve a partnership or joint venture between any of government, financial organisations, non-government agencies and individuals. Dwellings used to provide community housing may be owned by government, community organisations or private rental landlords (in the case of private head-leasing) – see Box 5.5 for definitions.

There are three main community housing assistance areas:

- mainstream or long-term assistance, which is characterised by programs such as the CSHA Community Housing Program and State-specific programs such as Western Australia’s CSHA Disabled Community Housing Program (WAH 1998);
- Indigenous community housing assistance, which cover ATSIC Community Housing and Infrastructure Projects and Health Infrastructure Priority Projects and the States’ and Territories’ Indigenous housing programs;
- crisis accommodation such as that provided through the CSHA Crisis Accommodation Program, and other short-term transitional or medium-term housing such as the Victorian Transitional Housing Management Program (VDHS 1998:34).

Reliable national information on the community housing sector has always been scarce; in an attempt to resolve this problem the Commonwealth Department of Family and Community Services funded three projects aimed at improving information on the community housing sector:

- the National Community Housing Forum’s community housing mapping project (AIHW 1999b, NCHF 1999);
- the Community Housing Federation of Australia’s Indigenous community housing mapping project (CHFA 1999);
- the CSHA Crisis Accommodation Program mapping project (Purdon & Twyford 1999).



All three projects demonstrated the need to collect consistent and reliable data and identified significant data-related deficiencies. They also found overlaps between program target groups and client characteristics.

Mainstream or long-term assistance

In 1999 the Institute undertook the first national data collection for the community housing sector, as part of the National Community Housing Forum's mapping project (AIHW 1999b). The mapping project estimated that 39,600 households occupy 38,000 mainstream community housing dwellings that are managed by 2,127 organisations. Of the 38,000 dwellings, 62% were funded under the CSHA (Table 5.18).

Table 5.18: Estimates of CSHA and non-CSHA community housing households, dwellings and organisations, by State and Territory, 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of households									
CSHA	5,906	7,096	5,189	2,490	2,567	510	283	56	24,097
Non-CSHA	4,691	4,187	2,973	900	1,953	684	128	0	15,516
Total	10,597	11,283	8,162	3,390	4,520	1,194	411	56	39,613
Number of dwellings									
CSHA	5,989	7,101	5,000	2,174	2,567	510	196	56	23,593
Non-CSHA	3,837	3,461	3,596	902	1,865	653	128	0	14,442
Total	9,826	10,562	8,596	3,076	4,432	1,163	324	56	38,035
Number of organisations									
CSHA	224	257	359	185	116	63	14	8	1,226
Non-CSHA	300	214	118	98	115	49	3	4	901
Total	524	471	477	283	231	112	17	12	2,127

Note: This table is based on a number of sources covering CSHA community housing data and non-CSHA organisations but gives only a partial picture of the sector, being limited by coverage problems and survey non-response. In particular, the number of tenancies was used as a proxy for households in some cases, although not all data sources define the number of households as equivalent to the number of tenancy agreements.

Source: AIHW 1999b:Part B1, Tables 5, 6 and 7.

The Institute's more detailed data collection provided data on 34,200 households occupying 30,800 dwellings managed by 944 organisations (AIHW 1999b:Part B3, Table 1). It showed that organisations provided community housing to 5,659 households containing people with disabilities, 3,605 households containing people from a non-English-speaking backgrounds, and 864 households containing Indigenous Australians. Nearly one-quarter of all dwellings had been modified for use by people with disabilities or the frail aged (AIHW 1999b:7). The collection also found that, of the 20,512 households for which details of household composition were available:

- 12,691 contained single adults only;
- 3,740 contained sole parents with dependent children;
- 1,602 contained couples only;
- 1,566 contained couples with dependent children;
- 55 involved other family compositions; and
- 858 involved other shared arrangements.

Older people in community housing

In 1998 some 36% of community housing organisations targeted people aged 65 years and over; this represented nearly half of all stock, or 14,427 dwellings (AIHW 1999b:132). Fifty-two per cent of organisations targeting older people were non-CSHA funded. Local government and not-for-profit organisations and church-based organisations target the majority of their stock for the aged (73%, 76% and 83% respectively) (AIHW 1999b:125,134).

Thirty-six per cent of people in community housing tenancies (10,432 people) were aged 65 years or more indicating a close relationship between targeting and occupancy. Of these people 8,119 were in non-CSHA housing managed by other welfare and not-for-profit organisations or church-based organisations (AIHW 1999b:149–50).

People with a disability in community housing

In 1998 community housing was provided to 5,659 households containing people with a disability; this represents 21% of all households in community housing (AIHW 1999b:146).

Table 5.19 shows that, of the 3,380 community housing dwellings targeted to people with disabilities, 24% were for people with an intellectual disability and 22% were targeted to people with a psychiatric disability.

Table 5.19 Community housing dwellings targeted to people with disabilities by target group type, 1998

Target group	Dwellings	
	Number	Per cent
Intellectual disability	815	24.1
Psychiatric disability	748	22.1
Physical/sensory disability	263	7.8
Dual/multiple disability	168	5.0
Drug/alcohol abuse	37	1.1
Acquired brain injury	23	0.7
Other—disabled	1,326	39.2
Total	3,380	100.0

Source: AIHW 1999b:130.

Crisis community housing assistance

Government and churches and other welfare organisations use community housing organisations to provide a range of housing services to assist people who are in situations of actual or impending crisis or homelessness. These services range from provision of emergency accommodation to the provision of information about housing (VDHS 1997:15–20). The primary type of crisis housing assistance provided by government has been in the form of ‘bricks and mortar’ through the CSHA Crisis Accommodation Program. Several government housing agencies are currently examining options for the provision of a more flexible range of housing assistance, among them transitional housing assistance, head-leasing and brokerage (for definitions see Box 5.5). The need for flexibility and links between crisis and short-term accommodation on one hand and other medium- and long-term accommodation on the

other was demonstrated by the CAP mapping project. It found that crisis and short-term accommodation represented only 19% of accommodation units in the Program and that 74% of all accommodation units provided for medium- and long-term accommodation, the remaining 7% being a mix (Purdon & Twyford 1999:ii).

The provision of housing through crisis accommodation and emergency housing programs has strong links to services that health and community services agencies provide for people in crisis. In the health area, housing agencies work closely with mental health and alcohol and drug abuse service providers; in the community services area the major link is with supported accommodation and crisis services provided through the Supported Accommodation Assistance Program (SAAP). Chapter 9, page 295, and Table A5.9, provide details of SAAP and other community services for people who are homeless or in crisis.

Box 5.5: Community housing assistance: types and definitions

Governments, Indigenous community councils, charities, churches and other welfare organisations all provide community housing assistance. The nature of the assistance varies according to the circumstances, but it includes the following:

- *initiating and managing community housing projects;*
- *contributing assets – money, land or buildings – towards community housing projects;*
- *holding title to community housing stock;*
- *facilitating community action, such as identifying needs for funding for community housing;*
- *involvement in administration of, research into and advocacy for housing provision.*

The two major models for the delivery of community housing are housing cooperatives and associations:

- *Housing cooperatives are responsible for tenant management and housing maintenance, while government, a central finance company or individual cooperatives own the housing stock. Equity-sharing rental housing cooperatives wholly own the housing stock and lease it to tenants, who are shareholders in the cooperative and therefore have the rights and responsibilities associated with cooperative management.*
- *Housing associations are managed by community organisations, churches, other non-government organisations and local governments to provide low-cost housing. Tenant participation in the management of housing is not necessarily a condition of provision, unlike cooperatives. Regional housing associations provide property management service and community groups provide support service to tenants.*

'Head-leasing' refers to a lease arrangement between the owner of the property and an agency that sublets the property to a household. In the case of community housing, housing stock is owned by housing authorities or private owners but managed by community groups. Brokerage involves community housing organisations providing assistance to enable low-income households to access the private rental market through processes such as short-term head-leasing to overcome discrimination or additional rent subsidy to reduce the impact of affordability problems.

Source: NCHF 1998; QDPWH 1998a; QDPWH 1998b.

Crisis Accommodation Program funds are used for the purchase, construction, renovation, maintenance and lease of dwellings so as to provide accommodation assistance to people who are homeless or in crisis; at 30 June 1997 there were 3,520 CAP-funded dwellings in Australia (FaCS 1999b:17). Eighty-eight per cent of the dwellings were separate or semi-detached houses or flats; 3% were bed-sits and 9% were hostels, shelters or boarding houses (Purdon & Twyford 1999:Table 3.3).

The CAP mapping project found that, for the night of 30 September 1998, 11,623 people or families were occupying CAP-funded properties (Purdon & Twyford 1999:92). Of these, 46% were single adults and young people, 33% were adults with children, 20% were non-single adults, and 1% had other family arrangements. This crisis accommodation was managed by 504 agencies, the majority of them being community based and the remainder being mainly church-based and other welfare agencies.

Access for people with special needs

Eight per cent of crisis accommodation dwellings were modified for people with a disability (Purdon & Twyford 1999:32). Single women and women escaping domestic violence and in need of crisis/short-term accommodation, as opposed to medium/long-term accommodation need, were the main users of these dwellings. Further, hostels and stock in rural areas were more likely than other dwelling types to have been modified.

Older adults

An indication of extent of older people's use of crisis services can be obtained from the SAAP data. Unlike the mainstream community housing sector, where a large proportion of tenants are older people, only 6% of SAAP-supported accommodation periods were used by people aged 55 and over and just 2% were used by people aged 65 years and over (AIHW 1999i:Table 4.4). Older people were, however, more likely to require housing and accommodation assistance than other age groups (AIHW 1999i:Table 4.20).

CSHA Home Purchase Assistance

Home Purchase Assistance under the CSHA is designed to make home ownership (including shared home ownership) more accessible for people who are unable to obtain private sector finance for home ownership; this includes public housing tenants and households that are eligible for public housing. Assistance measures appropriate to the needs of particular clients and market conditions are:

- direct lending
- shared home ownership
- government guarantees
- deposit assistance
- interest rate assistance
- home purchase advisory and counselling services
- mortgage insurance protection
- mortgage relief (AIHW 1999d).

In 1997–98, the total value of home purchase assistance provided to households by the States and Territories through the CSHA and related programs was \$4,441.4 million.⁶ Table 5.20 shows the diversity in the way home purchase assistance is provided and characterised: large States such as NSW and Victoria report lower numbers and values of assistance than do smaller States such as Western Australia and South Australia. This reflects historic and current differences in policy objectives and program activity (see AIHW 1999e).

Table 5.20: CSHA Home Purchase Assistance: type of assistance to households, by State and Territory, at 30 June 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Instances of assistance (N)									
Deposit assistance	n.a.	0	278	590	985	100	300	382	2,635
Direct lending	7,416	19,942	11,786	21,252	23,489	274	3,037	3,305	90,501
Interest rate assistance	n.a.	0	0	0	3,949	n.a.	0	118	4,067
Mortgage relief	2,265	293	969	166	238	n.a.	23	n.a.	3,954
Other types of assistance	n.a.	746	0	0	0	n.a.	0	n.a.	746
Total instances of assistance	9,681	20,981	13,033	22,008	28,661	374	3,360	3,805	101,903
Value of assistance (\$m)									
Deposit assistance	n.a.	0.0	3.1	0.9	1.7	0.5	1.5	0.7	8.4
Direct lending	479.0	644.4	407.4	1,412.5	1,107.9	13.8	186.9	158.0	4,409.8
Interest rate assistance	n.a.	0.0	0.0	0.0	2.4	n.a.	0.0	0.1	2.5
Mortgage relief	12.3	0.8	2.9	0.1	0.4	n.a.	0.1	n.a.	16.6
Other types of assistance	n.a.	4.0	0.0	0.0	0.0	n.a.	0.0	n.a.	4.0
Total value of assistance	491.3	649.3	413.4	1,413.5	1,112.4	14.3	188.5	158.7	4,441.4
Households									
Total households receiving assistance	7,918	20,981	12,733	22,008	21,775	1,494	3,060	n.a.	89,969

Notes

1. Data may include non-CSHA activities, so State-to-State comparisons are unreliable.
2. In South Australia the numbers and values of interest rate assistance instances and deposit assistance instances are also included in the direct lending amounts.
3. Households may be assisted by more than one scheme.

Source: AIHW Commonwealth–State Housing Agreement Home Purchase Assistance data collection 1997–98 unpublished data.

Other assistance to home owners and purchasers

In addition to the CSHA home purchase assistance, households owning or purchasing their home may also receive a range of other government assistance through government outlays and tax expenditures. Forty-three per cent of households own and 29% are purchasing their dwelling (Table A5.1), but there are only limited data with which to describe the level of assistance provided to home owners and purchasers. Assistance provided to owners, particularly through the taxation system, is significant (Bourassa et al. 1995; Pender 1994).

6 Due to the way home purchase funds are managed in some States and Territories it is not possible to separately identify CSHA and other funding.

Tax expenditures are measured in terms of the amount of tax revenue forgone by government as a result of concessional taxation treatment. This is, however, probably an understatement of the actual amount as many tax expenditures in this area go uncosted because of lack of data and conceptual difficulties in choosing a suitable tax benchmark. In the housing sector the Commonwealth exempts the principal residence and does not subject the imputed rental income arising from ownership to taxation. Most States and Territories also offer stamp duty exemptions for first home buyers and usually exempt the principal residence from land taxes.

The most recent analysis, based on data for 1984–85, concluded that the value of assistance was an average of \$1,890 per household per year for owners and \$890 for purchasers; this compares with \$2,890 for public renters and \$970 for private renters (Flood 1993; AIHW 1997:Table 5.4). For owners and purchasers, much of the assistance was in the form of tax expenditures⁷, such as exemptions for capital gains and imputed rent, rather than direct government subsidy.

The capital gains tax exemption for gains on the disposal of a taxpayer's main residence (Treasury 1999) is recognised as an important area of housing assistance.⁸ The value of this exemption is not available from official sources and is not calculated in reporting tax expenditures. An indication of the size of this assistance was, however, provided in Flood's study of housing subsidies, which estimated, using 1984–85 data, that the non-taxation of capital gains for home owners represented a subsidy of \$1.5 billion (1993:Appendix 3).

Owner-occupied housing is also treated differently from other assets because the service, or imputed rent, from the dwelling is not taxed.⁹ Assets such as bank savings, shares and investment properties produce income that is taxed; owner-occupied housing provides an imputed income stream that is not. On the other hand, costs associated with producing the service are not tax exempt; for example, mortgage interest payments cannot be deducted from a person's taxable income. This presents a short-term disadvantage for purchasers, but the long-term advantage of a non-taxed imputed rent has been calculated to more than outweigh this at given rates of mortgage repayment (Bourassa et al. 1995).

State and Territory taxes also provide assistance to home owners; for example, through transaction tax exemptions for first home buyers and land tax exemptions. Land tax exemption has been raised as a source of horizontal inequity between renters and owner-occupiers and as a disincentive to rental property investment (Yates 1994:22; National Housing Strategy 1991:59).

7 The Australian Taxation Office recognises the role taxation plays in providing benefits by way of government revenue forgone as a result of concessional tax treatment (Treasury 1999).

8 Unlike other assets, owner-occupied housing is exempt from capital gains tax. This is sometimes interpreted to mean that owners can make untaxed gains by selling their homes in markets in which the value of their home has increased at rates greater than inflation (Pender 1997).

9 Imputed rent from owner-occupied dwellings refers to the imputed value of the services, such as shelter, that ownership provides to the households after the deduction of expenses and depreciation.

Assistance is also provided to pensioners, who receive subsidies for their local government rate payments. These subsidies are funded by State and Territory governments, which reimburse local governments. The size and number of subsidies vary from State to State: no comparable information is available.

5.4 Housing assistance for Indigenous Australians

In 1996 Housing Ministers acknowledged that housing provision for Indigenous Australians was often unacceptable and established the Commonwealth–State Working Group on Indigenous Housing to develop practical strategies for removing the impediments to improving housing outcomes for Indigenous Australians. In 1997 the Ministers endorsed a reform agenda, which focuses on the following:

- identifying and addressing outstanding need;
- improving the viability of Indigenous community housing organisations;
- establishing safe, healthy and sustainable housing for Indigenous Australians, especially in rural and remote communities;
- establishing a national framework for the development and delivery of improved housing outcomes for Indigenous Australians by State, Territory and community housing providers.

The considerable difficulties faced in reporting on the social and health status of Australia's Indigenous population has compounded difficulties governments face in acting to reduce the disadvantage this population experiences. The Working Group recognised that underlying any moves to improve housing outcomes is the need to adequately resource and support the community housing sector and collect nationally consistent and comparable data.

High priority has been given to developing information about the Indigenous population in the National Community Services Information Development Plan (SCCSISA 1999), the National Aboriginal and Torres Strait Islander Health Information Plan (AHMAC & AIHW 1997) and the current development of a National Indigenous Housing Data Management Strategy.

Integration of housing assistance and other areas of social policy is particularly relevant for Indigenous Australians, whose health status and level of access to services fall below the population average. The association between poor housing and health problems in Indigenous people is well reported, particularly but not only in rural areas (ABS & AIHW 1997; EHNCC 1998; Faulkner-Hill 1996; Pholeros et al. 1993).

How housing assistance is provided for Indigenous people

As with all Australians, Indigenous Australians can obtain housing assistance through the Commonwealth–State Housing Agreement program areas of public housing, community housing, private rental assistance, home purchase assistance and crisis accommodation, through Commonwealth Rent Assistance, and through other State and Territory programs. There is little reliable information about Indigenous Australians' use of CSHA housing assistance programs. Indigenous identification is optional under Commonwealth Rent Assistance.

In addition, a range of programs is directed at Indigenous families and communities with the purpose of addressing special (additional) needs, such as needs arising from remote location or the need for culturally and climatically appropriate housing. The primary sources of targeted funding are the Aboriginal Rental Housing Program (ARHP) which is funded by tied funds under the CSHA, and ATSIC, which provides housing assistance under several programs. The main ATSIC housing programs are the Community Housing and Infrastructure Program (CHIP) and hostels funded by Aboriginal Hostels Limited. ATSIC also funds the Home Ownership Program (Box 5.6). Most States and Territories contribute a proportion of untied CSHA funds to the Indigenous housing effort. As well as State Indigenous-specific programs using CSHA funds, some States also provide Indigenous home ownership programs. Figure 5.5 summarises the modes of assistance to which Indigenous Australians have access.

It is important to understand that generally speaking, ATSIC housing assistance other than home ownership is resourced as part of combined and sometimes integrated housing and infrastructure programs. This causes some difficulty in determining the housing component of housing and infrastructure projects, as well as 'boundary' questions about where 'housing' ends and 'infrastructure' begins.

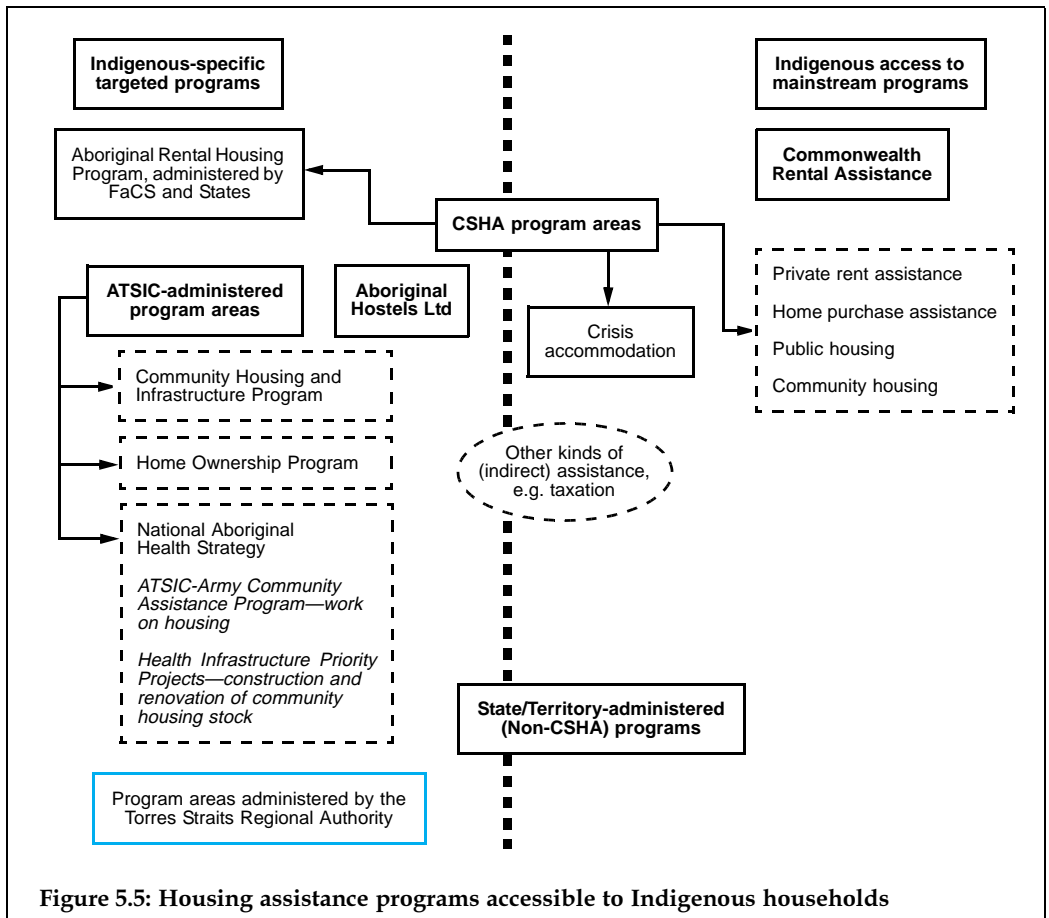


Figure 5.5: Housing assistance programs accessible to Indigenous households

Provision of targeted housing assistance

Sufficient evidence of housing disadvantage is available to give a rationale for providing targeted housing assistance for Indigenous Australians. The picture of disadvantage is supported by over-representation of Indigenous families in the clientele of mainstream housing assistance programs for which data are available. Overall, the available information suggests that, in terms of housing status, Indigenous families are somewhat disadvantaged relative to non-Indigenous families. The 1996 Census data show that Indigenous families are more likely to live in subsidised housing and much less likely to be owners or purchasers (Table 5.21). Furthermore, the SAAP data for 1997–98 show that Indigenous Australians accounted for 12.4% of support periods (AIHW 1999i) while representing only 2% of the total Australian population (Table P1).

Table 5.21: Families in occupied private dwellings by Indigenous status of family and tenure type, 1996 (per cent)

Indigenous status	Owner with and without mortgage	Private rental	Public rental housing	Community housing	Other/not stated	Total families
Non-Indigenous families	71.1	20.4	4.9	0.4	3.3	100.0
Indigenous families	33.1	26.7	22.8	10.3	7.1	100.0
Total families	70.4	20.5	5.1	0.5	3.4	100.0

Notes

1. A family is defined as Indigenous if any adult or child in the family is identified as Indigenous. This differs from standard ABS practice of considering adult family members of married couple and sole parent families only. In some areas of housing assistance eligibility is based on the Indigenous status of all family members.
2. Excludes not stated and overseas visitor families.
3. Caution should be taken when interpreting this data. For an account of known Indigenous data quality concerns from the 1996 Census, see Ross (1999).

Source: AIHW analysis of ABS 1998b.

Level of provision of targeted housing assistance

The ATSI Home Ownership Program approved 402 new loans valued at \$38.5 million in 1997–98, providing housing for 1,274 people. At 30 June 1998 there were 3,807 active accounts valued at \$250.9 million (ATSI 1998:96-8).

Table 5.22 shows summary data for the state owned and managed dwellings of the CSHA Aboriginal Rental Housing Program.¹⁰ It should be noted that national aggregate program data exclude the Northern Territory, which collects the relevant data differently. At 30 June 1998, 11,394 households living in 11,374 dwellings were receiving assistance.

Little information is available about Indigenous families assisted under other targeted programs. ATSI has estimated that in 1997–98 about 1,500 extra people were housed and the circumstances of a further 4,000 improved as a result of the Community Housing and Infrastructure Program (ATSI 1998:100-2). Through this Program, in 1997–98 ATSI funded the purchase of 154 dwellings, the construction of 211 new dwellings, and the upgrading or renovation of 926 dwellings; the cost was \$64.8 million, of which \$15.5 million was administered by the Indigenous Housing Authority of the Northern Territory. A further 240 houses were purchased or

10 Excluded are ARHP funds used in some jurisdictions for properties owned by Indigenous communities.

constructed and 177 renovated under the National Aboriginal Health Strategy component of the Program (ATSIC 1998:119).

Table 5.22: Households occupying Aboriginal Rental Housing Program housing and dwellings available through the Program, by State and Territory, at 30 June 1998

Households / dwellings	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Total households	3,761	872	2,446	2,397	1,638	275	5	n.a.	11,394
Occupied dwellings	3,741	872	2,446	2,397	1,638	275	5	n.a.	11,374
Tenantable and vacant	47	8	49	58	72	14	0	n.a.	248
Untenantable and vacant	7	56	71	59	24	16	0	n.a.	233
Total dwellings	3,795	936	2,566	2,514	1,734	305	5	n.a.	11,855

Source: AIHW Commonwealth–State Housing Agreement Aboriginal Rental Housing Program data collection 1997–98 unpublished data.

Box 5.6: Major targeted Indigenous housing assistance programs

CSHA Aboriginal Rental Housing Program

The Aboriginal Rental Housing Program provides targeted assistance through government owned and managed stock as well as supporting community-managed housing.

Publicly owned dwellings from CSHA stock that are specifically set aside for allocation to Indigenous tenants includes all stock where ownership resides with a State or Territory government and allocation is specifically identified for Indigenous households only. This stock may be funded from ARHP or general grants and includes CSHA stock transferred to ARHP or an Indigenous housing government unit or agency for allocation to Indigenous tenants.

CSHA funds including ARHP or general grants may also be used in some jurisdictions for properties owned by an Indigenous community. These funds support Indigenous-managed community housing assistance where ownership of the dwelling, which does not necessarily mean property title, resides with a community organisation (an incorporated organisation, another group or an individual).

ATSIC-administered programs

In the following programs only the housing component of the program purpose is described.

- The Home Ownership subprogram provides home loans to Indigenous people generally unable to obtain loans from mainstream sources. Low-income first home buyers are targeted.*
- The Community Housing component of the Community Housing and Infrastructure Program provides funding to Indigenous housing organisations for rental housing, support and advice, and repairs and maintenance.*
- The National Aboriginal Health Strategy component of the Community Housing and Infrastructure Program provides priority housing and housing-related infrastructure to improve environmental health. Elements of this component are the Health Infrastructure Priority Projects program and the ATSIC-Army Community Assistance Program.*

Aboriginal Hostels Limited operates as a company within the Aboriginal and Torres Strait Islander portfolio. It provides transient accommodation; accommodation for homeless and aged Indigenous Australians, rehabilitation and education.

Source: AIHW 1999a; ATSIC 1998.

Data about the level of provision for other forms of medium- to long-term assistance are available only in terms of expenditure and stock availability. It is not generally feasible to separate projects neatly into housing and infrastructure components: most projects involve housing construction or renovation or preparatory work for housing construction and their status as housing or infrastructure is indeterminate. Such projects are often funded through State and Territory programs under the National Aboriginal Health Strategy, the ATSIC–Army Community Assistance Program (AACAP) and the Health Infrastructure Priority Projects (HIPP) program. Under AACAP—which was jointly funded by ATSIC (\$6.6 million), the former Department of Health and Family Services (\$5 million) and the Army (materials, personnel and consumables)—seven communities received assistance. HIPP program outlays for 1997–98 amounted to \$32.9 million. Ninety-two large-scale housing and infrastructure programs are currently underway through the National Aboriginal Health Strategy (ATSIC 1998:111–2).

Aboriginal Hostels Limited provided another form of assistance. A government-owned company, it funds and provides low-cost hostel accommodation for Indigenous people through company-operated hostels and hostels funded through its Community Support Hostels scheme. Funds for 1995–96 to 1997–98 averaged \$36.92 million a year: 84% of that amount was funded by the Commonwealth Government; the remainder was made up of tariffs and other income. In 1997–98, 135 hostels provided 2,903 beds a night with a 69% occupancy rate (AHL 1998). This rate was slightly down on the 72% in 1995–96 and 1996–97, primarily because of closures for renovations and the effects of flooding in Katherine, in the Northern Territory. The cessation of the Student Rental Subsidy scheme in December 1996 reduced the number of beds available by approximately 300.

5.5 Data development

At present there is much variability in data quality and the compatibility of information about housing assistance. In particular, measuring the needs for and effectiveness of assistance to disadvantaged households, such as people with disabilities or Indigenous households, is difficult because of the lack of comprehensive, reliable data for these groups. A substantial data development effort needs to be made to enable reliable measurement of effectiveness, efficiency and appropriateness in the medium and long term. Furthermore, standard methodologies need to be developed, agreed and implemented, to facilitate comparison across areas of housing assistance and related community services.

In several areas information about housing assistance has not been a central concern and there are limitations on what data are available. In areas such as financial information and tenant profiles the existing data collections may be deficient in terms of detail and timeliness. There is also a need to develop definitions and classifications for the main data areas. For providers of housing assistance, standard ways of measuring organisation type, target group, funding source and service delivery models are required. In the case of the recipients of assistance, few, if any, standard means of measurement are used.

The difficulty of measuring housing outcomes is compounded by the pooling of program funding or cross-program sharing of service delivery. Shifting of stock

between programs, head-leasing, and concurrent administration of several sets of program funds by single (often small) agencies add to the difficulties.

Nevertheless, a variety of data-development initiatives that are under way should lead to improved data availability and consistency in the next few years. Two important developments are the 1999–2003 Commonwealth–State Housing Agreement and the National Indigenous Housing Data Management Strategy: the aim of both is to obtain adequate information to satisfy general accountability requirements, assess outcomes, inform resource allocation, and underpin policy and program decision making.

The development of a National Housing Data Agreement is in its early stages. Its establishment is required under Section 3 of the 1999–2003 CSHA, which states:

3(2) ... there will be a core set of nationally consistent indicators and data for benchmarking purposes. These are to be specified in a Subsidiary Agreement on National Housing Data ...

3(3) Under the National Housing Data Agreement the Commonwealth and States will:

- (a) provide such data as specified in the Agreement, according to specified standards; and
- (b) provide the specified level of funding for data management and other purposes.

This model for developing a mechanism for agreement on national housing information is analogous to the successful models operating in the health and community service sectors—the National Health Information Agreement and the National Community Services Information Agreement. In the first instance, the management of a National Housing Data Agreement will provide a means of coordinating existing initiatives arising from the CSHA, the Steering Committee for the Review of Commonwealth/State Service Provision, and the interim National Indigenous Housing Data Management Group.

A process has been devised for formulating the details of the National Housing Data Agreement. The Agreement's importance is shown by the coordinating group's very early recognition that, although constituted under the CSHA, the Agreement should support policy and program planning that obtains a comprehensive view of housing assistance in Australia, including housing assistance that falls outside the scope of the CSHA. Examples are Commonwealth Rent Assistance, indirect assistance via taxation concessions, and additional programs supported by non-government, local government and State and Territory government resources.

The drive for consistent national housing data originates from the increasing need to target programs better to people most in need of assistance and the increased emphasis on program accountability. Further, government interest in performance measures and the involvement of the Steering Committee for the Review of Commonwealth/State Service Provision, have raised awareness of the need for national housing information. It is widely accepted that there should not be separate data collections for the Steering Committee's reporting needs and for reporting under the CSHA.

The initial approach of developing performance indicators served to highlight the data deficiencies in the housing sector. This is bringing about a shift in thinking on data development—from the end product of a performance indicator to the basic tools of

data definitions and standards, leading to the ability to specify appropriate data sets, to a means for consistent collection of data and to soundly based outcome measures.

The initial objectives of the National Indigenous Housing Data Strategy are to formulate an effective process for establishing a national information environment for Indigenous housing assistance, for obtaining national agreement on data development, and for reporting that is compatible with other related data developments. A primary requirement for acquiring data about Indigenous households receiving or seeking assistance from mainstream sources is to identify such households.

The ABS National Centre for Aboriginal and Torres Strait Islander Statistics has developed a standard form of Indigenous identifier. Its use as the national standard is endorsed under the National Health Information Agreement and the National Community Services Information Agreement and it is widely accepted. Some housing assistance data collections do use an Indigenous identifier, but it is not always formulated or collected according to the standard protocol. Furthermore, although the consistent determination of Indigenous identity appears to be amenable to a broad intersectoral approach, eligibility for access to housing assistance is based primarily on the Indigenous status of the household. Eligibility for access to programs specifically for Indigenous people is based on the concept of 'Indigenous household': there is some general understanding of what makes a household 'Indigenous', but it cannot yet be applied consistently because of differences in eligibility criteria between programs. Efforts to resolve this impasse are being made under the National Indigenous Housing Data Strategy. Among other problems related to data quality are insufficient numbers (particularly lack of representation of remote communities) in nationally representative surveys and the census, lack of consistency in data definitions between jurisdictions or programs, and the overlap of data between mainstream and targeted collections.

There is a good prospect that both the National Housing Data Agreement and the Agreement on National Indigenous Housing Information will come into operation during the coming year. In the meantime, development work continues, assisted by increased awareness of the range of work being done in the various jurisdictions and the first stages of national coordination.

The first priority for development under the proposed National Housing Data Agreement is public housing. The priorities under the proposed Agreement on National Indigenous Housing Information are community-managed housing and identification in mainstream collections. Further housing data development at the national level offers excellent prospects for advancement in the near future.

References

- Aboriginal and Torres Strait Islander Commission (ATSIC) 1998. Annual report 1997–98. Canberra: AusInfo.
- Aboriginal Hostels Limited (AHL) 1998. 1997–98 Annual report. Canberra: AusInfo.
- Australian Bureau of Statistics (ABS) 1995. Directory of concepts and standards for social, labour and demographic statistics. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1996. Australian Housing Survey. Housing characteristics, costs and conditions 1994. Cat. no. 4182.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. Housing occupancy and costs, Australia 1995–96. Cat. no. 4130.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998a. Basic community profile, Australia 1996. Tables B01-B32 from CPROFILE96 Release 1.5.0. Cat. no. 2722.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998b. 1996 census of population and housing: household sample file. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998c. 1996 census of population and housing: household sample file technical documentation. Cat. no. 2901.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998d. Experimental estimates of the Aboriginal and Torres Strait Islander population. Cat. no. 3230.0. Canberra: AGPS.
- Australian Bureau of Statistics (ABS) 1998e. Australian National Accounts. National Income and Expenditure. Cat. no. 5206.0, December Quarter 1998. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. Disability, ageing and carers: summary of findings, Australia 1998. Cat. no. 4430.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) & Australian Institute of Health and Welfare (AIHW) 1997. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. ABS Cat. no. 4704.0. AIHW Cat. no. IHW 2. Canberra: AGPS.
- Australian Health Ministers' Advisory Council (AHMAC) & Australian Institute of Health and Welfare (AIHW) 1997. The Aboriginal and Torres Strait Islander health information plan. AIHW Cat. no. HWI 2. Canberra: AGPS.
- Australian Health Ministers' Advisory Council (AHMAC) & Australian Institute of Health and Welfare (AIHW) 1995. The National Health Information Development Plan. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1995. Australia's welfare 1995: services and assistance. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998a. Community housing data manual, 1996–97. Cat. no. HOU 20. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998b. Public housing data manual, 1996–97. Cat. no. HOU 19. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999a. Aboriginal Rental Housing Program data manual 1997–98. AIHW Cat. no. HOU 33. Canberra: AIHW (Housing Assistance National Data Development Series). Forthcoming.

- Australian Institute of Health and Welfare (AIHW) 1999b. Community housing mapping project data report. Canberra: AIHW. Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999c. Community housing data manual 1997–98. AIHW Cat. no. 23. Canberra: AIHW (Housing Assistance National Data Development Series no. 4). Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999d. Home Purchase Assistance data manual 1997–98. AIHW Cat. no. 35. Canberra: AIHW (Housing Assistance National Data Development Series no. 6). Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999e. Housing assistance in Australia 1999. Canberra: AIHW. Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999f. Older Australia at a glance. 2nd edn. Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999g. Private rental assistance data manual 1997–98. AIHW Cat. no. 34. Canberra: AIHW (Housing Assistance National Data Development Series no. 5). Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999h. Public rental housing program data manual 1997–98. AIHW Cat. no. 22. Canberra: AIHW (Housing Assistance National Data Development Series). Forthcoming.
- Australian Institute of Health and Welfare (AIHW) 1999i. SAAP National Data Collection annual report 1997–98 Australia. AIHW Cat. no. HOU 24 Canberra: AIHW (SAAP NDCA report. Series 3).
- Bourassa S, Grieg A & Troy P 1995. The limits of housing policy: home ownership in Australia. *Housing studies* 10(1):83–104.
- Commonwealth of Australia (1999) Housing Assistance (Form of Agreement) Determination 1999. *Gazette Special*. Thursday 1 July. Canberra: AusInfo.
- Community Housing Federation of Australia (CHFA) 1999. National Indigenous Community Housing Mapping Project. Canberra: CHFA.
- Department of Family and Community Services (FaCS) 1999a. Commonwealth Rent Assistance recipient information, September 1998. Unpublished data.
- Department of Family and Community Services (FaCS) 1999b. Housing Assistance Act 1996 annual report 1996–97. Canberra: AusInfo.
- Department of Family and Community Services (FaCS) 1999c. Housing Assistance Act 1996 annual report 1997–98. Canberra: AusInfo. Forthcoming.
- Department of Health, Housing and Community Services (DHHCS) 1991. Housing Assistance Act 1989 annual report 1989–90. Canberra: AGPS.
- Department of Health, Housing and Community Services (DHHCS) 1992. Housing Assistance Act 1989 annual report 1990–91. Canberra: AGPS.
- Department of Health, Housing, Local Government and Community Services (DHHLGCS) 1993. Housing Assistance Act 1989 annual report 1991–92. Canberra: AGPS.
- Department of Housing and Regional Development (DHRD) 1994. Housing Assistance Act 1989 annual report 1992–93. Canberra: AGPS.

- Department of Housing and Regional Development (DHRD) 1995. Housing Assistance Act 1989 annual report 1993–94. Canberra: AGPS.
- Department of Social Security (DSS) 1995. Annual report 1994–95.
- Department of Social Security (DSS) 1996a. Annual report 1995–96.
- Department of Social Security (DSS) 1996b. Housing Assistance Act 1989 annual report 1994–95. Canberra: AGPS.
- Department of Social Security (DSS) 1997a. Annual report 1996–97.
- Department of Social Security (DSS) 1997b. Housing Assistance Act 1989 annual report 1995–96. Canberra: AGPS.
- Department of Social Security (DSS) 1998. Annual report 1997–98. Canberra: AGPS.
- Department of the Treasury (Treasury) 1999. Tax Expenditures Statement 1997–98. Canberra: AusInfo.
- Department of Veterans' Affairs (DVA) 1999. DVA Rent Assistance recipient information, February. Unpublished data.
- Donovan Research 1998. National Survey of Customer Satisfaction with Public Rental Housing Assistance. Second draft report to the Commonwealth Department of Social Security. November. Canberra: FaCS.
- Environmental Health Needs Coordinating Committee (EHNCC) 1998. Environmental health needs of Aboriginal communities in Western Australia: the 1997 survey and its findings. Perth: EHNCC.
- Faulkner-Hill D 1996. The link between health, education and shelter. *Welfare in Australia* 25:12–17.
- Flood J 1993. Housing subsidies 1990–91. Consultant's report for the Industry Commission and the Department of Health, Housing, Local Government and Community Services. Mimeo.
- Jones R, Neutze M & Sanders W 1998. Measures of Indigenous housing need and resource allocation in the ARHP and CHIP. Consultancy report prepared for the Department of Social Security. August. Unpublished.
- Karmel R (ed.) 1998. Housing assistance: reports on measurement and data issues. Welfare Division Working Paper no. 17. Canberra: AIHW.
- Landt J 1999. Housing affordability of low-income households in Australia, 1981–82 to 1995–96. Spatial and Distributional Analysis Section, Strategic Policy and Analysis Branch, Department of Family and Community Services. Canberra. Unpublished.
- McDonald P 1995. Families in Australia: a socio-demographic perspective. Melbourne: Australian Institute of Family Studies.
- Mudd B, Tesfaghiorghis H & Bray R 1999. Some issues in home ownership. Paper presented at the FaCS seminar 'Australia's Housing Choices: stability or change?' Strategic Policy and Analysis Branch. Canberra: FaCS.
- National Community Housing Forum (NCHF) 1998. State of play: community housing in Australia, 1996–97 report. Sydney: NCHF.
- National Community Housing Forum (NCHF) 1999. Community housing mapping project: report on findings. Sydney: NCHF. Forthcoming.

- National Housing Strategy 1991. Taxation and housing. Canberra: AGPS.
- Pender H 1994. Fairness, taxation and housing. National housing action. December: 21-6.
- Pender H 1997. Reform of taxation of land and housing in Australia, Issues Paper no. 2, Community Tax Project, Centre for International and Public Law. Canberra: Australian National University.
- Pholeros P, Rainow S & Torzillo P 1993. Housing for health: towards a healthy living environment for Aboriginal Australia. Newport Beach, NSW: Healthabitat.
- Purdon Associates & Twyford Consulting (Purdon & Twyford) 1999. CAP Mapping Project. Report prepared for the Commonwealth Department of Family and Community Services. March. Canberra: FaCS.
- Queensland Department of Public Works and Housing (QDPWH) 1998a. Annual report 1997-98. Brisbane: QDPWH.
- Queensland Department of Public Works and Housing (QDPWH) 1998b. Churches and community housing discussion paper: towards developing a community housing plan. Brisbane. QDPWH.
- Ross K 1999. Occasional paper: Population issues, Indigenous Australians, 1996. Cat. no. 4708.0. Canberra: ABS.
- Senate Community Affairs References Committee (SCARC) 1997. Report on housing assistance. Canberra: Senate Printing Unit, Parliament House.
- Standing Committee of Community Services and Income Security Administrators (SCCISSA) 1999. National Community Services Information Development Plan. Cat no. AUS 14. Canberra: AIHW.
- Steering Committee for the Review of Commonwealth-State Service Provision (SCRCSSP) 1997. Report on government services 1997. Canberra: AusInfo.
- Steering Committee for the Review of Commonwealth-State Service Provision (SCRCSSP) 1999. Report on government services 1999. Canberra: AusInfo.
- Tasmania Department of Community and Health Services (TDCHS) 1998. Annual report 1997-98. Hobart: TDCHS.
- Victoria Department of Human Services (VDHS) 1997. Summary of housing assistance programs 1996-97. Melbourne: Office of Housing.
- Victoria Department of Human Services (VDHS) 1998. Annual report 1997-98. Melbourne: VDHS.
- Western Australia Homeswest (WAH) 1998. Annual report 1997-98. Perth: WAH.
- Yates J 1994. Housing and taxation: an overview. Working Paper no. 156. Sydney: University of Sydney Department of Economics.

6 Aged care

6.1 Introduction

In the last decade of the twentieth century population ageing has been gaining increasing international attention: it is at the forefront of social and economic planning and policy agendas in many countries of the world. The subject has also attracted the attention of international organisations and resulted in a variety of reports by organisations such as the World Bank (1994) and the OECD (1992, 1994, 1996, 1999). Early in the 1990s, the United Nations General Assembly acknowledged the importance of population ageing by designating 1999 as the International Year of Older Persons. In Australia, the Commonwealth Government announced that its key policy response to the International Year of Older Persons would be the development of a National Strategy for an Ageing Australia. The Prime Minister appointed a Ministerial Reference Group to develop a National Strategy focusing on four themes:

Firstly, helping Australians to be independent and to provide for their later years through employment, life long learning and financial security. Secondly, delivering quality health care through new approaches to service delivery, co-ordinated care and independent living. Thirdly, improving attitudes to older people and ageing, lifestyle issues such as personal safety, housing, transport, recreation and community support. And fourthly, encouraging healthy ageing and the role of general practitioners in maintaining wellbeing of older people. (John Howard, quoted in Bishop 1999a:vi)

The emphasis of the National Strategy for an Ageing Australia is thus on a long term, whole-of-government approach, taking into account a range of policy areas, and the perspectives and experiences of individuals as well as programs and policies. The present chapter is more narrowly based, being concerned with the services and assistance provided to older people, and with what has occurred in the past, rather than what is planned for the future. In recent years there have been a number of quite significant changes in the aged care sector; these changes, together with pre-existing programs and policies, constitute the baseline against which future directions for aged care will be set.

In 1996 the Commonwealth Government announced a major restructuring of the Australian residential care system. The main elements of the National Aged Care Strategy were implemented during 1997–98: nursing homes and hostels were amalgamated into one single system of residential care; the eight-category Resident Classification Scale was introduced to determine the level of payment to which facilities were entitled for each resident (based on residents' levels of dependency); income- and asset-tested fees were introduced; and a pre-existing system of contributions to the capital cost of some aged care facilities (means tested) was modified and expanded to include all residential aged care facilities.¹ In addition, a new system of accreditation for

1 The single system of residential care and the Resident Classification Scale were implemented on 1 October 1997; the system of capital contributions was introduced on 1 October 1997 and revised in November 1997; and income and assets testing began on 1 March 1998.

residential aged care facilities was developed. Recent years have also been characterised by a marked expansion in coordinated forms of home-based care (particularly community aged care packages) and in respite services, both of which are central elements of the continuing policy emphasis on keeping older people at home in the community wherever possible.

In the midst of these policy developments, the structure and size of the older population in Australia continue to change. The two decades from 1981 to 2001 were periods of relatively rapid increase – averaging 4.1% a year – in the population aged 80 years and over. This rate of growth can be expected to slow considerably in the new millennium, particularly from 2011 to 2021, before regaining momentum in the decade beginning 2031. Other social changes also appear set to continue for the foreseeable future. High rates of female workforce participation, high rates of divorce, and an increasing number of single-person households will affect both the structure and functioning of informal support networks, and the availability of volunteer labour in the welfare services industry.

The already difficult task of identifying the need for formal aged care services is thus complicated by the changing nature of the service framework, the changing population structure, and the flow-on effects in successive age cohorts of changes in the fabric of family and social life.

The goal of the Australian aged care service delivery system is the ‘provision of a cohesive framework of high quality and cost-effective care services for frail older people and their carers’ (DHFS 1996:117). Accordingly, this chapter focuses on three sets of information that are essential to the task of reviewing progress toward the achievement of that goal:

- the need for services and assistance (Section 6.2, page 167);
- the amount and type of services and assistance being provided and the characteristics of the clients to whom they are being provided (Section 6.3, page 176); and
- the outcomes of those services and assistance (Section 6.4, page 203).

The range of services and assistance available to older people in Australia is extensive and by no means all such provisions are included in this chapter. For example, programs concerned with healthy ageing, hospital care, medical care, pharmaceuticals and housing are not included. Moreover, although it is common to view aged care only in terms of programs aimed specifically at older people, it must be remembered that older people are also eligible for, and make use of, various benefits and services that are available to the general population.

This chapter focuses on the services and assistance designed to provide continuing care for frail and disabled older people and the services and assistance available to those who care for them. This includes services and assistance provided in both domiciliary and residential care contexts, and the assessment programs and regulatory practices associated with those services. These services are funded and/or provided by Commonwealth, State and Territory, and local governments, the not-for-profit sector and the private for-profit sector. In addition, extensive informal assistance is provided by family and friends who care for older people in both residential and domiciliary settings.

6.2 The need for care

Age, sex and dependency

Traditionally, age itself is the most commonly used predictor of the need for assistance among older people. The proportion of people aged 65 and over has, for example, always been a key component of the labour force dependency ratio, one of the calculations commonly undertaken by economists to test the economic viability of different societies at different times.² In analysing income security, the proportion of the population aged 65 and over is a useful indicator of likely need for assistance. For analysts whose primary concern is aged care services, however, the population aged 80 and over is a better guide, given that rates of use, particularly for residential care, climb steeply from age 80 onward. The usefulness of age-based data is increased if the data are classified by sex: women are not only more likely than males to survive to more advanced ages, they are also more likely to be poor, disabled and living in residential care (Gibson 1998:Chapters 4, 7).

As at 30 June 1998 the Australian Bureau of Statistics estimated that there were 2.3 million people aged 65 years and over in Australia; this represents 12.2% of the total population. Of these, 30% were aged 65 to 69 years, 48% were aged 70 to 79, and 23% were aged 80 and over. Thus, while over three-quarters of older people are aged between 65 and 79, there is a significant minority (over half a million people) who are aged 80 and over. Fifty-six per cent of older people are women; this predominance becomes progressively more evident in the older age categories. In the 65–69 year age group the proportions of men and women are almost equal; by age 80 and over, however, there are almost twice as many women as men. In absolute numbers, there are 285,000 more women than men aged 65 and over in Australia (Table 6.1).

Table 6.1: Persons aged 65 years and over, by sex and age group, 30 June 1998

	65–69 years		70–79 years		80 years and over		Total aged population	
	'000	%	'000	%	'000	%	'000	%
Males	333.5	14.6	486.5	21.3	179.3	7.9	999.3	43.8
Females	348.3	15.3	597.5	26.2	338.2	14.8	1,284.0	56.2
Persons	681.8	29.9	1,084.0	47.5	517.5	22.7	2,283.4	100.0

Source: ABS 1999a:17.

While age and sex provide one indicator of the level of need for aged care services, direct measures of dependency are also useful. The Surveys of Disability, Ageing and Carers conducted by the Australian Bureau of Statistics provide direct information about dependency levels in the older population, as reported by older people themselves. The most recent data are drawn from the 1998 Survey, the fourth such survey by the Bureau since 1981.

2 The traditional dependency ratio is the proportion of the population aged 0–14 and 65 and over in relation to those aged 15–64 years.

In the 1998 Survey the Australian Bureau of Statistics modified its methodology and terminology. Two additional screening questions were added to those used in the 1993 Survey, one referring to difficulties with breathing and the other to pain. In the 1998 Survey, the term 'core activity restriction' replaces the previously used 'handicap'; the terminology used to describe levels of restriction (profound, severe, moderate and mild) does, however, remain the same.

The proportion of people aged 65 and over with any specific activity restriction (handicap in the 1993 Survey) increased slightly between 1993 (44.6%) and 1998 (45.5%), but is similar to that reported in 1988 (45.1%). The proportion of the population reporting a profound or severe core activity restriction (age-standardised) dropped marginally from 17.9% in 1988 to 17.1% in 1993, increasing to 19.6% in 1998. Over the three surveys, while the changes have been modest, the trend is for a drop from 1988 to 1993, and an increase from 1993 to 1998.

In comparing the three surveys, prevalence rates were age-standardised to the March 1998 Australian population and adjusted for differences between the surveys (ABS 1999b). However, it is not possible to control completely for the differences in survey design; the trends observed may be partly a result of these differences.³ In particular, as far as possible, only screening questions common to all four surveys were used.

Table 6.2: Persons aged 65 and over with core activity restrictions, age standardised prevalence rates, by sex and disability status, as a percentage of the Australian population for 1988, 1993 and 1998

	1988	1993	1998
Males			
Profound or severe core activity restriction	12.7	12.4	14.8
Moderate core activity restriction	13.3	8.6	7.5
Mild core activity restriction	17.6	23.3	22.7
All males with specific restrictions	43.6	44.3	45.0
Females			
Profound or severe core activity restriction	21.9	20.8	23.3
Moderate core activity restriction	10.9	7.7	7.7
Mild core activity restriction	13.5	16.4	15.0
All females with specific restrictions	46.2	44.9	45.9
Persons			
Profound or severe core activity restriction	17.9	17.1	19.6
Moderate core activity restriction	12.0	8.1	7.6
Mild core activity restriction	15.3	19.4	18.4
All persons with specific restrictions	45.1	44.6	45.5

Note: Only criteria common to the four collections have been used. Rates are age-standardised to the estimated resident population for March, 1998.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers data.

3 See Section 7.2, page 215, for further discussion of differences between the most recent surveys, and Appendix Table A7.1 for a comparison of activity restriction rates across all four ABS surveys.

However, it was not possible to control completely for the two screening questions added in 1998, because in both years there was a screening question asking for the existence of 'any other long-term condition', which in 1993 would pick-up some of the people included by the two extra questions in 1998.

The profound and severe core activity restriction categories are appropriate measures of need for assistance in relation to aged care services since they describe people who are unable to perform a core activity or always need assistance in doing so (profound core activity restriction), and people who sometimes need assistance (severe core activity restriction). Core activities are self care (bathing, showering, dressing, eating, using the toilet and managing incontinence), mobility (moving around at home and away from home, getting into or out of a bed or chair, and using public transport) and communication (understanding and being understood by others, including strangers, family and friends).

Table 6.3: Persons aged 65 years and over: disability status, by sex and age group, 1998 (per cent)

Core activity restriction	Males					Females				
	65-69	70-74	75-79	80-84	85+	65-69	70-74	75-79	80-84	85+
Profound or severe	7.8	11.8	19.0	24.2	56.0	9.2	15.1	24.9	35.5	68.8
Moderate	10.8	10.3	15.3	* 7.8	* 10.4	8.9	10.4	10.2	6.9	6.9
Mild	16.0	21.6	20.3	24.8	16.9	14.8	16.5	18.3	22.6	7.5
All with specific restrictions	34.6	43.7	54.6	56.9	83.3	32.8	41.9	53.3	65.0	83.2
All with disability	43.4	51.1	60.9	63.4	84.3	37.6	47.3	56.6	66.8	84.2

* Subject to a relative standard error greater than 25%.

Source: ABS 1999b:15.

Among older people, the rates of profound or severe core activity restriction are quite low until age 75 (Table 6.3). For those aged 65-69 years, for example, only 7.8% of men and 9.2% of women were so affected. The rates rise quite markedly with age, however, so that by ages 75-79 19% of men and 25% of women reported a profound or severe core activity restriction, while at ages 80-84 the rates had risen to 24% and 36% respectively. By age 85 and over, more than half the population reported a profound or severe core activity restriction. At these advanced ages, the degree of difference between the sexes lessens somewhat, although the rates reported by women are still substantially higher than those reported by men (69% for women and 56% for men).

The proportion of people with a disability (the last line of Table 6.3) is substantially higher than the proportion who report a profound or severe core activity restriction. Indeed, the overall disability rate for the population as a whole (at all ages) is 19%. Among older people, the proportion with a disability increases from 43% at ages 65-69 to 84% at 85 and over for men, and from 38% at ages 65-69 to 84% at 85 and over for women. It is important to understand the meaning of 'disability' as it is defined in these data drawn from the ABS Surveys, as it includes a significant proportion of the total population. Disability is defined as including people who have difficulties in any of 17 categories of health conditions. These 17 categories are set out in Box 7.1 (page 215); they range from 'loss of speech' to 'any ... long-term condition that restricts everyday activities'. Having a 'disability' as defined in these terms does not, therefore, necessarily imply a need among older people for either informal or formal assistance.

Changes over time

The primary policy trend in the provision of aged care services over the past 15 years has been the move away from residential services and towards home-based care. Table 6.4 presents data describing the changing living arrangements of people with a profound or severe core activity restriction over the decade from 1988 to 1998.

Among people aged 65–79 with a profound or severe core activity restriction, the proportion living in households increased from 79% in 1988 to 86% in 1993, then decreased slightly to 84% in 1998. For those aged 80 and over, a similar trend was evident, with 50% living in households in 1988, 61% in 1993 and 55% in 1998. The same trend is generally evident for both men and women, although the size of the decline in proportions living in the community between 1993 and 1998 does vary. In general, it appears that the strong trend towards living in the community that was evident between 1988 and 1993 reversed somewhat between 1993 and 1998. While the definitions used in the three ABS Surveys have been standardised for the purposes of this analysis, it is certainly possible that changes in survey design may account for some part of these trends. The broad trend for the 10-year period remains away from residential care and into the community, and this is particularly the case for people in the 65–79 age category with a profound or severe core activity restriction.

Similar proportions of men and women aged 65–79 years were living in the community but, from age 80 onward, men were significantly more likely to be living in the community than were women. While 61% of men aged 80 and over with a profound or severe core activity restriction lived in households in 1988, only 47% of women did so; for 1998, the comparable proportions were 61% for men and 53% for women. Women are thus substantially more likely than men to spend their later years in a health establishment.

Another interesting aspect of Table 6.4 is the proportion of older people with a profound or severe core activity restriction who lived alone in the community. Among those aged 65 to 79, almost 20% were living alone in the community in 1988; that proportion increased to 26% in 1993 and then dropped back somewhat to 22% in 1998. For those aged 80 and over, the proportion increased from 19% in 1988 to 24% in 1993, then dropped marginally to 23%. A particularly strong trend is evident among men aged 80 and over—10% lived alone in the community in 1988 and 11% in 1993, but this increased to 22% by 1998.

The future

From an estimated base of 2.3 million in 1998, the Australian Bureau of Statistics projects that the Australian population aged 65 and over will reach 4.0 million by the year 2021, and 5.8 million by 2041. The number of people aged 80 and over is projected to grow from an estimated 0.5 million in 1998 to 0.9 million in 2021, and to 1.9 million in 2041 (Table 6.5).

The rates of annual increase for the period 1981 to 2041 have been or are projected to be relatively high for the populations aged 65 and over and 80 and over. For the decades from 2001 to 2041 the rates of increase for the total Australian population are projected to be less than 1% per annum. For most of that time, the rates of increase for the population 65 and over are projected to be in the vicinity of 2–3% per annum (Table 6.6).

Table 6.4: Persons with a profound or severe core activity restriction: living arrangements, by age group and sex, 1988, 1993 and 1998 (per cent)

Living arrangements	1988			1993			1998		
	<65	65-79	80+ All ages	<65	65-79	80+ All ages	<65	65-79	80+ All ages
Males									
Households									
Alone	5.2	9.4	* 9.5	6.4	15.2	* 10.5	8.6	10.4	21.6
With relatives	83.4	68.5	50.0	82.9	67.6	57.4	85.1	72.1	37.8
With non-relatives	3.3	** 1.5	** 1.5	5.4	** 1.0	** 0.0	3.1	** 1.7	n.p.
<i>Total</i>	<i>91.8</i>	<i>79.4</i>	<i>61.0</i>	<i>94.7</i>	<i>83.9</i>	<i>67.9</i>	<i>96.8</i>	<i>84.2</i>	<i>60.6</i>
Health establishment	8.2	20.6	39.0	5.3	16.1	32.1	3.2	15.8	39.4
<i>Total males (N)</i>	<i>157,000</i>	<i>64,500</i>	<i>34,600</i>	<i>202,000</i>	<i>75,400</i>	<i>51,500</i>	<i>338,100</i>	<i>104,500</i>	<i>69,500</i>
Females									
Households									
Alone	5.8	25.7	22.1	9.2	32.1	29.1	10.0	30.0	23.8
With relatives	83.1	51.4	23.0	82.2	54.2	29.0	82.8	51.0	25.6
With non-relatives	4.4	* 2.4	* 1.4	4.2	* 0.7	** 0.7	4.1	* 3.4	* 3.6
<i>Total</i>	<i>93.3</i>	<i>79.5</i>	<i>46.5</i>	<i>95.5</i>	<i>87.0</i>	<i>58.8</i>	<i>96.9</i>	<i>84.4</i>	<i>53.0</i>
Health establishment	6.7	20.5	53.5	4.5	13.0	41.2	* 3.1	15.6	47.0
<i>Total females (N)</i>	<i>169,600</i>	<i>114,400</i>	<i>117,300</i>	<i>190,500</i>	<i>138,700</i>	<i>136,800</i>	<i>277,800</i>	<i>156,300</i>	<i>179,900</i>
Persons									
Households									
Alone	5.5	19.8	19.2	7.8	26.2	24.0	9.2	22.2	23.2
With relatives	83.2	57.6	29.1	82.6	58.9	36.8	84.1	59.4	29.0
With non-relatives	3.9	* 2.1	* 1.5	4.8	** 0.8	** 0.5	3.6	* 2.7	* 2.9
<i>Total</i>	<i>92.6</i>	<i>79.4</i>	<i>49.8</i>	<i>95.1</i>	<i>85.9</i>	<i>61.3</i>	<i>96.8</i>	<i>84.3</i>	<i>55.1</i>
Health establishment	7.4	20.6	50.2	4.9	14.1	38.7	3.2	15.7	44.9
Total persons (N)	326,600	178,900	152,000	392,500	214,100	188,300	615,800	260,900	249,400
									1,126,100

n.p. Not published by the data source but included in totals.

* Subject to a relative standard error between 25% and 50%.

** Subject to a relative standard error greater than 50%.

Note: The 1988 and 1993 data are based on disability and handicap definitions used in the 1988 Survey.

Source: ABS 1988 Survey of Disabled and Aged Persons, unpublished data; ABS 1993 Survey of Disability, Ageing and Carers, unpublished data; ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Table 6.5: Estimated and projected populations, by age group and disability status, 1981 to 2041

Year	All persons			Persons with a profound or severe core activity restriction		
	65+	80+	All ages	65+	80+	All ages
Males						
1981	612,205	79,840	7,448,267	89,655	29,167	369,650
1991	836,262	128,633	8,615,409	129,159	46,992	444,033
2001	1,050,852	203,063	9,616,490	177,039	74,183	537,415
2011	1,348,413	296,832	10,492,046	231,436	108,439	630,516
2021	1,866,135	365,313	11,239,570	311,412	133,456	726,256
2031	2,340,201	562,789	11,806,716	422,241	205,598	845,705
2041	2,644,228	739,695	12,121,750	505,195	270,225	932,471
Females						
1981	842,794	176,872	7,474,993	188,941	90,438	430,698
1991	1,114,453	255,442	8,668,627	261,311	130,612	540,969
2001	1,336,069	371,481	9,719,325	343,167	189,944	673,509
2011	1,617,524	486,250	10,609,512	419,506	248,628	797,580
2021	2,186,422	561,666	11,400,493	533,039	287,189	930,168
2031	2,777,747	826,254	12,047,565	728,240	422,477	1,132,018
2041	3,189,537	1,115,213	12,431,358	899,756	570,227	1,305,243
Persons						
1981	1,454,999	256,712	14,923,260	278,595	119,605	800,348
1991	1,950,715	384,075	17,284,036	390,470	177,604	985,002
2001	2,386,921	574,544	19,335,815	520,206	264,127	1,210,924
2011	2,965,937	783,082	21,101,558	650,942	357,066	1,428,097
2021	4,052,557	926,979	22,640,063	844,451	420,645	1,656,424
2031	5,117,948	1,389,043	23,854,281	1,150,481	628,075	1,977,723
2041	5,833,765	1,854,908	24,553,108	1,404,951	840,452	2,237,714

Source: ABS 1987:5–7; ABS 1993:27–32; ABS 1999 population projections (series K), unpublished data; ABS 1999b:15.

The current decade (1991 to 2001) and the one which follows (2001 to 2011) are characterised by relatively lower rates of increase among people aged 65 and over, at 2.0% and 2.2% a year respectively. From 2011 to 2021 the rate of increase in this age group rises to 3.2% a year as the baby boom generation moves into old age.

The picture is somewhat different for people aged 80 and over. For this group the two decades just concluding (1981–1991 and 1991–2001) were a period of particularly rapid increase, at 4.1% a year. For the decade from 2001 to 2011, this is projected to slow to 3.2% a year and then reduce even further in the following decade (2011 to 2021), to 1.7% per annum. The effect of the baby boom generation on the size of the 80 and over population will not be felt until the decade 2021 to 2031, when the rate of increase is projected to rise to 4.1% per annum.

A comparison of the rates of increase in the populations aged 65 years and over and 80 years and over makes it clear that in the 30 years from 1981 to 2011 the aged population itself has been undergoing an ageing process. In 1981 only 18% of older people (that is, people aged 65 and over) were aged over 80. This proportion is projected to increase to 24% by 2001 and 26% in 2011. From 2011 to 2021, this effect reverses—by 2021 the

Table 6.6: Annual rates of increase of older populations by disability status, age group and sex, 1981 to 2041 (per cent)

Decade	All persons			Persons with a profound or severe core activity restriction		
	65+	80+	All ages	65+	80+	All ages
Males						
1981–1991	3.2	4.9	1.5	3.7	4.9	1.9
1991–2001	2.3	4.7	1.1	3.2	4.7	1.9
2001–2011	2.5	3.9	0.9	2.7	3.9	1.6
2011–2021	3.3	2.1	0.7	3.0	2.1	1.4
2021–2031	2.3	4.4	0.5	3.1	4.4	1.5
2031–2041	1.2	2.8	0.3	1.8	2.8	1.0
Females						
1981–1991	2.8	3.7	1.5	3.3	3.7	2.3
1991–2001	1.8	3.8	1.2	2.8	3.8	2.2
2001–2011	1.9	2.7	0.9	2.0	2.7	1.7
2011–2021	3.1	1.5	0.7	2.4	1.5	1.5
2021–2031	2.4	3.9	0.6	3.2	3.9	2.0
2031–2041	1.4	3.0	0.3	2.1	3.0	1.4
Persons						
1981–1991	3.0	4.1	1.5	3.4	4.0	2.1
1991–2001	2.0	4.1	1.1	2.9	4.0	2.1
2001–2011	2.2	3.1	0.9	2.3	3.1	1.7
2011–2021	3.2	1.7	0.7	2.6	1.7	1.5
2021–2031	2.4	4.1	0.5	3.1	4.1	1.8
2031–2041	1.3	2.9	0.3	2.0	3.0	1.2

Note: Annual rates of increase were calculated using the exponential rate of growth formula: $r = ((p_2/p_1)^{1/t}) - 1$, where $t=10$.

Source: ABS 1987:5–7; ABS 1993:27–32; ABS 1999 population projections (series K), unpublished data; ABS 1999b:15.

proportion of older people who are aged 80 and over will drop to 23%. In the following two decades, however, the proportion will rise again; it is projected to reach 32% by 2041. Given that use of formal services is markedly higher in the 80 and over age group, this changing structure of the aged population is a useful indicator of the changing need for services and assistance over time.

Another noteworthy aspect of Table 6.6 is the higher rates of increase among males in comparison with females, in both age categories and for almost the entire time period. There will thus be a somewhat more even sex balance in future older populations, which may have implications for patterns of both formal and informal care.

Table 6.5 contains data on the increasing number of people with a profound or severe core activity restriction between 1981 and 2041.⁴ These data provide a measure of the number of people who are likely to need assistance (whether formal or informal) in the next 40 years (assuming that rates of serious disability remain reasonably stable among

4 The data were calculated using five-year age- and sex-specific profound or severe core activity restriction rates, and population data, including projections from the Australian Bureau of Statistics.

the 65 and over population). In 1981 the total number of people in this category numbered some 279,000; the figure increases to over half a million in 2001. By 2031 the number of older people likely to be in need of some assistance in their daily lives will have exceeded the one million mark on these calculations (1,150,000). Rates of growth in this population are high in the two decades from 1981 to 2001 (3.4% and 2.9% per annum), then drop back somewhat to 2.3% per annum from 2001 to 2011 and 2.6% from 2011 to 2021. From 2021 to 2031, the rate of growth is projected to increase to 3.1% (Table 6.6).

Calculating the number of people with a profound or severe core activity restriction has the advantage for planning purposes of 'adjusting' for the changing structure of the aged population over time, thus giving a better indication of the likely need for services than that obtained by simply using the number of people in an age category. That the measures are indeed different over time becomes evident from even a cursory examination of Table 6.5. In 1981 the population aged 80 and over was smaller than that aged 65 years and over with a profound or severe core activity restriction. By 1991 the two numbers were relatively similar, but from that time onward the number of people aged 80 and over draws substantially ahead of the number of people aged 65 years and over with a profound or severe core activity restriction. In planning for future service use, then, the proportions of people with a profound or severe core activity restriction provide a valuable additional source of information to that provided by age alone.

The need for informal care

According to the 1998 ABS Survey of Disability, Ageing and Carers, 447,900 primary carers were providing informal care in Australia in 1998. A 'primary carer' is defined as someone who provides the most assistance to a person with one or more disabilities, on an ongoing basis and in one of the three core activity areas of mobility, selfcare and communication (ABS 1999b).⁵

Over three-quarters of these carers (79%) were co-resident; thus a substantial minority did not live with the care recipient. Seventy per cent of the carers were women. Men were more likely than women to live with the person they were caring for: 87% of male carers were co-resident, compared with 75% of women. Around one in five carers (22%) were themselves aged 65 or over. Male carers were more likely to be aged 65 or over than were female carers (27% compared to 19%) (ABS 1999b:46).

Close to half the people identified as primary carers spent 40 or more hours each week providing care, and this proportion increased with age. Thus while 37% of carers aged 25–44 years provided 40 or more hours of assistance, the comparable proportion among carers aged 45–64 years was 48% and that for carers aged 65 and over was 53%. Only 27% of carers aged 65 and over provided less than 20 hours of care; this compares with 35% of those aged 45–64 and 43% of those aged 25–44. Caring thus takes up a larger proportion of old carers' time than it does for younger carers (ABS 1999b:49).

Contrary to common perceptions, only 45% of care recipients were aged 65 and over. Male and female carers were roughly similar in the proportions caring for people aged

5 The methodology used to identify 'primary carers' in the 1998 ABS Survey of Disability, Ageing and Carers differs from that used to identify 'principal carers' in the 1993 Survey, and results in a substantial drop in numbers between the two surveys. For further details of this change see Chapter 7, page 214.

65 and over: 46% of male carers and 42% of female carers were looking after someone aged 65 or over. Almost one in five of all caring dyads (18%) consisted of a carer and a care recipient who were both aged 65 and over. Among people aged 65 and over with a co-resident carer, over half (57%) were cared for by someone who was themselves over 65 (ABS 1999b:46).

For all age groups male carers were more likely to be caring for a spouse or partner: 67% of all male carers and 77% of all male co-resident carers were caring for a spouse or partner. This figure was even higher for male carers aged 65 and over, where 95% were caring for a spouse or partner. In contrast, only 34% of female carers were caring for a spouse or a partner, but this proportion is substantially higher among carers aged 65 and over: 77% of female carers aged 65 and over were caring for a spouse or partner (Table 6.7).

Table 6.7: Principal carers aged 25 years and over: age group, sex and living arrangements, by relationship of carer to care recipient, 1998 (per cent)

Relationship	Co-resident carer					Non-co-resident carer				
	25-44	45-64	65-74	75+	Total	25-44	45-64	65-74	75+	Total
Males caring for										
Partner	13	25	32	52	25	—	—	2	—	—
Child	4	5	—	—	3	10	18	—	—	13
Parent	4	4	—	3	3	—	1	—	—	1
Other	1	2	—	—	1	6	2	7	—	4
<i>Total male carers</i>	22	36	32	55	32	16	21	8	—	18
Females caring for										
Partner	21	30	48	35	31	1	—	5	—	1
Child	7	16	3	—	9	52	54	21	—	50
Parent	47	15	11	6	24	2	4	9	—	4
Other	3	4	6	4	4	29	21	56	—	27
<i>Total female carers</i>	78	64	68	45	68	84	79	92	—	82
Persons caring for										
Partner	34	56	80	87	56	1	—	7	—	1
Child	11	21	3	—	13	62	72	21	—	63
Parent	50	18	11	9	26	2	5	9	—	5
Other	5	6	6	4	5	35	23	63	—	31
Total carers (N)	109,200	143,900	53,900	33,500	340,600	35,100	49,600	9,300	—	93,900

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Table 6.8 demonstrates the important role played by informal carers in providing assistance to older people living at home. In the areas of self care, mobility, communication, transport and paperwork over 90% of those receiving assistance were receiving it from informal carers. For meal preparation (83%), housework (73%) and property maintenance (71%), informal carers were also an important source of assistance to the vast majority of older people receiving help in these areas. Formal providers dominated in providing health care (67%) but also provided help to a substantial proportion of people receiving assistance with property maintenance (48%), housework (46%), meal preparation (28%), self care (25%) and mobility (20%). Although for most of these activities the bulk of formal assistance was provided by government or not-for-profit

providers, in the case of property maintenance and health care the majority of assistance was provided by the private for-profit sector (ABS 1999b:40).

Table 6.8 also provides information on the extent to which older people's need for help in each of these areas was being met. In the majority of cases older people reported that their need for assistance in each of the areas listed was being fully met. For paperwork and meal preparation, over 90% of older people reported that their need for assistance was fully met; for self care, mobility, communication, health care, transport and housework, over 80% of older people reported that their need was being fully met. Nonetheless, for a significant minority of older people their need for assistance remained either unmet or only partly met: for example, 13% of older people reported that their need for assistance with mobility was being only partly met and 6% reported that it was not being met at all.

Table 6.8: Older people living at home: extent to which need for assistance is met, and provider of assistance, 1998 (per cent)

Activity	Extent to which need for assistance is met				Provider of assistance			
	Fully	Partly	Not at all	Total (N)	Informal	Formal	Both	Total (N)
Self care	86	* 5	9	155,000	90	25	15	141,100
Mobility	81	13	6	275,000	95	20	15	258,600
Communication	86	n.p.	* 11	28,300	100	n.p.	—	25,200
Health care	85	9	6	376,000	49	67	16	354,100
Transport	81	8	12	453,900	93	16	9	400,500
Paperwork	91	* 5	* 4	144,300	97	8	5	138,200
Housework	83	13	4	403,900	73	46	19	386,700
Property maintenance	78	17	5	626,100	71	48	19	592,900
Meal preparation	92	* 6	* 2	142,200	83	28	11	139,200
Any activity	67	29	4	887,900	83	59	43	853,300

n.p. Not published by the data source but included in totals.

Source: ABS 1999b:39–40.

6.3 Service provision

As noted in the introduction to this chapter, the period since 1997 has seen a number of important changes to aged care programs, particularly in the residential care sector. Among these changes were the restructuring of the two tiers of residential care (hostels and nursing homes) into one single system (residential aged care facilities), the introduction of the new Resident Classification Scale, the modification and expansion of the system of contribution to the capital costs of aged care facilities, and the introduction of means-tested fees.

Alongside these changes, some trends have continued unabated; in particular, the move to contain the residential care sector and expand the range and extent of home-based care services. Community aged care packages and respite care services continue to be important areas of growth. The development and implementation of quality appraisal and accreditation procedures also remain important. Boxes 6.1 and 6.2 summarise recent policy initiatives in aged care; Box 6.3 briefly describes national activities for the International Year of Older Persons.

Box 6.1: Policy changes 1997 to 1999: residential care

The Resident Classification Scale

The Resident Classification Scale, a new funding tool for residential aged care services, was introduced on 1 October 1997 to allow the unification of the nursing home and hostel sectors and to facilitate the goal of 'ageing in place'.

Income-tested fees in residential aged care facilities

Income tested fees were introduced for all residential aged care facilities from 1 March 1998. The standard fee is set at 85% of the full rate of the Age Pension (\$21.52 in 1999) for pensioners and part-pensioners, and \$26.91 per day for non-pensioners. In addition, new residents entering care from 1 March 1998 and with an income in excess of the pension-free area (\$50 per week in 1999) pay an income-tested fee of 25 cents in the dollar, to a maximum of three times the pensioner daily rate or the cost of care, whichever is the lower.

Accommodation charges and bonds

From 1 March 1998 residents entering nursing home level care (RCS level 1–4) can be asked to pay an accommodation charge of up to \$12 a day. The maximum of \$12 is payable if the resident's assets are over \$44,900. For hostel level care residents (RCS 5–8), eligible residents may be asked to pay an accommodation bond (to be agreed between the resident and service provider). Service providers are able to draw down \$2,600 per year for a maximum of five years and retain the interest earned on the principal for the duration of the resident's stay. Accommodation payment arrangements require that a resident be left with a minimum equivalent to 2.5 times the Age Pension (currently \$23,000) in assets after paying.

Aged Care Standards and Accreditation Agency

An Aged Care Standards and Accreditation Agency has been established to monitor care standards, oversee new accreditation arrangements, and provide education and training in residential aged care facilities. The new system replaces the Outcome Standards Monitoring Program implemented in 1987.

Best practice grants for dementia specific facilities (1997–98 Budget)

This initiative provided \$0.6 million to facilities that specialise in dementia care to assist them in the transition to the new unified residential system in 1997–98.

Two-year review of the aged care reform policy

In 1998 the Commonwealth Government commissioned a two-year review of the aged care reform policy and its implementation. The purpose of the review is to evaluate the impact of the reforms and the extent to which their objectives are being achieved, particularly in overcoming acknowledged deficiencies of the former system. The review's terms of reference cover a broad range of matters of interest to stakeholders, among them access, affordability, quality, choice and appropriateness, and industry viability. Professor Len Gray was appointed to chair the Review.

(continued)

Box 6.1 (continued): Policy changes 1997 to 1999: residential care

Residential Aged Care Grants

In 1998 the Commonwealth Government approved some 100 Residential Care Grants totalling \$20 million to help residential aged care services build, rebuild, or upgrade their facilities. The purpose of the grants was to provide special, targeted assistance to services that provide care to concessional residents, particularly where those services are in rural and remote locations and where there is an urgent need for improvement in the physical quality of the facility and a need for financial assistance.

Box 6.2: Policy changes 1997 to 1999: Home- and community-based care

Staying at Home – Care and Support for Older Australians (1998–99 Budget)

Announced by the Prime Minister on 2 April 1998, this package of measures is to cost \$280 million over four years. It has been designed to enhance the care of older people in the community and provide greater recognition and support for carers within Australian society. The measures will help older Australians remain in their homes for as long as possible and provide further support for carers. Areas of particular focus are

- *ageing carers*
- *respite care for families of people with dementia*
- *continence management*
- *new carer allowance*

Carer Payment and Domiciliary Nursing Care Benefit to continue when care recipient is in hospital (1998–99 Budget)

The measure extends eligibility for the Carer Payment and the Domiciliary Nursing Care Benefit to provide for the payment of benefits to carers when the care recipient is hospitalised for up to 63 days in a calendar year. The 63-day period applies provided that the treatment plan involves returning the care recipient to the carer in the private home of the care recipient or where the care recipient is terminally ill.

Revised arrangements for carers of adults and children with disabilities (1997–98 Budget)

From July 1998 the rate of the Domiciliary Nursing Care Benefit was increased to bring it into alignment with the Child Disability Allowance.

Carers' support and information (1997–98 Budget)

Funding of \$8.1 million was allocated over four years for the Carer Support Strategy, to provide support programs and information to carers of frail older people and people with disabilities.

(continued)

Box 6.2 (continued): Policy changes 1997 to 1999: Home- and community-based care

Specific support for people with dementia and their carers (1997–98 Budget)

This allocation of \$10 million over a four-year period is aimed at providing more accurate diagnosis and assessment of people with dementia (particularly those living in country areas) and of their care needs. It also aims to provide more appropriate and timely treatment, care and support services for these people.

Multipurpose Services in Rural & Remote Australia (1998–99 Budget)

Federal Aged Care Minister the Hon. Bronwyn Bishop announced the expanded funding of multipurpose services in rural and remote regions of Australia, with total funding of \$17.48 million over five years. Multipurpose services provide a mix of Commonwealth- and State-funded services best suited to the needs of each community.

Carelink

Carelink is an initiative announced in the 1999–2000 Budget; its purpose is to simplify access to community care services through the establishment of single contact points for community care across Australia. A single phone call will provide information about community care services in the local area. \$41.2 million has been allocated over four years to this initiative.

Box 6.3: National activities for the International Year of Older Persons

The International Year of Older Persons

Additional funding (\$5–6 million) was allocated in the 1999 International Year of Older Persons to help recognise the significant contribution of older people to communities and families to encourage a sharing of responsibility between the community and older people for creating a society for all ages, and to ensure a positive cultural change in attitude towards ageing.

National Strategy for an Ageing Australia

In response to the celebration of the International Year of Older Persons, the Commonwealth government is developing a National Strategy for an Ageing Australia. The Strategy will develop a broad-ranging framework to identify challenges and possible responses by government, business, the community and individuals to meet the needs of Australians as they age. A background paper and a discussion paper have been released by the Minister for Aged Care (Bishop 1999a, 1999b).

The Active Australia International Year of Older Persons campaign

Launched in February 1999 by the Prime Minister, the campaign encourages older people to become more involved in physical activity and urges community groups to create more opportunities for older people to be physically active.

The very recency of some of the policy changes that have been introduced makes it difficult to assess their impact; the situation is further complicated by discontinuities in the national data sets that constitute the main resource for time-series analyses. Such analyses rely on administrative data; thus, when the programs undergo substantial change, so too do the associated databases. In particular, the restructuring of the two tiers of residential care (hostels and nursing homes) into one single system (residential aged care facilities) has made it difficult to track dependency levels (the measures of dependency having changed) and to analyse data on admissions and separations. This latter problem arises because some residents who would previously have 'separated' from a hostel on 'admission' to a nursing home are now simply transferring from one level of care to another within the same system. Not only does this affect the number of admissions and separations; it also affects other derived measures such as length of stay and turnover.

Some of these data issues will become evident in the statistical information provided later in this section. First, some basic data are presented on patterns of income support in old age. This is followed by discussions of recent trends in assessment, home-based care, community aged care packages, residential care, and expenditure.

Income support

Australia has 1.7 million people receiving the Age Pension and a further 0.4 million people aged 60 and over receiving pensions from the Department of Veterans' Affairs (DVA). The Age Pension is income and assets tested, as is the Income Support Pension paid by the Department of Veterans' Affairs. Compensation pensions⁶ paid for by the Department of Veterans' Affairs are neither taxable nor subject to means testing. In February 1999 the single rate for the Service Pension was \$366.80 a fortnight, while the couple rate was \$304.30 each per fortnight. For the Age Pension the rate was \$357.30 for single pensioners or \$298.10 for each member of a couple.

Women made up 64% of age pensioners and 53% of DVA pensioners (that is, those aged 60 and over). While over a third of age pensioners were aged between 60 and 69, a substantial minority (10%) were aged 85 and over. There were 53,000 age pensioners in Australia aged 90 and over. The profile of DVA pensioners is substantially older: only 12% were aged between 60 and 69; 64% were aged between 70 and 79; less than 10% were aged 85 and over (Table 6.9).

According to the 1997 ABS Survey of Retirement and Retirement Intentions, 71% of retired people aged 65 and over were dependent on a pension or benefit (predominantly the Age Pension) as their main source of income. Superannuation—either a superannuation pension or a pension or annuity bought with superannuation lump-sum or rollover money—was the main source of income for only 10% of this age group. This pattern is likely to change in the future because the introduction of superannuation provisions into award entitlements in 1986 and of the superannuation guarantee in 1992 has substantially increased superannuation coverage in all age groups. In 1988, 9% of women and 34% of men aged between 55 and 64 had some superannuation coverage; by 1995 the figures were 22% and 43% respectively. If coverage is examined only for people in the labour force, the change in recent years is even more marked. In 1988,

6 Includes the Disability Pension, the War or Defence Widow's/Widower's Pension, and the Orphan's Pension.

among people in the labour force aged 55 to 64, 37% of women and 55% of men were covered by superannuation; by 1995 the comparable figure was 68% for both men and women (Office of the Status of Women 1999). It must, however, be remembered that increased coverage will take some time to translate into substantial retirement benefits since entitlements are determined by the length of time during which superannuation has been accrued.

Table 6.9: Recipients of Age Pension and DVA pensions, by age group and sex, 1999 (per cent)

Sex	60–64	65–69	70–74	75–79	80–84	85–89	90–94	95+	Total
Age Pension									
Males	—	13.9	10.8	5.3	3.7	2.0	0.6	0.1	36.5
Females	11.1	14.6	12.3	10.1	8.0	5.0	2.0	0.5	63.5
Persons	11.1	28.5	23.1	15.4	11.7	7.0	2.6	0.6	100.0
Total (N)	187,256	479,884	388,474	258,756	196,415	118,520	43,076	10,237	1,682,618
DVA pensions									
Males	1.3	2.0	10.2	21.0	9.3	2.6	0.5	0.1	46.8
Females	2.3	6.2	16.2	16.7	7.8	2.9	0.8	0.2	53.2
Persons	3.6	8.2	26.4	37.7	17.0	5.5	1.2	0.3	100.0
Total (N)	15,580	35,063	113,335	161,872	73,077	23,671	5,320	1,297	429,215

Source: Centrelink 1999, unpublished data; Department of Veterans' Affairs information system, March 1999, unpublished data.

The Carer Payment (previously known as the Carer Pension) is an income-support benefit payable to people who, because of their caring responsibilities, are unable to engage in a substantial level of paid work. It is income and assets tested. A total of 12,590 people who were caring for someone aged 65 or over received the Carer Payment in 1999 (Table 6.10). Two-thirds (67%) of these carers were women. The majority of both male and female carers receiving this benefit were aged between 45 and 64 (71% of men and 73% of women). Among care recipients, 75% were female and 25% male. Among female care recipients, 56% were aged 80 and over, while 42% of male care recipients were in this age group. The full rate for the Carer Payment as at June 1999 was \$361.40 a fortnight for a single recipient or \$301.60 for each member of a couple.

The Domiciliary Nursing Care Benefit was previously paid to people caring for someone at home who would otherwise require nursing home level care in a residential aged care facility. From July 1999 the Domiciliary Nursing Care Benefit (and the Child Disability Allowance) was replaced by the Carers Allowance. The payment is not means tested, nor is it treated as income for social security or taxation purposes.

In January 1999 some 49,000 people were receiving the Domiciliary Nursing Care Benefit. Three-quarters of beneficiaries were receiving assistance for the care of people aged 65 and over (Table 6.11). Among those caring for people aged 65 and over, 75% of carers were themselves over 60. Among these beneficiaries there were 4,776 people aged 80 to 89, and 309 people aged 90 and over who were providing care to a person aged 65 or over.

Among people receiving the Domiciliary Nursing Care Benefit to assist in the care of a person aged less than 65 years, 60% were aged between 50 and 69. There were 227 people aged 80 and over who were receiving the Domiciliary Nursing Care Benefit to support them in caring for a younger person with a disability (Table 6.11).

Table 6.10: Recipients of the Carer Payment who care for people aged 65 years and over, by age group and sex of carer and age group and sex of care recipient, 1999

Care recipients	Male carers					Female carers				
	<25	25-44	45-64	65+	Total	<25	25-44	45-64	65+	Total
Females										
65-69	18	165	302	41	526	15	318	113	3	449
70-79	12	405	639	46	1,102	64	762	1,219	10	2,055
80-89	21	160	1,121	38	1,340	40	353	2,597	39	3,029
90+	5	19	215	18	257	2	58	613	59	732
Total	56	749	2,277	143	3,225	121	1,491	4,542	111	6,265
Males										
65-69	5	111	38	1	155	12	138	445	12	607
70-79	15	199	131	3	348	18	271	356	50	695
80-89	6	85	266	1	358	10	105	536	17	668
90+	5	9	74	4	92	—	10	157	10	177
Total	31	404	509	9	953	40	524	1,494	89	2,147

Source: Centrelink 1999, unpublished data.

Table 6.11: Recipients of Domiciliary Nursing Care Benefit, 1999

Age of carer	Males		Females		Persons	
	N	%	N	%	N	%
Care recipient aged 0-64 years						
15-19	15	—	15	—	30	—
20-29	65	1	182	2	247	2
30-39	222	2	551	5	773	7
40-49	504	5	1,625	15	2,129	19
50-59	953	9	2,608	24	3,561	32
60-69	1,442	13	1,704	15	3,146	29
70-79	347	3	579	5	926	8
80-89	40	—	166	2	206	2
90-99	6	—	15	—	21	—
Total	3,594	33	7,445	67	11,039	100
Care recipient aged 65 years and over						
15-19	3	—	6	—	9	—
20-29	31	—	117	—	148	—
30-39	178	1	574	2	752	2
40-49	525	2	1,956	6	2,481	8
50-59	808	3	3,830	12	4,638	14
60-69	1,412	4	6,337	19	7,749	24
70-79	4,312	13	7,539	23	11,851	36
80-89	2,374	7	2,402	7	4,776	15
90-99	194	1	115	—	309	1
Total	9,837	30	22,876	70	32,713	100

Note: A further 5,167 persons receiving the Benefit are not included in this table because there was no information on their age and/or sex.

Source: Centrelink 1999, unpublished data.

Assessment

Aged care assessment teams play a crucial role in the Australian aged care system. They determine eligibility for community aged care packages and for admission to residential aged care facilities. They also function as a source of advice and referral concerning Home and Community Care (HACC) services; they do not, however, determine eligibility for HACC services. The desirability and practicality of establishing a central assessment strategy for HACC services has been a subject of ongoing policy discussions in recent years, including a government sponsored consultancy on the topic (Lincoln Gerontology Centre 1998b).

In the 13 years since their inception, aged care assessment teams have become an established part of the aged care system. In the process of determining eligibility, the teams generate data on the clients they assess – their age and sex, their dependency levels, and their assessed level of need for services. While these data provide some information about the flow of clients into the aged care system, the current 22-item national minimum data set has some limitations (particularly in relation to the measurement of dependency and the availability of informal care). A review of the national minimum data set for the Aged Care Assessment Program is under way. It should be noted that while the data are reported here as national data, there are some interstate differences in the data collections; in particular, there have been historical differences in what is and is not defined as an ‘assessment’ in different jurisdictions.⁷

From January to June 1998 aged care assessment teams carried out 79,796 assessments, equivalent to 3.5% of the Australian population aged 65 and over (Table 6.12). This is just over 24,000 more assessments than were carried out during the same period in 1994 (55,746 assessments, or 2.6% of the population aged 65 and over). This is a 43% increase; the percentage increase was much higher in the older age groups (36% among those aged 70 to 79, and 51% among those aged 80 and over) than among those aged 65 to 69 (only 15%). The rate of assessment (that is, the proportion of the age group assessed) was highest in the 80 and over age group (9.4%, compared with 2.4% of those aged 70 to 79 and 0.8% of those aged 65 to 69), and marginally higher among women than men in all age groups.

One contributing factor in this increased rate of assessment could be re-assessments associated with the amalgamation of hostels and nursing homes into single-stream residential aged care facilities. As a consequence of this amalgamation, residents in what were formerly hostels can now be classified as requiring high-level care (RCS levels 1–4) without moving to a high-care institution. This reclassification requires, however, an assessment by aged care assessment teams to determine residents’ eligibility to move from the low care (RCS levels 5–8) to the high care (RCS levels 1–4). While a short-term ‘catch-up’ increase in assessment rates therefore seems plausible, and may have occurred, there is no supporting evidence for such a trend in the pattern of recommendations for care made by the assessment teams.

The proportion of people assessed who were deemed to require residential care remained largely unchanged in recent years, ranging from 24.1% in 1994 to 23.9% in 1998 for nursing homes and from 22.2% in 1994 to 21.0% in 1998 for hostels. The

7 This is discussed in more detail in *Australia's Welfare 1995* (AIHW 1995:183-185).

proportion who received a recommendation for community aged care packages increased substantially, however, from 3.3% in 1994 to 8.5% in 1998. This latter result reflects the large increase in the number of community aged care packages available during the period.

Table 6.12: Aged care assessment team clients aged 65 years and over: recommendations and assessments by age group and sex, January–June 1994 and January–June 1998

	January–June 1994				January–June 1998			
	65–69	70–79	80+	Total	65–69	70–79	80+	Total
Males								
% nursing homes	20	24	28	26	17	22	27	25
% hostels	16	17	21	19	16	16	21	18
% CACPs/COPs	3	3	4	3	6	7	9	8
Total assessments	2,145	7,372	9,930	19,447	2,488	10,531	15,193	28,345
All males	332,441	427,089	151,823	911,353	333,511	486,517	179,290	999,318
% assessed	0.6	1.7	6.5	2.1	0.7	2.2	8.5	2.8
Females								
% nursing homes	16	19	26	23	16	18	27	24
% hostels	16	21	27	24	14	19	25	23
% CACPs/COPs	3	3	3	3	9	9	9	9
Total assessments	2,421	11,601	22,277	36,299	2,707	15,318	33,280	51,451
All females	354,471	545,101	294,675	1,194,247	348,319	597,494	338,226	1,284,039
% assessed	0.7	2.1	7.6	3.0	0.8	2.6	9.8	4.0
Persons								
% nursing homes	18	21	27	24	17	20	27	24
% hostels	16	19	25	22	15	18	24	21
% CACPs/COPs	3	3	3	3	8	8	9	9
Total assessments	4,566	18,973	32,207	55,746	5,195	25,849	48,473	79,796
All persons	686,912	972,190	446,498	2,105,600	681,830	1,084,011	517,516	2,283,357
% assessed	0.7	2.0	7.2	2.6	0.8	2.4	9.4	3.5

Source: AIHW 1995:186–7; ACAP evaluation units, 1998 unpublished data; ABS 1999a:17.

The Aged Care Assessment Program national minimum data set contains three items on client dependency: mobility, continence and orientation. For much of the period from 1994–95 to 1997–98 there was no change at all in the dependency profile of aged care assessment team clients as measured by these three items (Table 6.13). In 1997–98, however, the proportion who could walk independently declined from 63% to 58% and the proportion who were fully continent declined slightly, from 61% to 58%. The proportion of clients who were aware of time and place increased marginally, from 62% to 64%. The changes suggest a modest trend toward increasing dependency of aged care assessment team clients; the trend is consistent with the significant increases in dependency levels observed in recent years among both nursing home and hostel residents. Access to community aged care packages has also increased substantially, perhaps changing the profile of clients seen by assessment teams. Finally, this increase in dependency may reflect the re-assessment of (former) hostel residents, referred to in the preceding discussion.

More detailed dependency data recorded in Western Australia and Queensland provide further evidence that the dependency levels of assessment from clients may be increasing. The level of client dependency showed a modest increase from 1994 to 1998 in both States, supporting the hypothesis that although the proportion of older people seen by aged care assessment teams has increased, so too have the dependency levels of those assessed (see Tables A6.1, page 344, and A6.2, page 344).

Table 6.13: Aged care assessment team clients: mobility, continence and orientation, 1994–95 to 1997–98 (per cent)

	1994–95	1995–96	1996–97	1997–98
Mobility				
Walks independently	63	63	63	58
Does not walk independently	33	33	33	36
Unknown	4	4	4	6
Total (N)	132,957	164,862	166,410	171,660
Continence				
Fully continent	61	61	61	58
Not fully continent	33	32	33	36
Unknown	7	6	6	6
Total (N)	132,957	164,862	166,410	171,660
Orientation				
Aware, time and place	62	62	62	64
Not aware	32	32	33	29
Unknown	6	6	5	7
Total (N)	132,957	164,862	166,410	171,660

Source: Lincoln Gerontology Centre (LGC) 1998a:Tables 9, 10, 11; LGC 1997:29; LGC 1996:28; LGC 1995:22; Queensland Aged Care Evaluation Unit (QACEU) 1999:29; QACEU 1995a:34–6; QACEU 1995b:24–7; QACEU 1996:26–7; QACEU 1997:11; University of Western Australia (UWA) 1995:42–4, UWA 1996a:40–4; UWA 1996b:42–6; UWA 1997:43–7.

Home-based care

The Home and Community Care Program is jointly funded by the Commonwealth and State and Territory governments. The bulk of home- and community-based services are provided under the auspices of this program. It includes home nursing services, delivered meals, home help and home maintenance services, transport and shopping assistance, paramedical services, home- and centre-based respite care, and advice and assistance of various kinds. HACC also provides brokered or coordinated care for some clients, through community options or linkages projects. Community aged care packages, an alternative source of coordinated home-based care, are discussed later in this section.

Table 6.14 provides data on the hours of services provided under the HACC Program in relation to the number of people aged 70 and over and the number of people aged 65 and over with a profound or severe core activity restriction. These ratios of HACC service provision to the potential client group allow changes in the level of provision of HACC services to be examined in the context of the increasing size of the aged population between 1993–94 and 1997–98.

In 1997–98 HACC agencies provided 1,465 hours of home help (per month) per 1,000 people aged 65 and over with a profound or severe core activity restriction. They also provided (again per month) 1,682 hours of centre-based respite care and 2,317 meals per 1,000 people aged aged 65 and over with a profound or severe core activity restriction. The levels of provision were lower in the more intensive service types—for home-based respite care, 653 hours; for personal care, 477 hours; and for home nursing, 423 hours.

Table 6.14: Ratio of HACC hours of service provision, average hours per month, 1993–94 to 1997–98

Service type	Per 1,000 persons aged 70 and over			Per 1,000 persons aged 65 and over with a profound or severe core activity restriction		
	1993–94	1997–98	% change	1993–94	1997–98	% change
Home help (hours)	428	441	3.0	1,423	1,465	3.0
Personal care (hours)	109	143	31.2	364	477	31.0
Home nursing (hours) ^(a)	206	127	-38.3	686	423	-38.3
Paramedical (hours)	20	23	15.0	65	77	18.5
Home respite care (hours)	155	196	26.5	515	653	26.8
Centre day care (hours)	421	506	20.2	1,399	1,682	20.2
Home meals (number)	746	697	-6.6	2,481	2,317	-6.6
Centre meals (number)	101	100	-1.0	337	333	-1.2
Home maintenance/modification (hours)	42	45	7.1	140	151	7.9

(a) Excludes the Northern Territory: home nursing is not HACC funded in the Northern Territory.

Source: DSHS 1995, Section 2:1–2; DHAC unpublished data, 1998; ABS 1997, 1998, 1999b:15.

Four categories of HACC service showed a substantial increase in relation to the population aged 70 and over since 1993–94: personal care (a 31% increase), paramedical services (15%), respite care services (27%) and centre day care (20%). There was a substantial reduction in the level of service provision in home nursing (a 38% decrease).

To some extent the increase in personal care services and the decrease in home nursing may constitute a changing pattern of service delivery as services previously provided by nurses become the province of personal care assistants. Although the percentages involved are roughly similar, the two changes do not in fact offset each other because of the very different percentage bases for the two categories of care. The decrease of 79 hours per 1,000 people aged 70 and over for home nursing is thus not matched by the increase of 34 hours per 1,000 people aged 70 and over for personal care assistance.

Home help has shown little change, as have home-delivered and centre-based meals and home maintenance or modifications. When these patterns are reviewed using the ratio of HACC service provision to the number of people aged 65 and over with a profound or severe core activity restriction the findings are similar to those reported in relation to the population aged 70 and over.

There are quite interesting State- and Territory-based variations in these patterns of service delivery (see Table A6.3). The Northern Territory has a comparatively high level of provision for all HACC services (except centre-based day care) in relation to both the number of people aged 70 and over and the number of people aged 65 and over with a profound or severe core activity restriction. This pattern is to be expected given the

high proportion of Indigenous Australians in the Northern Territory, their higher levels of morbidity and lower life expectancy, and their consequent need for both home-based and residential aged care services at (on average) younger ages than non-Indigenous Australians.

There are considerable variations among the other States and the Australian Capital Territory, and there is no clear evidence that these different patterns are converging over time. For home help in 1997–98, Victoria was a relatively high provider, at 2,715 hours per 1,000 people aged 65 and over with a profound or severe core activity restriction. The corresponding figure for the Australian Capital Territory was 647, for South Australia it was 978 and for Queensland it was 981. For personal care services, New South Wales, the Australian Capital Territory and Western Australia were relatively high providers (respectively, 680, 600 and 556 hours per 1,000 people aged 65 and over with a profound or severe core activity restriction), while Queensland was a relatively low provider (148). For home-based respite care, the Australian Capital Territory, New South Wales and South Australia were comparatively high providers (respectively, 1,306, 848 and 827 hours per 1,000 people aged 65 and over with a profound or severe core activity restriction).

It may be that these variations are partly artificial, deriving from State- and Territory-based differences in how forms of care are defined – for example, whether assistance is defined as personal care rather than home help or as home nursing rather than respite care. Another possible contributing factor is that these differences represent a ‘trade-off’ among service types. These explanations do not, however, fully account for the observed differences. If the hours of assistance provided in home help, home nursing, personal care and home-based respite care are added together, there remains a clear difference in the level of supply across the States and Territories. The Northern Territory undoubtedly has the highest level of service provision (but note the earlier caveat about its population profile), although hours of home nursing are not available because that is not a HACC-funded service in the Northern Territory. Next is Victoria (with 4,107 hours of these four service types per 1,000 people aged 65 and over with a profound or severe core activity restriction), followed by New South Wales (3,008), the Australian Capital Territory (2,841), Tasmania (2,747), South Australia (2,685), Western Australia (2,664) and finally Queensland (2,078). As can be seen, the level of service provision in Queensland is around half that in Victoria.

The HACC program has undergone a substantial amount of review and development work in recent years. The Australian Institute of Health and Welfare has played a central role in two such projects, both aimed at improving the amount and quality of information available concerning the HACC program. These AIHW projects involved the development of an Instrument for monitoring quality of care using the HACC National Service Standards and the development of a national minimum data set for the HACC program. HACC officials have agreed to implement both the HACC National Service Standards Instrument (from 1 July 1999) and the HACC national minimum data set (from 1 July 2000). Boxes 6.4 and 6.5 provide a summary of each project.

Box 6.4 The HACC Service Standards quality appraisal projects

The HACC Service Standards Instrument Project (1996–1997)

In June 1996 the AIHW was asked by HACC Officials to develop a way of measuring quality of service in Australia's HACC-funded agencies. A draft assessment tool, provided by the HACC Officials Standards Working Group, was refined in preliminary interviews with service providers, revised, and then trialed in a national pilot that tested five different methods of assessment. Close to 200 HACC agencies, from all States (except Tasmania) and the Territories, participated in the pilot.

HACC Officials accepted the refined Instrument for national implementation from July 1999. The assessment tool, known as the HACC National Service Standards Instrument, provides a means of assessing HACC agencies compliance with the 27 HACC National Service Standards. The Standards are organised under seven Objectives: access to services; information and consultation; efficient and effective management; coordinated, planned and reliable service delivery; privacy; confidentiality and access to personal information, complaints and disputes; and advocacy. The National Service Standards were originally released by Commonwealth, State and Territory Ministers in 1991. Compliance with these Standards is now part of agencies' funding agreements with their State or Territory government. With the successful implementation of the Instrument, Australia will have its first nationally consistent measure of service quality in home care agencies.

The result of the pilot test showed the Instrument to be a reliable and valid means of assessing agencies against the Standards. It could be applied across the range of HACC agencies, the only exceptions being agencies providing advocacy, information and education services. The pilot was also successful in establishing that agency ratings against the Standards could be added to assess overall agency performance against the Standards and to compare agency performance against each of the seven Objectives. For further details of this project see Jenkins et al. (1998).

A means of incorporating consumer input into this process was also investigated by AIHW, as was a comparison of the HACC assessment tool with other accreditation and standards appraisal systems. The latter was published in an AIHW working paper (Butkus 1997).

The Consumer Appraisal Data Development Project (1998–1999)

Client appraisal of agency performance is an important component of the assessment of quality of service in HACC agencies. Some developmental work on methods and tools for gathering consumer input occurred during the development of the HACC National Service Standards Instrument. At the request of the HACC Officials Standards Working Group, the AIHW is doing further work in this area.

The first stage of the project involved a review of current literature concerning consumer involvement in the appraisal of a range of health and welfare services. This review aimed to examine the best methods for obtaining consumer feedback, particularly from consumers represented by the HACC target group: frail or disabled older people, younger people with disabilities, and carers. It also examined special problems in obtaining consumer feedback that arise for people from diverse cultural backgrounds and Indigenous people. The literature review is available as a Welfare Division working paper (Cooper & Jenkins 1998).

(continued)

Box 6.4 (continued): The HACC Service Standards quality appraisal projects

A field trial, scheduled for completion in late 1999, will test strategies for obtaining consumer input to the HACC quality appraisal process. The project aims are the refinement of an appropriate tool and development of an appropriate methodology for collecting consumers' views about service quality.

Box 6.5: The HACC National Minimum Data Set Project, 1997–1998

In February 1997, the Australian Institute of Health and Welfare was commissioned by Commonwealth and State and Territory HACC officials to refine and further develop a national minimum data set (MDS) for use across the HACC program. The HACC MDS is a central plank in data reforms aimed at enhancing the quality, consistency and client focus of HACC data and improving access to data required for program management, planning and accountability.

The HACC National Minimum Data Set Project ran from February 1997 to May 1998 and was overseen by a national steering committee consisting of Commonwealth and State and Territory government officers (HACC officials or their representatives) and service provider representatives. Building on initial data specifications from the National Review of HACC Data Requirements (Elton & Associates 1996), the Project developed a framework for a national client-centred data collection to improve on and supersede existing collections (the HACC Service Provision, HACC User Characteristics, and Community Options Project Collections).

In completing the Project, the Institute undertook extensive data development work using information modelling techniques and targeted consultations with HACC agencies, government officials and service provider representatives. In contrast with previous collections, the HACC National Minimum Data Set is structured around an ongoing data-collection process, widespread client coverage, and data recording and reporting at the individual client level.

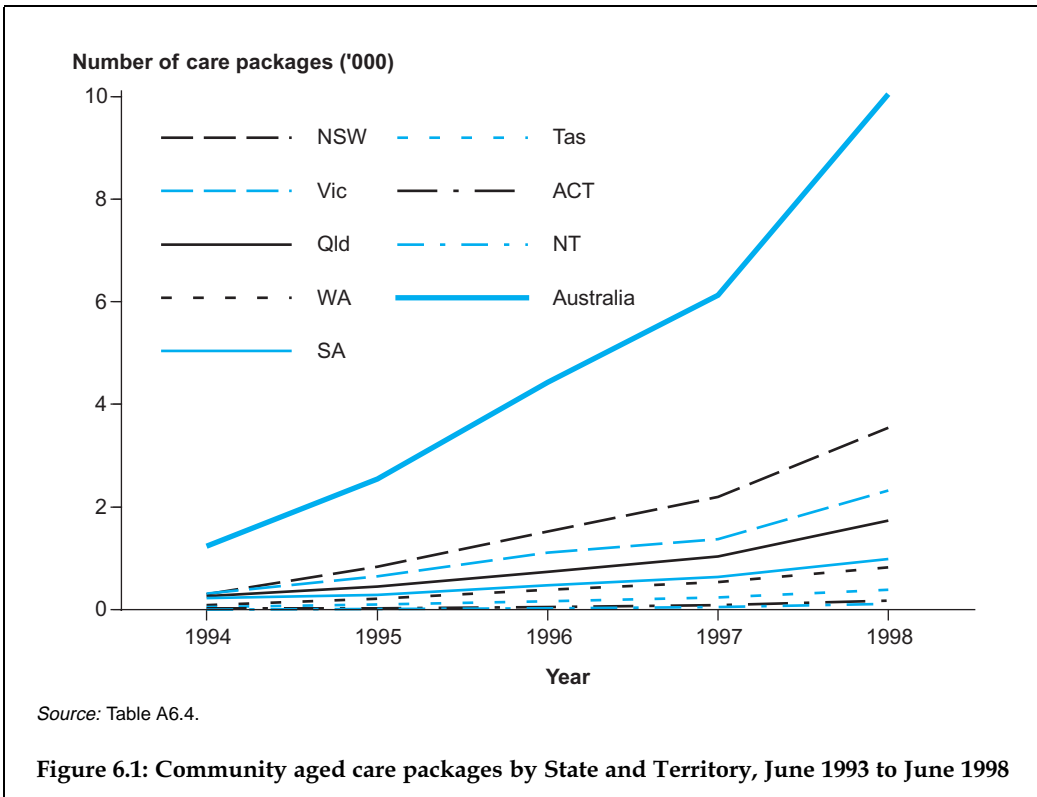
The final products of the Project included

- a set of data elements to assist HACC agencies enhance their internal management of HACC-funded service delivery, and capable of meeting key program planning, evaluation and accountability requirements across different levels of government;*
- a comprehensive data dictionary produced in line with national and international data standards to support the HACC MDS collection;*
- recommendations as to the implementation of a statistical linkage key based on standard client information; and*
- a final report detailing the process of developing the HACC MDS and the conceptual and analytical decisions which underscore the collection.*

Due for implementation from July 2000, the HACC MDS collection will provide data about the characteristics and circumstances of people assisted through the HACC program, and the extent and nature of assistance they receive. In the lead-up to full implementation, the AIHW has been asked to act as an interim national data repository for the purposes of the HACC MDS pilot test. The HACC MDS pilot collection was conducted during September and October 1999 to trial data collection and transfer processes prior to full implementation. The HACC Data Dictionary Version 1.0 was published by the Department of Health and Aged Care in 1998. An AIHW report on the project is also available (Ryan, Holmes & Gibson 1999).

Community aged care packages

Community aged care packages, first implemented in 1993, provide personal care services for people living at home who would otherwise be eligible for admission to what was previously Personal Care level in a hostel. They provide a full range of home-based services, with care being coordinated by the care package provider. From a small beginning of some 470 operational community aged care packages in 1993, the program has grown to reach 10,046 operational care packages by 1998. As Figure 6.1 demonstrates, the bulk of this growth occurred in the past two years, with an increase from 4,441 places in 1996 to 10,046 in 1998. This growth rate is higher than that of the potential client base, with the consequence that care packages are providing care to an increasing proportion of older people in need of formal assistance. In 1996 there were 2.9 packages per 1,000 people aged 70 and over (or 10 packages per 1,000 people aged 65 and over with a profound or severe core activity restriction); by 1998 this figure had increased to 6.3 packages per 1,000 people aged 70 and over (or 21 packages per 1,000 people aged 65 and over with a profound or severe core activity restriction) (Table 6.15, Figure 6.1). The numerical increase has been particularly strong in New South Wales, but all States and Territories more than doubled the number of operational care packages between 1996 and 1998 (see Table A6.4).



Residential care

Supply

Between 1994 and 1997 the number of hostel places increased from 57,104 to 64,825 (Table 6.15). The ratio of places to the potential client population also increased. Using the official planning ratio, provision increased from 40 hostel places per 1,000 people aged 70 and over in 1994 to 42 per 1,000 people aged 70 and over in 1997. If these figures are considered in relation to the population aged 65 and over with a profound or severe core activity restriction, the ratio changes from 134 per 1,000 to 138 per 1,000.

During the same period the number of nursing home beds decreased marginally, from 74,247 in 1994 to 74,233 in 1997. The ratio of provision of nursing home beds to people aged 70 and over (and to people aged 65 and over with a profound or severe core activity restriction) decreased between 1994 and 1997, from 52 to 48 beds per 1,000 people aged 70 and over (or from 174 to 158 beds per 1,000 people aged 65 and over with a profound or severe core activity restriction).

As noted, from 1 October 1997 nursing homes and hostels were integrated into a single residential aged care system. Time-series comparisons from this point onward must therefore be made in terms of the total number of residential care places. On 30 June 1998 there were 139,917 residential aged care places in Australia, up from a total of 139,058 (nursing home beds and hostel places combined) on 30 June 1997. The total number of residential care places available has been consistently increasing in recent years—the comparable figure in 1994 was 131,351.

While the number of residential aged care places has increased, so too has the number of people in need of assistance. The ratio of places to people aged 70 and over and the ratio of places to people aged 65 and over with a profound or severe core activity restriction provide two measures of the availability of residential aged care. Both measures have declined in recent years. On 30 June 1994 there were 93 places (nursing home beds and hostel places combined) per 1,000 people aged 70 and over; by 30 June 1997 the ratio was 89 per 1,000 people aged 70 and over, and by 30 June 1998 it had dropped again, to 87 per 1,000 people aged 70 and over. Using the ratio of residential care provision to the population aged 65 and over with a profound or severe core activity restriction, supply drops from 308 places per 1,000 people in 1994 to 296 places per 1,000 people in 1997 and 289 places per 1,000 people in 1998.

Much of the decline in the ratio of residential places to people is counter balanced by an increase in the provision of community aged care packages. Community aged care packages are an alternative source of assistance for people who may otherwise require residential care, and Table 6.15 provides information on changes in the total number of residential care places and care packages during the period under scrutiny. In 1994 there were 93.5 residential care places and care packages per 1,000 people aged 70 and over; in 1998 the comparable figure was 93.7 per 1,000. In relation to the number of people aged 65 and over with a profound or severe handicap, the ratio of provision changed from 311.3 places per 1,000 people in 1994 to 309.5 in 1998.

In addition, the Commonwealth Government provides assistance through multi-purpose services in rural and remote communities, and flexible services provided under the Aboriginal and Torres Strait Islander Aged Care Strategy. In 1999, there were

38 multipurpose services providing 876 operational places, and 18 flexible services set up under the Aboriginal and Torres Strait Islander Aged Care Strategy providing 314 operational places.

Table 6.15: Community aged care packages and residential care places, 30 June 1994 to 30 June 1998

Year	Residential care type	No. of places	Ratio of places per 1,000 population	
			Aged 70+	Aged 65+ with a severe or profound core activity restriction
1994	Care Packages	1,227	0.9	2.9
	Hostels	57,104	40.3	134.1
	Nursing homes	74,247	52.3	174.3
	Residential aged care ^(a)	131,351	92.6	308.4
	<i>Total residential aged care and care packages</i>	<i>132,578</i>	<i>93.5</i>	<i>311.3</i>
1995	Care Packages	2,542	1.7	5.8
	Hostels	56,950	39.0	129.5
	Nursing homes	74,695	51.1	169.8
	Residential aged care ^(a)	131,645	90.0	299.3
	<i>Total residential aged care and care packages</i>	<i>134,187</i>	<i>91.7</i>	<i>305.1</i>
1996	Care Packages	4,431	2.9	9.7
	Hostels	62,645	41.5	137.6
	Nursing homes	75,008	49.6	164.8
	Residential aged care ^(a)	137,653	91.1	302.5
	<i>Total residential aged care and care packages</i>	<i>142,084</i>	<i>94</i>	<i>312.2</i>
1997	Care Packages	6,124	3.9	13.1
	Hostels	64,825	41.7	138.2
	Nursing homes	74,233	47.7	158.2
	Residential aged care	139,058	89.4	296.4
	<i>Total residential aged care and care packages</i>	<i>145,182</i>	<i>93.3</i>	<i>309.5</i>
1998	Care Packages	10,046	6.3	20.7
	Residential aged care ^(a)	139,917	87.4	288.8
	<i>Total residential aged care and care packages</i>	<i>149,963</i>	<i>93.7</i>	<i>309.5</i>

(a) Residential aged care combines nursing homes and hostels; from 1 October 1997 nursing homes and hostels were combined into one residential aged care system.

Source: AIHW 1997a:384; 1999, unpublished data; AIHW 1998a:15; AIHW 1998b:15; AIHW 1999:20; ABS 1997:29, 35, 41, 47; ABS 1999a:20; ABS 1999b:15.

There are some noteworthy differences in the levels of supply of residential care among the States and Territories (see Table A6.4). The Northern Territory had the highest ratio of provision, at 328 residential care places per 1,000 people aged 65 and over with a profound or severe core activity restriction. While quite high in relation to the national average of 289 places, this level of provision must be understood in the context of the comparatively high proportion of Indigenous Australians in the Northern Territory, the poorer health status of these people, their shorter life expectancy, and their use of aged care services at younger ages. Queensland – at 305 places per 1,000 people aged 65 and over with a profound or severe core activity restriction – has a comparatively high level

of provision; it is followed by the Australian Capital Territory (295 places). South Australia, Western Australia and New South Wales—with 293, 291 and 291 places respectively—all lie closer to the national average. Tasmania and Victoria had the lowest levels of residential care provision—with 282 and 274 places respectively. Although these differences remained significant in 1998, it is evident from the time-series data presented in Table A6.4 that the difference in the supply of residential care places between States and Territories is decreasing over time.

Changing patterns of use

Data on the number of residential care places and ratios of provision are static measures of the availability of residential care. The way these services are used—that is, the movement of people through the residential care system—is also important. Here, measures such as admissions, separations, turnover, occupancy rates and length of stay are of particular value. As foreshadowed, however, the merging of hostels and nursing homes into one system of care (and the consequent creation of a single residential care database) has made comparisons between 1997–98 and previous years difficult. Data for the period 1 July 1997 to 31 December 1997, during which the new residential care system was introduced and the new database established, are unreliable. Thus, for admissions and separations, only data for the half-year from 1 January 1998 to 30 June 1998 are reported here.

Another source of discontinuity between the ‘old’ and ‘new’ systems has to do with transfers between nursing homes and hostels. Under the ‘old’ system, such transfers counted as admissions and separations; under the ‘new’ system they are internal transfers within a single system. Length of stay is thus also affected: under the ‘old’ system residents who moved from hostels to nursing homes had two separate lengths of stay; under the ‘new’ system residents who move from low-level to high-level care have one continuous length of stay.⁸

Admissions to nursing homes for permanent care declined, from 34,317 in 1993–94 to 32,252 in 1996–97. Turnover (the average number of admissions per bed) for permanent admissions also declined, from 0.46 in 1993–94 to 0.43 in 1996–97. In contrast, the number of respite admissions to nursing homes more than doubled from 6,030 in 1993–94 to 12,612 in 1996–97 (Table 6.16).

Admissions to hostels, on the other hand, increased in both permanent and respite categories. There were 17,208 admissions to hostels for permanent care in 1993–94 and 19,900 in 1996–97; the comparable figures for respite admissions are 17,941 and 23,507 respectively. Turnover for permanent admissions was 0.31 in 1993–94, after which it rose slightly before returning to 0.31 in 1996–97. The increase in admissions is thus essentially a reflection of the increase in hostel places, rather than a reflection of a changing pattern of use (as would be the case had turnover increased).

The figure for permanent admissions to all residential aged care facilities for the six months to June 98 is 21,165; that for respite admissions is 18,487.

Figure 6.2 presents quarterly data on occupancy rates for nursing homes, hostels and the two systems combined for the period from July 1993 to June 1997 and for the six months from January 1998 for the new single stream residential care system. One striking aspect of Figure 6.2 is the consistency of the data: for hostels, occupancy rates remained between 92.1% and 93.2%; for nursing homes the range was from 97.0% to

8 For a more detailed discussion of these data issues see AIHW (1999).

98.2% (with some evidence of a slight dip in the winter months). The combined occupancy rate was similarly stable, ranging from 95.2% to 95.8%. These data suggest that occupancy rates have been unaffected by the changes to the residential care system in October 1997.

Table 6.16: Hostel and nursing home admissions and turnover, by type of care, 1993-94 to 1997-98

	Hostels				Nursing homes				Residential care
	1993-94	1994-95	1995-96	1996-97	1993-94	1994-95	1995-96	1996-97	Jan-Jun 98 ^(a)
Permanent									
Admissions	17,208	19,358	19,584	19,900	34,317	34,730	32,962	32,252	21,165
Turnover	0.31	0.34	0.33	0.31	0.46	0.47	0.44	0.43	0.15
Respite									
Admissions	17,941	19,824	21,816	23,507	6,030	7,931	11,282	12,612	18,487
Turnover	0.32	0.35	0.36	0.37	0.08	0.11	0.15	0.17	0.13
Total	35,149	39,182	41,400	43,407	40,347	42,661	44,244	44,864	39,652
Turnover	0.63	0.69	0.69	0.68	0.54	0.57	0.59	0.60	0.28

(a) Reliable data are available only for the six-month period to June 1998.

Note: Turnover = (number of admissions/average number of beds) in the financial year.

Source: AIHW 1998a:15, 40; AIHW 1998b:15, 42; AIHW 1999:20, 52; AIHW 1997a:264; AIHW 1999 analysis of residential aged care services data (SPARC).

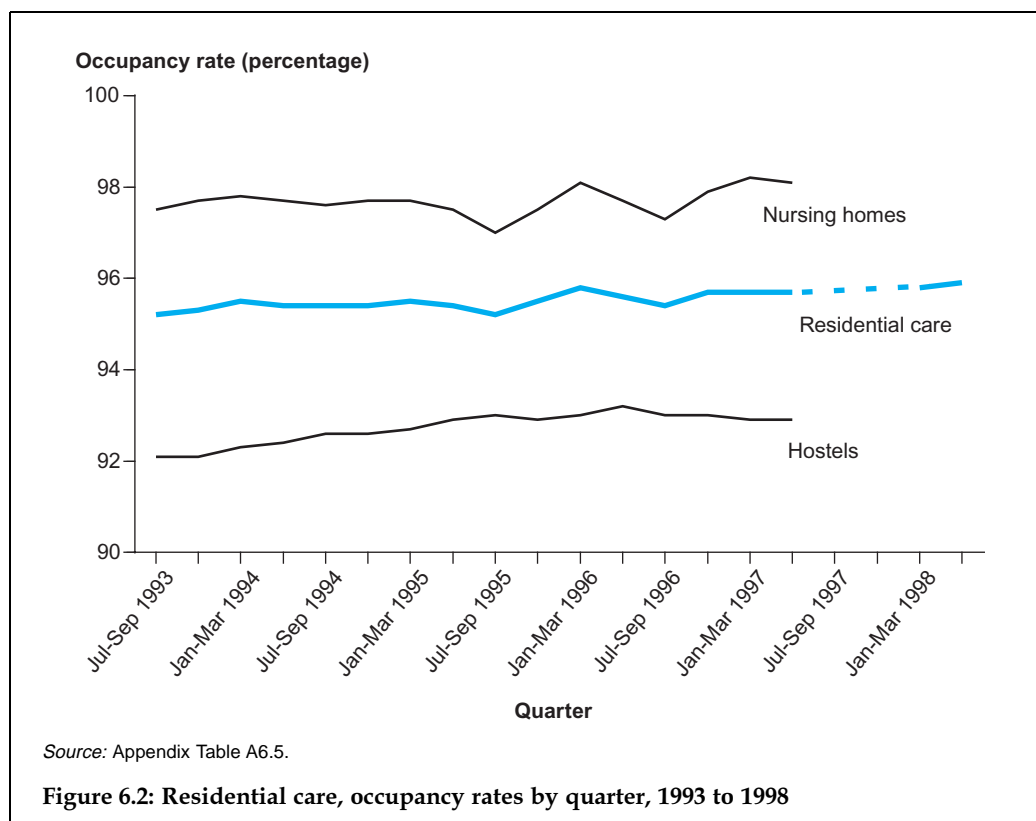


Table 6.17 presents data for 1993–94 to 1996–97 on length of stay for permanent residents of hostels and nursing homes. The data refer to people who left the hostel or nursing home during each 12-month period. Because client records are not linked between nursing homes and hostels, it is not possible to calculate a combined length of stay for clients who move between the two. As a result, the data conclude at 1996–97. The table shows a stable pattern among hostel residents, but a modest trend toward longer periods of stay for nursing home residents. The trend is mainly evident in the reduction in the proportion of very short stay residents: in 1993–94, 18% of residents stayed for less than four weeks; by 1996–97 the proportion had dropped to 12%.

Table 6.17: Hostel and nursing home separations from permanent care, by length of stay, 1993–94 to 1996–97 (per cent)

Length of stay	1993–94	1994–95	1995–96	1996–97
Hostel residents: permanent				
<4 weeks	3.5	3.9	3.5	3.6
4–<13 weeks	8.0	8.5	8.6	8.1
1–<26 weeks	8.9	8.6	8.6	8.6
26–<52 weeks	13.6	13.1	13.5	13.5
1–2 years	19.4	19.0	20.1	19.5
2–3 years	46.5 ^(a)	13.0	13.2	13.9
3–5 years	n.a.	33.8 ^(b)	32.5 ^(b)	15.5
5 years or more	n.a.	n.a.	n.a.	17.3
<i>Total (N)</i>	<i>14,783</i>	<i>16,063</i>	<i>16,838</i>	<i>17,599</i>
Nursing home residents: permanent				
<4 weeks	18.0	17.5	13.7	12.4
4–<13 weeks	14.1	14.3	13.8	13.2
13–<26 weeks	8.9	9.2	9.4	9.6
26–<52 weeks	10.6	11.0	11.2	11.7
1–<2 years	13.5	13.6	14.4	14.9
2–<3 years	9.9	9.4	10.0	10.2
3–<5 years	12.5	12.2	12.3	12.9
5 years or more	12.6	12.8	15.3	14.9
<i>Total (N)</i>	<i>32,281</i>	<i>33,040</i>	<i>32,049</i>	<i>31,554</i>

(a) Residents with a length of stay of at least 2 years.

(b) Residents with a length of stay of at least 3 years.

Notes

1. Each resident is counted only once, regardless of the number of admissions the resident had during the period.
2. Table includes permanent residents only.

Source: AIHW 1999 analysis of nursing home and hostel data (ACCSIS).

Expected length of stay in residential care over a lifetime

Table 6.18 presents data on the expected length of stay for both men and women at specific ages for both hostels and nursing homes. The data have been calculated using a life-table methodology in order to provide estimates of completed length of stay for current residents of nursing homes and hostels.⁹

9 These estimates are useful for planning purposes since they give an indirect measure of completed length of stay until separation from residential care for all persons resident in the facility during that period, rather than truncated length of stay of current residents who have not completed their stay, or completed length of stay only for those residents who have separated during that period.

For comparative purposes, data on life expectancy are also included in the table. Thus, at age 65 women have a life expectancy of 20 years and can expect to spend 0.9 years in a hostel and 1 year in a nursing home (a total of 1.9 years, on average, in residential aged care). For men aged 65, life expectancy is 16 years, their likely length of stay in a hostel is 0.3 years and that in a nursing home 0.4 years (or a total of 0.7 years, on average, in residential care).

By age 80 women have a life expectancy of 9 years, and can expect to live 1 year in a hostel and 1.2 years in a nursing home (2.2 years in total). At this age men have a life expectancy of 7 years and can expect to live 0.4 years in a hostel and 0.5 years in a nursing home (0.9 years in total). Liu (1999) provides a more detailed account of these analyses.

Table 6.18: Life expectancy and expected length of stay in residential care at specific ages, by sex

Age	Life expectancy (years)	Expected length of stay (years)		
		Hostels	Nursing homes	Residential care
Males				
65	16.1	0.3	0.4	0.7
70	12.7	0.3	0.4	0.8
75	9.7	0.4	0.4	0.8
80	7.2	0.4	0.5	0.9
85	5.3	0.5	0.6	1.0
90	4.0	0.5	0.6	1.1
95	3.3	0.4	0.5	0.8
Females				
65	19.8	0.9	1.0	1.9
70	15.8	0.9	1.1	1.9
75	12.2	0.9	1.1	2.1
80	9.0	1.0	1.2	2.2
85	6.4	1.0	1.2	2.2
90	4.6	0.8	1.2	2.1
95	3.4	0.5	1.0	1.5

Note: The table uses a life-table methodology to estimate expected length of stay in hostels and nursing homes over the remaining lifetime. See Liu (1999) for details.

Source: Liu 1999.

Client profiles

Age and sex

Table 6.19 presents the most recent available data on the age and sex profiles of clients of community and residential services. Both HACC and community options services were more likely to be used by people under age 65 than were care packages or residential care. This is consistent with the target populations of these services, since HACC (and community options) includes in its client group younger people with a disability as well as frail and disabled older people. Between 1% and 2% of clients of care package or residential services were aged under 55; a further 6% of care package clients and 3% of residential care clients were aged 55 to 64. In general, residential care services catered to more very old clients, with two-thirds being aged 80 and over. Care packages had a marginally younger clientele: 59% of their clients were aged 80 and over. For HACC and community options clients, the proportions aged 80 and over were 42% and 37% respectively.

Table 6.19: Persons using aged care services, by sex and age group (per cent)

Sex and age group	Community care clients			Residential care clients		
	HACC (1998)	Community options (1994) ^(a)	Care packages (1998)	High-level care (1998)	Low-level care (1998)	Total (1998)
Males						
1–54	6	9	1	1	1	1
55–64	3	3	2	2	2	2
65–69	3	3	2	2	2	2
70–79	10	9	8	9	7	9
80–89	10	10	13	11	12	11
90+	2	1	3	3	3	3
Total males	32	35	30	28	26	27
Females						
1–54	7	11	1	1	1	1
55–64	4	5	3	2	1	2
65–69	5	5	4	2	2	2
70–79	21	19	20	16	16	16
80–89	25	21	33	36	41	38
90+	5	5	8	16	13	15
Total females	68	65	70	72	74	73
Persons						
1–54	13	20	2	2	1	2
55–64	7	8	6	3	3	3
65–69	7	8	6	5	4	4
70–79	31	28	29	25	23	24
80–89	35	30	46	47	53	50
90+	7	6	11	18	16	17
Total (N)	74,926	6,033	9,574	74,795	54,608	129,403

(a) These are the most recent national data available on community options clients.

Note: Due to varying sample selection mechanisms across the States and Territories, HACC data have been weighted using the 1996–97 recurrent expenditure by States and Territories in order to derive a national profile.

Source: AIHW 1999 analysis of nursing home and hostel data (ACCSIS); DHAC, unpublished data.

Women predominated in all service categories, although the proportions tended to be higher for residential care services (73%) than for care packages (69%), community options services (65%) or HACC services (68%).

Table 6.20 shows the proportions of Indigenous and non-Indigenous Australians using aged care services. A larger proportion of Indigenous than non-Indigenous Australians were using residential aged care services in 1998 at ages 50–59 and 60–69; this was not, however, the case for Indigenous people aged 70 and over. If only high-level residential care is considered, however, then Indigenous people are higher users across all age categories. For HACC services, the only data suitable for this calculation come from Western Australia, where a census of clients of all agencies was conducted in 1988. Rates of HACC service use among Western Australian Indigenous people are substantially higher than those for non-Indigenous people in all age categories. These findings are consistent with the recognised poorer health status of Indigenous Australians compared with non-Indigenous Australians.

Table 6.21 shows rates of use of residential care services by people from culturally and linguistically diverse backgrounds in comparison with Australians from English-speaking backgrounds. There is a substantially lower rate of use of residential care services by people from culturally and linguistically diverse backgrounds, for all service types and in all age categories.

Table 6.20: Proportion of Indigenous and non-Indigenous Australians using aged care services, 1998 (per cent)

Age group	HACC ^(a)		Residential low care		Residential high care		Residential care total	
	Indi- genous	Non-Indi- genous	Indi- genous	Non-Indi- genous	Indi- genous	Non-Indi- genous	Indi- genous	Non-Indi- genous
1-49	0.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0
50-59	5.1	0.7	0.1	0.0	0.2	0.1	0.3	0.1
60-69	20.8	2.6	0.2	0.2	0.7	0.3	0.9	0.5
70+	34.8	16.5	0.8	3.1	5.4	3.5	6.2	6.6
50+	14.8	5.9	0.2	1.0	1.2	1.2	1.4	2.3

(a) HACC data are for Western Australia only. While WA conducted a census of its HACC clients, other States and Territories used a range of different sampling techniques, precluding the use of a national figure.

Source: AIHW 1999 analysis of Department of Health and Aged Care HACC client data and residential aged care service data (SPARC); ABS, unpublished data.

Table 6.21: Proportion of people from culturally and linguistically diverse backgrounds and from English-speaking backgrounds using residential aged care services, 1998 (per cent)

Age group	Residential low care		Residential high care		Residential care total	
	Culturally & linguistically diverse	English- speaking background	Culturally & linguistically diverse	English- speaking background	Culturally & linguistically diverse	English- speaking background
65-69	0.1	0.3	0.3	0.5	0.5	0.9
70-74	0.4	0.7	0.9	1.2	1.3	1.9
75-79	0.9	1.8	1.8	2.6	2.7	4.4
80-84	2.8	5.0	5.3	6.1	8.2	11.1
85+	4.6	10.2	9.9	14.2	14.5	24.4
65+	0.5	1.5	1.1	2.1	1.6	3.6

Note: The English-speaking background category comprises people whose country of birth was Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada or South Africa. The culturally and linguistically diverse background category comprises people born in countries other than those previously stated.

Source: AIHW 1999 analysis of HACC client data and residential aged care service data (SPARC); ABS 1999, unpublished data.

Pension status

Table 6.22 shows the pension status of hostel and nursing home residents from 1994-95 to 1997-98.¹⁰ The most obvious trend is the reduction in the proportion of missing data among nursing home residents. Taking this into account, it appears that the pension status profile of both hostel and nursing home residents remains largely unchanged, the vast majority of both sets of residents receiving either a part or full pension.

¹⁰ While data on pension status were collected in the HACC User Characteristics Surveys of 1993-94 and 1996-97, variations in the sampling frames adopted in the two Surveys make comparisons insufficiently reliable for this purpose.

Table 6.22: Permanent admissions to hostels and nursing homes: pension status by sex 1994–95 to 1997–98 (per cent)

Pension status	Hostels					Nursing homes					Residential aged care				
	1993–94	1994–95	1995–96	1996–97	1997–98	1993–94	1994–95	1995–96	1996–97	1997–98	1993–94	1994–95	1995–96	1996–97	1997–98
Males															
Receives pension	81.9	82.4	84.1	84.4	84.4	77.5	79.1	84.7	88.1	88.1	78.8	80.1	84.5	86.1	83.8
Does not receive pension	—	—	—	—	—	5.4	4.7	5.4	5.4	5.4	3.8	3.2	3.6	2.5	8.1
Missing data	18.1	17.6	15.9	15.6	17.1	17.1	16.2	9.9	6.5	6.5	17.4	16.7	11.8	11.4	8.1
Total males (N)	5,030	5,716	5,713	13,849	12,088	12,475	11,734	11,733	11,733	17,118	18,191	17,447	25,582	13,190	
Females															
Receives pension	82.3	83.3	85.2	83.3	78.8	80.9	86.3	86.0	86.0	80.1	81.9	85.9	85.4	80.4	
Does not receive pension	—	—	—	—	5.5	4.1	5.2	7.9	7.9	3.5	2.4	3.1	6.1	8.4	
Missing data	17.7	16.7	14.8	16.7	15.6	15.0	8.5	6.0	6.0	16.4	15.7	11.0	8.5	11.1	
Total females (N)	11,967	13,403	13,622	5,829	19,983	20,352	20,023	19,783	31,950	33,755	33,645	25,612	7,748		
Persons															
Receives pension	82.2	83.1	84.9	84.1	78.3	80.2	85.7	86.8	86.8	79.7	81.3	85.4	85.8	82.5	
Does not receive pension	—	—	—	—	5.5	4.3	5.2	7.0	7.0	3.6	2.7	3.3	4.3	8.2	
Missing data	17.8	16.9	15.1	15.9	16.2	15.5	9.0	6.2	6.2	16.8	16.0	11.3	9.9	9.2	
Total (N)	16,997	19,119	19,335	19,678	32,071	32,827	31,757	31,516	49,068	51,946	51,092	51,194	20,938		

Notes

1. Each resident is counted only once, regardless of the number of admissions they had during a period.
 2. 'Missing data' represents unknowns plus not reported.
- Source: AIHW 1999 analysis of nursing home and hostel data (ACCIS) and residential care service data (SPARC).

Expenditure

Table 6.23 presents data on aged care recurrent expenditure in both current and constant (1996–97) prices for the years from 1993–94 to 1997–98. Total expenditure on aged care services—assessment, HACC, community aged care packages, the Domiciliary Nursing Care Benefit, hostels and nursing homes—increased from \$2,728.7 million in 1993–94 to \$3,849.8 million in 1997–98 (current prices). This represents an increase of 33% in real terms over the past four years. The relative allocation of funds during the period remained remarkably stable, in contrast with earlier years, when expenditure on nursing homes was declining somewhat and that on hostels increasing (AIHW 1997a:267–8).

Table 6.23: Aged care recurrent expenditure in current and constant prices, 1993–94 to 1997–98

Program	1993–94	1994–95	1995–96	1996–97	1997–98
Current prices (\$m)					
Assessment	34.5	35.1	35.7	35.8	36.1
HACC ^(a)	620.9	671.3	716.2	764.6	810.6
Care packages	7.4	17.7	33.1	51.6	84.1
Domiciliary Nursing Care Benefit	49.9	54.0	59.0	65.0	71.7
Hostels	312.0	363.1	417.4	478.1	2,847.3 ^(b)
Nursing homes	1,704.0	1,804.7	2,001.7	2,170.9	
Total	2,728.7	2,946.0	3,263.2	3,566.2	3,849.8
Constant prices (\$m)					
Assessment	36.1	36.5	36.4	35.8	35.6
HACC ^(a)	650.2	698.5	730.1	764.6	798.6
Care packages	7.7	18.4	33.7	51.6	82.9
Domiciliary Nursing Care Benefit	52.3	56.2	60.1	65.0	70.6
Hostels	326.7	377.8	425.5	478.1	2,805.2 ^(b)
Nursing homes	1,784.3	1,877.9	2,040.5	2,170.9	
Total	2,857.3	3,065.6	3,326.4	3,566.2	3,792.9

(a) Includes expenditure on the National Respite for Carers Program.

(b) Expenditure on nursing homes and hostels; from 1 October 1997 nursing homes and hostels were combined into one residential aged care system.

Notes

1. Includes Commonwealth and State and Territory government expenditure.

2. Constant prices were calculated using the 1996–97 Government Final Consumption Expenditure (GFCE) deflator.

Source: AIHW 1997a:267; Gibson et al. 1999, sheet 34; ABS 1998.

From 1993–94 to 1996–97 (the last year for which data are available on nursing homes as a separate program), nursing homes continued to dominate aged care expenditure, accounting for 62% of total expenditure at the beginning of the period and 61% at the end. When expenditure on the combined residential care system is considered, the proportion remains constant, at 74% in both 1993–94 and 1997–98. The relative share of expenditure on HACC also remained fairly constant, at 22% at the beginning of the period and 21% at the end. Expenditure on care packages accounts for only a small proportion of aged care expenditure—less than 1% until 1995–96, and only 2% in 1997–98. Nonetheless, it has increased rapidly in real terms, from \$7.7 million in 1993–94 to \$33.7 million in 1995–96, and then to \$82.9 million in 1997–98. The Domiciliary

Nursing Care Benefit accounted for just under 2% of expenditure in 1993–94 and 2% in 1997–98. Expenditure on assessment continued to account for about 1% of aged care expenditure throughout the period, although it declined marginally in real terms, from \$36.5 million in 1994–95 to \$35.6 million in 1997–98.

The increase in expenditure on aged care services overall has kept pace with the growth in the number of older people needing some assistance; indeed, the amount of expenditure per person aged 65 and over with a profound or severe core activity restriction increased during the last four years in real terms (Table 6.24). In 1993–94, aged care expenditure (in constant 1996–97 prices) amounted to \$6,507 per year per person aged 65 and over with a profound or severe core activity restriction. In 1997–98 the figure had increased to \$8,074. Annual growth varied between 4.6% (in 1994–95 and 1997–98) and 7.2% (in 1995–96).

Between 1994–95 and 1997–98 the aged care assessment program recorded negative expenditure growth in relation to the number of people aged 65 and over with a profound or severe core activity restriction; all other program areas showed increases. The annual rate of increase in HACC expenditure in relation to the number of people aged 65 and over with a profound or severe core activity restriction declined from 4.7% in 1994–95 to 2.8% in 1997–98. Care packages have, of course, recorded extremely high growth rates in expenditure in relation to the population but this must be interpreted in the light of the very small base from which the program started in the early 1990s.

Table 6.24: Aged care and recurrent aged care expenditure per person aged 65 with a profound or severe core activity restriction, in constant prices, 1993–94 to 1997–98

Program	1993–94	1994–95	1995–96	1996–97	1997–98
Expenditure per person aged 65+ with a severe or profound core activity restriction (\$)					
Assessment	82	81	80	77	76
HACC ^(a)	1,481	1,551	1,601	1,654	1,700
Care packages	18	41	74	112	176
Domiciliary nursing care benefit	119	125	132	141	150
Hostels	744	839	933	1,035	5,971 ^(b)
Nursing homes	4,063	4,169	4,473	4,697	
Total	6,507	6,805	7,293	7,717	8,074
Annual growth rates (%)					
Assessment	—	–1.4	–1.6	–2.9	–2.3
HACC ^(a)	—	4.7	3.2	3.4	2.8
Care packages	—	131.7	80.9	50.9	58.0
Domiciliary nursing care benefit	—	4.8	5.7	6.7	6.9
Hostels	—	12.7	11.2	10.9	4.2 ^(b)
Nursing homes	—	2.6	7.3	5.0	
Total	—	4.6	7.2	5.8	4.6

(a) Includes expenditure on the National Respite for Carers Program.

(b) Expenditure on nursing homes and hostels; from 1 October 1997 nursing homes and hostels were combined into one residential aged care system.

Notes

1. Includes Commonwealth and State and Territory government expenditure.

2. Constant prices were calculated using the 1996–97 Government Final Consumption Expenditure deflator.

Source: AIHW 1997a:267; Gibson et al. 1999, sheet 34; ABS 1999a:20.

Table 6.25 presents data on government capital expenditure on aged care services in current and constant (1996–97) prices for 1993–94 to 1997–98. Capital expenditure on HACC declined quite substantially in real terms from 1993–94 to 1996–97 but increased again in 1997–98. For nursing homes and hostels, capital expenditure generally declined in real terms.

Table 6.25: Aged care capital expenditure in current and constant prices, 1993–94 to 1997–98

Program	1993–94	1994–95	1995–96	1996–97	1997–98
Current prices (\$m)					
HACC	22.8	25.4	15.0	9.3	21.4
Nursing homes and hostels	135.2	109.0	73.1	105.2	39.8
Constant prices (\$m)					
HACC	23.9	26.4	15.2	9.3	21.1
Nursing homes and hostels	141.6	113.4	74.5	105.2	39.2

Note: Constant prices were calculated using the 1996–97 Government Final Consumption Expenditure deflator.

Sources: DHAC, unpublished data; AIHW 1997a:268; DHFS 1997, Section 1,2; DHAC 1998a, Section 1,2; ABS 1997:47; ABS 1999a:20.

Table 6.26: Government expenditure on Age and Veterans' pensions, Carer Pensions, DNCB, hospitals, pharmaceuticals and general practitioner visits

Program	Average annual growth from 1990–91 to 1995–96	\$m
Age Pension ^(a)	3.5	15,700
Public hospitals	3.6	3,900
Medical services	8.5	1,600
Pharmaceutical services	13.1	780
Residential care	2.9	2,600
Home-based care ^(b)	7.8	650

(a) Includes Age Pension, Veteran's Pension, Widow's Pension and Wife's Pension.

(b) Includes community aged care packages, Commonwealth-funded respite services, aged care assessment program and HACC.

Source: Choi 1998:2–8.

Table 6.26 provides a more broadly based picture of expenditure on older Australians, taking into account expenditure on income support as well as medical, hospital and pharmaceutical services. Quite clearly, income support is the largest item of expenditure (\$15,700 million); it is followed at some distance by hospital services (\$3,900 million) and residential care (\$2,600 million). Between 1990–91 and 1995–96, by far the fastest growing area of government expenditure on older Australians was pharmaceutical services (13.1% per annum); this is followed by medical services (8.5% per annum) and home-based care (7.8% per annum). Residential care was the slowest growing area of expenditure, at 2.9% per annum.

As a proportion of GDP, government expenditure on older Australians remained relatively unchanged over the 15 years from 1980–81 (5.1%) to 1995–96 (5.1%), despite the relatively rapid ageing of the Australian population. As a proportion of total government outlays, expenditure on older Australians declined in this period from 14.1% to 13.4%; as a proportion of total outlays on health, welfare and social security, expenditure on older Australians declined from 43% in 1980–81 to 32.8% in 1995–96 (Choi 1998).

6.4 Outcomes

Deriving outcome measures for aged care services—and indeed for all chronic care services—remains problematic, despite the contemporary enthusiasm for outcome-based funding and performance indicators. Outcome measurement lends itself more readily to the acute care context, where desired outcomes can be more clearly specified and appropriate measures agreed, and to areas such as education, where there can be a reasonable level of agreement on literacy and numeracy standards and the levels to be achieved at various points in the education system. Aged care—with its varied client mix, combining a range of chronic and acute conditions, receiving varied services from the formal sector and supported by a myriad of informal sector activities—does not readily lend itself to clearly specified outcome measures (Gibson 1998:Chapter 8). In a care context where successful management may still result in death or a deterioration in health status, such measures are problematic. These caveats aside, it is still possible to report on measures relevant to program achievements. This section presents data on the appropriateness and the accessibility of aged care services.

Appropriateness

Data on dependency are collected for all clients of aged care services, albeit in different ways and using different measures.¹¹ Dependency, of course, is not the only indicator of the level of need for assistance—in particular, the availability of differing levels of informal care may significantly alter the degree of formal assistance required by clients with quite similar levels of dependency. Nonetheless, if, for example, low care residential clients were found to have on average a higher dependency profile than high care residential clients, this would suggest that resources were being inappropriately allocated. Similarly, if home-based care clients were found to be on average considerably more dependent than high care residential clients, this may well raise questions about the allocation of resources within the Australian aged care system.

Table 6.27 provides some measure of the relative dependency of clients of community options, community aged care packages and residential care services. Overall, it is evident that on these three measures, for which comparable data are available, residential care clients were considerably more dependent than were clients of home-based care services, and high care residential clients were more dependent than low care residential clients. For washing and dressing, 14% of community options clients and 6% of care package clients were totally dependent; this compares with 41% of low care residential clients and 80% of high care residential clients. For eating, less than 10% of community options, care package and low care residential clients were totally dependent, in contrast to 47% of high care residential clients. A similar pattern is apparent for mobility and transfers. Although the home-based care data (the most recent available) are somewhat older than the data for residential care clients, the differences are so marked that it is unlikely they would disappear even if more recent data were available.

Residential care clients are more dependent on average than clients receiving home-based care, and their dependency profile has been increasing. Dependency levels rose

11 See Rickwood (1994) for a review of some of these measures

Table 6.27: Persons using aged care services: need for assistance

Dependency items	Community care clients				Residential care clients				Total (1998)	
	Community options (1994)		Care packages (1996)		Low level care (1998)		High level care (1998)			
	Number	%	Number	%	Number	%	Number	%	Number	%
Washing and dressing										
No need	2,184	36	1,370	36	11,765	22	12,536	17	24,301	19
Some need	3,044	50	2,174	58	20,227	37	2,375	3	22,602	17
Total need	868	14	234	6	22,609	41	59,880	80	82,489	64
Total	6,096	100	3,778	100	54,601	100	74,791	100	129,392	100
Eating										
No need	4,200	69	3,094	82	30,476	56	13,103	18	43,579	34
Some need	1,511	25	653	17	21,224	39	26,486	35	47,710	37
Total need	387	6	46	1	2,867	5	35,202	47	38,069	29
Total	6,098	100	3,793	100	54,567	100	74,791	100	129,358	100
Mobility and transfers										
No need	4,019	66	3,006	79	22,336	41	2,461	3	24,797	19
Some need	1,588	26	722	19	22,774	42	12,743	17	35,517	27
Total need	491	8	63	2	9,491	17	59,587	80	69,078	53
Total	6,098	100	3,791	100	54,601	100	74,791	100	129,392	100

Note: 'Major' and 'extensive' assistance were combined into residential aged care data to create the 'total need' category for comparability with the community options and care package data.

Source: Unpublished data from the 1996 Community Aged Care Packages Survey, the 1994 Community Options Census and from the DHAC residential care data (SPARC).

steadily among both nursing home and hostel populations in the years preceding the introduction of the single residential care system in October 1997. It was expected that this trend towards increasing dependency would continue with the integration of the two systems. The main force behind the trend was the decreasing level of residential care places available in relation to the number of frail and disabled older people: the available residential care places have thus been restricted to a progressively more dependent group of people. This pattern is in keeping with government policy, which aims to provide a greater proportion of care for frail and disabled older people in their homes rather than in a residential context.

While dependency levels have been increasing in both nursing homes and hostels (AIHW 1997b, 1998a, 1998b, 1998c), the relative increase in the number of hostel places has meant that, with time, an increasing proportion of the residential care population was accommodated in hostels rather than nursing homes (Table 6.28, Figure 6.3). Thus, at 30 June 1994, 42% of residents were located in hostels; by 30 June 1997 this proportion had increased to 45%. With the introduction of the single classification scale in October 1997, all residents were subsequently reclassified using the same scale, rather than the two separate scales that had previously operated for hostels and nursing homes.

The restructuring thus removed the 'barrier' between hostel and nursing home care, facilitating the government policy commitment to 'ageing in place'. Another factor contributing to this policy change was the perception that a significant proportion of

hostel residents were actually as dependent as some clients being cared for in nursing homes. At 30 June 1998, 58% of residents were classified in the RCS categories 1–4 (roughly equivalent to the ‘old’ nursing home care). During the preceding four years the proportion of all residents accommodated in nursing homes had been progressively falling, from 58% at 30 June 1994 to 55% at 30 June 1997; the 58% recorded in 1998 is a reversal of that trend. For RCS categories 5–8 (roughly equivalent to the ‘old’ hostels), the reverse pattern is evident: the proportion of residents accommodated in hostels increased from 42% at 30 June 1994 to 45% at 30 June 1997 then dropped back to 42% at 30 June 1998.

Table 6.28: Residents of residential aged care facilities, by dependency level, 30 June 1994 to 30 June 1998 (per cent)

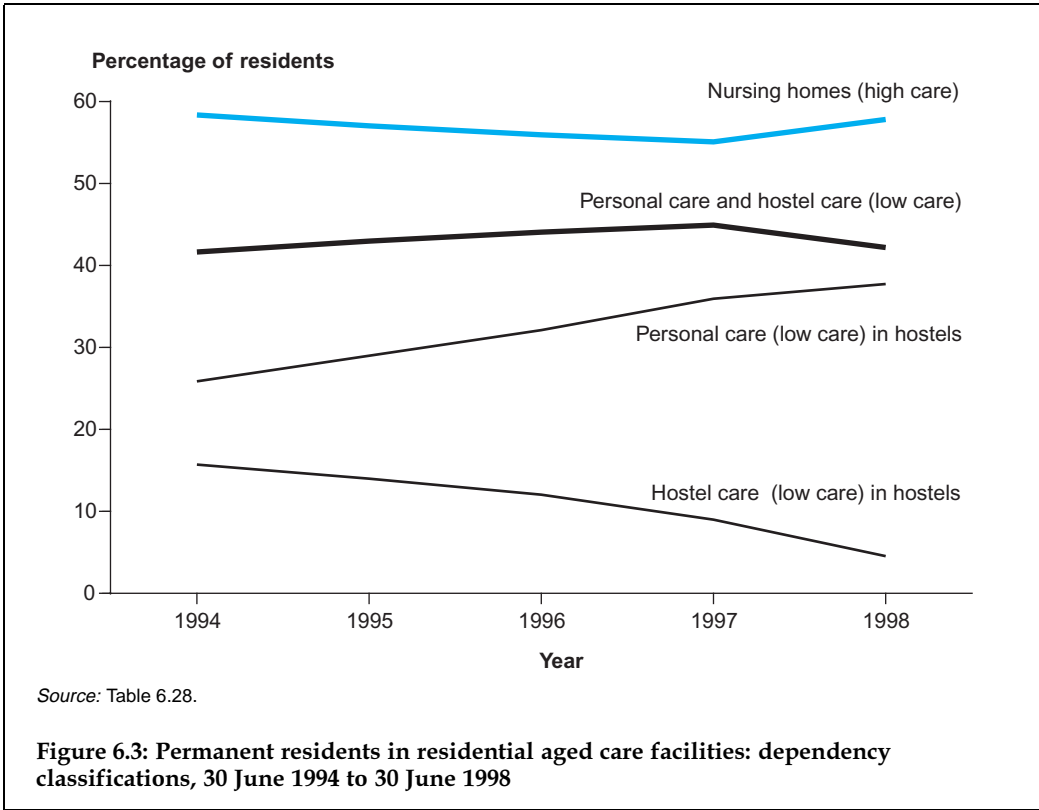
Year	Personal care in hostels	Hostel care in hostels	Hostels (low care)	Nursing homes (high care)
Females				
1994	27.3	15.3	42.5	57.5
1995	30.5	13.6	44.1	55.9
1996	33.6	11.6	45.2	54.8
1997	37.5	8.6	46.1	53.9
1998 ^(a)	38.4	4.5	42.9	57.1
Males				
1994	22.1	17.0	39.1	60.9
1995	25.1	15.0	40.2	59.8
1996	27.9	13.1	41.0	59.0
1997	31.7	9.9	41.6	58.4
1998 ^(a)	35.7	4.6	40.4	59.6
Persons				
1994	25.9	15.7	41.6	58.4
1995	29.0	14.0	43.0	57.0
1996	32.1	12.0	44.1	55.9
1997	35.9	8.9	44.9	55.1
1998 ^(a)	37.7	4.5	42.2	57.8

(a) Nursing homes are taken to be equivalent to RCS levels 1–4, Personal Care in a hostel to RCS levels 5–7, and Hostel Care in a hostel to RCS level 8.

Source: AIHW 1999 analysis of residential aged care data (SPARC).

The proportion of residents in the lowest care category – Hostel Care hostel residents under the previous system; RCS level 8 under the current system – has changed quite dramatically in the past five years. At 30 June 1994, 16% of residents in the aged care system (nursing homes plus hostels) were categorised as Hostel Care hostel residents. By 30 June 1996 this proportion had dropped to 12%; it fell further, to 9% at 30 June 1997 and then, following the restructure, to 5% at 30 June 1998.

Table 6.28 provides no clear evidence that the impact of the restructuring on dependency profiles was experienced differently by men and women. The decrease in the proportion of residents accommodated in nursing homes that had occurred until 1997 was, however, more pronounced among women than among men, as was the increase that occurred in 1998. On the other hand, the decrease in the proportions



accommodated in hostels at the Hostel Care level (or RCS 8) was slightly more pronounced among male than female residents.

The data just reported are for current residents of aged care facilities. 'Current residents' includes people admitted into a facility either before or after the restructure of the residential care system. The dependency profile of newly admitted residents provides a useful indication of the most recent trends in residential care and the dependency levels of permanent residents admitted between 1 January and 30 June 1998 suggest that a continuing trend towards higher levels of care can be expected in the future.

Among newly admitted residents, 59% were classified as high care and 41% as low care. These proportions are very similar to those for existing residents, yet newly admitted residents are, by definition, at the beginning of their stay in a residential aged care facility – many will progress to higher levels of dependency in the course of their stay. A situation where the dependency profile of newly admitted residents is similar to or more dependent than that of current residents thus suggests that the recent trend toward increasing dependency levels is likely to continue.

Accessibility

Section 6.3 presents data on changes in the number of permanent and respite residents in the last five years and on changes in turnover. These data were reported for both

hostels and nursing homes from 1993–94 to 1996–97. The restructuring of residential care into a single residential care system in late 1997 precludes the inclusion of data for 1997–98. Until 1996–97, the data show that the number of permanent admissions increased in hostels (from 17,208 to 19,900) and decreased in nursing homes (from 34,317 to 32,252), while the number of respite admissions increased substantially in both. For permanent care, turnover was relatively stable in hostels but decreased for nursing homes. For respite care, turnover increased in both nursing homes and hostels.

The data suggest that access to respite care places has increased since 1993–94, while access to permanent places in nursing homes has been declining. Those data do not, however, take account of the growing size of the aged population during this period. Table 6.29 presents two further measures of access to residential care, which take the changing size of the aged population into account. The first measure, accessibility, describes the number of admissions for both permanent and respite care in relation to the population aged 65 and over with a profound or severe core activity restriction. The second, gross utilisation, is a measure of admissions plus the number of residents already in the hostel, nursing home or residential aged care facility at the beginning of the financial year. This measure, when considered in relation to the total number of people aged 65 and over with a profound or severe core activity restriction in the population, gives the gross utilisation rate.

Access to permanent places in hostels increased from 41 admissions per 1,000 people aged 65 and over with a profound or severe core activity restriction in 1993–94 to

Table 6.29: Accessibility and gross utilisation: hostels and nursing homes, 1993–94 to 1996–97

	1993–94	1994–95	1995–96	1996–97
Hostels				
Accessibility				
Permanent	41.0	44.7	43.8	43.1
Respite	42.8	45.8	48.8	50.9
All admissions	83.8	90.5	92.5	93.9
Gross utilisation	85,320	91,732	97,080	101,584
Gross utilisation rate	203.5	211.9	217.0	219.8
Nursing homes				
Accessibility				
Permanent	82.0	80.5	73.7	69.8
Respite	14.4	18.3	25.2	27.3
All admissions	96.4	98.8	98.9	97.1
Gross utilisation	112,725	115,246	116,736	117,546
Gross utilisation rate	268.8	266.2	260.9	254.3

Notes

1. Accessibility = (number of admissions/number of people with a severe or profound core activity restriction aged 65 and over)*1,000.
2. Gross utilisation = sum of number of residents at start of financial year plus number of admissions in financial year.
3. Gross utilisation rate = (gross utilisation/number of people with a severe or profound core activity restriction aged 65 and over)*1,000.

Source: AIHW 1999 analysis of nursing home and hostel data (ACCSIS) and residential aged care service data (SPARC); ABS 1997; ABS 1999a.

45 admissions per 1,000 such people in 1994–95; it then dropped to 43 admissions per 1,000 such people in 1996–97. For nursing homes, access to permanent places fell from 82 admissions per 1,000 people aged 65 and over with a profound or severe core activity restriction in 1993–94, to 70 admissions per 1,000 such people in 1996–97. Taken together, hostels and nursing homes show a net reduction in accessibility over the period for admissions to permanent care. For respite care admissions, accessibility increased for both hostels and nursing homes.

In relation to gross utilisation rates, access increased for hostels but declined for nursing homes between 1993–94 and 1996–97.

6.5 Summary

Increases in demand

In June 1998 there were 2.3 million people aged 65 and over in Australia, representing some 12% of the total population. The figure was 1.5 million in 1981, and it is projected to reach 2.4 million by the year 2001 and 5.1 million by 2031. Quite a small proportion of these people, however, are in need of or will be in need of aged care services. Of the 2.3 million people aged 65 and over in 1998, for example, 30% were aged 65 to 69 and only 9% of people in the 65–69 age group required assistance with basic activities of daily living—self care, mobility and communication.

The number of people aged 65 and over who require at least some assistance with the basic activities of daily living is increasing, from just over a quarter of a million in 1981 to a projected half a million by 2001, and over 1 million by 2031. The actual rates of growth in this population are slowing, however: they were higher in the two decades from 1981 to 2001 than they will be in the two decades from 2001 to 2021. Nevertheless, in absolute numbers, there is projected to be an increase of 242,000 people in this category between 1981 and 2001 and an increase of 324,000 people from 2001 to 2021.

The continuing role of informal care

With the continuing emphasis on ‘ageing in place’ and the provision of care to older people in their homes rather than in institutions, the important role played by informal care seems set to continue. According to the 1998 ABS Survey of Disability, Ageing and Carers, some 434,527 people were primary carers for a person with one or more disabilities and needing assistance on a continuing basis; 46% of those receiving care were aged 65 or older. The majority of carers were women (71%) and around one in five carers were themselves aged 65 or older. Among older carers, 53% spent 40 or more hours a week helping the care recipient. Among people aged 65 and over with a co-resident carer, over half (57%) were cared for by a person who was themselves aged 65 or more. In thinking about informal care, then, it must be recognised that older people are themselves carers as well as care recipients.

The changing system of residential care

Australia has entered a new era in the provision of residential aged care. The bringing together of nursing homes and hostels into a single residential aged care system, the introduction of a new single instrument for the classification of residents according to

their care needs, the extended use of accommodation bonds and charges, and the introduction of means-tested fees all combine to produce a system that is very different from that which operated prior to 1997. The new quality appraisal system for the accreditation of residential aged care facilities is in its implementation phase while the outcome standards monitoring system it replaces is already a thing of the past. Although it is too early to assess the impact of these policy developments, there are some preliminary indications of the changes and continuities we are likely to see.

The number of residential care places continues to increase, up from 131,351 in 1994 to 139,058 in 1997 and 139,917 in 1998. The ratio of residential care places to people aged 70 and over has decreased, from 93 places per 1,000 people aged 70 and over in 1994 to 87 places in 1998. This trend has been counterbalanced by the increasing availability of community aged care packages—the combined residential care and care package ratio has been relatively stable during the period, at 94 places and packages per 1,000 people aged 70 and over.

There was a modest decrease in accessibility (that is admissions per 1,000 people aged 65 and over with a severe or profound core activity restriction) to permanent nursing home care, and a modest increase in accessibility to permanent hostel care, between 1993–94 and 1996–97. Accessibility in terms of respite admissions continued to increase. Occupancy rates remained quite stable, there being no suggestion that demand for residential care services has reduced to the point where occupancy rates are affected. The recent structural changes to the aged care system appear to have left these trends unaffected.

Increasing dependency levels in residential care

Dependency levels have continued to increase in both hostels and nursing homes between 1994 and 1998, although the discontinuities in the data, as a result of the structural reforms, make accurate assessment of more recent trends difficult. The available evidence suggests that the proportion of residents in the lowest level of care (formerly Hostel Care residents in hostels, now RCS level 8) has decreased and that the rate of decrease is accelerating. In 1994, 16% of residents fell into this category; by 1996 the proportion had fallen to 12% and in 1998 it was 4.5%. Although these trends are consistent with government policies of using the residential care system for those most in need, the question of what housing and care options are available to people who were formerly accommodated as Hostel Care residents in hostels is emerging as something that warrants further scrutiny.

Home-based care

Home-based care services continue to expand. Services provided under the HACC program have generally kept pace with the increasing size of the population likely to be needing such services. Community aged care packages, a coordinated and intensive form of home-based care, have expanded quite dramatically in the last two years, from 4,441 places in 1996 to 10,046 places in 1998. In relation to the size of the aged population, this represents a doubling of supply, from three places per 1,000 people aged 70 and over in 1996 to six places in 1998. Despite this expansion, HACC remains by far the major supplier of home-based care services for older Australians.

Considerable effort is being devoted to implementing a national quality appraisal process for HACC, the first appraisals being conducted in the second half of 1999. Another important initiative is the development of a national minimum data set for HACC, which should substantially improve the quality of data available on the HACC program and its clients. The HACC national minimum data set is scheduled for implementation from 1 July 2000; a pilot test was conducted in September–October 1999.

Trends in expenditure on older Australians

Total expenditure on aged care services—assessment, HACC, community aged care packages, the Domiciliary Nursing Care Benefit, hostels and nursing homes—was \$3,849.8 million in 1997–98, an increase of 33% in real terms from 1994. This increase in expenditure kept pace with the increase in the number of older people needing some assistance; indeed, the amount of expenditure per person aged 65 and over with a profound or severe core activity restriction increased over the last four years in real terms.

A more broadly based picture of government expenditure on older Australians takes into account expenditure on income support, medical services, hospital services and pharmaceutical services as well as expenditure on aged care services. This more broadly defined measure provides a useful indication of the sustainability of government services for older Australians. In the 15 years since 1980–81 government expenditure on older Australians has remained relatively unchanged as a proportion of GDP (5.1% in 1995–96), despite the relatively rapid ageing of the Australian population during this time. As a percentage of total government outlays, and of total government outlays on health, welfare and social security, expenditure on older Australians declined over the period from 1980–81 to 1995–96.

References

- Australian Bureau of Statistics (ABS) 1987. Estimated resident population by sex and age: States and Territories of Australia, June 1981 to June 1987. Cat. no. 3201.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1993. June 1987 to June 1992 estimated resident population by sex and age: States and Territories of Australia. Cat. no. 3201.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1994. Australian demographic statistics, June quarter, 1994. Cat. no. 3101.0 Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. Population by age and sex: Australian States and Territories, June 1992 to June 1997. Cat. no. 3201.0. Canberra: ABS.
- Australian Bureau Statistics (ABS) 1998. National income, expenditure and product, December quarter, 1998. Cat. no. 5206.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999a. Australian demographic statistics. December quarter, 1998. Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999b. Disability, ageing and carers: summary of findings. Canberra: ABS.

- Australian Institute of Health and Welfare (AIHW) 1995. Australia's welfare 1995: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997a. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997b. Nursing homes in Australia 1995-96: a statistical overview. Cat. no. AGE 6. AIHW & DHFS Aged Care Statistics Series no. 1. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998a. Hostels in Australia 1995-96: a statistical overview. Cat. no. AGE 7. AIHW & DHFS Aged Care Statistics Series no. 2. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998b. Nursing homes in Australia 1996-97: a statistical overview. Cat. no. AGE 9. AIHW & DHFS Aged Care Statistics Series no. 3. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998c. Hostels in Australia 1996-97: a statistical overview. Cat. no. AGE 10. AIHW & DHFS Aged Care Statistics Series no. 4. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999. Residential aged care facilities in Australia 1998: a statistical overview. Canberra: AIHW.
- Bishop, The Hon. Bronwyn, Minister for Aged Care 1999a. The National Strategy for an Ageing Australia. Background paper. Canberra: Commonwealth of Australia.
- Bishop, The Hon. Bronwyn, Minister for Aged Care 1999b. The National Strategy for an Ageing Australia: attitude, lifestyle and community support. Discussion paper. Canberra: Commonwealth of Australia.
- Brian Elton & Associates 1996. National review of HACC data requirements final report: future directions. Canberra: DHFS.
- Butkus E 1997. Home and Community Care National Service Standards: Comparison with the Disability Service Standards, Community Health Accreditation and Standards Program, and the Australian Council of Healthcare Standards. Welfare Division working paper no. 14. Canberra: AIHW.
- Choi C 1998. Government health and welfare expenditure on older Australians. Welfare Division working paper no. 20. Canberra: AIHW.
- Cooper D & Jenkins A 1998. Obtaining consumer feedback from clients of home based care services: A review of the literature. Welfare Division working paper no. 21. Canberra: AIHW.
- Department of Health and Aged Care (DHAC) 1998a. Community care statistics 1997-98. Canberra: DHAC.
- Department of Health and Aged Care (DHAC) 1998b. HACC Data Dictionary Version 1.0. Canberra: DHAC.
- Department of Health and Family Services (DHFS) 1996. Annual report 1995-96. Canberra: DHFS.

- Department of Health and Family Services (DHFS) 1997. Community care statistics 1996–97. Canberra: DHFS.
- Department of Human Services and Health (DHS) 1995. Community care statistics 1994–95. Canberra: DHS.
- Gibson D 1998. Aged care: old policies, new problems. Cambridge: Cambridge University Press.
- Gibson D, Benham C & Racic L (eds) (in press). Older Australia at a glance. 2nd ed. Canberra: AIHW & DHAC.
- Jenkins A, Butkus E and Gibson D 1998. Developing quality measures for Home and Community Care. Cat. no. AGE 8. Canberra: AIHW (Aged Care Series no. 4).
- Lincoln Gerontology Centre 1995. Aged Care Assessment Program. National minimum data set report. July 1994 – June 1995. Melbourne: La Trobe University.
- Lincoln Gerontology Centre 1996. Aged Care Assessment Program. National minimum data set report. July 1995 – June 1996. Melbourne: La Trobe University.
- Lincoln Gerontology Centre 1998a. Aged Care Assessment Program. National minimum data set report. July 1996 – June 1997. Melbourne: La Trobe University.
- Lincoln Gerontology Centre 1998b. National framework for comprehensive assessment of the HACC program. Aged and Community Care Service Development and Evaluation Reports no. 34. Canberra: DHFS.
- Liu Z 1999. Length of stay in nursing homes and hostels over a lifetime. Welfare Division working paper no. 22. Canberra: AIHW.
- Organisation for Economic Co-operation and Development (OECD) 1994. Caring for Frail Elderly People: New Directions in Care. Paris: OECD.
- Organisation for Economic Co-operation and Development (OECD) 1996. Aging in OECD Countries, a critical policy challenge. Social Policy Studies no. 20. Paris: OECD.
- Organisation for Economic Co-operation and Development (OECD) 1998. Maintaining Prosperity in an Ageing Society. Paris: OECD.
- Organisation for Economic Co-operation and Development (OECD) 1999. OECD Economic Surveys: Australia 1999. Paris: OECD.
- Office of the Status of Women 1999. Women in Australia 1999. Canberra: Office of the Status of Women. Forthcoming.
- Organisation for Economic Co-operation and Development 1996 (OECD). Caring for frail elderly people: policies in evolution. Paris: OECD.
- Queensland Aged Care Evaluation Unit (QACEU) 1995a. Evaluation of the Queensland Aged Care Assessment Programme. January–December 1994. Brisbane: Aged Care Evaluation Unit, Prince Alexander Hospital.
- Queensland Aged Care Evaluation Unit (QACEU) 1995b. Evaluation of the Queensland Aged Care Assessment Programme. January–June 1995. Brisbane: Aged Care Evaluation Unit Prince Alexander Hospital.

- Queensland Aged Care Evaluation Unit (QACEU) 1997. Evaluation of the Queensland Aged Care Assessment Programme. January–June 1997. Brisbane: Aged Care Evaluation Unit, Prince Alexander Hospital.
- Queensland Aged Care Evaluation Unit (QACEU) 1996. Evaluation of the Queensland Aged Care Assessment Programme. July–December 1995. Brisbane: Aged Care Evaluation Unit, Prince Alexander Hospital.
- Queensland Aged Care Evaluation Unit (QACEU) 1999. Evaluation of the Queensland Aged Care Assessment Programme. January–June 1998. Brisbane: Aged Care Evaluation Unit, Prince Alexander Hospital.
- Rickwood D 1994. Dependency in the Aged: Measurement and Client Profiles for Aged Care. Welfare Division working paper no. 5. Canberra: AIHW.
- Ryan T, Holmes B & Gibson D 1999. A national minimum data set for Home and Community Care. Cat. no. AGE 13. Canberra: AIHW (Aged Care Series).
- University of Western Australia (UWA) 1995. Aged Care Assessment Programme Evaluation Unit report, January–June 1994. Perth: University of Western Australia.
- University of Western Australia (UWA) 1996a. Aged Care Assessment Programme Evaluation Unit report, January–June 1995. Perth: University of Western Australia.
- University of Western Australia (UWA) 1996b. Aged Care Assessment Programme Evaluation Unit report July–December 1995. Perth: University of Western Australia.
- University of Western Australia (UWA) 1997. Aged Care Assessment Programme Evaluation Unit report, July–December 1996. Perth: University of Western Australia.
- World Bank 1994. Averting the old age crisis: policies to protect the old and promote growth. New York: Oxford University Press.

7 Disability services

7.1 Introduction

This chapter presents a national picture of the services and assistance that are designed to enable people with a disability to participate fully in the community. It provides population data relevant to disability and the need for services, data on disability services provided nationally, and information on outcomes for people with a disability. People aged less than 65 years are the primary focus; Chapter 6 provides information relating to older people.

Disability is usually conceptualised as a multidimensional experience for the person involved. There may be effects on organs or body parts, such as impairment of the ear's structure or function, or both. There may be effects on certain activities, such as understanding and producing messages. There may be consequences for a person's participation in aspects of life, such as education, work or leisure. Participation can be facilitated in various ways; for instance, by the provision of assistive technology or sign language interpretation.

Correspondingly, three dimensions of disability are recognised in the International Classification of Impairments, Disabilities and Handicaps (ICIDH) – body structure and function (and impairment thereof); activity (and activity limitations); participation (and participation restriction) (WHO 1997). The classification also recognises the role of physical and social environmental factors in affecting disability outcomes. The first ICIDH was published by the World Health Organization in 1980; it is now in the process of revision, to take account of developments in the field since then. WHO is developing the revised classification, ICIDH-2, in cooperation with a range of countries, including Australia, as well as specialist task forces and organisations representing people with a disability.

Services of relevance to people with a disability may seek to meet needs corresponding to any of the three dimensions of disability or may seek to improve environmental factors. Services and assistance primarily directed at the third dimension of disability – participation – are the focus of this chapter. Such services and assistance come in various forms:

- formal services and assistance, such as income support, specialist disability support, and relevant generic services;
- equipment or environmental modifications;
- informal support.

Section 7.2 provides population data relating to disability and the need for services. Section 7.3, page 225, provides data on services and assistance and outlines the main policy and administrative developments in the field. Section 7.4, page 250, presents some information on service outcomes and outcomes for people with a disability, drawing particularly on the notion that the goal of disability services is to facilitate people's participation in community life.

7.2 The prevalence of disability

This section provides information about disability in the Australian population: the overall prevalence; the occurrence of particular disability groupings and multiple disabilities; and changes in prevalence in recent years.

The most recent national population survey of disability is the Australian Bureau of Statistics 1998 Survey of Disability, Ageing and Carers (ABS 1999a). Previous surveys were conducted in 1981, 1988 and 1993.

Prevalence in the Australian population

The 1998 Survey defined 'disability' as the presence of one or more of 17 limitations, restrictions or impairments (Box 7.1). Two items on the list have been added since the 1993 Survey: 'chronic and recurring pain that restricts everyday activities' and 'shortness of breath or breathing difficulties that restrict everyday activities'. 'Loss of

Box 7.1: Areas of limitation, restriction or impairment identified by the ABS

Affirmative responses to any of the following categories, where the limitation, restriction or impairment has lasted or was likely to last for six months or more 'screen' the person into the ABS Survey:

- *loss of sight, not corrected by glasses or contact lenses;*
- *loss of hearing, with difficulty communicating or use of aids;*
- *loss of speech;*
- *chronic or recurring pain that restricts everyday activities;*
- *shortness of breath or breathing difficulties that restrict everyday activities;*
- *blackouts, fits, or loss of consciousness;*
- *difficulty learning or understanding;*
- *incomplete use of arms or fingers;*
- *difficulty gripping or holding things;*
- *incomplete use of feet or legs;*
- *a nervous or emotional condition that restricts everyday activities;*
- *restriction in physical activities or physical work;*
- *disfigurement or deformity;*
- *head injury, stroke or any other brain damage with long-term effects that restrict everyday activities;*
- *needing help or supervision because of a mental illness or condition;*
- *treatment or medication for any other long-term condition or ailment and still restricted;*
- *any other long-term condition that restricts everyday activities.*

This list thus creates the implicit definition of 'disability' for the ABS 1998 Survey of Disability, Ageing and Carers (ABS 1999a).

hearing' in the 1993 Survey was changed to 'loss of hearing with difficulty communicating or use of aids' for the 1998 Survey.

In 1998 3,610,300 people reported disability. Of these 2,385,100 were aged less than 65 years of whom 1,283,600 (53.8%) were male and 1,101,500 (46.2%) were female (Table 7.1).

Table 7.1: People aged 0–64 years with a disability: disability status, severity of core activity restriction and sex, 1998

	Core activity restriction				Schooling or employment restriction only	Total with specific restrictions ^(a)	Without specific restrictions	Total with disability
	Profound	Severe	Moderate	Mild				
	Number ('000)							
Males	119.0	224.2	227.4	340.7	188.3	1,099.6	184.0	1,283.6
Females	99.2	212.5	206.3	291.6	139.5	949.0	152.5	1,101.5
Persons^(b)	218.2	436.8	433.7	632.3	327.6	2,048.6	336.5	2,385.1
	Percentage^(c)							
Males	1.4	2.7	2.7	4.1	2.3	13.3	2.2	15.5
Females	1.2	2.6	2.5	3.6	1.7	11.7	1.9	13.6
Persons	1.3	2.7	2.6	3.9	2.0	12.5	2.1	14.6

(a) Total may be less than the sum of the components because people may have both a core activity restriction and a schooling or employment restriction.

(b) Figures may not add precisely to totals due to rounding.

(c) Percentage of the Australian population of that sex and age group.

Source: ABS 1999a:14.

To be consistent with the definitions in the draft ICIDH-2, the 1998 Survey used the concept of 'activity restriction' instead of 'handicap'. There are five 'specific restrictions' that are equivalent to areas of handicap in the 1993 survey: restrictions in the three 'core' activities of daily living (self care, mobility and communication) and restrictions in schooling and employment.

In 1998, 2,048,600 people aged less than 65 years had an activity restriction; this is 12.5% of the population in that age group. Of these people, 655,000, or 4.0% of the population aged under 65, reported a profound or severe core activity restriction, meaning that they always or sometimes needed personal assistance or supervision with activities of daily living (Table 7.1; Box 7.2).

Rates of profound and severe activity restriction varied with age (Figure 7.1). In 1998 the age groups between 15 and 34 had the lowest percentage of people with a profound or severe activity restriction. Above this age the rates increased and severe restriction was much more frequent than profound restriction. For age 70 and over, the rates for profound restriction were higher than for severe restriction and higher for females than for males. There was also a peak for children aged 5 to 9 years, particularly for profound activity restriction and particularly for males. The 1998 Survey for the first time collected information about the severity of core activity restrictions for children aged less than 5 years.

Box 7.2: ABS 1998 Survey of Disability, Ageing and Carers: restrictions and their severity

Specific restrictions are

- core activity restrictions; and/or
- schooling or employment restrictions.

Core activities are

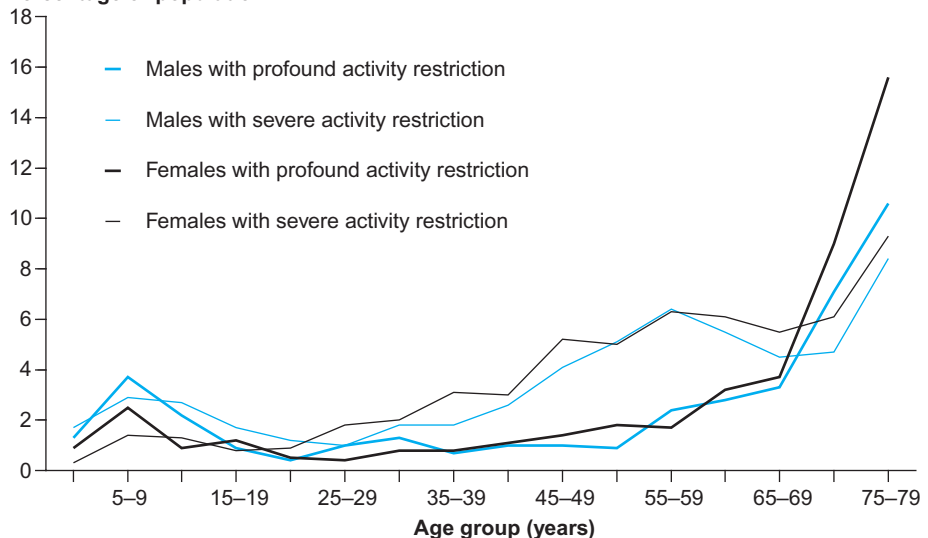
- self care – bathing or showering, dressing, eating, using the toilet, and managing incontinence;
- mobility – moving around at home and away from home, getting into or out of a bed or chair, and using public transport; and
- communication – understanding and being understood by others (strangers, family and friends).

A core activity restriction may be

- profound – unable to perform a core activity or always needing assistance;
- severe – sometimes needing assistance to perform a core activity;
- moderate – not needing assistance, but having difficulty performing a core activity; or
- mild – having no difficulty performing a core activity but using aids or equipment because of disability.

Source: ABS 1999a.

Percentage of population



Note: Rates for the 80–84 and 85 and over age groups were too high to include here. For males they were 80–84 profound 16.2%, severe 8.0%; 85+ profound 43.2%, severe 12.8%. For females they were 80–84 profound 27.4%, severe 8.1%; 85+ profound 55.4%, severe 13.4%.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Figure 7.1: Percentage of population aged less than 80 years with profound and severe activity restriction, by sex and age group, 1998

About three-quarters (76%) of people aged less than 65 years with specific restrictions had a mobility restriction, the most common area of restriction (Table 7.2). People with profound or severe core activity restrictions were much more likely to be restricted in self care or communication than people with moderate or mild restrictions.

Table 7.2: People aged less than 65 years with a specific activity restriction, by disability status and areas of activity restriction, as a percentage of the Australian population of that disability status, 1998

Area of activity restriction	Core activity restriction				Schooling or employment restriction only	Total with specific restrictions
	Profound	Severe	Moderate	Mild		
Self care	83.6	61.8	46.5	1.1	..	32.2
Mobility	93.7	88.8	89.6	90.7	..	75.9
Communication	48.8	20.2	10.7	11.6	..	15.3
Schooling	29.5	12.9	3.5	5.6	16.8	11.0
Employment	55.0	76.5	79.9	61.4	84.7	71.6
Total number ('000)	218.2	436.6	433.7	632.3	327.6	2,048.6

Note: People may have both a core activity restriction and a schooling or employment restriction.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Disability groupings

In Australia, disabilities are often discussed in terms of 'disability groups'. A 'disability group' is generally a broad categorisation of disabilities on the basis of underlying impairment, disabling condition or cause. For instance, 'intellectual disability' usually means disability related to intellectual impairment; 'physical disability' usually means disability related to physical impairment and sometimes to more complex impairments such as quadriplegia. The concept of 'disability group' also implies similar activity restrictions and needs. These disability groups are generally recognised in the disability field and in legislative and administrative contexts in Australia.

Table 7.3 relates the 1998 survey data to the major disability groups. For people aged 0 to 64 years most disabilities arose from main disabling conditions that were likely to be related to physical disabilities: 10.7% of the population in this age group reported such main conditions. The most common physical main disabling conditions were arthritis and other musculoskeletal disorders.

The next most frequent group was disabling conditions affecting intellectual abilities (1.6%), followed by sensory (1.2%) and psychiatric (1.1%) conditions. The intellectual disability group had the largest difference in prevalence between males (2.2%) and females (0.9%). These data do not indicate the overall prevalence of these conditions since they count each person only once according to the main disabling condition.

The type and severity of activity restriction varies with the main disabling condition. People with a stroke, nervous system or intellectual condition were the most likely to report an associated profound or severe core activity restriction while those with diseases of the ear or 'other circulatory' disease were the least likely (Table 7.4).

People with a physical disability were more likely to report a restriction in self care or mobility than a restriction in communication. The highest rates of restriction reported for communication were for people with diseases of the ear; this was followed by people with an intellectual disability. All groups except people with diseases of the ear

Table 7.3: People with a disability, by main disabling condition and sex, as a percentage of the Australian population of that sex and age, 1998^(a)

	Males			Females			Persons		
	0-64 years	All ages	Total ('000)	0-64 years	All ages	Total ('000)	0-64 years	All ages	Total ('000)
Psychiatric^(b)	0.9	1.1	102.8	1.2	1.7	163.7	1.1	1.4	266.5
Intellectual & 'other mental'^(c)	2.2	2.0	188.7	0.9	0.8	73.9	1.6	1.4	262.7
Sensory	1.5	2.5	229.1	0.9	1.8	164.5	1.2	2.1	393.6
Diseases of the eye	0.3	0.6	52.9	0.2	0.6	59.9	0.3	0.6	112.8
Diseases of the ear	1.2	1.9	176.2	0.7	1.1	104.6	1.0	1.5	280.7
Physical	10.8	14.0	1,300.5	10.6	14.8	1,387.1	10.7	14.4	2,687.5
Nervous system diseases	0.7	0.8	78.8	1.1	1.1	101.9	0.9	1.0	180.7
Stroke	0.1	0.3	26.1	0.1	0.4	37.4	0.1	0.3	63.5
Other circulatory diseases	0.7	1.4	130.9	0.5	1.3	117.8	0.6	1.3	248.7
Respiratory diseases	1.1	1.5	140.2	1.1	1.3	119.5	1.1	1.4	259.7
Arthritis	1.0	1.8	171.4	1.8	3.5	327.4	1.4	2.7	498.7
Other musculoskeletal disorders	3.9	4.1	382.5	3.3	3.8	359.0	3.6	4.0	741.5
Head injury/any other brain damage	0.3	0.3	23.4	0.2	0.2	16.3	0.2	0.2	39.6
All other diseases and conditions ^(d)	3.0	3.7	347.2	2.6	3.3	307.8	2.8	3.5	655.0
Total (%) of population	15.5	19.6		13.6	19.1		14.6	19.3	
Total ('000)^(e)	1,283.6	1,821.1		1,101.5		1,789.2	2,385.1		3,610.3

(a) Estimates of 2,650 or less have a relative standard error (RSE) of 50% or more. Estimates of 9,000 or less have an RSE of 25% or more. These estimates should be interpreted accordingly.

(b) Includes the groups entitled 'Psychoses/mood affective disorders' and 'Neurotic/stress-related/somatoform disorders' in ABS publications. This definition has changed since the 1993 ABS Survey (see AIHW 1997a).

(c) Includes the groups entitled 'Intellectual and development disorders' and 'Other mental and behavioural disorders' in ABS publications. This definition has changed since the 1993 ABS Survey and now includes Down syndrome (see AIHW 1997a).

(d) Includes other physical diseases and conditions such as spina bifida, neoplasms and diseases of urinary system, genital organs and breast.

(e) Each person is counted only once because only the main disabling condition is considered.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data. For population data see ABS 1999a.

had very high rates of restriction in mobility. People with an intellectual disabling condition were the most likely to be of school age and had the highest rate of restriction for schooling but the lowest for employment. All other groups had rates of over 50% for employment restriction but much lower rates of restriction for schooling.

Multiple disabilities

The prevalence of a particular disability group will be underestimated if only main disabling conditions are considered. The ABS 1993 Survey of Disability, Ageing and Carers showed that 61.4% of people with a disability reported more than one disabling condition and about 30% reported conditions related to two or more disability groups (ABS 1996:Table 20). Thus prevalence estimates based on all reported conditions were substantially higher than estimates based on main disabling conditions only (AIHW 1995, 1997a).

Table 7.4: People aged less than 65 years with a specific activity restriction, by severity and area of activity restriction and by main disabling condition, as a percentage of the Australian population with a specific activity restriction in each condition type, 1998

	Severity of activity restriction					Area of activity restriction				
	Pro-found	Severe	Mod-erate	Mild	School-ing/ employ-ment only	Self care	Mobil-ity	Commun-ication	School-ing	Employ-ment
Psychiatric	10.8	21.3	16.3	31.5	20.1	25.7	75.7	10.7	2.9	82.8
Intellectual & 'other mental'	29.8	21.3	9.3	16.3	23.3	31.7	60.6	47.4	56.1	37.2
Sensory										
Disease of eye	10.4	15.3	6.8	49.0	18.4	11.1	81.6	13.2	13.3	66.2
Disease of ear	4.0	11.0	9.6	53.1	22.3	6.1	26.1	65.9	11.3	56.2
Physical										
Nervous system	32.5	20.3	14.2	20.7	12.4	51.6	84.3	22.5	11.0	73.8
Stroke	41.3	18.8	22.8	14.4	2.7	60.9	97.3	15.0	3.8	82.5
Other circulatory	5.4	15.2	15.6	49.6	14.2	21.9	85.2	6.0	0.7	76.0
Respiratory	8.3	17.6	14.0	44.7	15.4	22.4	79.6	6.9	14.1	53.1
Arthritis	4.3	23.6	30.4	32.6	9.0	38.6	87.0	3.9	0.7	77.5
Other musculo-skeletal	2.4	26.1	32.0	25.2	14.3	36.3	83.3	3.7	1.5	87.3
Head or brain injury	16.3	19.9	21.3	34.7	7.8	34.4	86.7	20.7	3.3	69.7
All other diseases & conditions	8.9	20.2	20.8	32.9	17.2	33.5	74.5	8.7	8.3	72.3
<i>Total physical</i>	<i>8.3</i>	<i>22.2</i>	<i>24.5</i>	<i>31.1</i>	<i>14.0</i>	<i>35.2</i>	<i>81.6</i>	<i>7.4</i>	<i>5.1</i>	<i>76.8</i>
Total	10.6	21.3	21.2	30.9	16.0	32.2	75.9	15.3	11.0	71.6

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Estimates of the prevalence of disability groups

The AIHW has published a series of reports reviewing the existing definitions, data collections and estimates of prevalence relating to some significant disability groups and providing improved estimates of the size and profile of the groups (Wen 1997, Fortune & Wen 1999, Wen & Fortune 1999). The reports also aim to promote discussion and contribute to the development of improved national data on the main disability groups in Australia. They used data from the ABS 1993 Survey of Disability, Ageing and Carers and applied a multidimensional approach to the estimation, combining information from the survey screening questions, all reported disabling conditions, and questions about activity restrictions, participation restrictions and the need for assistance.

In 1993 an estimated 2,350,300 people, or 13.3% of Australians of all ages, reported one or more physical impairments or disabling conditions.¹ Using a broad approach—selecting people who reported one or more physical impairments or disabling conditions and one or more activity restrictions or participation restrictions—in 1993, 11.9% of Australians (2,099,600 people) had a physical disability (Wen & Fortune 1999). Using the same method, 1.9% of Australians (338,700 people) had a disability related to acquired brain injury in 1993 (Fortune & Wen 1999).

A more restricted estimate includes only people with a profound or severe handicap; that is, people who always or sometimes need personal assistance or supervision with activities of daily living (self care, mobility or verbal communication). Among Australians aged 5 years and over and with a physical impairment or disabling condition, 620,400 (3.8%) had a profound or severe handicap in 1993 (Wen & Fortune 1999). The figure of 3.8% for physical disability is comparable with the estimate of the prevalence of intellectual disability—1.0% of the Australian population (178,000 people) in 1993—which included only those people with a profound or severe handicap (Wen 1997). In 1993, 0.9% of the total population (160,200 people) reported a disability related to acquired brain injury and had a profound or severe handicap (Fortune & Wen 1999).

Changes in the prevalence of disability

The proportion of people with a disability and specific restrictions (handicap) appears to have increased between 1993 and 1998 (ABS 1999a). In particular, the proportion of the population reporting profound or severe core activity restriction (age-standardised) increased from 2.3% to 3.7% for people aged 5 to 14 years and from 2.4% to 3.3% for people aged 15 to 64 years (Table 7.5). For the three previous surveys, in 1981, 1988 and 1993, the prevalence rates for profound and severe disability had remained steady (AIHW 1997a:302).

To compare the four surveys, prevalence rates were age-standardised to the March 1998 Australian population and adjusted for differences between the surveys (ABS 1999a). As far as possible, only screening questions common to all four surveys were used. It

Table 7.5: People aged 5–64 years with profound or severe core activity restriction: age-standardised prevalence rates as a percentage of the Australian population, 1981, 1988, 1993 and 1998, adjusted for differences between surveys

Year	Males			Females			Persons		
	5–14 years	15–64 years	All	5–14 years	15–64 years	All	5–14 years	15–64 years	All
1981	2.0	2.1	2.1	1.2	2.2	2.1	1.6	2.1	2.1
1988	2.5	2.1	2.2	1.9	2.5	2.4	2.2	2.3	2.3
1993	2.7	2.3	2.4	1.8	2.4	2.3	2.3	2.4	2.3
1998	4.9	3.3	3.6	2.4	3.4	3.2	3.7	3.3	3.4

Note: Only criteria common to the four collections have been used. Rates are age-standardised to the estimated resident population for March 1998 (see ABS 1999a:19, 57).

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

1 The Wen & Fortune (1999) estimates of physical disability do not include people with a disability related to acquired brain injury.

was not possible to control completely for the two screening questions added in 1998 because in both 1993 and 1998 there was a question asking about the existence of 'any other long-term condition', which in 1993 would pick up some of the people included by the two extra questions in 1998.

A number of other changes were made to the 1998 survey design and interviewing methods (ABS 1999a). The following are examples.

- The use of a computer-assisted instrument allowed interviews to flow more smoothly, which may have affected the way people responded to survey questions.
- The 'need' and 'difficulty' questions for tasks within an activity were re-ordered to improve interview flow, which may have affected results for the core activities that were used to identify profound or severe handicap.
- The SF12 health status instrument (which included questions on activity) was inserted before the questions on activity restrictions.
- Both the profound and severe core activity restriction categories were applied to the cared accommodation component. In 1993 the severe handicap category of the previous two surveys was divided into profound handicap and severe handicap, but the severe handicap category was not applied to the establishment component.

It is difficult to control for these changes and to quantify their effects on estimated prevalence between the two surveys.

The majority of the apparent increase in disability rates may be a result of increased identification of people with disabilities, rather than an actual increase in the proportion of people with disabilities. There are in fact indications that this could be the case. First, in the 1998 Survey fewer people than in previous surveys stated they needed assistance but did not have a disability; that is, there were fewer who had not come into scope via the screening questions but were asked these questions because they were over the age of 60 years. Second, most of the increase appears to be in the severe category rather than the profound category, suggesting that the new methodology may have drawn in some of those previously classified as having moderate core activity restrictions.

Further investigation and analysis are needed to understand the significance of the increase in the profound and severe rates of core activity restrictions between 1993 and 1998. The most striking increase is for boys aged 5 to 14 years: from 7.3% to 10.6% for those with any specific restriction and from 2.7% to 4.9% for those with a profound or severe core activity restriction (see Table A7.1). This may be a result of increased labelling and recognition of particular disabilities for this group—for example, specific learning disabilities, attention deficit disorder and autism—but this needs further study. There have been increases in the rates of autism in Europe and North America, possibly because of changes in diagnostic criteria and a wider recognition of its expression (Bryson 1996; Fombonne 1996).

Changes in the prevalence of disability could also be influenced by factors such as encounters with causes of injury and the occurrence of congenital malformations. In 1998 about 590,600 people reported that their main disabling condition was the result of

accident or injury. About 243,800 people reported that their main disabling condition was present at birth; about 33,700 of them had a congenital or perinatal disorder as their main disabling condition (ABS 1999a). Changing medical practice and new technologies can affect the occurrence of disabling conditions and the way they are experienced.

There is little national information available about trends in the disabling effects of injury. The Australian Spinal Cord Injury Register contains information about people treated in hospital spinal units. In 1997–98, 278 people were discharged from spinal units with a neurological deficit such as quadriplegia or paraplegia resulting from trauma. This number (with an incidence rate of 1.52 per 100,000) is the highest recorded over the eight years for which reliable annual data are available. Transport-related injuries were the cause of injury for half (140) of these people, among whom 49 were involved in motor vehicle rollovers (O'Connor & Cripps 1998). The number of people hospitalised after road crashes dropped from 29,705 in 1988 to 21,531 in 1997 (Federal Office of Road Safety 1999). It is, however, possible that improved retrieval, early management and rehabilitation of people with spinal cord injuries could affect the number of people who survive to be discharged from a spinal unit (O'Connor & Cripps 1997).

In 1996 the rate of occurrence of congenital malformations was 173.4 per 10,000 births (Hurst et al. 1999). There have been changes in rates for some specific malformations. The number of babies with spina bifida known to be alive beyond the neonatal period (that is, after about one month) dropped from 104 in 1987 to 43 in 1996. For cleft palate, the equivalent figures are 102 infants in 1987 and 164 in 1996. For limb-reduction defects and Down syndrome, the trend for the period was different: the number of Down syndrome babies alive after the neonatal period was 249 in 1987, rose to 304 in 1990, and fell to 246 in 1996. There were 113 reported terminations of pregnancy for Down syndrome in 1996 (Hurst et al. 1999).

Data on infants admitted to neonatal intensive care units are collated nationally and provide some information on survival to the time of discharge (Donoghue 1997). There are, however, no long-term national data for these babies, who may be vulnerable to disabling conditions.

Disability among Indigenous Australians

The available data suggest that rates of disability and handicap among Aboriginal and Torres Strait Islander peoples are higher than—perhaps at least twice as high as—those for the population overall (AIHW 1997a:304).

The data continue to be inadequate, although efforts have been made on a number of fronts to remedy the situation since the Institute's last biennial report on Australia's welfare (AIHW 1997a). There are three main difficulties with obtaining better data: conceptual validity, population sampling, and administrative identification. Box 7.3 discusses the progress made in this regard.

Box 7.3: National data development: disability among Indigenous Australians

Conceptual validity and acceptance

In April 1998 the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and the then Commonwealth Department of Health and Family Services convened a workshop to discuss data on disability among Indigenous Australians and to try to map a way forward. The workshop concluded that a 'process of consultations with key Indigenous people and organisations' was a crucial first step for determining 'the level and nature of interest in Indigenous disability data' (ABS et al. 1998:1). Subject to the outcome of the consultation process, a steering committee was to be established to oversee or do future work in this area.

The 1998 workshop recognised the fundamental importance of reviewing classifications, concepts and definitions as they apply to Indigenous Australians; a number of papers presented noted some of the difficulties that might be involved (ABS et al. 1998). As part of the process of testing the draft ICIDH-2, the AIHW has arranged a study of the draft's conceptual applicability in a small number of Aboriginal communities in the Northern Territory. The Department of Family and Community Services has provided funding to assist the research, still proceeding in 1999.

Conceptual validity and the appropriateness of development mechanisms are likely to pose continuing challenges.

Sampling

Sampling within the population to identify the prevalence and nature of disability among Indigenous Australians encounters problems because people with a disability constitute a sub-population and Indigenous Australians an even smaller proportion of the overall population.

The ABS has, for these reasons, questioned the reliability of data obtained either by placing an Indigenous identifier in the Survey of Disability, Ageing and Carers or by including disability questions in the National Aboriginal and Torres Strait Islander Survey. This position highlights the importance of the search for satisfactory questions on disability in the population Census (Madden 1998:59).

In 1999 the ABS has concluded, as a result of its testing, that it is unable to include a satisfactory disability question in the 2001 Census. The problem of sampling thus remains.

Administrative identification

Some progress has been made in relation to administrative identification. The National Community Services Data Dictionary has a standard Indigenous identifier and disability administrators have decided to conform to the dictionary. The Aboriginal and Torres Strait Islander Health and Welfare Information Unit has advised some jurisdictions on methods to improve Indigenous identification in their administrative information collections (see Beneforti & Paradies 1998; ABS & AIHW 1999:40).

More broadly, the National Community Services Information Development Plan, endorsed by the nation's senior community services administrators, places the improvement of administrative data relating to Indigenous Australians as one of the top three areas for additional effort in national data development in the community services field (SCCSISA 1999).

7.3 Services and assistance

People with a disability receive significant care and assistance from family and friends and from formal services. Formal services include

- income support, particularly disability-specific income support;
- disability support services;
- relevant generic services, particularly those that target people with a disability specifically.

More details of these three broad categories of formal services, showing the roles undertaken by the non-government sector and the three levels of government, are included in Table A7.2.

Following discussion of recent developments in disability services, this section presents data about services in these broad categories and about informal care and assistance.

Recent developments

Since the Institute's last biennial report on Australia's welfare (AIHW 1997a) there have been a number of developments in the disability services field. These developments are taking place in the context of considerable population change—the increasing size of the potential target group, the ageing of the target group, and an increasing number of people with disabilities living in community settings. Commonwealth–State negotiations relating to disability support services are grappling with the issue of unmet demand. Income support services are being provided to growing numbers of recipients with a disability. The ageing of people with a disability is providing challenges for disability support services and for generic aged care services (see, for example, AIHW 1999a). Changes proposed in the broader policy arena, such as tax reform, also have the potential to change conditions for recipients of income support and for suppliers of disability services (see also Chapter 1, page 1).

New Commonwealth arrangements

The Department of Family and Community Services (FaCS) was created in late 1998, bringing together income support and a range of community services (including specialist disability employment services) into a single department.

The departments responsible for policy relating to and funding of income support and employment services now contract Centrelink, the 'one-stop' Commonwealth service-delivery agency. Centrelink assesses people with a disability for income support and allocates them to generic or specialist employment services, under guidelines and procedures set down by the policy departments. FaCS funds specialist employment services for people with disabilities. Since 1 May 1998 generic employment services have been provided by the new national Job Network, which replaced the previous national labour market assistance programs, principally the Commonwealth Employment Service. Having been selected after a nationwide competitive tendering process, Job Network services are funded by the Department of Employment, Workplace Relations and Small Business.

Changes to income support payments

In the last two years there have been no major changes to the policy framework and eligibility criteria for the Disability Support Pension (DSP) but there have been continued efforts to streamline and standardise the procedures. Impairment Tables, first introduced in 1991, were revised in April 1998 and are now being evaluated (DSS 1998:52). Work Ability Tables were introduced in May 1998 to assist in the assessment of 'continuing ability to work'. Although the tables are regarded as just one of a number of considerations when assessing eligibility for DSP, their use is mandatory in streaming clients into employment services—either generic or specialist.

The Carer Payment provides income support for people with full-time caring responsibilities (see later in this section). On 1 July 1998 people providing constant care and attention to children with profound disabilities aged less than 16 also became eligible for the Carer Payment.

The Carer Allowance, introduced on 1 July 1999, combines the former Child Disability Allowance (CDA) and the Domiciliary Nursing Care Benefit, both non-means tested income supplements for people with significant caring responsibilities (DSS 1998). The two components of the new Carer Allowance have been more closely aligned in the process. In the last two years there have been several developments in this regard.

- A major review of CDA customers, which began in February 1998, resulted in the 'saving' of some customers (with no further assessment required for five years) and the loss of eligibility for others.
- 14,000 new places were provided for the former Domiciliary Nursing Care Benefit component.
- The Child Disability Assessment Table (together with a list of recognised disabilities) was introduced on 1 July 1998.
- From 1 July 1999 eligibility for the new Carer Allowance is assessed using the Child Disability Assessment Table or the Adult Disability Assessment Table. (The latter is also used to assess Carer Payment eligibility where care is being provided to an adult.)

Changes to disability support services

A new Commonwealth/State Disability Agreement (CSDA) was finalised in May 1998. The Agreement

- outlines the respective and collective roles and responsibilities of the Commonwealth and the States and Territories in funding, policy setting, planning and management of specialist disability services;
- provides a 'national framework to underpin the provision of specialist disability services across Australia, and a means for measuring and publicising progress of Governments towards achieving this national framework';
- acknowledges the existence of unmet demand for specialist disability services and agrees to a Ministers' conference on the subject;

- specifies an approach to the allocation of new funding for population growth or unmet demand, based on population data adjusted for age, sex, the prevalence of profound and severe handicap, and 'Aboriginality';
- states that governments will participate in the collection of nationally consistent data on services and service users as the basis for agreed performance indicators;
- adopts the National Standards for Disability Services.

Under the Agreement the Commonwealth is responsible for specialist disability employment services. In recent years the focus has been on the introduction of an independent eligibility assessment and referral process for job seekers with disabilities, the development of quality assurance and case-based funding, contestability in the vocational rehabilitation market, and outcomes for job seekers (DHFS 1996b; FaCS 1999b).

The Commonwealth and the States and Territories share responsibility for advocacy and information services and for print disability services. The Commonwealth has recently completed a review of the National Disability Advocacy Program; among other things, it recommended the collection of nationally consistent advocacy data and the cooperative development of performance indicators (FaCS 1999a).

Under the CSDA the States and Territories are responsible for accommodation support services, respite, community access (for instance, day programs and post-school options) and other disability support services. State effort has also focused on improvements in service quality, in particular the move from congregate or institutional service models to community-based options (Disability Administrators 1999). People with high support needs are being accommodated in group homes or with a high level of support in their own homes (AIHW 1997b:vi). There is evidence that semi-independent accommodation support services are more cost effective than group homes: they can provide satisfactory services to clients with similar levels of support need, at lower cost (Stancliffe & Keane 1999).

In all jurisdictions efforts are being made to 'tailor' services to meet individual needs. Differing approaches have been developed, such as local area coordination and/or brokerage (as in Western Australia, South Australia and the Northern Territory), post-school option services (as in New South Wales, Queensland, Western Australia and Victoria), and the development of 'packages', including the possibility of individualised direct funding to enable clients to purchase services directly (as in Western Australia, Victoria and the Australian Capital Territory) (see for example, SCRCSSP 1999:809-10).

A number of States are addressing this need for a more flexible approach to service provision by attempting an all-round assessment of an individual's needs, rather than assessment only in terms of eligibility for one specific service. New South Wales, for example, has published a discussion paper on community care assessment, which proposes the use of a unified intake and assessment process for a range of aged care, community nursing and disability support services (NSW Ageing and Disability Department et al. 1998). The process would identify people with 'complex, multiple or high levels of need' who should then receive a 'comprehensive community care assessment' for a range of services.

Similar policies are being developed in other countries. In the United States, 'Human services organizations are being challenged to provide quality services within the context of two powerful, potentially conflicting forces: person-centred values and economic-based restructured services' (Schalock 1999:55).

A number of States have reported providing new funding to address unmet need for disability support services (see, for example, Queensland FYCC 1998). (See Table 7.9 for direct CSDA funding by governments in 1997-98 and Table 2.8 for growth in outlays on welfare services for people with a disability, including the CSDA, in real terms.) Disability Administrators (1999:3) report that additional funding has generally been directed at service quality and reform and 'has not been sufficient to address the unmet demand'.

In August 1999 the Commonwealth Government announced additional CSDA funding of \$150 million for unmet need over the two financial years 2000-2002. The funding is 'conditional upon the State and Territory governments making their own significant contributions to address unmet need' (Newman 1999).

National Disability Advisory Council

The National Disability Advisory Council, established on 3 December 1996, has 14 members—people with disabilities, families, carers and service providers. It provides a link between government and people with disabilities by facilitating consultation and advising government on a wide range of policies and programs. In the past two years it has provided advice on the CSDA, the National Advocacy Program Review, the evaluation of the Commonwealth Disability Strategy and the development of standards under the Commonwealth *Disability Discrimination Act 1992*.

Disability Discrimination Act

Progress in developing, consulting on and agreeing standards under the Disability Discrimination Act has been steady, although as yet no standards have been enacted. A number of areas warrant mention.

- *Public transport.* On 30 April 1999 the Australian Transport Council resolved to recommend that the draft disability standards for accessible public transport be adopted by the Commonwealth, subject to the exclusion of dedicated school buses, charter services, and ferries in open waters.
- *Access to premises.* The Attorney-General has announced that the Commonwealth will amend the Act to allow for a disability standard to be made.
- *Education.* A taskforce created by the Ministerial Council on Employment, Education and Training is expected to complete a draft standard for consultation in 1999.
- *Access to Commonwealth information.* A taskforce is working on this area. AusInfo has developed and the Government has endorsed guidelines relating to electronic publishing; they include guidance on the needs of people with disabilities.

National data development

Under the guidance of the broadly based Disability Data Reference and Advisory Group, the AIHW is working to develop agreed key disability data items for inclusion in the *National Community Services Data Dictionary*. When complete, this work will be a

milestone in efforts to improve national consistency in disability data and to ensure that the data correspond well to national and international frameworks. The Disability Data Reference and Advisory Group also advises the Institute in its work on developing and testing the new draft ICIDH-2.

The CSDA Minimum Data Set is being reviewed jointly by the Disability Services Subcommittee and the Institute. Information needs will be re-examined in the light of changing CSDA-funded service structures as well as new reporting requirements and technological advances.

- The nature of services has changed, and administrators are discussing the inadequacy of 'vertical' service categories and the need to deliver flexible services that accommodate individual needs and circumstances. The development of data items on people's 'support needs' is part of the review, reflecting the importance of data on support needs to service planning, costing and accountability.
- Reporting requirements have tended to become more sharply focused on service agreements and funding formulae. New forms of accountability, for both funded agencies and funding departments, have important implications for data collection.
- Technical capabilities and practices have changed greatly in the computing and disability service fields. Several jurisdictions have moved towards electronic data collection and full-year collection, with implications for national collation. At the same time, software permitting common electronic data capture on a longitudinal basis for CSDA-funded open employment services was de-commissioned on 30 June 1999.

During the 1998 CSDA Minimum Data Set collection some jurisdictions experimented with the use of a linkage key based on letters of a person's name, their sex, and their date of birth. They agreed to use the linkage key only for statistical purposes. The aim is to provide enough information to be able to statistically link, with reasonable confidence, people who have been counted twice on the snapshot day. Double-counting can then be allowed for and estimates of the number of people receiving a service (as opposed to the number of recipients of services) can be produced, at least for the snapshot day. The trial has been extended in 1999.

It is against this backdrop—of an array of services and associated data collections that are undergoing development, review and evolution—that the data in this section are presented.

Income support

Commonwealth programs

The Commonwealth Government is the main provider of income support services for people with a disability and their carers in Australia. The Departments of Family and Community Services, Health and Aged Care (DHAC), and Veterans' Affairs (DVA) provide these payments. FaCS provides income support services through its contract with Centrelink. Expenditure on disability-related payments made in 1997-98, through the then Department of Social Security, amounted to \$6.0 billion (DSS 1998:49).

The Disability Support Pension is the payment received by most income support recipients with a disability; 553,336 people received it in June 1998 (Table 7.6). Expenditure

Table 7.6: Commonwealth disability-related income support payments, by number of recipients at June 1998 and by expenditure on payments, 1997–98

Payment	Recipients at June 1998	Expenditure 1997–98 (\$m)	Department
Disability Support Pension	553,336	4,599.5	FaCS
Child Disability Allowance	90,830	248.4	FaCS
Mobility Allowance	28,975	41.9	FaCS
Sickness Allowance	16,285	92.7	FaCS
Wife Pension (DSP)	79,892	599.1	FaCS
Wife Pension (AP)	36,233	254.8	FaCS
Carer Payment (DSP)	18,556	258.5 ^(a)	FaCS
Carer Payment (AP, other)	15,423	n.a. ^(a)	FaCS
Domiciliary Nursing Care Benefit	45,675	72.0	DHAC
Disability Pension (veterans)	161,829	916.0	DVA
Service Pension	318,579	2,613.4	DVA

(a) Expenditure for Carer Payment (DSP) and Carer Payment (AP, other) is combined.

Notes

1. Expenditure does not include running costs and corporate overheads. It includes any additional allowances such as rent assistance. Rent assistance to DSP recipients totalled about \$191.3 million in 1997–98. There were 139,102 DSP recipients receiving rent assistance in June 1998.
2. Recipient data for FaCS payments are derived from a date in late June 1998 except Sickness Allowance recipient data, which are derived from another date during the April–June 1998 quarter. Hence data may be marginally different from totals presented in Table 7.7.
3. Wife Pension or Carer Payment recipients are wives or carers of people receiving either the Disability Support Pension, the Age Pension or any other form of payment and some people not receiving FaCS payments.
4. Child Disability Allowance recipients cared for 101,377 children. Sole-parent CDA recipients whose child with a disability is over 16 years are also eligible for Parenting Payment.
5. Domiciliary Nursing Care Benefit recipients cared for 46,125 people.
6. Disability Pension is a compensation payment for the tangible effects of war or defence service. It was received by 69,484 dependents of incapacitated veterans and 101,647 dependents of deceased veterans, in addition to the 161,829 veterans above.
7. Service Pension recipients comprised 179,673 veterans and 138,906 dependent spouses/widows(ers) and included 11,014 veterans who were permanently incapacitated and aged less than 65 years if male or 60 years if female. Service Pension recipients may also receive Disability Pension. There were 89,161 veterans and an estimated 60,496 dependents of veterans receiving both payments.

Sources: DHFS 1998; FaCS 1998a; DSS 1998; DVA 1998a, 1998b.

on the DSP was \$4.6 billion in 1997–98, an increase from \$4.0 billion in 1995–96; there were 499,235 recipients in June 1996 (AIHW 1997a:Table 9.10). A person must be aged at least 16 years and less than 65 years (if male) or 60.5 years (if female) to receive the DSP. They must be unable to work full time in open employment at the full award wage, or to be retrained for work within two years. They must have impairment assessed as above a specific level. Between December 1996 and June 1998, DSP recipient numbers increased by 39,913, including an increase of 17,194 in the number of women aged 50–64 years (AIHW 1997a:Table 9.11; see also Table 7.7). The proportion of DSP recipients who were male declined slightly, from 67.4% to 65.3%, in the same period.

A large number of veterans receive a Disability Pension through the Department of Veterans' Affairs. In March 1999 there were 52,848 such pensioners under the age of 65 (Table 7.7). Expenditure on this payment in 1997–98 was \$916 million (Table 7.6). Disability Pension is a compensation payment (not subject to taxation or the income and assets test) for loss resulting from incapacity caused by eligible war or defence

Table 7.7: Recipients of disability-related income support payments: sex and age group, June 1998 or March 1999

Payment	Age group (years)								All ages
	<16	16–19	20–29	30–39	40–49	50–59	60–64	65+	
Males									
Disability Support Pension	1	7,697	27,921	47,976	67,818	115,800	90,972	2,530	360,715
Child Disability Allowance	0	0	170	995	875	218	22	31	2,311
Mobility Allowance	0	812	4,118	4,379	3,524	2,088	537	497	15,955
Sickness Allowance	1	448	3,226	2,711	2,095	1,684	421	34	10,620
Carer Payment (DSP)	1	80	452	1,255	2,216	3,621	1,566	73	9,264
Carer Payment (AP, other)	0	32	214	880	1,532	1,739	1,282	182	5,861
Domiciliary Nursing Care Benefit	0	13	78	360	896	1,562	1,120	8,285	13,806
Disability Pension (veterans)	0	1	1,328	7,627	13,162	24,451	4,252	125,954	176,805
Service Pension (perm. incapacitated veterans)	0	0	9	14	1,739	8,604	0	0	10,366
<i>Total male recipients</i>	<i>3</i>	<i>9,083</i>	<i>37,516</i>	<i>66,197</i>	<i>93,857</i>	<i>159,767</i>	<i>100,172</i>	<i>137,586</i>	<i>605,703</i>
Females									
Disability Support Pension	0	5,440	19,984	28,501	45,941	80,951	9,980	184	190,981
Child Disability Allowance	2	118	12,328	48,540	25,464	2,858	225	167	89,702
Mobility Allowance	0	669	3,290	3,406	2,724	1,582	321	301	12,293
Sickness Allowance	0	284	1,527	960	1,240	838	40	0	4,889
Wife Pension (DSP)	0	0	1,264	8,167	21,374	44,042	5,342	134	80,323
Wife Pension (AP)	0	0	49	491	2,692	22,513	9,520	881	36,146
Carer Payment (DSP)	1	112	625	1,134	3,038	3,881	345	45	9,181
Carer Payment (AP, other)	2	96	471	1,104	2,927	4,133	554	177	9,464
Domiciliary Nursing Care Benefit	0	14	239	931	3,171	5,811	3,542	14,349	31,856
Disability Pension (veterans)	0	0	312	1,010	544	109	22	5,504	7,501
Service Pension (perm. incapacitated veterans)	0	0	0	1	13	26	0	0	40
<i>Total female recipients</i>	<i>5</i>	<i>6,733</i>	<i>40,089</i>	<i>94,245</i>	<i>109,128</i>	<i>166,744</i>	<i>29,891</i>	<i>21,742</i>	<i>472,376</i>
Total recipients	8	15,816	77,605	160,442	202,985	326,513	130,063	159,328	1,078,081

Notes

1. Data for all Centrelink payments are as at 5 June 1998; data for Domiciliary Nursing Care Benefit are as at 30 June 1998; and data for payments to veterans are as at 13 March 1999.
2. Child Disability Allowance recipients cared for 101,380 people. There were 99,137 children aged less than 16 years, 2,224 people aged 16–19 years and 19 people aged 20–29 years in care in June 1998.
3. Wife Pension recipients are wives of people receiving either Disability Support Pension or Age Pension.
4. Carer Payment recipients cared for people receiving Disability Support Pension, Age Pension (about 11,700 Carer Payment recipients) or other persons (about 3,700 Carer Payment recipients).
5. Domiciliary Nursing Care Benefit recipient data exclude 13 recipients for whom age and sex were not stated. There were 1,492 males and 3,799 females whose ages were not stated; they are included in the 'all ages' totals. DNCB recipients cared for 46,123 people. Of these, 6,260 were males aged less than 65 years and 5,587 were females aged less than 65 years.
6. Disability Pension (veterans) recipient data include 30 male recipients of unknown age in the 'All ages' total.
7. Service Pension recipients (permanently incapacitated veterans) over 65 years if male or 60 years if female are excluded. The overall total includes two 50–59 year olds of unknown sex.

Source: Centrelink, unpublished data; DHAC, unpublished data; DVA, unpublished data.

service. DVA also administers a Service Pension, which is similar to the DSP and the Age Pension but with earlier qualifying ages, as an income support payment to veterans and their dependants. The qualifying ages are waived for younger veterans who are permanently incapacitated for work; there were 10,408 such veterans in March 1999 (Table 7.7), most of whom were also receiving the Disability Pension.

The Mobility Allowance is a FaCS payment to people aged 16 or more who cannot use public transport without substantial assistance and who are working, training or looking for work. There were 28,975 recipients in June 1998 and expenditure was \$42 million in 1997–98 (Table 7.6).

A Sickness Allowance is paid to people of workforce age who must temporarily stop working in their job or studying full-time due to a medical condition. Between June 1996 and June 1998 recipient numbers and expenditure dropped markedly for this payment. The drop in numbers occurred to a greater extent for the 40–59 year age group (AIHW 1997a:Table 9.11; see also Table 7.7).

A number of payments are made to carers of people with a disability. The Child Disability Allowance is the most important for parents of children with a physical, intellectual or psychiatric disability, who need a lot more daily care and attention than a child of the same age who does not have a disability. There were 90,830 parents caring for 101,377 children in June 1998 and \$248 million in payments made in 1997–98 (Table 7.6).

The Domiciliary Nursing Care Benefit (DNCB) is a payment to carers living with a person who would be eligible for admission to a residential aged care facility. There were 11,847 people aged less than 65 in the care of DNCB recipients in June 1998 (Table 7.7:Note 5); 23,028 of the recipients were themselves aged less than 65 (Table 7.7).

The Wife Pension is paid to the wife of a recipient of DSP, Age Pension or Disability Wage Supplement who is not receiving a pension in her own right. There were 80,323 Wife Pension recipients caring for DSP recipients in June 1998; most of them were aged less than 65 years (Table 7.7). Since 1 July 1995 the Wife Pension has been unavailable to new applicants (other than people transferring from another payment). Between June 1996 and June 1998 the number of Wife Pension recipients dropped by 32,459 (with 27,911 of these caring for DSP recipients), while expenditure increased from \$800 million to \$854 million (DSS 1996a; DSS 1996b; Table 7.6).

The Carer Payment is made to people who receive no other income support payment and who provide full-time care for an extended period to a person with a physical, intellectual or psychiatric disability. The person cared for is usually a recipient of income support (such as the DSP, Age Pension or Service Pension) or meets an income and assets test. There were 18,556 recipients of the Carer Payment caring for DSP recipients in June 1998, many of whom were aged less than 65 years. Between June 1996 and June 1998 the number of Carer Payment recipients increased by 8,942 (with 5,073 of these being Carer Payment recipients caring for DSP recipients), while expenditure increased from \$182 million to \$259 million (DSS 1996a, 1996b; Table 7.6). Half of the increase in numbers for the Carer Payment was for women in the 40–59 year age group (AIHW 1997a:Table 9.11; see also Table 7.7).

The 'More Intensive and Flexible Services Pilot' during 1997–98 was designed to help DSP recipients with 'severe, unstable or multiple disabilities' participate in pre-

vocational training (DSS 1998:48). The pilot was evaluated after its first 12 months of operation; it was found to be meeting a previously unmet need for these groups and producing successful outcomes. It has been extended and a second evaluation is due for completion in late 1999. By October 1998, 1,144 recipients had been accepted for the pilot; 230 of them had successfully completed their programs and, of these, 63% went on to obtain work or to use another service (FaCS, unpublished data).

The Contingence Aids Assistance Scheme, which began in January 1993, makes provision for people who are employed, doing job training or looking for work to be supplied with continence aids (up to a pre-determined credit limit) to defray the costs of their disability.

Recent trends in Commonwealth income support

There has been a marked increase in the total number of recipients of disability-related income support payments during the 1990s, from about three-quarters of a million to over one million (Table 7.8).

The number of recipients of most payments increased between 1990 (or 1992 for the DSP) and 1998, although the magnitude of the increase varied with the type of payment. The number of DSP recipients increased steadily: as the most important disability-related income support payment, the DSP contributed nearly 175,000 people to the total recipient increase. CDA recipient numbers rose steadily, and rapidly, until 1997 but dropped slightly in 1998 (see page 226). Mobility Allowance recipient numbers rose only slightly from 1990 to 1992 and then more steeply to 1998. Recipient numbers for both the CDA and the Mobility Allowance more than doubled between 1990 and 1998. For the Carer Payment, the numbers more than trebled both for those Carer Payment recipients caring for DSP recipients and for those Carer Payment recipients caring for Age Pension or other recipients. The number of DNCB recipients rose steadily over the whole period. The number of Service Pension veterans who are permanently incapacitated dropped in 1991 and 1992 but rose from then until 1998.

There are three exceptions to this pattern of increase for payments. Disability Pension (veteran) recipient numbers remained fairly static. The number of Sickness Allowance recipients rose slightly from 1992 to 1995, then dropped markedly in 1996 and 1997. The number of Wife Pension recipients whose partner received the DSP rose from 1990 to 1995 but dropped very quickly after that (when new grants ceased).

The increase in the number of people receiving the DSP was 5–7% per year for the period. This may be attributable to the following factors:

- an increase in the real numbers of people newly with a disability each year;
- the size of the population born just after World War II—the first of the ‘baby boomers’ are starting to reach 50 years. Many new DSP recipients are aged over 50 years (with about 38% of these not previously receiving an income support payment);
- the small numbers of people who discontinue receiving the DSP—about 5% per year, over half of whom transfer to the Age Pension;

- loss of access to other forms of income support—for example, through the Widow B Pension and other payments to women that are based on the income support status of their partner;
- a broadened eligibility base for the DSP, which includes people who can do some part-time work but cannot work full-time;
- levels of unemployment (Jackson 1998; DSS 1997; Walsh 1997).

Table 7.8: Recipients of disability-related income support payments, June 1990–98

Payment	1990	1991	1992	1993	1994	1995	1996	1997	1998
Disability Support Pension	..	..	378,558	406,572	436,234	464,430	499,235	527,514	553,336
Invalid Pension	306,713	334,234	..	..	..	..	..	..	..
Sheltered Employment Allowance	10,124	10,148	..	..	..	..	..	..	..
Rehabilitation Allowance	2,211	3,574	1,939	579	153	34	17	..	..
Child Disability Allowance	37,746	42,405	50,797	61,174	69,693	78,898	90,644	95,520	90,830
Mobility Allowance	13,207	13,444	13,911	16,160	20,795	22,851	24,985	26,595	28,975
Sickness Allowance	..	..	44,172	46,579	47,132	47,311	33,215	15,759	16,285
Sickness Benefit	79,195	71,399	..	..	..	..	..	..	..
Wife Pension (DSP)	91,068	94,006	101,731	108,327	116,036	121,839	107,803	91,307	79,892
Wife Pension (AP)	23,766	26,537	30,902	33,520	36,539	39,611	41,125	36,577	36,233
Carer Payment (DSP)	4,771	5,478	6,790	8,056	9,450	10,633	13,483	15,735	18,556
Carer Payment (AP, other)	4,025	4,673	5,841	6,989	8,249	9,465	11,554	13,823	15,423
Domiciliary Nursing Care Benefit	30,711	31,159	32,903	35,025	37,169	38,408	42,047	44,103	45,675
Disability Pension (veterans)	161,546	159,579	157,790	156,923	156,286	157,298	159,079	160,145	161,829
Service Pension (perm. incapacitated veterans)	7,411	4,979	4,846	5,165	5,825	6,581	7,655	9,489	11,014
Total recipients	772,494	801,615	830,180	885,069	943,561	997,359	1,030,842	1,036,567	1,058,048

Notes

1. The Disability Support Pension replaced the Invalid Pension, the Sheltered Employment Allowance (SEA) and the Rehabilitation Allowance from November 1991 as part of the Disability Reform Package. An estimated 9,800 SEA recipients transferred to the DSP. Similarly, the Sickness Allowance replaced the Sickness Benefit, resulting in an estimated 20,000 recipients transferring to the DSP. Rehabilitation Allowance recipients at November 1991 continued receiving payments until completing their programs. There have been changes to the criteria used for some payments during the period.
2. Child Disability Allowance recipients cared for 101,377 children in 1998; they cared for 40,222 children in 1990.
3. Wife Pension or Carer Payment recipients are wives or carers of people receiving either the DSP, the Age Pension (AP) or any other form of payment and some people not receiving FaCS payments.
4. DNCB recipient data for 1990 to 1993 are estimated using the numbers of people being cared for from 1990 to 1993, and the average ratio of recipients to people being cared for from 1994 to 1998.
5. Service Pension recipients who are permanently incapacitated veterans and over 65 years if male or 60 years if female are excluded.

Source: FaCS 1998a; DCSH 1990; DHCSS 1991, 1992; DHHLGCS 1993; DSHS 1994, 1995; DHFS 1996a, 1997a, 1998; DVA 1998a; DSS 1997.

Other income support

Significant income replacement programs are provided by State and Territory compensation schemes for work- and some transport-related injuries. These schemes depend on insurance contributions from employers and vehicle users, usually provide payments related to previous earnings, and generally emphasise prevention and rehabilitation.

Some concessions are available to people with a disability if they are eligible for a specific identification card. The Pensioner Concession Card, the Health Care Card (both issued by FaCS) and the Gold Repatriation Health Card (issued by DVA) are the most relevant. They entitle holders to concessions for specific Commonwealth, State and Territory and local government services and some private sector services.

The areas covered by concessions are at the discretion of each jurisdiction. There are 'core concession areas' agreed by all the jurisdictions: energy consumption, water and sewerage, municipal rates and transport (including public transport, motor vehicle registration and licence fees).

The State and Territory governments offer concessions for these core areas and for other areas; for example, ambulance services, travel for isolated patients, glasses, dental care and taxi subsidies. They offer concessions in different areas for each of the three cards, at differing rates of rebate or with differing methods of payment (HRSCFCA 1997).

Similarly, the Commonwealth offers differing concessions for the three cards. The Gold Repatriation Health Card entitles some veterans, including disabled veterans, and their dependants to free treatment for all health conditions. The Pensioner Concession Card entitles recipients of the DSP, Wife Pension, Carer Pension, Veterans' Service Pension and Veterans' Disability Pension to Pharmaceutical Benefits Scheme pharmaceuticals at a small cost per prescription, a telephone allowance, free hearing aids, and other benefits. The Health Care Card entitles recipients of the CDA, Mobility Allowance and Sickness Allowance to Pharmaceutical Benefits Scheme pharmaceuticals at a small cost per prescription; Sickness Allowance recipients are also offered free hearing aids.

The value of concessions to people with a disability is unknown. The Department of Social Security estimated that the global cost of concessions to all Australians amounted to about \$5.1 billion annually (HRSCFCA 1997).

Disability support services

CSDA-funded disability support services

The Commonwealth/State Disability Agreement sets out Australian governments' responsibilities for the provision, planning and funding of disability support services. The services are generally directed at people aged less than 65 years although the CSDA places no age-based restrictions on access to them. The Commonwealth provides or funds employment services. The States and Territories provide or fund accommodation and other support services. Advocacy services and research and information sharing are accepted as joint responsibilities.

Information about disability support services provided or funded under the CSDA is collected in the framework of the CSDA Minimum Data Set, jointly developed and maintained by the AIHW and the Disability Services Subcommittee. The 1997 data

collection was the first complete national collection and data for 1998 are presented here. Consumers and service providers supply data on a snapshot day to funding departments in each jurisdiction, and the Institute collates these data nationally. Because the snapshot day collection method is used, caution is needed when interpreting data: some double-counting of people is likely to occur if they were counted as receiving two services (from, say, an accommodation service and an employment service) on the snapshot day. Thus a 'recipient' cannot be assumed to mean one person.

Service types, funding and service numbers

Australian governments' total expenditure on disability support services under the CSDA in 1997-98 amounted to \$1,868 million (Table 7.9). More than half of this was

Table 7.9: CSDA funding of services by Australian governments, by service type (with administration expenditure), 1997-98

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	C'with	Aust.
\$ million										
Accommodation support	327.16	277.40	112.97	106.11	88.00	35.73	13.52	7.98	..	968.85
Community support	57.38	50.90	18.64	5.40	29.05	4.14	4.15	2.44	11.67	183.77
Community access	45.09	91.58	15.29	12.37	4.99	6.88	0.98	1.34	0.38	178.91
Respite	26.39	20.00	15.48	17.18	5.72	3.69	1.80	0.87	..	91.14
Employment	..	..	..	..	..	..	..	..	201.77	201.77
Other support	17.25	18.38	3.97	21.81	9.40	0.72	0.06	0.05	14.28	85.92
<i>Subtotal</i>	<i>473.26</i>	<i>458.27</i>	<i>166.34</i>	<i>162.87</i>	<i>137.16</i>	<i>51.16</i>	<i>20.51</i>	<i>12.68</i>	<i>228.10</i>	<i>1,710.35</i>
Administration	35.27	48.73	28.79	10.79	4.38	8.07	1.61	0.71	18.81	157.15
Total—published	473.26	506.99	195.14	164.28	143.59	59.24	15.92	13.38	246.90	1,818.70
Total—sum of components	508.54	506.99	195.14	173.65	141.54	59.24	22.12	13.38	246.90	1,867.50
Percentage										
Accommodation support	64.3	54.7	57.9	61.1	62.2	60.3	61.1	59.6	..	51.9
Community support	11.3	10.0	9.6	3.1	20.5	7.0	18.7	18.2	4.7	9.8
Community access	8.9	18.1	7.8	7.1	3.5	11.6	4.4	10.0	0.2	9.6
Respite	5.2	3.9	7.9	9.9	4.0	6.2	8.2	6.5	..	4.9
Employment	..	..	..	..	..	..	..	..	81.7	10.8
Other support	3.4	3.6	2.0	12.6	6.6	1.2	0.3	0.4	5.8	4.6
<i>Subtotal</i>	<i>93.1</i>	<i>90.4</i>	<i>85.2</i>	<i>93.8</i>	<i>96.9</i>	<i>86.4</i>	<i>92.7</i>	<i>94.7</i>	<i>92.4</i>	<i>91.6</i>
Administration	6.9	9.6	14.8	6.2	3.1	13.6	7.3	5.3	7.6	8.4
Total—sum of components	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. Figures for the Northern Territory include a quarterly payment to CSDA-funded organisations (providing other than accommodation support services) for 1998-99 but paid in 1997-98. Hence these organisations received five quarterly payments in 1997-98.
2. The published totals for NSW, WA, SA and the ACT from the source table are not the sum of the components provided in the source table. The resulting differences for these jurisdictions, when combined, result in a possible increase in the Australian total by \$48.4 million. Some of this difference could be accounted for by the exclusion of administration from the published totals. This is apparently the case for NSW.
3. Figures for 1996-97 published in AIHW (1997a) should not be compared with figures in this table. The 1996-97 data were incomplete and were derived in a different way.

Source: SCRCSSP 1999:Table 11A.9.

spent funding accommodation support services (\$969 million) and about one-tenth was spent funding each of employment support (\$202 million), community support (\$184 million) and community access (\$179 million) services. Expenditure on administration (\$157 million), respite services (\$91 million) and other support services (\$86 million) made up the balance.

Jurisdictions varied in the proportions of their expenditure on each service type (Table 7.9). New South Wales spent the highest proportion on accommodation support services and Victoria the lowest. South Australia spent the highest proportion on community support services and Western Australia the lowest. Victoria spent the highest proportion on community access services and South Australia the lowest.

Expenditure on employment support services constituted a large proportion of the Commonwealth contribution (\$247 million) to disability support services under the CSDA, although the Commonwealth also provided \$317 million in transfer payments to the States and Territories. Thus it contributed almost 30% of total CSDA funding in 1997–98 (SCRCSSP 1999).

The number of services reported in the 1998 CSDA MDS collection was 6,174 (Table A7.3). As in previous years, non-government organisations were the most common service providers (4,557) and accommodation support services were the most common service provided by both sectors (1,552 for the non-government sector and 973 for the government sector). There were 856 employment support services reported for the non-government sector—299 open employment services and 523 supported (formerly sheltered) employment services.

Recipients of services

The numbers of recipients recorded by CSDA-funded services on the snapshot day for the 1998 CSDA MDS collection are shown in Table 7.10. Two other sets of recipient numbers, as estimated by service providers, are also shown: recipients on a typical operating day in 1997–98 and recipients over the 1997–98 financial year.

Table 7.10: Recipients of CSDA-funded services, by service type, provider sector and period, 1998

Service type	Government provided			Non-government provided		
	Snapshot day	Estimate for a typical day	Estimate for 1997–98	Snapshot day	Estimate for a typical day	Estimate for 1997–98
Accommodation support	8,407	8,553	10,338	11,575	12,013	32,297
Community support	4,466	5,511	103,092	7,262	9,405	116,561
Community access	1,529	1,851	3,099	11,778	13,233	52,387
Respite	494	557	8,579	1,640	2,119	21,954
Employment	249	252	578	17,938	19,455	44,536

Notes

1. An individual may be counted more than once if they used more than one service type on the snapshot day.
2. Estimates for a typical day and for the full 1997–98 year were provided by service providers.
3. Data for recipients of CSDA-funded services with the following service types were not collected: advocacy; information/referral; combined advocacy/information; print disability/alt. formats of communication; service evaluation/training; peak bodies; research/development; and other.
4. Snapshot day data may not agree with data in Tables 7.11, A7.4 and A7.5, mainly because for some service recipients no detailed service recipient data were completed.

Source: AIHW 1999b: Table 1.1.

For all service types and all counting periods there were more recipients in the non-government sector than in the government sector. Almost all recipients of employment services received those services from non-government organisations.

The estimates for a typical day are higher for all the service types than the data for the snapshot day. This is more pronounced for community support and respite services than for accommodation support, employment and community access. Community support and respite services also show a much higher number of recipients over the year than on the typical day or the snapshot day. These service types may have a higher 'turnover' of consumers or may not provide services on a daily basis. Non-government accommodation support services appeared to have a higher 'turnover' than government accommodation support services.

On the snapshot day there were 21,124 recipients of accommodation support services, accounting for 31% of all service recipients on that day (Table A7.4); over half of CSDA funds are spent on this service type (Table 7.9). Group homes were the most commonly used type of accommodation support service (8,467, or 40%).

There were 18,146 recipients of employment support services on the snapshot day; of these, 12,883 (71%) were receiving supported employment services. Recipients of community access services totalled 13,663; of these, 7,519 (55%) were using post-school options or social and community support or access services—a large number of them were in Victoria. Recipients of community support services numbered 13,668, although people using advocacy and information services were not counted in the collection. Nearly half of the 2,564 recipients of respite services used centre-based respite services.

Of the 69,198 service recipients recorded for the snapshot day in 1998, the highest recipient numbers were in Victoria—23,283 recipients (Table A7.4).

Fifty-eight per cent of recipients of CSDA-funded services were male (Table A7.5). The shape of the age group distribution (Figure 7.2) was similar for both sexes, but there were greater numbers of males for all under-65 age groups. The disparity was proportionally greatest for the 5–9 year age group and in general diminished as age increased.

Over half of all service recipients were aged 15–39 years. Age distribution can vary with service type: nearly two-thirds of recipients of supported employment services—that is, 10,172 such recipients—were aged 15–39 in 1997 (FaCS 1998b).

There were 1,860 Indigenous Australians who received CSDA-funded services on the 1998 snapshot day (AIHW 1999b:Table 3.7). The number of people for whom Indigenous origin was not known (2,744, or 4%) dropped in 1998 compared with data from the 1996 and 1997 collections. In the case of New South Wales, Queensland and the Commonwealth, improved methods of recording information about Indigenous origin improved the quality of the national collections in 1997 and 1998 (Black et al. 1998; Black & Maples 1998; AIHW 1999b).

The Disability Support Pension is the main income source for most recipients of CSDA-funded services; of recipients aged 16 or more, 50,094 (83%) were receiving the DSP in 1998 (AIHW 1999b:Table 3.11). There were also 8,253 child recipients of CSDA-funded services; at least 5,861 of their parents were receiving some income from the Child Disability Allowance (AIHW 1999b:Table 3.12).

Sixty-four per cent of recipients of CSDA-funded services in 1998 had an intellectual disability as their primary disability. Next most common were physical disability (12%) and psychiatric disability (7%) (Table 7.11). Overall, 48% of recipients reported multiple

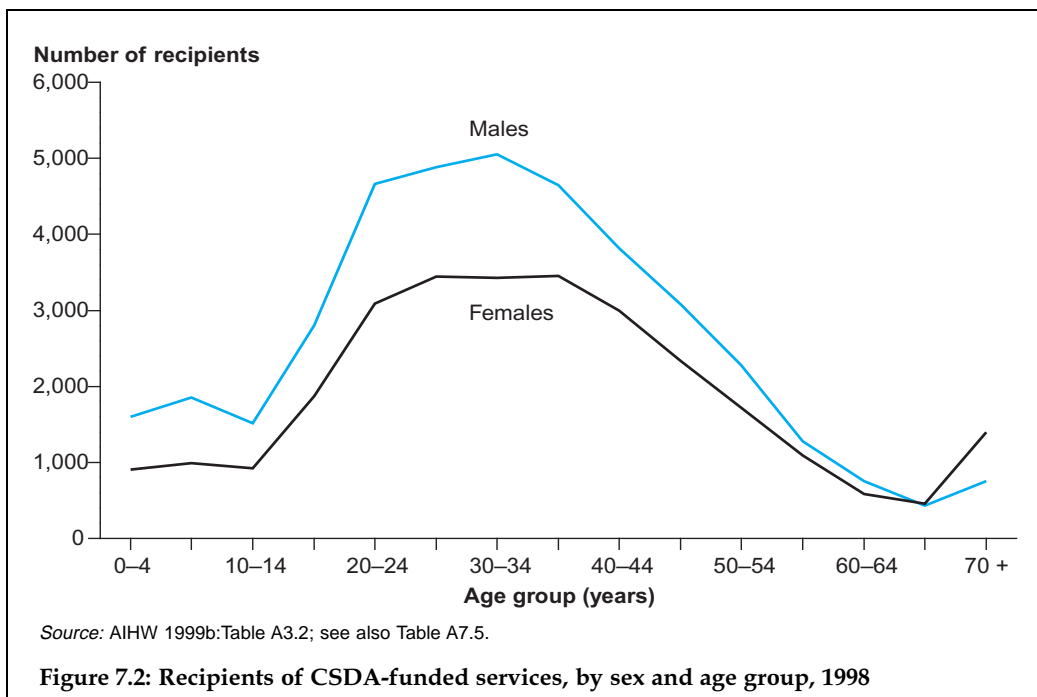


Table 7.11: Recipients of CSDA-funded services, by primary disability type and the presence of other significant disability types, 1998

Primary disability type	With other significant disability types		Without other significant disability types		Other significant disability types not known or not stated		Total		Primary (% of all recipients)
	No.	%	No.	%	No.	%	No.	%	
Developmental delay	695	53.5	491	37.8	113	8.7	1,299	100.0	1.9
Intellectual/learning	22,139	49.7	18,967	42.6	3,406	7.7	44,512	100.0	64.3
Specific learning/ADD	182	31.0	326	55.5	79	13.5	587	100.0	0.9
Autism	1,118	61.8	559	30.9	132	7.3	1,809	100.0	2.6
Physical	4,484	53.7	3,343	40.0	524	6.3	8,351	100.0	12.1
Acquired brain injury	1,349	61.2	760	34.5	94	4.3	2,203	100.0	3.2
Deafblind	111	62.7	55	31.1	11	6.2	177	100.0	0.3
Vision	720	35.5	1,027	50.6	283	13.9	2,030	100.0	2.9
Hearing	326	44.0	390	52.6	25	3.4	741	100.0	1.1
Speech	128	36.7	192	55.0	29	8.3	349	100.0	0.5
Psychiatric	1,042	20.5	3,710	72.9	337	6.6	5,089	100.0	7.4
Neurological	860	53.9	386	24.2	350	21.9	1,596	100.0	2.3
Not stated	84	18.5	43	9.5	328	72.1	455	100.0	0.7
Total	33,238	48.0	30,249	43.7	5,711	8.3	69,198	100.0	100.0

Notes

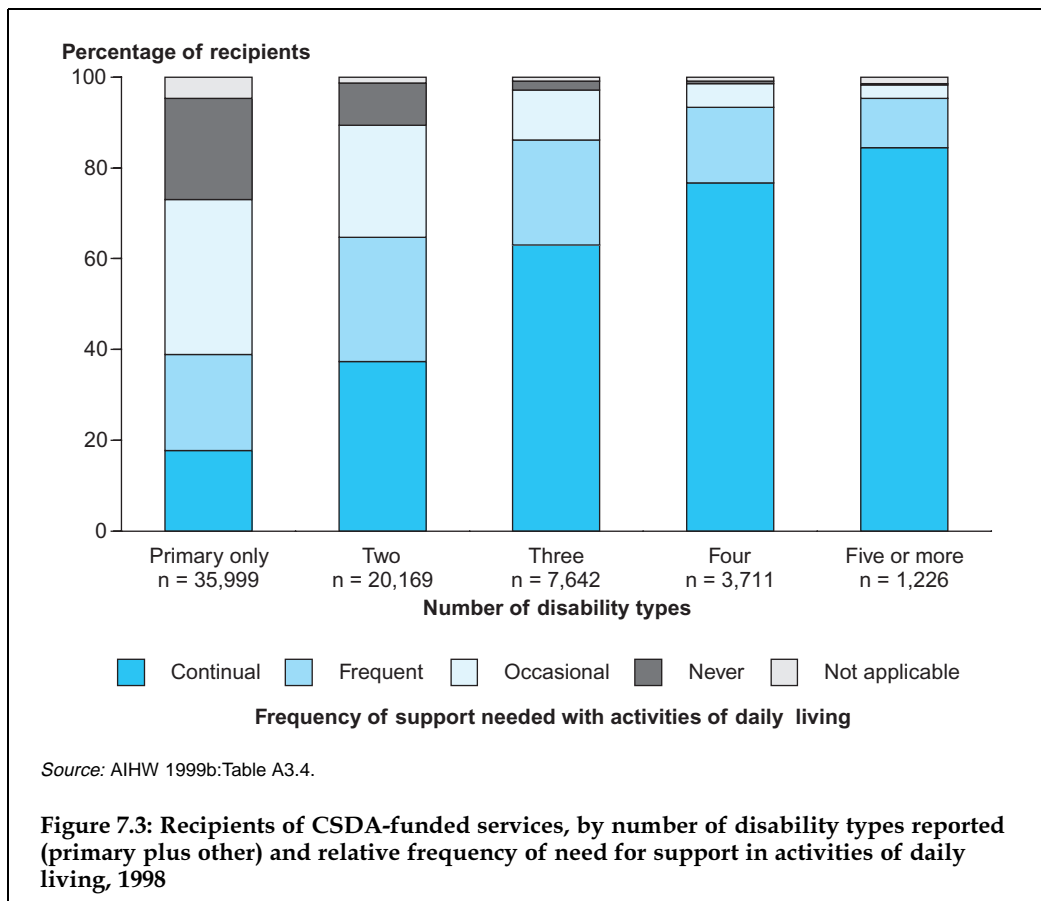
1. An individual may be counted more than once if they used more than one service type on the snapshot day.
2. Data for recipients of CSDA-funded services with the following service types were not collected: advocacy; information/referral; combined advocacy/information; print disability/alt. formats of communication; service evaluation/training; peak bodies; research/development; and other.

Source: AIHW 1999b:Tables 3.3, 3.4.

disability in 1998, although the extent of multiple disability varied depending on the primary disability. More than 60% of recipients whose primary disability type was reported as deafblind, autism or acquired brain injury reported at least one other significant disability. Of recipients with a primary psychiatric disability, only 21% had at least one other significant disability.

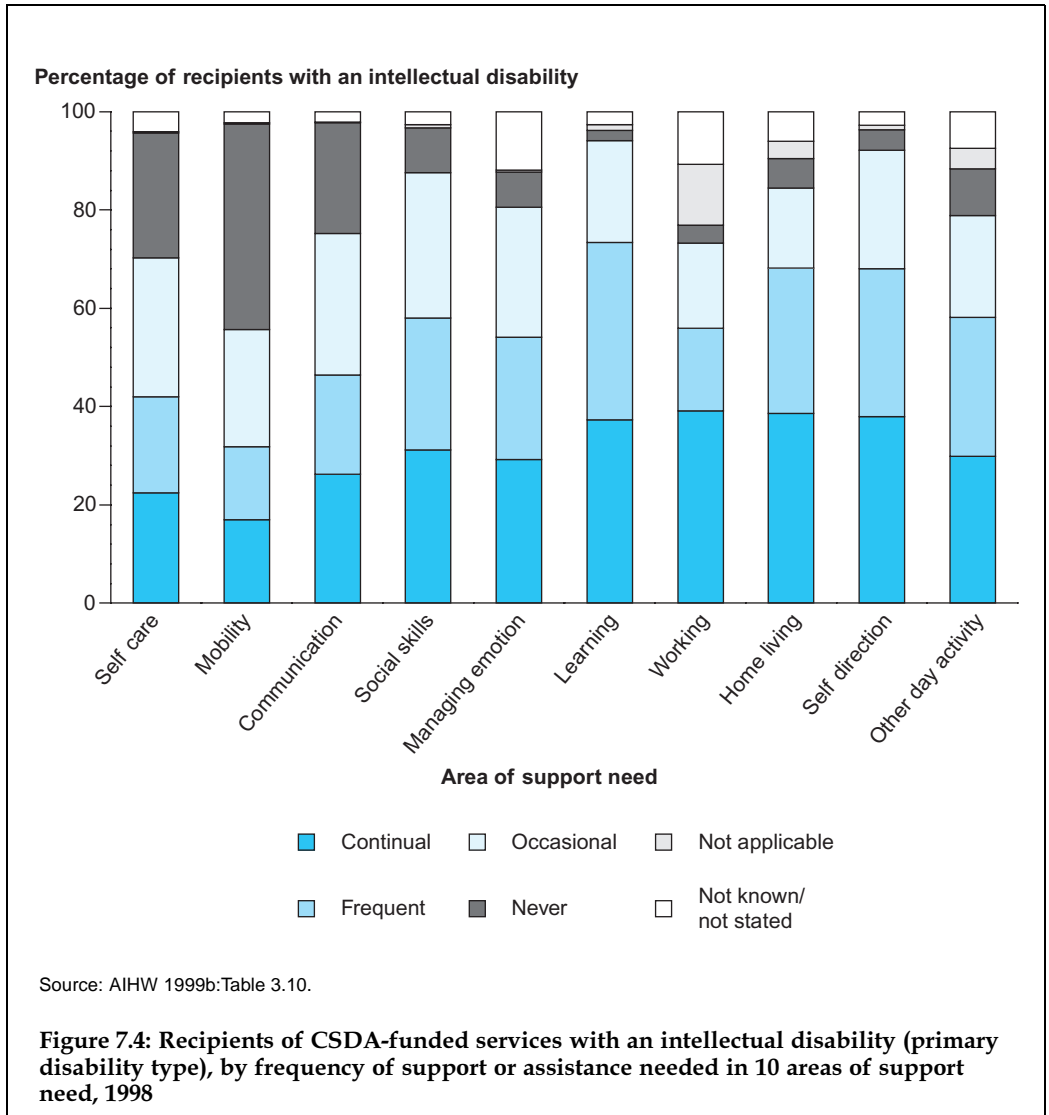
Multiple disabilities strongly influence people’s support needs for ‘activities of daily living’ –self care, mobility and communication. Nearly three-quarters (73%) of recipients of CSDA-funded services with only one disability needed continual, frequent or occasional help with the activities of daily living (Figure 7.3); the percentage increases as more disabilities are present for the person. Overall, 83% of recipients of CSDA-funded services in 1998 needed continual, frequent or occasional help with activities of daily living.

Disability support services provide assistance to people with support needs in areas other than activities of daily living. Data on needs in other areas—home living, social skills, self direction, managing emotions, learning, working, and other day activity—show variation in the reported need for assistance. In almost all the support areas between 20% and 40% of recipients were reported as needing continual support (AIHW 1999b:Table 3.10). A lower percentage of need for continual support was reported for



the area of mobility (19%); in this area 40% of recipients never needed support or assistance. For the working support area, the response 'not applicable' was given for a large number of service recipients (19%), many of whom would have been children. Only about 15% or fewer recipients never needed support for seven areas of support need; that is, all of the areas reported here except the activities of daily living.

Figure 7.4 shows these data specifically for service recipients with an intellectual disability as their primary disability type. For the working support area, a need for continual support was reported for 39% of such recipients. In the three activities of daily living over 55% of recipients needed some support, and for each of the other seven areas of support 10% or less of recipients never needed support.



More than half of service recipients with psychiatric disability as their primary disability type reported never needing assistance in the activities of daily living (AIHW 1999b:Table 3.10). The need for continual support was reported to be 10% or less for all support areas except working (21%). The need for some support (that is, for occasional, frequent and continual together) varied between areas, being highest for the self direction support area (81%).

Accommodation support services

The overall percentage of recipients of CSDA-funded accommodation support services, receiving those services in the form of community-based or 'in-home' support was 66% in 1998; this percentage varied across the States and Territories (Table 7.12). All recipients of accommodation support services in the Australian Capital Territory and the Northern Territory received community-based or 'in-home' support, whereas in South Australia only 45% did so. In 1995 the overall percentage of recipients of CSDA-funded accommodation support services receiving those services in the form of community-based or 'in-home' support was 60%.

Table 7.12: Recipients of CSDA-funded community-based or 'in-home' accommodation support services, by State and Territory, 1995-1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
	Percentage of all recipients of accommodation support								
1995	51.30	64.17	79.72	59.84	42.65	54.35	92.03	100.00	60.37
1996	53.96	66.40	77.08	65.95	46.51	54.35	n.a.	100.00	61.88
1997	53.94	70.27	79.55	58.19	46.60	56.07	100.00	100.00	62.93
1998	53.78	75.70	83.81	66.90	45.08	66.28	100.00	100.00	65.90

Notes

1. Data for recipients of CSDA-funded accommodation support services exclude services identified by jurisdictions as being psychiatric services. An individual may be counted more than once if they used more than one service type on the snapshot day.
2. Community-based or 'in-home' accommodation support services are group homes, attendant care, outreach/other 'in-home'/drop-in support, alternative family placement, and other accommodation.

Source: AIHW 1999b:Table 5.11; Black & Maples 1998:Table 5.11; Black et al. 1998:Table 5.11; AIHW 1997c:21.

Employment services

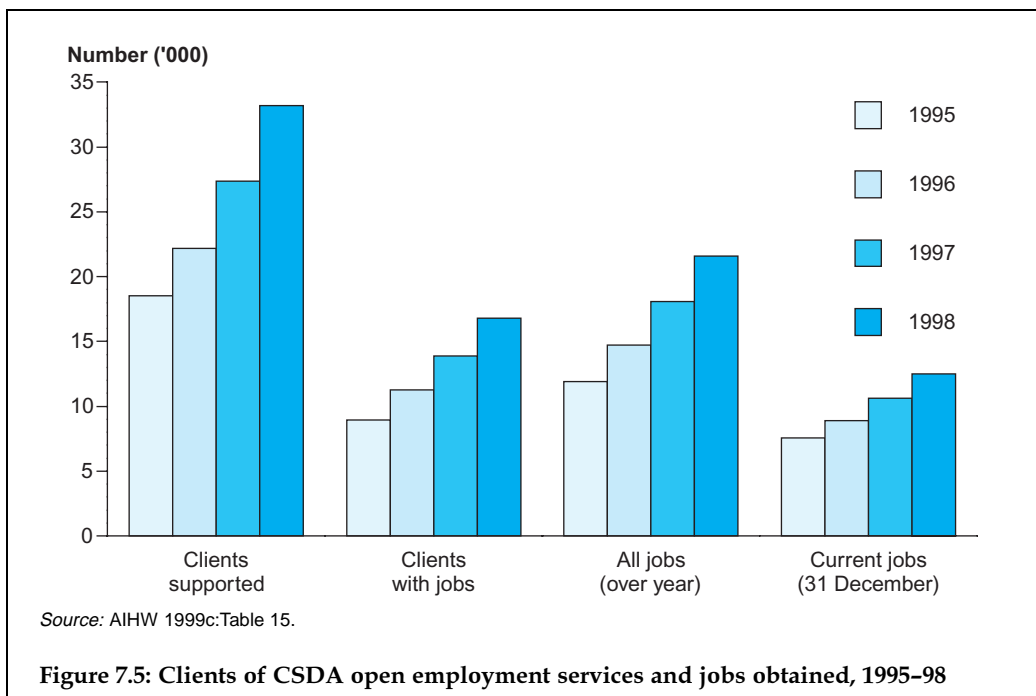
From January 1995 to June 1999 data were collated from open employment service providers on client and job characteristics, clients' job experiences and the patterns of support these services provide. Over the four years from 1995 to 1998 there was an increase in both client numbers and job placements (Figure 7.5). In 1998, 51% of clients had a job during the year.

Client numbers for supported employment services are not ascertained on this basis but appear to have shown little increase. On the snapshot day in 1998 there were 13,550 service recipients (Table A7.4: 'supported employment' and 'open and supported combined')—a similar order of magnitude to the figures for previous years (DHFS 1997b; FaCS 1998b).

Other disability support services

Accommodation and support services: aged residential and home-based care

People who have a disability and are aged less than 65 years can have their accommodation and other support needs met through services within the aged care sector.



In June 1997 there were 5,768 people aged less than 65 years in aged care residential facilities (Table 7.13). This is a number similar to that for CSDA-funded institutions or large residential accommodation (5,965) and hostels (1,210) (Table A7.4). New South Wales had the highest number of people aged less than 65 years in aged care residential facilities (2,136, or 37% of the total).

The Home and Community Care (HACC) Program also provides services for younger people with a disability. Among the services are home help, home nursing, paramedical services, home respite, centre day care, meal provision, home maintenance, and transport. Data on recipients aged less than 65 years are available for all jurisdictions; the percentage of HACC clients who are in this age group varies from 18% in Queensland to 38% in the Northern Territory (Table 7.14). Nationally, the figure is estimated to be about 19% (Table 6.18).

Table 7.13: People aged less than 65 years living in aged care residential facilities, by sex and State and Territory, 30 June 1997 and 1996-97

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
30 June 1997									
Nursing homes	1,539	794	643	309	213	111	41	42	3,692
Hostels	597	580	468	225	105	46	19	36	2,076
1996-97									
Nursing homes	2,205	1,112	856	458	401	163	60	67	5,322
Hostels	1,043	968	800	378	199	84	42	80	3,594

Notes

1. 'State and Territory' refers to the location of the nursing home or hostel.
2. The 1996-97 figures include all residents who were admitted to a nursing home or hostel either before or during the financial year. Each resident is counted once, regardless of the number of admissions they had during the period.

Sources: AIHW 1998a:Tables 2.1, 2.4; AIHW 1998b:Tables 2.1, 2.4.

Table 7.14: Home and Community Care Program clients aged less than 65 years, by State and Territory, 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Females	1,444	1,155	883	3,722	603	461	165	225
Males	1,167	769	696	2,507	461	288	111	214
Clients	2,621	1,941	1,593	6,254	1,072	751	280	454
Percentage of all HACC clients of the same sex								
Females	15.4	17.0	15.4	16.4	17.7	17.9	28.8	35.7
Males	25.0	25.3	24.1	24.3	25.9	27.2	36.8	48.1
Clients	18.6	19.5	18.3	18.8	20.6	20.6	31.5	38.3

Note: Data for most jurisdictions are from sample surveys undertaken over a four-week period. Western Australia undertook a census for the four-week period. The Victorian survey was in August 1996, the Northern Territory survey in November 1997, Western Australia in March 1998, South Australia and Tasmania in April 1998, New South Wales in May 1998, and the Australian Capital Territory in July 1998.

Source: HACC User Characteristics Survey, unpublished data.

Rehabilitation and hearing services

The Commonwealth Rehabilitation Service (CRS) provides rehabilitation services, including vocational and independent living programs, to people with disabilities who are aged 14–65 years, to help them overcome workforce-related barriers and to live independently.

Australian Hearing is the sole government-funded provider of hearing services to children, people with complex needs and people in remote locations, including Indigenous Australians. A new competitive system now operates whereby Pensioner Concession Card holders (and people on the Sickness Allowance and holding a Health Care Card) can obtain vouchers from the Office of Hearing Services in FaCS and then approach any hearing service provider, private or public. In 1997–98 Australian Hearing provided services to 114,800 pensioners and veterans, 43,700 children, and 8,300 COMCARE and CRS clients and Defence and Aviation personnel. About 9% of adult clients are people with profound hearing loss and/or severe communication problems compounded by other disabilities. Client numbers increased by about 9% between 1995–96 and 1997–98 (Australian Hearing Services 1998).

Equipment services

The use of aids and equipment is important if people with a disability are to participate in the community and be employed. State and Territory governments deliver assistance through differing program and administrative arrangements. Aids may be bought, hired or loaned, and subsidies may be available for some types of aids. The Commonwealth offers capped financial assistance to employers who have provided special or adaptive equipment or modified their workplace in order to employ workers assisted by a disability employment service.

In 1998 there were 936,600 people with a disability aged 5–64 years using aids and equipment; this represents 40% of people with a disability in that age group (Table 7.15). Medical aids for managing health conditions were used by 641,100 (27%) of people with a disability aged 5–64 years. Aids and equipment relating to activities of daily living—communication (12%), mobility (6%) and self care (6%)—were also commonly used. Use of aids and equipment was proportionally higher among those with a profound core activity restriction—119,400 people aged 5–64, or 59%.

Table 7.15: People aged 5–64 years with a disability, by use of aids or equipment and home modifications made, by disability status, 1998

	Core activity restriction								Total with disability	
	Profound		Severe		Moderate		Mild			
	'000	%	'000	%	'000	%	'000	%	'000	%
Aid(s)/equipment used										
Self care	55.5	27.3	45.2	10.7	23.7	5.5	6.5	1.0	130.9	5.6
Mobility	53.9	26.5	59.5	14.1	21.6	5.0	12.0	1.9	147.0	6.3
Communication	44.3	21.8	80.9	19.1	48.1	11.2	97.7	15.5	278.5	11.9
Meal preparation	12.6	6.2	15.7	3.7	4.8	1.1	4.6	0.7	40.7	1.7
Medical	68.6	33.7	160.5	37.9	151.0	35.1	150.3	23.8	641.1	27.4
All using aids/equipment	119.4	58.6	237.4	56.1	205.4	47.7	249.1	39.4	936.6	40.1
Not using aids/equip.	84.2	41.4	185.6	43.9	224.8	52.3	383.1	60.6	1,400.6	59.9
Home modifications made										
All who have modifications	46.1	22.6	43.9	10.4	24.8	5.8	23.6	3.7	147.0	6.3
No home modifications	139.2	68.3	368.3	87.1	393.5	91.5	602.8	95.3	2,132.7	91.2
Non-private dwellings	18.4	9.0	10.9	2.6	11.9	2.8	5.8	0.9	57.6	2.5
Total	203.6	100.0	423.0	100.0	430.2	100.0	632.2	100.0	2,337.2	100.0

Notes

1. Aids and equipment used or home modifications made are those needed because of disabling conditions.
2. Data for home modifications apply only to people living in private dwellings.
3. Totals are not the sum of the components because more than one aid or piece of equipment may be used by each person, or because people with a schooling or employment restriction are included.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Relevant generic services

Education and training

In 1998, 116,500 children aged 5–14 years had a profound or severe restriction in activities of daily living; this represents 4.4% of children in that age group (ABS 1999a). It is probable that the majority of these children needed special educational assistance, either through services associated with the mainstream education system or at ‘special’ schools.

There are differences between jurisdictions in terms of what educational settings are classed as ‘special’ schools. In general, special schools cater specifically for students with disabilities and are entirely separate from mainstream schools, although most jurisdictions offer a continuum of educational settings for students with disabilities. For example, in Western Australia there are two types of special schools: ‘education support schools’, which are totally segregated; and ‘education support centres’, which are separate schools located in the grounds of mainstream schools, providing scope for integration of students with disabilities into mainstream schools. Within mainstream schools students may be based in education support units for students with intellectual disabilities or in ordinary classes.

It is difficult to obtain national data on students with disabilities attending schools. The ABS ‘Schools’ collections do not report on this group. It is known, however, that in 1998 there were 373 special schools—316 government and 57 non-government (ABS 1999b). Table 7.16 shows education authorities’ data on the number of full-time-equivalent students with disabilities attending government and non-government schools. These data are not comparable between jurisdictions because there is variation in terms of the

Table 7.16: Students with disabilities attending government and non-government schools, by State and Territory, 1998 (full-time-equivalents)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Government schools									
Mainstream	21,511	7,039	6,096	3,370	9,191	369	1,080	3,594	52,250
Special	4,673	5,146	2,474	1,848	814	203	309	161	15,628
<i>Total</i>	<i>26,184</i>	<i>12,185</i>	<i>8,570</i>	<i>5,218</i>	<i>10,004</i>	<i>572</i>	<i>1,389</i>	<i>3,755</i>	<i>67,877</i>
Percentage of all government school students	3.4	2.3	2.0	2.3	5.6	0.8	3.6	11.5	3.0
Non-government schools									
Mainstream	6,357	3,251	2,345	1,064	1,452	238	236	216	15,158
Special	987	448	102	20	144	14	0	0	1,715
<i>Total</i>	<i>7,344</i>	<i>3,699</i>	<i>2,446</i>	<i>1,084</i>	<i>1,596</i>	<i>252</i>	<i>236</i>	<i>216</i>	<i>16,874</i>
Percentage of all non-government school students	2.3	1.4	1.5	1.2	2.2	1.2	1.1	2.6	1.7
All schools	33,528	15,884	11,016	6,302	11,600	824	1,625	3,971	84,751
Percentage of all school students	3.1	2.0	1.9	2.0	4.6	0.9	2.7	9.7	2.6

Notes

1. Full-time-equivalent students are not the actual number attending. For example, a student attending for half the normal school hours will be half a full-time-equivalent student. The number of enrolled students will normally be greater than the number of full-time-equivalents. Data for ACT government schools are not full-time-equivalent students, although the proportion is based on all ACT full-time government school students.
2. Data for non-government schools include students at kindergarten level and in early special education facilities. Data for government schools in NSW include students at kindergarten level; in Victoria exclude students at kindergarten level and in early special education facilities; in Queensland exclude students at kindergarten level and may include students at early special education facilities depending on where they are based; in WA exclude students at kindergarten or pre-primary level; in SA exclude students at preschools; in Tasmania include students at kindergarten level but exclude students in early special education facilities; and in the Northern Territory include students at pre-schools and juvenile detention centres.
3. Data for government special schools in WA include education support schools and education support centres.

Source: DETYA 1998 Non-government Schools Census, unpublished data; and data provided by State education authorities (NSW Department of School Education, Education Victoria Office of Schools, Education Queensland, Department of Education Training and Employment (South Australia), Education Department of WA, Department of Education, Tasmania, ACT Education and Community Services, NT Department of Education).

services included. Further, the definitions of 'disability' on which the data are based vary as a consequence of differing administrative arrangements governing eligibility for education support funding. In many jurisdictions eligibility is restricted to students with more severe disabilities who require significant educational support, so students with disabilities who require less support may not be included in the data. For example, students in Tasmania who require low support are not included, although they may receive some services. There is also variation between jurisdictions in terms of the way post-school options are introduced to people with disabilities, which may affect comparability of the data between jurisdictions.

Students with disabilities as a proportion of all students attending government schools in 1998 varied substantially between jurisdictions (Table 7.16). Of students with disabilities in the government sector, the proportion attending special schools also varied widely, from 4.3% (161 students) in the Northern Territory to 42.2% (5,146 students) in Victoria. This variation may reflect different integration policies as well as differences in the way schools are classified as mainstream or special.

More students with disabilities attended government schools than non-government schools in all jurisdictions, although the proportions varied (Table 7.16). In the non-government sector the percentage of students with disabilities varied between jurisdictions, from 1.1% to 2.6% of all students. Of students with disabilities in the non-government sector the proportion attending special schools ranged from 1.8% (20 students) in Western Australia to 13.4% (987 students) in New South Wales. Students with disabilities constituted 2.0% of all non-government primary school students and 1.4% of all non-government secondary school students in 1998.

There were more male than female students with disabilities in non-government schools: 2.2% of all male students had a disability while only 1.3% of all female students did. Of students with disabilities attending non-government schools, the proportion attending special schools was 11.6% for males and 7.8% for females (DETYA, unpublished data from the 1998 Non-government Schools Census).

Information on disability type is recorded for apprentices, trainees and TAFE students. There were 3,345 apprentices and trainees 'in training' in September 1998 and 66,345 students enrolled in TAFE courses in 1997 who reported having a disability (National Centre for Vocational Education Research Ltd, unpublished data). Over 93% of people in each collection reported a 'visual/sight/seeing' disability. Both collections rely, however, on self identification by individuals; only about three-quarters of individuals had their disability status recorded.

Similar self identification data are sought from people enrolling in Commonwealth higher education programs and are used to identify students wanting advice about special assistance that may help with their studies (Madden & Hogan 1997).

Employment assistance

On 1 May 1998 Centrelink became responsible for eligibility assessment and for referring eligible job seekers with disabilities to the new Job Network or to specialist disability employment services. The Work Ability Tables, or WATs, are used to determine the impact of a job seeker's disability on their capacity to work. Job seekers with severe to moderate disability impacts are streamed to specialist disability employment services; those with milder disabilities are considered for access to the Job Network. A new screening and classification tool, the Job Seeker Classification Instrument, also plays an important part in assessment processes: it is used to identify the relative difficulty job seekers have in gaining employment and to classify the level of assistance they should receive (DEWRSB 1998:2).

Information on the Job Network's performance from 1 May 1998 to 4 June 1999 shows that there were over 342,000 commencements of disadvantaged job seekers (including job seekers with a disability) taken up by services providing intensive assistance. Nearly 99,000 job placements were obtained for job seekers who had commenced with intensive assistance services. The Department of Employment, Workplace Relations and Small Business stated, 'It is too early ... to assess the full impact Intensive Assistance has had in gaining employment for job seekers' (DEWRSB 1999).

The Veterans' Vocational Rehabilitation Scheme began in December 1997. It provides vocational services and a pension safety net that allows disabled veteran pensioners to return to work without loss of benefits. The Scheme is offered by Department of Veterans' Affairs through the Commonwealth Rehabilitation Service.

Housing

Chapter 5 provides some data on housing and people with a disability in relation to tenure arrangements (Table 5.5), private rent assistance (Section 5.3), public housing assistance (Tables 5.13, 5.14), community housing (Table 5.19), and modifications to crisis community housing (Section 5.3).

Home modifications have been made for an estimated 6.3% of people (146,970) with a disability aged 5–64 years, all of whom live in private dwellings. The equivalent figures for those with a profound disability (core activity restriction) are 22.6% and 46,100 (Table 7.15).

Table 7.19 provides information about trends in de-institutionalisation.

Informal assistance

Many Australians provide care for people with a disability or who are ageing. About 2.2 million people aged 15 years or over and living in households were taking a caring role in 1998; 447,900 of them had a primary caring role (ABS 1999a:Table 30).

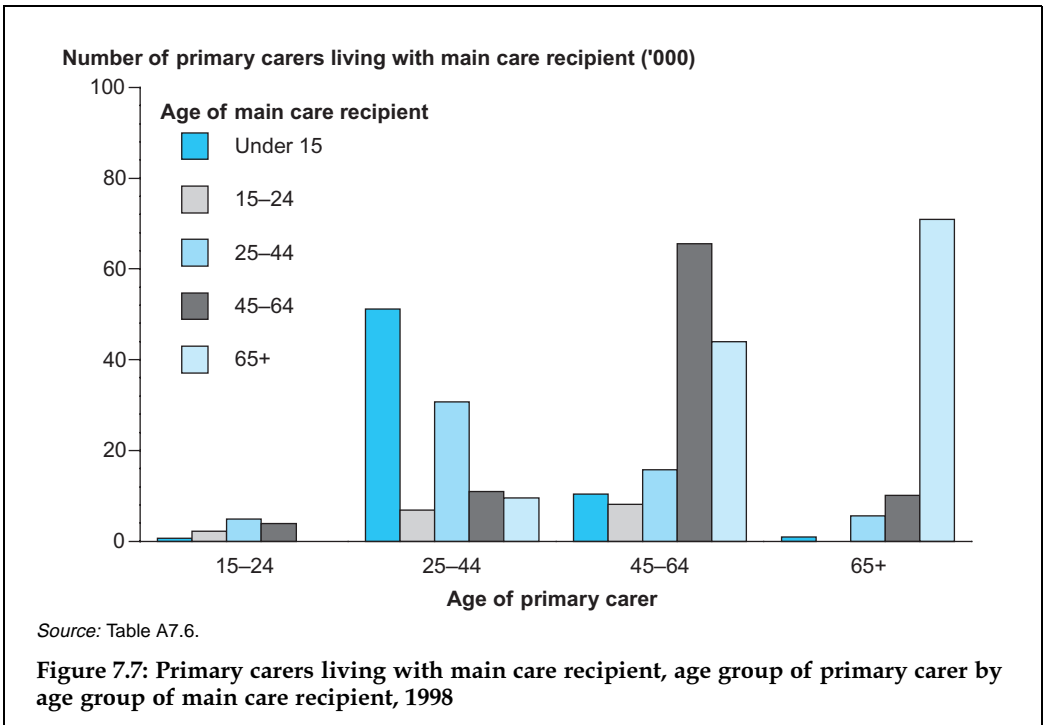
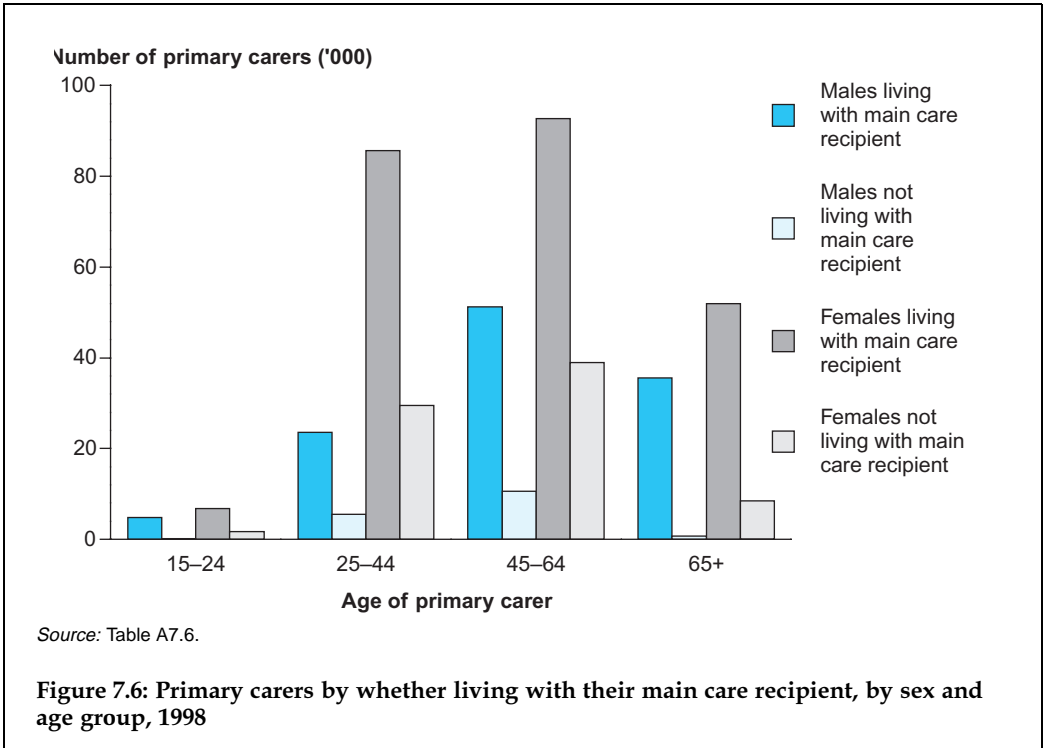
The ABS 1998 Survey of Disability, Ageing and Carers data on 'primary' carers are estimated to be about 60% of what might have been expected, based on the ABS's 1993 Survey data for 'principal' carers. The difference between 'primary' carers and 'principal' carers appears to be a consequence of the way the surveys were done. In the 1993 Survey, carers living with a care recipient were identified by the care recipient; in the 1998 Survey, carers living with a care recipient were identified by a responsible adult and specifically confirmed by the carer. The 1998 primary carer population contains a greater concentration of carers whose care recipients have a higher frequency of care needs compared with the 1993 principal carers (ABS 1999a:57).

In 1998 about 56% of primary carers aged 15 years and over and living in households (178,300 women and 74,800 men) were aged 25–64 and living with the person receiving care (Figure 7.6, Table A7.6). Of these, 65,600 were aged 45–64 and were caring for someone of the same age group and 81,900 were aged 25–44 years and caring either for someone of the same age group or for a child aged less than 15 years (Figure 7.7, Table A7.6). The relationship between these co-resident 25–64 year old primary carers and the people they care for and live with was most often a partner–partner or a parent–child relationship (ABS 1998 Survey of Disability, Ageing and Carers, unpublished data).

The time primary carers spend caring for people with a disability can be long. Over one-third of primary carers aged 15 years and over and living in households (161,300) reported that they spent an average of at least 40 hours per week caring for a person with a disability. Of these primary carers, 57,300 had been caring for their care recipient for 10 or more years (ABS 1999a:Table 33 [revised]).

Most co-residents receiving care had a profound or severe core activity restriction; 329,500 primary carers were providing this care in 1998 (ABS 1999a:Table 34). Many of these co-residents were adults who were unable to cope alone for more than a few hours; 63,800 primary carers were providing this care and, of those, 41,100 spent 40 or more hours per week doing so (ABS 1999a:Table 33 [revised]).

Many primary carers provided care out of a sense of family responsibility or emotional obligation or felt they had no choice. Many did so because they felt that they could



provide better care than was available elsewhere (ABS 1999a:Table 36). In 1998 the majority of primary carers cared for their partner (191,200), 12.7% of them having done so for 20 or more years (Table 7.17). An even higher proportion of parent primary carers—17.3%—had been caring for their son or daughter for 20 years or more. Most parent primary carers were aged less than 65 years, although 8,857 were aged 65 or more years.

The number of parent primary carers (90,211) in 1998 is greater than the number of parent principal carers (83,600) in 1993 (Table 7.17; AIHW 1997a:Table 9.23). This is in contrast to the direction previously noted—of primary carer numbers recorded in the 1998 Survey being lower than principal carer numbers recorded in 1993.

In 1998 there were 1,895,100 people with specific restrictions who needed assistance with a range of activities (ABS 1999a:Table 13). Of these, 1,648,800 (87%) received informal help, 902,600 (47.6%) received formal services, and 74,100 (3.9%) received no assistance.

Table 7.17: Primary carers: years in caring role and age group, by relationship to care recipient, 1998

	Partner		Parent		Child		Other		Total	
	'000	%	'000	%	'000	%	'000	%	'000	%
Years in caring role										
Less than 1 year	12.4	6.5	<1.0	1.1	4.4	8.6	2.3	12.2	20.1	5.7
1–4 years	53.6	28.0	19.4	21.5	22.7	44.1	7.5	38.6	103.1	29.3
5–9 years	57.5	30.1	31.1	34.5	12.4	24.2	4.4	22.8	105.4	29.9
10–14 years	30.5	16.0	14.2	15.7	5.8	11.2	2.7	13.9	53.2	15.1
15–19 years	12.9	6.7	9.0	10.0	3.7	7.1	1.3	6.5	26.8	7.6
20 or more years	24.4	12.7	15.6	17.3	2.5	4.8	1.2	6.0	43.6	12.4
Total	191.2	100.0	90.2	100.0	51.5	100.0	19.3	100.0	352.2	100.0
Age group of carers										
15–24	1.9	1.0	0.3	0.3	7.8	15.1	1.6	8.4	11.6	3.3
25–64	116.9	61.2	81.1	89.9	42.2	82.0	13.0	67.1	253.2	71.9
65+	72.4	37.8	8.9	9.8	1.5	2.9	4.7	24.4	87.4	24.8
Total	191.2	100.0	90.2	100.0	51.5	100.0	19.3	100.0	352.2	100.0

Note: Primary carers aged 15 years or more living in households with the main care recipient.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

7.4 Outcomes

This section provides information on disability service outcomes and initiatives to improve the monitoring of these outcomes. The outcomes for people with a disability are then examined in terms of their participation across a range of life domains.

Service outcomes

In most jurisdictions there have been continuing efforts to define and monitor desired outcomes, especially in the case of specialist disability support services. Section 7.3 outlines some of these efforts.

The National Disability Services Standards, first agreed among Australian governments in 1993, have been recognised in the 1998 Commonwealth/State Disability Agreement

(Clause 9a). The eight national standards relate to service access; individual needs; decision-making and choice; privacy, dignity and confidentiality; participation and integration; valued status; complaints and disputes; and service management (DHS 1993). At this stage it appears that the standards are being used by each jurisdiction primarily as a component of the process of assessing funded services. There is no concerted national reporting against the standards, and tools for translating the standards to measurable indicators have not been developed. Nevertheless, indicators are available for some important aspects of service outcomes, and further developments are planned.

Access

Unmet demand for disability support services

Unmet demand continues to be a primary determinant of access to disability support services. In late 1997 the Disability Services Subcommittee commissioned the Institute to examine the extent of unmet demand for CSDA disability support services, the national costs to governments of meeting this demand, and the projected growth in the demand for these services in the five years to 2003 (AIHW 1997b).

The Institute prepared its estimates on the basis of the following agreed assumptions about service purpose and access criteria.

- New clients for accommodation services are generally not being assigned to large institutions.
- People with high support needs are being accommodated in group homes or with high-level support in their own homes.
- Day programs will be expected to support clients with higher dependencies than were community access services in the past.
- The trend towards service provision via non-government services is expected to continue, but governments may not be able to rely on significant non-government contributions towards the cost of establishing new services.
- While informal care by families is likely to remain the most important source of care for people with ongoing support needs, Australian society does not expect carers to provide lifelong, 24-hour care for people with high support needs. Targeted day services represent an important means of ensuring the participation of people with disabilities and their carers in the wider community (AIHW 1997b:vi).

It was estimated that in 1996, of the 368,300 people aged 5–64 years and needing ongoing assistance with self care, mobility or verbal communication, there were 13,400 who had an unmet demand for accommodation, accommodation support or respite services. An additional 12,000 places in day programs were also estimated to be needed.

The estimated national annual cost to governments of meeting unmet demand for accommodation and support, respite and day programs was \$293.8 million in 1996, comprising \$178.3 million for accommodation, accommodation support and respite services and \$115.5 million for day programs. (The study did not estimate or cost unmet demand for other CSDA service types.) The Institute noted a range of reasons for considering its estimates conservative (AIHW 1997b:viii).

The Institute's report has been used by a number of States for planning purposes—for example, the Queensland Unmet Need Working Group (1998)—and to inform the

April 1999 Disability Services Ministers meeting on unmet demand for disability support services (see Disability Administrators 1999).

Other information at State level paints a more detailed picture of the effects of unmet demand. It is reported that there is a severe shortage of respite placements in New South Wales (NSW CSC 1998c). In 1997 there were 363 designated respite beds in the supported accommodation system and approximately 3,500 people received respite services during the year. The report found that the problem of limited supply of respite beds was exacerbated by the available beds being 'blocked' by long-term use. People in long-term respite occupied four out of five designated respite beds; there were 149 people who had been in respite for over 90 days continuously, on average for 3.3 years per person.

Projected growth in demand

General demographic trends at present are characterised by the population ageing, including the ageing of the working-age population (15–64 years). The trends indicate a substantial projected increase in the number of people in the CSDA target group—people with a profound or severe handicap—between 1997 and 2003 (AIHW 1997b).

- The estimated increase in the age group 5–64 years was 9.9% (39,100 people).
- The projected growth in the working-age population with severe or profound handicap was 11.3% (37,200 people).
- Overall, the number of Australians with a severe or profound handicap was projected to increase by 13.7% (109,200 people). The overall growth was mainly attributable to the rapid increase in the age groups of 45–64 years (19.5%, or 32,600 people) and 65 years and over (17.3%, or 70,200 people).

Ageing, de-institutionalisation and carers

The Institute's demand study found that ageing and other trends related to families and caring patterns have a number of implications for the future of CSDA services.

- Projections suggest an ageing client population for disability support services. The high growth in the age group 45–64 years would place pressure on CSDA services, either to provide services to an increasingly older clientele or to make arrangements for transition from CSDA services to suitable aged care services.
- Increasing numbers of people with a profound or severe handicap—among both the working-age population and people aged 65 years and over—would further increase the need for carers.
- The ageing of carers is likely to continue to be an important issue. The number of parents aged 65 years or more who are the principal carers of people with a profound or severe handicap was projected to increase from 7,700 in 1993 to just over 9,000 in the year 2003.
- Continuing de-institutionalisation is likely to put pressure on both families and community-based services. Between 1981 and 1993 the number of people aged 5–64 years with ongoing support needs and living in households rose from 244,100 to 349,100, while the number living in establishments fell from 27,000 to 19,200. This trend was even more marked for people aged less than 30 years.

- Although the structure of families may be changing, there is strong evidence of continuing mutual support among family members. When family support is likely to be intense and long term, formal assistance from support services can ensure its stability and continuation (AIHW 1997b).

Australian governments are taking steps to meet some of this unmet demand (see page 228).

Quality

Information on the quality of disability support services is patchy.

Under the Commonwealth/State Disability Agreement (CSDA) the Commonwealth is responsible for funding employment support services. Much effort has focused on the broad area of quality assurance, including monitoring adherence to the National Disability Services Standards and developing the elements of a service accreditation policy. HACC officials have sponsored the development of quality measures for home-based care, to be used in assessing performance against HACC National Services Standards (Jenkins et al. 1998).

State-level work on quality improvement has focused on accommodation services and day programs—the States' principal service responsibilities under the CSDA. Among the measures common to most States are closure of large institutional services in favour of community-based services such as group homes; reshaping large congregate programs to the delivery of community access/recreation services to the same populations; and capital upgrades of facilities to improve service quality and safety (Disability Administrators 1999).

The States and Territories are conscious of the need for further effort. Victoria launched its Quality Framework in August 1997, introducing standards and providing for self-assessment and external assessment of services (DHS Victoria 1998).

New South Wales has created a unique agency—the Community Services Commission—as an 'independent watchdog for consumers of community services in NSW' (NSW CSC 1998a:2). The Commission's reports reveal concern about the quality of services, despite acknowledged efforts to improve them. Community Visitors report continuing problems in large residential settings for people with disabilities, including a 'high incidence of low level violence', a lack of consumer participation in running the services, 'a growing expectation that residents need to buy their services' and inadequate staff support, training and supervision (NSW CSC 1998b).

The Commission has developed baseline criteria, in cooperation with the New South Wales Audit Office, as part of the performance audit methodology to assess 10 large residential centres (NSW Auditor General & NSW CSC 1997). A 10-point framework was created to assess practice in areas such as behaviour management, nutrition, medical controls, privacy and dignity. Institutions were often found wanting in these areas of practice. The New South Wales Department of Community Services has made considerable efforts in recent years to document policies and procedures for disability services; new senior officers have been appointed to improve practice and monitoring systems (NSW CSC 1998a).

Other performance indicators for disability support services

A framework for performance indicators for disability services has been developed by a working group consisting of representatives of all jurisdictions, the Productivity Commission, the Institute and the Australian Bureau of Statistics. The group, established in 1996, has since coordinated the collation of data using the framework in a succession of reports on government services (SCRCSSP 1999; AIHW 1997c; Black & Maples 1998). The framework is made up of a set of efficiency indicators (unit cost and administrative efficiency) and effectiveness indicators (aiming to focus on outcomes, service quality and access). Some results relating to CSDA-funded services are presented in Section 7.3; for example, the rising proportion of accommodation services clients who are in community-based services (Table 7.12).

The first National Disability Services Consumer Satisfaction Survey, commissioned by the Disability Services Subcommittee and the Steering Committee for the Review of Commonwealth-State Service Provision, was carried out in the first half of 1999. Data will be included in the next Steering Committee report on government services, due for release in February 2000.

Some outcome indicators are available for clients of Commonwealth-funded employment services for people with a disability. In 1997–98, 47,133 people were assisted to gain or maintain employment, an increase of 12.5% over 1996–97 (DHFS 1998). Of the 30,390 clients recorded as receiving open employment services at any time during 1997–98, 15,455 (51%) had at least one job in this period (Anderson & Golley 1999:23; see also Figure 7.5). This percentage has remained stable for the last three financial years. Half of the 20,108 jobs in 1997–98 had a weekly wage of over \$200; 78% received an award wage. Sixty-five per cent of jobs were on a permanent regular basis (Anderson & Golley 1999:30). In 1997 there were 15,550 clients on the books of supported employment services; of these clients, 94% were in employment on the FaCS census day (FaCS 1998a). Of the employed clients, 95% had permanent regular employment but only 13% were on full award or agreement wages and only 2% were earning more than \$200 per week. To compare these outcomes over time and between these and other service types—for example, to monitor the possibility of case- and cost-shifting—it will be important to develop comparable data on the support needs of clients.

Further developments

Most jurisdictions are trying to increase service flexibility at the same time as implementing funder-purchaser-provider models. They are seeking to include specific accountability mechanisms and indicators in contractual arrangements between purchasers and providers. Parallel efforts are often being made to improve information systems: some States are developing systems capable of collecting ongoing monitoring data, in some cases including registers of unmet needs. The Institute is undertaking a project, commissioned by the Disability Services Subcommittee, that aims to identify opportunities for integrating practical and theoretical approaches to indicating demand, inputs, outputs, outcomes and performance. The project will contribute to the future development of the CSDA Minimum Data Set and other Disability Services Subcommittee work on performance indicators.

Outcomes for people with a disability

Most of the performance indicators so far developed do not give a direct indication of outcomes for people with a disability – this is, of course, a challenging field, particularly if outcomes are to be attributed to specific services or interventions.

The 1998 CSDA sets out the following broad objective for specialist disability services in Australia:

The Commonwealth and the States strive to enhance the quality of life experienced by people with a disability through assisting them to live as valued and participating members of the community. (CSDA 1998 Clause 4(1))

This section presents information on outcomes for people with a disability in terms of this objective. The framework provided by the draft ICIDH-2 Participation dimension guides the analysis. The key themes of 'quality of life' and 'participation', enunciated in the CSDA, are well represented in the ICIDH framework. An Institute review of quality-of-life literature dealing with people with disabilities revealed four factors that consistently emerged: the need for the quality-of-life framework to be applicable across all domains of life and for all people; the importance of autonomy and choice; the need for objective measures; and the vital importance of the person-environment interaction (Madden & Sykes 1999). All four factors are represented in the draft ICIDH-2. In particular, the Participation dimension provides a broad framework of life domains in which people with a disability, like all people, expect to participate: personal maintenance, mobility, exchange of information, social relationships, education, work, leisure and spirituality, economic life, and civic and community life. Population data, where they exist, are used to indicate the experience of people with a disability in these domains.

In drafting the ICIDH-2, the World Health Organization has sought to incorporate a broad human rights approach in the classification:

[The ICIDH] has been accepted as one of the United Nations Social Classifications and incorporates the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. As such the ICIDH provides the appropriate instrument for the implementation of such international mandates as well as national legislations. (WHO 1997:9)

Living arrangements

Living in the community is a common goal for people with a disability, and de-institutionalisation is an explicit policy of Australian governments (see, for example, Disability Administrators 1999; AIHW 1997b:47–48). This policy includes the dismantling of some large institutions of the types identified by the ABS in its 1998 Survey of Disability Ageing and Carers as 'cared accommodation'. Such dismantling requires careful planning and resources, so that the process can be responsive to the needs and choices of residents and their families (see, for example, Stancliffe & Whaite 1997).

Marked increases between 1981 and 1993 in the number and proportion of people with profound or severe core activity restrictions and living in households have been recorded previously (AIHW 1997a:336; AIHW 1997b:81–4; Wen & Madden 1998). In 1998, 634,600 people aged 0–64 years with profound or severe core activity restrictions were living in households and 20,100 were living in 'cared accommodation' (Table 7.18). The vast majority of those living in households were living with relatives (Table A7.7).

A comparison of 1998 data with data for previous years, shows that this trend towards community living has continued (Table 7.19). There has been an increase since 1993 of approximately 250,000 people aged 5–64 years reporting profound or severe core activity restrictions and living in households and a further decrease in the proportion of such people living in cared accommodation (although some of the increase since 1993 may be due to survey changes – see footnotes to Table 7.19, page 256, and Section 7.2, page 221, for information on inter-survey differences).

Table 7.18: People aged 0–64 years, by living arrangements and disability status, 1998 ('000)

Living arrangements	Core activity restriction			Total with disability ^(a)	Total without disability	Total with or without disability
	Profound	Severe	Profound or severe			
Total in households						
Under 35 years	117.3	144.8	262.1	829.2	8,624.0	9,453.3
35–64 years	84.3	288.2	372.5	1,533.8	5,379.4	6,913.2
Cared accommodation						
Under 35 years	4.0	1.0	5.0	5.6	0.6	6.2
35–64 years	12.5	2.6	15.1	16.4	0.3	16.7
Total population						
Under 35 years	121.3	145.8	267.2	834.9	8,624.6	9,459.5
35–64 years	96.7	290.8	387.5	1,550.2	5,379.7	6,929.9
Percentage in cared accommodation						
Under 35 years	3.3	0.7	1.9	0.7	0.0	0.1
35–64 years	12.9	0.9	3.9	1.1	0.0	0.2

(a) 'Total with disability' is not the sum of the preceding columns; see, for example Table 7.1.

Note: 'Core activity' means communication, mobility and self care.

Source: ABS 1998 Survey of Disability Ageing and Carers, unpublished data.

Table 7.19: People aged 5–64 years with a profound or severe core activity restriction, by living arrangements, 1981, 1988, 1993 and 1998 ('000)

Living arrangements	Number with profound or severe core activity restriction				
	1981	1988	1993	1998	1998
Households	244.1	302.5	349.1	606.6	606.6
Cared accommodation ^(a)	27.0	24.2	19.2	20.0 ^(b)	16.4 ^(c)
Total	271.1	326.7	368.3	626.6	623.0
Percentage in cared accommodation	9.9	7.4	5.2	3.2	2.6

(a) Cared accommodation (1998) and establishments are defined by ABS as hospitals, nursing homes, hostels, retirement villages and other 'homes'.

(b) & (c) In the 1981, 1988 and 1993 surveys three levels of severity of handicap (severe, moderate and mild) were applied to both household and establishment components. In 1993 the severe handicap category was further divided into profound handicap and severe handicap, but the severe handicap category was not applied to the establishment component. In the 1998 Survey both the profound and severe core activity restriction categories were applied to the cared accommodation component. To enable comparisons of the four surveys, the 3,600 people with severe core activity restriction in cared accommodation are first (b) included in and then (c) excluded from the 1998 results.

Source: AIHW 1997b:81; ABS 1998 Survey of Disability Ageing and Carers, unpublished data.

Housing and homelessness

People with disabilities aged 15–64 years, were more likely to live in a private dwelling with no mortgage (31.4% did so) than the population overall (24.1%) (Table A5.2). The difference is possibly related to the older ages of people with disabilities. They were

also more likely to be public housing renters (8.3% compared with 3.5% for the population overall) and less likely to be private renters (17.9% compared with 20.8% for the population overall).

People with disabilities are among those using SAAP services for people experiencing homelessness (Chapter 9). Reasons for seeking assistance include substance abuse (15%) and psychiatric illness (5%) (Table 9.4); and there was frequent unmet need for psychological services and disability services (Table 9.7).

Self care

Of the 2,048,600 people aged 0–64 years with specific restrictions, 32.2% had an activity limitation with self care (Table 7.2).

A total of 514,400 people of all ages had a ‘core activity restriction’ or needed assistance with self care (ABS 1999a:26). Of these, 450,400 (87.6%) received assistance from informal providers, mainly partners and parents, and 74,900 (14.5%) received assistance from formal services; 40,200 (7.8%) did not receive the assistance they needed with self care, from any source.

Self-perceived health

One of the new features of the ABS 1998 Survey of Disability, Ageing and Carers was the inclusion of questions on self-perceived health, for people with a disability and their carers. People interviewed were asked to rate their own health on a five-point scale and were asked questions about the extent to which they were limited by their health in the preceding four weeks.

People aged 15 and over with a disability tended to report lower levels of health than the general population. ‘Poor health’ was reported by 11.0% of people with a disability and ‘excellent health’ by 8.6% (Table 7.20). In comparison, 4.0% of the general population reported ‘poor health’ and 19.5% reported ‘excellent health’ (ABS 1995).

Compared with other people with a disability, people with profound or severe core activity restrictions were more likely to report ‘poor health’ and less likely to report ‘excellent health’ (Table 7.20). Age was a further factor: people aged 45–64 years with a disability were more likely to report ‘poor health’ and less likely to report ‘excellent health’ compared with people aged 15–44 years with a disability (Table 7.20).

Mobility and transport

Of the 2,048,600 people aged 0–64 years who reported specific activity restrictions, 75.9% had an activity limitation related to personal mobility (Table 7.2).

A total of 723,100 people of all ages with a disability needed assistance with mobility in 1998 (ABS 1999a:26). Of these, 650,000 (89.9%) received assistance from informal care providers—mainly partners but also a range of other family members—and 128,200 (17.7%) received assistance from formal services; 46,700 (6.5%) did not receive the assistance they needed with mobility activities, from any source.

A total of 790,700 people of all ages with a disability needed assistance with transport in 1998 (ABS 1999a:28). Of these, 693,400 or 87.7% received assistance from informal carers—family members and friends—and 97,400 (12.3%) received assistance from formal services; 62,400 (7.9%) did not receive the assistance they needed with transport, from any source.

Table 7.20: People aged 15–64 years: self-perceived health by disability status, Australia, 1998 (per cent)

Self-perceived health	Profound core activity restriction	Severe core activity restriction	Total with disability ^(a)
15–44 years			
Excellent	9.2	7.3	11.9
Very good	18.1	14.9	26.0
Good	28.2	33.1	36.4
Fair	24.1	27.1	17.9
Poor	20.4	17.6	7.9
Total (%)	100.0	100.0	100.0
<i>Total ('000)</i>	<i>35.1</i>	<i>131.5</i>	<i>866.1</i>
45–64 years			
Excellent	4.5	1.4	6.0
Very good	7.1	9.6	17.9
Good	15.7	27.4	33.4
Fair	32.8	36.9	29.2
Poor	40.0	24.7	13.6
Total (%)	100.0	100.0	100.0
<i>Total ('000)</i>	<i>50.7</i>	<i>206.9</i>	<i>1,060.0</i>
15–64 years			
Excellent	6.4	3.7	8.6
Very good	11.6	11.7	21.5
Good	20.8	29.6	34.7
Fair	29.2	33.1	24.1
Poor	32.0	21.9	11.0
Total (%)	100.0	100.0	100.0
<i>Total ('000)</i>	<i>85.8</i>	<i>338.4</i>	<i>1,926.1</i>

(a) 'Total with disability' is not the sum of the preceding columns; see, for example Table 7.1.

Note: 'Core activity' means communication, mobility and self care.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

The extent of a person's activity restriction correlated quite strongly with their use of public or private transport (Table 7.21). People aged 5 years and over with a profound core activity restriction were less likely to use public transport—28.3% of them did, compared with 44.5% of people with severe restrictions and 46.7% of all people with a disability.

Only 27.3% of people aged 17 years and over with profound core activity restrictions had a current driver's licence, compared with 71% of those with severe restrictions, and 73% of all people with a disability.

Communication

Of the 2,408,600 people aged 0–64 years with specific restrictions, 15.3% had an activity limitation related to communication (Table 7.2).

A total of 167,300 people of all ages with a disability needed assistance with communication (ABS 1999a:26). Of these, 150,700 (90.1%) received assistance from informal providers—mainly parents—and 83,800 (50.1%) received assistance from formal services; 9,000 (5.4%) did not receive the assistance they needed with communication, from any source.

Table 7.21: People with a disability: use of public and private transport, by disability status, 1998

	Profound core activity restriction ^(a)	Severe core activity restriction	Total with specific restrictions ^(b)	Total with disability
	Percentage			
Public transport^(c)				
Uses public transport	28.3	44.5	45.7	46.7
Does not use public transport	65.5	54.8	53.3	52.4
Does not leave home	6.3	*0.7	1.1	0.9
Total (%)	100.0	100.0	100.0	100.0
<i>Total ('000)</i>	<i>369.8</i>	<i>563.2</i>	<i>2,942.5</i>	<i>3,378.5</i>
Private transport^(d)				
Has a current driver's licence	27.3	71.0	71.3	73.2
Does not have a current driver's licence	65.3	28.2	27.6	25.9
Does not leave home	7.4	*0.7	1.1	1.0
Total (%)	100.0	100.0	100.0	100.0
<i>Total ('000)</i>	<i>302.1</i>	<i>500.1</i>	<i>2,682.8</i>	<i>3,080.3</i>

(a) 'Core activity' means communication, mobility and self care.

(b) Figures include people with moderate and mild core activity restrictions and those with a schooling or employment restriction.

(c) Aged 5 years and over, living in households.

(d) Aged 17 years and over, living in households.

Note: Estimates marked with * have a relative standard error in excess of 25%; these estimates should be treated with caution.

Source: ABS 1999a: Tables 16 and 17.

People with communication restrictions received a relatively high frequency of formal support compared with people with self care or mobility restrictions. This difference may be related to the finding that people with little or no effective communication who are clients of disability support services appear to need very high levels of support in activities of daily living (see, for example, Black & Maples 1998:24).

Social relationships and community life

Many people with a disability, including those with a severe or profound core activity restriction, had participated in social events and community activities in the three months preceding the ABS 1998 Survey of Disability Ageing and Carers (Table 7.22). The predominant activities for all disability groups and all age groups were visits from and to family and friends, telephone calls with family and friends, and visits to restaurants and clubs. Church activities were also very important. People aged 45–64 years with profound core activity restrictions were the group least likely to have had visits from family or friends or to have visited family and friends in the last three months (70.4% had received visits and 61.0% had made visits). They were also the group most likely to respond that they had not left home in the last three months (6.7% had not done so), and 6.1% had not participated in any of the listed social activities at home.

Thus, not only do family and friends provide most of the assistance needed by people with disabilities, they are also the main focus of these people's social lives.

Table 7.22: People aged 5–64 years: community participation, by disability status and age, 1998

	Profound core activity restriction		Severe core activity restriction		Total with disability	
	5–44 years	45–64 years	5–44 years	45–64 years	5–44 years	45–64 years
Community participation	Percentage					
At home in the last three months						
Visits from family/friends	87.0	70.4	88.7	91.1	91.5	88.9
Telephone calls with family/friends	68.5	69.6	88.1	93.0	89.2	91.7
Craftwork for/with other people	18.8	8.7	22.2	15.2	21.1	14.5
Church/special community activities	8.4	10.3	10.2	8.9	8.8	9.8
Voluntary work (including advocacy)	4.7	3.3	8.1	7.8	8.5	9.8
None of the above	5.5	6.1	3.9	2.3	2.5	2.8
Total population ('000)	133.1	70.6	207.3	215.6	1,223.2	1,114.0
Away from home in the last three months						
Visited family/friends	83.0	61.0	87.8	85.9	91.4	87.1
Went to a restaurant or club	49.7	31.1	55.1	58.4	62.4	62.4
Attended church activities	24.9	23.4	23.6	28.5	22.8	26.2
Voluntary work (including advocacy)	11.7	7.9	17.6	16.0	18.9	19.5
Organised performing arts activities	7.1	4.7	7.8	5.0	8.3	5.2
Organised art/craft group activities	10.1	2.8	9.5	7.4	9.5	7.0
Other special interest group activities	23.0	8.3	21.6	16.6	22.3	15.7
None of the above	4.5	11.5	5.7	7.7	3.5	5.6
Does not leave home	2.3	6.7	0.5	0.1	0.4	0.6
Total population ('000)	133.1	70.6	207.3	215.6	1,223.2	1,114.0

Note: Percentages do not add to 100 because each person may respond to more than one category of participation.

Source: ABS 1998 Survey of Disability Ageing and Carers, unpublished data.

Time use and leisure

People aged 15–64 years with severe core activity restrictions have in the past been found to spend more time on personal care activities (including sleeping) and passive leisure and less time on labour force and educational activities when compared with people in the same age range with no disability (AIHW 1997a:338–9 reporting on the 1992 ABS Time Use Survey). Detailed data from the 1997 Time Use Survey have only recently become available, but one early analysis reveals that people with a disability spent more time with household members and less with non-household members (ABS 1999c) – consistent with the findings just reported for social relationships.

Education

People aged 15–64 years with a disability had participated less in the education system than had people with no disability (Table 7.23). Of people with profound or severe core activity restrictions, 58.1% had no post-school qualifications; this compares with 54.2% of all people with a disability and 47.1% of people with no disability. More striking are the differences in terms of completing Year 12 schooling: 21.0% of people with profound or severe core activity restrictions completed Year 12; this compares with 27.2% of all people with a disability and 43.9% of people with no disability.

Table 7.23: People aged 15–64 years and living in households: educational attainment and level of schooling, by disability status, 1998

	Profound or severe core activity restriction ^(a)		Total with disability ^(b)		Total without disability	
	('000)	(%)	('000)	(%)	('000)	(%)
Educational attainment						
With post-school qualification ^(c)	190.1	38.8	897.6	43.4	4,863.2	46.8
Without post-school qualification	285.0	58.1	1,119.7	54.2	4,896.9	47.1
Still attending school	15.5	3.2	49.3	2.4	628.2	6.1
Total	490.6	100.00	2,066.7	100.00	10,388.4	100.00
Level of schooling						
Left school aged 15+ years:						
Completed Year 12	102.8	21.0	561.1	27.2	4,556.4	43.9
Did not complete Year 12	259.5	52.9	1,053.4	51.0	4,481.7	43.1
Left school aged less than 15	108.5	22.1	394.5	19.1	710.6	6.8
Never attended school	*4.2	0.9	*8.4	0.4	11.5	0.1
Still attending school	15.5	3.2	49.3	2.4	628.2	6.1
Total	490.6	100.00	2,066.7	100.00	10,388.4	100.00

(a) 'Core activities' means communication, mobility and self care.

(b) Includes those who do not have a specific restriction.

(c) Includes uncodeable post-school qualifications.

Note: Estimates marked with * have a relative standard error in excess of 25%.

Source: ABS 1999a:Table 19 (revised).

Employment

Of the 2,048,600 people aged 0–64 years with specific restrictions, 71.6% reported an activity limitation related to employment in 1998 (Table 7.2).

People with a disability had a lower level of involvement in the paid workforce than the rest of the population. Overall, they had a participation rate of 53.2%, compared with a rate of 75.6% for the general population (Table 7.24). Participation rates for people with profound and severe core activity restrictions were even lower—18.9% and 40.2% respectively. Women's participation rates were lower than men's across all disability levels.

The unemployment rate for males participating in the labour force and having a disability was 13.5%—higher than for men generally (8.4% as measured in this survey²). With one exception, this difference applied across all disability levels. The exception was the unemployment rate for men with profound core activity restrictions—8.3%—but this may be the result of their very low participation rate (20.9%). The unemployment rate for women with a disability was 8.6%, only marginally higher than that for women generally (8.1%); rates varied further with the level of disability.

2 The 1998 Survey used a less rigorous definition of 'unemployment' than the standard; thus, while the figures quoted here enable comparisons, they do not match exactly the ABS labour force data of the time.

Table 7.24: People aged 15–64 years and living in households: by labour force status, by disability status, 1998

	Core activity restriction ^(a)				Schooling or employment restriction	Total			Total
	Profound	Severe	Moderate	Mild		With specific restrictions ^(b)	With disability	Without disability	
Percentage									
Unemployment rate									
Males	8.3	13.3	16.0	11.7	16.2	14.2	13.5	7.7	8.4
Females	6.4	9.8	9.2	5.6	8.2	8.2	8.6	8.0	8.1
Persons	7.4	11.6	13.1	9.3	12.9	11.7	11.5	7.8	8.3
Participation rate									
Males	20.9	43.4	51.5	65.3	51.4	55.9	60.3	89.2	84.2
Females	16.9	37.2	40.8	46.7	40.6	42.3	45.5	71.0	66.9
Persons	18.9	40.2	46.3	56.5	46.4	49.3	53.2	80.1	75.6
Number ('000)									
Total									
Males	61.7	173.2	214.0	310.4	785.9	920.7	1,078.3	5,192.6	6,270.9
Females	64.2	191.6	199.7	279.5	688.7	854.8	988.3	5,195.8	6,184.1
Persons	125.8	364.8	413.7	589.9	1,474.6	1,775.4	2,066.7	10,388.4	12,455.0

(a) 'Core activities' means communication, mobility and self care.

(b) Total numbers may be less than the sum of the components because people may have both a core activity restriction and a schooling or employment restriction.

Source: ABS 1999a:Table 20.

These unemployment rates are generally lower than those for 1993 (AIHW 1997a:338–40) possibly reflecting an improvement in the labour market since 1993 (see Chapter 3). Overall, the unemployment rate for people with a disability was 18.0% in 1993 (AIHW 1997a:340), compared with 11.5% in 1998 (Table 7.24). Participation rates for the two years were similar—53.9% in 1993 and 53.2% in 1998. It is difficult however, to compare the 1993 and 1998 figures, because of differences between the surveys (see Section 7.2).

Economic life

Working-age people with a disability and living in households in 1998 had markedly lower incomes than those without a disability. Some 70% of those with profound core activity restrictions and 56% of those with severe restrictions had incomes in the lowest two quintiles (Table 7.25). In comparison, 31% of people with no disability had total incomes in these quintiles. These differences result chiefly from the high proportion of people with profound or severe core activity restrictions who were reliant on government pensions or allowances as their main source of income. For people whose main income source was a government pension or allowance, 83% of those with profound core activity restrictions were in the lowest two income quintiles; 76% of those with no disability were in these quintiles.

The income differences were much less marked among people who were earning income from wages, a salary or their own business—around 9% to 11% of such people were in the two lowest income quintiles and 55% were in the top two income quintiles, regardless of disability or the severity of restrictions.

Table 7.25: People aged 15–64 years and living in households: total weekly cash income, by main source of income and disability status, 1998

Income quintile	Profound core activity restriction ^(a)		Severe core activity restriction		Total with disability		Total without disability		Total ('000)
	('000)	(%)	('000)	(%)	('000)	(%)	('000)	(%)	
Wages, salary, own business, partner									
First	0.8	4.6	9.2	8.9	47.6	5.5	465.4	6.4	513.0
Second	1.2	6.8	3.6	3.4	35.3	4.1	302.0	4.2	337.3
Third	3.1	17.9	27.7	26.7	172.4	20.1	1,298.3	17.9	1,470.7
Fourth	4.4	25.5	32.4	31.2	300.1	34.9	2,287.0	31.6	2,587.1
Fifth	6.2	35.5	24.3	23.4	247.2	28.7	2,182.7	30.2	2,430.0
Not known	1.7	9.7	6.8	6.5	57.3	6.7	705.1	9.7	762.4
Total	17.3	100.0	104.0	100.0	860.0	100.0	7,240.4	100.0	8,100.4
Superannuation, dividends, other private									
First	—	—	3.1	14.3	9.9	9.3	37.0	17.3	46.8
Second	2.1	30.3	2.5	11.8	15.8	14.9	23.7	11.1	39.6
Third	3.1	44.4	10.9	50.4	40.9	38.6	52.7	24.7	93.6
Fourth	1.8	25.3	4.4	20.5	23.1	21.8	40.7	19.1	63.8
Fifth	—	—	0.5	2.3	9.8	9.3	25.3	11.8	35.1
Not known	—	—	0.2	0.8	6.4	6.0	34.1	15.0	40.4
Total	6.9	100.0	21,669	100.0	105.9	100.0	213.5	100.0	319.4
Any government pension allowance									
First	12.5	14.3	32.8	15.9	148.7	16.0	698.0	38.0	846.7
Second	60.8	69.0	125.8	60.9	569.4	61.4	696.5	37.9	1,265.9
Third	12.8	14.6	39.7	19.3	172.5	18.6	335.2	18.2	507.6
Fourth	0.4	0.4	1.2	0.6	10.3	1.1	34.3	1.9	44.6
Fifth	—	—	0.8	0.4	2.3	0.2	3.6	0.2	5.9
Not known	1.5	1.7	6.0	2.9	24.9	2.7	69.7	3.8	94.6
Total	88.0	100.0	206.4	100.0	928.1	100.0	1,837.3	100.0	2,765.4
All main income sources^(b)									
First	23.8	18.9	73.0	20.0	353.0	17.1	2,136.8	20.6	2,489.8
Second	64.8	51.5	131.9	36.2	624.4	30.2	1,049.6	10.1	1,674.0
Third	20.4	16.2	80.3	22.0	396.8	19.2	1,725.5	16.6	2,122.3
Fourth	6.5	5.2	38.3	10.5	335.0	16.2	2,372.9	22.8	2,707.9
Fifth	6.5	5.2	25.7	7.1	260.2	12.6	2,220.0	21.4	2,480.1
Not known	3.8	3.0	15.6	4.3	97.3	4.7	883.6	8.5	980.9
Total	125.8	100.0	364.8	100.0	2,066.7	100.0	10,388.4	100.0	12,455.0

(a) 'Core activities' means communication, mobility and self care.

(b) People whose main source of income is 'other' or 'unknown' are included in these totals.

Note: Figures may not add precisely to totals due to rounding.

Source: ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

These findings are consistent with data from the ABS 1993–94 Household Expenditure Survey. Incomes for households in which a person with a disability lived tended to be lower than incomes for other households. Expenditure on many items in these households was lower, but expenditure on fuel and power was similar and expenditure on medical care and health expenses was higher (AIHW 1997a:336–8).

7.5 Summary

The disability services field in Australia is a scene of ambitious policy goals and vigorous change. The Commonwealth/State Disability Agreement of 1998 explicitly states (Clause 4):

The Commonwealth and the States strive to enhance the quality of life experienced by people with a disability through assisting them to live as valued and participating members of the community.

This objective accords broadly with the goals of people with a disability and with the goals expressed in international charters such as the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

The disability services field appears to recognise that it has some way to go in providing the service infrastructure needed to achieve its stated objective. Australian governments have been active in recent years in beginning to give high-level attention to the problem of unmet demand for disability support services, in attempting to introduce mechanisms for monitoring service quality, and in enabling independent government agencies to report publicly on service quality.

In the last two decades there has been a large increase in the numbers of people with ongoing support needs living in the community, mainly with their families, and a relatively small decline in numbers in institutions. Disability support services are being changed, with the aim of providing services that are more flexible and more responsive to individual needs in community settings.

These policy changes are occurring in a context of population growth and ageing. In 1998 an estimated 2,385,100 people aged less than 65 years reported disability (in terms of the presence of one or more of 17 specified limitations, restrictions or impairments). Of these, 655,000 people—or 4% of the Australian population aged less than 65 years—reported the ongoing need for assistance with activities of daily living. These numbers have been increasing over the last two decades, driven by population growth and the underlying ageing of the overall population, including the working-age population aged 15–64 years; the size and nature of the increase needs further analysis because changes in 1998 ABS survey methods have made recent trends, since 1993, more difficult to monitor.

Disability services are thus developing in the context of three compelling forces: growth of the potential target group in a field that is already characterised by unmet demand; the need for cost containment, efficiency and accountability within a general climate of fiscal restraint; and policies devised on the basis of an expectation that services should be person-centred and responsive to individual needs. The roles and needs of families and carers are widely recognised, but the national policy framework does not yet clarify the extent to which the formal service system complements and supports the crucial role of informal assistance.

Viewed against the broad policy goals for disability services, as set down by Australian governments, outcomes for people with disabilities are indicated by the extent of their participation in a broad range of life domains. People with disabilities in 1998 were participating in many areas of Australian life, although often not to the same extent as

the overall population. They were more likely to be living in the community than in previous years. They were less likely to use public transport or to have a driver's licence than the general population. They tended to report lower levels of health. They were less likely to have finished school and less likely to be active in the paid workforce. They tended to have lower incomes than the general population, although this pattern was mitigated by the receipt of government pensions and allowances. The main focus of their social lives was family and friends, and it was family and friends who were the main providers of assistance for them.

References

- Anderson P & Golley L 1999. Open employment services for people with disabilities 1997-98. AIHW Cat. no. DIS 14. Canberra: AIHW.
- Australian Bureau of Statistics (ABS) 1995. National Health Survey: summary of results. Cat. no. 4364.0. Canberra. ABS
- Australian Bureau of Statistics (ABS) 1996. Disability, aging and carers, Australia, disability and disabling conditions 1993. Cat. no. 4430.0. Canberra. ABS
- Australian Bureau of Statistics (ABS), Australian Institute of Health & Welfare, Commonwealth Department of Health and Family Services 1998. Indigenous disability data: current status and future prospects. Report on workshop proceedings April 1998. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999a. Disability, Ageing and Carers: summary of findings, Australia 1998. Cat. no. 4430.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999b. Schools 1998. Cat. no. 4221.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999c. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- Australian Bureau of Statistics & Australian Institute of Health and Welfare (ABS & AIHW) 1999. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. ABS Cat. no. 4704.0, AIHW Cat. no. IHW 3. Canberra: ABS.
- Australian Hearing Services 1998. Annual report 1998. Sydney: Australian Hearing.
- Australian Institute of Health and Welfare (AIHW) 1995. Australia's welfare: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997a. Australia's welfare: services and assistance. AIHW Cat. no. AUS 8. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997b. Demand for disability support services in Australia: size, cost and growth. AIHW Cat. no. DIS 8. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997c. Effectiveness indicators and descriptors: first results for disability services. AIHW Welfare Division Working Paper no. 15. Canberra: AIHW.

- Australian Institute of Health and Welfare (AIHW) 1998a. Nursing homes in Australia 1996–97: a statistical overview. AIHW Cat. no. AGE 9. Canberra: AIHW & DHFS (Aged Care Statistics Series no. 3).
- Australian Institute of Health and Welfare (AIHW) 1998b. Hostels in Australia 1996–97: a statistical overview. AIHW Cat. no. AGE 10. Canberra: AIHW & DHFS (Aged Care Statistics Series no. 4).
- Australian Institute of Health and Welfare (AIHW) 1999a. Ageing and disability: literature review. AIHW–DSSC work program. Welfare Division Working Paper no. 24. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999b. Disability support services provided under the Commonwealth/State Disability Agreement: national data, 1998. AIHW Cat. no. DIS 16. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999c. National Information Management System (NIMS) for open employment services for people with a disability 1999. Data briefing no. 16: Quarter 4, December 1999. Canberra: AIHW.
- Beneforti M & Paradies Y 1998. Issues of identification in CSDA-funded disability support services. In: ABS et al. 1998.
- Black K & Maples J 1998. Disability support services provided under the Commonwealth/State Disability Agreement: national data, 1997. AIHW Cat. no. DIS 12. Canberra: AIHW.
- Black K, Maples J, Madden R & Wen X 1998. Disability support services provided under the Commonwealth/State Disability Agreement: available data, 1996. AIHW Cat. no. DIS 7. Canberra: AIHW.
- Bryson SE 1996. Brief report: epidemiology of autism. *Journal of Autism and Developmental Disorders* 26:165–7.
- Department of Community Services and Health (DCSH) 1990. Annual report 1989–90. Canberra: AGPS.
- Department of Employment, Workplace Relations and Small Business (DEWRSB) 1998. Job Seeker Classification Instrument (JSCI) – post implementation review. Issues for consultation. November.
- Department of Employment, Workplace Relations and Small Business (DEWRSB) 1999. Job Network regional performance: attachment. File titled ‘Performance data’. Online [cited 30 July]. Available from <www.dewrsb.gov.au>.
- Department of Family and Community Services (FaCS) 1998a. Commonwealth FaCS customers: a statistical overview, 1998. Canberra: AusInfo.
- Department of Family and Community Services (FaCS) 1998b. Commonwealth Disability Services Census 1997. Canberra: AusInfo.
- Department of Family and Community Services (FaCS) 1999a. National Disability Advocacy Program – Review report. Canberra: AusInfo.
- Department of Family and Community Services (FaCS) 1999b. Getting to the FaCS. No. 44. Canberra: AusInfo.

- Department of Health and Family Services (DHFS) 1996a. Annual report 1995–96. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1996b. Facts sheet, Budget 96–97. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1997a. Annual report 1996–97. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1997b. Commonwealth Disability Services Census 1995. Canberra: AGPS.
- Department of Health and Family Services (DHFS) 1998. Annual report 1997–98. Canberra: DHFS.
- Department of Health, Housing and Community Services (DHHCS) 1991. Annual report 1990–91. Canberra: AGPS.
- Department of Health, Housing and Community Services (DHHCS) 1992. Annual report 1991–92. Canberra: AGPS.
- Department of Health, Housing, Local Government and Community Services (DHHLGCS) 1993. Annual report 1992–93. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1993. Disability services standards handbook. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1994. Annual report 1993–94. Canberra: AGPS.
- Department of Human Services and Health (DHS) 1995. Annual report 1994–95. Canberra: AGPS.
- Department of Human Services (DHS) Victoria 1998. Annual report 1997–89. Melbourne: Department of Human Services.
- Department of Social Security (DSS) 1996a. Annual report 1995–96. Canberra: AGPS.
- Department of Social Security (DSS) 1996b. DSS customers: a statistical overview. Management Information Section. Canberra: DSS.
- Department of Social Security (DSS) 1997. Trends and characteristics of disability payments. Information paper, July. Canberra: DSS.
- Department of Social Security (DSS) 1998. Annual report 1997–98. Canberra: DSS.
- Department of Veterans' Affairs (DVA) 1998a. Benefits statistics summary, June 1998. Statistics Section, National Office. Canberra: AusInfo.
- Department of Veterans' Affairs (DVA) 1998b. The annual reports of the Repatriation Commission, the Department of Veterans' Affairs and the National Treatment Monitoring Committee. Canberra: AusInfo.
- Disability Administrators 1999. Supporting Australians with severe or profound disabilities: a service partnership. Background paper for Commonwealth/State Ministers, March.
- Donoghue D 1997. Australian & New Zealand Neonatal Network 1995. National Perinatal Statistics Unit. Sydney: AIHW.

- Federal Office of Road Safety 1999. Road injury Australia. Quarterly bulletin: September quarter 1998. Canberra: FORS.
- Fombonne E 1996. Is the prevalence of autism increasing? *Journal of Autism and Developmental Disorders* 26:673–6.
- Fortune N & Wen X 1999. The definition, incidence and prevalence of acquired brain injury in Australia. Canberra: AIHW. Forthcoming.
- House of Representatives Standing Committee on Family and Community Affairs (HRSCFCA) 1997. Concessions— who benefits? A report on concession card availability and eligibility for concessions. Canberra: AGPS.
- Hurst T, Shafir E, Day P & Lancaster P 1999. Congenital malformations, Australia 1995 and 1996. National Perinatal Statistics Unit. Sydney: AIHW.
- Jackson N 1998. Demographics and special needs groups. Unpublished paper prepared for Australia's Social Policy Outlook. Strategic Conversation on Health, Morbidity and Disability. 24 July. Canberra: DSS.
- Jenkins A, Butkus E & Gibson D 1998. Developing quality measures for home and community care. AIHW Cat. no. AGE 8. Canberra: AIHW.
- Madden R 1998. Disability definitions and concepts: working towards national consistency. In: ABS et al. 1998. Indigenous disability data: current status and future prospects. Report on workshop proceedings April 1998. Canberra: ABS.
- Madden R & Hogan T 1997. The definition of disability in Australia: moving towards national consistency. Canberra: AIHW.
- Madden R & Sykes C 1999. ICIDH: what it is and what it is for. Paper presented at AIHW conference on Australian work on health and related classifications, May 1999. Canberra: AIHW.
- Newman, the Hon. J 1999. Commonwealth commits an extra \$150 million to help people with a disability. Media release by the Minister for Family and Community Services, 4 August.
- NSW Ageing and Disability Department, NSW Health Department, Commonwealth Department of Health & Aged Care 1998. Community care assessment in NSW: a discussion paper. Sydney: Ageing and Disability Department.
- NSW Auditor General & NSW Community Services Commission (NSW CSC) 1997. Performance audit report: large residential centres for people with a disability in New South Wales. Sydney: Audit Office of NSW.
- NSW Community Services Commission (NSW CSC) 1998a. Annual report 1997–98. Sydney: CSC.
- NSW Community Services Commission (NSW CSC) 1998b. Community visitors annual report. Sydney: CSC.
- NSW Community Services Commission (NSW CSC) 1998c. Respite care—a system in crisis. A review of the respite care system in NSW by the Community Services Commission. Sydney: CSC.

- O'Connor P & Cripps R 1997. Spinal cord injury, Australia 1995–96. Australian Injury Prevention Bulletin 16. Adelaide: Research Centre for Injury Studies, Flinders University of South Australia.
- O'Connor P & Cripps R 1998. Spinal cord injury, Australia 1997–98. Australian Injury Prevention Bulletin 21. Adelaide: Research Centre for Injury Studies, Flinders University of South Australia.
- Queensland Department of Families, Youth and Community Care (FYCC) 1998. Intercom. 20: October–November. Brisbane: FYCC.
- Queensland Unmet Need Working Group 1998. Unmet need plan 1999–2004: identifying the unmet need for support services for people with disabilities in Queensland. Report of the Unmet Need Working Group, April.
- Schalock RL 1999. A quest for quality: achieving organizational outputs and personal outcomes. In Gardner JF & Nudler (eds) 1999. Quality performance in human services. Baltimore: Brookes.
- Stancliffe RJ & Keane S 1999. Outcomes and costs of community living: semi-independent living and group homes. Sydney: Centre for Developmental Disability Studies.
- Stancliffe, RJ & Whaite EA 1997. Watagan project evaluation report. Sydney: Centre for Developmental Disability Studies.
- Standing Committee of Community Services and Income Security Administrators (SCCISA) 1999. National Community Services Information Development Plan. AIHW Cat. no. AUS 14. Canberra: AIHW.
- Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) 1999. Report on government services 1999. Canberra: AusInfo.
- Walsh J 1997. Trends and characteristics of disability support pensioners. Agenda paper prepared for National Forum on Future Directions for Disability Policy, 24–25 July. Canberra: DSS.
- Wen X 1997. The definition and prevalence of intellectual disability in Australia. AIHW Cat. no. DIS 2. Canberra: AIHW.
- Wen X & Fortune N 1999. The definition and prevalence of physical disability in Australia. AIHW Cat. no. DIS 13. Canberra: AIHW.
- Wen X & Madden R 1998. Trends in community living among people with a disability. Paper presented at the Community Living Forum—Moving from large congregate care settings to community living: current research and practice, 17 April. Sydney: Centre for Developmental Disability Studies.
- World Health Organization (WHO) 1997. International classification of impairments, activities and participation (ICIDH-2): document for field trial purposes. Geneva: WHO.



8 Child protection and support services

8.1 Introduction

Child protection is the responsibility of the community services department in each State and Territory. Children coming into contact with community services departments for protective reasons are those who have been or are being abused or neglected and those for whom there is no adequate provision for their care.

Community services departments assist these children and their families by providing, or referring them to, a wide range of services. Some of these services are specifically for children in need of protection (and their families); others are available to a wider section of the population and are designed to deal with a broad range of matters.

This chapter analyses the national data on children who come into contact with community services departments for protective reasons. Sections 8.2 to 8.4 are based on the three national child protection data collections:

- notifications, investigations and substantiations of child abuse and neglect;
- children on care and protection orders;
- children in supported overnight out-of-home care.

State and Territory community services departments provide these data to the Institute each year. There are no national data collections on children who are referred to or use other services for protective reasons (AIHW 1999a).

Some information about adoptions is also included at the end of this chapter (in Box 8.3, page 293), as an example of a very specific type of service community services departments provide for children.

Child protection systems

While each jurisdiction has its own legislation, policies and practices in relation to child protection, the processes used to protect children are broadly similar. Figure 8.1 outlines the broad processes used in each jurisdiction's child protection system. These processes are outlined in more detail below.

Initial contact

Children who are seen to be in need of protection can initially come into contact with the community services department through a number of avenues. These include reports made by someone in the community, by a professional mandated to report suspected abuse and neglect, or by an organisation that has contact with the family or child. The child, his or her parent(s) or another relative may also contact the department seeking assistance. This initial contact may relate to abuse and neglect, or to broader

family concerns such as economic problems or social isolation. There are no national data on the total number of initial contacts made to community services departments.

Initial contacts are assessed to determine if the matter should be dealt with by the community services department or referred to another agency. Those contacts that are appropriate for community services are then assessed to determine if any further action is required. Contacts requiring further action will generally be classified as either a family support issue or a notification of child abuse and neglect. A range of factors is taken into account by community services workers when making these decisions. Those contacts classified as a family support issue will be further assessed and referred to family support services. Notifications of child abuse and neglect are dealt with separately.

Notification, investigation and substantiation

The community services department assesses each notification of child abuse and neglect to determine whether it requires investigation, whether it should be dealt with by other means (such as referral to other organisations or to family support services) or whether no further protective action is necessary or possible. An investigation is the process whereby the department obtains more detailed information about a child who is the subject of a notification and makes an assessment of the degree of harm or risk of harm to the child. After an investigation is completed, a notification is classified as 'unsubstantiated', 'substantiated' or, in two jurisdictions, 'child at risk'.

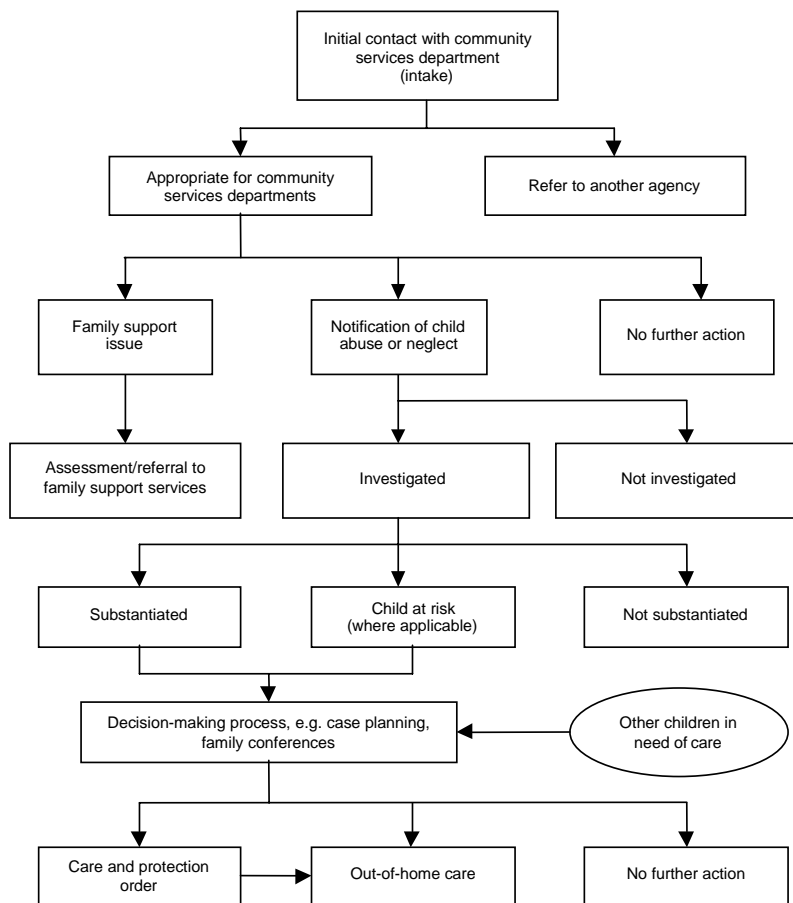
A notification will be substantiated if it is concluded after investigation that the child has been, is being or is likely to be abused or neglected or otherwise harmed. The 'child at risk' category refers to situations where the notification of abuse or neglect is not substantiated but where there are reasonable grounds for suspecting previous or future abuse or neglect and it is considered that continued departmental involvement is warranted. Only Tasmania and the Australian Capital Territory used this classification in 1997–98.

Children who are the subject of a substantiation and their families may then be referred to a range of family support services that aim to prevent re-abuse and improve family functioning. Such services may include family conferences, in-home support programs, education about appropriate parenting behaviours, or financial counselling. At present, however, there are no national data on such services.

Care and protection orders and out-of-home care

At any point in this process the community services department has the authority to apply to the relevant court to place the child on a care and protection order. Recourse to the court is usually a last resort; it is used in situations where supervision and support are resisted by the family, where other avenues for resolving the situation have been exhausted or where removal of a child from home into out-of-home care requires legal authorisation. In some jurisdictions legal authorisation is required for all children who are placed in out-of-home care.

Children can also be placed on a care and protection order or in out-of-home care, or both, for reasons other than child abuse and neglect; for example, if family conflict is such that 'time out' is needed, if a child is a danger to him or herself, or if the parents are ill and unable to care for the child.



Note: Family support services can be provided at any point in the process. A child may also be placed on a care and protection order or be taken into out-of-home care at any point.

Figure 8.1: The child protection process

Child protection data

The child protection data in this chapter were extracted from the administrative systems of State and Territory community services departments according to definitions and counting rules agreed to by the departments and the Institute. There are important links and overlaps between the three national child protection data collections. For example, children who are the subject of a substantiation of child abuse and neglect may be placed on a care and protection order and many children on care and protection orders are also in out-of-home care. There are, however, only very limited data at the national level on the movement of children through the child protection system and on the overlap between the three data collections.

Comparability of the data

As noted, each jurisdiction has its own legislation, policies and practices in relation to child protection. There are differences between the jurisdictions in these areas and these differences affect the data that are provided. The child protection data from the various States and Territories can therefore relate to different types of situations or circumstances. The following are examples.

- In some jurisdictions broader family concerns are classified as a notification while in others they are not.
- Some jurisdictions include abuse by a stranger as a child protection matter while others include only abuse or neglect within the family or where the parents are unwilling or unable to protect the child.
- What is substantiated varies: some jurisdictions substantiate harm or injury, some the risk of harm, and others an incident.
- There are differences in the types and range of care and protection orders available across jurisdictions and this influences decisions about whether children are placed on an order.

Comparability problems are greatest for the data on notifications and investigations of child abuse and neglect. The child abuse and neglect data are therefore generally provided separately for each State and Territory.

The National Child Protection and Support Services Data Group, which reports to the National Community Services Information Management Group, is working on improving the comparability of child protection data. A recent report on the comparability of child protection data will form the basis of further work (AIHW 1999b).

Trends in child protection

Trends in child protection also need to be interpreted carefully as the field is continually changing (see Box 8.1). Changes in child protection legislation or practice can have a direct and dramatic effect on the numbers reported. The following are examples.

- The introduction of a new reporting system in Victoria, along with the introduction of mandatory reporting in that State in the early 1990s, led to a large increase in the number of recorded notifications.
- The introduction of the 'New Directions' child protection policy in Western Australia in May 1996, which separated out reports of concerns about children and notifications of maltreatment, resulted in a considerable fall in the number of initial contacts that were classified as notifications (WA FCS 1996).

Box 8.1: Child protection in the 1990s

Child protection is an ever-changing and evolving area. Prior to the 1990s there was a lack of differentiation between, on one hand, child abuse and neglect and, on the other, situations in which caregivers were not coping with the responsibilities of parenting. It is now recognised that a large number of the reports that come to community services departments are not about child abuse but about wider child and family problems. It is also recognised that an investigation is not always the appropriate response and that there needs to be increased emphasis on, and more resources directed to, family support services.

At present the emphasis is on keeping children within the family if possible and placing them in out-of-home care only when absolutely necessary. If it is necessary to remove the child from home, placement with other relatives or kin is preferred and attempts are made to place Indigenous children with Indigenous caregivers. Placing children in long-term guardianship of the state is seen as a last resort, and there is a greater emphasis on the use of shorter term, less interventionist orders. Children's right to maintain contact with their parents whilst in out-of-home care has also been recognised.

Additionally, the past few years have seen an increasing emphasis on, and formalisation of, inter-agency cooperation (between community services, police, health, education departments, and so on) and coordinated approaches to child protection. Further, there are moves in all jurisdictions towards greater devolution to the non-government sector (particularly for out-of-home care).

Changes in direction are reflected in changes in legislation, policies and practices that have been put in place as a result of evaluations of the system in individual States and Territories. All these changes impact on the child protection data. (For more information, see Broadbent & Bentley 1997; AIHW 1998.)

8.2 Child abuse and neglect

Notifications and investigations

The number of notifications of child abuse and neglect in 1997–98 for each State and Territory is shown in Table 8.1. The number of notifications was higher than in 1996–97 in Victoria, South Australia, the Australian Capital Territory and the Northern Territory, and lower than in 1996–97 in Western Australia and Tasmania (AIHW 1997). It is not possible to make these comparisons for New South Wales and Queensland since no 1996–97 data are available for these two States.

In most States and Territories the majority of notifications were subject to an investigation. An investigation generally involves face-to-face contact with the child and their family. The proportion of notifications that were investigated ranged from 44% in Victoria to 93% in Western Australia and 96% in the Northern Territory.

The variation in the proportion of notifications that were investigated reflects the different ways in which jurisdictions both define and deal with notifications and investigations. In Victoria, for example, the definition of a notification is very broad, but the criteria for an investigation are strict. Notifications are 'caller defined' and include

reports of concern about a child, while only face-to-face contact with a child is counted as an investigation. The very high proportion of notifications that were investigated in Western Australia and the Northern Territory in 1997–98 is a consequence of the fact that both these jurisdictions have a policy of investigating or assessing all notifications.

Table 8.1: Notifications of child abuse and neglect: type of action, by State and Territory, 1997–98

Type of action	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
	Number							
Investigations finalised ^(a)	18,997	14,431	11,728	2,096	4,777	585	836	683
Investigations not finalised ^(b)	3,186	262	3,517	189	64	24	76	1
<i>Total investigations</i>	<i>22,183</i>	<i>14,693</i>	<i>15,245</i>	<i>2,285</i>	<i>4,841</i>	<i>609</i>	<i>912</i>	<i>684</i>
Dealt with by other means/not investigated ^(c)	9,040	18,470	1,988	162	6,810	407	213	26
Total notifications^(d)	31,223	33,163	17,233	2,447	11,651	1,016	1,125	710
	Percentage							
Investigations finalised ^(a)	61	44	68	86	41	58	74	96
Investigations not finalised ^(b)	10	1	20	8	1	2	7	—
<i>Total investigations</i>	<i>71</i>	<i>44</i>	<i>88</i>	<i>93</i>	<i>42</i>	<i>60</i>	<i>81</i>	<i>96</i>
Dealt with by other means/not investigated ^(c)	29	56	12	7	58	40	19	4
Total notifications^(d)	100	100	100	100	100	100	100	100

(a) An investigation is classified as finalised if it was completed and an outcome was recorded by 31 August 1998.

(b) 'Investigation not finalised' is an investigation that was begun but not completed before 31 August 1998. For Queensland, this category also includes situations where no investigation was possible.

(c) 'Dealt with by other means/not investigated' generally includes matters that were referred to police or to family support services, and matters where there were no grounds for investigation or no investigation was possible.

(d) Includes all notifications received between 1 July 1997 and 30 June 1998.

Source: AIHW 1999a.

Outcomes of investigations

Although the outcomes of investigations varied across the States and Territories, in all jurisdictions a high proportion of investigations were not substantiated; that is, there was no reasonable cause to believe that the child was being or was likely to be abused or neglected or otherwise harmed. The proportion of investigations that were substantiated ranged from 23% in Tasmania to 54% in Queensland and Western Australia. While the proportion for Tasmania was relatively low, in that State a relatively high proportion of investigations (25%) were classified as 'child at risk' (Table 8.2).

It is important to note that 'substantiations' include a wide range of harms to children. Data provided by Victoria, for example, show that 2% of the substantiations in 1996–97 were rated as severe, 26% as having caused significant harm, 48% as having caused moderate harm, and 24% as no further risk (AIHW, unpublished data). These are of course subjective classifications, but they do indicate the range of severity in what is substantiated.

Table 8.2: Finalised investigations of child abuse and neglect: type of outcome, by State and Territory, 1997-98

Type of outcome	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
	Number							
Substantiations	8,406	7,357	6,323	1,135	1,915	135	411	344
Child at risk	..	..	..	..	..	146	60	..
Unsubstantiated notifications	10,591	7,074	5,405	961	2,862	304	365	339
Total finalised investigations	18,997	14,431	11,728	2,096	4,777	585	836	683
	Percentage							
Substantiations	44	51	54	54	40	23	49	50
Child at risk	..	..	..	..	..	25	7	..
Unsubstantiated notifications	56	49	46	46	60	52	44	50
Total finalised investigations	100	100	100	100	100	100	100	100

Source: AIHW 1999a.

Substantiations over time

The number of substantiations for the 10-year period 1988-89 to 1997-98 is shown in Table 8.3. Between 1988-89 and 1994-95, the number of substantiations Australia-wide increased markedly, from 18,816 to 30,615; it then fell to 26,025 in 1997-98.

Table 8.3: Substantiations of child abuse and neglect, by State and Territory, 1988-89 to 1997-98

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1988-89	10,112	2,445	3,377	739	1,326	336	297	184	18,816
1989-90	9,429	2,950	3,721	884	1,165	n.a.	n.a.	184	n.a.
1990-91	11,611	2,427	3,500	1,223	1,162	472	247	226	20,868
1991-92	12,645	2,146	3,027	1,380	1,048	598	295	232	21,371
1992-93	14,290	4,089	2,743	1,519	1,824	416	445	304	25,630
1993-94	15,128	5,253	3,127	1,830	2,077	424	495	377	28,711
1994-95	14,164	7,326	4,000	1,484	2,547	360	376	358	30,615
1995-96	14,063	6,663	4,662	1,095	2,415	235	445	255	29,833
1996-97	1,791 (a)	7,034	4,895 (b)	982	2,527	244	376	252	(c)
1997-98	8,406	7,357	6,323	1,135	1,915	135	411	343	26,025

(a) 1996-97 data for New South Wales refer to only 3 months (1 April to 30 June 1997).

(b) Queensland could not provide data for 1996-97. Data refer to calendar year 1996.

(c) A total cannot be calculated for 1996-97 due to differences in time frames of data provided by the States.

Source: AIHW 1999a.

The reasons for these changes are complex and are likely to be related to changes in the various jurisdictions' policies and practices. A decline in substantiations in one jurisdiction may be cancelled out by an increase in another jurisdiction. For example, increases in the numbers of substantiations in Victoria occurred with the introduction of a new recording system and mandatory reporting. In New South Wales, Western

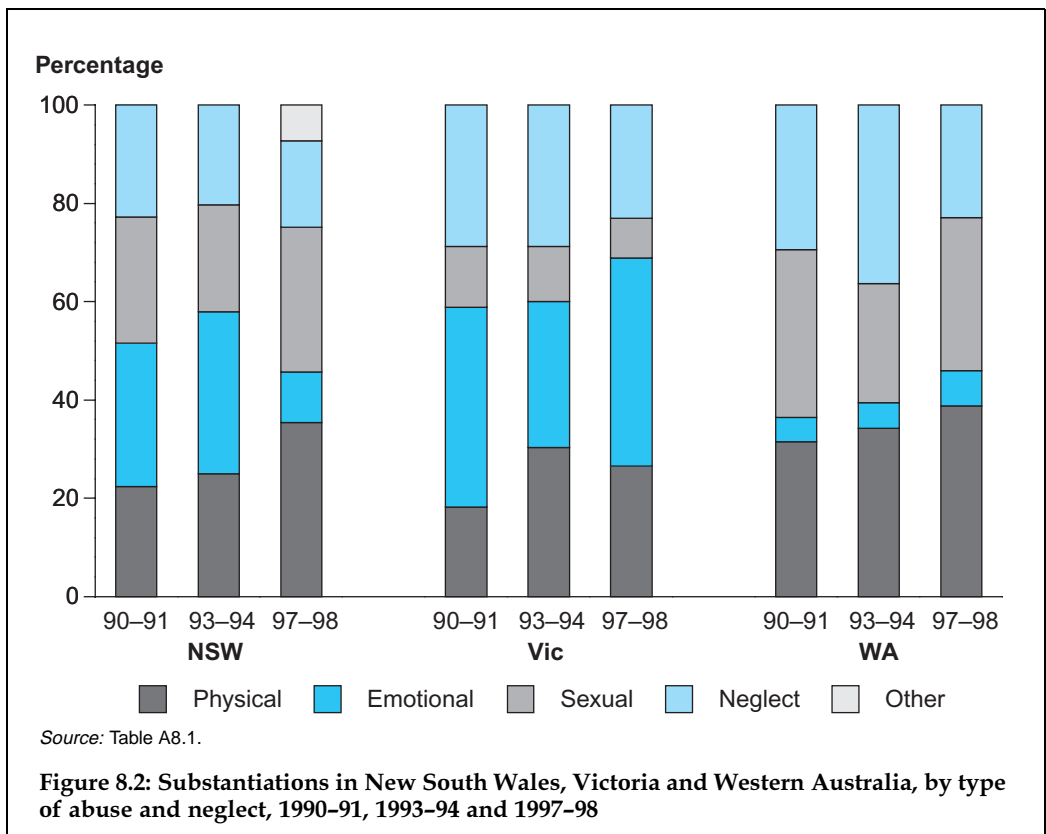
Australia and Tasmania, on the other hand, a move to separating out reports about concerns for children and child protection matters led to a decline in the number of substantiations.

Substantiations and type of abuse and neglect

Substantiations are generally classified into one of four categories: physical abuse, sexual abuse, emotional abuse, or neglect. The categories are, however, defined somewhat differently across jurisdictions.

In 1997-98 the distribution of categories of types of abuse and neglect varied considerably by State and Territory (Table A8.1). The most common category in New South Wales, Western Australia, the Australian Capital Territory and the Northern Territory was 'physical abuse'. 'Emotional abuse' was the most common category in Victoria, 'neglect' was most common in Queensland, and 'sexual abuse' was most common in Tasmania. These variations are likely to be the result of jurisdictions' different policies and practices in relation to the classification of child abuse and neglect, as well as variations in the type of abuse and neglect that is substantiated.

The distribution of substantiations across categories has also changed over time within jurisdictions as a result of changes in policies and practices (Table A8.1, Figure 8.2). For example, between 1990-91 and 1997-98 in New South Wales there were declines in the



proportions of substantiations classified as 'emotional abuse' (from 29% to 10%) and as 'neglect' (from 23% to 18%) and an increase in the proportion classified as 'physical abuse' (from 22% to 35%). This is largely due to policy changes introduced in July 1996, which resulted in a more narrow definition of 'substantiation'.

As noted, in Western Australia under the 'New Directions' policy introduced in 1996, contacts to the department were separated into notifications and reports of concerns about children, and the emphasis in relation to substantiations was placed on significant harm to the child as opposed to an incident. The effect of this policy is evident in the higher proportion of substantiations classified as 'physical abuse' and the lower proportion classified as 'neglect' in 1997-98 compared with 1990-91.

Characteristics of children

The number of children who were the subject of a notification or substantiation is lower than the total number of notifications or substantiations because children may be the subject of more than one notification or substantiation in a year. In 1997-98, 77,399 children aged 0-17 years were the subject of a notification to a community services department (compared with 98,568 notifications) and 21,772 children were the subject of a substantiation (compared with 26,025 substantiations) (AIHW 1999a).

Sex and age

Of those children who were the subject of a substantiation in 1997-98, 47% were male and 53% were female. The higher proportion of females overall is due predominantly to females' greater representation in the sexual abuse category: 72% of children who were the subject of a substantiation of sexual abuse were female (Table A8.2).

In relation to age, the highest proportion of children who were the subject of a substantiation were in the age groups 5-9 years and 10-14 years (Table 8.4). There was also a relatively high proportion of children aged under 1 year. Age is a factor child protection workers take into consideration when determining the time taken to respond to a notifi-

Table 8.4: Children in substantiations: age, by State and Territory, 1997-98

Age (years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
	Number							
<1	524	699	352	97	120	5	28	26
1-4	1,687	1,653	1,128	266	418	20	85	89
5-9	2,342	1,737	1,288	290	503	36	125	99
10-14	2,264	1,767	1,309	317	396	42	93	79
15-17	733	542	280	78	88	11	28	21
Unknown	22	1	3	14	49	18	—	—
Total	7,572	6,399	4,360	1,062	1,574	132	359	314
	Percentage							
<1	7	11	8	9	8	4	8	8
1-4	22	26	26	25	27	18	24	28
5-9	31	27	30	28	33	32	35	32
10-14	30	28	30	30	26	37	26	25
15-17	10	8	6	7	6	10	8	7
Total	100	100	100	100	100	100	100	100

Source: AIHW 1999a.

cation and whether the notification will be substantiated. In an attempt to protect babies more effectively, for example, the New South Wales Department of Community Services introduced special procedures for notifications involving babies aged under 1 year (NSW DCS 1997).

Rates of children in substantiations by State and Territory

Rates of children who were the subject of a substantiation of child abuse and neglect varied considerably by State and Territory (Table 8.5). It should be noted that the data include only cases of child abuse and neglect that were substantiated by community service departments; they do not include reports made to other agencies that were not referred to community service departments, nor do they include unreported incidents.

Victoria and the Northern Territory had relatively high rates of children for whom abuse and neglect was substantiated. In Victoria the rate was 5.9 children per 1,000 children aged 0–16 years, while in the Northern Territory the rate was 5.6 children per 1,000 (Table 8.5). The rate was lowest in Western Australia and Tasmania (2.4 and 1.1 respectively).

It is likely that much of the variation in rates between jurisdictions is due to the different policies and practices in each jurisdiction, rather than to differences in the level of child abuse and neglect that has occurred. Western Australia and Tasmania, for example, separate out contacts that do not involve child maltreatment and do not count them as a notification; the focus is on substantiating harm or risk of harm, rather than an action or an incident. Victoria, on the other hand, counts a broader range of incidents as notifications; this is likely to be the main reason for the higher rate of children who were the subject of a substantiation in that State.

It is not possible to determine from the data how much of the variation in rates between jurisdictions is due to the different policies and practices and how much is due to differences in the underlying levels of child abuse and neglect.

Table 8.5: Number and rates of children aged 0–16 years who were the subject of a substantiation of child abuse or neglect, by Indigenous status and State and Territory, 1997–98

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Indigenous children								
Number of children	655	460	771	272	260	3	33	163
Rate per 1,000 children	12.9	46.4	15.8	10.8	26.3	0.4	23.7	7.3
Other children								
Number of children	6,841	5,932	3,582	783	1,309	127	324	148
Rate per 1,000 children	4.7	5.6	4.5	1.9	4.0	1.1	4.4	4.4
Total children								
Number of children	7,496	6,392	4,353	1,055	1,569	130	357	311
Rate per 1,000 children	5.0	5.9	5.1	2.4	4.7	1.1	4.7	5.6

Notes

1. Rates of child abuse and neglect substantiations were calculated for children aged 0–16 and children of unknown age because of the very small number aged 17 years who were the subject of a substantiation.
2. Rates were calculated using the number of children subject to a substantiation in 1997–98, not the total number of substantiations in 1997–98.
3. Children whose Indigenous status was unknown are included in 'Other children'.

Source: ABS 1998a, 1998b; AIHW 1999a.

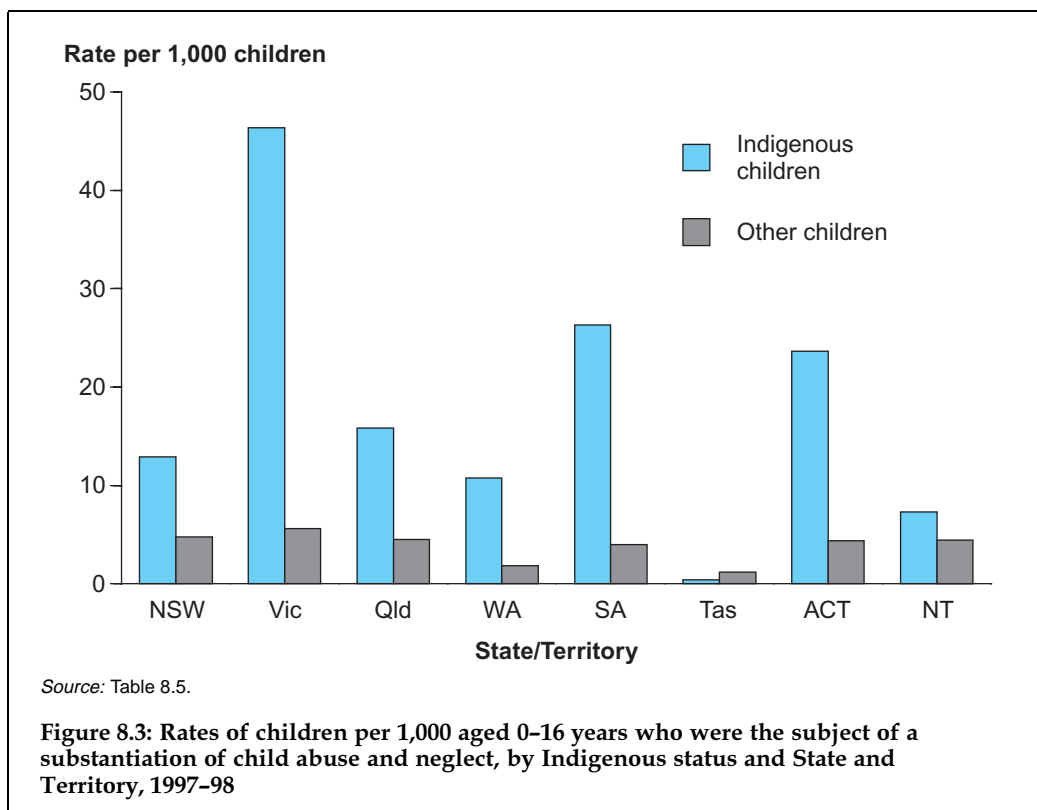
Indigenous children

In all jurisdictions except Tasmania the rate of children who were the subject of a substantiation of abuse and neglect was markedly higher for Indigenous children than for other children. In Victoria, for example, the rate for Indigenous children was 46.4 per 1,000 children aged 0–16 years, compared with a rate of 5.6 per 1,000 for other children. The corresponding rates in Queensland were 15.8 for Indigenous children and 4.5 for other children (Figure 8.3, Table 8.5).

There were large variations between States and Territories in the rates of Indigenous children who were the subject of a substantiation of abuse and neglect (Table 8.5). These variations are likely to be the result of jurisdictions' different policies and practices in relation to child protection but also of the different methods used to identify and record Indigenous status.

The reasons for the over-representation of Indigenous children in substantiations of child abuse and neglect are complex. The report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, *Bringing them Home*, examined the effect of child welfare policies on Indigenous people (HREOC 1997). The Inquiry found that among the underlying causes of the over-representation of Indigenous children in the child welfare system were:

- intergenerational effects of previous separations from family and culture;
- poor socioeconomic status;
- cultural differences in child-rearing practices.



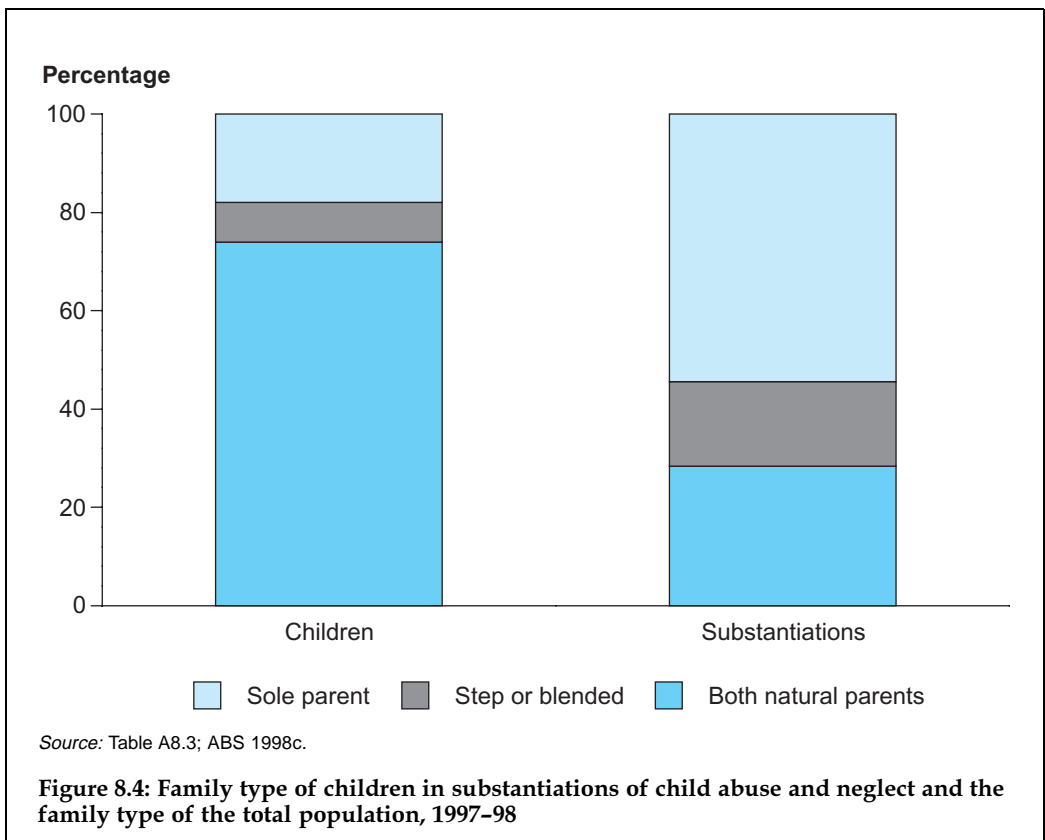
Factors associated with substantiations

National data on the social and economic circumstances of families involved in substantiations of abuse and neglect are limited. There are, however, data on the Indigenous status of children, as discussed, and data on the types of families involved in substantiations. Some data on other factors associated with substantiations are also available from individual States or Territories.

Family type

Compared with family types in the Australian population, a relatively high proportion of substantiations involved children living in female-headed sole-parent families and in two-parent step or blended families, and a relatively low proportion involved children living in two-parent natural families. For example, 42% of substantiations in Victoria and 45% in Queensland involved children from female sole-parent families (Table A8.3, Figure 8.4). In comparison, 16% of all Australian children live in female sole-parent families, 74% live in two-parent natural families, 8% live in two-parent step or blended families, and 2% live in male sole-parent families (ABS 1998c).

These findings are consistent with those of other studies of child abuse and neglect, among them the Victorian study (Prent & Lewis 1996) discussed in the following



section. This is likely to reflect the fact that sole parents are more likely to be on low incomes, to be financially stressed, and to have less support available in their immediate family.

State and Territory data

In 1993–94 Victoria conducted an analysis of the sociodemographic characteristics of a sample of approximately 10,000 child protection ‘cases’ on the State’s reporting system. Compared with households in the general community, families who had a child who was the subject of a substantiation were more likely to

- be renting as opposed to living in their own homes;
- have parents whose main source of income was government income support;
- be headed by a sole parent;
- have other problems such as alcohol and substance abuse or psychiatric problems (Prent & Lewis 1996).

The Institute received some 1996–97 data on the main source of income of families where a child was the subject of a substantiation of abuse and neglect. In the Australian Capital Territory, of the 300 families where abuse or neglect was substantiated and where the main source of income was reported¹, 56% of families stated that their main source of income was a government pension or benefit. In comparison, a pension or benefit was the main source of income for only 15% of all families with children in the Australian Capital Territory in 1996–97 (ABS unpublished data).

These data suggest that children from families with low socioeconomic status are most likely to be involved in a substantiation of child abuse and neglect. The relationship between socioeconomic status and involvement with child protection services is complex and has been explored in the literature on child abuse and neglect (see, for example, Parton 1985; Thorpe 1994).

Hospitalisations and child deaths

As noted, substantiations of child abuse and neglect include a wide variety of injuries or harm to children. For a small minority of children, however, child abuse and neglect may lead to hospitalisation, or even death.

Hospitalisations

The Institute’s National Hospital Morbidity Database contains data on the number of children who were admitted to hospital for ‘child battering and other maltreatment’. It should be noted that this information is coded by hospital staff and is a count of hospital admissions rather than children.

In 1997–98, there were 0.12 hospitalisations per 1,000 children aged 0–16 years with the code for ‘child battering or other maltreatment’ (Table 8.6). This rate can be compared with the overall rate for children who were the subject of a substantiation of child abuse and neglect, which ranged from 1.1 children per 1,000 children aged 0–16 years in Tasmania to 5.9 in Victoria (Table 8.5).

1 Main source of income was not reported for 76 substantiations (or 20.2% of substantiations).

The hospitalisation rate was highest for children aged under 1 year (0.76 per 1,000) and decreased as age increased. This is consistent with rates for children who were the subject of a substantiation, which generally decrease as age increases (AIHW 1999a).

Table 8.6: Rates of hospitalisations for ‘child battering and maltreatment’: per 1,000 children aged 0–16 years, 1997–98

Age (years)	Hospitalisations per 1,000 children
<1	0.76
1–4	0.20
5–9	0.06
10–14	0.03
15–16	0.05
Total 0–16	0.12

Note: Refers to admissions where there was a completed episode of care in 1997–98. Counts admissions and so will include multiple admissions of one patient.

Source: AIHW, unpublished morbidity data.

Child deaths

Child deaths attributable to abuse and neglect are few, but when they do occur they have an enormous impact on the public. They can also lead to changes in the policies and practices of community services departments. Since the community expects that governments should be able to protect all children, community services departments may be seen to be responsible for ‘not intervening to protect a child’ if a child dies as a result of abuse or neglect.

Many jurisdictions now have committees that review child deaths, or some other formal means of examining such deaths, where the children were previously involved with the community services department. Although the Institute does not collect national data on child deaths resulting from child abuse and neglect, some data are available from the Australian Institute of Criminology, which collects data on homicides through the National Homicide Monitoring Program.

Between July 1989 and December 1993 police recorded 32 homicides of children aged less than 15 years where the child was a victim of fatal abuse or neglect (Strang 1996).² A number of characteristics were associated with these deaths:

- the child’s age—children under 1 year were the most vulnerable (19 deaths of children aged under 1 year and 11 deaths of children aged 1–4 years);
- the youth of the parents;
- the youth of the offender—the majority of offenders were aged under 21 years;
- family instability—the child’s mother was often living in an unstable relationship with the child’s father or a subsequent partner and non-biological fathers were over-represented among offenders;
- financial difficulties—only one of the offenders was known to be in employment at the time of the incident (Strang 1996).

² This is probably an underestimate due to difficulties faced in bringing successful prosecutions in cases involving the death of an infant.

8.3 Children on care and protection orders

If a child has been the subject of substantiated abuse or neglect, it is often necessary for the community services department to have continued involvement with the family. The department generally tries to protect the child from further abuse or neglect by providing appropriate support services to the child and their family. If further intervention is required the department may apply to the relevant court to place the child on a care and protection order.

Only a small proportion of children who are the subject of a substantiation of child abuse and neglect are subsequently placed on a care and protection order. In 1996–97 the proportions ranged from 2% in Western Australia to 29% in Tasmania (Table A8.4). The variations between jurisdictions are likely to reflect differences in practices and in the types of orders available.

Recourse to the court is usually a last resort; for example, where the family resists supervision and counselling or where removal of the child to out-of-home care needs legal authorisation. Community services departments may also apply to place children on a care and protection order for reasons that are not related to child abuse and neglect; for example, if there is family conflict and ‘time out’ is needed or if there is an irretrievable breakdown in the relationship between the child and their parents.

Types of care and protection orders

The Institute collects national data on children on orders granted for protective reasons by the Youth Court in South Australia, the Family Matters Court in the Northern Territory and the Children’s Courts in the other States and the Australian Capital Territory. For the purposes of this report orders are classified into four main categories, as shown in Box 8.2.

The numbers and types of care and protection orders vary considerably across jurisdictions, as do the alternatives available to community services departments for dealing with children in need of care and protection. Some jurisdictions have a much wider range of orders than others—for example, Victoria has a fairly wide range of orders—and the use of interim and administrative orders varies (AIHW 1998). Caution is therefore necessary when making comparisons across jurisdictions of the number and rates of children on care and protection orders.

Characteristics of children on care and protection orders

At 30 June 1998 there were 16,449 children on care and protection orders in Australia (Table 8.7). This is an increase of 731 on the number at 30 June 1997 (AIHW 1998).

The highest proportion of children on care and protection orders at 30 June 1998 were on guardianship or custody orders (75%); this was followed by finalised supervision and other finalised orders (11%), interim and temporary orders (10%) and administrative and voluntary arrangements (4%).

Living arrangements

At 30 June 1998, 85% of all children on care and protection orders were living with parents or relatives or were in some other type of home-based care, with 34% living with parents or relatives who were not reimbursed and 51% living in other home-based care arrangements (Table 8.8). A further 10% were living in facility-based care, 2% were

living independently, and 2% were in some other kind of living arrangement. (See Section 8.4, page 287, for more information about children in out-of-home care.)

Age and sex

At 30 June 1998, 32% of children on care and protection orders were aged 10–14 years, 28% were aged 5–9 years, 21% were aged under 5 years and the remaining 19% were aged 15–17 years. Just over half of all children on orders at 30 June 1998 were male (Table A8.5).

Rates of children on care and protection orders

There were 3.5 children per 1,000 children aged 0–17 years on care and protection orders in Australia at 30 June 1998. The rate varied across the States and Territories, from 1.7 in Western Australia to 4.2 in Tasmania (Table 8.9). This variation in rates between jurisdictions is likely to be due to the different orders available and differences in policy and practices relating to the placement of children on orders.

Box 8.2: Types of care and protection orders

There are four main categories of care and protection orders: finalised guardianship or custody orders; finalised supervision and other finalised orders; interim and temporary orders; and administrative and voluntary arrangements.

Finalised guardianship or custody orders. Guardianship orders involve the transfer of legal guardianship of a child to the head of the community services department in the State or Territory in question. The state assumes the roles and responsibilities of a parent to the child, which includes not only the obligation to provide financial and material support but also responsibility for the child's long-term welfare. In most States and Territories guardianship orders also involve the transfer to the state of custody of the child – that is, the right to daily care and control of the child. Guardianship orders are the most interventionist of the care and protection orders and are consequently applied only as a last resort. Custody orders are those orders that place children in the custody of a third party, including an agency. They do not bestow any responsibility for the long-term welfare of the child. This category also includes permanent care orders.

Finalised supervision and other finalised orders. Supervision orders give the community services department some responsibility for the child's welfare by supervising the level of care provided to the child. Under these types of orders care will generally be provided by parents and the guardianship and custody of the child is not affected. This category also includes undertakings that are voluntary orders relating to the care or conduct of the child.

Interim and temporary orders generally provide for a limited period of supervision or placement of a child or both.

Administrative and voluntary arrangements are legal arrangements between families and community services departments for the purpose of child protection. This category is not as easily defined as the others since it depends to a large extent not only on what jurisdictions include under the child protection umbrella but also on their definition of 'arrangements'.

Source: Broadbent & Bentley 1997; AIHW 1998.

Table 8.7: Children on care and protection orders: by type of order and State and Territory, 30 June 1998

Type of order	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Finalised guardianship and custody orders	4,396	2,912	2,867	799	n.a.	318	190	84	11,566
Other finalised orders	—	1,112	319	—	n.a.	154	39	38	1,662
Interim and temporary orders	978	191	247	—	n.a.	34	11	4	1,465
Administrative and voluntary arrangements	587	—	—	—	n.a.	14	15	12	628
Other/not specified	26	—	—	—	n.a.	—	—	—	26
Total	5,987	4,215	3,433	799	1,102	520	255	138	16,449 ^(a)
Percentage									
Finalised guardianship and custody orders	74	69	84	100	n.a.	61	75	61	75
Other finalised orders	—	26	9	—	n.a.	30	15	28	11
Interim and temporary orders	16	5	7	—	n.a.	7	4	3	10
Administrative and voluntary arrangements	10	—	—	—	n.a.	3	6	9	4
Total	100	100	100	100	100	100	100	100	100 ^(b)

(a) Totals for each category do not add to total number of orders because data from South Australia are excluded.

(b) The total from South Australia was excluded in calculating percentages.

Source: AIHW 1999a.

Table 8.8: Children on care and protection orders, by living arrangements, 30 June 1998

Living arrangements	Number	Percentage
Parents	2,584	17
Relatives/kin (other than parents) who are not reimbursed	2,692	18
<i>Total family care</i>	<i>5,276</i>	<i>34</i>
Foster care/community care	6,034	39
Relatives/kin (other than parent) who are reimbursed	1,628	11
Other	203	1
<i>Total home-based out-of-home care</i>	<i>7,865</i>	<i>51</i>
Facility-based care	1,486	10
Independent living (including private board)	350	2
Other living arrangements (including unknown living arrangements)	370	2
Total	15,347	100

Note: Data from South Australia are excluded.

Source: AIHW 1999a.

Indigenous children

At 30 June 1998, 2,868 Indigenous children were on care and protection orders (Table 8.9). The rate of Indigenous children on care and protection orders was 15.5 per 1,000 children aged 0–17 years, which is over five times the rate for other children (3.0 per 1,000).

The rates of Indigenous children on care and protection orders varied considerably across the States and Territories (Table 8.9). They were highest in the Australian Capital Territory (31.2)³ and lowest in the Northern Territory (3.1).

In all States and Territories the rate for Indigenous children was higher than that for other children (Table 8.9). In Victoria and the Australian Capital Territory, the rate was over eight times that for other children.³ The difference between the rates for Indigenous and other children was smallest in Tasmania (4.6 compared with 4.2) and the Northern Territory (3.1 compared with 1.9).

Table 8.9: Children aged 0–17 years on care and protection orders: number and rate per 1,000 children, by Indigenous status and State and Territory, 30 June 1998

State/Territory	Number of children			Rate per 1,000 children aged 0–17 years		
	Indigenous	Other	Total	Indigenous	Other	Total
New South Wales	1,195	4,792	5,987	22.3	3.1	3.8
Victoria	294	3,921	4,215	28.2	3.5	3.7
Queensland	852	2,581	3,433	16.5	3.1	3.8
Western Australia	215	584	799	8.1	1.3	1.7
South Australia	160	942	1,102	15.3	2.7	3.1
Tasmania	34	486	520	4.6	4.2	4.2
Australian Capital Territory	46	209	255	31.2	2.7	3.2
Northern Territory	72	66	138	3.1	1.9	2.4
Australia	2,868	13,581	16,449	15.5	3.0	3.5

Note: Children whose Indigenous status was unknown are included in 'Other'.

Source: ABS 1998a, 1998b; AIHW 1999a.

Children admitted to care and protection orders

During 1997–98 a total of 8,969 children were admitted to care and protection orders (Table A8.6). The age distribution of these children is younger than the age distribution of the population of children who were on orders at the end of the year (since that total includes those admitted during previous years and not yet discharged). Of children admitted in 1997–98, 13% were aged less than 1 year, 28% were aged 1–4 years, 26% were aged 5–9 years, 26% were aged 10–14 years and 6% were aged 15–17 years (Table A8.6).

8.4 Children in out-of-home care

Supported out-of-home care is one of a range of services provided to families in crisis. Its purpose is to support families in crisis, to provide a protective environment for children who have been abused or neglected, to provide respite accommodation for children whose parents are temporarily ill or unable to care for them, or to provide an alternative home for a child because of conflict between the child and their parent(s). Children and young people may be placed in a variety of care arrangements; for example, foster care, with family/kin, or in facility-based care.

³ The relatively small size of the Indigenous population in the Australian Capital Territory should be taken into account when interpreting these rates.

The current emphasis in policy and practice is on family reunification, and out-of-home care is seen in many cases as a short-term option. Although placements of children can be voluntary, most out-of-home care placements are made in conjunction with a care and protection order or a juvenile justice order. As with most child protection and support services, the States and Territories are responsible for funding out-of-home care. Non-government organisations are, however, widely used to provide services in this area.

For the purposes of this data collection, out-of-home care is defined as out-of-home overnight care for children and young people aged less than 18 years, where the State or Territory makes a financial payment. It includes placements with relatives (other than parents) if they receive a payment, but excludes placements in disability services, psychiatric services, juvenile justice facilities or overnight child care. The data presented here exclude children in unfunded placements and those in informal placements with relatives or friends. The number of such children may be substantial, particularly in Indigenous communities, but there are no readily available data on this. The data also exclude children who are living with parents where the State or Territory makes a financial payment.

Like other child protection information, data on children in out-of-home care come from the community services departments' administrative databases. Differences in the way out-of-home care services are used and counted across jurisdictions should be taken into consideration when comparing the data (AIHW 1998).

Characteristics of children in out-of-home care

At 30 June 1998, 14,470 children were in out-of-home care in Australia (Table 8.10). Most of these children (87%) were in home-based care arrangements, reflecting the trend in recent decades to decreased use of facility-based or residential care and increased use of foster care arrangements (Table 8.10). Most States and Territories have closed or are in the process of closing their larger residential facilities.

Overall, 10% of children in out-of-home care were living in facility-based care. The proportion in facility-based care ranged from 5% in Queensland and South Australia to 21% in the Northern Territory. Only 1% of children in out-of-home care Australia-wide were in independent living arrangements; this includes older children in rental accommodation or boarding privately.

Compared with other jurisdictions, South Australia had a relatively high proportion of children placed in foster or community care (86%), while New South Wales and Tasmania had relatively high proportions of children placed with relatives or kin (45% and 38% respectively).

Age and sex

At 30 June 1998 32% of children in out-of-home care were aged 10–14 years, 28% were aged 5–9 years, 21% were aged under 5 years and the remaining 20% were aged 15–17 years (Table A8.7).

In all States and Territories for which data are available, children in facility-based care were older than children in home-based out-of-home care. For example, 86% of children in facility-based care in New South Wales were aged 10 years or over; 38% were aged

Table 8.10: Children in out-of-home care: by type of placement and State and Territory, 30 June 1998

Type of placement	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT ^(b)	NT	Total
	Number								
Foster/community care	2,395	1,988	1,729	689	907	202	118	61	8,089
Relatives/kin	2,507	888	497	226	86	166	40	36	4,446
Other home-based care	—	105	—	—	14	—	—	7	126
<i>Total home-based care</i>	<i>4,902</i>	<i>2,981</i>	<i>2,226</i>	<i>915</i>	<i>1,007</i>	<i>368</i>	<i>158</i>	<i>104</i>	<i>12,661</i>
Facility-based care	351	619	120	158	48	74	16	29	1,415
Independent living	147	15	—	13	—	—	5	3	183
Other (includes unknown living arrangements)	203	—	—	7	—	—	—	1	211
Total	5,603	3,615	2,346	1,093	1,055	442	179	137	14,470
	Percentage								
Foster/community care	43	55	74	63	86	46	66	45	56
Relatives/kin	45	25	21	21	8	38	22	26	31
Other home-based care	—	3	—	—	1	—	—	5	1
<i>Total home-based</i>	<i>87</i>	<i>82</i>	<i>95</i>	<i>84</i>	<i>95</i>	<i>83</i>	<i>88</i>	<i>76</i>	<i>87</i>
Facility-based care	6	17	5	14	5	17	9	21	10
Independent living	3	—	—	1	—	—	3	2	1
Other (includes unknown living arrangements)	4	—	—	1	—	—	—	1	1
Total	100	100	100	100	100	100	100	100	100

(a) Includes 3 people over 18 who were on juvenile justice orders.

(b) The number of children placed with relatives/kin may be understated if the relationship of the carer to the child is unknown (where the carer is recruited by a non-government organisation). Data for the Australian Capital Territory include placements in the Supported Accommodation Assistance Program where Family Services made a payment.

Source: AIHW 1999a.

15 or over. The proportion of children in facility-based care who were aged less than 5 years was relatively low in all jurisdictions, ranging from 2% in New South Wales to 17% in Western Australia. There were no children aged less than 5 years in facility-based care in the Australian Capital Territory (Table A8.7).

Just over half of all children in out-of-home care were male (Table A8.8). The majority of children in facility-based care were also male, with the proportion ranging from 55% in Tasmania to 76% in the Northern Territory. There were similar proportions of both girls and boys in home-based out-of-home care in each jurisdiction.

Whether children were on a care and protection order

In the Northern Territory all children in out-of-home care were on a care and protection order. In Queensland data on children in out-of-home care were available only for children who were on an order or remanded in temporary custody awaiting the outcome of an application for an order. In other jurisdictions the proportion of children in out-of-home care who were on a care and protection order ranged from 62% in Tasmania to 95% in New South Wales (Table A8.9).

Length of time in placement

At 30 June 1998, 40% of children had been in out-of-home care for two years or more. This varied, however, across the States and Territories, ranging from 23% in Victoria to 59% in Western Australia (Table 8.11).

Data on the number of children in respite care were not available for all jurisdictions, but it is likely that many of the children in care for periods of less than one month were in care for respite reasons; this includes situations where the child's carer was ill and unable to care for the child. Only New South Wales, Victoria and the Australian Capital Territory were able to separate out children in respite care from other children in out-of-home care. Of those children who were in out-of-home care for less than one month, 75% in New South Wales, 34% in Victoria and 56% in the Australian Capital Territory were in respite care (Table 8.11).

Table 8.11: Children in out-of-home care: length of time in continuous placement, by State and Territory, 30 June 1998

Time in continuous placement	NSW	Vic ^(a)	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Number									
<1 month	744	564	111	30	71	44	16	8	1,588
1 month to <6 months	779	861	442	167	196	91	24	14	2,574
6 months to <1 year	727	557	340	123	101	55	25	15	1,943
1 year to <2 years	893	813	434	129	118	64	27	25	2,503
2 years or more	2,453	819	1,019	639	521	188	87	75	5,801
Not stated/unknown	7	—	—	5	—	—	—	—	12
Total	5,603	3,614	2,346	1,093	1,007	442	179	137	14,421
Percentage									
<1 month	13	16	5	3	7	10	9	6	11
1 month to <6 months	14	24	19	15	19	21	13	10	18
6 months to <1 year	13	15	14	11	10	12	14	11	13
1 year to <2 years	16	22	18	12	12	14	15	18	17
2 years or more	44	23	43	59	52	43	49	55	40
Total	100	100	100	100	100	100	100	100	100

(a) Data exclude 1 child in Victoria for whom no details are known.

(b) Data exclude 48 children in residential care in South Australia for whom no other details are known.

Note: Where children in out-of-home care for respite reasons can be identified, they have been included in the 'less than 1 month' category—New South Wales (561 children), Victoria (193 children) and the Australian Capital Territory (9 children).

Source: AIHW 1999a.

Rates of children in out-of-home care

At 30 June 1998, there were 3.1 children per 1,000 aged 0–17 years in out-of-home care in Australia; the rate for 30 June 1997 was 3.0 per 1,000 (AIHW 1998). The rates varied by State and Territory, ranging from 2.2 per 1,000 in the Australian Capital Territory ⁴ to 3.6 per 1,000 in Tasmania (Table 8.12). The reasons for the variation are likely to relate to differences in the policies and practices of community services departments as well

4 The relatively small size of the Indigenous population in the Australian Capital Territory should be taken into account when interpreting these rates.

as to variations in the availability of appropriate care options for children who are regarded as being in need of this type of service.

Table 8.12: Children aged 0–17 years in out-of-home care: number and rate per 1,000 children, by Indigenous status and State and Territory, 30 June 1998

State/Territory	Number of children			Rate per 1,000 children aged 0–17 years		
	Indigenous	Other	Total	Indigenous	Other	Total
New South Wales	1,153	4,450	5,603	21.5	2.9	3.5
Victoria	320	3,295	3,615	30.7	2.9	3.2
Queensland	522	1,824	2,346	10.1	2.2	2.6
Western Australia	310	783	1,093	11.6	1.7	2.3
South Australia ^(a)	188	819	1,007	18.0	2.4	2.8
Tasmania	34	408	442	4.6	3.5	3.6
Australian Capital Territory	36	143	179	24.4	1.8	2.2
Northern Territory	71	66	137	3.0	1.9	2.3
Australia	2,634	11,788	14,422	14.2	2.6	3.1

(a) Data exclude 48 children in residential care for whom no other details are known.

Note: Children whose Indigenous status was unknown are included in 'Other'.

Source: ABS 1998a, 1998b; AIHW 1999a.

Indigenous children

Indigenous children are much more likely than other children to be placed in out-of-home care. At 30 June 1998, 2,634 Indigenous children were in out-of-home care, a rate of 14.2 children per 1,000 children aged 0–17 years, which is over five times the rate for other children (2.6 per 1,000) (Table 8.12). The rate of Indigenous children in out-of-home care fell between 1997 and 1998: at 30 June 1997 the rate was 16.3 per 1,000 (AIHW 1998).

The rates of Indigenous children in out-of-home care varied substantially by State and Territory: Victoria (30.7 per 1,000), the Australian Capital Territory (24.4) and New South Wales (21.5) had relatively high rates; Tasmania (4.6) and the Northern Territory (3.0) had relatively low rates.

Indigenous status of caregivers

The Aboriginal Child Placement Principle outlines preferences for the placement of Indigenous children with Indigenous people when they are placed outside their family (Lock 1997:50). The Principle lists the following order of preference:

- with the child's extended family;
- within the child's Indigenous community;
- with other Indigenous people.

All jurisdictions have adopted the Principle in either legislation or policy. The Principle's impact is reflected in the relatively high proportion of Indigenous children who are placed with Indigenous caregivers or with relatives.

Table 8.13: Indigenous children in out-of-home care: Indigenous status and relationship of caregiver, by selected States and Territories, 30 June 1998

Indigenous status and relationship of caregiver	NSW		Qld ^(a)		WA		SA ^(b)		Tas		ACT	
	N	%	N	%	N	%	N	%	N	%	N	%
Indigenous												
Relative	568	49	149	30	94	30	15	8	7	21	9	25
Other	383	33	190	38	169	55	103	55	—	—	6	17
<i>Total</i>	<i>951</i>	<i>82</i>	<i>339</i>	<i>67</i>	<i>263</i>	<i>85</i>	<i>118</i>	<i>63</i>	<i>7</i>	<i>21</i>	<i>15</i>	<i>42</i>
Non-Indigenous												
Relative	n.a.	n.a.	51	10	10	3	11	6	10	29	1	3
Other	n.a.	n.a.	114	23	37	12	59	31	17	50	20	56
<i>Total</i>	<i>178</i>	<i>15</i>	<i>165</i>	<i>33</i>	<i>47</i>	<i>15</i>	<i>70</i>	<i>37</i>	<i>27</i>	<i>79</i>	<i>21</i>	<i>58</i>
Unknown	24	2	—	—	—	—	—	—	—	—	—	—
Total	1,153	100	504	100	310	100	188	100	34	100	36	100

(a) Data include only children in home-based out-of-home care.

(b) Data exclude 48 children in residential care for whom no other details are known.

Notes

1. Data were not available for Victoria and the Northern Territory.

2. Children and caregivers whose Indigenous status was unknown are included in 'Other'.

Source: AIHW 1999a.

The proportion of Indigenous children who were placed with either a relative or an Indigenous caregiver ranged from 45% in the Australian Capital Territory to 88% in Western Australia (Table 8.13). The relatively low proportions for Tasmania and the Australian Capital Territory are probably a consequence of the small Indigenous populations in these jurisdictions.

8.5 Future directions

The major issue that is currently being considered in relation to the national data on child protection concerns the comparability of the data, in particular the data on child abuse and neglect. A number of differences in the data provided by each jurisdiction affect comparability and mean that national totals for child abuse and neglect cannot be provided. The States and Territories and the Institute are currently examining proposals for improving the comparability of the data. It is hoped that this will result in changes to the data collections that will remove some of the major differences between jurisdictions.

Work is also being done to improve reporting on the range of support services States and Territories provide to children in need of protection and their families. With the exception of out of home care, there are at present no national data on these services. A framework for reporting on such services is being developed. It will include services that strengthen and support families and seek to prevent children being removed from the family for protective reasons. Reporting on these types of services would provide a broader perspective on the child protection work that is undertaken by community service departments. This work will also link in with the scoping study of family support services outlined in Chapter 4.

Box 8.3: Adoptions

Adoptions by Australian families are the responsibility of community services departments in each State and Territory. The Institute collects national data on adoptions on an annual basis. Until 1997–98 adoptions were categorised as adoptions of Australian-born children by relatives, adoptions of Australia-born children by non-relatives and adoptions of overseas-born children by non-relatives. The adoptions data for 1998–99 have been re-categorised to bring them more into line with current adoption practice.

Since the 1970s the number of adoptions in Australia has fallen dramatically, from a peak of 9,798 in 1971–72 to 577 in 1997–98. There are many reasons for this fall, among them the availability of more effective methods of birth control, the introduction of income support for single parents, and changing community attitudes.

The nature of adoptions has also changed. During the 1970s and early 1980s the majority of children adopted were born in Australia. Since this time, however, an increasing proportion of children adopted by non-relatives have been born overseas. For example, between 1979–80 and 1983–84, 89% of the 7,553 children adopted by non-relatives were Australian-born. In contrast, between 1993–94 and 1997–98, 51% of the 2,517 children adopted by non-relatives were Australian-born. Further, since the late 1970s and early 1980s an increasing proportion of adoptions of Australian-born children have been adoptions by relatives: in 1997–98 the proportion was 46% and the majority of these adoptions were by step-parents.

The adoption process has also changed considerably since the 1970s, reflecting changing attitudes to children's rights and the rights of the birth mother. Prior to the 1970s all adoptions were considered closed; that is, the parties to the adoption (the child, the adoptive parents and the birth parents) were provided with very little information about each other. All jurisdictions but Queensland have since introduced the option of an open adoption process, whereby if all parties are willing, an adoption plan is developed to facilitate contact between the parties to the adoption. This contact can range from occasional information exchange to regular meetings between the adoptive child and the birth parent(s).

In addition, each State and Territory has a system available whereby people who are party to an adoption can apply for information about the other parties. Veto systems have also been established in most jurisdictions, whereby adopted people and birth parents can veto the release of identifying information or can prevent contact, or both. Since 1995–96 there have been 14,346 information applications, more than half of which were from adopted people. In the same period only 859 vetoes were lodged.

The most recent development in adoption in Australia has been the Commonwealth Government's ratification on 1 December 1998 of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. The Convention establishes uniform standards and procedures for adoptions between countries. It will help people in Australia who wish to adopt overseas-born children by streamlining the adoption procedures. It is therefore likely that number of overseas-born children adopted in Australia will increase.

References

- Australian Bureau of Statistics (ABS) 1998a. Indigenous population by age and sex at June 1997 and June 1998. Unpublished projections for the Indigenous population based on June 1996 census data. Canberra: ABS
- Australian Bureau of Statistics (ABS) 1998b. Population by age and sex at December 1997 and March 1998. Unpublished estimates based on June 1996 census data. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998c. Family characteristics, Australia, April 1997. Cat. no. 4442.0. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998. Child protection Australia 1996-97. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999a. Child protection Australia 1997-98. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999b. Comparability of child protection data project. Canberra: AIHW.
- Broadbent A & Bentley R 1997. Child abuse and neglect Australia 1995-96. Canberra: AIHW.
- Human Rights and Equal Opportunity Commission (HREOC) 1997. Bringing them home. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Sydney: HREOC.
- Lock JA 1997. The Aboriginal Child Placement Principle: research project no. 7. Sydney: New South Wales Law Reform Commission.
- New South Wales Department of Community Services (NSW DCS) 1997. Practice manual: working with children and families. Sydney: NSW DCS.
- Parton N 1985. The politics of child abuse. London: MacMillan.
- Prent J & Lewis P 1996. Socio-demographic characteristics of families investigated by protective services. Melbourne: Department of Human Services.
- Strang H 1996. Children as victims of homicide. Paper no. 53. Canberra: Australian Institute of Criminology.
- Thorpe D 1994. Evaluating child protection. Buckingham: Open University Press.
- Western Australian Department of Family and Community Services (WA FCS) 1996. New Directions in child protection and family support. Perth: WA FCS.



9 Services for homeless people

9.1 Introduction

Homelessness is a complex and multi-dimensional issue. It can result from a variety of circumstances that, singly or together, trigger a crisis in an individual's life (Neil et al. 1994:11, 35). At the nub of the crisis might be vulnerability caused by the breakdown of normal living arrangements or families that do not provide stable or safe living environments (Burke 1993:6). Among factors that significantly increase the risk of homelessness are unemployment, poverty, discrimination in obtaining housing or employment (or both), being a political refugee, social dislocation resulting from divorce or family violence, and a lack of affordable housing.

Factors such as these rarely operate in isolation; rather, they tend to reinforce each other. In this respect there has been considerable debate about whether conditions such as mental illness or substance abuse are a product or a cause of homelessness. Certainly, these problems can increase individuals' vulnerability to housing loss, and such groups are likely to be disproportionately represented among populations of homeless people (Neil et al. 1994:36). Homelessness may, however, be avoided if affordable housing and adequate services are available to those at risk (Ringheim 1993:618).

Family conflict and unemployment are important factors in youth homelessness. There is some evidence that it is now harder for young people to live independently of their parents than was the case 20 years ago. For example, full-time weekly earnings for young males fell in real terms by almost 20% between 1976 and 1996 (Parliamentary Library 1998). In the early 1970s a young person leaving an intolerable family situation would in all likelihood have been able to leave home, find a full-time position in an unskilled manufacturing job, and have sufficient income to share a flat. These kinds of jobs have become rare in the nineties, and a young person in a similar position today would be much more likely to be unemployed. With a higher cost housing market and a minimal income, such unemployed young people are at risk of homelessness (Burke 1993:26).

In addition, people escaping family violence need access to crisis services for accommodation or other forms of help. Domestic violence is a serious problem, affecting a substantial proportion of women and their children in Australia, particularly women aged 18–24 years (ABS 1996).¹ On the basis of data from the 1996 Survey of Women's Safety (ABS 1996), it has been estimated that about 190,000 women experienced violence at the hands of a current or previous partner in the 12 months preceding the Survey (AIHW 1997a:224).

1 Domestic violence can be physical, sexual or psychological. Excessive social or economic control by a partner or parent(s) can also lead to abusive situations.

The plight of low-income families who become homeless is an emerging problem. Agencies working with people in crisis have reported a rise in the number of families seeking assistance over the last few years. In a recent study in Melbourne, outreach workers reported a growing number of families living in inner-city temporary accommodation and that families were 'remaining for longer periods in emergency and transitional accommodation arrangements ... [due to a] lack of suitable long-term accommodation for families' (Bartholomew 1999:xv, 16). The effects of homelessness on the physical and psychological health of children add to the problems facing homeless families (Efron & Horn 1996). In some areas, low vacancy rates over extended periods in the private rental market make it difficult for low-income families to find suitable and affordable rental accommodation (Bartholomew 1999:xiv).

Indigenous Australians are especially vulnerable to homelessness as a result of displacement associated with European settlement and policies first of segregation and then of assimilation. Comparison of a wide range of indicators show that Indigenous Australians experience high levels of social, economic, health and educational disadvantage (Keys Young 1999:15-20). In particular, the forcible removal of children from their families and communities over several generations has weakened social structures and supports: 'Psychological and emotional damage renders many people less able to learn social skills and survival skills' (HREOC 1997:178).

More immediately, Aboriginal and Torres Strait Islander people have significantly less access to affordable or secure housing than other Australians. Difficulties obtaining rental accommodation because of low income levels, discrimination and, in some areas, lack of housing stock can lead to episodes of homelessness. In addition, a substantial proportion of Indigenous Australians need to leave their homes, either to fulfil cultural obligations or to access services, and this can lead to their living without adequate shelter or in overcrowded conditions as they move between households within the community.

Experiences of homelessness vary. Some people have one or a number of quickly remedied episodes of homelessness. Others have extended periods during which they may experience any combination of being on the streets, in support services, in someone else's home or at their own place. Yet again others, particularly those with multiple problems such as mental illness and substance abuse, experience long-term or chronic homelessness which essentially becomes a way of life.

As a consequence of the broad range of people affected by and the varying causes and time frames of homelessness, support needs are diverse and often high. For example, homeless youth have needs that differ from those of long-term homeless older people and people escaping family violence have needs that differ from those of people who are unemployed or who have problems associated with drug dependency. As stated in the evaluation of the Supported Accommodation Assistance Program (III), '... dealing with homelessness requires policy and program responses in a whole-of-government context, with cross-agency and cross-program linkages and integration being of paramount importance' (NET 1999a:xii).

Governments provide assistance to homeless people through a number of programs. Some of these are aimed specifically at people experiencing homelessness and those at risk – the Supported Accommodation Assistance Program and the Youth Homelessness

Early Intervention Program are examples. People experiencing homelessness can, however, also use a wide range of programs provided for the broader community—health services provided through hospital casualty departments or drug rehabilitation programs are examples. Current policy trends to address homelessness under the Supported Accommodation Assistance Program 2000–2005 place some emphasis on collaboration across governments and programs when responding to clients with complex needs whose requirements are often not confined to one service system. This chapter discusses the need for and the provision of services aimed primarily at assisting homeless people and people at risk of homelessness.

9.2 The need for services for homeless people

Population in need

As noted, within the community there are groups who are vulnerable to homelessness. Some people may live for long periods being at risk of homelessness. For other people a change in family dynamics or economic factors may result in one or more family members becoming at risk of being homeless. A crisis may then occur that throws some or all members of a family into homelessness.

Some people do not seek any form of government or non-government assistance and manage to return to secure, suitable housing as a result of their own initiative and social or informal networks. Others may resolve their situation with the assistance of government or non-government agencies and be able to move to suitable housing, although even within this group there are people who are housed only because they remain under the ‘umbrella’ of agency assistance. There is another group of people who, despite receiving agency assistance and support, remain in crisis. These people, and some of those who may not have sought any agency help, can spend long periods in insecure or unsuitable housing. Figure 9.1 illustrates this crisis continuum for homelessness.

It is extremely difficult to obtain accurate figures on people experiencing homelessness and those at risk of homelessness. Estimates can vary according to the method employed for assessment and the definition used for ‘homelessness’. Further, homelessness is usually a temporary state, which exacerbates the problem of measuring its extent.

A person may be in absolute homelessness if they are sleeping on the streets and have no shelter. Someone else may be in relative homelessness or ‘inadequately’ or ‘marginally’ housed if they have a roof over their head but no ‘home’ (Neil et al. 1994:5). Who on the crisis continuum is considered to be homeless is open to debate.

Definitions of ‘homelessness’ focus in varying degrees on five situations (AIHW 1997a:219):

- currently living on the street;
- living in crisis or refuge accommodation;
- living in temporary arrangements without security of tenure—for example, moving between the residences of friends or relatives, living in squats, caravans or improvised dwellings, or living in boarding houses;

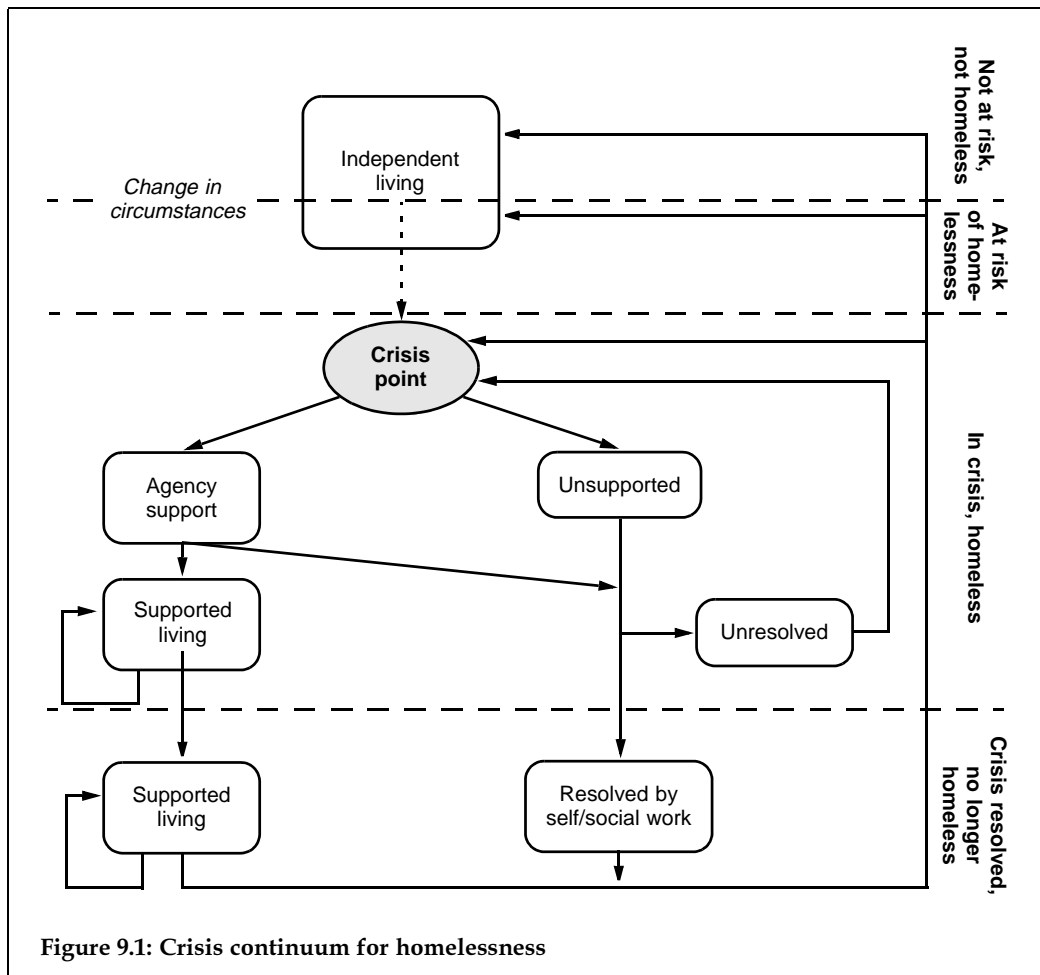


Figure 9.1: Crisis continuum for homelessness

- living in unsafe family circumstances—for example, families in which child abuse or domestic violence is a threat or has occurred;
- living on very low incomes and facing extraordinary expenses or personal crisis.

Despite the use of definitions based on some or all of these criteria, enumerating who is homeless is not clear cut. It can be very difficult to identify people who are considered 'homeless' under a given definition. In particular, people living with domestic violence and those moving between friends' houses are very hard to enumerate. Moreover, the people who might be included in the categories can vary from study to study. For example, people in temporary public housing supplied under government brokerage programs may or may not be included as being in crisis accommodation. Similarly, people living in caravans may or may not be said to be living in temporary insecure arrangements and may or may not be classified as homeless. Further, if it is decided to include people living in caravans, another problem arises because not all those living in caravans are homeless—a proportion will be holiday makers or will own their caravan. A similar problem arises with people living in boarding houses and private hotels.

Section 4 of the *Supported Accommodation Assistance Program Act 1994*, Australia's main national legislation covering services for homeless people and those at risk, uses a broad and inclusive definition of 'homelessness': 'a person is homeless if, and only if, he or she has inadequate access to safe and secure housing'. In the data collections associated with the Program, clauses in the Act are used to interpret this definition to include people who are not safe at home, people who do not have a legal right to continued occupation of their home, and people who live in a home that lacks the amenities or resources necessary for living. In addition, people accommodated in emergency housing are considered to be homeless (AIHW 1998a:1).

Added to the problems of identification is that of people being included in more than one of the 'homeless' groups. Some people who have episodes of being without a home are part of a transient population, and itinerancy is 'a feature of life for many young homeless people' (Neil et al. 1994:99). It is also common for rural women escaping domestic violence to move to another rural centre or to a metropolitan area (SAAP Client Collection 1997-98, unpublished data). Moreover, during a period of homelessness people may use both agency accommodation and boarding houses. The result is that, depending on the basis and method used for estimating numbers of homeless people, it is possible for people to be included more than once in an estimate.

Standard household census and sampling methods are not suitable for counting people living on the streets, as Australian Bureau of Statistics (ABS) endeavours have shown. In the 1996 Census of Population and Housing, the ABS made special efforts to count those living on the streets, but census field workers encountered numerous problems, in both contacting people and obtaining responses for census forms (ABS 1997). At the 1996 Census, 28,872 people were counted as 'occupying an improvised dwelling or sleeping out' (ABS 1999, pers. comm., 29 April).

Considering the problems associated with determining how many people are experiencing homelessness, it is not surprising that researchers arrive at figures that cover a wide spectrum (see AIHW 1997a:223). For example, in the 1998-99 National Evaluation of the Supported Accommodation Assistance Program (SAAP), it is estimated that 'about 267,000 homeless people in Australia sought to enter the SAAP system in 1996-97' (NET 1999a:vii), and homelessness is described as affecting '... between 50,000 and 100,000 people at any one time in Australia' (NET 1999b:1). These figures are based on the number of people using SAAP services on a particular day, with an adjustment being made for people who were turned away from SAAP agencies. The large range reflects the uncertainty in estimating the number of people who could not be assisted. Because it is based on figures for program usage, the estimate implicitly assumes that all 'homeless' people contact SAAP services. It is known that this is not the case.

In 1998 the Commonwealth Department of Health and Family Services commissioned a study aimed at developing a model for estimating the total number of homeless people. It is expected that results will be available by the end of 1999.

Expressed demand

As noted, not all people experiencing homelessness approach services provided specifically for homeless people. This may be a consequence of lack of knowledge about the services, a desire not to use such services, or a lack of access to appropriate services (for

example, because of remoteness). Moreover, some homeless people may use crisis and support services aimed at the broader community. By looking at services provided specifically for homeless people, however, it is possible to obtain a lower limit of the demand for services.

The Supported Accommodation Assistance Program, which is described in Section 9.3, provides a range of services for homeless people and those at risk of homelessness. In 1997–98 about 164,300 support periods were provided through SAAP to 94,100 clients (Table A9.2). Moreover, in 13,500 of the support periods assistance other than accommodation was also provided to children dependent on SAAP clients (Table A9.4).² On an average day, agencies were involved with around 15,000 support periods for clients (Table A9.1). As would be expected for a program for homeless people, accommodation services were provided in over three-quarters of cases (Table 9.5).

In addition to ongoing support, SAAP agencies also provide one-off assistance. This includes the provision of a meal, a shower, transport, clothing, information, and so on, and generally takes less than one hour of an agency worker's time. People who receive this casual assistance include both those for whom the agency cannot provide the more substantial assistance that was requested and those who wanted only casual assistance. It is estimated that SAAP agencies provided over 1.4 million instances of one-off assistance during 1997–98 (AIHW 1999:69, 70). It is not possible to estimate the number of people receiving this assistance.

An agency is not always able to provide a person with support when they seek it, so the person is turned away. Using the Unmet Demand Collection for SAAP, it is estimated that in 1997–98 on 119,300 occasions agencies could provide only casual assistance for a person at risk of or experiencing homelessness who had requested more substantial help (AIHW 1999:64).³ It is not possible to determine from the Collection how many people had their requests met on second or subsequent approaches to agencies, how many went to other service systems, or how many never received support.

The figure of 119,300 estimated from the Unmet Demand Collection does not represent actual people; some people may make the same or a different request on more than one occasion and to more than one SAAP agency. In the two-week collection period (13–26 November 1997) 4,110 people made one or more unmet requests for support (AIHW 1999:66). Since some people may subsequently have their needs met and, furthermore, since some may require assistance several times in one year, this figure cannot be used to estimate an annual figure for the number of people with needs not met by SAAP (see AIHW 1999:64–6 for discussion). In November 1997 the main reason agencies gave for turning people away was the unavailability of accommodation – 80% of people were turned away for this reason (AIHW 1999:67). A further 5% were not supported because agencies had insufficient staff.

2 Estimates derived from the SAAP Client Collection are adjusted for both client non-consent and agency non-participation in the Collection (see Box 9.5, page 313).

3 This estimate excludes requests in which an individual refused an offer of support or was inappropriately referred to an agency (for example, where the individual did not fall within the agency's target group). No adjustment is made for non-participation of agencies in the Unmet Demand Collection (see Box 9.2, page 310).

9.3 Programs for homeless people

A diverse range of government and non-government funded services are available to help people in crisis in Australia (AIHW 1998b:1). Assistance might take the form of accommodation, food parcels or vouchers, cash, clothing and household goods, as well as information, referral and advocacy (ACOSS 1997a:5).

Governments provide funds for a number of programs and services that can assist people in crisis and which can be accessed by homeless people. For example, among services for young people at risk are the Kids Help Line, which provides counselling services to people aged 15–18 years, and 'Reach Out!', an Internet information and referral service focusing on suicide prevention (AIHW 1998b:19–21). Other programs may help to prevent homelessness; for example, Partnerships Against Domestic Violence is a Commonwealth–State program aimed at examining new ways, and implementing strategies, to prevent domestic violence (FaCS 1998).

In addition, many housing assistance programs, such as those funded through the Commonwealth–State Housing Agreement (see Chapter 5, page 128), have a role both in assisting homeless people and preventing homelessness by helping those at risk. For example, public housing is targeted at low-income families and individuals and waiting list procedures assign priorities to ensure 'that those who are homeless or in greatest housing need have quicker access to public housing' (FaCS 1999b:5). Among other forms of housing assistance that may be accessed by those who are homeless or at risk of homelessness are rent, bond and relocation assistance provided under the Private Rental Program and mortgage relief provided through the Home Purchase Assistance Program.

Services designed specifically for homeless people are described in the remainder of this section.

Supported Accommodation Assistance Program

The principal measures for helping homeless people and people at risk of becoming homeless are provided under two Commonwealth–State initiatives: the Crisis Accommodation Program (CAP) and the Supported Accommodation Assistance Program (SAAP). CAP provides capital funding for dwellings to be used to accommodate people who are homeless or in crisis. Services for people experiencing homelessness are not specifically provided under CAP, so this Program is not discussed here; rather, it is discussed in Chapter 5, page 128.

Historically, religious and other private welfare organisations in Australia provided support and accommodation for people in housing crisis, predominantly independent of government funding. However, with the introduction of the Commonwealth's Homeless Persons Assistance Act in 1974, government funds were made available to help with the provision of food, shelter and personal services for homeless people (AIHW 1993:53–4). Instead of establishing new agencies to provide assistance, or providing assistance as a government service, existing organisations were allocated funds to provide these services. Over the years, the number of programs directed at homeless people grew, and in 1985 these were brought together under a single program: the Supported Accommodation Assistance Program.

Because the agencies that provide services through SAAP have diverse origins, they may also receive funds through government programs other than SAAP, as well as from non-government sources. These agencies' experience and infrastructure place them in a good position to help homeless people and those at risk of homelessness. For example, an agency may provide a number of emergency services, such as crisis accommodation, referrals for transitional housing, domestic violence support and assistance with health problems.

The first SAAP Agreement (in 1985) between the Commonwealth and the States and Territories integrated existing State and federal programs for homeless people. By the third Agreement, under the *Supported Accommodation Assistance Act 1994*, emphasis was being placed on case management, developing assessment and referral mechanisms, and the introduction of early intervention and outreach services (NET 1999a:ii).

SAAP provides recurrent funding for salaries and other operational costs associated with the provision of housing and support for people who are experiencing homelessness or are at risk of homelessness. Through the Program, help is provided so that people can move as quickly as possible to independent living, where appropriate, or to alternatives such as long-term supported housing. The States and Territories are responsible for managing the Program, while services are provided largely by independent agencies. In 1997-98 some 1,220 non-government and community organisations were funded under SAAP (AIHW 1999:1).⁴

Before Commonwealth and State and Territory discussions about the Program's continuation after 1999, SAAP underwent a national evaluation. In the resulting report the National Evaluation Team emphasised the Program's value in continuing as a publicly funded program to provide assistance to homeless people and people at imminent risk of becoming homeless (NET 1999b:232). Significantly, the Commonwealth-State Community Services Ministers Conference held in April 1999 strongly endorsed those sentiments (CSMC 1999). The Ministers agreed on a framework for administration of SAAP and a number of future themes, including strengthening the Program's focus on the client, enhancing its performance to further improve client outcomes, and forming closer and more effective partnerships with the main interested parties (CSMC 1999). Box 9.1 provides a brief overview of the National Evaluation Team's findings.

Box 9.1 Evaluation of Supported Accommodation Assistance Program III

During 1998 the National Evaluation Team conducted a detailed evaluation of the Supported Accommodation Assistance Program (SAAP III). The Team's findings are discussed in detail in its final report (NET 1999b); a summary of the report is also available (NET 1999a).

The Team acknowledged SAAP's 'significant achievements and outcomes', which, it noted, occurred in '... a climate of rapid economic and social change ...' (NET 1999b:233). It also highlighted SAAP's progress and reforms in the last few years (NET 1999b:232-3). Some of the main points of the evaluation follow.

(continued)

4 This figure represents agencies funded for all or some part of the financial year.

Box 9.1 (continued): Evaluation of Supported Accommodation Assistance Program III

Funding

The evaluation suggested that in the first year of the new SAAP agreement, Commonwealth recurrent funding should increase by about 25% (20% in real terms, allowing for salary and cost of living adjustments) (NET 1999b:236).

- *Additional funding was needed for an explicit and concerted attempt to reduce the level of unmet demand and to address a number of factors, including cost of living increases and the impact of a GST (NET 1999b:235–6).*
- *Such increases in funding would be tied to a requirement that the States and Territories formally agree to participate in strategic planning and other program management reforms. A quid pro quo for the States and Territories would be their ‘increased independence in the capacity to respond to the specific needs of the homeless in each State/Territory’ (NET 1999b:236).*
- *A move to a needs-based allocation of funds that also allows for costs of service provision, rather than the traditional per capita basis, was also suggested (NET 1999a:xxvi).*

Client outcomes

- *There should be further development of the use of case management (NET 1999a:xxxi).*
- *The development of systems of services based on a continuum of care should be investigated (NET 1999a:xxx–xxxi).*
- *Problems with links with other program areas, particularly those relating to employment and education, need to be redressed (NET 1999b:54, 240).*
- *There are inadequate ‘exit points’ – that is, accessible non-SAAP housing – for clients, which results in people staying longer than necessary in SAAP accommodation (NET 1999b:53).*
- *Assessment of client outcomes requires attention (NET 1999a:xxxi).*

Information and research

- *An effective strategy for identifying and disseminating information about good practices is needed. A set of national guidelines for protocol has been developed for adaptation by State and Territory administrations (NET 1999b:136).*
- *The National Data Collection has been ‘an outstandingly successful innovation’ (NET 1999b:168). The National Data Collection and National Research Program should continue, with 5% of recurrent funds being set aside for them (NET 1999a:xxxi).*

Council for Homeless Services

The Evaluation Team suggested establishing a high-level Council for Homeless Services to advise Commonwealth and State and Territory Ministers on program matters (NET 1999a:xxix).

Source: NET 1999a, 1999b.

Funding

In 1997–98 funding for SAAP was \$224 million (Table 9.1). In real terms, funding remained constant between 1996–97 and 1997–98. Overall, 56% of the funds were provided by the Commonwealth; the States and Territories provided the remainder. The States' and Territories' share of contributions ranged from 40% for South Australia to 48% for the Australian Capital Territory.

In 1997–98, 5% of recurrent funding was not allocated directly to agencies but was allocated for other purposes such as administration, training, research and evaluation (AIHW 1999:16). The corresponding figure for 1996–97 was 9% (AIHW 1997b:16).

SAAP agencies have six primary target populations: young people; single men only; single women only; families; women escaping domestic violence; and cross-target or multiple-target groups.⁵ In all States and Territories the two largest expenditure groups are agencies targeting young people and women escaping domestic violence. These two groups accounted for nearly two-thirds of funding in both 1996–97 and 1997–98 (AIHW 1997b:22; AIHW 1999:23).

Table 9.1: Supported Accommodation Assistance Program: recurrent funding liability, by funding source and State and Territory, 1996–97 and 1997–98 (\$'000)

Source	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Current									
1996–97									
Commonwealth	42,253	27,849	17,925	10,073	12,486	5,468	3,598	2,892	122,544
State/Territory	37,859	20,555	13,194	7,623	8,417	4,198	3,343	1,981	97,170
Total	80,112	48,404	31,119	17,696	20,903	9,666	6,941	4,873	219,714
1997–98									
Commonwealth	43,014	28,350	18,249	10,255	12,711	5,566	3,663	2,944	124,752
State/Territory	38,540	20,925	13,432	7,760	8,569	4,273	3,403	2,017	98,919
Total	81,554	49,275	31,681	18,015	21,280	9,839	7,066	4,961	223,671
1996–97 constant									
1997–98									
Commonwealth	42,006	27,849	17,962	10,153	12,560	5,511	3,641	2,898	122,667
State/Territory	37,637	20,555	13,220	7,683	8,467	4,231	3,383	1,985	97,265
Total	79,643	48,404	31,182	17,837	21,028	9,742	7,024	4,883	219,932
State/Territory funds as percentage of total funds									
1996–97	47.3	42.5	42.4	43.1	40.3	43.4	48.2	40.7	44.2
1997–98	47.3	42.5	42.4	43.1	40.3	43.4	48.2	40.7	44.2

Notes

1. Additional funds may have been allocated on a non-recurrent basis.
2. Deflated using government final consumption expenditure (GFCE) price deflator (ABS 1999).
3. Components may not add to totals due to rounding.

Source: FaCS unpublished data.

⁵ The target groups correspond to how people present at an agency, rather than to marital status.

SAAP agencies use a number of service delivery models. Nearly 75% of funds are allocated to agencies using crisis or short-term accommodation or medium- to long-term accommodation service delivery models (AIHW 1997b:22; AIHW 1999:22). The pattern of service delivery model varies, however, across the States and Territories. In particular, in 1997–98 South Australia had relatively few funds (8%) going to agencies providing primarily medium- to long-term accommodation, with 38% of funds going to agencies using multiple service delivery models. On the other hand, in Victoria 54% of funds went to agencies providing medium- to long-term accommodation.

The Commonwealth has allocated over \$650 million over the five years to 2003–04 for the continuation of the Program, and the 1999–2000 Federal Budget provided an additional \$45 million over six years (\$8 million recurrently) to meet wage-related costs in some States and Territories. A further \$60 million over four years, beginning in 2000–2001, was announced in the context of tax reform negotiations.

Youth Homelessness Early Intervention Program

Researchers emphasise the value of early intervention in short-circuiting the various stages of chronic homelessness (for example, Chamberlain & MacKenzie 1998:70). Service providers have also advocated early intervention in the past few years, seeing it as a cost-effective response that acts to prevent pathways into homelessness (Hanover Welfare Services 1997). In the last 15 years Australian government policies have been pitched accordingly. In 1996, under the Howard Government, the Prime Ministerial Youth Homeless Taskforce was established in recognition of the increase in problems facing young people at risk of homelessness and their families. The Taskforce established the Youth Homelessness Pilot Programme to examine ways of improving support for young people and their families, based on early intervention and prevention strategies using family relations approaches (AIHW 1997–98:1). The 26 pilot programs proved to be effective, particularly in helping young people and their families to reconcile differences and encouraging young people to keep in touch with education, training, employment and the community (Newman 1999b).

In 1998 the Taskforce reported on findings from the Pilot Programme. Among its recommendations was that a continuum of responses targeting people at different stages of homelessness be implemented (Prime Ministerial Youth Homeless Taskforce 1998:16). Other recommendations included establishing a National Strategy on Youth Homelessness; the addition of government funding for setting up a Youth Homelessness Early Intervention Program, managed and administered by community organisations and government; ensuring the participation of Indigenous communities through the selection process for such a program; and government consideration of the relationship between the proposed Early Prevention Program and SAAP's early intervention responsibilities (Prime Ministerial Youth Homeless Taskforce 1998:4–5).

The Commonwealth acted on the above recommendations and, under the new Youth Homelessness Early Intervention Program, 30 high-need communities across Australia were selected for assistance in June 1999. It is anticipated that by 2001 a total of 100 services will be operating Australia-wide to help young people at risk of homelessness and their families (Newman 1999b).

Funding

Since 1996 the Prime Ministerial Youth Homeless Taskforce has funded a number of Youth Homelessness Pilot Projects. In 1996–97, \$2.58 million was provided for such projects, \$4 million was provided in 1997–98, and \$3.96 million in 1998–99 (FaCS 1999 pers. comm., 18 June). In the 1999–2000 Budget, the Commonwealth allocated \$60 million over four years for the new Youth Homelessness Early Intervention Program (Newman 1999a).

Commonwealth income support

Benefits

There are no Commonwealth government income support payments specifically for adults experiencing homelessness. These people may receive income support via a number of government benefits, among them Newstart Allowance, Parenting Payment (for sole and partnered parents) and Disability Support Pension. Depending on individual circumstances, some people may also receive other allowances such as Rent Assistance. For details of Commonwealth income support payments and eligibility criteria, see *A Guide to Commonwealth Government Payments* (Centrelink 1999), which outlines payments from two Commonwealth departments.

Although no benefits are specifically payable to homeless adults, in 1995 the Department of Social Security (DSS) introduced 33 Community Service Officers into its network. Based on an earlier pilot study in Sydney, their purpose was to complement the work of other DSS staff, providing assistance predominantly to youth, older people who are homeless, women leaving situations of domestic violence, and people with a mental illness (Berrill 1996:473). An important facet of Community Service Officers' work is to improve the delivery of social security services to homeless persons (Berrill 1996:474).

Until July 1998 the main form of assistance to young people in housing crisis was the Independent Homeless Rate paid on a number of benefits and allowances. It represented a higher rate of benefit paid to people aged less than 18 years who could not live with their parents because of extreme family breakdown, violence, sexual abuse or similar circumstances (DSS 1998:225). In May 1997, 9,547 young people were receiving a government allowance, such as Job Search Allowance or Youth Training Allowance, at the Independent Homeless Rate. In June 1998 the corresponding number was 11,533. Nearly all recipients were aged 15 years or older, and there were slightly more females than males (DSS 1997:242, DSS 1998:227).

In July 1998 a number of payments associated with the Independent Homeless Rate (including Youth Training Allowance, Newstart and AUSTUDY) were integrated into a single program—Youth Allowance. A special 'homeless' rate was not retained. Recipients of Youth Allowance are subject to an activity test that might be satisfied in a number of ways, including seeking full-time work or undertaking a vocational training course. A number of exemptions to the test are available, however, among them special circumstances such as homelessness, where it would be unreasonable to expect people to satisfy the test. Income testing against parents' income for people aged 18–20 years was introduced with the Youth Allowance. Such tests had previously applied only to AUSTUDY recipients. Table 9.2 provides a brief history of the development of payments to homeless youth.

Table 9.2: Developments in government benefits and allowances for homeless youth

Year	Payment/Benefit	Description
July 1986	Young Homeless Allowance	<p>Young Homeless Allowance (YHA) was introduced. It represented a higher rate of payment for homeless people under 18 years old without dependants and in receipt of Unemployment Benefit, Job Search Allowance (JSA), Sickness Benefit or Special Benefit. Young people were considered to be homeless if they</p> <ul style="list-style-type: none"> • had no parental home; or • were not allowed by the parent(s) to live at home; or • could not, because of circumstances such as domestic violence, sexual abuse or comparable exceptional circumstances, be expected to live with their parents; and <ul style="list-style-type: none"> – were not receiving continuous support of any kind from either parent; – were not receiving income support from another government body; – had been away from home for at least six continuous weeks. <p>YHA was set at a rate that brought the combined payment up to the level of AUSTUDY payable to independent 16- and 17-year-old students. YHA was also paid as a supplement to homeless AUSTUDY recipients of the same age.</p>
January 1990	Independent Homeless Rate	<p>YHA as a separate allowance ceased to be paid. Those qualifying for YHA were paid at the Independent Homeless Rate (IHR) of Job Search Allowance, Sickness Allowance or Special Benefit. Annual indexation of the homeless rate of payment commenced.</p> <p>The waiting period for IHR was abolished for young people who could not live at home because of domestic violence, sexual abuse or comparable exceptional circumstances. Waiting periods for other claimants were reduced to two weeks.</p>
January 1992	Independent Homeless Rate	<p>Payments at the Homeless Rate could be paid weekly. From March, eligibility for Rent Assistance was extended to recipients of the IHR who had received an allowance or benefit for 18 weeks or more.</p>
January 1995	Youth Training Allowance	<p>Job Search Allowance was replaced by a Youth Training Allowance (YTA) so that a homeless rate of YTA replaced the homeless rate of JSA.</p>
July 1998	Youth Allowance	<p>Youth Allowance (YA) replaced YTA, along with AUSTUDY for young people under 25 years and Newstart Allowance for young people under 21 years. YA is paid to unemployed 16–20 year olds and to full-time students aged 16 to 24. Youth Allowance has an at-home rate for young people living at home and a higher rate for those away from home. It is parentally means tested unless a young person is considered independent.</p> <p>For homeless people aged 16–17 years, YA is payable only if the young person satisfies the following requirements:</p> <ul style="list-style-type: none"> • is in full-time education or training; or • has signed an activity agreement; or • has their Year 12 certificate or has an exemption from this requirement; <p>and</p> <ul style="list-style-type: none"> • meets the YA independent criteria (unreasonable to live at home), which means the person is not and cannot be expected to obtain or seek support from parents/guardians, for reasons such as domestic violence, parents unable to exercise care, and so on. <p>People aged 16 and 17 years who do not meet the independence criterion can still receive YA but their payments would be subject to the parental means test.</p> <p>Homeless youth under 15 years can receive YA if they have reached the applicable school leaving age in their State or Territory. If they are under school leaving age they may be eligible for Special Benefit.</p>

Source: Parliamentary Library 1999; FaCS 1999a.

As well as providing income support, in 1994 the Department of Social Security established Youth Service Units to assist groups, including homeless customers, whose particular needs had been identified in a 1992–93 Youth Pilot Project (Berrill 1996:469–70). With an orientation suited to client needs, Youth Service Units help with assessing and processing income support claims and working with parents to determine family situations and the possibility of reconciliation where family relationships have broken down. Through the Intensive Personal Support Program individualised services are provided for youth requiring greater assistance (Berrill 1996:471).

Funding

Expenditure on youth and homeless customers through the Other Assistance to Youth and Homeless Customers Program (including running and staff costs) amounted to \$5.9 million in 1996–97 and \$4.5 million in 1997–98 (DSS 1998:225). It is not possible to determine how much of these payments were to homeless youth.

Emergency Relief Program

The Commonwealth provides additional income support through the Emergency Relief Program administered by the Department of Family and Community Services. Through this Program financial or other assistance are provided for ‘one-off’ episodes or continuing problems (ACOSS 1997b:7). A diverse range of church, welfare and community organisations distribute emergency relief (ACOSS 1997a:12). Agencies may receive funds from both the Supported Accommodation Assistance Program and the Emergency Relief Program.

The Emergency Relief Program has been the subject of a number of reviews, including one in 1996 in which concerns were raised about the Program’s policy, objectives and administration as well as about service delivery and agency practices. A second phase of review was then undertaken to examine these issues. The report of this phase, released in June 1998, contained a number of recommendations, among them calls for better integration of services and changes to allow agencies more flexibility in determining the allocation of their funding (DHFS 1998a:i–ii).

Funding

In 1996–97 under the Emergency Relief Program \$23.2 million was provided to 900 agencies that distributed emergency relief through almost 1,300 outlets (ACOSS 1997b:7). Other funds came from donations and fundraising by charitable organisations and from State, Territory and local governments (ACOSS 1997a:13).

State and Territory programs

State and Territory departments (particularly those related to the health, community services, education and justice portfolios) offer a wide range of services aimed at assisting people at risk of, or experiencing, homelessness with various facets of their lives. A directory of these services has recently been compiled (DHFS 1998b). The following are indicative of the services provided.

- The Victorian Department of Human Services funds the Royal District Nursing Service Homeless Persons Program, which offers a primary health care outreach service to homeless people in inner Melbourne (DHFS 1998b:32).

- Under the South Australian Department of Human Services and Adelaide Central Community Health Service, the program Inner City Homeless Adults Project—Beyond Survival provides a broad range of services to help improve the health and nutritional standards of homeless people (DHFS 1998b:102).
- In the Australian Capital Territory, the YWCA - Canberra Youth Outreach Support Service (funded and administered by the Department of Education and Community Services), helps young people who are at risk of homelessness to make contact with other relevant agencies (DHFS 1998b:169).

In addition, many education departments with no programs specifically for homeless people have a set of principles that underlie support for homeless and at-risk students as part of their overall service provision. In New South Wales 'school counsellors and home school liaison officers maintain links with both government and non-government agencies to encourage homeless students to remain at school or in education and training programs' (DHFS 1998b:19). Similarly, Education Queensland, through The Partnership Project, has a school-based project to reduce student homelessness (DHFS 1998b:66). In Western Australia, the Education Department has a strategic initiative for students at educational risk; homeless students fall into this category, and there is an expectation that schools will take account of problems such as homelessness when providing educational programs (DHFS 1998b:116).

State and Territory governments are also primarily responsible for child protection. This is discussed in Chapter 8, page 270.

Data developments for program services

At present there is no single source of data on people either experiencing homelessness or at risk of homelessness and all the services they need or use in Australia. The difficulty of identifying and contacting homeless people and the broad range of programs provided to meet the needs of people seeking assistance hinder efforts to collect accurate and comprehensive information.

Since the last edition of *Australia's Welfare* (AIHW 1997a) the main development in data collection has been the full implementation of the SAAP National Data Collection by the National Data Collection Agency (NDCA) (see Boxes 9.2 and 9.3 for a brief description of the Collection and the definitions used). Implementation of the National Data Collection has been highly successful: the National Evaluation Team stated that 'the development of the [National Data Collection] ... has been an outstandingly successful innovation, representing a significant milestone in the evolution of the Program. This provides a comprehensive base upon which to build the future development of national data systems. Through this a wide range of aspects of SAAP ... might be evaluated ...' (NET 1999b:168). Data from this Collection are the main source of information on people at risk of or experiencing homelessness, so the analysis in the remainder of this chapter is based on these data.

Although the SAAP National Data Collection provides a great deal of useful information about services to homeless people, it nevertheless has a number of shortcomings. Box 9.4 describes the main areas where further improvement is needed. A number of the areas outlined relate to the quality of data in the Collection. The NDCA works to improve data quality wherever possible; in particular, response rates have been increasing since the Collection began in July 1996 (see Box 9.2). Importantly,

Box 9.2: The SAAP National Data Collection: an overview

Information on SAAP operations is obtained through the SAAP National Data Collection. The National Data Collection Agency, within the Australian Institute of Health and Welfare, collects the data. The National Data Collection consists of five separate collections: the Client Collection; the Administrative Data Collection; the Unmet Demand Collection; the Casual Client Collection; and the Special Issue Surveys.

The **Client Collection** is the main component, consisting of information about all 'clients' receiving support under SAAP. (See Box 9.3 for key definitions.) Conducted continuously from 1 July 1996, it contains a wide range of data on client characteristics and service provision. A client 'linkage key' (derived from a client's 'alpha code') is used to enumerate repeat use of SAAP services by clients.

From 1 July 1997 to 30 June 1998, of the 1,159 SAAP agencies in Australia that should have responded to the Client Collection, 94.6% participated in the Collection. Participating agencies reported on 156,589 occasions of support. For 25% of these 'support periods' consent was not obtained and client information, including the alpha code, was not collected. As a result, less information is available for these support periods. In addition, errors or omissions meant that linkage keys were not available for another 3% of support periods, so that the overall effective consent rate was 72% (AIHW 1999:8).

In 1996–97, 95.4% of relevant SAAP agencies participated in the Collection and both client consent and valid alpha codes were obtained for 64% of their support periods (AIHW 1997b:7).

Agencies that have a high client throughput – catering for a large number of clients in a short period – are not required to record the same level of client detail as other agencies. They fill in the shorter high-volume form for clients rather than the general form.

The **Administrative Data Collection** consists of general information about agencies funded to provide accommodation and support services. This information is provided to the NDCA by State and Territory funding departments.

The **Unmet Demand Collection** operates over a two-week period once a year. It measures the level of unmet demand for SAAP services by collecting information about the number of people who request support or accommodation from SAAP agencies but who, for whatever reason, do not receive the requested service. The most recent collection for which data are available covers the period 13–26 November 1997. In 1996–97 the participation rate for the Unmet Demand Collection was 69% of relevant agencies; in 1997–98 it was 76% (AIHW 1999:4; AIHW 1997b:4).

The two-week **Casual Client Collection** is conducted annually in May–June to elicit information about short-term or one-off assistance provided to homeless people. The most recent collection for which data are available covers the period 21 May – 3 June 1998. In 1996–97, the participation rate for the Casual Client Collection was 79% of relevant agencies; in 1997–98 it was 81%; (AIHW 1999:5; AIHW 1997b:5).

The **Special Issue Surveys** are conducted to obtain information on a special topic for a limited period; they are an adjunct to the Client Collection. The initial Casual Client Collection was the first such survey. The second, the *Accompanying Children in SAAP Collection*, was conducted in May–June 1998.

Box 9.3 defines the principal terms used in the National Data Collection.

Source: AIHW 1999, 1997b.

Box 9.3: Principal definitions used in the SAAP National Data Collection

An **agency** is an organisation or establishment that receives a specified amount of SAAP funds to provide services.

A **client** is a person aged 18 years or more, or a person of any age not accompanied by a parent or guardian, who

- receives from a SAAP agency support or assistance that generally entails one hour or more of a worker's time, either with that client directly or on behalf of that client, on a given day; or
- is accommodated by a SAAP agency; or
- enters into an ongoing support relationship with a SAAP agency.

An **accompanying child** is a person aged under 18 years who receives support or supported accommodation from a SAAP agency and whose parent or guardian is a client of the same agency at the time.

A **support period** is an occasion of support provided to a SAAP client. A support period begins when a client begins to receive support from a SAAP agency. It is considered completed when the client ends the relationship with the agency or the agency ends the relationship with the client. If it is not clear whether the agency or the client has ended the relationship, the support period is assumed to have ended if no assistance has been provided to the client for one month. In such a case, the date the support period ended is one month after the last contact with the client.

A **casual client** is a person who receives assistance from a SAAP agency for less than one hour on a given day and does not establish an ongoing support relationship with the agency. A casual client may receive one-off assistance from an agency on more than one occasion.

One-off assistance is assistance provided to a person who is not a client. It might include the provision of a meal, a shower, transport, money, clothing, telephone advice, information or a referral.

The **alpha code** is a predetermined combination of letters from a person's name, together with a letter designating the person's gender, that is joined to the person's year of birth and encrypted to create a **linkage key**. The linkage key is used to combine data from more than one support period for a client without requiring the actual name of the person to be recorded and can therefore be used to identify repeat use of SAAP services.

Source: AIHW 1999:xi–xiv.

non-response can result in some bias in statistics derived from the Collection. The Australian Institute of Health and Welfare has therefore developed a method of adjusting data from the Client Collection (one of the five collections that make up the National Data Collection) for incomplete response; a description of the method follows. The resulting adjusted estimates better reflect SAAP usage than do unadjusted numbers.

Box 9.4: Areas for improvement in data on services to homeless people

There are a number of areas where data relating to services for homeless people and those at risk of homelessness can be improved.

- **Identification of the number of people with unmet needs and those receiving casual assistance from SAAP.** Alpha codes are not generally obtained in the Unmet Demand and Casual Client Collections. Thus it is not possible to determine whether people turned away from one SAAP agency are assisted by another, nor is it possible to determine whether a casual client is a full client of SAAP at some stage. A review of the Unmet Demand Collection to improve information on those turned away from SAAP agencies is planned for late 1999.
- **Identification of the number of people assisted throughout the year.** Because alpha codes are obtained in the Client Collection only for support periods for clients giving their consent to provide full information, it is not possible to enumerate the number of SAAP clients directly from the Client Collection. The NDCA is working to increase client consent rates.
- **Coverage in the National Data Collection.** Not all SAAP agencies participate in the National Data Collection (see Box 9.2). The NDCA is working to ensure that participation rates continue to rise.
- **Reporting practices in the Client Collection.** For some data items there are high non-response and error rates. Problems such as these are identified by the NDCA and agencies are made aware of the requirements. Use of a computer package (SMART) by some agencies for form completion should also help improve data quality.
- **Data on SAAP's relationship with other programs.** SAAP is not the only program that provides assistance to homeless people. There is currently no integrated information on these programs. In particular, the relationship between SAAP, CAP, the Community Housing Program and aged care programs is of interest.

Adjusting for non-response in the SAAP Client Collection

There are two main causes of incomplete response in the SAAP Client Collection. First, not all SAAP agencies participate in the Collection; around 5% of agencies in both 1996–97 and 1997–98 did not participate in the Collection and therefore did not return forms for their clients (Box 9.2). Second, not all clients consent to provide all the information requested on the collection form, so that a reduced amount of information is collected in relation to their support periods. This non-consent could be for any or all of a client's periods of support. In addition, for a small proportion of support periods for which consent is obtained, incomplete or invalid linkage keys are recorded. This results in insufficient data to identify repeat use of services, so that the return cannot be included in client-level statistics. Among forms from participating agencies, in 1996–97 some 36% (54,000 forms) did not have either consent or a valid linkage key. The corresponding figure for 1997–98 was 28%, or 43,900 forms (Box 9.2).

The simplest way of adjusting for non-response is to scale up estimates at the total level. This assumes that the distributional profile of people not responding is the same as that

of people responding. But this is known not to be the case in the Client Collection; for example, in 1996–97 consent rates were relatively low in agencies for women escaping domestic violence. An adjustment scheme has therefore been developed which allows for differences between support periods with consent and those without and adjusts estimates to allow for the problems of agency non-participation, client non-consent, and mixed consent by some clients. Karmel (1999) provides a technical description of the derivation of the adjustment scheme (see also Box 9.5 for main features).

Using adjustments (or weights), it is estimated that throughout 1997–98 some 94,100 clients had 164,300 support periods, and averaged around 1.72 support periods per client.⁶ These figures compare with the statistics published in the 1997–98 National Data Collection annual report, which recorded some 156,600 support periods and an average of 1.42 support periods per client, resulting in an estimate of 110,300 clients (AIHW 1999:xv–xvi, 135).⁷ Adjusting estimates for support period non-consent, agency non-participation and mixed consent by clients affects not only the size of estimates but also distributions across categories—see Karmel (1999) for examples for 1996–97.

In the remainder of this chapter estimates using data from the Client Collection have been adjusted using the system outlined in Box 9.5. Methods for adjusting the other collections in the National Data Collection for non-response have not yet been developed, so unadjusted figures are used.

Box 9.5: Main features of the scheme to adjust for agency non-participation and client non-consent in the Client Collection

There is no strictly objective method that can be applied to the data from the Client Collection to adjust estimates for incomplete response. Karmel (1999:23, 26) describes the statistical assumptions underlying the adjustment scheme developed by the AIHW. The scheme has the following features.

- *Within specified groups it is assumed that support periods with valid consent (that is, with consent and a valid linkage key) represent support periods without valid consent. This means that the characteristics of support periods within a group are assumed not to depend on whether valid consent was obtained. These groups, or strata, are defined in terms of characteristics available for all support periods in participating agencies.*
- *Within each primary target group, it is assumed that, on average, participating and non-participating agencies provide a similar volume and profile of support.*

(continued)

- 6 Small biases in the adjustments required to allow for mixed consent by clients mean that the adjusted estimate of the number of clients multiplied by the adjusted estimate of the average number of support periods per client does not equal the estimated number of support periods obtained using support period weights.
- 7 The figure of 110,300 was obtained at the total level by dividing the number of support periods in participating agencies (156,589) by 1.42, the average number of support periods with consent per client (AIHW 1999:135). For reasons explained in the text, this is a less accurate figure than the stratified weighted figure of 94,100.

Box 9.5 (continued): Main features of the scheme to adjust for agency non-participation and client non-consent in the Client Collection

- *Some clients with support periods with valid consent also have support periods in non-participating agencies or support periods without valid consent in participating agencies, or both. Assumptions about the extent and nature of mixed consent are made to estimate the number of clients and the average number of support periods per client. Adjustments are made for clients with mixed consent within sub-groups. They are derived using simulation techniques and by-product data from the Client Collection.*
- *To allow the calculation of final adjustments and to facilitate analysis of the number of support periods per client, the numbers of additional support periods without valid consent that clients with mixed consent had are derived using an exponential distribution. The distribution used depends on the number of support periods with valid consent that a client had.*
- *For support periods two weights for adjusting estimates are derived.*
 - *Non-participation weight. A range of information is available for all support periods in participating agencies. Estimates using these data are adjusted only for agency non-participation.*
 - *Full non-participation non-consent weight. For estimates using data that require consent, weights that adjust for both agency non-participation and client non-consent are used.*

It is possible for these two weighting schemes to give slightly different estimates for the same item. Since estimates derived using the non-participation weights are based on a much larger sample of support periods than those using the full non-participation non-consent weights, the former (where available) are preferred because of their greater accuracy.

For clients, only one weight is derived since consent is required to derive these estimates.

- *Adjustment weights are derived for each support period in participating agencies and each client with at least one support period with valid consent. Estimates of totals are then found by summing the relevant weights for each support period or client with the characteristics of interest.*
- *In estimates of numbers of clients, inaccuracies caused by identical linkage keys for a small number of clients and changing linkage key information for the same client are not considered in the adjustment scheme.*

Source: Karmel 1999.

9.4 Recipients of assistance

The following sections focus on the Supported Accommodation Assistance Program as the primary response to meeting the needs of people who are homeless or in housing crisis. Appropriate data for other programs directed at homeless people are unavailable for review.

As noted, it is estimated that in 1997–98 SAAP agencies provided 164,300 support periods to 94,100 clients (Table A9.2). This estimate of support periods is 5% higher than that for 1996–97, when approximately 156,500 support periods were provided to some 83,200 clients. Although there has been some increase in the use of SAAP services, part of the increase may be due to a greater awareness of the SAAP National Data Collection. The resulting improvement in reporting practices has led to more thorough completion of forms within participating agencies and, perhaps, also to greater care in ensuring that forms are completed and returned for all support periods, leading to a rise in the number of forms being returned.

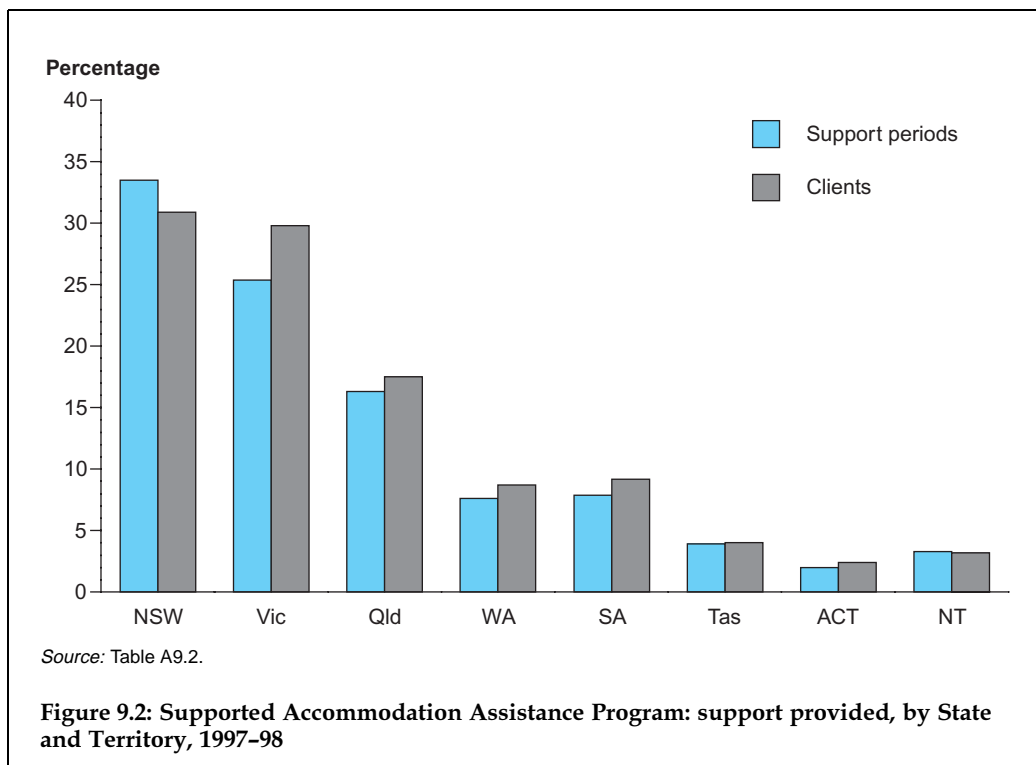
The amount of assistance provided varies from day to day. For example, it is estimated that on 1 July 1997 there were 14,500 support periods for clients, while on 1 April 1998 SAAP agencies were involved with at least 15,700 support periods (Table A9.1).⁸ These figures do not include occasions of short, one-off assistance provided by SAAP agencies: in 1997–98 SAAP agencies also provided a daily average of about 3,900 instances of casual, one-off assistance (AIHW 1999:69, 70).

Agencies in New South Wales provided the largest number of support periods, accounting for one-third of all support periods in 1997–98. One-quarter of all support periods were provided in Victoria (Figure 9.2). The distribution of clients across States and Territories differs slightly from that for support periods, with New South Wales and Victoria helping a similar number of people—31% and 30% of clients respectively. For the other States and Territories there is little difference between their percentages of clients and support periods. When compared with the distribution within the general community of people aged over 14 years, New South Wales had fewer SAAP clients than expected on the basis of population size, while Victoria, and the Northern Territory in particular, had more clients than expected (Table A9.2).

Between 1996–97 and 1997–98 there was an increase in the number of support periods provided in all jurisdictions other than New South Wales (Table A9.2). The apparent fall in service provision in New South Wales was due primarily to changes in data-collection practices, which affected a small number of agencies in New South Wales only.⁹ In all States and Territories there was an increase in the number of clients assisted between 1996–97 and 1997–98 (Table A9.2). Australia-wide the increase in clients is estimated at 13%.

8 It is estimated from the Client Collection that between 2% and 3% of support periods on a particular day are for clients who have concurrent support periods at a number of agencies.

9 In New South Wales police can place inebriated people in 'proclaimed places' where they are kept (by law) for at least 8 hours until they are sober. Twenty-nine SAAP agencies in New South Wales are proclaimed places. In 1996–97 a problem in recording support periods for clients using these agencies was identified. This was resolved by the National Data Collection Agency for the 1997–98 Collection, resulting in a drop of about 5,000 in the number of support periods recorded for proclaimed places between 1996–97 and 1997–98.



The data show that overall there were more female than male recipients of SAAP assistance. Male clients tend, however, to have more support periods each than female clients, so that agencies provided more support periods to male clients than to female clients in both 1996-97 and 1997-98 (Table A9.3). In 1997-98, 52% of support periods were for men, despite men constituting only 47% of SAAP clients.

Figure 9.3 shows the distribution of SAAP clients by age and sex. For both men and women, the greatest proportion of recipients were in the 15-19 age group. For age groups below about 35, larger numbers of women than men received SAAP assistance. In the older age groups assistance was provided more to men than to women.

People may arrive at a SAAP agency on their own, with a partner, or with some or all of their children. Men are much more likely than women to seek assistance on their own, while women often bring a child or children with them. In 1997-98, 31% of support periods were for single men aged 25 years and over and 21% of support periods were for women arriving with one or more children. Relatively few support periods were for couples, with or without children. Overall, 25% of support periods were for people presenting with at least one child (Figure 9.4).

In 1997-98, 13% of support periods were for Indigenous Australians (Table 9.3). This is a high percentage when it is considered that at 30 June 1996 less than the 2% of Australians aged 15 years and over identified as Aboriginal or Torres Strait Islander. On the other hand, only 9% of support periods were for people from non-English-speaking backgrounds, who constitute 17% of the Australian population aged 15 years and over.

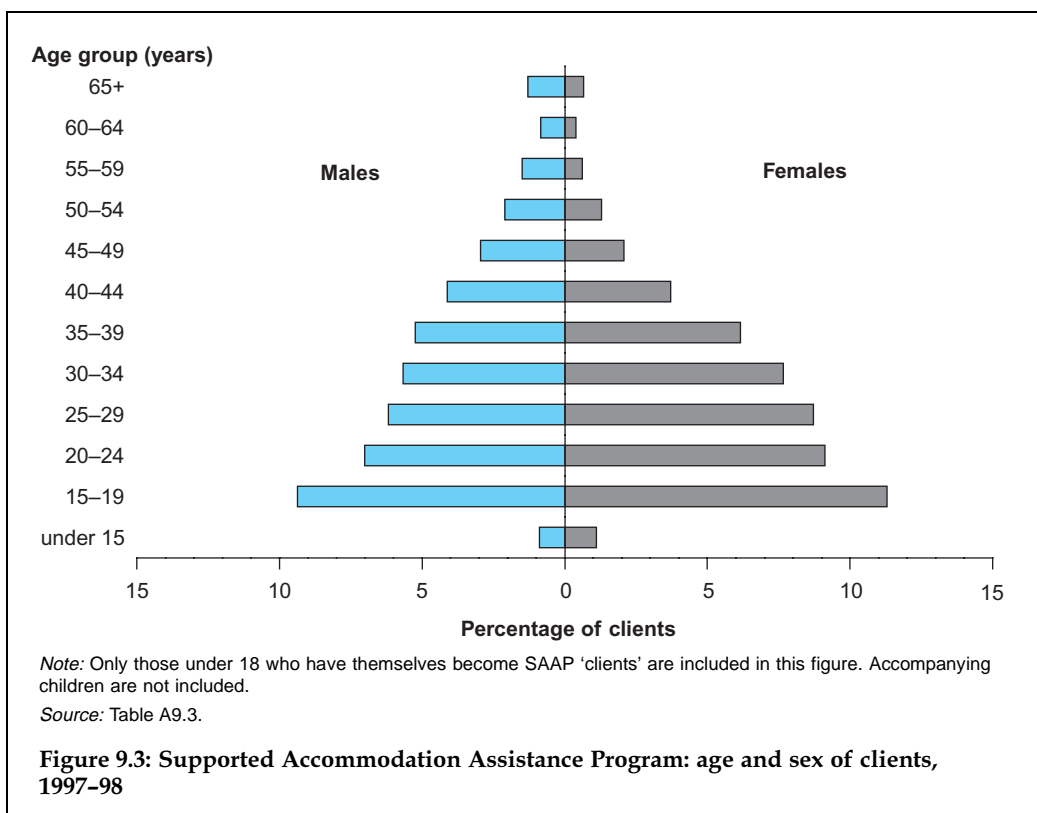


Table 9.3: Supported Accommodation Assistance Program, support periods, clients and estimated residential population, by ethnicity, 1996-97 and 1997-98 (per cent)

Ethnicity	Support periods		Clients (as first stated)		Estimated residential population aged 15+ 30 June 1996
	1996-97	1997-98	1996-97	1997-98	
Indigenous Australian	13.3	13.3	12.8	12.7	1.6
Non-English-speaking background ^(a)	8.8	8.6	9.6	9.9	16.8
Other	78.0	78.0	77.6	77.4	81.6
Total	100.0	100.0	100.0	100.0	100.0
Total number	148,700	157,600	79,400	90,800	14,399,400

(a) Non-English-speaking background is based on country of birth. Using ABS practice, people born in Australia, New Zealand, the United Kingdom, Ireland, Canada, the United States and South Africa are said to have an English-speaking background.

Notes

1. Support period and client figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Support period data required for this table were missing for 7,805 and 6,682 weighted cases in 1996-97 and 1997-98 respectively.
4. Client data required for this table were missing for 3,786 and 3,267 weighted cases in 1996-97 and 1997-98 respectively.

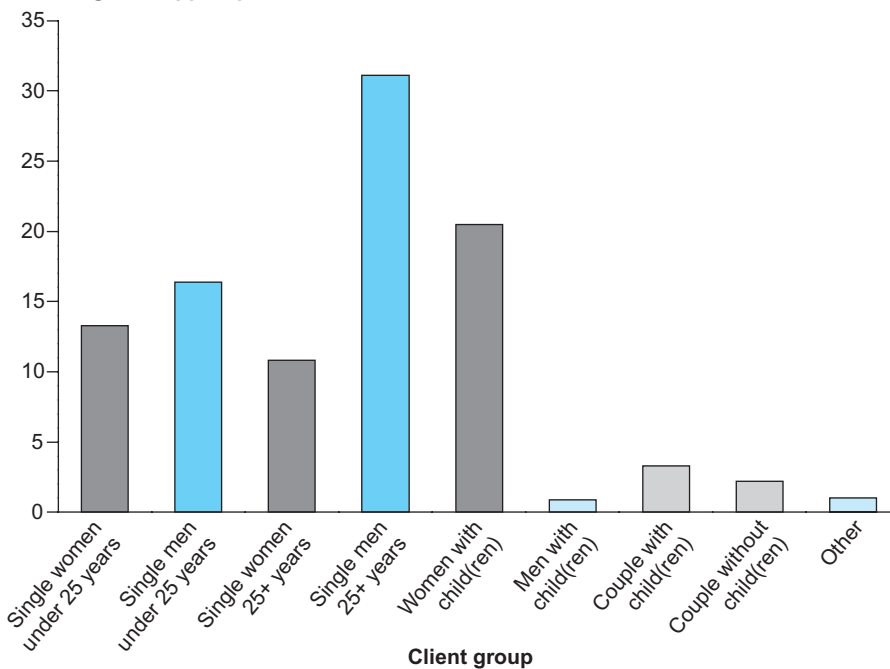
Source: Estimates derived from the SAAP Client Collection (see Box 9.5); ABS 1998.

The majority of people seeking assistance receive government pensions or benefits. Seventy-eight per cent of clients on their first visit to a SAAP agency in 1997–98 were on a government pension or benefit (Table A9.5). A further 2% were waiting to receive a government payment; 11% had no income. Only 9% had income from sources other than government payments. Corresponding with the high number of pensioners and beneficiaries, only 10% of clients were in some form of employment at the beginning of their first support period in 1997–98 (Table A9.6); 55% were not in the labour force while 35% were unemployed.

Relatively few people come to SAAP services from a home that they own or are buying. At their first support period in 1997–98, around 16% of clients came from SAAP or other emergency housing, while about 30% came from private or public rental accommodation (Table A9.7). ‘Living rent free’ and ‘boarding in a private home’ were also common forms of accommodation before assistance (both 13%). About 10% of clients came from living in a car, tent, park, on the street or in a squat.

People seek assistance for a number of reasons. In 1997–98, in around half of support periods, clients gave three or more reasons for approaching the SAAP agency (Table A9.8). Domestic violence, financial difficulty and relationship or family breakdown were most commonly cited as the main reason (Table 9.4). Other reasons often given, in addition to the main reason, included interpersonal conflicts, physical or emotional abuse, eviction, substance abuse, and unavailability of usual accommodation.

Percentage of support periods



Source: Table A9.4.

Figure 9.4: Supported Accommodation Assistance Program: support periods, by client group, 1997–98

Table 9.4: Supported Accommodation Assistance Program: support periods, by reason given for seeking assistance from an agency, 1996–97 and 1997–98 (per cent)

Reason	1996–97		1997–98	
	Given as main reason	Given as a reason	Given as main reason	Given as a reason
Time out from family situation	3.7	18.1	4.2	19.1
Relationship/family breakdown	13.5	41.5	11.8	38.5
Interpersonal conflicts	3.9	26.3	3.5	26.1
Physical/emotional abuse	3.6	26.1	3.7	26.5
Domestic violence	22.9	29.2	23.3	29.0
Sexual abuse	1.2	5.9	1.2	5.4
Financial difficulty	13.5	38.6	13.9	40.3
Eviction	6.0	13.2	9.8	19.0
Substance abuse	5.0	14.0	5.8	15.2
Emergency accommodation ended	1.7	4.9	1.4	4.2
Recently left institution	1.5	3.7	1.4	3.4
Psychiatric illness	1.6	5.0	1.4	4.6
Arrival from interstate—no means of support	3.3	7.7	4.7	12.7
Itinerant	4.5	13.7	4.1	11.9
At imminent risk but not homeless	3.0	11.5	n.a.	n.a.
Other	6.5	10.4	6.0	10.1
Usual accommodation unavailable	—	0.2	3.7	15.0
Total	100.0	..	100.0	..
Total number	89,900	109,400	104,800	119,900

Notes

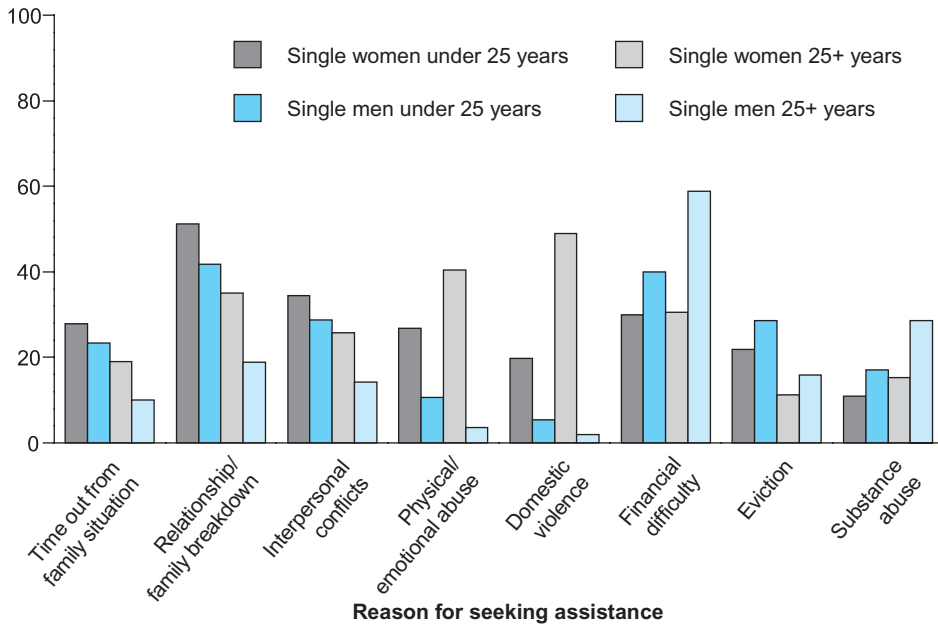
1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 'Main reason' was not provided for 19,495 and 15,061 weighted cases in 1996–97 and 1997–98 respectively.
4. Data on reasons for seeking assistance were not available from high-volume agencies. An estimated 47,059 support periods in 1996–97 and 44,386 support periods in 1997–98 were provided by high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Where more than one reason is provided, the reasons are often highly related. For example, in 1997–98, of people who cited domestic violence as their main reason, 51% gave relationship or family breakdown as a further reason and 67% cited physical or emotional abuse. Among people giving eviction as their main reason, 47% cited financial difficulty as an additional reason (Table A9.9). Financial difficulty was an additional reason given in over a quarter of support periods where either relationship or family breakdown or domestic violence was cited as the main reason for needing assistance.

Reasons for seeking assistance differ according to client group. For people under 25, relationship or family breakdown was most commonly given as a reason, while for single women over 25 the primary reason given was domestic violence (49% of support periods in 1997–98) (Figure 9.5). For single men over 25, financial difficulty was a reason in almost 60% of support periods, and substance abuse was cited in nearly 30% of support periods. For couples and men with children, financial difficulty was the reason most often cited (between 57% and 60%). Eviction (over 30%) was also often given as a reason by these groups. On the other hand, two-thirds of women with children cited domestic violence as a reason for seeking assistance (Table A9.11).

Percentage of support periods



Source: Table A9.11.

Figure 9.5: Supported Accommodation Assistance Program: clients presenting on their own, by reasons for seeking assistance, 1997-98.

Accompanying children

In 1997-98, on 37,500 (nearly 25%) occasions of support clients came to an agency with children (Table A9.4).¹⁰ Services other than accommodation were provided to children in over 12,800 support periods (Table A9.10). It is not possible using the current data to estimate how many different children went with clients to SAAP agencies, nor how many were accommodated or received particular services.

One-off assistance

The foregoing data show the extent of assistance that required at least an hour of work for the SAAP agencies (so that the person was classified as a 'client' of a SAAP agency). During the two-week Unmet Demand Collection, conducted from 13 to 26 November 1997, SAAP workers recorded details of one-off assistance given to people who sought ongoing support or accommodation but who did not receive these services and did not become a 'client'. From that Collection it is estimated that over 333,600 instances of one-off assistance were provided during 1997-98 to people who fell into this category (AIHW 1999:69).

¹⁰ Occasions of support with accompanying children for couples with children have been counted only once in this estimate, although two support periods are said to have been provided – one to each member of the couple.

As mentioned, not all people seeking assistance from SAAP agencies want to become 'clients'. Between 21 May and 3 June 1998 the Casual Client Collection was conducted to obtain information about the provision of one-off assistance to such people.¹¹ During that fortnight, agencies reported providing one-off assistance to over 25,257 casual client contacts, which, if weighted to estimate a yearly figure, would equate to 656,700 contacts in the year (AIHW 1999:70).¹² Around 1.1 million instances of assistance were provided to casual clients in these contacts.

The number of people to whom these instances of one-off assistance relate is not known. Furthermore, it is not known whether people receiving casual assistance were already clients of another SAAP agency or were SAAP clients at some other time during the year.

Regardless of whether or not people were seeking to become clients of SAAP, the majority of instances of one-off assistance were provided to people presenting alone. Among people seeking to become clients, 59% of instances of one-off assistance were provided to such people. The corresponding proportion for those not seeking to become clients is 77% (AIHW 1999:101, 103). People (not couples) presenting for assistance with accompanying children made up the next most common group, accounting for 29% of instances of one-off assistance among those seeking to become clients and 15% of instances among those not seeking to become clients.

9.5 Services provided

SAAP agencies provide a variety of services, ranging from accommodation to pregnancy and family planning support. In 1997–98 accommodation services were provided in 77% of support periods. General support and advocacy services and 'other' services (which includes meals and washing services) were provided in about 71% of support periods (Table 9.5), while financial and employment services and counselling services were provided in about one-third of support periods. Specialist services were used in just over one-fifth of support periods. On average, clients used five services in a support period, with eight or more services being provided in 22% of support periods.

Just as reasons for seeking assistance vary according to the client group, so do the types of support services provided. In particular, the presence of accompanying children influences the types of assistance provided. People arriving with children were more likely to use counselling services, general support services and assistance with financial and employment matters than those arriving on their own. Single people were accommodated more often and made greater use of 'other' support services (Figure 9.6). In general, women accompanied by children used more services than other groups, averaging six different services in a support period in 1997–98 (Table A9.12).

There is considerable variation in the duration of SAAP support. Just over one-third of support periods ending in 1997–98 were for no more than a day, with two-thirds lasting less than two weeks (Table 9.6). About 10% of support periods lasted more than 13 weeks.

11 It should be noted that the methodology for the 1998 Casual Client Collection differed from that of the 1997 Unmet Demand Collection – the former obtained information about services provided to each family group whereas the latter collected information about services provided to each adult. As a result, estimates derived from the Casual Client Collection may understate the actual level of service provision (AIHW 1999:70).

12 Estimates have not been adjusted for non-participating agencies (see Box 9.2).

Table 9.5: Supported Accommodation Assistance Program: support periods, by broad type of service provided, 1996–97 and 1997–98 (per cent)

Broad type of service provided	1996–97	1997–98
Housing/accommodation	78.7	77.2
Financial/employment	30.2	33.0
Counselling	25.4	36.9
General support/advocacy	64.1	70.4
Specialist services	19.2	21.8
Other support	67.8	70.8
Total number of support periods	156,500	164,300
Average number of types of services provided^(a) per support period	4.7	5.3
Eight or more services used^(a) (% support periods)	16.0	21.5

(a) Within each broad service category there are a number of service types—see Table 9.7.

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Clients can use more than one service in a support period, so percentages may add to more than 100.
3. Support periods with unknown end dates are included. In 1996–97, the end of the support period was unknown for 18,090 weighted cases, including some 11,788 with support ongoing at 30 June 1997. In 1997–98, the end of the support period was unknown for 16,402 weighted cases, including some 12,137 with support ongoing at 30 June 1998.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

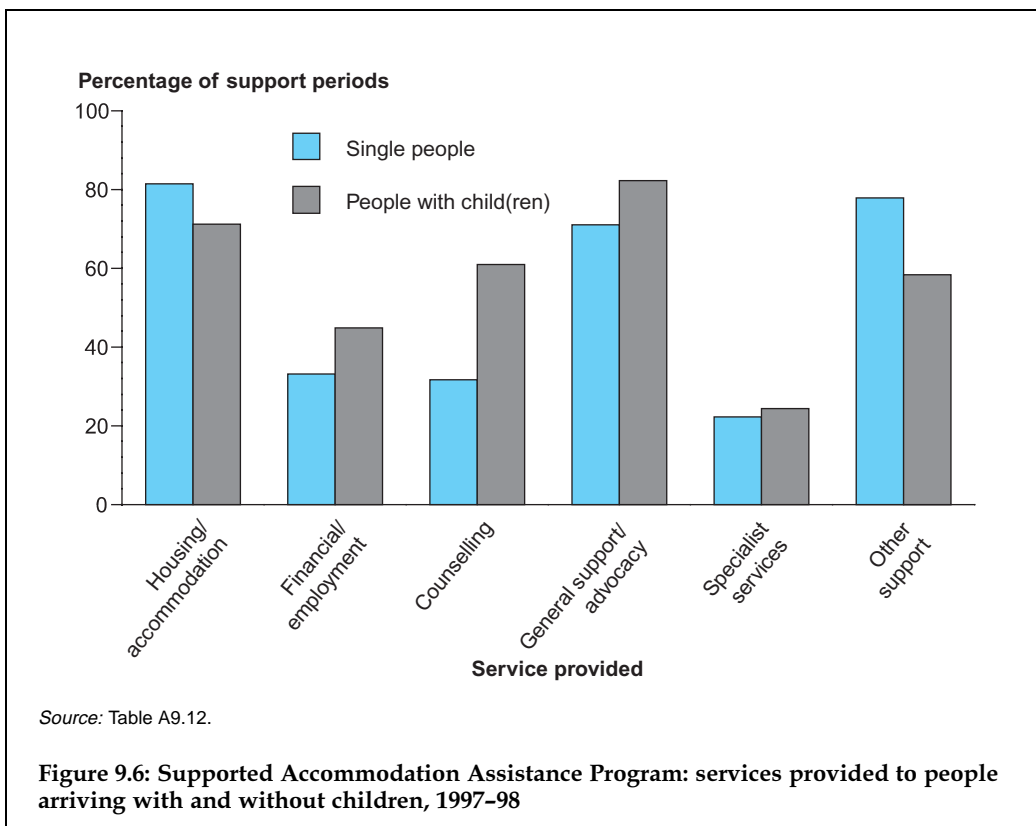
Table 9.6: Supported Accommodation Assistance Program: support periods ending in the financial year, by length of support period, 1996–97 and 1997–98 (per cent)

Length of support period	Period end date in 1996–97	Period end date in 1997–98
Less than 1 day	17.7	18.3
1 day	20.9	17.1
2–3 days	10.9	11.1
4–7 days	10.1	10.5
>1–2 weeks	8.7	9.0
>2–4 weeks	8.1	8.7
>4–13 weeks	14.4	15.0
>13–26 weeks	5.1	5.5
More than 26 weeks	4.1	4.9
Total	100.0	100.0
Mean length (days)	37	40
Median length (days)	4	5
75th percentile (days)	26	29
Average number of support periods in the year per client	1.87	1.72
Total number of support periods	138,400	147,900

Notes

1. Figures for support periods have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Figures for the average number of support periods per client have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error. All support periods for a client in the financial year are included.
3. Components may not add to totals due to rounding.
4. In 1996–97, the end of the support period was unknown for 18,090 weighted cases, including some 11,788 with support ongoing at 30 June 1997. In 1997–98, the end of the support period was unknown for 16,402 weighted cases, including some 12,137 with support ongoing at 30 June 1998.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).



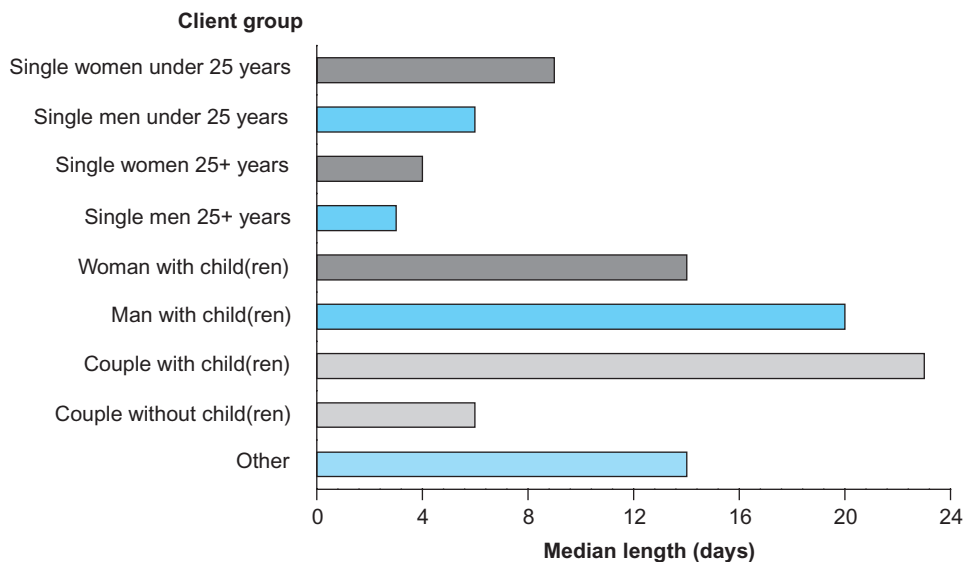
The duration of support varies according to client group. Support periods for people with children tended to be longer than those for single people (Figure 9.7). Women with children had a median length of stay of 14 days in 1997-98. Among people seeking assistance alone, women under 25 tended to have longer support periods than single men and single women aged 25 or more. In 1997-98 at least 50% of single women under 25 stayed 9 days or more, while the majority of single men over 25 had support periods of no more than 3 days.

It is estimated that nearly two-thirds of clients have only one SAAP support period in a year; a further 20% or so have two support periods (Figure 9.8). On average, clients had 1.7 support periods in 1997-98 (Table 9.6).

Some client groups are more inclined to have multiple periods of support than others. Corresponding with their shorter stays, singles average more support periods per year than people with children. Single men over 25 had the most support periods, averaging 2.1 support periods in 1997-98. Couples without children and people with children had fewer support periods, averaging between 1.3 and 1.5 support periods a year (Table A9.14).

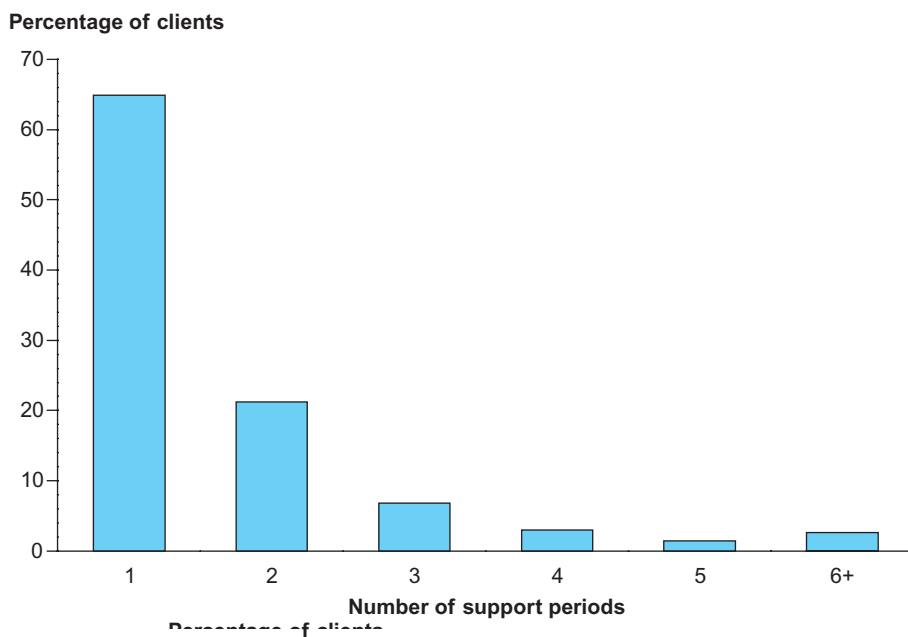
Accompanying children

SAAP agencies regularly provide non-accommodation services to children clients bring with them. In 1997-98, in 53% of support periods where children accompanying a client were provided with assistance only one service was provided. Four or more services



Source: Table A9.14.

Figure 9.7: Supported Accommodation Assistance Program: median length of support period, by client group, 1997-98



Source: Table A9.15.

Figure 9.8: Supported Accommodation Assistance Program: number of support periods per client, 1997-98

were provided in 10% of such cases (Table A9.10). Child care was provided in 54% of support periods in which services were provided to accompanying children (Table A9.16). Counselling for children was provided in 45% of cases, and help with behavioural problems and liaison with kindergartens and schools were provided in over one-quarter of cases. It is not known in how many support periods accompanying children were accommodated by SAAP agencies.

One-off assistance

Only in a small proportion of cases did people seeking support or accommodation receive no assistance at all. Data from the Unmet Demand Survey in November 1997 showed that only 9% of people seeking assistance received no support at all (AIHW 1999:69). The most common form of one-off assistance received at the time of an unsuccessful request for support for accommodation was provision of information (74%). Referrals for accommodation were made in 49% of cases and referrals for non-accommodation services were made in 11% of cases.

For people seeking only casual assistance, information – provided in 51% of cases – was the most common form of one-off assistance provided. Meals (44%), referrals (21%) and emotional support (19%) were other frequently provided forms of one-off assistance (AIHW 1999:70).

9.6 Outcomes for clients

As discussed at the beginning of this chapter, the purpose of the Supported Accommodation Assistance Program is to help people who are homeless, or at imminent risk of becoming homeless, achieve the highest degree of self-reliance and independence in safe and secure long-term housing. Consequently, SAAP is a program of last resort and, as with other programs for people in crisis, long-term outcomes for clients depend not only on the services provided but also on external factors.

The presence or absence of multiple use of SAAP services does not in itself provide information about outcomes for clients that can be attributed to the use of those services. Disadvantage and vulnerability to crisis are never really fully overcome for some; for example, mental illness, discrimination and unemployment may affect some people for long periods. And for many people there is not a straightforward progression from crisis accommodation to safe and secure long-term housing. There may be setbacks as people struggle to become independent: a return to a SAAP agency may not be a negative outcome; it may simply reflect the size of the problems to be overcome. On the other hand, failure to return to an agency may mean a client is living a marginal existence on their own or has even committed suicide.

Without follow-up surveys of clients, it is very difficult to determine the long-term outcomes of programs designed to assist homeless people. It is also difficult to link the provision of services to particular client outcomes since factors not associated with such programs – for example, health and community services and changes in family status – may also affect clients' circumstances. Furthermore, identifying positive outcomes can be problematic. For example, a return to the family home may be either a positive or a negative outcome, depending on the circumstances: if a person is exposed to abuse on returning home, the outcome is a negative one; if family conflicts have been resolved, returning home could be a positive outcome.

Since data to assess long-term outcomes for clients are not available, more immediate outcomes for SAAP clients are examined here. In particular, the provision of services to

those who need them and the circumstances of clients before and after an occasion of support are discussed. Such information can give an overview of short-term outcomes, but it does not necessarily demonstrate the effectiveness of the Program; that is, whether or not the services provided achieved what was required for the client.

In general, in 1997–98 services needed by a client in a support period were either provided or referred on to other agencies, or both, in 92% of cases; 8% of services sought (75,700 services) were neither provided nor referred (Table 9.7). SAAP/CAP accommodation was provided in 93% of support periods in which it was required, and meals and laundry or shower facilities were provided in over 96% of support periods in which they were required.

Among the required services that were most commonly neither provided nor referred on in 1997–98 were assistance with obtaining independent housing (23%), employment and training assistance (24%), and a number of specialist services, including psychological services (25%), drug and alcohol services (27%) and physical and intellectual disability services (around 23%) (Table 9.7).

Reflecting the increasingly common practice of establishing links with other systems and organisations, for some services clients are more commonly referred on than assisted within the agency (see Table 9.7). Among services for which clients were often only referred on to other agencies are employment and training assistance (31%), incest and sexual assault counselling (32%) and specialist services related to disabilities and mental health (all over 40%).

Data on income source, type of accommodation, labour force status, student status and living arrangements just before and upon finishing a support period are collected in the Client Collection. There are, however, limitations in the data because high-volume agencies, which accounted for 27% of support periods in 1997–98, do not collect information about status upon leaving support. In addition, for many support periods in general agencies (as opposed to high-volume ones), a client's status immediately after support is not recorded.¹³ Because of the unavailability of data, the following analysis of client status before and after assistance excludes support periods provided by high-volume agencies.

In about one-quarter of support periods (41,000) in 1997–98 a need for assistance with obtaining independent housing was identified (Table 9.7). Among these, people who came to SAAP agencies from public or private rental tended to return to the same type of housing; 56% of both public and private renters returned to the same type of rental (Table A9.18). A further 16% changed their landlord type. Thirty-six per cent of people who were boarding in a private home before seeking assistance remained boarders at the end of their support period, while 42% moved into the rental market. About two-thirds of these new renters had private landlords.

13 For example, in 1997–98 income source on completing a support period in a general agency was unknown for 39% of completed support periods in these agencies, while accommodation type on cessation of support was unknown for 49%. It is assumed that those support periods with missing data in general agencies had attributes before and after support that were similar to those with complete data. The validity of this assumption cannot be checked. There is, however, evidence that fewer needs are reported for support periods with missing data than for those with complete data: on average, 6.4 needs were identified in support periods in which consent was obtained, compared with 4.8 needs for support periods without consent. (Figures are based on unweighted data.)

Table 9.7: Supported Accommodation Assistance Program: services required in support periods, by provision and referral, 1997-98 (per cent services required)

Type of service	Not provided		Provided			Total	Total required ^(a)	Number of times service support periods
	Not referred	Referred	Not referred	Referred	Total			
<i>Housing/ accommodation^(a)</i>	9.6	9.5	72.7	8.2	80.9	100.0	180,900	129,800
SAAP/CAP accommodation	2.6	4.1	89.2	4.1	93.3	100.0	109,500	109,500
Assist. to obtain short-term accommodation	16.3	17.3	54.3	12.0	66.4	100.0	30,800	30,800
Assist. to obtain independent housing	23.3	18.4	41.9	16.4	58.3	100.0	40,600	40,600
<i>Financial/employment^(a)</i>	11.4	15.5	60.7	12.4	73.0	100.0	96,100	65,000
Assist. to obtain benefit/pension	12.8	18.3	48.8	20.1	68.9	100.0	17,200	17,200
Employment and training assistance	24.1	31.1	29.6	15.2	44.8	100.0	11,300	11,300
Financial assistance/material aid	6.5	11.4	71.2	10.9	82.1	100.0	49,400	49,400
Financial counselling	15.7	14.5	62.5	7.3	69.8	100.0	18,300	18,300
<i>Counselling^(a)</i>	10.3	9.0	71.3	9.4	80.7	100.0	109,300	66,900
Incest/sexual assault counselling	18.2	32.0	34.6	15.1	49.8	100.0	5,800	5,800
Domestic violence counselling	11.3	10.7	67.4	10.6	78.0	100.0	23,100	23,100
Family/relationship counselling	13.8	13.1	61.4	11.7	73.1	100.0	27,800	27,800
Other counselling	7.2	3.6	82.3	7.0	89.2	100.0	52,600	52,600
<i>General support/ advocacy^(a)</i>	5.3	2.9	83.0	8.7	91.8	100.0	226,800	115,400
Living skills/personal development	11.4	4.1	79.8	4.7	84.4	100.0	26,100	26,100
Assistance with legal issues	12.3	17.0	47.1	23.7	70.8	100.0	20,900	20,900
Information	2.8	0.5	88.8	7.8	96.6	100.0	94,000	94,000
Retrieval/storage/removal of belongings	4.4	2.2	90.2	3.2	93.3	100.0	37,400	37,400
Advocacy/liaison on behalf of client	4.4	1.5	83.4	10.6	94.1	100.0	48,400	48,400
<i>Specialist services^(a)</i>	17.7	27.2	38.2	16.9	55.1	100.0	80,400	54,000
Psychological services	25.3	46.7	15.8	12.2	28.0	100.0	4,200	4,200
Psychiatric services	17.0	51.7	13.1	18.2	31.3	100.0	6,400	6,400
Pregnancy/family planning support	15.7	24.7	36.3	23.3	59.6	100.0	4,000	4,000
Drug/alcohol support or rehabilitation	26.7	20.7	34.2	18.4	52.6	100.0	18,600	18,600

(continued)

Table 9.7 (continued): Supported Accommodation Assistance Program: services required in support periods, by provision and referral, 1997-98 (per cent services required)

Type of service	Not provided		Provided			Total	Total	Number of times service required ^(a)	Number of support periods
	Not referred	Referred	Not referred	Referred	Total				
<i>Specialist services^(a)</i> <i>(continued)</i>									
Physical disability services	23.1	40.1	17.9	18.9	36.8	100.0	900	900	
Intellectual disability services	23.7	47.5	14.4	14.4	28.8	100.0	900	900	
Culturally appropriate support	7.7	9.5	72.8	10.0	82.8	100.0	10,600	10,600	
Interpreter services	9.3	16.7	59.7	14.3	73.9	100.0	2,700	2,700	
Health/medical services	15.5	29.7	36.6	18.1	54.8	100.0	32,200	32,200	
<i>Other^(a)</i>	3.4	1.3	93.3	2.1	95.3	100.0	289,300	117,000	
Meals	2.2	1.1	94.5	2.2	96.7	100.0	89,000	89,000	
Laundry/shower facilities	2.1	0.3	96.7	0.9	97.6	100.0	86,900	86,900	
Recreation	4.6	1.5	91.9	2.0	93.9	100.0	41,100	41,100	
Transport	5.8	1.9	89.8	2.5	92.3	100.0	56,100	56,100	
Brokerage services	7.0	6.6	77.9	8.5	86.4	100.0	5,300	5,300	
Other	4.7	4.3	85.6	5.4	91.0	100.0	11,000	11,000	
Total^(a)	7.7	7.6	77.0	7.8	84.7	100.0			
Total number^(a)	75,700	74,300	756,500	76,400	832,900		982,900	164,300	

(a) In broad groupings a client may require more than one type of service within the grouping. Percentages for broad groupings relate to all needs and not to support periods. For individual types of services, a need can be recorded only once within a support period and so percentages relate to support periods.

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 119,364 weighted requests for a service were in a support period that was either ongoing (77%) on 30 June 1998 or had an unknown end date (23%). For 14,369 (12%) of these, clients had been neither provided with the service nor referred on by the end of the financial year, while for a further 10,069 (8%) requests clients had not been provided with the service but had been referred on.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Among people who came from SAAP or other emergency housing and who had identified as needing assistance to obtain independent housing, around 40% went to public housing (including community housing) or private rental dwellings after their support period (Table A9.18). Some 31% remained in SAAP/CAP-funded or other emergency accommodation. Clients coming from their own home returned to their own home in only 23% of support periods; 52% moved to the public or private rental systems. Around 10% of people coming from public or private rental or their own home moved on to other crisis accommodation at the end of the support period. An estimated 12% of those coming from rent-free accommodation or from boarding in a private home remained in emergency housing at the end of the support period.

Overall, immediately after a support period around 1% of clients who had sought assistance to obtain independent housing were living in a car or tent, on the street or in a squat; this compares with 5% of these clients immediately before the support period. Some 15% of clients went to SAAP or other emergency accommodation and 2% went to institutions. The remaining 82% of clients who had identified as needing assistance in this area went to some form of independent housing (Table A9.18).

There is considerable movement in the living situations of clients before and upon ending assistance. The majority of clients who came from living alone (72%), alone with their children (85%), with relatives or friends long term (57%) or with other unrelated people (59%) returned to the same living situation straight after a support period (Table A9.19). However, among those who lived with one or more parents before the support period, only 47% returned to that situation; the remainder went to a range of living situations. Similarly, only 34% of clients coming from a foster family returned to living with a foster family.

It is estimated that in 17,200 support periods in 1997–98 assistance was needed with obtaining a pension or benefit (Table 9.7). Of clients with no income, 60% had either received or were awaiting a pension or benefit by the end of their support period; a further 6% had some 'other' income source (Table A9.20). Among those with 'other' income sources before arriving at a SAAP agency, over 50% were either receiving or waiting for a pension or benefit by the end of the support period.

In 1997–98, in around 11,300 support periods clients needed assistance with employment and training (Table 9.7). Among those who were unemployed, an estimated 79% remained unemployed; 15% were in some form of employment at the end of the support period, and a further 6% moved out of the labour force (Table A9.21). For clients who began their support period out of the labour force, 82% remained outside the labour force, 9% found some form of employment, and the remainder were seeking employment but had not found work.

Among support periods for those who were primary or secondary students before seeking SAAP assistance, 89% were for clients who were still students at the end of the support period in 1997–98 (Table A9.22). In 87% of support periods for those in post-secondary education or employment training, clients were still receiving training after their support period had ended.

In summary, in 1997–98 for 92% of cases a service requested by a SAAP client was either provided or referred on. For particular services, between 73% and 98% of requests for the service in question were either provided or referred on. The short-term outcomes for clients upon leaving a general SAAP agency were, on average, positive. Few clients requiring assistance to obtain independent housing left the agency to live on the streets or in institutions; about 50% went to public or private rental housing. The income situation of those needing help to obtain a government pension or benefit often improved during a support period; 11% of such clients had no income after support compared with 27% before the support period. Finally, among clients needing assistance in employment and training, the proportion of clients in some form of employment on leaving support (17%) was about twice that before support (8%).

References

- Australian Bureau of Statistics (ABS) 1996. *Women's safety, Australia*. Cat. no. 4128.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. *1996 Census: homeless enumeration strategy (evaluation of the field objective)*. Census working paper 97/1. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998. *Australian demographic statistics, December quarter 1998*. ABS Cat. no. 3101.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. *Australian national accounts: quarterly State details, December quarter 1998*. Date report. Hard copy. Cat. no. 5206.0.40.001. Canberra: ABS.
- Australian Council of Social Service (ACOSS) 1997a. *The emergency relief handbook*. Rev. ed. Sydney: ACOSS.
- Australian Council of Social Service (ACOSS) 1997b. *People in financial crisis: national emergency relief data collection project—second annual report 1996–97*. Paper no. 93. Sydney: ACOSS.
- Australian Institute of Health and Welfare (AIHW) 1993. *Australia's welfare 1993: services and assistance*. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1997a. *Australia's welfare 1997: services and assistance*. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1997b. *SAAP National Data Collection annual report 1996–97, Australia*. Cat. no. HOU 10. Canberra: AIHW. (SAAP NDCA report. Series 2).
- Australian Institute of Health and Welfare (AIHW) 1997–98. *Youth Homelessness Pilot Programme (July 1997 – July 1998)*. Client summary sheet. Canberra: AIHW. (Final national report to the Prime Ministerial Youth Homeless Taskforce.)
- Australian Institute of Health and Welfare (AIHW) 1998a. *SAAP National Data Collection collectors manual*. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998b. *Crisis services in Australia—a scoping study*. Canberra: AIHW. (Working paper no. 19, prepared by ACOSS.)
- Australian Institute of Health and Welfare (AIHW) 1999. *SAAP National Data Collection annual report 1997–98, Australia*. Cat. no. HOU 24. Canberra: AIHW. (SAAP NDCA report. Series 3).
- Bartholomew T 1999. *A long way from home: family homelessness in the current welfare context*. Geelong: Deakin University Press.
- Berrill R 1996. *Directions in DSS services for people who are homeless*. In: Council to Homeless Persons (ed.). *National conference on homelessness: Homelessness in the Lucky Country 1996–2000—how will we meet the challenge?* Melbourne: Council to Homeless Persons, 468–84.
- Burke T 1993. *The future of homelessness: causal factors impacting upon and contributing to homelessness*. Melbourne: Ecumenical Housing.

- Centrelink 1999. A guide to Commonwealth government payments on behalf of the Commonwealth Department of Family and Community Services and the Department of Education, Training and Youth Affairs. Canberra: Centrelink.
- Chamberlain C & MacKenzie D 1998. Youth homelessness: early intervention and prevention. Sydney: Australian Centre for Equity through Education.
- Commonwealth-State Community Services Ministers (CSMC) 1999. Communique, 8-9 April. Canberra.
- Department of Family and Community Services (FaCS) 1998. Partnerships against domestic violence (PADV). Canberra: FaCS.
- Department of Family and Community Services (FaCS) 1999a. Correspondence regarding income support payments. Canberra: FaCS.
- Department of Family and Community Services (FaCS) 1999b. Housing Assistance Act annual report 1996-97. Canberra: FaCS.
- Department of Health and Family Services (DHFS) 1998a. Emergency Relief Program policy, administration and service delivery review: final report. Canberra: DHFS.
- Department of Health and Family Services (DHFS) 1998b. Directory of State/Territory government programs and initiatives relevant to homeless people Information compiled by the Commonwealth Advisory Committee on Homelessness (CACH) and the Department of Health and Family Services. Canberra.
- Department of Social Security (DSS) 1997. Annual report 1996-97. Canberra: AGPS.
- Department of Social Security (DSS) 1998. Annual report 1997-98. Canberra: AusInfo.
- Efron D & Horn M 1996. 'Can we stay here?' Melbourne: Hanover Welfare Services.
- Hanover Welfare Services 1997. Hanover stats and facts. Melbourne: Hanover Welfare Services. April.
- Human Rights and Equal Opportunity Commission (HREOC) 1997. Bringing them home. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Sydney: HREOC.
- Karmel R 1999. SAAP National Data Collection: adjustment methods for incomplete coverage. Canberra: AIHW.
- Keys Young 1999. Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program: final report. Canberra: Department of Health and Aged Care.
- National Evaluation Team (NET) 1999a. The national evaluation of the Supported Accommodation Assistance Program (SAAP III): executive summary. Canberra: FaCS.
- National Evaluation Team (NET) 1999b. The national evaluation of the Supported Accommodation Assistance Program (SAAP III): main report. Canberra: FaCS.
- Neil C, Fopp R, McNamara C & Pelling M 1994. Homelessness in Australia: causes and consequences. Melbourne: CSIRO & Victorian Ministerial Advisory Committee on Homelessness and Housing.

- Newman, Senator the Hon. J (Minister for Family and Community Services) 1999a. Making inroads into homelessness. Media release, 11 May. Canberra.
- Newman, Senator the Hon. J (Minister for Family and Community Services) 1999b. Government targets youth homelessness hot spots. Media release, 3 June. Canberra.
- Parliamentary Library 1998. Is youth worse off than two decades ago? Research note no. 48, 1997-98. Canberra: Parliamentary Library.
- Parliamentary Library 1999. Background on payments to youth. Canberra: Parliamentary Library Social Policy Research Group.
- Prime Ministerial Youth Homeless Taskforce 1998. Putting families in the picture: early intervention into youth homelessness. Canberra: FaCS.
- Ringheim K 1993. Investigating the structural determinants of homelessness: the case of Houston. *Urban Affairs Quarterly* 28(4):617-40.



Appendix tables

Chapter 2 Welfare services expenditure

OECD financial year

For the majority of countries, the year of reporting in the OECD social expenditure database is the calendar year. Australia, Canada, Japan, New Zealand, the United Kingdom and the United States are the exceptions to this rule. Box A2.1 shows the concept of 'year' for member countries, using the 1995 OECD year as an example.

Box A2.1: OECD member countries: periods relating to OECD year 1995

<i>Country</i>	<i>Financial year</i>	<i>Country</i>	<i>Financial year</i>
<i>Australia</i>	<i>1 July 1995 to 30 June 1996</i>	<i>Korea</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Austria</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Luxembourg</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Belgium</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Mexico</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Canada</i>	<i>1 Apr. 1995 to 31 Mar. 1996</i>	<i>Netherlands</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Czech Rep.</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>New Zealand</i>	<i>1 July 1995 to 30 June 1996</i>
<i>Denmark</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Norway</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Finland</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Portugal</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>France</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Spain</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Germany</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Sweden</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Greece</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Switzerland</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Iceland</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>Turkey</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>
<i>Ireland</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>UK</i>	<i>1 Apr. 1995 to 31 Mar. 1996</i>
<i>Italy</i>	<i>1 Jan. 1995 to 31 Dec. 1995</i>	<i>USA</i>	<i>1 Oct. 1994 to 30 Sep. 1995</i>
<i>Japan</i>	<i>1 Apr. 1995 to 31 Mar. 1996</i>		

Chapter 4 Children's and family services

Table A4.1: Labour force status and hours worked by employed mothers, by age of youngest child, August 1996 (per cent)

Age of youngest child (years)	Employed			Unemployed	Not in labour force
	25 or more hours	1–24 hours	0 hours		
0	10.1	13.3	5.0	3.5	68.2
1	18.5	22.9	1.7	5.0	52.0
2	21.5	23.9	1.5	4.7	48.4
3	26.0	23.0	1.3	4.8	45.0
4	26.4	25.1	1.2	4.5	42.8
5	28.9	24.9	1.5	6.3	38.4
6	35.2	23.0	1.7	5.7	34.4

Note: Mothers working '0' hours were in paid employment but did not work during the census week.

Source: AIHW analysis of ABS 1996 Census 1% sample unit record file.

Table A4.2: CP-funded operational child care places, by type of service, 30 June 1991–98

Type of service	1991	1992	1993	1994	1995	1996	1997	1998
Long day care centres								
Community-based ^(a)	39,567	40,262	42,777	43,399	44,566	45,601	46,294	51,710
Private-for-profit	36,700	53,210	53,920	70,587	88,614	109,691	121,559	129,671
Employer and other non-profit	n.a.	n.a.	7,455	9,787	11,295	12,771	15,012	13,173
Family day care	42,501	45,454	47,855	51,651	54,041	60,091	62,714	63,725
Before/after school care ^(b)	44,449	48,222	50,340	59,840	64,046	71,846	78,970	134,354
Occasional/other care	5,059	5,634	5,626	6,228	6,365	6,575	6,564	6,722
Total	168,276	192,782	207,973	241,492	268,927	306,575	331,113	399,355

(a) Between June 1996 and June 1998, around 5,600 places in community-managed centres that were formerly categorised as 'employer-sponsored and other non-profit' places were transferred to the 'community-based' category.

(b) The large increase in outside school hours care places is due to the inclusion for the first time of vacation care places previously funded under block grant arrangements and a change to a consistent counting methodology.

Note: Split of private-for-profit and employer-sponsored and other non-profit not available prior to 1993.

Source: DHHCS 1991; DHHCS 1992; DHHGCS 1993; DHFS 1997b; DHFS 1998b.

Table A4.3: Hours worked in census week by child care workers in CP-funded services, 1996 or 1997 (per cent)

Type of service	<20	20–<30	30–<40	40–<50	50+	Total
Long day care centres						
Community-based	27	19	32	21	—	14,544
Private-for-profit	24	14	41	18	3	24,915
Employer and other non-profit	29	18	30	22	1	3,527
Family day care coordination unit staff	25	25	44	6	—	1,716
Family day care providers	9	10	17	31	33	14,039
Before/after school care	77	17	6	1	—	8,085
Vacation care	39	23	22	12	3	3,835
Occasional/other care ^(a)	64	14	15	7	—	3,722

(a) Includes occasional care centres and neighbourhood model services, multifunctional Aboriginal children's services and other multifunctional services.

Notes

1. The 1997 CP census covered long day care centres, family day care services, and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
2. Double-counting may occur for workers in before/after school care and vacation care services.
3. Occasional/other care includes 8 family day care providers in multifunctional children's services.
4. Number of missing cases: private-for-profit long day care centres = 4, before/after school care = 2, vacation care = 18. Total includes missing cases.
5. Estimates are derived from the CP census. Due to non-response by some agencies, figures are weighted estimates and are therefore subject to some error.

Source: AIHW analysis of FaCS 1998c, 1999b.

Table A4.4: Educational programs for children before entry into Year 1, by State and Territory, 1999

State/Territory	Program	Full-time or sessional ^(a)	Location	Age at entry ^(b)	Authority ^(c)
Pre-Year 1					
New South Wales	Kindergarten	Full-time	Primary school	5 by 31 July	Education & Training
Victoria	Preparatory	Full-time	Primary school	5 by 30 Apr.	Education
Queensland	Preschool	Sessional	Primary school	5 by 31 Dec.	Education
	Kindergarten	Sessional	Community facility	5 by 31 Dec.	Education
Western Australia ^(e)	Pre-primary	4 full days a week	Primary school	5 by 31 Dec.	Education
South Australia	Reception	Full-time	Primary school	5 in previous school term	Education, Training & Employment
Tasmania	Preparatory	Full-time	Primary school	5 by 1 Jan.	Education, Community & Cultural Development
Australian Capital Territory	Kindergarten	Full-time	Primary school	5 by 30 April	Education & Community Services
Northern Territory	Transition	Full-time	Primary school	5 by 30 June	Education
Year prior to pre-Year 1					
New South Wales	Preschool	Both types	Community facility	Various	Community Services
	Preschool	Both types	Primary school	4 by 31 July	Education & Training

(continued)

Table A4.4 (continued): Educational programs for children before entry into Year 1, by State and Territory, 1999

State/Territory	Program	Full-time or sessional ^(a)	Location	Age at entry ^(b)	Authority ^(c)
Victoria ^(d)	Preschool	Sessional	Community facility School	4 by 30 Apr.	Human Services
Queensland	Kindergarten	Sessional	Community facility	4 by 31 Dec.	Education
Western Australia ^(e)	Kindergarten	Sessional	Primary school Community facility	4 by 31 Dec.	Education
	Preschool	Sessional	Community facility	4 by 31 Dec.	Education
South Australia	Preschool	Sessional	Primary school	4 in previous school term	Education, Training & Employment
	Kindergarten	Sessional	Community facility	4 in previous school term	Education, Training & Employment
Tasmania	Kindergarten	Sessional	Primary school	4 by 1 Jan.	Education, Community & Cultural Development
Australian Capital Territory	Preschool	Sessional	Preschool facility	4 by 30 Apr.	Education & Community Services
Northern Territory	Preschool	Sessional	Primary school	After 4 th birthday	Education

(a) 'Sessional' indicates that the same group of children attend around three or four sessions a week, each session being about 2.5–3.0 hours. 'Full-time' attendance is about 6 hours a day, 5 days a week. Programs in this table operate during school terms only; other preschool programs, such as those provided in long day care centres, are not included. In Western Australia sessional pre-primary is available within the 4 full-day program.

(b) 'Age at entry' refers to the age children should be when they enter the program in order for the program to receive funding. In all States and Territories except South Australia and the Northern Territory, children begin these programs in February. In South Australia children begin Preschool or Kindergarten in the term after their fourth birthday, and Reception in the term after their fifth birthday. In the Northern Territory children begin Preschool after their fourth birthday; they begin Transition in the first half of the following school year if their fifth birthday is on or before 30 June and at the beginning of the following school year if their birthday is after 30 June. In Western Australia the cut-off date for entry into school is to change from 4 years of age by 31 December to 4 years of age by 30 June. The first cohort of children entering school at this age will enter Kindergarten in 2001.

(c) 'Authority' refers to the State or Territory government department that provides the funding for the program. Programs may be funded by one department, but licensed by another.

(d) The Department of Human Services in Victoria also provides funding for long day care centres to employ qualified preschool teachers. As noted, preschool programs in long day care centres are not included in this table. The Department also provides funding for primary schools to set up and operate preschool services.

(e) In 2001 the Kindergarten program will expand from two to four sessions a week; in 2002 the pre-primary program will expand from 4 to 5 days a week.

Source: Moyle et al. 1996:Table 2.1, with updated information provided by State and Territory education and community services departments.

Table A4.5: Commonwealth expenditure on children's services in current and constant (average 1996-97) prices, 1990-91 to 1997-98

	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Current prices (\$m)	256.6	450.6	555.7	691.9	899.2	1,013.6	1,117.3	1,025.8
Constant prices (\$m)	290.9	485.6	585.6	724.5	935.7	1,033.2	1,117.3	1,010.6
Deflator	88.2	92.8	94.9	95.5	96.1	98.1	100.0	101.5

Notes

1. The Government Final Consumption Expenditure deflator has been used to adjust expenditure for inflation.
 2. Expenditure on the Childcare Rebate included from 1994-95.
- Sources:* DHHCS 1991, 1992; DHHLGCS 1993; DSHS 1994, 1995; DSS 1995, 1997; DHFS 1996, 1997b, 1998b; FaCS unpublished data; ABS 1998e.

Table A4.6: Children enumerated in the CP census, by type of service and State and Territory, 1996 or 1997

Type of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Long day care centres									
Community-based	29,221	19,610	11,875	6,839	8,395	3,699	1,871	1,293	82,802
Private-for-profit	70,842	32,320	65,606	15,425	5,674	1,122	1,578	448	193,014
Employer and other non-profit	6,365	5,848	2,433	942	1,168	599	1,245	285	18,886
Family day care	24,090	23,250	15,968	5,842	8,459	3,977	2,556	828	84,971
Before/after school care	30,070	27,087	19,106	5,590	11,085	2,337	3,317	926	99,518
Vacation care	8,582	6,885	7,576	3,100	3,473	284	526	547	30,972
Occasional care centres	3,374	3,371	1,575	1,480	578	267	402	191	11,238
Neighbourhood model occasional care	1,521	9,382	1,703	771	1,276	534	99	64	15,350
Multifunctional children's services	111	184	149	293	139	..	..	144	1,020
MACS	763	238	133	193	162	49	..	177	1,715

Notes

1. Totals may not add due to rounding of weighted data.
2. The 1997 CP census covered long day care centres, family day care services and outside school hours care services. The most recent year for which data on occasional care and multifunctional services are available is 1996.
3. Double-counting may occur for children in before/after school care and vacation care services.
4. MACS = multifunctional Aboriginal children's services.

Source: AIHW analysis of FaCS 1998c, 1999b.

Table A4.7: Impact of government assistance on costs of long day care, by family type, December 1998 (\$ per week)

Family type	Gross income	Net income	Fee charged	Cost to government	Cost to parent
Community-based long day care centres					
Sole parent receiving Parenting Payment—studying	288.67	288.67	135.20	88.20	47.00
Sole parent working—0.75 AWE	520.68	490.82	135.20	88.20	47.00
Couple family with one income—AWE	650.00	524.77	135.20	82.25	52.95
Couple family with two incomes—1.75 AWE	1,071.38	859.05	135.20	49.70	85.50
Couple family with two incomes—2.5 AWE	1,513.75	1,102.19	135.20	19.10	116.10
Private long day care centres					
Sole parent receiving Parenting Payment—studying	288.67	288.67	129.60	86.55	43.05
Sole parent working—0.75 AWE	520.68	490.82	129.60	86.55	43.05
Couple family with one income—AWE	650.00	524.77	129.60	80.60	49.00
Couple family with two incomes—1.75 AWE	1,071.38	859.05	129.60	48.05	81.55
Couple family with two incomes—2.5 AWE	1,513.75	1,102.19	129.60	19.10	110.50
Family day care					
Sole parent receiving Parenting Payment—studying	288.67	288.67	107.20	89.00	18.20
Sole parent working—0.75 AWE	520.68	490.82	107.20	89.00	18.20
Couple family with one income—AWE	650.00	524.77	107.20	81.75	25.45
Couple family with two incomes—1.75 AWE	1,071.38	859.05	107.20	43.75	63.45
Couple family with two incomes—2.5 AWE	1,513.75	1,102.19	107.20	26.35	80.85

Notes

1. 'Private' = private-for-profit and employer-sponsored and other non-profit long day care centres.
2. Gross income includes any earned income and Centrelink payments and allowances. Net income is gross income minus tax and medicare levy.
3. In couple families with one income, one parent is working, the other studying. In other couple families, both parents are working.
4. For couple families with two incomes, the taxable income split is assumed to be 1:0.75.
5. Fees for child care are based on 40 hours of booked care.
6. The Sole Parent Pension was replaced by the Parenting Payment (single) from 20 March 1998.
7. Average weekly earnings (AWE) at November 1998, were \$605.50.

Source: FaCS 1999c:6; ABS 1998f.

Chapter 5 Housing assistance

Table A5.1: Number of households, by household type and tenure type, 1995–96

Tenure type	Couple only	Couple with dependent children	Couple— other	One- parent family	Lone person	Other	Total
Owner without mortgage	966.4	468.0	447.2	175.8	692.6	107.8	2,857.7
Owner with mortgage	379.9	824.5	251.6	124.2	271.2	80.2	1,931.6
Private rental	220.3	248.7	51.2	138.7	417.7	292.7	1,369.3
Public rental housing	32.0	68.4	16.8	115.3	163.0	6.8	402.3
Other	18.1	27.6	8.9	24	56.6	25.7	161
Total	1,616.7	1,637.2	775.7	578.0	1,601.1	513.2	6,721.9
Distribution of tenure within each household type (%)							
Owner without mortgage	59.8	28.6	57.7	30.4	43.3	21.0	42.5
Owner with mortgage	23.5	50.4	32.4	21.5	16.9	15.6	28.7
Private rental	13.6	15.2	6.6	24.0	26.1	57.0	20.4
Public rental housing	2.0	4.2	2.2	19.9	10.2	1.3	6.0
Other	1.1	1.7	1.1	4.2	3.5	5.0	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Distribution of family type within each tenure (%)							
Owner without mortgage	33.8	16.4	15.6	6.2	24.2	3.8	100.0
Owner with mortgage	19.7	42.7	13.0	6.4	14.0	4.2	100.0
Private rental	16.1	18.2	3.7	10.1	30.5	21.4	100.0
Public rental housing	8.0	17.0	4.2	28.7	40.5	1.7	100.0
Other	11.2	17.1	5.5	14.9	35.2	16.0	100.0
Total	24.1	24.4	11.5	8.6	23.8	7.6	100.0

Source: ABS 1997:Table 3.

Table A5.2: People aged 15–64 years living in households, by disability status and tenure type, 1998

Tenure type	Profound/ severe core activity restriction ^(a)	Moderate core activity restriction ^(a)	Mild core activity restriction ^(a)	All with disability ^(b)	No disability	Total with/ without disability
	('000)					
Owner without mortgage	151.9	138.0	197.0	648.9	2,349.0	2,998.0
Owner with mortgage	137.7	121.4	172.8	627.4	3,960.7	4,588.0
Private renter	71.4	70.5	110.8	369.6	2,224.8	2,594.4
Public housing renter	45.0	48.7	46.3	170.7	270.2	441.0
Boarder	38.9	11.1	31.5	108.2	666.8	775.1
Living rent-free	34.2	12.8	21.6	98.2	762.0	860.3
Other	2.9 ^(c)	n.p.	4.6 ^(c)	10.2	43.1	53.3
Total	481.9	403.0	584.5	2,033.3	10,276.7	12,310.0
Living in a non-private dwelling	8.8 ^(c)	10.6	5.4 ^(c)	33.4	111.6	145.0
Total	490.6	413.7	589.9	2,066.7	10,388.4	12,455.0
	Percentage (across)					
Owner without mortgage	5.1	4.6	6.6	21.6	78.4	100.0
Owner with mortgage	3.0	2.6	3.8	13.7	86.3	100.0
Private renter	2.8	2.7	4.3	14.3	85.7	100.0
Public housing renter	10.2	11.0	10.5	38.7	61.3	100.0
Boarder	5.0	1.4	4.1	14.0	86.0	100.0
Living rent-free	4.0	1.5	2.5	11.4	88.6	100.0
Other	5.4 ^(c)	n.p.	8.6 ^(c)	19.1	80.9	100.0
Total	3.9	3.3	4.7	16.5	83.5	100.0
Living in a non-private dwelling	6.1 ^(c)	7.3	3.7 ^(c)	23.0	77.0	100.0
Total	3.9	3.3	4.7	16.6	83.4	100.0
	Percentage (down)					
Owner without mortgage	31.0	33.4	33.4	31.4	22.6	24.1
Owner with mortgage	28.1	29.3	29.3	30.4	38.1	36.8
Private renter	14.6	17.0	18.8	17.9	21.4	20.8
Public housing renter	9.2	11.8	7.8	8.3	2.6	3.5
Boarder	7.9	2.7	5.3	5.2	6.4	6.2
Living rent-free	7.0	3.1	3.7	4.8	7.3	6.9
Other	0.6 ^(c)	n.p.	0.8 ^(c)	0.5	0.4	0.4
Total	98.2	97.4	99.1	98.4	98.9	98.8
Living in a non-private dwelling	1.8 ^(c)	2.6	0.9 ^(c)	1.6	1.1	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

(a) Core activities comprise communication, mobility and self care. For more information see Chapter 9.

(b) Includes those with employment or schooling restrictions and people without restrictions but still screened as disabled.

(c) Relative standard error in excess of 25%.

Source: ABS 1999:Table 19.

Table A5.3: Housing costs as a proportion of income, by tenure type, 1995–96

Tenure type	Proportion of income spent on housing				Total	Number ('000)
	Under 25	25-30	Over 30			
Owner without mortgage	97.9	0.5	1.4	99.8	2,857.7	
Owner with mortgage	65.0	10.2	24.6	99.8	1,931.6	
Public housing renter	87.5	6.9	5.5	99.9	402.3	
Private renter	56.1	11.1	32.1	99.3	1,369.3	
Total	78.8	6.0	14.8	99.6	6,721.9	

Note: Total number includes other renters.

Source: ABS 1997:Table 2.

Table A5.4: Government expenditure on CSHA assistance and Commonwealth Rent Assistance, 1989–90 to 1997–98 (1996–97 constant \$m)

Year	CSHA assistance	Commonwealth Rent Assistance
1989–90	1,467.8	602.3
1990–91	1,456.9	839.3
1991–92	1,511.8	1,003.8
1992–93	1,558.7	1,262.9
1993–94	1,466.5	1,467.0
1994–95	1,551.5	1,508.8
1995–96	1,498.8	1,580.0
1996–97	1,353.4 ^(a)	1,620.0
1997–98	1,191.9 ^(a)	1,468.0

(a) In 1996–97 and 1997–98 State fiscal contributions of \$141.7 million and \$149.7 million respectively are excluded.

Notes

1. CSHA assistance includes Commonwealth CSHA grant and State CSHA matching grant funding.
2. Commonwealth Rent Assistance refers to DSS and FaCS payments only and excludes DVA and DETYA assistance.
3. Constant 1996-97 dollar values are derived by adjusting nominal Commonwealth Rent Assistance values by the general government (other) GFCE index, while for nominal CSHA assistance values the Domestic Final Demand index was used (ABS 1998e).
4. Commonwealth Rent Assistance is recurrent expenditures while CSHA expenditure has a strong emphasis on capital expenditure and this capital investment has resulted in around \$34 billion of public housing assets that are continually used for housing assistance.

Source: DHHCS 1991, 1992; DHHLGCS 1993; DHRD 1994, 1995; DSS 1995, 1996a, 1996b, 1997a, 1997b, 1998; FaCS 1999b, 1999c.

Table A5.5 Households residing in public housing, as a proportion of all household tenures, by State and Territory, 1996^(a) (per cent)

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
5.6	3.4	3.9	5.1	9.8	7.3	10.3	14.3	5.3

(a) Includes all State and Territory housing authority dwellings.

Source: DSS 1997b:Table 1.

Table A5.6: Households assisted with rebated public rental housing: location by State and Territory, 1996-97

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Capital city	78,461	36,897	30,534	24,122	38,278	7,618	11,764	3,433	231,107
Outside capital city	44,102	16,702	24,340	8,574	11,870	7,811	n.a.	1,497	114,896
Total	122,563	53,599	54,874	32,696	50,148	15,429	11,764	4,930	346,003

Note: Queensland data based on tenants' rent position at the end of the financial year or when they vacated public housing; that is, they do not take account of whether tenants paying market rent at the end of the financial year received a rebate during the period.

Source: SCRCSSP 1999.

Table A5.7: Public housing dwellings: occupancy status by State and Territory, 1997-98

Occupancy status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Occupied	122,504	60,580	48,268	31,957	53,153	13,062	11,493	7,785	348,802
Vacant and tenable	1,717	1,051	1,125	268	1,321	303	164	47	5,996
Vacant and untenable	295	2,229	785	1,110	845	567	370	191	6,392
Total vacant	2,012	3,280	1,910	1,378	2,166	870	534	238	12,388
Total	124,516	63,860	49,753	33,335	55,319	13,932	12,027	8,023	360,765

Source: SCRCSSP 1999.

Table A5.8: Community housing dwellings, as a proportion of all public and community housing dwellings, by State and Territory, 1997-98 (per cent)

NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT ^(b)	Aust.
4.5	8.0	6.3	6.1	4.4	3.5	0.8	0.7	5.3

Note: The Northern Territory figure includes housing services delivered through Indigenous community housing organisations.

Source: SCRCSSP 1999:Table 14A.27.

Table A5.9: Closed support periods where clients were accommodated in SAAP agencies, by client's type of housing after support, by State and Territory, 1997-98 (per cent)

Support periods	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Non-independent housing									
SAAP short term	12.1	11.2	9.2	5.3	8.0	7.7	13.1	4.2	9.8
SAAP medium or long term	6.7	7.8	3.7	3.3	4.4	3.5	5.8	1.8	5.5
Other SAAP accommodation	4.6	4.9	4.5	5.6	6.6	3.8	8.4	4.7	5.0
Non-SAAP emergency service	0.8	0.9	0.5	0.5	0.5	0.5	2.3	0.7	0.8
Other non-SAAP accommodation, renting free	14.2	12.9	13.2	8.4	10.7	8.9	17.4	15.5	12.7
Living in car, tent, street	2.6	1.4	2.3	4.2	2.4	2.3	2.7	7.3	2.7
Institutional accommodation	5.8	4.2	3.1	8.3	6.7	6.5	8.8	3.8	5.5
Independent housing									
Private rental	36.3	41.8	48.7	40.2	38.1	44.3	20.3	31.5	39.7
Public rental housing	10.1	10.1	7.4	13.3	14.8	17.6	18.8	11.7	11.2
Community housing	4.4	1.8	5.9	7.5	5.0	2.3	1.3	17.1	4.8
Owner with and without mortgage	2.3	2.8	1.5	3.3	2.8	2.7	1.3	1.8	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total support periods (N)	10,960	7,382	5,832	4,608	3,020	1,534	1,269	1,365	35,970

Notes

1. Number of records excluded because consent was not obtained: 64,655.
2. Number excludes ongoing clients.
3. Number excludes high-volume records as not all items were included in high-volume form.
4. Percentages are based on valid values only.

Source: AIHW analysis of SAAP NDCA Client and Administrative Data Collection 1997-98.

Chapter 6 Aged care

Table A6.1: Queensland aged care assessment team clients: level of dependency, January–June 1994 to July–December 1998

Period	Total dependence		Severe dependence		Moderate dependence		Slight dependence		Fully independent		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Jan–Jun 1994	550	7	1,417	18	2,443	31	2,022	25	1,534	19	7,966	100
Jul–Dec 1994	613	7	1,752	19	2,950	32	2,376	25	1,675	18	9,366	100
Jan–Jun 1995	554	6	1,523	18	2,748	32	2,128	25	1,742	20	8,695	100
Jul–Dec 1995	613	6	954	9	1,869	18	2,600	25	4,426	42	10,462	100
Jan–Jun 1996	600	6	1,797	18	3,147	32	2,496	25	1,855	19	9,895	100
Jul–Dec 1996	632	6	2,079	20	3,492	33	2,443	23	1,852	18	10,498	100
Jan–Jun 1997	631	6	1,889	19	3,292	33	2,394	24	1,748	18	9,954	100
Jul–Dec 1997	679	6	2,668	24	3,819	35	2,427	22	1,462	13	11,055	100
Jan–Jun 1998	610	6	2,523	24	3,662	34	2,375	22	1,488	14	10,658	100
Jul–Dec 1998	630	6	2,513	22	4,109	36	2,646	23	1,409	13	11,307	100

Notes

1. Based on a five-point modified Barthel Index consisting of ten subscales, such as hygiene, feeding, bathing and transfers.
2. Excludes data from one assessment team.

Source: QACEU 1999:30; QACEU 1995:208.

Table A6.2: Western Australian aged care assessment team clients: level of dependency, January–June 1994 to July–December 1998

	Percentage				Number			
	Self	With assistance	Unable	Total (%)	Self	With assistance	Unable	Total (N)
Toileting								
Jan–Jun 1994	67	27	6	100	3,470	1,411	319	5,200
Jul–Dec 1994	67	28	5	100	3,998	1,672	309	5,979
Jan–Jun 1995	67	27	6	100	4,571	1,836	401	6,808
Jul–Dec 1995	68	27	6	100	4,914	1,923	399	7,236
Jan–Jun 1996	69	25	6	100	4,992	1,814	407	7,213
Jul–Dec 1996	66	29	5	100	5,189	2,271	430	7,890
Jan–Jun 1997	67	27	6	100	4,906	1,998	398	7,302
Jul–Dec 1997	63	31	6	100	5,151	2,539	485	8,175

(continued)

Table A6.2 (continued): Western Australian aged care assessment team clients: level of dependency, January–June 1994 to July–December 1998

	Percentage				Number			
	Self	With assistance	Unable	Total (%)	Self	With assistance	Unable	Total (N)
Jan–Jun 1998	63	32	5	100	4,809	2,396	412	7,617
Jul–Dec 1998	63	32	5	100	5,424	2,796	442	8,662
Bath/hygiene								
Jan–Jun 1994	51	42	8	100	2,643	2,168	391	5,202
Jul–Dec 1994	51	43	6	100	3,036	2,557	381	5,974
Jan–Jun 1995	43	50	8	100	2,919	3,367	520	6,806
Jul–Dec 1995	41	51	8	100	2,993	3,693	539	7,225
Jan–Jun 1996	43	50	7	100	3,074	3,606	531	7,211
Jul–Dec 1996	40	53	8	100	3,113	4,162	612	7,887
Jan–Jun 1997	41	52	7	100	2,966	3,809	527	7,302
Jul–Dec 1997	36	56	8	100	2,952	4,539	664	8,155
Jan–Jun 1998	37	55	9	100	2,769	4,179	642	7,590
Jul–Dec 1998	36	57	8	100	3,067	4,902	669	8,638
Meals/drinks								
Jan–Jun 1994	59	34	7	100	3,074	1,789	338	5,201
Jul–Dec 1994	61	33	6	100	3,665	1,938	365	5,968
Jan–Jun 1995	60	34	6	100	4,074	2,337	389	6,800
Jul–Dec 1995	62	32	6	100	4,481	2,328	413	7,222
Jan–Jun 1996	60	34	6	100	4,303	2,474	431	7,208
Jul–Dec 1996	58	36	6	100	4,606	2,812	472	7,890
Jan–Jun 1997	57	36	7	100	4,171	2,631	495	7,297
Jul–Dec 1997	57	37	6	100	4,634	3,023	501	8,158
Jan–Jun 1998	59	36	5	100	4,467	2,766	362	7,595
Jul–Dec 1998	60	36	4	100	5,157	3,117	364	8,638
Dress/undress								
Jan–Jun 1994	53	40	7	100	2,765	2,066	373	5,204
Jul–Dec 1994	53	41	6	100	3,144	2,455	360	5,959
Jan–Jun 1995	52	41	7	100	3,551	2,769	472	6,792
Jul–Dec 1995	51	42	7	100	3,695	3,039	475	7,209
Jan–Jun 1996	52	41	7	100	3,760	2,972	472	7,204
Jul–Dec 1996	49	45	7	100	3,857	3,505	516	7,878
Jan–Jun 1997	49	45	6	100	3,577	3,260	456	7,293
Jul–Dec 1997	45	48	7	100	3,692	3,898	557	8,147
Jan–Jun 1998	45	47	7	100	3,442	3,592	556	7,590
Jul–Dec 1998	45	48	7	100	3,912	4,128	586	8,626

Note: Based on three-point activities of daily living scale.

Source: UWA 1997:49; UWA 1996a:46; UWA 1996b:48; 1995:47; Western Australian Aged Care Assessment Program, unpublished data.

Table A6.3: Ratio of HACC hours of service provision, by State and Territory, 1993–94 and 1997–98^(a)

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Average hours per month per 1,000 persons aged 70 and over, 1993–94									
Home help (hours)	368	639	262	596	148	632	302	1,714	428
Personal care (hours)	170	57	23	205	71	140	187	410	109
Home nursing (hours) ^(b)	161	228	280	236	140	227	456	—	206
Paramedical (hours)	15	19	22	25	33	14	7	—	20
Home respite care (hours)	246	97	106	130	59	139	348	552	155
Centre day care (hours)	436	338	598	467	338	137	332	56	421
Home meals (meals)	671	769	773	843	737	978	661	2,397	746
Centre meals (meals)	74	106	92	298	65	22	27	293	101
Home maintenance/ modification (hours)	43	57	22	66	3	66	75	27	42
Average hours per month per 1,000 persons aged 70 and over, 1997–98									
Home help (hours)	306	751	348	427	256	480	279	1,675	441
Personal care (hours)	196	120	53	180	121	141	259	632	143
Home nursing (hours) ^(b)	120	129	160	97	110	164	124	—	127
Paramedical (hours)	13	40	23	15	26	10	12	24	23
Home respite care (hours)	244	137	176	160	216	169	563	272	196
Centre day care (hours)	349	561	711	853	363	341	172	196	506
Home meals (meals)	570	773	789	682	774	703	501	3,172	697
Centre meals (meals)	75	88	119	204	111	63	27	519	100
Home maintenance/ modification (hours)	37	50	50	51	44	35	82	278	45
Average hours per month per 1,000 persons aged 65 and over with a profound or severe core activity restriction, 1993–94									
Home help (hours)	1,231	2,103	879	1,957	493	2,129	1,025	5,724	1,423
Personal care (hours)	569	188	76	674	236	471	634	1,369	364
Home nursing (hours) ^(b)	537	750	937	774	465	763	1,549	—	686
Paramedical (hours)	50	63	75	81	110	47	25	—	65
Home respite care (hours)	821	319	356	426	196	467	1,182	1,844	515
Centre day care (hours)	1,457	1,114	2,005	1,533	1,127	462	1,127	186	1,399
Home meals (meals)	2,246	2,531	2,591	2,769	2,455	3,294	2,247	8,003	2,481
Centre meals (meals)	247	348	308	978	218	75	93	978	337
Home maintenance/ modification (hours)	143	187	72	218	10	222	254	89	140
Average hours per month per 1,000 persons aged 65 and over with a severe or profound core activity restriction 1997–98									
Home help (hours)	1,063	2,715	981	1,316	978	1,384	647	2,283	1,465
Personal care (hours)	680	432	148	556	461	405	600	861	477
Home nursing (hours) ^(b)	417	465	452	300	419	471	288	—	423
Paramedical (hours)	47	145	65	45	101	28	29	33	77
Home respite care (hours)	848	495	497	492	827	487	1,306	370	653
Centre day care (hours)	1,212	2,028	2,007	2,629	1,388	984	398	267	1,682
Home meals (meals)	1,980	2,796	2,226	2,102	2,961	2,025	1,163	4,324	2,317

(continued)

Table A6.3 (continued): Ratio of HACC hours of service provision, by State and Territory, 1993-94 and 1997-98^(a)

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Centre meals (meals)	260	318	337	627	425	183	63	708	333
Home maintenance/ modification (hours)	128	180	141	158	170	101	190	379	151

(a) Transport data are not included.

(b) Excludes the Northern Territory: home nursing is not HACC funded in the Northern Territory.

Source: DSHS 1995, Section 2:1-2; ABS 1998:16, 1999b:5; DHAC unpublished data, 1998.

Table A6.4: Supply of community aged care packages and residential care places, 30 June 1994 to 30 June 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Care packages^(a)									
1994	291	313	253	81	224	43	20	2	1,227
1995	834	640	443	210	285	98	25	7	2,542
1996	1,517	1,104	731	383	468	160	47	21	4,431
1997	2,199	1,369	1,027	538	634	228	84	45	6,124
1998	3,538	2,314	1,728	822	989	378	168	109	10,046
Hostel places									
1994	18,409	13,861	11,534	5,192	6,030	1,347	603	128	57,104
1995	18,446	13,832	11,444	5,111	6,039	1,347	603	128	56,950
1996	20,042	15,641	12,589	5,646	6,326	1,496	764	141	62,645
1997	20,371	16,597	12,873	5,912	6,496	1,593	829	154	64,825
Nursing home beds									
1994	29,189	17,091	12,230	6,082	6,812	2,094	557	192	74,247
1995	29,352	17,084	12,385	6,122	6,908	2,133	519	192	74,695
1996	29,538	17,435	12,277	5,762	7,129	2,138	519	210	75,008
1997	28,859	17,522	12,189	5,833	6,928	2,173	519	210	74,233
Residential aged care places									
1994	47,598	30,952	23,764	11,274	12,842	3,441	1,160	320	131,351
1995	47,798	30,916	23,829	11,233	12,947	3,480	1,122	320	131,645
1996	49,580	33,076	24,866	11,408	13,455	3,634	1,283	351	137,653
1997	49,230	34,119	25,062	11,745	13,424	3,766	1,348	364	139,058
1998	49,682	34,458	25,000	11,812	13,455	3,732	1,416	362	139,917
Care packages per 1,000 people aged 70 and over^(a)									
1994	0.6	0.9	1.1	0.7	1.7	1.1	1.5	0.7	0.9
1995	1.6	1.7	1.8	1.8	2.0	2.4	1.8	2.3	1.7
1996	2.8	2.8	2.9	3.1	3.3	3.8	3.2	6.3	2.9
1997	4.0	3.4	3.9	4.2	4.3	5.3	5.4	12.8	3.9
1998	6.2	5.6	6.3	6.2	6.5	8.7	10.3	29.5	6.3
Hostel places per 1,000 people aged 70 and over									
1994	36.4	37.7	48.7	44.8	44.4	33.7	45.4	45.6	40.3
1995	35.4	36.5	46.6	42.7	43.3	33.0	42.9	42.8	39.0
1996	37.3	40.0	49.4	45.5	44.0	35.8	51.6	42.4	41.5

(continued)

Table A6.4 (continued): Supply of community aged care packages and residential care places, 30 June 1994 to 30 June 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
1997	36.9	41.3	48.8	46.1	43.9	37.4	53.5	43.8	41.7
Nursing home beds per 1,000 people aged 70 and over									
1994	57.7	46.4	51.6	52.5	50.2	52.4	41.9	68.4	52.3
1995	56.4	45.1	50.5	51.1	49.5	52.2	37.0	64.3	51.1
1996	55.0	44.6	48.1	46.5	49.5	51.1	35.1	63.2	49.6
1997	52.3	43.6	46.2	45.5	46.8	51.0	33.5	59.7	47.7
Residential aged care places per 1,000 people aged 70 and over									
1994	94.1	84.1	100.3	97.2	94.6	86.1	87.3	114.0	92.6
1995	91.8	81.6	97.1	93.8	92.7	85.2	79.9	107.1	90.0
1996	92.4	84.6	97.5	92.0	93.5	86.9	86.7	105.6	91.1
1997	89.2	84.9	95.0	91.6	90.8	88.4	87.1	103.4	89.4
1998	87.6	83.4	91.7	89.3	88.5	85.5	86.9	98.0	87.4
Care packages per 1,000 people aged 65 and over with a profound or severe core activity restriction^(a)									
1994	1.9	2.8	3.6	2.3	5.5	3.6	5.1	2.4	2.9
1995	5.4	5.6	6.0	5.7	6.8	8.0	6.1	7.7	5.8
1996	9.4	9.3	9.6	10.1	10.8	12.8	10.9	20.7	9.7
1997	13.3	11.2	13.0	13.7	14.3	17.8	18.6	42.2	13.1
1998	20.7	18.4	21.0	20.3	21.5	28.6	35.0	98.8	20.7
Hostel places per 1,000 people aged 65 and over with a profound or severe core activity restriction									
1994	121.8	124.2	163.2	147.1	148.1	113.5	155.0	151.6	134.1
1995	118.5	120.3	156.0	139.6	144.1	110.4	147.5	140.0	129.5
1996	124.5	131.8	164.9	148.6	146.2	119.5	177.3	139.2	137.6
1997	122.8	136.1	162.6	150.6	146.1	124.0	183.1	144.6	138.2
Nursing home beds per 1000 people aged 65 and over with a profound or severe core activity restriction									
1994	193.2	153.1	173.1	172.4	167.3	176.5	143.2	227.4	174.3
1995	188.5	148.5	168.8	167.2	164.9	174.7	126.9	210.0	169.8
1996	183.5	146.9	160.8	151.6	164.8	170.8	120.4	207.3	164.8
1997	174.0	143.7	154.0	148.6	155.8	169.2	114.6	197.2	158.2
Residential aged care places per 1000 people aged 65 and over with a profound or severe core activity restriction									
1994	315.1	277.3	336.3	319.5	315.4	290.0	298.2	379.0	308.4
1995	307.0	268.8	324.9	306.8	309.0	285.1	274.4	350.1	299.3
1996	308.1	278.6	325.7	300.2	311.0	290.3	297.7	346.5	302.5
1997	296.7	279.8	316.6	299.1	301.8	293.2	297.7	341.7	296.4
1998	290.5	274.2	304.4	291.3	292.9	282.3	294.8	328.3	288.8

(a) Operational care packages.

Source: AIHW 1997:384; DHAC 1999, unpublished data; AIHW 1998a:15; AIHW 1998b:15; AIHW 1999:20; ABS 1997:29, 35, 41, 47; ABS 1999a:20; ABS 1999b:15.

Table A6.5: Occupancy rates by quarter for residential care, by quarter, July 1993–June 1997^(a)

Quarter	Occupancy rate		
	Nursing homes	Hostels	Residential care
Jul–Sep 1993	97.5	92.1	95.2
Oct–Dec 1993	97.7	92.1	95.3
Jan–Mar 1994	97.8	92.3	95.5
Apr–Jun 1994	97.7	92.4	95.4
Jul–Sep 1994	97.6	92.6	95.4
Oct–Dec 1994	97.7	92.6	95.4
Jan–Mar 1995	97.7	92.7	95.5
Apr–Jun 1995	97.5	92.9	95.4
Jul–Sep 1995	97.0	93.0	95.2
Oct–Dec 1995	97.5	92.9	95.5
Jan–Mar 1996	98.1	93.0	95.8
Apr–Jun 1996	97.7	93.2	95.6
Jul–Sep 1996	97.3	93.0	95.4
Oct–Dec 1996	97.9	93.0	95.7
Jan–Mar 1997	98.2	92.9	95.7
Apr–Jun 1997	98.1	92.9	95.7
Jan–Mar 1998 ^(b)			95.8
Apr–Jun 1998			95.9

(a) Data are not available for the period July to December 1997.

(b) From October 1 1997 nursing homes and hostels were merged into one residential care system

Note: Occupancy rate = occupied place-days in the period / (((beds at beginning of period + beds at end of period)/2) * number of days in the period) * 100.

Source: AIHW analysis of DHAC unpublished data.

Chapter 7 Disability services

Table A7.1: People with specific restrictions: age-standardised prevalence rates, by disability status, as a percentage of the Australian population, 1981, 1988, 1993 and 1998, adjusted for differences between surveys

	All with specific restrictions			Profound or severe core activity restriction			Moderate core activity restriction		
	5-14	15-64	65+	5-14	15-64	65+	5-14	15-64	65+
Persons									
1981	4.0	8.1	32.9	1.6	2.1	16.2	0.5	1.8	6.9
1988	6.2	10.9	45.1	2.2	2.3	17.9	0.9	3.1	12.0
1993	5.9	10.6	44.6	2.3	2.4	17.1	0.8	1.7	8.1
1998	8.2	12.4	45.5	3.7	3.3	19.6	1.5	2.4	7.6
Males									
1981	5.0	8.8	29.4	2.0	2.1	11.6	0.7	2.1	7.8
1988	7.2	11.5	43.6	2.5	2.1	12.7	1.1	3.3	13.3
1993	7.3	11.4	44.3	2.7	2.3	12.4	0.9	1.9	8.6
1998	10.6	13.3	45.0	4.9	3.3	14.8	2.0	2.7	7.5
Females									
1981	3.0	7.4	35.6	1.2	2.2	19.7	0.3	1.5	6.3
1988	5.1	10.2	46.2	1.9	2.5	21.9	0.6	2.8	10.9
1993	4.5	9.8	44.9	1.8	2.4	20.8	0.7	1.6	7.7
1998	5.7	11.4	45.9	2.4	3.4	23.3	1.0	2.0	7.7
	Mild core activity restriction			Schooling restriction			Employment restriction		
	5-14	15-64	65+	5-14	15-64	65+	5-14	15-64	65+
Persons									
1981	0.4	1.9	9.8	3.4	0.1	..	..	7.0	..
1988	1.5	3.5	15.3	5.0	0.1	..	..	9.0	..
1993	1.3	4.2	19.4	5.0	0.2	..	..	8.8	..
1998	1.8	4.6	18.4	6.4	0.4	..	..	11.0	..
Males									
1981	0.4	2.1	10.0	4.3	0.1	..	..	7.7	..
1988	1.5	3.7	17.6	6.0	0.2	..	..	9.6	..
1993	1.6	4.4	23.3	6.2	0.2	..	..	9.8	..
1998	2.3	4.8	22.7	8.4	0.5	..	..	11.7	..
Females									
1981	0.4	1.8	9.6	2.5	0.1	..	..	6.3	..
1988	1.5	3.3	13.5	4.0	0.1	..	..	8.4	..
1993	0.9	4.0	16.4	3.7	0.2	..	..	7.8	..
1998	1.3	4.3	15.0	4.3	0.3	..	..	10.3	..

Notes

.. not applicable

Only criteria common to the 4 collections have been used. Rates are age-standardised to the estimated resident population for March 1998.

Source: AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers, unpublished data.

Table A7.2: Formal services in Australia relevant to people with a disability: broad service categories by sector roles in provision and funding

	Commonwealth role	State/Territory role	Local government role	Non-government role
Income support	Income security programs of DSS, DVA and DHFS Concessions, fringe benefits	Injury compensation schemes and related services Concessions, fringe benefits	Rate concessions	Emergency relief (non-specific) Disability insurance Superannuation
Disability support services	Employment and other services under CSDA, including funding to States and Territories HACC services Residential aged care facilities—funding Commonwealth Rehabilitation Service Australian Hearing Service	Accommodation and other support services under CSDA HACC services Residential aged care facilities—funding and provision Various equipment schemes	HACC services	CSDA services and HACC services Other support services, including information and advocacy Residential aged care facilities—funding and provision
Relevant generic services	Employment programs, including disability-specific Public housing and crisis accommodation, including disability-specific Child care services, including disability-specific—funding Health services—funding Other, such as sport, library and information	Education—special and integrated Transport, including disability-specific Public housing, including disability-specific Child care services, including disability-specific—funding Health services—funding and provision Other, such as sport, library and information	Physical access, parking Child care services—provision and coordination Other, such as sport, library	Emergency relief (non-specific) Child care services—provision

Note: No distinction is made between for-profit and not-for-profit sectors.

Source: Adapted from AIHW 1995:259.

Table A7.3: CSDA-funded services: service type by auspicing organisation, 1998

	Government				Non-government			
	Common -wealth	State/ Territory	Local	Total	Charitable/ religious	Other	Total	Total
Institutions/large residentials	—	36	—	36	30	12	42	78
Hostels	—	13	—	13	31	16	47	60
Group homes	—	833	18	851	489	338	827	1,678
Attendant care	—	—	7	7	64	42	106	113
Outreach/other 'in-home'/drop-in support	—	41	4	45	275	173	448	493
Alternative family placement	—	—	—	—	17	4	21	21
Accommodation support: other/ not stated	—	21	—	21	43	18	61	82
<i>Total accommodation support</i>	—	<i>944</i>	<i>29</i>	<i>973</i>	<i>949</i>	<i>603</i>	<i>1,552</i>	<i>2,525</i>
Advocacy	—	2	—	2	93	18	111	113
Information/referral	—	3	1	4	60	34	94	98
Combined advocacy/information	—	2	—	2	40	14	54	56
Early childhood intervention	—	33	6	39	106	57	163	202
Recreation/holiday programs	—	8	20	28	86	64	150	178
Therapy (PT OT ST)	—	33	—	33	89	7	96	129
Family/individual case practice/ management	—	38	5	43	83	19	102	145
Behaviour/specialist intervention	—	48	—	48	9	2	11	59
Counselling: individual/family/ group	—	1	—	1	7	2	9	10
Brokerage/direct funding	—	93	1	94	33	45	78	172
Mutual support/self-help groups	—	—	—	—	36	5	41	41
Print disability	—	—	1	1	16	9	25	26
Resource teams/regional teams	—	84	—	84	5	3	8	92
Community support: other/not stated	—	11	—	11	19	25	44	55
<i>Total community support</i>	—	<i>356</i>	<i>34</i>	<i>390</i>	<i>682</i>	<i>304</i>	<i>986</i>	<i>1,376</i>
Continuing education/ independent living training/adult training centre	—	35	2	37	123	102	225	262
Post-school options/social and community support/community access	—	13	12	25	311	135	446	471
Community access and day programs: other/not stated	—	12	2	14	77	52	129	143
<i>Total community access</i>	—	<i>60</i>	<i>16</i>	<i>76</i>	<i>511</i>	<i>289</i>	<i>800</i>	<i>876</i>
Own-home respite	—	3	1	4	18	18	36	40
Respite: centre/respite home	—	86	6	92	110	44	154	246
Respite: host family/peer support	—	46	—	46	9	11	20	66
Respite: other/flexible/ combination/not stated	—	3	6	9	68	46	114	123
<i>Total respite</i>	—	<i>138</i>	<i>13</i>	<i>151</i>	<i>205</i>	<i>119</i>	<i>324</i>	<i>475</i>

(continued)

Table A7.3 (continued): CSDA-funded services: service type by auspicing organisation, 1998

	Government				Non-government			
	Common -wealth	State/ Territory	Local	Total	Charitable/ religious	Other	Total	Total
Open employment	2	—	1	3	291	8	299	302
Supported employment	2	3	3	8	523	—	523	531
Combined open and supported employment	1	1	1	3	26	1	27	30
Employment: other/not stated	1	—	—	1	7	—	7	8
<i>Total employment support</i>	<i>6</i>	<i>4</i>	<i>5</i>	<i>15</i>	<i>847</i>	<i>9</i>	<i>856</i>	<i>871</i>
Service type other/not stated	—	11	1	12	15	24	39	51
Total	6	1,513	98	1,617	3,209	1,348	4,557	6,174

Notes

1. A service may be a single outlet, or an aggregation of two or more outlets of the same service type, for an organisation.
2. All Commonwealth-aided outlets are aided by Commonwealth-related entities such as universities and educational institutions.

Source: AIHW 1999b:Table 4.1.

Table A7.4: Recipients of CSDA-funded services: service type by State and Territory, 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Institutions/large residentials	2,339	965	461	621	1,068	122	—	—	5,576
Hostels	586	329	22	157	14	79	—	—	1,187
Group homes	2,236	3,035	1,250	789	581	328	152	96	8,467
Attendant care	159	393	78	294	75	3	—	9	1,011
Outreach/other 'in-home'/ drop-in support	29	1,339	1,303	522	229	50	3	11	3,486
Alternative family placement	161	43	43	27	—	—	—	—	274
Accommodation support: other/not stated	818	211	18	40	3	29	—	4	1,123
<i>Total accommodation support</i>	<i>6,328</i>	<i>6,315</i>	<i>3,175</i>	<i>2,450</i>	<i>1,970</i>	<i>611</i>	<i>155</i>	<i>120</i>	<i>21,124</i>
Early childhood intervention	120	1,152	64	124	17	—	—	15	1,492
Recreation/holiday programs	296	377	128	662	430	63	77	18	2,051
Therapy (PT OT ST)	475	878	230	887	64	26	20	6	2,586
Family/individual case practice/ management	—	1,419	106	121	598	25	9	—	2,278
Behaviour/specialist intervention	696	231	50	121	4	—	—	—	1,102
Counselling: individual/family/group	—	—	50	134	27	—	—	—	211
Brokerage/direct funding	—	403	149	593	12	—	74	1	1,232
Mutual support/self-help groups	5	246	2	77	38	—	—	—	368
Resource teams/regional teams	998	—	329	77	119	41	—	—	1,564
Community support: other/not stated	427	18	18	94	14	213	—	—	784
<i>Total community support</i>	<i>3,017</i>	<i>4,724</i>	<i>1,126</i>	<i>2,890</i>	<i>1,323</i>	<i>368</i>	<i>180</i>	<i>40</i>	<i>13,668</i>
Continuing education/independent living training/ adult training centre	1,454	1,046	1,169	142	102	61	6	16	3,996
Post-school options/social and community support/community access	1,012	5,315	391	464	211	79	38	9	7,519
Community access and day programs: other/not stated	614	1,087	120	163	16	125	—	23	2,148

(continued)

Table A7.4 (continued): Recipients of CSDA-funded services: service type by State and Territory, 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<i>Total community access</i>	3,080	7,448	1,680	769	329	265	44	48	13,663
Own home respite	18	47	67	249	1	3	20	29	434
Respite: centre/respite home	245	484	157	192	64	57	31	—	1,230
Respite: host family/peer support	84	—	19	215	33	—	—	—	351
Respite: other/flexible/combination	16	115	208	145	43	4	4	14	549
<i>Total respite</i>	363	646	451	801	141	64	55	43	2,564
Open employment	1,081	1,136	856	576	315	163	274	52	4,453
Supported employment	4,711	2,730	1,634	1,376	1,815	472	129	16	12,883
Open and supported combined	64	253	23	205	12	25	74	11	667
Employment: other/not stated	2	31	3	92	5	10	—	—	143
<i>Total employment support</i>	5,858	4,150	2,516	2,249	2,147	670	477	79	18,146
Service type not stated	5	—	1	—	17	—	10	—	33
Total	18,651	23,283	8,949	9,159	5,927	1,978	921	330	69,198

Notes

1. An individual may be counted more than once if they used more than one service type on the snapshot day.
2. Data for recipients of CSDA-funded services with the following service types were not collected: advocacy; information referral; combined advocacy/information; print disability/alt. formats of communication; service evaluation/training; peak bodies; research/development; and other.

Source: AIHW 1999b:Table 3.15.

Table A7.5: Recipients of CSDA-funded services: age group by sex, 1998

	Males		Females		Sex not stated		Total	
	Number	%	Number	%	Number	%	Number	%
0–4	1,601	4.0	907	3.1	58	23.9	2,566	3.7
5–9	1,850	4.6	992	3.4	30	12.4	2,872	4.2
10–14	1,518	3.8	920	3.2	13	5.4	2,451	3.5
15–19	2,803	7.0	1,868	6.4	8	3.3	4,679	6.8
20–24	4,662	11.7	3,086	10.6	7	2.9	7,755	11.2
25–29	4,883	12.3	3,442	11.8	5	2.1	8,330	12.0
30–34	5,057	12.7	3,424	11.8	20	8.2	8,501	12.3
35–39	4,651	11.7	3,452	11.9	13	5.4	8,116	9.9
40–44	3,820	9.6	2,995	10.3	12	4.9	6,827	9.9
45–49	3,080	7.7	2,332	8.0	9	3.7	5,421	7.8
50–54	2,279	5.7	1,715	5.9	5	2.1	3,999	5.8
55–59	1,279	3.2	1,092	3.8	5	2.1	2,376	1.9
60–64	751	1.9	585	2.0	1	0.4	1,337	1.9
65–69	432	1.1	460	1.6	1	0.4	893	1.3
70 or over	749	1.9	1,395	4.8	5	2.1	2,149	3.1
Not stated	457	1.2	418	1.4	51	21.0	926	1.3
Total	39,872	100.0	29,083	100.0	243	100.0	69,198	100.0

Notes

1. An individual may be counted more than once if they used more than one service type on the snapshot day.
2. Data for recipients of CSDA-funded services with the following service types were not collected: advocacy; information/referral; combined advocacy/information; print disability/alt. formats of communication; service evaluation/training; peak bodies; research/development; and other.

Source: AIHW 1999b:Table A.3.2.

Table A7.6: Primary carers: whether living with their main care recipient, by sex and age group and by age group of main care recipient, 1998 ('000)

	Age of primary carer				Total
	15–24	25–44	45–64	65 +	
Males, living with main recipient					
Under 15	—	3.8	2.7	—	6.5
15–24	1.5	<1.0	<1.0	—	3.3
25–44	1.9	14.1	6.6	—	22.6
45–64	1.4	1.8	31.1	6.1	40.4
65+	—	3.1	9.9	29.4	42.4
Total	4.8	23.6	51.3	35.5	115.2
Males, not living with main recipient					
Under 15	—	—	—	—	—
15–24	—	—	—	—	—
25–44	—	1.3	—	—	1.3
45–64	—	1.3	0.6	0.3	2.2
65+	0.2	2.9	10.0	0.5	13.5
Total	0.2	5.6	10.6	0.8	17.1
Females, living with main recipient					
Under 15	0.6	47.4	7.7	0.9	56.6
15–24	0.7	6.0	7.3	—	13.9
25–44	2.9	16.7	9.2	5.5	34.3
45–64	2.5	9.2	34.4	3.9	50.1
65+	—	6.5	34.1	41.5	82.1
Total	6.7	85.7	92.7	51.9	237.0
Females, not living with main recipient					
15–24	—	0.5	1.3	—	1.8
25–44	—	1.4	3.1	0.8	5.4
45–64	0.8	5.0	2.6	—	8.4
65+	0.8	22.6	31.9	7.6	63.0
Total	1.7	29.5	39.0	8.5	78.6
Persons, living with main recipient					
Under 15	0.6	51.2	10.4	0.9	63.1
15–24	2.2	6.9	8.1	—	17.2
25–44	4.9	30.7	15.8	5.5	56.9
45–64	3.9	10.9	65.6	10.0	90.5
65+	—	9.6	44.0	70.9	124.5
Total	11.6	109.2	143.9	87.4	352.2
Persons, not living with main recipient					
Under 15	—	—	—	—	—
15–24	—	0.5	1.3	—	1.8
25–44	—	2.8	3.1	0.9	6.8
45–64	0.8	6.3	3.2	0.3	10.7
65+	1.0	25.5	41.9	8.1	76.5
Total	1.8	35.1	49.6	9.3	95.8
All persons	13.4	144.3	193.5	96.7	447.9

Note: Primary carers aged 15 years or more living in households.

Source: ABS 1998 Disability, Ageing and Carers Survey, unpublished data.

Table A7.7: All people: living arrangements by age group and disability status, 1998 ('000)

	Profound core activity restriction	Severe core activity restriction	Profound/ severe core activity restriction	Total with disability	Total without disability	Total
Households						
<i>Lives alone^(a)</i>						
Under 35 years	**1.0	*7.0	*8.1	53.7	237.3	291.0
35–64 years	8.5	35.8	44.3	248.3	440.8	689.1
All ages	61.9	88.3	150.2	637.4	969.0	1,606.4
<i>Lives with relatives</i>						
Under 35 years	114.9	130.0	244.9	716.6	7,814.3	8,530.9
35–64 years	75.2	243.3	318.5	1,239.3	4,800.9	6,040.2
All ages	314.6	467.4	782.0	2,652.3	13,338.0	15,990.4
<i>Lives with non-relatives^(a)</i>						
Under 35 years	**1.4	*7.8	*9.2	59.0	572.4	631.4
35–64 years	**0.5	*9.1	9.6	46.2	137.6	183.8
All ages	*7.6	21.0	28.7	136.6	737.5	874.1
<i>Total in households</i>						
Under 35 years	117.3	144.8	262.1	829.2	8,624.0	9,453.3
35–64 years	84.3	288.2	372.5	1,533.8	5,379.4	6,913.2
All ages	69.6	576.8	961.0	3,426.3	15,044.5	18,470.8
Cared accommodation						
Under 35 years	4.0	1.0	5.0	5.6	*0.6	6.2
35–64 years	12.5	2.6	15.1	16.4	*0.3	16.7
All ages	153.4	21.5	174.9	184.0	5.7	189.7
Total population						
Under 35 years	121.3	145.8	267.2	834.9	8,624.6	9,459.5
35–64 years	96.7	290.8	387.5	1,550.2	5,379.7	6,929.9
All ages	223.0	598.2	1,135.9	3,610.3	15,050.3	18,660.6

(a) These figures exclude children 0–14 years.

Note: 'Core activity' means communication, mobility or self care.

Source: ABS 1998 Survey of Disability Ageing and Carers, unpublished data.

Chapter 8 Child protection and support services

Table A8.1: Substantiations, by type of abuse and neglect, 1990–91, 1993–94 and 1997–98 (per cent)

Type of abuse and neglect	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1990–91								
Physical	22	18	31	32	45	52	50	36
Emotional	29	41	15	5	7	4	12	6
Sexual	26	12	22	34	35	34	11	15
Neglect	23	29	32	29	13	10	26	42
Total substantiations	11,611	2,427	3,500	1,223	1,162	472	247	226
1993–94								
Physical	25	30	40	34	39	49	25	30
Emotional	33	30	16	5	14	11	37	8
Sexual	22	11	7	24	28	36	7	15
Neglect	20	29	37	36	20	4	30	47
Total substantiations	15,128	5,253	3,127	1,830	2,077	424	495	377
1997–98								
Physical	35	27	27	39	29	38	46	44
Emotional	10	42	23	7	32	11	15	5
Sexual	29	8	8	31	11	39	12	15
Neglect	18	23	42	23	28	12	27	36
Other	7	..	..	..	..	..	..	..
Total substantiations	8,406	7,357	6,323	1,119	1,915	135	411	343

Notes

1. Data should be interpreted carefully, taking into account the varying policies and practices of each State and Territory.
2. In 1997–98 in Western Australia there were 16 substantiations where type of abuse or neglect was unknown.

Source: Angus & Wilkinson 1992; Angus & Woodward 1995; AIHW 1999c.

Table A8.2: Children in substantiations: type of abuse and , by sex and State and Territory, 1997-98

Sex of child	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Males								
Physical	1,368	874	683	242	251	24	92	72
Emotional	380	1307	500	35	270	8	19	6
Sexual	619	187	98	59	36	11	14	12
Neglect	714	744	863	101	176	6	54	52
Other	255	—	—	—	—	—	—	—
Total	3,336	3,112	2,144	437	733	49	179	142
Females								
Physical	1,308	835	586	174	258	25	84	71
Emotional	377	1,357	505	36	220	7	26	9
Sexual	1,670	343	283	280	164	41	33	37
Neglect	614	653	842	120	187	10	37	55
Other	267	—	—	—	—	—	—	—
Total	4,236	3,188	2,216	610	829	83	180	172
Persons								
Physical	2,676	1,736	1,269	417	510	49	176	143
Emotional	757	2,708	1,005	71	493	15	45	15
Sexual	2,289	538	381	339	200	52	47	49
Neglect	1,328	1,417	1,705	221	371	16	91	107
Other	522	—	—	—	—	—	—	—
Total	7,572	6,399	4,360	1,048	1,574	132	359	314

Notes

1. Totals include 99 children from Victoria, 1 from Western Australia and 12 from South Australia for whom sex was not known.
2. In New South Wales the category 'Other' includes children in the category 'harm or risk not classified'.
3. In Western Australia 14 children for whom no details were known were not included in this table.

Source: AIHW 1999a.

Table A8.3: Substantiations of child abuse and neglect, by type of family in which the child was residing: selected States and Territories, 1997–98

Family type	Vic	Qld	WA ^(a)	Tas	ACT	NT
	Number					
Two parent—natural	2,291	1,297	280	37	112	66
Two parent—step or blended	885	1,209	218	25	63	75
Single parent—female	3,109	2,704	427	37	189	122
Single parent—male	787	334	62	5	30	12
Other relatives/kin	—	180	71	—	7	65
Foster	—	—	25	4	5	—
Other	285	301	24	—	5	2
Not stated	—	298	12	27	—	1
Total	7,357	6,323	1,119	135	411	343
	Percentage					
Two parent—natural	31	22	25	34	27	19
Two parent—step or blended	12	20	20	23	15	22
Single parent—female	42	45	39	34	46	36
Single parent—male	11	6	6	5	7	4
Other relatives/kin	—	3	6	—	2	19
Foster	—	—	2	4	1	—
Other	4	5	2	—	1	1
Total	100	100	100	100	100	100

(a) Data exclude 16 substantiations where type of family was unknown.

Notes

1. New South Wales and South Australia were unable to provide the data.
2. For Queensland and the Northern Territory type of family is categorised as where the child is living at the time of investigation.
3. In Queensland foster parent is included in 'Other'.
4. Data were substantiations, not children. Some children may be the subject of more than one substantiation.

Source: AIHW 1999a.

Table A8.4: Children who were the subject of a substantiation in 1996–97: proportion placed on a care and protection order within 12 months of substantiation, selected States and Territories

State/Territory	Proportion placed on a care and protection order
Victoria	29
Queensland	14
WA	2
Tasmania	29
ACT	37
NT	11

Note: New South Wales and South Australia were unable to provide the data.

Source: AIHW 1999a.

Table A8.5: Children on care and protection orders, by age and sex, 30 June 1998

Age (years)	Males	Females	Total	
			N	%
0-4	1,830	1,673	3,523	21
5-9	2,407	2,158	4,568	28
10-14	2,672	2,514	5,189	32
15-17	1,546	1,620	3,167	19
Total	8,455	7,965	16,449	100

Note: Totals include 20 children aged 0-4 years, 3 children aged 5-9 years, 3 children aged 10-14 years and 1 child aged 15-17 years for whom sex was not known and 2 children for whom age and sex were not known.

Source: AIHW 1999a.

Table A8.6: Children admitted to care and protections order during 1997-98, by age

Age (years)	Number	Percentage
< 1	1,193	13
1-4	2,509	28
5-9	2,331	26
10-14	2,359	26
15-17	577	6
Total	8,969	100

Note: For New South Wales 26 children of unknown age were excluded.

Source: AIHW 1999a.

Table A8.7: Children in out-of-home care, by age and type of placement, 30 June 1998

Type of placement/age (years)	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas	ACT ^(c)	NT	Total
Number									
Home-based									
0–4	1,339	686	412	226	135	56	31	31	2,916
5–9	1,494	749	672	284	299	120	55	38	3,711
10–14	1,483	770	794	294	410	139	49	25	3,964
15–17	585	776	345	111	163	53	23	10	2,066
Unknown	1	—	3	—	—	—	—	—	4
Total	4,902	2,981	2,226	915	1,007	368	158	104	12,661
Facility-based									
0–4	8	16	7	27	n.a.	5	—	2	65
5–9	39	71	13	35	n.a.	21	1	8	188
10–14	169	229	56	50	n.a.	32	9	12	557
15–17	134	303	44	46	n.a.	16	6	7	556
Unknown	1	—	—	—	n.a.	—	—	—	1
Total	351	619	120	158	n.a.	74	16	29	1,367
Percentage									
Home-based									
0–4	27	23	19	25	13	15	20	30	23
5–9	30	25	30	31	30	33	35	37	29
10–14	30	26	36	32	41	38	31	24	31
15–17	12	26	16	12	16	14	15	10	16
Total	100	100	100	100	100	100	100	100	100
Facility-based									
0–4	2	3	6	17	n.a.	7	—	7	5
5–9	11	11	11	22	n.a.	28	6	28	14
10–14	48	37	47	32	n.a.	43	56	41	41
15–17	38	49	37	29	n.a.	22	38	24	41
Total	100	100	100	100	n.a.	100	100	100	100

Notes

(a) Persons in the 'unknown' category are over 18 years of age.

(b) Data exclude 48 children in facility-based care for whom no other details are known.

(c) Data include placements in the Supported Accommodation Assistance Program where Family Services made a payment.

Source: AIHW 1999a.

Table A8.8: Children in out-of-home care, by sex and type of placement, 30 June 1998

Type of placement/sex	NSW	Vic	Qld	WA	SA ^(a)	Tas	ACT ^(b)	NT	Total
Number									
Home-based									
Male	2,480	1,494	1,116	436	512	198	79	52	6,367
Female	2,420	1,487	1,110	479	491	170	79	52	6,288
Unknown	2	—	—	—	4	—	—	—	6
Total	4,902	2,981	2,226	915	1,007	368	158	104	12,661
Facility-based									
Male	240	363	87	94	n.a.	41	9	22	856
Female	110	256	33	64	n.a.	33	7	7	510
Unknown	1	—	—	—	n.a.	—	—	—	1
Total	350	619	120	158	n.a.	74	16	29	1,357
Percentage									
Home-based									
Male	51	50	50	48	51	54	50	50	50
Female	49	50	50	52	49	46	50	50	50
Total	100	100	100	100	100	100	100	100	100
Facility based									
Male	69	59	73	59	n.a.	55	56	76	63
Female	31	41	28	41	n.a.	45	44	24	38
Total	100	100	100	100	n.a.	100	100	100	100

(a) Data exclude 48 children in residential care for whom no other details are known.

(b) Data include placements in the Supported Accommodation Assistance Program where Family Services made a payment.

Source: AIHW 1999a.

Table A8.9: Children in out-of-home care by whether the child was on a care and protection order and by State and Territory, 30 June 1998

Whether the child was on a care and protection order	NSW	Vic	Qld	WA	SA ^(a)	Tas	ACT ^(b)	NT	Total
Number									
On an order	5,337	2,462	2,338	799	680	276	168	137	12,197
Not on an order	266	1,153	8	294	327	166	11	—	2,225
Total	5,603	3,615	2,346	1,093	1,007	442	179	137	14,422
Percentage									
On an order	95	68	100	73	68	62	94	100	85
Not on an order	5	32	—	27	32	38	6	—	15
Total	100	100	100	100	100	100	100	100	100

(a) Data exclude 48 children in residential care for whom no other details are known.

(b) Data include placements in the Supported Accommodation Assistance Program where Family Services made a payment.

Source: AIHW 1999a.

Chapter 9 Services for homeless people

Table A9.1: Supported Accommodation Assistance Program: support periods active on the first of the month, selected months, 1996–97 and 1997–98

Date	1996–97	1997–98
1 July	12,300	14,500
1 October	13,300	15,600
1 January	12,800	14,300
1 April	13,900	15,700
1 June	13,200	15,100

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Between 2% and 3% of clients have more than one support period at a time.
4. 'End date of support period' was missing for 6,302 and 4,265 weighted support periods for 1996–97 and 1997–98 respectively. These missing data have a greater effect on estimates later in the financial year, leading to an increasing downward bias as the year progresses.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.2: Supported Accommodation Assistance Program: support periods and clients, and estimated residential population, by State and Territory, 1996–97 and 1997–98

State/Territory	Estimated residential population aged 15+ 30 June 1997		1996–97		1997–98	
	%		%	Number	%	Number
Support periods						
New South Wales	. .		37.0	57,900	33.5	55,000
Victoria	. .		23.5	36,800	25.4	41,800
Queensland	. .		16.1	25,100	16.3	26,800
Western Australia	. .		7.7	12,000	7.6	12,500
South Australia	. .		7.3	11,400	7.9	12,900
Tasmania	. .		3.3	5,200	3.9	6,400
Australian Capital Territory	. .		2.1	3,200	2.0	3,300
Northern Territory	. .		3.1	4,800	3.3	5,500
Australia	. .		100.0	156,500	100.0	164,300
Clients (State/Territory ever visited)						
New South Wales	33.9		32.0	26,600	30.9	29,100
Victoria	25.0		28.5	23,700	29.8	28,000
Queensland	18.2		17.8	14,900	17.5	16,500
Western Australia	9.6		9.2	7,700	8.7	8,200
South Australia	8.1		8.4	7,000	9.2	8,600
Tasmania	2.5		3.8	3,200	4.0	3,800
Australian Capital Territory	1.7		2.7	2,200	2.4	2,300
Northern Territory	0.9		3.1	2,500	3.2	3,100
Australia	100.0		. .	83,200	. .	94,100

Notes

1. Support period figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Client figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
3. Clients may visit more than one State or Territory. Therefore, percentages of clients by State/Territory do not add to 100 and numbers of clients added across States and Territories are greater than the total number of clients.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5); ABS 1998.

Table A9.3: Supported Accommodation Assistance Program: support periods and clients, by age and sex, 1996–97 and 1997–98 (per cent)

Age	1996–97			1997–98		
	Males	Females	Persons	Males	Females	Persons
Support periods						
Under 15 ^(a)	0.8	0.9	1.7	0.7	1.0	1.7
15–19 ^(a)	9.4	10.7	20.1	9.9	10.9	20.9
20–24	6.8	8.1	14.9	7.3	8.6	15.9
25–29	6.7	7.5	14.3	6.5	8.0	14.5
30–34	6.3	6.7	13.0	6.1	6.9	13.1
35–39	6.5	5.1	11.6	5.9	5.4	11.3
40–44	5.3	3.0	8.3	4.9	3.3	8.2
45–49	3.8	1.9	5.6	3.4	1.8	5.2
50–54	2.9	1.1	4.0	2.5	1.1	3.7
55–59	1.9	0.6	2.5	1.8	0.5	2.3
60–64	1.2	0.3	1.6	1.0	0.3	1.4
65+	2.0	0.5	2.5	1.4	0.5	1.9
Total	53.6	46.4	100.0	51.6	48.4	100.0
Total number	83,400	72,200	155,500	84,300	79,000	163,300
Clients						
Under 15 ^(a)	1.0	1.1	2.1	0.9	1.1	2.0
15–19 ^(a)	9.7	12.0	21.7	9.4	11.3	20.7
20–24	7.1	9.1	16.1	7.0	9.1	16.1
25–29	6.3	8.3	14.6	6.2	8.7	14.9
30–34	5.8	7.3	13.2	5.7	7.7	13.3
35–39	5.4	5.7	11.1	5.2	6.1	11.4
40–44	4.0	3.5	7.5	4.1	3.7	7.8
45–49	3.0	2.0	5.0	3.0	2.1	5.0
50–54	2.2	1.2	3.4	2.1	1.3	3.4
55–59	1.4	0.6	2.0	1.5	0.6	2.1
60–64	0.9	0.4	1.3	0.8	0.4	1.2
65+	1.4	0.5	1.9	1.3	0.7	2.0
Total	48.2	51.8	100.0	47.2	52.8	100.0
Total number	39,900	42,800	82,700	44,100	49,400	93,600

(a) Only people under 18 who have themselves become SAAP clients are included in this table. Accompanying children are not included.

Notes

1. Support period and client figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data required for support periods were missing for 965 weighted cases in 1996–97 and 952 weighted cases in 1997–98. Age for support period data is age at the beginning of the support period or at the beginning of the financial year, whichever is the later.
4. Data required for clients were missing for 511 weighted cases in 1996–97 and 512 weighted cases in 1997–98. Age for client data is age at the beginning of the first support period or at the beginning of the financial year, whichever is the later.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.4: Supported Accommodation Assistance Program: support periods, by client group, 1996–97 and 1997–98 (per cent)

Client group	1996–97	1997–98
Single women under 25	12.6	13.3
Single men under 25	15.6	16.4
Single women 25+	10.5	10.8
Single men 25+	34.1	31.1
<i>Total singles</i>	73.2	72.0
Couple without child(ren)	2.6	2.2
Couple with child(ren)	2.8	3.3
Woman with child(ren)	19.4	20.5
Man with child(ren)	0.8	0.9
<i>Total people with child(ren)</i>	23.2	24.8
Other	1.0	1.0
Total	100.0	100.0
Total number	154,600	162,000
Support periods with accompanying children	33,600	37,500

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 'Total singles' includes singles with age or sex unknown.
4. 'Total people with child(ren)' includes people with child(ren) with sex unknown.
5. Data required for support periods were missing for 1,883 weighted cases in 1996–97 and 2,239 weighted cases in 1997–98.
6. In the estimate 'Support periods with accompanying children', couples with children have been counted only once, although two support periods are said to have been provided—one to each member of the couple.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.5: Supported Accommodation Assistance Program: clients' source of income immediately before first support period in the financial year, 1996–97 and 1997–98 (per cent of clients)

Source of income before first support period	1996–97	1997–98
No income	11.8	10.9
No income, awaiting pension/benefit	1.9	1.8
Government pension/benefit	78.2	78.4
Other	8.0	8.8
Total	100.0	100.0
Total number	78,800	89,100

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing for the first support period for 4,448 weighted cases in 1996–97 and 4,985 weighted cases in 1997–98.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.6: Supported Accommodation Assistance Program: clients' employment status immediately before first support period in the financial year, 1996-97 and 1997-98 (per cent of clients)

Employment status before first support period	1996-97	1997-98
Employed full time	3.8	3.8
Employed part time	3.1	3.2
Employed casual	3.0	3.4
Unemployed (looking for work)	36.1	34.6
Not in labour force	53.9	54.9
Total	100.0	100.0
Total number	62,100	70,700

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing for the first support period for 3,664 weighted cases in 1996-97 and 3,629 weighted cases in 1997-98.
4. In 17,456 weighted cases in 1996-97 and 19,720 weighted cases in 1997-98, clients' first support period was at a high-volume agency. Employment status is not collected from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.7: Supported Accommodation Assistance Program: clients' type of accommodation before first support period in the financial year, 1996-97 and 1997-98 (per cent of clients)

Accommodation before first support period	1996-97	1997-98
SAAP/CAP-funded or other emergency housing	18.1	16.2
Living rent free in house/flat	12.0	12.5
Private rental	20.8	20.7
Public or community housing	9.3	9.6
Rooming house/hostel/hotel	4.5	4.9
Boarding in a private home	12.3	13.2
Own home	4.6	4.6
Living in a car/tent/park/street/squat	9.4	9.5
Institutional	4.4	4.4
Other	4.5	4.4
Total	100.0	100.0
Total number	77,200	87,700

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing for the first support period for 6,068 weighted cases in 1996-97 and 6,391 weighted cases in 1997-98.
4. 'Other' includes living in a rented caravan or other non-SAAP accommodation.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.8: Supported Accommodation Assistance Program: support periods, by number of reasons given for seeking assistance from an agency, 1996–97 and 1997–98

Number of reasons given	1996–97		1997–98	
	%	Number	%	Number
0	3.7	4,100	1.8	2,200
1	27.1	29,600	25.8	30,900
2	22.5	24,600	23.2	27,800
3	18.7	20,500	19.7	23,700
4	12.4	13,500	13.3	15,900
5	7.9	8,600	7.9	9,500
6+	7.7	8,400	8.3	9,900
Total	100.0	109,400	100.0	119,900

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data on reasons for seeking assistance were not available from high-volume agencies. An estimated 47,059 support periods in 1996–97 and 44,386 support periods in 1997–98 were provided by high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.9: Supported Accommodation Assistance Program: support periods, by selected main reason and other reasons given for seeking support, 1996–97 and 1997–98

Main reason given	Other reason given (%)								Total (N)
	Time out from family situation	Relation-ship/family breakdown	Inter-personal conflicts	Physic-al/ emo-tional abuse	Domes-tic violence	Finan-cial diffi-culty	Evic-tion	Sub-stance abuse	
1996–97									
Relationship/family breakdown	27.4	100.0	36.2	23.6	14.3	31.8	11.7	8.5	12,100
Domestic violence	21.3	53.7	32.9	62.6	100.0	26.0	4.3	9.8	20,600
Financial difficulty	6.1	18.3	14.6	5.4	4.0	100.0	11.4	9.0	12,200
Eviction	10.3	30.9	24.4	10.4	7.3	48.7	100.0	12.5	5,400
1997–98									
Relationship/family breakdown	30.1	100.0	37.1	23.3	13.6	33.0	18.7	10.4	12,400
Domestic violence	19.7	50.8	32.4	67.3	100.0	25.0	5.4	9.4	24,500
Financial difficulty	7.9	17.3	14.1	5.5	4.1	100.0	14.7	10.2	14,600
Eviction	12.9	30.0	23.4	10.3	7.5	47.0	100.0	11.9	10,300

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data on reasons for seeking assistance were not available from high-volume agencies. An estimated 47,059 support periods in 1996–97 and 44,386 support periods in 1997–98 were provided by high-volume agencies.
4. Data on main reason for seeking assistance were not available for 19,495 weighted cases in 1996–97 and 15,061 in 1997–98.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.10: Supported Accommodation Assistance Program: support periods with services provided to accompanying children, by number of services provided to those children, 1996–97 and 1997–98 (per cent)

Number of services^(a)	1996–97	1997–98
1	55.3	52.9
2	23.8	24.7
3	11.3	13.0
4	5.9	6.0
5+	3.7	3.5
Total	100.0	100.0
Total number of support periods with services provided	11,600	12,800
Total number of support periods for clients presenting with children	30,200	35,000

(a) Accommodation is not specifically included.

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Couples with accompanying children have been included in the percentages and totals only once.
4. Data were not available for clients with data collected on high-volume forms. In 1996–97 and 1997–98, 1,764 and 1,625 weighted support periods respectively were for people identified as presenting with children (counting couples only once) at high-volume agencies. Support for children would have been provided in some of these support periods; these periods are not included.
5. In a small number of support periods for clients presenting without children services were provided to a child who was a dependant of the client. Services to such clients were provided in 563 weighted support periods in 1996–97 and 310 weighted support periods in 1997–98. These periods are included in the distribution.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.11: Supported Accommodation Assistance Program: support periods, by reason for seeking assistance and client group, 1996–97 and 1997–98

Client group	Reason (% of client group)								Total (N)
	Time out from family situation	Relation-ship/family break-down	Inter-personal conflicts	Physical/emotional abuse	Domes-tic violence	Finan-cial difficulty	Evic-tion	Sub-stance abuse	
1996–97									
Single women under 25	25.5	55.1	35.6	28.9	18.8	28.9	13.8	10.0	17,400
Single men under 25	20.8	44.3	27.8	11.5	5.8	37.9	19.1	14.8	18,400
Single women 25+	19.1	40.1	27.9	40.9	51.2	29.0	7.7	14.0	12,700
Single men 25+	9.4	20.3	14.9	3.9	2.1	52.5	11.8	25.8	20,500
Couple without child(ren)	13.0	27.4	17.9	12.6	13.4	54.1	20.0	10.4	3,400
Couple with child(ren)	10.5	22.6	20.3	9.9	9.5	57.5	25.7	7.9	3,900
Woman with child(ren)	19.4	50.9	29.5	47.7	65.5	34.6	9.9	9.0	28,900
Man with child(ren)	11.0	49.7	24.8	12.1	12.8	57.1	21.3	10.3	1,100
Other	16.6	50.4	29.1	29.1	28.5	37.7	12.3	8.0	1,300
Total	18.1	41.5	26.3	26.1	29.2	38.6	13.2	14.0	109,400
1997–98									
Single women under 25	27.9	51.2	34.4	26.8	19.7	30.0	21.9	11.0	19,300
Single men under 25	23.3	41.8	28.7	10.7	5.4	40.0	28.6	17.1	20,100
Single women 25+	19.0	35.0	25.8	40.5	49.0	30.6	11.2	15.3	14,400
Single men 25+	10.1	18.8	14.2	3.6	2.0	58.8	15.9	28.6	21,600
Couple without child(ren)	14.5	24.3	20.5	9.8	8.6	57.1	30.1	13.3	2,800
Couple with child(ren)	11.7	22.4	19.7	11.9	11.5	59.8	33.6	8.5	4,900
Woman with child(ren)	19.3	47.4	29.2	50.2	64.7	34.0	13.5	8.9	32,000
Man with child(ren)	13.8	44.2	25.3	12.8	10.0	57.8	30.5	9.8	1,300
Other	20.1	43.6	31.8	23.6	22.4	37.4	21.3	9.9	1,500
Total	19.1	38.5	26.1	26.5	29.0	40.3	19.0	15.2	119,900

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data required to derive client group were not available for 1,883 and 2,239 weighted cases in 1996–97 and 1997–98 respectively. Totals across client groups use data from all support periods.
4. Data on reasons for seeking assistance were not available from high-volume agencies. An estimated 47,059 support periods in 1996–97 and 44,386 support periods in 1997–98 were provided by high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.12: Supported Accommodation Assistance Program: support periods, by broad type of service provided and client group, 1996-97 and 1997-98

Client group	Broad type of service (% of client group)						Number	
	Housing /accommodation	Financial/employment	Counseling	General support/advocacy	Specialist services	Other support	Average number of types of service ^(a)	Total support periods
1996-97								
Single women under 25	72.7	40.6	33.2	71.7	20.6	63.2	5.4	19,500
Single men under 25	78.3	36.2	20.4	66.3	17.0	70.8	5.1	24,200
Single women 25+	76.0	29.5	40.2	66.9	22.4	68.5	5.0	16,200
Single men 25+	90.8	21.0	10.5	60.5	20.1	81.9	4.4	52,800
<i>Total singles</i>	<i>82.9</i>	<i>28.9</i>	<i>20.8</i>	<i>64.5</i>	<i>19.8</i>	<i>74.3</i>	<i>4.8</i>	<i>113,200</i>
Couple without child(ren)	65.9	49.8	27.9	68.5	16.5	46.6	4.2	4,100
Couple with child(ren)	63.6	53.8	34.0	73.2	17.9	42.3	4.3	4,400
Woman with child(ren)	72.4	44.9	51.5	76.6	23.7	62.7	5.8	30,000
Man with child(ren)	70.1	51.9	32.3	73.1	14.9	44.1	4.3	1,200
<i>Total people with child(ren)</i>	<i>71.3</i>	<i>46.3</i>	<i>48.7</i>	<i>76.0</i>	<i>22.7</i>	<i>59.6</i>	<i>5.6</i>	<i>35,800</i>
Other	63.8	37.2	42.1	71.5	25.2	54.2	4.9	1,500
Total	78.7	30.2	25.4	64.1	19.2	67.8	4.7	156,500
1997-98								
Single women under 25	71.3	38.0	46.2	76.7	22.3	64.6	5.8	21,500
Single men under 25	77.8	36.9	30.3	73.0	18.4	71.4	5.6	26,600
Single women 25+	73.0	30.4	53.7	73.4	26.7	69.6	5.6	17,500
Single men 25+	90.7	30.3	18.5	66.7	22.6	89.7	5.2	50,400
<i>Total singles</i>	<i>81.4</i>	<i>33.2</i>	<i>31.6</i>	<i>71.0</i>	<i>22.2</i>	<i>77.8</i>	<i>5.5</i>	<i>116,700</i>
Couple without children	67.7	49.0	32.3	73.4	15.3	49.0	4.5	3,500
Couple with child(ren)	66.1	54.1	42.1	81.6	16.6	42.9	4.9	5,400
Woman with child(ren)	72.1	43.2	64.6	82.5	26.0	61.5	6.4	33,200
Man with child(ren)	67.1	49.5	47.4	80.2	15.3	47.1	4.9	1,500
<i>Total people with child(ren)</i>	<i>71.1</i>	<i>44.8</i>	<i>60.9</i>	<i>82.3</i>	<i>24.3</i>	<i>58.4</i>	<i>6.1</i>	<i>40,200</i>
Other	69.1	40.4	48.9	75.5	27.5	57.4	5.5	1,600
Total	77.2	33.0	36.9	70.4	21.8	70.8	5.3	164,300

(a) Within each broad service category there are a number of service types (see Table 9.7). The average number of types of services per support period counts each of these service types.

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Clients can use more than one service. Therefore, percentages of support periods by broad type of service do not add to 100.
3. Support periods by client group may not add to totals due to rounding.
4. 'Total singles' includes singles with age or sex unknown.
5. 'Total people with child(ren)' includes people with child(ren) with sex unknown.
6. Data required to determine client group were missing for 1,883 weighted cases in 1996-97 and 2,239 weighted cases in 1997-98. Totals across client groups use data from all support periods.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.13: Supported Accommodation Assistance Program: support periods ending in 1996-97, by length of support period and client group

Length of support period	Client group										
	Single women under 25	Single men under 25	Single women 25+	Single men 25+	Total singles	Couple without child (ren)	Couple with child (ren)	Woman with child (ren)	Man with child (ren)	Total people with child (ren)	Other
	Percentage										
Less than 1 day	19.0	17.1	21.5	15.2	17.1	28.9	25.4	17.6	23.9	18.7	16.4
1 day	11.7	16.0	19.4	31.3	23.2	7.8	4.7	10.3	4.5	9.5	10.6
2-3 days	10.5	12.1	14.6	13.7	13.0	7.3	4.1	11.6	6.4	10.6	8.7
4-7 days	9.4	11.9	9.8	10.5	10.6	7.4	5.9	10.1	6.8	9.5	8.4
>1-2 weeks	8.5	10.3	7.5	8.0	8.5	6.6	6.2	7.7	6.9	7.5	6.1
>2-4 weeks	9.6	9.2	7.2	5.8	7.4	7.1	8.8	9.3	7.8	9.2	10.2
>4-13 weeks	16.1	13.9	12.5	10.7	12.5	21.7	25.2	18.6	25.1	19.5	21.2
>13-26 weeks	7.6	5.0	4.4	2.8	4.3	7.7	11.3	8.2	10.7	8.6	12.0
Over 26 weeks	7.5	4.5	3.1	2.0	3.6	5.6	8.5	6.6	7.9	6.8	6.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number										
Mean length (days)	52	37	27	24	32	44	65	48	64	51	54
Median length (days)	12	7	4	2	3	8	23	15	26	10	12
75th percentile (days)	51	29	24	12	19	46	75	57	76	48	57
Mean number per client	1.65	1.86	1.69	2.53	2.06	1.41	1.33	1.51	1.40	1.49	1.45
Total support periods	16,300	21,200	13,800	48,200	100,000	3,500	3,300	24,700	1,000	29,300	1,300

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 'Total singles' includes a small number of singles with age or sex unknown; 'total people with child(ren)' includes a small number of people of unknown sex with child(ren).
4. 'Mean number per client' is the mean number of support periods per client in the year. For this, clients were assigned to a client group according to the way they presented at their first support period for the year. All support periods for a client in the financial year are included.
5. Client group data required for this table were missing for 1,883 weighted cases. Further, the end of the support period was missing for 6,302 weighted cases.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.14: Supported Accommodation Assistance Program: support periods ending in 1997-98, by length of support period and client group

Length of support period	Client group										
	Single women under 25	Single men under 25	Single women 25+	Single men 25+	Total singles	Couple without child (ren)	Couple with child (ren)	Woman with child (ren)	Man with child (ren)	Total people with child (ren)	Other
Percentage											
Less than 1 day	20.9	19.3	21.9	14.1	17.7	31.4	21.0	17.4	22.1	18.0	19.8
1 day	12.2	15.4	16.6	23.9	18.7	8.1	3.6	9.8	7.2	8.9	9.4
2-3 days	9.8	11.3	12.6	16.1	13.3	6.9	5.0	9.8	5.5	9.1	7.0
4-7 days	9.0	10.6	10.5	12.1	11.0	7.2	7.6	9.9	7.2	9.5	6.7
>1-2 weeks	8.1	9.5	7.9	9.5	9.0	6.6	6.1	8.0	7.5	7.8	7.7
>2-4 weeks	9.2	9.5	8.0	7.6	8.4	8.8	8.5	9.2	8.8	9.1	11.8
>4-13 weeks	16.6	14.8	13.7	11.2	13.3	16.3	25.5	19.6	23.5	20.5	22.5
>13-26 weeks	6.6	5.1	5.2	3.1	4.5	7.9	12.6	8.8	10.7	9.4	8.9
Over 26 weeks	7.6	4.6	3.5	2.5	4.0	6.8	10.1	7.4	7.6	7.7	6.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number											
Mean length (days)	50	37	32	29	35	45	69	53	53	55	55
Median length (days)	9	6	4	3	4	6	23	14	20	11	14
75th percentile (days)	47	29	27	16	21	42	78	59	76	54	59
Mean number per client	1.62	1.82	1.56	2.13	1.86	1.41	1.35	1.46	1.32	1.44	1.39
Total support periods	18,800	24,000	16,100	47,000	106,400	3,200	4,500	29,000	1,300	34,800	1,400

Notes

1. Figures by client group have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 'Total singles' includes a small number of singles with age or sex unknown; 'total people with child(ren)' includes a small number of people of unknown sex with child(ren).
4. 'Mean number per client' is the mean number of support periods per client in the year. For this, clients were assigned to a client group according to the way they presented at their first support period for the year. All support periods for a client in the financial year are included.
5. Client group data required for this table were missing for 2,239 weighted cases. The end of the support period was missing for 4,265 weighted cases.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.15: Supported Accommodation Assistance Program: number of support periods per client, 1996–97 and 1997–98 (per cent)

Number of support periods per client	1996–97	1997–98
1	64.6	64.9
2	19.0	21.2
3	8.0	6.8
4	3.6	3.0
5	1.7	1.4
6	0.9	0.8
7	0.6	0.5
8	0.3	0.3
9	0.2	0.2
10+	1.0	0.8
Total	100.0	100.0
Total number	83,200	94,100

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error. Estimates have also been adjusted to allow for clients consenting to provide information in some support periods and not in others (Karmel 1999).
2. Components may not add to totals due to rounding.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.16: Supported Accommodation Assistance Program: support periods with services provided to accompanying children, by type of assistance provided to those children, 1996–97 and 1997–98 (per cent)

Type of assistance provided to accompanying children	1996–97	1997–98
Help with behavioural problems	26.0	27.0
Sexual/physical abuse counselling	4.5	4.1
Child care	57.3	53.8
Liaison with kindergarten/school	29.5	27.9
Access arrangements	7.2	7.0
Counselling/support to child	38.3	44.8
Other	17.8	19.7
Number of support periods	11,600	12,800
Average number of types of assistance provided	1.81	1.84

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Clients can use more than one service in a support period, so percentages may add to more than 100.
3. Support periods for couples presenting with children are included only once.
4. Data were not available for clients with data collected on high-volume forms. In 1996–97 and 1997–98 1,764 and 1,625 weighted support periods respectively were for people identified as presenting with children (counting couples only once) at high-volume agencies. Support for children would have been provided in some of these support periods; these periods are not included.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.17: Supported Accommodation Assistance Program: services required in support periods, by provision and referral, 1996-97 (per cent of services required)

Type of service	Not provided		Provided			Total	Total	Number of times service required ^(a)	Number of support periods
	Not referred	Referred	Not referred	Referred	Total				
<i>Housing/accommodation^(a)</i>	9.9	9.2	73.6	7.3	80.9	100.0	164,800	121,400	
SAAP/CAP accommodation	2.5	3.2	90.4	3.9	94.3	100.0	102,000	102,000	
Assist. to obtain short-term accommodation	16.6	18.7	54.2	10.6	64.8	100.0	26,700	26,700	
Assist. to obtain independent housing	25.8	19.0	40.6	14.6	55.2	100.0	36,200	36,200	
<i>Financial/employment^(a)</i>	12.3	16.0	59.7	11.9	71.7	100.0	84,500	57,400	
Assist. to obtain benefit/pension	13.5	17.7	51.5	17.3	68.9	100.0	16,600	16,600	
Employment and training assistance	24.1	29.3	32.1	14.5	46.6	100.0	10,100	10,100	
Financial assistance/material aid	7.0	12.3	69.6	11.1	80.7	100.0	42,000	42,000	
Financial counselling	17.8	15.6	59.6	7.0	66.6	100.0	15,800	15,800	
<i>Counselling^(a)</i>	13.6	15.6	59.9	10.9	70.8	100.0	71,300	49,400	
Incest/sexual assault counselling	19.0	33.6	31.1	16.2	47.4	100.0	5,200	5,200	
Domestic violence counselling	12.1	12.8	64.2	10.9	75.1	100.0	20,500	20,500	
Family/relationship counselling	15.1	16.2	56.8	11.9	68.7	100.0	23,100	23,100	
Other counselling	12.1	13.4	65.9	8.6	74.5	100.0	22,400	22,400	
<i>General support/advocacy^(a)</i>	6.1	3.7	80.8	9.4	90.3	100.0	181,300	100,600	
Living skills/personal development	13.1	6.4	75.9	4.6	80.5	100.0	22,900	22,900	
Assistance with legal issues	12.5	18.6	46.5	22.3	68.9	100.0	17,800	17,800	
Information	3.6	0.7	85.2	10.5	95.6	100.0	72,000	72,000	
Retrieval/storage/removal of belongings	4.3	2.1	91.1	2.6	93.6	100.0	35,000	35,000	
Advocacy/liaison on behalf of client	5.1	1.8	82.5	10.7	93.2	100.0	33,500	33,500	
<i>Specialist services^(a)</i>	18.4	28.8	37.2	15.7	52.9	100.0	68,600	46,700	
Psychological services	26.6	47.3	14.3	11.8	26.1	100.0	3,600	3,600	
Psychiatric services	18.2	51.3	15.3	15.2	30.6	100.0	6,100	6,100	
Pregnancy/family planning support	16.1	27.0	34.5	22.3	56.8	100.0	3,200	3,200	
Drug/alcohol support or rehabilitation	28.5	21.7	34.9	14.9	49.8	100.0	16,000	16,000	

(continued)

Table A9.17 (continued): Supported Accommodation Assistance Program: services required in support periods, by provision and referral, 1996-97 (per cent of services required)

Type of service	Not provided		Provided			Total	Total	Number of times service required ^(a)	Number of support periods
	Not referred	Referred	Not referred	Referred	Total				
<i>Specialist services (continued)</i>									
Physical disability services	25.0	38.7	18.1	18.2	36.3	100.0	900	900	
Intellectual disability services	28.6	43.3	12.6	15.4	28.0	100.0	900	900	
Culturally appropriate support	10.1	11.8	67.6	10.5	78.1	100.0	8,300	8,300	
Interpreter services	10.0	15.4	60.6	13.9	74.5	100.0	2,600	2,600	
Health/medical services	14.3	31.3	36.8	17.7	54.4	100.0	27,000	27,000	
<i>Other^(a)</i>	<i>4.0</i>	<i>1.4</i>	<i>92.4</i>	<i>2.2</i>	<i>94.5</i>	<i>100.0</i>	<i>248,700</i>	<i>106,500</i>	
Meals	2.7	1.3	93.8	2.1	95.9	100.0	80,800	80,800	
Laundry/shower facilities	2.7	0.3	96.1	0.9	97.0	100.0	77,200	77,200	
Recreation	6.2	1.7	89.5	2.5	92.1	100.0	31,400	31,400	
Transport	6.0	2.0	89.2	2.8	92.0	100.0	46,400	46,400	
Brokerage services	7.0	6.4	76.2	10.5	86.6	100.0	3,800	3,800	
Other	8.0	5.9	80.8	5.3	86.1	100.0	8,900	8,900	
Total^(a)	8.6	8.5	75.2	7.7	82.9	100.0			
Total number^(a)	70,100	69,800	616,200	63,200	679,400		819,200	156,500	

(a) In broad groupings a client may require more than one type of service within the grouping. Percentages for broad groupings relate to all needs and not to support periods. For individual types of services a need can be recorded only once within a support period and so percentages relate to support periods.

Notes

1. Figures have been weighted to adjust for agency non-participation and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 113,525 weighted requests for a service were in a support period that was either ongoing (74%) on 30 June 1997 or had an unknown end date (26%). For 13,274 (12%) of these, clients had been neither provided with the service nor referred on by the end of the financial year, while for a further 9,899 (9%) requests clients had not been provided with the service but had been referred on.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.18: Supported Accommodation Assistance Program: completed support periods in which clients needed assistance to obtain independent housing, by type of accommodation immediately before and after a support period, 1997-98

Before support period	After support period (%)											Total	
	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	Total	%	N
A. SAAP or other emergency housing	31.4	6.6	22.8	17.3	3.9	9.1	0.7	0.7	2.5	5.1	100.0	17.4	4,600
B. Living rent free in house/flat	11.9	29.2	29.4	10.3	2.4	9.5	0.5	0.8	2.1	4.0	100.0	13.2	3,500
C. Private rental	9.5	2.8	56.4	15.9	2.0	8.1	0.2	0.5	1.1	3.6	100.0	22.0	5,800
D. Public or community housing	10.9	4.0	16.1	56.0	1.5	6.9	0.1	0.4	1.3	2.8	100.0	8.3	2,200
E. Rooming house/hostel/hotel	12.2	2.3	21.5	14.6	31.3	6.0	0.3	0.8	3.5	7.5	100.0	3.1	800
F. Boarding in a private home	10.0	2.6	27.2	14.9	2.1	36.2	0.2	0.9	1.4	4.4	100.0	18.3	4,800
G. Own home	10.4	4.4	36.4	15.6	0.9	6.1	23.4	0.5	0.7	1.6	100.0	4.2	1,100
H. Living in a car/tent/park/street/squat	16.1	6.4	25.5	10.8	7.7	8.8	0.3	13.5	2.9	8.0	100.0	4.7	1,200
I. Institutional	15.9	5.9	23.8	13.6	5.1	9.2	0.7	2.0	19.5	4.3	100.0	3.7	1,000
J. Other	10.0	3.2	30.1	18.2	3.0	6.7	0.4	0.3	2.4	25.7	100.0	5.1	1,300
Total	14.5	7.4	32.4	18.3	3.6	13.4	1.3	1.3	2.4	5.4	100.0	100.0	
Total number	3,800	1,900	8,500	4,800	900	3,500	400	300	600	1,400	26,100		26,100

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. 'Other' includes living in a rented caravan or other non-SAAP accommodation.
4. Data were missing or contained errors for 8,884 weighted support periods.
5. Data were unavailable for 3,665 weighted support periods from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.19: Supported Accommodation Assistance Program: completed support periods, by living situation immediately before and after a support period, 1997-98

Before support period	After support period (%)										Total	
	A.	B.	C.	D.	E.	F.	G.	H.	I.	Total	%	N
A. With parent(s)	47.4	1.1	11.9	6.2	4.1	4.5	7.9	12.8	4.1	100.0	13.8	10,700
B. With foster family	8.5	33.7	13.6	7.4	0.9	0.3	9.3	17.5	8.8	100.0	0.6	500
C. With relatives/ friends short-term	6.1	0.3	38.1	9.4	7.0	9.6	11.1	13.9	4.5	100.0	16.8	13,100
D. With relatives/ friends long-term	3.9	0.2	9.9	57.3	3.2	4.5	8.7	10.1	2.2	100.0	3.9	3,100
E. With spouse/ partner without child(ren)	2.8	—	9.1	1.3	43.4	24.0	9.0	7.9	2.4	100.0	27.1	21,100
F. Alone with child(ren)	0.7	—	4.3	0.6	3.7	84.8	1.8	3.1	1.0	100.0	10.2	8,000
G. Alone	2.3	0.1	6.9	2.5	1.9	1.1	71.9	11.5	1.7	100.0	13.9	10,800
H. With other unrelated persons	5.0	0.5	8.1	4.3	3.0	4.2	12.6	59.1	3.4	100.0	10.8	8,400
I. Other	6.6	0.4	12.6	4.5	5.5	10.2	10.1	14.8	35.3	100.0	3.0	2,300
Total	9.6	0.5	13.6	6.1	14.8	18.5	17.6	15.4	3.9	100.0	100.0	
Total number	7,500	400	10,600	4,700	11,500	14,400	13,700	12,000	3,000			78,000

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing or contained errors for 30,966 weighted support periods.
4. Data were unavailable for 43,189 weighted support periods from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.20: Supported Accommodation Assistance Program: completed support periods in which clients needed assistance to obtain a pension or benefit, by source of income immediately before and after a support period, 1997-98

Before support period	After support period (%)					Total	
	No income	No income, awaiting pension/benefit	Government pension/benefit	Other	Total	%	N
No income	33.6	10.3	50.1	6.1	100.0	27.2	3,400
No income, awaiting pension/benefit	1.6	27.1	67.2	4.2	100.0	5.0	600
Government pension benefit	0.6	0.7	95.1	3.6	100.0	56.3	7,100
Other	8.4	4.0	48.5	39.1	100.0	11.5	1,500
Total	10.5	5.0	76.1	8.4	100.0	100.0	
Total number	1,300	600	9,600	1,100			12,600

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing or contained errors for 2,528 weighted support periods.
4. Data were unavailable for 1,210 weighted support periods from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.21: Supported Accommodation Assistance Program: completed support periods in which clients needed assistance in employment and training, by employment status immediately before and after a support period, 1997-98

Before support period	After support period (%)					Total		
	Employed full time	Employed part time	Employed casual	Unemployed (looking for work)	Not in labour force	Total	%	N
Employed full time	45.5	6.6	8.0	27.8	12.1	100.0	2.1	200
Employed part time	10.4	54.8	4.2	21.0	9.7	100.0	2.0	200
Employed casual	10.6	4.8	54.8	17.1	12.7	100.0	3.6	300
Unemployed (looking for work)	6.7	3.7	4.8	78.9	5.8	100.0	59.2	4,700
Not in labour force	3.1	2.7	2.8	9.8	81.7	100.0	33.1	2,600
Total	6.6	4.5	6.0	51.6	31.4	100.0	100.0	
Total number	500	400	500	4,100	2,500			7,900

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing or contained errors for 1,559 weighted support periods.
4. Data were unavailable for 707 weighted support periods from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).

Table A9.22: Supported Accommodation Assistance Program: completed support periods, by student status immediately before and after a support period, 1997-98

Before support period	After support period (%)			Total		
	Not a student	Primary/secondary school student	Post-secondary student/employment training	Total	%	N
Not a student	98.1	0.5	1.4	100.0	88.2	76,600
Primary/secondary school student	10.7	86.2	3.1	100.0	8.1	7,000
Post-secondary student/employment training	13.1	—	86.9	100.0	3.7	3,200
Total	87.8	7.4	4.7	100.0	100.0	
Total number	76,300	6,400	4,100			86,800

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent and are therefore subject to some error.
2. Components may not add to totals due to rounding.
3. Data were missing or contained errors for 22,108 weighted support periods.
4. Data were unavailable for 43,189 weighted completed support periods from high-volume agencies.

Source: Estimates derived from the SAAP Client Collection (see Box 9.5).



Abbreviations

AAMR	American Association on Mental Retardation
ABS	Australian Bureau of Statistics
ACCSIS	Aged and Community Care Strategic Information System
ACOSS	Australian Council of Social Service
ADD	Attention Deficit Disorder
AGD	Attorney-General's Department (Commonwealth)
AGPS	Australian Government Printing Office
AHS	Australian Housing Survey
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ANZSIC	Australian and New Zealand Standard Industrial Classification
AP	Age Pension
ATO	Australian Tax Office
ATSIC	Aboriginal and Torres Strait Islander Commission
ATY	Accredited Training for Youth
AWE	Average Weekly Earnings
CACP	Community Aged Care Packages
CAP	Crisis Accommodation Program
CCB	Child Care Benefit
CDA	Child Disability Allowance
CGC	Commonwealth Grants Commission
CHP	Community Housing Program
COAG	Council of Australian Governments
COP	Community Options Projects
CPI	Consumer Price Index
CSDA	Commonwealth/State Disability Agreement
CSHA	Commonwealth-State Housing Agreement

CP	Childcare Program
CSMC	Commonwealth-State Community Services Ministers
DDA	Disability Discrimination Act 1992 (Commonwealth)
DETYA	Department of Education, Training and Youth Affairs (Commonwealth)
DEETYA	former Department of Employment, Education, Training and Youth Affairs (Commonwealth)
DEWRSB	Department of Employment, Workplace Relations and Small business (Commonwealth)
DFYCC	Department of Families, Youth and Community Care (Queensland)
DHAC	Department of Health and Aged Care
DHS	Department of Human Services (Victoria)
DHFS	the former Department of Health and Family Services (Commonwealth)
DIMA	Department of Immigration and Multicultural Affairs
DIST	Department of Industry, Science and Technology
DNCB	Domiciliary Nursing Care Benefit
DPIE	Department of Primary Industry and Energy
DSP	Disability Support Pension
DSS	the former Department of Social Security (Commonwealth)
DVA	Department of Veterans' Affairs (Commonwealth)
EPAC	Economic Planning and Advisory Council
FaCS	Department of Family and Community Services (Commonwealth)
FAMQIS	Family Quality Strategy and Information System
FAO	Family Assistance Office
FBT	Fringe Benefits Tax
GDP	Gross Domestic Product
GFCE	Government Final Consumption Expenditure
GPC	Government Purpose Classification
GPP	General Purpose Payment
GST	Goods and Services Tax
HACC	Home and Community Care
HREOC	Human Rights and Equal Opportunity Commission
HRSCFCA	House of Representatives Standing Committee on Family and Community Affairs

ICD	International Classification of Diseases
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ICIDH-2	Version 2 of the ICIDH
IHR	Independent Homeless Rate
IPD	Implicit Price Deflator
JSA	Job Search Allowance
LEAP	Landcare and Environment Action Programme
MACS	Multifunctional Aboriginal children's services
MDS	Minimum Data Set
NCSDD	National Community Services Data Dictionary (AIHW)
NCSIMG	National Community Services Information Management Group
NDC	National Data Collection (for SAAP)
NDCA	National Data Collection Agency (for SAAP)
NEIS	New Enterprise Initiative Scheme
NET	National Evaluation Team (for SAAP III)
NGCSO	Non-government community service organisations
NHS	National Housing Strategy
NOOSR	National Office of Overseas Skills Recognition
NWO	New Work Opportunities
OECD	Office for Economic Cooperation and Development
OLMA	Office of Labour Market Adjustment
PCAI	Personal Care Assessment Instrument
PPPs	Purchasing Power Parities
PPS	Post Placement Support
QIAS	Quality Improvement and Accreditation System
RCI	Resident Classification Instrument
RSE	Relative Standard Error
SAAP	Supported Accommodation Assistance Program
SAP	Special Assistance Programme
SCARC	Senate Community Affairs References Committee
SCCSISA	Standing Committee of Community Services and Income Security Administrators

SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
SDAC	Survey of Disability, Ageing and Carers Survey (of ABS)
SLA	Statistical Local Area
SPP	Specific Purpose Payment
TAFE	Technical and Further Education
TAP	Training for Aboriginals and Torres Strait Islanders Programme
TFR	Total fertility rate
WHO	World Health Organization
YCIAP	Youth Careers Information and Advisory Programme
YHA	Young Homeless Allowance
YTA	Youth Training Allowance
YA	Youth Allowance
YSU	Youth Service Units

Places

ACT	Australian Capital Territory
Aust.	Australia
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia



Glossary

admission day: The first day of a person's stay in nursing home or hostel. Where the time between leaving one nursing home (or hostel) and entering another is less than two days, the date of the initial admission is defined as the admission day. Permanent and respite admissions are treated separately.

age-specific rate: A rate for a specific age group. The numerator and denominator relate to the same age group.

age-standardised rate: Weighted average of age-specific rates according to a standard distribution of age to eliminate the effect of different age distributions and thus facilitate valid comparison of groups with differing age compositions.

apparent retention rate: The ratio of the number of students in a given year to the number originally entering secondary school.

capital expenditure: Expenditure in a period on the acquisition or enhancement of an asset. This includes new and second-hand fixed assets (e.g. building, information technology), increase in stocks, lands and intangible assets (e.g. patents and copyrights), capital transfer payments, and net advances which are acquisition of financial assets (e.g. shares and equities).

constant price expenditure: Expenditure which adjusts for the effects of inflation. This adjustment for inflation allows comparison across different years of the quantity of goods and services that are produced by the expenditure.

estimated resident population: Australia's population statistics are compiled by the ABS according to the place of usual residence of the population. Usual residence is defined as the place where a person has lived or intends to live for a period of six months or more.

Indigenous: A person who identifies themselves as being of Aboriginal and/or Torres Strait Islander origin and is accepted as such by the community in which he or she lives.

International Classification of Impairments, Disabilities and Handicaps (ICIDH): The World Health Organisation's internationally accepted classification of impairments, disabilities and handicaps. The first version—1980—is currently in use. The draft second version—1999—is currently being tested.

International Classification of Diseases (ICD): The World Health Organisation's internationally accepted classification of death and disease. The tenth revision (ICD-10) is currently in use.

labour force: The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).

length of stay (nursing home or hostel): The time between the date of admission and the date a person has discharged from a nursing home or hostel. For a current resident, it is the time between the date of admission and a specified date.

Organisation for Economic Co-operation and Development (OECD): An organisation of 24 developed countries, including Australia.

outlays: A more technical term used by the ABS and Treasuries in Budget Statements. In this publication the term 'expenditure' is synonymous to the term 'outlays'. Recurrent outlays includes final expenditure on goods and services and transfer payments. Capital outlays includes expenditure on fixed assets, land and intangible assets, changes in stocks, capital transfer payments and net advances.

own funds: Expenditure by State and Territory Governments funded from the State Government's own revenue base (e.g. stamp duty, mining revenue and fines), and the Commonwealth Government General Purpose Payments. Expenditure funded out of client fees or other revenue or by Specific Purpose Payments from the Commonwealth Government are excluded.

permanent admission: Admission to a nursing home or hostel for long-term care purposes.

primary carer: Defined by the ABS as a person of any age who provides the most informal assistance, in terms of help or supervision with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility or self care).

principal carer: Defined by the ABS as a person aged 15 years or more providing the most informal care for the activities of self-care, mobility or verbal communication for person with a profound or severe handicap.

real change in expenditure: Change in expenditure estimates that have been adjusted for the effects of inflation. That is, in order to obtain a measure of the increase or decrease in the quantity of goods and services, the effects of increases or decreases in prices are removed.

recurrent expenditure: Expenditure on goods and services which does not result in the creation of fixed assets or in the acquisition of land, buildings, intangible assets or second-hand plant and equipment. This consists mainly of expenditure on wages, salaries and supplements, purchases of goods and services, and recurrent transfer payments (e.g. age pensions).

respite admission: Admission to a nursing home or hostel, designed to provide the carer with a short-term break from his or her caring role.

respite care: an out of home placement designed to provide a child's carer with a short-term break from his/her caring role.

total fertility rate (TFR): Indicates the average number of babies that would be born over a lifetime to a hypothetical group of women if they were to experience the age specific birth rates applying in a given year.

transfer payments: Payments made by governments either to other levels of governments or to non-government organisations for the purpose of financing the current operation of the recipients (recurrent transfer payments), or of meeting part of the cost of capital expenditure of the recipient (capital transfer payments).



Population data

Some basic data relevant to populations of Australians are included in this section. Table P.1 provides data on Indigenous people for 1996 and Table P.2 provides data on all Australians for 1997. Table P.3 provides data on projected populations. These are all estimates provided by the ABS. Details about the chosen population projections are provided below.

Population projections

The national population projections used in this report are 'Series K' of the population projections compiled by the Australian Bureau of Statistics (ABS 1998).

Series K is based on the following assumptions:

Fertility: The ABS offers two fertility assumptions: a high one and a low one. Series K adopts the low fertility assumption whereby the level of fertility is projected to decline from the 1996 level of 1,797 children per 1,000 women to 1,600 children per 1,000 women in 2006 and to remain constant from then until the end of the projection period (2051). The high assumption projects fertility to decline to 1,750 children per 1,000 women by 2006. Series K projections with the lower fertility assumption are chosen because the fertility rate in 1997 and 1998 has fallen further, reaching an estimated 1,735 children per 1,000 women on the basis of preliminary birth data for 1998. It appears most likely that the actual fertility rate in year 2006 will be much closer to the lower fertility assumption than the higher one.

Mortality: The ABS offers only one assumption relating to mortality. The rate of decline in mortality between 1987-91 and 1992-96 is assumed to continue to 2005-06. After which the average rates of decline in the period 1967-71 and 1992-96 were assumed to apply.

Immigration: Series K assumes a net intake of 90,000 immigrants a year. This is the high assumption (the low assumption is 70,000), and it is closer to the average level actually achieved in the past three years.

Table P.1: Indigenous Australians (estimated resident populations), age group by sex, States and Territories, 30 June 1996

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Indigenous males									
Less than 1	1,720	346	1,642	811	321	227	50	738	5,857
1–4	6,595	1,309	6,269	3,108	1,221	832	191	2,873	22,406
5–9	7,708	1,458	7,287	4,077	1,544	1,080	189	3,531	26,884
10–14	6,790	1,308	6,451	3,375	1,291	1,053	191	3,104	23,577
15–19	5,306	1,038	5,254	2,764	1,024	831	154	2,753	19,141
20–24	4,937	1,002	4,911	2,647	1,009	625	165	2,742	18,049
25–29	4,269	986	4,287	2,462	966	580	144	2,404	16,106
30–34	3,828	818	3,695	2,081	874	517	114	1,814	13,749
35–39	3,270	749	3,114	1,806	684	490	118	1,539	11,777
40–44	2,703	604	2,455	1,302	591	435	85	1,222	9,404
45–49	2,239	495	1,955	1,001	396	352	52	911	7,406
50–54	1,611	342	1,324	721	306	227	36	719	5,289
55–59	1,165	242	902	532	203	139	18	489	3,695
60–64	850	157	769	380	131	113	7	385	2,794
65–69	521	121	489	318	107	62	5	248	1,871
70–74	297	81	335	167	58	26	1	147	1,112
75+	294	93	386	242	84	31	2	217	1,351
<i>All males</i>	<i>54,103</i>	<i>11,149</i>	<i>51,525</i>	<i>27,794</i>	<i>10,810</i>	<i>7,620</i>	<i>1,522</i>	<i>25,836</i>	<i>190,468</i>
Indigenous females									
Less than 1	1,691	332	1,608	774	313	215	42	682	5,658
1–4	6,482	1,269	6,130	2,956	1,203	799	157	2,655	21,660
5–9	7,319	1,498	6,955	3,879	1,489	954	204	3,170	25,479
10–14	6,446	1,215	6,218	3,413	1,310	1,058	184	3,016	22,868
15–19	5,125	1,035	5,211	2,717	1,064	890	169	2,655	18,873
20–24	5,093	1,054	5,088	2,651	1,076	663	172	2,782	18,588
25–29	4,868	1,022	4,789	2,659	1,052	621	154	2,461	17,635
30–34	4,365	925	4,019	2,277	943	557	135	1,984	15,210
35–39	3,695	800	3,379	1,882	746	586	112	1,673	12,881
40–44	2,990	609	2,774	1,454	569	407	84	1,325	10,218
45–49	2,324	503	2,176	1,055	428	329	58	1,032	7,912
50–54	1,644	309	1,464	765	302	182	33	748	5,451
55–59	1,242	251	1,101	563	234	153	12	574	4,131
60–64	949	203	825	466	176	99	5	509	3,233
65–69	694	187	625	375	138	76	6	298	2,400
70–74	390	90	419	228	69	53	5	208	1,463
75+	505	147	511	297	129	60	4	268	1,921
<i>All females</i>	<i>55,822</i>	<i>11,449</i>	<i>53,292</i>	<i>28,411</i>	<i>11,241</i>	<i>7,702</i>	<i>1,536</i>	<i>26,040</i>	<i>195,581</i>
All Indigenous persons									
	109,925	22,598	104,817	56,205	22,051	15,322	3,058	51,876	386,049

Source: ABS. Experimental Estimates of the Aboriginal and Torres Strait Islander Population, June 1991 – June 1996. ABS Cat. no. 3230.0.

Table P.2: Australians (estimated resident populations), age group by sex, States and Territories, 30 June 1997

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
Males									
0-4	224,811	161,163	124,935	65,269	49,592	17,197	11,086	9,128	663,326
5-9	226,372	163,777	126,446	68,136	51,289	17,791	11,498	8,786	674,264
10-14	222,759	160,647	128,967	69,409	52,148	18,315	11,525	7,859	671,797
15-19	219,532	162,435	126,707	67,219	50,183	17,395	12,799	7,319	663,680
20-24	229,053	173,396	131,911	70,772	52,729	15,905	14,072	9,114	697,074
25-29	241,615	183,285	134,913	72,849	55,497	16,293	13,065	10,040	727,726
30-34	241,851	176,875	128,139	70,657	55,098	16,272	12,149	9,187	710,389
35-39	250,760	181,588	133,758	73,231	58,196	18,553	12,450	8,609	737,306
40-44	231,888	169,111	125,723	69,967	54,592	17,626	11,841	7,546	688,428
45-49	217,725	157,516	121,454	65,823	52,008	16,510	11,692	6,693	649,590
50-54	189,262	135,975	104,178	53,932	44,796	14,214	9,652	5,370	557,455
55-59	147,928	107,907	79,551	41,158	34,772	11,411	6,482	3,554	432,830
60-64	125,622	91,451	63,881	32,629	30,536	9,587	4,617	2,031	360,382
65-69	118,640	85,964	58,428	29,508	29,743	9,055	3,718	1,458	336,529
70-74	99,349	71,594	48,653	23,755	26,322	7,589	2,963	860	281,090
75-79	67,793	47,748	33,579	15,314	17,909	5,141	1,913	455	189,861
80-84	38,076	27,819	18,907	9,010	10,431	3,086	945	216	108,495
85+	21,673	16,921	11,266	5,744	6,001	1,721	503	159	63,988
<i>All males</i>	<i>3,114,709</i>	<i>2,275,172</i>	<i>1,701,396</i>	<i>904,382</i>	<i>731,842</i>	<i>233,661</i>	<i>152,970</i>	<i>98,384</i>	<i>9,214,210</i>
Females									
0-4	213,680	152,643	118,178	61,717	47,097	16,199	10,625	8,669	628,962
5-9	215,131	155,861	120,604	64,786	48,159	17,093	10,953	8,120	640,884
10-14	212,997	153,653	121,816	65,717	49,787	17,646	11,077	7,458	640,312
15-19	208,826	154,563	120,039	63,545	47,862	16,683	12,015	6,649	630,243
20-24	223,353	168,815	128,260	66,545	50,118	15,611	13,644	8,183	674,613
25-29	243,107	185,247	133,425	69,888	53,652	16,636	13,241	9,482	724,812
30-34	241,448	180,533	129,105	69,905	54,769	17,252	12,583	8,436	714,205
35-39	250,462	183,927	134,736	73,008	58,705	19,080	13,045	7,796	740,902
40-44	231,932	172,477	125,401	69,778	55,389	17,802	12,473	6,848	692,235
45-49	213,559	159,579	117,358	62,754	52,508	16,322	12,206	5,696	640,059
50-54	181,924	133,760	98,737	49,862	44,640	13,812	9,320	4,112	536,230
55-59	144,347	106,416	74,899	39,051	35,075	11,280	6,178	2,499	419,785
60-64	127,003	93,941	62,026	32,468	31,399	9,815	4,568	1,621	362,859
65-69	125,189	90,740	59,733	30,030	31,440	9,499	3,953	1,124	351,722
70-74	117,356	85,867	54,392	26,465	31,010	8,822	3,617	783	328,316
75-79	91,576	65,805	43,108	20,430	24,551	7,141	2,622	494	255,728
80-84	63,780	46,445	29,689	14,808	17,139	5,118	1,671	308	178,966
85+	52,405	39,766	24,169	12,731	14,538	4,006	1,250	245	149,112
<i>All females</i>	<i>3,158,075</i>	<i>2,330,038</i>	<i>1,695,675</i>	<i>893,488</i>	<i>747,838</i>	<i>239,817</i>	<i>155,041</i>	<i>88,523</i>	<i>9,309,945</i>
All persons	6,272,784	4,605,210	3,397,071	1,797,870	1,479,680	473,478	308,011	186,907	18,524,155

Source: ABS. Australian Demographic Statistics. ABS Cat. no. 3101.0.

Table P.3: Projected Australian population by sex and age group, 1997–2051 ('000)

	1997	2021	2051	Ratio of 2021 to 1997	Ratio of 2051 to 2021
Males					
0–4	663.3	619.7	597.4	93.44	96.40
5–9	674.5	625.3	610.7	92.71	97.65
10–14	672.0	632.6	627.1	94.13	99.13
15–19	664.0	669.5	659.7	100.83	98.53
20–24	697.5	737.9	712.9	105.78	96.61
25–29	728.5	780.1	740.5	107.08	94.93
30–34	711.0	785.7	757.4	110.52	96.39
35–39	737.8	785.8	762.9	106.50	97.09
40–44	688.8	757.0	764.4	109.90	100.98
45–49	649.7	775.5	783.0	119.36	100.96
50–54	557.7	756.1	811.2	135.58	107.28
55–59	432.8	738.5	828.7	170.65	112.21
60–64	359.9	709.7	801.1	197.18	112.88
65–69	335.8	616.2	752.4	183.53	122.10
70–74	280.8	530.6	659.1	188.99	124.22
75–79	190.0	354.0	580.1	186.28	163.88
80–84	108.8	210.9	437.9	193.81	207.63
85+	65.3	154.4	413.4	236.60	267.75
Total males	9,218.0	11,239.6	12,299.8	121.93	109.43
Females					
0–4	629.0	587.5	566.1	93.41	96.36
5–9	641.1	592.3	578.0	92.39	97.59
10–14	640.5	599.9	594.2	93.66	99.05
15–19	630.5	635.3	625.1	100.75	98.41
20–24	675.2	705.2	680.2	104.45	96.46
25–29	725.7	755.0	715.5	104.04	94.77
30–34	714.7	772.9	741.3	108.13	95.92
35–39	741.3	778.0	751.4	104.95	96.59
40–44	692.4	752.9	755.6	108.73	100.37
45–49	640.2	780.4	773.7	121.89	99.14
50–54	536.5	770.9	802.0	143.69	104.03
55–59	419.8	754.0	821.6	179.61	108.95
60–64	362.8	729.8	803.1	201.16	110.04
65–69	351.3	649.1	767.6	184.76	118.26
70–74	328.0	572.2	695.0	174.45	121.47
75–79	255.5	403.5	653.1	157.94	161.84
80–84	178.8	273.6	553.5	153.01	202.29
85+	150.8	288.0	741.7	190.98	257.49
Total females	9,314.2	11,400.5	12,618.8	122.40	110.69

Note: The data are Series K Projections. The ratios are the number in the later year divided by the number in the earlier year, multiplied by 100.

Source: ABS Population Projections 1997 to 2051. ABS Cat. no. 3222.0 and unpublished tabulations.



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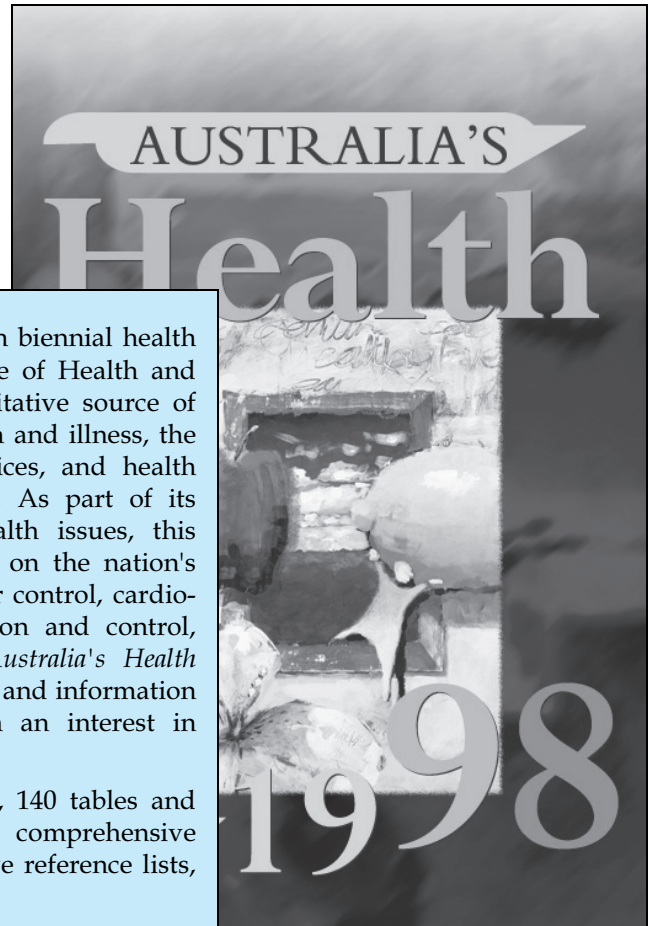
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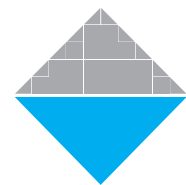
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